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HEALTH & SUSTAINABLE DEVELOPMENT IN THE FRAMEWORK OF INTERNATIONAL COOPERATION

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In the social sciences, the term "development" - which in its accepted original biological meaning refers to growth and to the transformations experienced by every living organism in the course of its existence - refers to the structural transformation of a society, with cultural, social, economic and technological changes, whose definition is difficult and far from being universally agreed upon.

In the prevailing meaning of the term - based on western, economicistic culture in whose mould the concept of "development" was conceived (1) - a country's development coincides with its economic wealth (GNP), its progressive growth and average distribution (*per capita* GNP).

The GNP only gives an idea of the economic weight of a given country on the world market. The *per capita* GNP only adds a demographic denominator; although informing about the average distribution of wealth in a specific country or geographical area, it gives no information about how uniformly this wealth is distributed among the population.

The distribution of world's wealth, although excessively simplified, is a good yardstick of the strong imbalance existing between different areas of the world. Using this criterion, it is interesting to note that the richest 20% of world population holds more than 80% of global wealth, while the poorest 20% enjoys little more than 1% of the planet's GNP. This difference continues to grow. Economic growth of rich countries is increasing, in fact, at a noticeably faster rhythm than can be seen in poorer countries, where even negative growth may be registered. Although with different proportions, a similar phenomenon may be observed within each country.

An exclusively growth aimed development leads to an indiscriminate increase of consumption and to the alteration of fragile ecological equilibriums (in terms of both impoverishment of resources and pollution). In this case, the benefits that ensue to the richest fifth of the population, not only are achieved at the expense of the poorest four fifths of mankind, but also compromise the quality of life of future generations. This is must be regarded as non-sustainable development.

Since the 70s, some authors indicated the improvement of living conditions, and especially solving basic needs, as the very essence of development; starting from 1990, the United Nations Development Program (UNDP) synthesised many of those ideas into the concept of human development. According to a UNDP statement, there can be no human development if income distribution is unequal and if money spent on social services is insufficient or badly distributed.

Later on, UNDP indicated the need for economic policies to be clearly pro-poor oriented by focussing choices on direct benefits for the population in terms of greater opportunities to access economic, social, political and environmental resources (2). The Nobel Prize winner Amartya Sen, who believes that development can be seen as a process of expanding the actual liberties enjoyed by human beings further developed this concept. "Development requires that the main sources of unfreedom be eliminated: poverty like tyranny, the lack of improved economic prospects like systematic social deprivation, disattention towards public services like the intolerance and authoritarianism of a repressive state." (3) For the first time Sen redefined development without feeling the need to qualify with an attribute a "different type" of development.

We must question ourselves about the sustainability of a "development" model based on the infinite and indiscriminate growth of consumption within a finite planetary system. In its report "Global Environment Outlook 2000", the United Nations Environmental Programme (UNEP), puts forward the view that the "beginning of the new millennium finds the planet Earth between two contrasting tendencies. An invasive and wasteful society of consumers together with a constantly growing population is threatening to destroy the resources on which human life is based. At the same time, society is struggling against time in order to invert this tendency and to introduce sustainable practices which will ensure the welfare of future generations."

Urgent and radical action is therefore called for in order to achieve a "transition towards a sustainable system". This implies an economic structure in which only what the natural environment can supply is consumed and waste is produced only in the measure that it can be absorbed. Perpetuating the present model in industrialised countries and its progressive adoption in developing countries, as is continuously and systematically proposed, is leading to an uncontrolled “development” which is unsustainable for the planet’s biophysical system (4).

The goal of the World Health Organisation is "the attainment by all peoples of the highest possible level of health". In its Constitution, the word "health" -a fundamental right of every human being- is defined as " a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". The Health of all peoples is recognised as an indispensable condition to the attainment of peace and security of the world, and dependent upon the fullest co-operation between individuals and between states; while "unequal development in different countries in the promotion of health and control of disease is a common danger" (5).

It is implicitly recognised that the promotion of good health cannot simply be limited to medical activities and even less can it be identified with the control of diseases. At the same time, the fact that health-related problems are of a global nature is made clear.

With the Alma Ata Declaration (1978), all the nations in the world undertook to achieve the aim of "health for all by the year 2000” adopting Primary Health Care (PHC) not only as an integral part of each country’s health system, but of it’s entire social and economic development, in a view based on equity and community participation, focussing on prevention and appropriate technology, with an integrated intersectoral approach to development.

