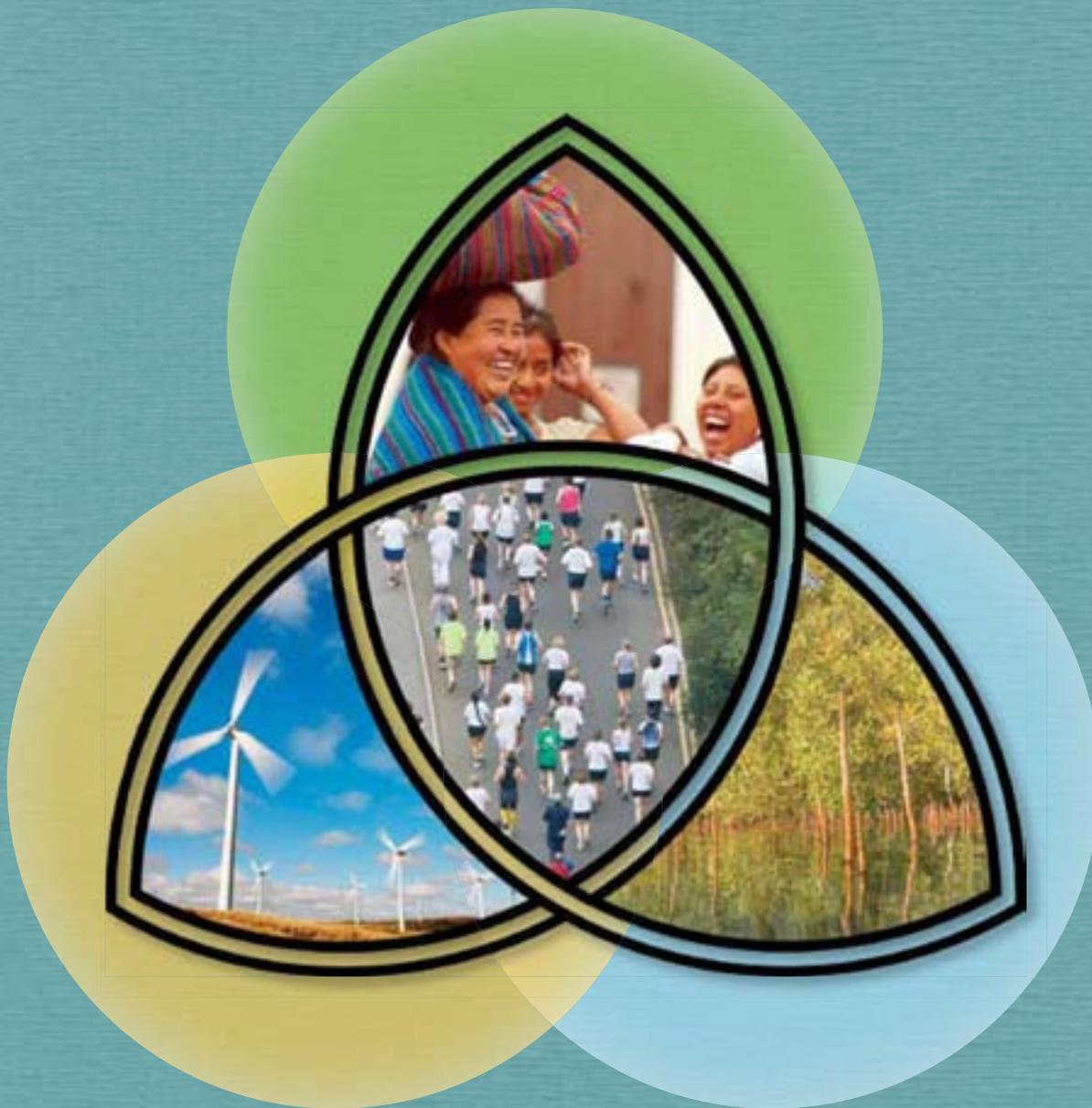


Report of the Consultative Meeting on  
**Health and Sustainable Development  
in the Region of the Americas**

São Paulo, Brazil • 10 – 11 November 2011



**Pan American  
Health  
Organization**



*Regional Office of the  
World Health Organization*

# Social Environmental Health Economic



*“Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.”*



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## Health and Sustainable Development in the Region of the Americas

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### Sustainable Development and Environmental Health Area (SDE)

PAN AMERICAN HEALTH ORGANIZATION  
Pan American Sanitary Bureau, Regional Office for the Americas of the  
WORLD HEALTH ORGANIZATION  
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São Paulo, Brazil (Event location, November 2011)

# Contents

Introduction < 5 >

Objectives and Expected Results < 6 >

Consultative Meeting on Health and Sustainable Development  
in the Region of the Americas < 8 >

## MAIN THEMES DISCUSSED

- 1** Progress Made and Gaps Bridged by the Countries in Implementing the Health Issues included in Chapter 6 of Agenda 21 and other Emerging Issues < 13 >
  - a) Meeting Primary Health Care Needs, Particularly in Rural Areas < 13 >
  - b) Control of Communicable Diseases < 14 >
  - c) Protecting Vulnerable Groups < 15 >
  - d) Meeting the Urban Health Challenge < 16 >
  - e) Reducing Health Risks from Environmental Pollution and Hazards < 16 >
  - f) Prevention and Control of Chronic Noncommunicable Diseases < 18 >
  - g) Global Environmental Change Mitigation and Adaptation, especially Climate Change < 19 >
  - h) Other Priorities < 19 >
- 2** Primary Health Care as a Priority < 21 >
- 3** Redefining Key Concepts to Move Forward in Health and Sustainable Development < 21 >
- 4** Importance of Community Participation < 22 >
- 5** Situating Health at the Center of the Sustainable Development Agenda: Governance < 23 >

Conclusions < 27 >

## Annexes

Annex 1: References < 28 >

Anexo 2: Structure and Content of the PAHO Regional Report on Health and Sustainable Development in the Region of the Americas < 29 >

Annex 3: List of Participants < 30 >

# The Consultative Meeting on Health and Sustainable Development in the Region of the Americas

was organized by Dr. Luiz Augusto C. Galvão, Manager, Sustainable Development and Environmental Health Area of the Pan American Health Organization (PAHO/SDE); Dr. Carlos Corvalán, Senior Advisor on Risk Assessment and Global Environmental Change (PAHO/SDE), and Dr. Jacobo Finkelman, external Consultant (PAHO/SDE), with the support of Ms. Mara Oliveira from the technical unit on Health and Environment of the PAHO/WHO Representative Office in Brazil. Also, the meeting was supported by the South American Institute of Government in Health (ISAGS) and the Oswaldo Cruz Foundation in Brazil (FIOCRUZ), represented by Dr. Paulo Buss, Project Coordinator of the ISAGS and Director of the Center of International Relations in Health (CRIS) of FIOCRUZ. Dr. Guilherme Franco Netto, Director of the Health Surveillance Secretariat of the Ministry of Health of Brazil, moderated the meeting and Dr. Carolina Espina, PAHO Consultant, served as rapporteur.



