

HEALTH AND SUSTAINABLE DEVELOPMENT IN THE GLOBAL ECONOMY

Key Issues Brief*

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1. Principle 1 of the Rio Declaration on Environment and Development states that “Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature”. The goals of sustainable development cannot be achieved where there is a high prevalence of debilitating illnesses, and population health cannot be maintained without ecologically sustainable development. Health and environment issues are not peripheral issues for conservationists, scientists and medical doctors, but policy issues at the centre of a country’s economic development. Investment in the environment and in human health is an integral part of investment for a nation’s future.
2. In the health field, concerted action over the past 50 years has led to significant progress. Half a century ago, the majority of the world's population died before the age of 50. Today, average life expectancy in developing countries is 64 years and is projected to reach 71 years by 2020. Nevertheless not all nations of the world have shared equally in improvements to health. Differences in health status dramatically illustrate the divide between the rich and the poor in today's world. The poor – those living on less than 2 dollars a day – suffer disproportionately from the ravages of disease. Sub-saharan Africa, the world’s poorest region, still has average life expectancies far below the wealthiest countries. In many instances the health gaps within and between countries are widening. The number of people living in absolute poverty is growing steadily.
3. Until recently, health was regarded as relatively unimportant both as a development goal, and as a strategy for reducing poverty. Health spending was seen as consumption of scarce resources rather than investment in a common future. For global health, the HIV/AIDS pandemic has been the “eye-opener” that the earlier industrial disasters and spills were in the environmental field. The debate over the moral, economic, social and security consequences of this catastrophe now unfolding around the world, has forced health onto the agenda in a way not seen before.
4. The Commission on Macroeconomics and Health, appointed by WHO, and now nearing completion of its work, has assembled powerful evidence suggesting that the role played by health in determining the economic prospects of the world's poor communities has been significantly underestimated. Major diseases, such as HIV/AIDS, malaria and TB directly affect the poorest countries' ability to develop. They function as a drag on economic growth and they perpetuate poverty. Childhood illnesses and maternal conditions also hamper efforts to give the poorest a chance to get out of the vicious cycles of deprivation and despair.
5. Recent evidence shows how disease undermines economic progress. It has been found that HIV prevalence rates of 10-15% - which are no longer uncommon - can translate into a reduction in growth rate of GDP per capita of up to 1% per year. TB, which is exacerbated by HIV, takes an economic toll equivalent to US\$12 billion dollars

from the incomes of poor communities. Africa's GDP would probably be about US\$ 100 billion higher if malaria had been tackled 30 years ago, when effective control measures first became available. Even today, half a billion cases of malaria each year lead to the loss of several billion days of productive work.

6. A major shift in thinking regarding the role of health in poverty reduction and development is occurring. Health is far more central to poverty reduction than previously thought, and that realization is now beginning to shape governments' and global policies. It has been known for years that people who are poor are more likely to get sick. But now much more is known about the reverse, which is also true. For example knowledge is accumulating about how ill health creates and perpetuates poverty, triggering a vicious cycle which hampers economic and social development and contributes to unsustainable resource depletion and environmental degradation. Evidence suggests that health gains trigger economic growth : if the benefits of that growth are equitably distributed, this can lead to poverty reduction.

7. The new evidence gathered over recent years concludes that health must be seen as a central factor not only in social development, but also in a country's ability to compete on a global economic stage and achieve sustainable economic progress. Health, therefore, must no longer be seen as an expenditure only the rich countries can afford, but as a necessary investment by the poorest countries of the world. Investing in poor people's health is thus a pre-requisite for other development-spurring activities.

8. A critical force shaping the world of today and tomorrow is the growing momentum of globalisation. The challenge is to ensure that the forces of globalisation contribute to a more just, inclusive and healthy global society. Currently around a billion people enjoy unprecedented prosperity and advantage, while nearly half live on less than 2 dollars a day, and have extremely limited prospects for prosperity. This is the unacceptable- but not inevitable- consequence of globalisation.

9. In the modern world, bacteria and viruses travel almost as fast as money –a single microbial sea – with no health sanctuaries. It is not only infectious diseases that spread with globalisation however. Changing lifestyles, linked to growing urbanization, pollution and the onslaught of tobacco marketing in developing countries, give nations a double burden of disease to cope with - a burden their under-funded national budgets and weak health sectors can ill afford. Changes in lifestyle and diet can prompt an increase in heart disease, diabetes and cancer.

10. Tobacco is sweeping the globe as it is criss-crossed by market forces. Only weeks after the old socialist economies in Europe and Asia opened up to Western goods and capital, camels and cowboys began to appear on buildings and billboards. If the growth in tobacco use goes unchecked, the numbers of deaths related to its use will nearly triple, from four million each year to ten million each year in thirty years time. More than 70% of these deaths will take place in developing countries.

11. New global health emergencies arise with little warning. The issue of BSE and its links with CJD has led to a global emergency within a period of a few months. The final cost of BSE and the threat it carries of CJD could run into the order of several tens of billions of dollars. Global warming, air and water pollution, biological and chemical

contaminants all have an impact on health. Air pollution, both outdoors, and most especially indoors (associated with biomass burning for cooking and heating) is a growing health hazard. The combination of pollution, lack of sanitation, growing migration from the countryside to the cities and extreme poverty have made many of the cities in the developing countries of the world unhealthy. In addition urbanising developing countries will increasingly have to deal with the cost of treating cancers, diabetes and heart disease, as well as a growth in mental illness.