Due to the structural implications of the new strategy, it was very soon translated into a quite reductive, centralist and vertical approach, which then became dominant, identified as "selective Primary Health Care", consisting in the selective application of simple, scientifically sound and cost-effective technology (a good example is oral rehydration for the treatment of acute diarrhea)(6). Attention was thus drawn away from health and focussed on the control of single diseases. Under the strong influence of international organisations and bilateral agencies, this soon resulted in the reorganisation of Health systems in “vertical programs”, the disarticulation of public health activities, along with a multiplication of costs and a waste of resources, not to speak of the complete disassociation of these programs from development actions being implemented in other sectors (schools, production etc). This type of approach, disease rather than health-oriented, was more consonant with the political and administrative needs of main donor countries and

organisations, whose influence on choices made by beneficiary countries is well known; it adapted better to market strategies and to “social marketing”; and, behind relatively cheap but highly visible campaigns, it could even serve to mask the lack of any real political will to improve people's health conditions.
In the 90s, at the urging of the World Bank, the international debate on health moved to health systems’ “Reform”, without considering that structural adjustment policies imposed on poor countries (social spending cuts, privatisation, abolition of protectionist barriers) had been among the main determinants in the worsening of people's living conditions and in the collapse of those health systems, that countries were now asked to reorient. (7)
Health systems efficiency (above all their costs), rather than the impact of public health policies on people’s health conditions, was put at the centre of the attention. The question was not whether the economic resources destined to the health system were sufficient to respond to people's needs, but how to limit public health spending independently of the effects on people's health. Once again it was proposed to identify a "minimum essential package" for the control of a limited number of diseases, on which the whole public health action should be based.

In the course of the 90s, the influence of the different players on the international health scene progressively changed. WHO leadership as the "directing and co-ordinating authority on international health work" was being forced to deal with the numerous players claiming a role in the field of health: other UN organisations, the World Bank, regional development Banks and Funds, the private corporate sector of the great multinational pharmaceutical companies, along with the non-profit-making sector of a growing number of non-governmental organisations. (8) In the meantime, instead of growing, Official Development Aid decreased by 20% during that decade.
The World Bank has become the largest international donor in the health sector in middle and low-income countries, and this has significantly altered the panorama of international health co-operation. With the size of its operations, the conditions imposed to countries in order to access to credit and the strategies it adopts, the World Bank has changed the sectoral priorities and the relationship between donors and beneficiaries both at global and national level. (9)
With the election of Dr. Brundlandt as the Director General of WHO in 1998, after a decade of decadence the organisation has once again put itself forward as the leading advocate of public health and the most competent organisation to provide expertise, set standards and assist Governments in strengthening their health systems. When she took up her position, the new executive declared that the organisation's objectives were to combat poverty, underdevelopment and social inequalities. (10)
This year, by courageously opening a new phase in the debate, the WHO has centred its annual report on health systems. By defining the health system as “comprising al the organisations, institutions and resources that are devoted to producing health actions” and a health action is defined "as any effort, wether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to improve health". WHO has measured the performance of different countries' health systems in achieving this objective, evaluating aspects like the equal opportunities in accessing the health service, the pooling of risk and the responsiveness to expectations but, above all, by placing the accent on the level of intersectoral cooperation in achieving good health (11)
A multidimensional and integrated approach towards achieving health is also at the centre of the "Verona Initiative" which, under the patronage of WHO’s European Region, emphasises that "investing *for* health is investing in development". It is interesting to notice that, while there is no reference to economic growth in the final text of the declaration, "development" is interpreted as economic and social "prosperity" or "wellness". The same document claims that health must be the objective of policies in all sectors and, that health is the yardstick by which the effectiveness of interventions for development are to be measured.(12)

At the same time, however, the Organisation continues to sponsor a series of new international initiatives of a rather vertical nature, like for example Stop TB, Roll Back Malaria, Malaria Medicines Initiative, International Partnership against AIDS in Africa (IPAA), International AIDS Vaccine Initiative (IAVI), the Global Alliance for Vaccine and Immunisation (GAVI). The need for a vast international partnership between all the players, both public and private, profit and non profit, in order to address the planet's health problems underlies this new proliferation of initiatives where the public-private relationship together with its ethical, political and economic implications are still to be verified; as well as the real benefits in terms of efficiency and effectiveness.

The diffusion of the HIV-AIDS epidemic -which unlike other diseases of the South also affects industrialised countries- has been one of the decisive factors in bringing health back on to the international agenda; though attention has been selectively focussed on a few infectious diseases (beside HIV-AIDS, malaria and tuberculosis). Other conditions like malnutrition, diarrhoea and acute respiratory illnesses, which attracted attention in the past and whose mortality rate is still very high seem to have been forgotten: would this be perhaps because they mainly affect children and an non productive age group?

For the first time in its history the UN Security Council has become interested in disease and included the theme of AIDS in the agenda.

At the recent summit in Okinawa, the G8 nations (G7 + Russia) included in their undertakings the fight against main infectious diseases and particular attention was paid to HIV-AIDS, malaria and tuberculosis.

The European Union, as part of its development policy, has declared its renewed and increased political and financial commitment to health. Although reaffirming that the fight against poverty and health systems development are central to any strategy, the EU considers that an accelerated action in needed to face the three mentioned infectious diseases, with pharmaceutical companies assuming particular importance in this context. (13)

Even the Italian Parliament has committed specific funds for the fight against AIDS although in the context of a wider poverty reduction initiative.

Thus, there is a renewed international attention being paid to "health".

It is often reminded that a vicious circle exists between poverty, health deterioration and the onset of infectious diseases; unfortunately, this focuses the attention on the fight against diseases without ever questioning the underlying economic and social development model.