# Introduction



In June 1992, the governments participating in the United Nations Conference on Environment and Development, held in Rio de Janeiro, Brazil, adopted Agenda 21 and its Principles, the first of which affirms that *Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.* Other key agreements signed at the Conference included: the Framework Convention on Climate Change, the Convention on Biological Diversity, and subsequently the Convention to Combat Desertification. Still other international environmental agreements were signed following the conference, including: the Rotterdam Convention on hazardous chemicals and the Stockholm Convention on Persistent Organic Pollutants.

Subsequently, the 2000 launch of the Millennium Development Goals (MDGs) aimed at reducing poverty and social injustice, established the link with principles of achieving development through sustainable and equitable means. More recently, the Commission on Social Determinants of Health, convened in 2008, reinforced the relationship between health and the social, economic, and environmental pillars of sustainable development, stressing that responsibility for public health policies should be placed at the State level rather than confined to the sectoral sphere. In October 2011, the World Conference on Social Determinants of Health, convened by the World Health Organization (WHO) and held in Rio de Janeiro, Brazil, reiterated “the important policies needed to achieve both sustainable development and health equity through acting on the social determinants.”

The aim of the United Nations Conference on Sustainable Development, which will be held once again in Rio de Janeiro in June 2012, is to **“secure renewed political commitment to sustainable development, assessing the progress to date, the remaining gaps in the implementation of the outcomes of the major summits on sustainable development, and addressing new and emerging challenge.”** The conference will focus mainly on two themes: green economies in the context of sustainable development and poverty eradication, and the institutional framework for sustainable development. It will also be a catalytic moment to intensify the debate and consensus building around operational concepts and aspects and to reshape strategic guidelines in order to address the future of sustainable development.

In this context, PAHO has proposed an exercise to the countries of the Region of the Americas that is intended to ascertain the progress made and main challenges relating to key issues in which



health and the environment intersect in the context of sustainable development, and which are included in Chapter 6 of Agenda 21:

- a) Meeting primary health care needs, particularly in rural areas.
- b) Control of communicable diseases.
- c) Protecting vulnerable groups.
- d) Meeting the urban health challenge.
- e) Reducing health risks from environmental pollution and hazards.

Other increasingly relevant issues that have emerged since the 1992 Rio Conference:

- f) Prevention and control of chronic noncommunicable diseases.
- g) Global environmental change mitigation and adaptation, especially climate change.
- h) Other priorities.

All of these issues should be documented and examined in each *Country Report on Progress, Gaps, Emerging Issues and Problems, and Strategic Guidelines for Action*, to be included in the report *Health and Sustainable Development in the Region of the Americas*, that will summarize subregional studies and proposals as well as case studies from selected countries.

With this premise, PAHO/SDE organized a Consultative Meeting on Health and Sustainable Development in the Region of the Americas in São Paulo, Brazil, on 10-11 November 2011. Delegates of the Ministries of Health of 17 countries of the Region of the Americas met to document progress and gaps in implementation of Chapter 6 of Agenda 21 on health issues, identify emerging health problems and issues, and discuss and seek consensus on positions for continued progress towards sustainable development and, in the short term, to develop a common proposal for the next United Nations Conference on Sustainable Development (CSD) to be held in 2012 in Rio de Janeiro (Rio+20).

This report summarizes the most relevant topics discussed at the meeting, as well as the strategic components and actions proposed with a view to the Rio+20 Conference.

## Objectives and Expected Results

1. Analyze progress and gaps in the implementation of Chapter 6 of Agenda 21 on health issues at the national, subregional and regional level, but within the global context.
2. Identify relevant emerging health problems and issues at the national, subregional and regional levels.
3. Identify paths and mechanisms to strengthen the health sector's participation in governance of sustainable development.
4. Reiterate the importance of the relevant ministries of health preparing the *Country Report on Progress, Gaps, Emerging Issues and Problems, and Strategic Guidelines for Action*, as a tool for the Rio+20 Conference and subsequent international forums.





5. Seek regional consensus as part of the global process, which will be documented in a regional report entitled *Health and Sustainable Development in the Region of the Americas* based on the aforementioned country reports and discussed at the Rio+20 Conference from the standpoint of health.

## Consultative Meeting on Health and Sustainable Development in the Region of the Americas

The conference was opened by Professor Marcia Westphal on behalf of Professor Helena Ribeiro of the School of Public Health of the University of São Paulo, Brazil; Dr. María Neira, Director, Protection of the Human Environment of the World Health Organization (WHO); Dr. Paulo Buss, Project Coordinator of the South American Institute of Government in Health (PRO/ISAGS) in Brazil, and Director of the Center of International Relations in Health (CRIS) of the Oswaldo Cruz Foundation in Brazil; Dr. Guilherme Franco Netto, Director, Department of Environmental and Occupational Health, Health Surveillance Secretariat, Ministry of Health of Brazil; Dr. Luiz Augusto C. Galvão, Manager, PAHO/SDE, and Dr. Helio Neves, Special Cabinet Adviser to the Municipal Secretariat on Green Areas and Environment in São Paulo, Brazil.

