



WORLD HEALTH ORGANIZATION

FIFTY-FIFTH WORLD HEALTH ASSEMBLY
Provisional agenda item 13.3

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The World Summit on Sustainable Development

Report by the Secretariat

1. Key outcomes of the United Nations Conference on Environment and Development (UNCED) (Rio de Janeiro, Brazil, 1992) were the Rio Declaration on Environment and Development; Agenda 21, a global programme of action for sustainable development, and a number of specific global conventions.
2. The United Nations General Assembly at its 55th session decided to organize the review of implementation of Agenda 21 at summit level.¹ Accordingly, the World Summit on Sustainable Development (Johannesburg, South Africa, 26 August to 4 September 2002) has been convened and is expected to attract some 50 000 participants, including Heads of State.
3. The summit represents the culmination of the 10-year comprehensive review of progress in the field of sustainable development.
4. The Commission on Sustainable Development (established in 1993 as a functional committee of the Economic and Social Council and responsible for reviewing progress in implementation) has been appointed to serve as the Preparatory Committee for the Summit.

HEALTH ISSUES IN AGENDA 21

5. WHO is task manager for Chapter 6 of Agenda 21, which deals with protecting and promoting human health. Five major programme areas were highlighted in 1992, namely, meeting primary health care needs, particularly in rural areas; control of communicable diseases; protecting vulnerable groups; meeting the urban health challenge; and reducing health risks from environmental pollution and hazards.
6. In reviewing the implementation of Agenda 21, and preparing for the Summit, delegations have emphasized the importance of investing in people. Good health is central to the development process. Health contributes to integrating the social, economic and environmental dimensions of sustainable development and is pivotal within each one.
7. The socioeconomic dimensions of sustainable development are likely to be more prominent at the Summit than they did at UNCED, where deliberations concentrated on the environmental dimension. There will be a strong focus on concrete action for the implementation of strategies to

¹ United Nations General Assembly resolution 55/199 (December 2000).

reduce poverty and fulfil the Millennium Development Goals.¹ The emphasis will be on partnerships or initiatives to strengthen implementation of Agenda 21.

WHO'S CONTRIBUTIONS TO PREPARATION OF THE SUMMIT

8. WHO has adopted a two-track approach to preparation of the Summit. Track one focuses on the overall, long-term benefits for social, economic and environmental development that result from investment in people's health. Track two reflects the health aspects of specific issues on the Summit agenda.

9. Key emphases include:

- the positive impact of health both as a good in its own right and as a means of advancing economic development and poverty reduction
- the direct impact of environmental degradation and unsustainable use of natural resources on people's health, and their indirect impact on the livelihoods of the poor
- the need to assess the impact on people's health of all national and international development policies and practices
- the importance of partnerships and alliances as a means of addressing threats to health and promoting sustainable development.

10. In relation to both tracks, WHO's strategy is to strengthen the evidence base for the different links between health and sustainable development. By drawing on data derived from country experiences, synthesized either within WHO or by reputable groups outside the Organization. An important source of information has been the work of the Commission on Macroeconomics and Health, which presented its report to WHO in December 2001.²

11. A series of consultations has taken place to help define issues, strategies and policy positions on health and sustainable development. The positions will be advocated before, during and after the summit. The consultations have been hosted by national governments and international organizations, in cooperation with WHO, and have involved, in addition, academic groups, private entities, voluntary bodies and other parties. They include:

- a meeting on Health and Sustainable Development Planning: Strengthening the Basis of Cross-sectoral Collaboration (London, May 2001)
- a meeting on Making Health Central to Sustainable Development: Planning the Health Agenda for the World Summit on Sustainable Development, hosted by the Government of Norway (Oslo, December 2001)
- a meeting of senior officials and ministers of health organized by the Government of South Africa (Johannesburg, South Africa, January 2002).

¹ See document A55/6.

² See document A55/5.

12. Further meetings of health and environment ministers are being held in the Region of the Americas (Ottawa, 4 and 5 March 2002) and in the African Region (Kampala, 2 and 3 July 2002). The results of such meetings are being channelled into the intergovernmental process for assessing and reviewing progress on implementation of Agenda 21.

PROGRESS OF SUMMIT PREPARATIONS

13. At global level, there are four meetings of the preparatory committee: the fourth (Bali, Indonesia, 27 May to 7 June 2002) will include a two-day dialogue among all stakeholders, and a three-day high-level segment at ministerial level.

14. Assessment of progress in implementation of Agenda 21 started during 2001, with a series of intergovernmental regional preparatory meetings, and roundtables on Agenda 21. Governments are now assessing progress, and have been urged to set up national committees to advance this work.

15. The second meeting of the preparatory committee revealed that although there is evidence of much progress in implementing Agenda 21, it has been uneven. Of particular concern are the declining economies of many developing countries, increases in poverty and inequalities in some regions, emerging threats to human health, HIV/AIDS for example, deteriorating ecosystems, unsustainable use of natural resources, and the increasing numbers of people vulnerable to natural disasters.