A radical change of perspective is needed: social and economic policies should be oriented according to the effect they may have on public health and, more generally, on the ecosystem. Development should be measured through health indicators and the quality of the environment. This would indeed be a revolution.

"Globalisation and the growing interdependence of the world are, clearly, putting to the test purely national controls of public health."(14) Growing inequalities are threatening to have serious repercussions on international relationships and are leading to migration, political instability, social conflicts and wars.

Within nations, the same inequalities are reflected in a deterioration of public health, even though it has been shown that the more equality there is in a society, the healthier that society is, and that this is the case in both the North (15) and the South. While the gap between a small number of wealthy people, becoming progressively wealthier and a growing number of poor people who are growing poorer and poorer is continuing to increase, liberalisation of commerce and extensive privatisations are accelerating the destruction of the regenerative capacity of the ecosystems on which future generations depend. Existing international laws are totally insufficient to regulate some of the risks associated with a global economy -like illicit trafficking or the indiscriminate spread of pharmaceuticals and technologies - , (16) and we must take seriously into account that

the richest countries are pushing toward the progressive and complete deregulation of investments.
Risks associated with the adoption of measures initially included in the Multilateral Agreement on Investments, elaborated at OECD and now transferred into the WTO debate, are well known (17). They tend to inhibit a nation's internal capacity to defend collective interests and therefore forewarn of a particularly high social price to pay, especially at the cost of the most vulnerable groups

As national health systems are increasingly influenced by global factors which have no regard for national boundaries, international development co-operation the traditional collaboration between partner countries, must be complemented with a renewed commitment undertaking to meet new challenges on a global scale.
In the light of these changes, Italy shall have to assume its own responsibilities as a donor country both at bilateral as well as at multilateral level.

Some approaches may be considered to be decisive:

° integration of available resources (national and international) in each developing country under the effective co-ordination of local authorities (the local government "in the driver seat");
° support to local institutions (and not their substitution) in the management of resources, assuring efficiency, effectiveness and transparency;
° involvement of civil society in identifying priorities, planning the use of resources and evaluating results;
° cultural, social, environmental and economic appropriateness and sustainability of initiatives;
° support to reaffirm WHO as the global leader in health and a more structured and better qualified technical cooperation with that organisation;
° promotion of health - as defined by WHO - as the number one objective of development and the adoption of the people's health as an indicator of progress with which to measure the effectiveness of policies in other sectors;
° promotion of a coherent action of Italy in the various international contexts (UE, G8, OCSE, UN, World Bank, International summits, etc) in support to the "health for all" goal;
° establishment in Italy of high level global health forums; for deeper analysis on global health.
Means and tools for such an agenda are today totally inadequate and although some successes can be seen, they are only due to the good will of isolated operators. Instead, it is indispensable to promote a general mobilisation of the “Italian system” on these themes.

In the meantime, the Italian Parliament is debating the reform of Development cooperation which may lead to a radical transformation of its present institutional setting, eventually providing this sector with the necessary means to face its mission, however, time is running short and the near end of the present legislature could leave the situation unmodified.

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[1] Rist, Gilbert (1997) *Lo Sviluppo. Storia di una credenza occidentale*. Bollati-Boringhieri , Torino, pp. 72-83
[2] United nations Development Programme, *“Human Development report”*, Oxford University Press, Oxford, 1997
[3] Sen, Amartya (1999) *Lo sviluppo è libertà.* Mondadori, Milano, p. 9-10
[4] Mc Michael, A.J., Smith, K.R., Corvalan, C.F.. The sustainability transition: a new challenge. Bull. WHO, 2000, 78 (9), 1067.
[6] Organisation Mondiale de la Santé (1985) *Constitution*. OMS, Genève
[7] Walsh J.A. e Warren K.S. (1979) Selective primary health care: an interim strategy for disease control in developing countries. *New England Journal of Medicine* 301, 967-974
[8] Stefanini, A. (1997) *Salute e mercato. Una prospettiva dal Sud al Nord del pianeta*. EMI, Bologna, pp. 57-59
[9] Walt, G. (1998) Globalization of international health, *Lancet* (351) 434-437
[10] Buse, K., Gwin, C. (1998) The World bank and global cooperation in health: the case of Bangladesh, *Lancet* (351) 665-669
[11] The Lancet - Editorial (1998) The Brundtland era begins, *Lancet* (351) 381

[12] World Health Report 2000. WHO, Geneva
[13] The Verona Challenge: investing for health is investing for development. The Verona Initiative. Arena Meeting III, 5-9 July 2000, Verona, Italy.
[14] Commission of the European Communities. Communication of the Commission to the Council and the European Parliament. Accelerated action targeted at major communicable diseases within the context of poverty reduction. Brussels, 20.9.2000 COM(2000) 585
[15] Walt, G. (1998) Globalization of international health, *Lancet* (351) 434-437
[16] Wilkinson, R., *"Unhealthy societies"* , Routledge, London and New York, 1996
[17] Walt, G.(1998) *ibidem*
[18] Joint Declaration of NGOs on "multilateral agreement on investments", Paris, October 27, 1997