*The health sector is already setting an example through efforts such as the initiatives to reduce the carbon footprint of hospitals and health centers worldwide. This is already realizing palpable and positive results and helping the sector demonstrate that it can play a part in sustainable development.*

Dr. María Neira pointed out that there can be no sustainable development unless it is accompanied by health and that the health sector can contribute co-benefits to other sectors, since we are both members and beneficiaries of the sustainable development movement. What is needed is to discern how to explain to other sectors that health must be included on the sustainable development agenda and that health also helps integrate other sectors into this agenda. She added that the health sector is already setting an example through efforts, such as the initiatives to reduce the carbon footprint of hospitals and health centers worldwide. This is already realizing palpable and positive results and helping the sector demonstrate that it can play a part in sustainable development.

The members of the presiding committee concurred that health is an inherent part of all of the other issues that inform the sustainable development of countries, despite the persistent gap between public health and sustainable development. Health is intimately linked to environmental and social determinants and; therefore, in order to “fine tune” the management of those determinants, it is first necessary to more fully understand them. There was emphasis on the importance of achieving intersectoral coordination between the government and other sectors (such as the academia and civil society) in order to manage the social determinants of health, since health must be integrated into intersectoral governance in order to ensure good governance in environmental health. The example given was the way in which the city of São Paulo has succeeded in integrating different sectors through its proposal for climate change adaptation.

Dr. Carlos Corvalán, Dr. Paulo Buss, and Dr. Luiz Augusto C. Galvão gave presentations in the introductory sessions of the meeting.

Dr. Corvalán presented the context for the United Nations Conference on Sustainable Development (Rio+20). He discussed the three basic pillars of sustainable development: social, economic, and environmental, saying that health is not just related to all three pillars, but it is actually part of them, so that the crises that affect each pillar also have direct repercussions for health. For example, problems associated with the environmental pillar, such as the continuous loss of ecosystems and

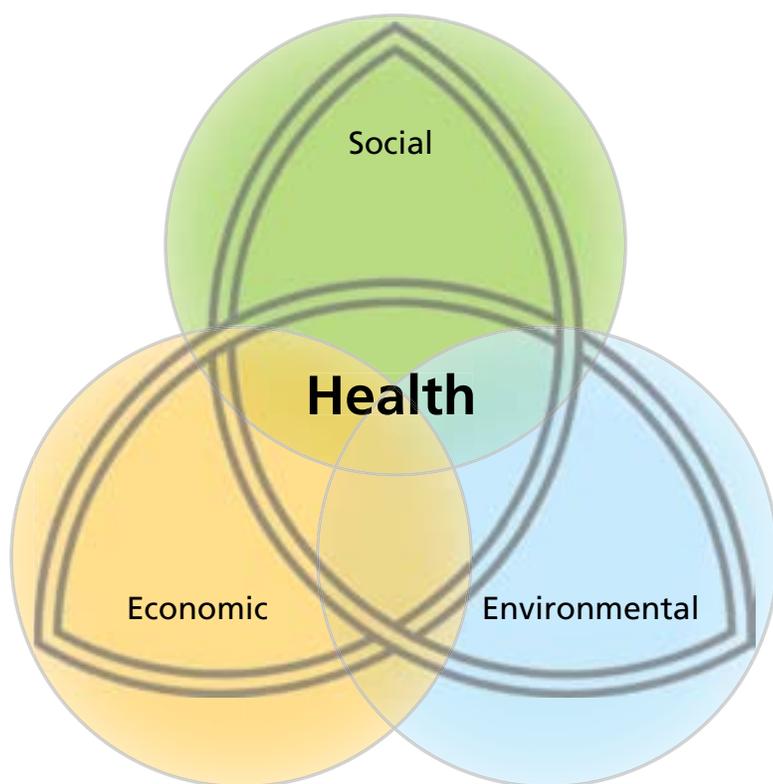
biodiversity and climate change; or with the social pillar, such as poverty and inequalities, and excessive urbanization; and crises in the economic pillar, such as the financial crisis, etc., will bring with them a range of complications that will influence people's health.

He also pointed out that while the health problems of 1992 are still relevant today, other issues have emerged that were not taken into account at that time. Progress has been made at the regional level in areas ranging from growing awareness about the rights to health and to a balanced environment, to improved measurement tools and legal instruments, accompanied by greater civil society and academic participation in the field of the sustainable development.

The Rio+20 Conference will offer an opportunity to discuss all of these problems. Our task is to ensure a renewed commitment to sustainable development in which the three pillars are integrated in a seamless way, with health at their center (see Figure 1).

The next speaker, Dr. Paulo Buss, discussed the main challenge to be addressed, which is to link social and environmental determinants to human health, and to do so based upon an understanding of geographical-social ties. While we are already familiar with the environment's influence on health and with the impact of inequity on human health, we must still find the perfect link that interconnects all the determinants. The first aspect of this is to connect social movements to academia and governmental sectors through public policy-making. The second has to do with understanding the term "inequity" as the linchpin that ties social and environmental risks to health.

**Figure 1. Integration of the Social, Economic, and Environmental pillars, highlighting Health at the center**





*The challenge is to achieve equity, and therefore the theme of the Rio+20 Conference should be "Everyone for equity."*

He identified governance as a major challenge for the Rio+20 Conference, in other words, the way in which institutions are organized to address the issue of sustainable development from the standpoint of health, to simultaneously address social and environmental determinants, and to fight against inequity. He stressed that the social and environmental determinants of health can only be addressed by linking sectors with public policies. The response has to be global and regional, as well as national and local, including health in all policies is critical, but also complex. **The challenge is to achieve equity, and therefore the theme of the Rio+20 Conference should be "Everyone for equity."** Intersectoral action should be organized in different spheres: in academia by gathering evidence, in political practices to confront inequity, and in the organization of different governmental sectors and civil society. It is important to stress that the organization of environmental governance is not something that occurs in isolation from global governance, and this is where the role of international organizations and existing divisions come into play.

It is necessary to identify new concepts and values in response to social and environmental inequities that profoundly influence human health and it is critical that the Rio+20 Conference be part of that process. The ideal would be to achieve a global treaty on health in relation to sustainable development, or at least a treaty in which the countries commit to certain goals and results. It is, therefore, extremely important to arrive at the Rio+20 Conference with a specific common proposal.