16. The meeting highlighted a number of key issues and priorities for action. These include concentrating on eradication of urban and rural poverty, sustainable consumption and production processes, protection and management of natural resources, globalization geared to the needs of the poor, and human health. Indeed, poor health is seen to be a major constraint to people's development in many developing countries. Participants recognized the major risk factors for health – and for human development – associated with both communicable and noncommunicable diseases.

17. The meeting focused on health strategies that are critical to sustainable development, including: strengthening of health systems capable of delivering essential health services to all who need them, and reducing, in an environmentally sound way, the impact of HIV/AIDS, malaria, tuberculosis, dengue fever and other endemic, parasitic and infectious diseases that cause poverty. The meeting considered the best ways to promote research and development that addresses the health problems of poor people and produces needed global public goods, such as policies and initiatives that have a positive impact on health, beyond national borders.

18. The meeting proposed the integration of health concerns into strategies, policies and programmes for sustainable development, better health information systems, and integrated databases that link development policies and associated health determinants, including hazards and exposures to environmental risks, to positive and negative impacts on people's health. This measure should enhance the ability of health systems to engage usefully with development partners in order to promote health through policy decisions related to investment, trade, other sectors of the economy, and security.

19. Considerable importance is attached to highlighting the links between the Summit and other major international conferences. The Millennium Assembly of the United Nations (September 2000) provided a framework in the form of the Millennium Development Goals for what is to be achieved. The third United Nations Conference of Least Developed Countries (Brussels, May 2001) highlighted the needs of the poorest States. The fourth WTO Ministerial Conference (Doha, November 2001) focused on the measures needed to ensure that people in developing countries can compete on fair

terms in the global market. The International Conference on Financing for Development (Monterrey, Mexico, March 2002) examined ways to mobilize the resources needed to achieve the development goals to which both rich and poor countries are committed. The Summit thus needs to complete the picture by looking at the concrete action needed to enable poor people to improve their lives, in ways that will not compromise the ability of future generations to meet their needs. A continuing theme through all these conferences, and thus to be a key outcome of the Summit, is the idea of a “global deal” between developing and developed countries on the means for supporting sustainable development through the world. Defining the terms of that deal will continue during the preparatory process and into the Summit itself.

WHO’S RESPONSE TO THE CHALLENGE OF SUSTAINABLE DEVELOPMENT

20. Through many of its programmes WHO is responding to the call for clear, implementable strategies that address the links between ill-health and low levels of development. Following the two-track approach noted above, there are two main strands to WHO’s response: the first focusing on health and development, the second, on health and the environment.

21. **Health and development: sealing up of actions for better health among poor people.** Analyses by the Commission on Macroeconomic and Health show that ill-health drains economies and societies. Investment in health spurs economic and social growth. WHO is working with Member States as they:

- plan to confront the health conditions that constrain sustainable development
- improve the resourcing and stewardship of health systems so as to increase coverage and quality of service provision
- prepare to secure resources from new mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria
- seek equitable access to essential medicines and technology
- track progress and monitor achievements through information systems and health surveys, in order to gauge the extent to which investments in health have yielded expected results. Globally, priority will be given to the major contributors to the burden of disease, including HIV/AIDS, tuberculosis and malaria, maternal and child conditions, poor nutrition, conditions related to tobacco consumption, and injuries. Emphasis will be given to other communicable and noncommunicable diseases where these represent national or regional priorities. Attention will also be given to furthering research on identifying cost-effective interventions outside the health sector which could lead to improved health outcomes.

22. **Health and the environment: emphasizing the impact of the environment on children’s health.** Children are especially vulnerable to the impact of environmental degradation, pollution, mismanagement of natural resources and unhealthy consumption patterns. They are also most affected by hazards in and around the home. Specific areas for attention include:

- helping poor people to reduce their exposure to unsafe and dirty household fuels (particularly to reduce respiratory diseases and other health effects of traditional cooking and heating practices), and to breathe better quality air, whether inside or outside their homes (contributing to avoid, for example, the consequences of lead-containing exhaust fumes)
- reducing water-related health risks through better water-resources management, control of water-related diseases, and improved access to oral rehydration therapy
- improving health by promotion of proper management of human, domestic, agricultural and industrial waste
- assuring better nutrition and food safety, and encouraging healthy diets and lifestyles.

23. People are at particular risk from the adverse effects of development policies and practices that have not been assessed for their impact on health. WHO is therefore scaling up its response to countries' requests for cooperation as they examine the health impact of public policy on energy, agriculture, transport and other sectors.

24. WHO will contribute to assessing and monitoring risks to health associated with different environments, and work with those concerned to reduce risks. This work will require close collaboration with sectors other than health, and a range of public and private partners.

ACTION BY THE HEALTH ASSEMBLY

25. The Health Assembly is invited to take note of the report.

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