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REVIEW OF SECTORAL CLUSTERS, FIRST PHASE: HEALTH, HUMAN SETTLEMENTS AND FRESHWATER

Draft decision submitted by the Chairman

Protecting and promoting human health

1. The Commission on Sustainable Development examined the report of the Secretary-General (E/CN.17/1994/3) as well as a background paper on health, environment and sustainable development prepared by the World Health Organization (WHO) as task manager.

2. The Commission took note, with appreciation, of the outcome of the Inter-sessional Workshop on Health, the Environment and Sustainable Development, held in Copenhagen from 23 to 25 February 1994 and organized by the Government of Denmark. In that context, the Commission particularly underlined the importance of the recommendations of the Copenhagen meeting focusing on the need to integrate health, environment and sustainable development goals and activities through innovative and holistic approaches.

3. The Commission reaffirmed that the promotion and protection of human health was of central concern in sustainable development as was reflected in the very first principle of the Rio Declaration on Environment and Development, 1/ which stated that human beings were at the centre of concern for sustainable development and were entitled to a healthy and productive life in harmony with nature. In that context, the Commission stressed the fact that the protection and promotion of human health depended on activities stemming from all sectors.

1/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex I.

4. The Commission welcomed the Global Strategy for Health and Environment developed by WHO and endorsed by the World Health Assembly.

5. The Commission recognized the critical importance of funding for health and highlighted the need to focus funding on preventive measures. While emphasizing the importance of adopting a preventive approach to building health-related services, the Commission also stressed the necessity to respond to the needs of curative medicine. To meet those requirements, the Commission called for the strengthening of the health infrastructure, particularly in developing countries, with the cooperation of the international community, where necessary.

6. The Commission identified the rural sector and the urban slums as particular social sectors that would benefit from the strengthening of health systems because special attention in those areas would strengthen the implementation of the priorities identified in the Commission decisions on human settlements.

7. Poverty was identified as an underlying significant element to be addressed in the integrated implementation of health aspects of Agenda 21. Eradicating malnutrition and hunger, which affected some one billion people in the world, was a fundamental prerequisite to providing health for all. The Commission therefore reaffirmed the commitments to poverty eradication in the context of sustainable development contained in the Rio Declaration, and the fundamental relationship of the eradication of poverty to the overall goals of health promotion and protection.

8. While recognizing the impact of population growth on health, environment and development, and vice versa, and looking forward to the outcome of the International Conference on Population and Development, the Commission recognized that the provision of basic and assured health care, particularly to women and children, was a vital prerequisite to the reduction of high rates of population growth.

9. The specific needs of vulnerable groups were emphasized as priority areas. In addition to the three vulnerable groups identified in chapter 6 of Agenda 21 2/ (women, children and indigenous people), the Commission took note of the similarly special health needs of the aged, the disabled, and the displaced. The Commission further noted the contribution of food aid as an important aspect of efforts directed at the improvement of nutritional and overall health of vulnerable groups.

10. The Commission noted that traditional health-related knowledge, borne especially by women and indigenous people, made a contribution to overall health and stressed the need for increased research in that field with a view to supporting its use where adequately validated.

2/ Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3-14 June 1992, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

11. The Commission also noted that the work-place was both a source of health-related problems and at the same time provided a useful community basis for implementing and monitoring preventive health programmes through the participation of workers.

12. The Commission underlined that it was of crucial importance to change consumption patterns, in particular in developed countries, as well as production patterns in order to ensure that products and production processes with adverse health and environmental effects gradually disappeared. Detailed and specific product information, such as adequate labelling, could therefore create changes in the market towards cleaner products. In that context, the Commission stressed the need for continually updating the "Consolidated list of products whose consumption and/or sale have been banned, withdrawn, severely restricted or not approved by Governments", and for undertaking further measures to broadly disseminate information contained in that list. Furthermore, the Commission stressed the need for assisting countries to implement the set of guidelines for consumer protection adopted by the General Assembly in 1985.

13. The Commission expressed deep concern about chemical substances with potential health hazards that were widely used in industry, consumer products and food production and processing. The impact on human health, especially of long-term exposure to low doses of synthetic chemicals with potential neurotoxic, reproductive or immunotoxic effects, and their synergistic effects on nature, was not yet sufficiently understood. The Commission therefore emphasized the need to control their use and to minimize the emission of hazardous chemicals to prevent increasing concentrations in the environment.

14. The Commission recognized the ongoing health reform efforts and emphasized the need for further concrete actions in the follow-up to the first review of progress in implementing the activities of chapter 6, particularly for the 1997 review of Agenda 21. In that context, the Commission recognized four lines of health reform identified by WHO as constituting a suitable programme of action for Governments to pursue within the framework of their national sustainable development programmes:

(a) Community health development: undertaking health promotion and protection as part of more holistically conceived community-based development programmes;

(b) Health sector reform: increasing the allocation of resources to the most cost-effective health protection and promotion programmes as seen in the longer run and in the interest of obtaining sustainable development;

(c) Environmental health: increasing understanding of the impact of policies and programmes of other sectors upon human health and mobilizing financing and action in those sectors accordingly;

(d) Nation decision-making and accounting: health impact assessments, accounting and other means of promoting the integration of health, the environment and sustainable development into national decision-making with a view to strengthening health-sector representation and incorporating health and its financing in development planning.