Dr. Galvão followed with a presentation on the importance of organizing the different development agendas around social determinants and sustainable development, and the ways in which the latter should interact. It is necessary to identify the inherent aspects of each of the different agendas that relate to human health and ultimately to development, as well as what the sociopolitical factors are in each country that distinguish them in all of these agendas in order to achieve the same degree of development.

Dr. Galvão offered a chronological tour of the various meetings and conventions on environment and sustainable development, and their relation to health. He explained how the social gradient influences health and the direct implications it has for the cost of health systems. "He noted the vast inequity that exists, for example, in contributions to the global carbon footprint. The developed countries contribute most to it through the burning of fossil fuels, but it is the developing countries who experience the brunt of its impact. Furthermore, the developing countries tend to be the highest consumers of biomass instead of fossil fuels". He also pointed out that chronic noncommunicable diseases are going to cost 47 trillion dollars.<sup>1</sup> A look at how these costs are distributed across the social strata shows that they are concentrated mainly in the higher income brackets, but also in low- and middle-income countries, which is precisely where the Latin American and Caribbean region is situated. It can, therefore, be inferred that there is no better way to achieve equity than to provide access to health. The great irony is that the health sector is the one with the least power to do so. **Health is already the linchpin of all development agendas, but as a consequence, rather than a cause of development.** For this reason, health interventions must be regarded as

<sup>1</sup> Bloom, D.E. *et al.* The Global Economic Burden of Noncommunicable Diseases. Geneva: World Economic Forum (2011).



*The challenge is how to bring about this shift in order to situate health at the center of all policies. In order to accomplish this, we must work together with other sectors, so that they can achieve their objectives.*

an intersectoral government policy rather than a sector-specific policy. In most countries, health takes an operational, rather than a strategic pathway. The challenge is how to bring about this shift in order to situate health at the center of all policies. In order to accomplish this, we must work together with other sectors so that they can achieve their objectives. This is done by accepting proposals from a group of institutions and sharing in the problems and solutions. In addition, there must be coordination and integration within the different governmental sectors, and that integration must be progressive.

A proposal would be, for example, to achieve this by joining the three new agendas that have been put on the table, which are: equity, chronic noncommunicable diseases, and climate change. It is also critical to identify clear, simple indicators that reveal the state of accountability of the different countries. This could be a proposal for the Rio+20 Conference. To conclude, he pointed out that the new responsibilities of the ministries of health include understanding the policies of other sectors, evidence-based decision-making, comparative evaluation of the various health options, and creating platforms for dialogue.

Lastly, Dr. Jacobo Finkelman explained the methodology to follow in preparing the *Country Reports on Progress, Gaps, Emerging Issues and Problems, and Strategic Guidelines for Action*, and he stressed the global nature of the final process in which these reports will be inserted. The idea is to map progress and gaps in each country of the Region. This includes documenting their capacity for policy setting and implementation; the types of interventions undertaken and whether they have been sector-specific; how sectoral development has proceeded; what communication strategies have been pursued; what lines of research have been prioritized; whether there is coordination among different government entities; and the nature of social participation throughout the process. In addition to the situational assessment, he urged countries to reflect on the state of health governance in sustainable development: the institutional framework for sustainable development; the extent to which the health sector is involved in the development policies of other sectors; how health contributes to development and how it is integrated as the linchpin into the economic, social, and environmental pillars; and the status of aspects related to green economies and health in the context of sustainable development and poverty eradication.

He also noted the importance of creating consensus around the concepts that are used in different countries of the Region. He reiterated how important it was that the ministries of health prepare this report as a means of empowering the health sector in the context of sustainable development and as a gateway for participating in discussions on governance, where the health sector often does not have a voice.

# Main Themes Discussed



The main themes discussed during the meeting were:

## **1 Progress made and Gaps Bridged by the Countries in Implementing the Health Issues included in Chapter 6 of Agenda 21, and Other Emerging Issues**

Significant progress has been made over the past 20 years in all of the areas studied, including:

### **a) Meeting Primary Health Care Needs, particularly in Rural Areas**

In general, primary health care has expanded in every country of the Region in terms of urban and rural coverage, human resources, financing, etc. Primary health care has solidified its role in the health system, integrating social inclusion and community participation, although it is still essentially based on traditional public health programs: vaccination systems, medical care and medications programs, etc. Access to drinking water and basic sanitation has improved, including solid waste collection and drainage, albeit to a lesser extent in rural areas relative to urban settings. In general, many countries grasped the critical role that primary health care plays in their development and, as a result, their programs are based on universality and social justice and have been on a solid footing for some time now, providing total or virtually total coverage. Some Caribbean countries have very organized systems including partnerships with social organizations, unions, and other stakeholders, under the coordination of the ministry of health. Their national strategic plans include nutrition, chronic noncommunicable diseases, the environment, among others, and their approach to medical care is based on social, family, and community methods. In Bolivia, for example, community participation is a strategic area in which indigenous and rural organizations play a very strong role and networks of Non-Governmental Organizations, international organizations, etc., take responsibility for implementing local plans.

Although insurance coverage is geographically broad in many countries of the Region, primary care is becoming increasingly complex and difficult to fund due to the rise in chronic noncommunicable diseases and an aging population, and this could undermine the sustainability of the system in the not too distant future. Moreover, the main gap in primary health care delivery is that care-driven national health systems have become obsolete and cannot be implemented in the same way under the new health paradigm. And while the family health model is valid, it requires more effective technology. In addition, monitoring of rural primary health care activities is weak and educational activities are not registered. Another problem found in some countries is that the migrant population, particularly seasonal migration, increases the burden of certain diseases. Other emerging problems include substance abuse and violence, or the lack of programs specifically targeting male adolescents and adults.



Progress towards meeting primary health care needs must remain on the sustainable development agenda in order to achieve 100% coverage in all the countries. At the same time, however, it is important to determine which primary health care services a country should have in place in order to be sustainable and the degree of social participation required.

## **b) Control of Communicable Diseases**

Significant progress has been made in combating communicable diseases in general and in some countries it has been dramatic, due especially to the primary health care regimens followed. Critical environmental interventions in water, basic sanitation, food safety, etc. have been a success of primary care and of public policies that make such services accessible. In this sense, there has been a shift in the direction of the social and environmental determinants of health. In addition, epidemiological health surveillance systems have been strengthened and this has had a significant impact on issues such as reducing infant and maternal mortality as well as dengue epidemics in

the Caribbean. Many of the countries understand that environmental health control measures are what is required for the overwhelming majority of communicable diseases and, as a result measures such as warning systems have been installed to prevent the community from drinking polluted water, and solid waste and excreta management have been improved.