12. Considering that disease itself is a major cause of poverty, the success or failure of collective responses to these threats is critical. It holds the key to the political and economic security – not just of individuals and communities – but of nations and continents. To sustain efforts to reduce human suffering and promote equitable and sustainable development, better tools are needed. How to structure incentives to promote the necessary changes? Who should pay for the cost of R&D for diseases that drive poverty? These are policy questions for which urgent answers are needed.

13. A new global response to global health issues needs to be shaped. Early evidence from the Commission on Macroeconomics suggests around 10 billion dollars per year is needed through increased development assistance and debt relief. New ways to collaborate are needed. Sometimes individual countries may take a lead, eg Brazil's effort to build a comprehensive care system for people living with HIV/AIDS. Sometimes the world unites to combat global negatives, such as the growing sale and marketing of tobacco through the international framework convention for Tobacco Control currently being negotiated.

14. In addition to governments, the private sector and civil society have crucial roles to play. Such partnerships are already taking shape in discussions between countries, international agencies and major pharmaceutical companies to find ways of increasing access to essential drugs and vaccines. For example they are taking shape in the Global Alliance for Vaccines and Immunization, GAVI, which combines contributions from private sources such as the Gates Foundation with funds from national governments. Such partnerships will present governments with unorthodox challenges, but if well designed and executed, will yield significant, measurable returns in terms of better health and reduced poverty.

15. Globalisation does not have to lead to human insecurity because of the spread of illness. Inequities in health are not inevitable. Better health will result in economic benefits- for families and for nations. A number of interventions can dramatically reduce mortality from the main killers – supervised medication regimes for TB, nets impregnated with insecticides against malaria, wide distribution of malaria treatment among children and pregnant women, prevention programmes for HIV/AIDS, or access to care programmes that can substantially slow the mortality among those living with HIV, or national tobacco control strategies.

16. There are many more interventions, proven to be effective on a local or national level. Once these interventions are taken to global scale, it becomes possible to create conditions in which poverty can be reduced. Conditions need to be created that will allow more equitable access to the information, services and technologies that have the

potential to transform peoples lives. Pursuing a more inclusive agenda for research and development is key in this regard.

17. Increasingly, it is becoming evident that global public health is a priority on the international agenda. The momentum is building. The UN Secretary-General, Kofi Annan, is leading a coalition of public and private partners calling for the resources to effectively tackle illnesses that undermine the well-being of poor people - starting with HIV/AIDS, malaria and tuberculosis. World leaders are heeding this call and are committing resources and changing their policies to use health as a key tool for development.

18. This growing recognition of the link between health and development is seen too in relation to diseases associated more directly with the environment. In order to sustain gains in population health, ecological life support systems need to be protected. Long term changes in world climate for example will affect many pre-requisites for health - sufficient food, safe and adequate drinking water, and secure dwellings. Some of the health impacts will be direct, such as heat-wave or flood related deaths. Others come from disturbance of complex ecological processes, changes in water supply, food availability and patterns of vectors and infectious diseases. During periods of extreme temperature or altered rainfall, many areas of the world have been shown to experience a marked increase in malaria cases. Substantial leaps in malaria incidence have been recorded in recent decades in many parts of the world.

19. If one counts the costs and benefits of reduction in particles associated with air pollution and ground level ozone together with those from reducing CO₂, one ends up with a much better picture of existing policy choices. For example, dust and smoke particles have been associated with increased mortality, hospital admissions for lung and heart disease, and use of medication among asthmatics. Ground level ozone can exacerbate lung respiratory disease by damaging lung tissue and reducing lung function, and sensitizing the lung to other irritants. Carbon-monoxide has been linked to hospitalisation from myocardial infarction.

20. What is becoming increasingly clear is that the poor are also bearing the main burden of the long-term climatic changes to our environment. Recent assessments by health scientists working within the Intergovernmental Panel on Climate Change have confirmed that poor populations tend to be the most vulnerable to the health impacts of climatic variation and climate change. Deprived communities, lacking wealth, social institutions, and depending on others for information, resources, and expertise, are more vulnerable to ill-health in the face of climate change stresses. Social inequality and environmental issues are intimately connected.

21. What further can be done to address these profound challenges? The message of Our Common Future - reiterated at Rio - was the link between environment and development. A new era of economic growth was called for - growth that is forceful and at the same time socially and environmentally sustainable. Looking to the future, one is presented with two sharply different scenarios. Which of them we will turn into reality depends on the extent to which the political backing for firm global action can be secured. The first scenario is truly horrendous. The spread of HIV/AIDS, tuberculosis and malaria, the emergence of new infectious diseases and antibiotic resistance, the rising

epidemic associated with non-communicable diseases, climate change leading to spread of vector - borne diseases, increase in extreme weather events and disasters, and threatening food security. This is not a worst-case scenario. It is where one is headed today.

22. The second scenario is one where the mortality of the main infectious diseases, such as malaria, tuberculosis and HIV/AIDS is drastically reduced. Where issues such as global warming and serious pollution are dealt with through forceful international action. And where global negatives, such as the impact of tobacco sales and marketing can be dealt with through internationally negotiated regulation. Such a scenario calls for powerful political leadership, and democratic action by all. This means joint working by governments, civil society and the private sector. There is much that has been achieved already, but a great deal more remains to be done.