15. The Commission concluded that the following priorities should receive particular attention of Governments and the relevant international organizations:

(a) Strengthening health-sector representation in national decision-making, including the full participation of major groups;

(b) Establishing a firm partnership between health/health-related services, on the one hand, and the communities being served, on the other, that respected their rights and local traditional practices, where adequately validated;

(c) Including population issues in basic health systems, as approved in chapter 6, paragraphs 6.25 and 6.26 of Agenda 21 and without prejudice to the outcome of the International Conference on Population and Development;

(d) Including food security, the improvement of the population's nutritional status, food quality, and food safety in national development plans and programmes aimed at improved health in the context of sustainable development;

(e) Reassessing health expenditures with a view to more cost-effective health protection and promotion measures, including, where appropriate, the increasing use of economic instruments, such as user fees and insurance systems, in order to generate funds for efficient health systems;

(f) Assuring that health was integrated into the environmental impact assessment procedures;

(g) Enhancing efforts towards the prevention and eradication of communicable diseases, including acquired immunodeficiency syndrome (AIDS) and malaria;

(h) Establishment of adequate structures for environmental health services at the local and, where appropriate, provincial levels in order to further encourage decentralization of health-related programmes and services and to take full advantage of the potentials within the sphere of the local authorities;

(i) Increasing public awareness for health aspects, especially with respect to nutrition, communicable diseases, population issues and health hazards from modern lifestyles through primary, secondary and adult education. Special effort should be made to incorporate environmental health issues in the training of all professionals directly or indirectly faced with environmental and health problems (e.g., medical professionals, architects and sanitary engineers);

(j) Enhancing multidisciplinary research into the linkages between health and environment;

(k) Assuring access, exchange and dissemination of information on health and environment parameters for everyone, with particular attention to the needs of vulnerable groups and other major groups;

(l) Ensuring that knowledge of clean technology was disseminated in such a way that it contributed to the prevention of man-made health problems, especially concerning the use of pesticides and food production and processing;

(m) Ensuring close collaboration and coordination of concerned United Nations organizations in the implementation of those priorities;

(n) Building, where possible, on the achievements of existing programmes developed individually and jointly by United Nations agencies, Governments and relevant groups in civil society;

(o) Promoting the participation of non-governmental organizations and other major groups in the health sector as important partners in the development of innovative action, and strengthening a bottom-up community involvement;

(p) Encouraging further partnerships between the public and the private sectors in health promotion and protection;

(q) Building up greater institutional capacity in the tangible implementation of those priorities from the point of conception and planning to the management and evaluation of appropriate health and environmental policies and operational elements at community, local, national, regional and international levels.

16. The Commission took note of the relevant provisions of the Programme of Action for the Sustainable Development of Small Island Developing States 3/ adopted at the Global Conference on the Sustainable Development of Small Island Developing States and urged that adequate support be given to the overall goals of health promotion and protection identified in the Programme of Action.

17. The Commission invited the Inter-Agency Committee on Sustainable Development (IACSD) to consider in its follow-up work on chapter 6 and in preparation of the 1997 review, the following priority areas:

(a) Supporting developing countries and economies in transition in the development of national environmental health plans as part of national sustainable development programmes; such plans should (i) address the cross-sectoral aspects of environmental health and identify action by other sectors for health protection and promotion, and (ii) emphasize the provision of environmental health services at local level along with the development of primary environmental care;

(b) Extending scientific and public understanding of the cumulative effects of chemicals in consumer products, plant and animal-based food, water, soil and air on human health. Those chemicals included agricultural and non-agricultural pesticides, as well as other chemicals with, inter alia,

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3/ Report of the Global Conference on the Sustainable Development of Small Island Developing States, Bridgetown, Barbados, 26 April-6 May 1994 (United Nations publication, forthcoming), resolution 1, annex II.

neurotoxic, immunotoxic and allergic effects. Special attention should be given to the impacts on vulnerable groups;

(c) Determining mechanisms that identified and controlled newly emerging infectious diseases and their possible environmental linkages;

(d) Providing a status report on the health implications of the depletion of the ozone-layer based on epidemiological studies in the context of the INTERSUN project, involving, inter alia, WHO, the International Agency for Research on Cancer (IARC), the United Nations Environment Programme (UNEP) and the World Meteorological Organization (WMO), taking into account ongoing work under the Montreal Protocol;

(e) Developing an effective and efficient environmental health information system to collect and disseminate national, regional and international information on newly emerging environmental health problems by 1997.

18. The Commission requested that information on the status of community participation in the health sector be included in the report of the Secretary-General to be submitted for the 1997 review of Agenda 21.

19. The Commission invited WHO, as task manager, to continue to monitor progress made by the United Nations and other international agencies in implementing chapter 6. The Commission requested WHO to report periodically to IACSD on that matter and to make such reports available to the Commission.

20. The Commission requested countries to include in their national reports for the 1997 review session of the Commission a specific section on steps taken to promote and protect human health, highlighting the positive examples and models, indicating progress achieved and experiences gained, particularly experience from which others might benefit, and the specific problems and constraints encountered.

21. The Commission called upon Governments to strengthen their commitments to the health reform process, inter alia, through national, regional and international inter-sessional meetings that focused on special linkages between the health sector and other sectors.

22. The Commission stressed the need for a full implementation of the agreements on technology transfer contained in chapter 34 of Agenda 21 and the relevant decisions of the Commission. In that context, the Commission urged the international community to find concrete ways and means to transfer appropriate health-related technologies, including medical and pharmaceutical technologies, to developing countries and economies in transition.

23. The Commission urged Governments to mobilize financial resources to respond to the above priorities, as agreed in Agenda 21, chapter 33, and the relevant decisions of the Commission.

24. The Commission invited WHO and other relevant intergovernmental bodies to take those recommendations into full account in their future work.