In some Caribbean countries, certain challenges have been surmounted through the development of collaborative action plans, access to care and education, and generally sustainable programs.

Nonetheless, problems related to AIDS, tuberculosis, and dengue persist in many countries of the Region. Malaria, leprosy and schistosomiasis are added to emerging problems with cholera in some regions, as well as hanta viruses. Some countries mentioned diseases directly linked to the environment such as acute respiratory and diarrheal infections. In addition, we are now facing the prevalence of communicable diseases related to climate change such as dengue epidemics due to prolonged periods of rainfall.

Economic development in countries is also leading to a higher prevalence of chronic noncommunicable diseases. Other significant gaps include the lack of human resources, the dearth of research, and limited reaction capacity in response to certain epidemics for which many countries are unprepared.

The view is that a more systemic approach must be taken to communicable diseases from now on, including the provision of comprehensive health care based on primary health care. Environmental health measures are critical to the control of communicable diseases and not only when they are implemented by health workers; it is necessary to create partnerships and involve the public. Intersectoral and interinstitutional approaches are critical to implementing control measures for communicable diseases.

### **c) Protecting Vulnerable Groups**

People find themselves in situations of vulnerability at different times, some of them on a more or less regular basis. For example, people who live along riverbanks are vulnerable if that river floods on a regular basis. Poverty, inequity, discrimination, etc. often leave people in a persistent state of vulnerability that is beyond the individual's control. In these cases, such groups are not just vulnerable; they are population groups made vulnerable.

Progress in health issues relating to population groups made vulnerable includes positive steps forward in the maternal-child and reproductive and sexual health categories. Important successful initiatives include: national programs to train and empower young people, policies directed towards adolescents, AIDS education for adolescents and teenage mothers, national policies on hygiene for the elderly and geriatric health care training, progress on women's issues due to protocols against sexual and domestic violence, and a specialized care program for disabled people. The latter program was able to provide comprehensive care and deliver technical aids to identified cases of disability in Ecuador by working in conjunction with the armed forces. This was made possible through intersectoral agreements, the establishment of specialized care centers, and incentives for the caregivers of disabled persons.





The challenge is still enormous, however, since a significant portion of the population lives in situations of vulnerability. The following population groups were mentioned in particular at the meeting: the physically and mentally disabled, illiterates, migrants, unemployed, adolescents, elderly, women, male adolescents and adults, child workers, ethnic groups, the poor, people deprived of their freedom, people that experience catastrophic situations, drug addicts, among others. The gaps identified include: lack of political commitment, lack of human and financial resources, the need to modernize assessment tools and the need to optimize resources through partnerships with NGOs and other governmental groups.

It is therefore critical to develop well-thought-out policies to prevent negative impacts on the most population groups made vulnerable.

#### **d) Meeting the Urban Health Challenge**

While progress has been made in basic sanitation, including improved access to clean and treated water and to sewerage systems, or in waste management and rainwater drainage, there are still obstacles that must be surmounted posed by the rapid and uncontrolled urbanization that is taking place in Latin America and the Caribbean. Some countries continue to have major urban sanitation problems in marginal areas, as well as problems of flooding and landslides during the rainy seasons. Others have not yet been able to solve the problem of untreated wastewater, air pollution due to poor quality fuels, noise, or a sedentary lifestyle owing to the lack of public spaces and initiatives. At the same time, agricultural and forested areas are being lost to urban expansion. Other obstacles are the absence of green areas and healthy spaces, the lack of appropriate housing conditions, traffic problems, and the lack of public transportation policies, among others.

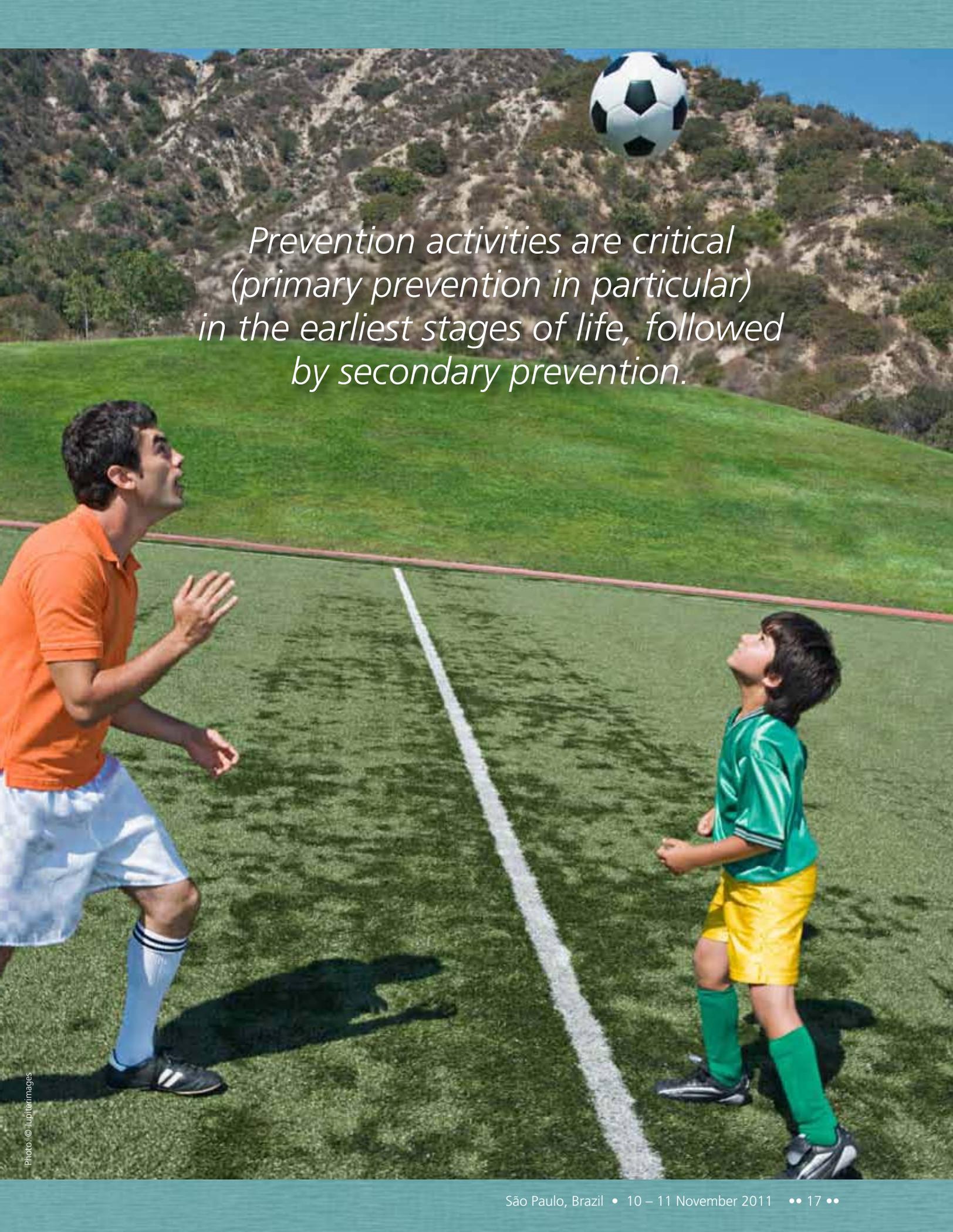
At this time, the health sector needs to define a strategy in this area by exploring urban health concepts and practices. In other words, the health sector would have to insert itself into urban planning and management processes and more effectively align itself with the environment and standards development in order to improve quality of life in urban areas. It is also necessary to promote urban disease prevention and health promotion initiatives.

*At this time, the health sector needs to define a strategy in this area by exploring urban health concepts and practices.*

#### **e) Reducing Health Risks from Environmental Pollution and Hazards**

Although pollution-related health risks are a consequence of industrialization, they are not confined urban areas. In addition, the greatest burden of disease due to pollution always has the greatest impact on the most disadvantaged groups. The Region has made progress in policies, regulations and programs on environmental pollution that address such issues as basic sanitation, mercury pollution in rivers due to gold mining, pesticides pollution, reduction of risks associated with greenhouse gas emissions, among others.

Despite this, there are still gaps and persistent problems relating to hazardous waste disposal; carbon emissions due to the use of energy derived from fossil fuels; occupational health; the lack of structured chemical surveillance programs; problems with pesticides administration and the lack of registration of dangerous and/or obsolete pesticides; the lack of programs to address noise pollu-

A man in an orange polo shirt and white shorts is on the left, looking up at a soccer ball in the air. A young boy in a green soccer jersey and yellow shorts is on the right, also looking up at the ball. They are on a green artificial turf field with a white line. In the background, there is a grassy hillside and a rocky hill under a clear blue sky.

*Prevention activities are critical  
(primary prevention in particular)  
in the earliest stages of life, followed  
by secondary prevention.*



*A global governance system should be in place for the final disposal of radioactive waste, which is on the rise worldwide due to the use of nuclear power as an alternative energy source and international regulations are required to deal with marine disasters caused by oil spills.*

tion; the dearth of research on radiation; the lack of proposals for renewable solar, hydroelectric, and wind energy; and the risks that occur in human settlement areas.

The health sector needs to move forward with proposals for an integrated approach that is carried out by the health authorities and others responsible for these issues and also involves civil society and academia. A global governance system should be in place for the final disposal of radioactive waste, which is on the rise worldwide due to the use of nuclear power as an alternative energy source and international regulations are required to deal with marine disasters caused by oil spills.

## **f) Prevention and Control of Chronic Noncommunicable Diseases**

As mentioned earlier, chronic, noncommunicable diseases are emerging as a patent problem in all countries of the Region as a result of development, and they will negatively impact health systems in the near future. Rapid aging, excess weight and obesity, sedentary lifestyles, hypertension, diabetes, cancers, chronic respiratory diseases, and mental illness, all due to changing lifestyles, stress, and the environmental conditions to which we are exposed, have risen dramatically throughout the Region. Obesity and excess weight in children is a particularly sensitive issue.

In general, progress has been made in chronic noncommunicable diseases on the whole due to the establishment of protocols, regulations, and laws (such as on images on cigarette packs, the requirement to indicate the sugar and caloric content of foods, among others) and disease registries; the creation of healthy spaces in cities and the promotion of physical activity; promotion strategies with a community approach carried out in conjunction with NGOs; programs in which primary care is the main tool for reducing disadvantages among the population groups made vulnerable; investments in public education; public-private and interministerial partnerships (for example, between the Ministries of Health and Education to ensure instruction on nutrition). In the Caribbean, for example, prevention of these diseases is the centerpiece of every program.

Challenges remain, however, such as those associated with the still insufficient number of public spaces and green areas for physical exercise, the lack of incentives for the production and sale of vegetables and fruits, difficulties in preventing negative tobacco advertisements, among others.

The main challenge is to collaborate with other sectors such as the soft drinks industry, for example. The industry drives the economy, but taking into account the health problems it entails, it can be observed that the loss of productivity derived from these problems is three times higher than the expenditures related to these ailments. It is also necessary to promote a proposal for raising awareness about international agreements, such as the WHO Framework Convention on Tobacco Control, and for identifying appropriate alternatives and technologies. Moreover, there is a strategic need to link chronic noncommunicable diseases with primary health care, which is in charge of disease prevention and health promotion. It is important to conduct an assessment of the family as the basic cell of society and of acquired habits, which could lead to lifestyle changes. Prevention activities are critical (primary prevention in particular) in the earliest stages of life, followed by secondary prevention. Risk identification is, therefore, essential taking into account the social determinants of health.

## **g) Global Environmental Change Mitigation and Adaptation, Especially Climate Change**

Changes in precipitation patterns, flooding, and the general imbalance caused to systems that sustain life lead to water shortages, changes in vector dynamics, and affect foodstuffs, resulting in turn in the appearance of new diseases, coupled with rising poverty and human displacement. Negative events of hydroclimatic origins are emerging across the Region of the Americas. Dengue is appearing in areas where it had never occurred before due to the rise in temperatures; diseases are occurring as a result of floods; rain causes major outbreaks of leptospirosis in places where it was already under control; and water supply problems are being linked to the current cholera epidemic. The water source is underground in many Caribbean countries, making it highly vulnerable to rising sea levels. Some countries have already undertaken adjustments to environmental adaptation and instituted climate change policies through commissions that include civil society participation. In general, however, there have been few results in terms of mitigating the effects of climate change since the 1992 Rio Conference and the situation is getting worse.

Emerging problems resulting from this include, for example: lack of legislation on the issue; the need for national policies to address climate change in various settings (the water sector, coastal-marine, woodlands and forest formations, and agricultural crops); failure to integrate the latter in public health operational planning; lack of capacity to anticipate health problems related to climate change; a primary health care system that usually does not register ailments due to environmental influences or climate change, meaning that no statistics are available to measure the burden of environmental disease; lack of national-level training in health institutions and of professionals equipped to analyze data from the standpoint of climate change; and a lack of financial and technological resources.

Health should therefore be integrated more clearly and strategically into climate change issues. The challenge for Rio+20 would be to make health a crosscutting issue for both sustainable development and climate change response.

## **h) Other Priorities**

Aside from the topics identified in the preceding sections, the countries of the Region have additional priorities such as: the need for medical technology, know-how, and medications to cope with new threats; research on overlooked diseases; a concern for food security that addresses the quality, as well as the quantity of food, including genetically modified products and issues relating to modes of production, such as family food production systems and land use; research on health and the environment, alternative energy sources, and healthy housing; traditional medicine; and strengthening health surveillance systems.





*All of the countries of the Region, regardless of the size of their populations and budgets, concur that primary health care should be a priority and are taking steps in that direction.*

## **2 Primary Health Care as a Priority**

All of the countries of the Region, regardless of the size of their populations and budgets, concur that primary health care should be a priority and are taking steps in that direction. Despite this, there is still no consensus at the operational level. While primary health care contents are not exactly the same in all countries, they are compatible with sustainable development principles because they are aimed at reducing inequities. In some countries primary health care is a political requirement of the State.

The gaps identified include: the need to establish a regional concept of the essential public health functions, the need to define the leadership, financing, and service components, and to define the percentage of the population that will be covered by primary health care (which should be 100% for many of the countries). Other challenges are to incorporate into primary health care the current epidemiological trend in chronic noncommunicable diseases, violence and occupational health, among other issues.

There is a consensus that primary care should be a crosscutting issue in other policies and generally in peoples' social undertakings. It has therefore been proposed that the Rio+20 Conference include as an indicator or a goal the number of countries that have set up a primary health care system or a system that supports it, and the percentage of the population to be served. The description of primary care given by the countries, however, does not include the environment in a sufficiently explicit manner. A predominantly clinical conception of primary care persists. For this reason, the concept of primary care should be shifted to include the capacity to promote actions with community participation to influence health determinants, including those that are both environmental and care-related. In addition, an intersectoral, and even multiagency form of management is proposed.

## **3 Redefining Key Concepts to Move Forward in Health and Sustainable Development**

As mentioned in the preceding section, there is a need to define the essential public health functions, since this is critical for understanding "where we are going and how we will get there." As far as primary health care is concerned, it was reiterated that this level of care must be inserted into the health system and supported so that it can function appropriately and for all. The scope and principles of primary care must be redefined, since it should not be a social determination of health solely at the local level. It is, therefore, useful to define equity. When we speak about a primary care-based approach to health services providing the same conditions for all, we are talking about





equity: that every citizen is entitled to have his or her needs met regardless of whether he or she resides in a rural or urban area.

There was discussion of redefining or reclassifying what we mean by population groups made vulnerable. For example, older adults belong to a very important emerging population groups made vulnerable group in the context of the epidemiological transition underway in our societies, and this must be taken into account. It is likewise important to speak of population groups made vulnerable based on land management; in other words, they should be discussed in light of the characteristics of environmental vulnerability in each area, which are different in Central America, the Caribbean, and the United States. This means taking into account vulnerability to disasters and to meteorological or geological phenomena (for example, an earthquake that destroys buildings in the downtown area of the city affects all of the population groups living in that area). It was also noted that traffic accidents are the leading cause of death, which could therefore point to another population group made vulnerable that has not been regarded as such up to now. Problems associated with crime also entail health risks. All of this is to reiterate that we cannot separate the social and the environmental determinants of health.

Another intensely debated topic had to do with redefining rural and urban populations. Up until not so many years ago, the population of Latin America and the Caribbean was mainly rural. In recent decades however, the population pyramid has been inverted in the direction of urban dwellers. It is also necessary to take the context into account, and not just the number of people, by looking at the services available to a particular population (if it has the same services as a city would have, then it is no longer a rural population, even if it draws its livelihood from farming). These concepts are important because some countries need to standardize criteria, since the institutions that provide services to rural and urban populations, including health insurance, are different in each case. Migration flows also make it difficult to determine the type of population being referred to since, in many countries, rural-urban migration outpaces the available services, so that one can live better in some rural settings relative to urban ones.

Finally, the importance of defining what is understood by sanitation was raised. The measures to be taken should be determined through consensus, whether they are general environmental health measures such as excreta disposal, or measures to improve overcrowded housing conditions that lead to respiratory disease transmission, cholera, etc.

*When we speak about a primary care-based approach to health services providing the same conditions for all, we are talking about equity: that every citizen is entitled to have his or her needs met regardless of whether he or she resides in a rural or urban area.*

#### **4 Importance of Community Participation**

The issue of active community participation was present in all of the topics discussed at the meeting, particularly in regard to primary health care, as noted earlier.

As far as communicable diseases are concerned, for example, social participation continues to be very important in relation to dengue. Just as with urban health measures or the health risks derived from environmental pollution and hazards, it is necessary to raise public awareness, since citizens are the ones that use the water and make use of environmental control measures. The same is true with regard to the use of renewable energies and other measures. There was a general emphasis on the importance of public participation in international, as well as national activities.



## 5 Situating Health at the Center of the Sustainable Development Agenda: Governance

Health must be situated at the center of the development agenda because without health, there can be no development. The key question is how to integrate the health sector into the three pillars of sustainable development: economic, social, and environmental. The problem is that health is not sufficiently integrated into the development agenda because in practice, the emphasis from the outset was on economic aspects, followed by environmental actions on a secondary plane. Up to now, the health sector has played a very localized role. The health sector has yet to be sufficiently strengthened when it comes to environmental issues, but there needs to be an intersectoral approach and coordination among entities that enables the ministry of health itself to become empowered. The estate as a whole must take on a leadership role in health care.

We must approach the issue in such a way that the inclusion of health is seen as a benefit for the development to the economy with primary disease prevention as a major contributor to more sustainable development, and that other sectors reap benefits from the economic standpoint, avoiding interpretations to the effect that spending will increase as a result of investments in health. A useful tool proposed was “to speak the language of development.” This means stressing the co-benefits and dividends resulting from public health activities instead of referring to public health spending, since these are terms that ministers of finance and development are used to hearing. We should have a marketing strategy to ensure that the health sector’s voice is actively heard.





*We must approach the issue in such a way that the inclusion of health is seen as a benefit for the development to the economy with primary disease prevention as a major contributor to more sustainable development...*

As far as equity is concerned, health is the best equalizer that there is. Sustainable development and equity are not necessarily mutually reinforcing in all cases. It may be that certain measures to improve the environment are not equitable, for example, if they hamper the economic development of developing countries. Positive synergies must therefore be promoted, and commitments conducive to sustainability, equity, and human development considered.<sup>2</sup> In this way, it is necessary to look for the interaction and positive synergies between equity and development from the standpoint of health. If access to free universal health services is provided, then the population has equitable access to other areas. Health is a basic principle of sustainability and is also directly correlated with personal emancipation and fulfillment.

For this reason, it is crucial that health be discussed in international forums such as those sponsored by the United Nations. The major agendas must be integrated at the interagency, as well as the ministerial levels. Governments should be encouraged to discuss health issues at those forums. It is also necessary to encourage leadership, investment in social development and human capital, and social participation. International organizations, in turn, must raise awareness, even though it then falls to the countries to place health at the center of their development agendas. Health is included as a fundamental human right in the constitutions of the countries, which means that the governments must ensure the health of the people in order to move forward with their development.

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<sup>2</sup> Human Development Report: Sustainability and Equity: A Better Future for All. New York: United Nations Development Programme (2011).







# Conclusions



As conclusions of the Consultative Meeting on Health and Sustainable Development in the Region of the Americas, several specific proposals were defined for the Rio+20 Conference to be held in June 2012:

1. The participants approved the proposed structure and contents of the "Report on Health and Sustainable Development in the Region of the Americas."
2. Emphasize that health is a civil right and an indivisible part of the concept of sustainable development and, as such, convey to the Rio+20 Conference the concern that health must be at the center of the three pillars of sustainable development.
3. Insist that equity is pivotal for all the countries to attain higher levels of development and it would therefore be strategic to take to the Rio+20 Conference the catch phrase "Everyone for equity," which not only refers to health, but also to economics, social, and environmental.
4. Propose specific actions so that health is regarded as a social right.
5. Promote more proactive involvement of the health sector in the governance of sustainable development at the national, subregional, and regional levels.
6. Continue to promote the development of the necessary metrics and indicators that measure the close correlation between health and sustainable development.
7. Focus the position papers taken to the Rio+20 Conference on the social and environmental determinants of the health, where successful experiences from the countries of the Region are included.
8. Look for a "popular" advocate for the sustainable development message.

***"Everyone for equity,"***  
**which not only refers to health, but also**  
**to economics, social, and environmental.**



## Annex 1 References

- Document prepared by Dr. Jacobo Finkelman: “Structure and content of the PAHO Regional Report on Health and Sustainable Development in the Region of the Americas” (Annex 2).
- Matrix to be filled out by the countries for the preparation of case studies, in support of the drafting of the regional report.

### Participation of the Countries in Support of the Drafting of the Regional Report

Thematic Area	Boxes
Meeting primary health care needs, especially in rural areas	
Control of communicable diseases	
Protecting vulnerable groups	
Meeting the urban health challenge	
Reducing health risks from environmental pollution and hazards	
Prevention and control of chronic noncommunicable diseases	
Global environmental change mitigation and adaptation, especially climate change	
Other priorities	

- PAHO/WHO Health and Sustainable Development Toolkit for the UN Global Conference Rio+20: <http://new.paho.org/tierra/>
- WHO in the United Nations Conference on Sustainable Development Rio+20: <http://www.uncsd2012.org/rio20/index.php?page=view&type=510&nr=287&menu=20>
- Regional interagency paper coordinated by Economic Commission for Latin America and the Caribbean with a chapter devoted to health in the Region: “Sustainable development in Latin America and the Caribbean 20 years on from the Earth Summit: progress, gaps, and strategic guidelines for Latin America and the Caribbean” (2011): <http://www.cepal.org/cgi-bin/getprod.asp?xml=/rio20/noticias/paginas/8/43798/P43798.xml&xsl=/rio20/tpl-i/p18f-st.xsl&base=/rio20/tpl-i/top-bottom.xsl>

## Annex 2

# Structure and Content of the PAHO Regional Report on Health and Sustainable Development in the Region of the Americas

### I. Introduction

- a) Summary of the scope of report's contents.
- b) Methodological and informational limitations encountered in drafting this report.

### II. List of Participating Institutions and Individuals by Country

### III. Situation Assessment, by Thematic Area

- a) Progress
- b) Gaps and/or gradients
- c) Emerging issues/problems
- d) Strategic guidelines for action to consolidate progress; to bridge gaps and/or gradients; to address emerging issues/problems

### IV. Health Governance in Sustainable Development

- a) Health in the institutional framework for sustainable development.
- b) The green economy and health in the context of sustainable development and poverty eradication.
- c) Health-related proposals for the CSD.

### V. Conclusions and Recommendations

- a) Summary of the common points culled from the analysis of each thematic area
- b) Proposal for courses of action to take so that health contributes most effectively to sustainable development in the country

**SOURCES:** Summary of the country reports and documents from PAHO and other agencies.





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