

Meeting of the Roundtable on Science and Technology for Sustainability

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## Sustainability, Human Health and Wellbeing

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## **SOCIAL DETERMINANTS OF HEALTH SECTORAL BRIEFING SERIES 5**



**ENERGY: SHARED INTERESTS IN SUSTAINABLE  
DEVELOPMENT AND ENERGY SERVICES**



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## An Overall Panorama of Health Inequity in the Americas



# On a Positive Note

- With three years to go before the date established for achieving the MDGs, the Latin American and Caribbean region has made significant progress
- The region has made strides in reducing extreme poverty, undernourishment and child mortality
- Life expectancy in the Region increased from 69.2 to 76.1 between 1980 and 2011
- Data from the Region positively reflect a low rate of child malnutrition at around 4 percent and high immunization rate against measles at 93 percent
- Between 1990 and 2007, the under-five mortality rate was more than halved from 55 to 26 per 1,000 individuals

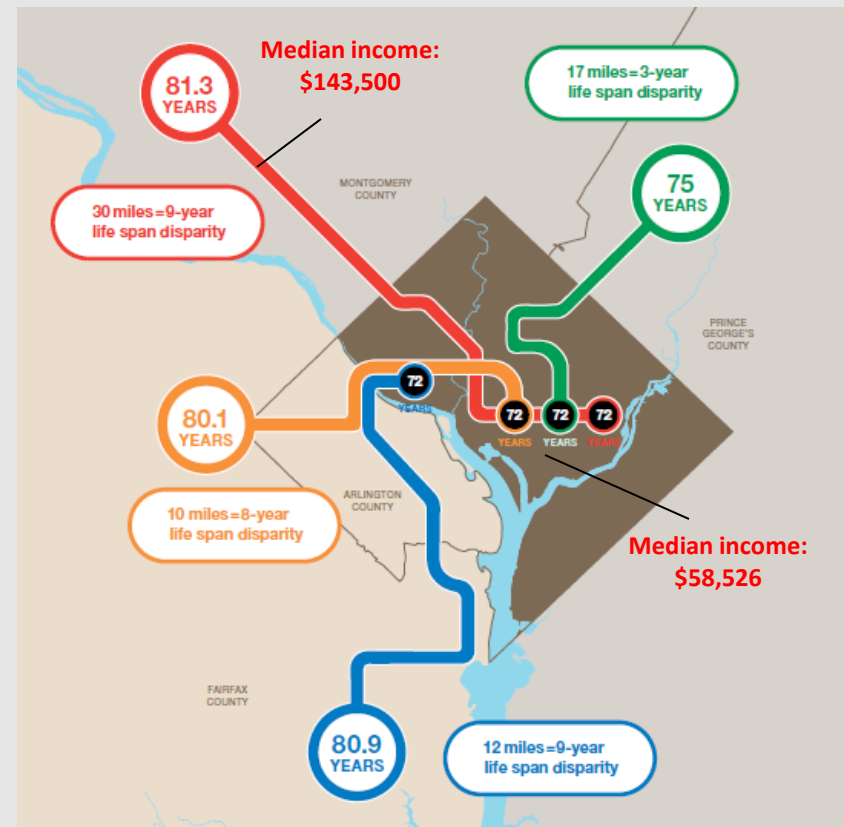


ENERGY: SHARED INTERESTS IN SUSTAINABLE DEVELOPMENT AND ENERGY SERVICES



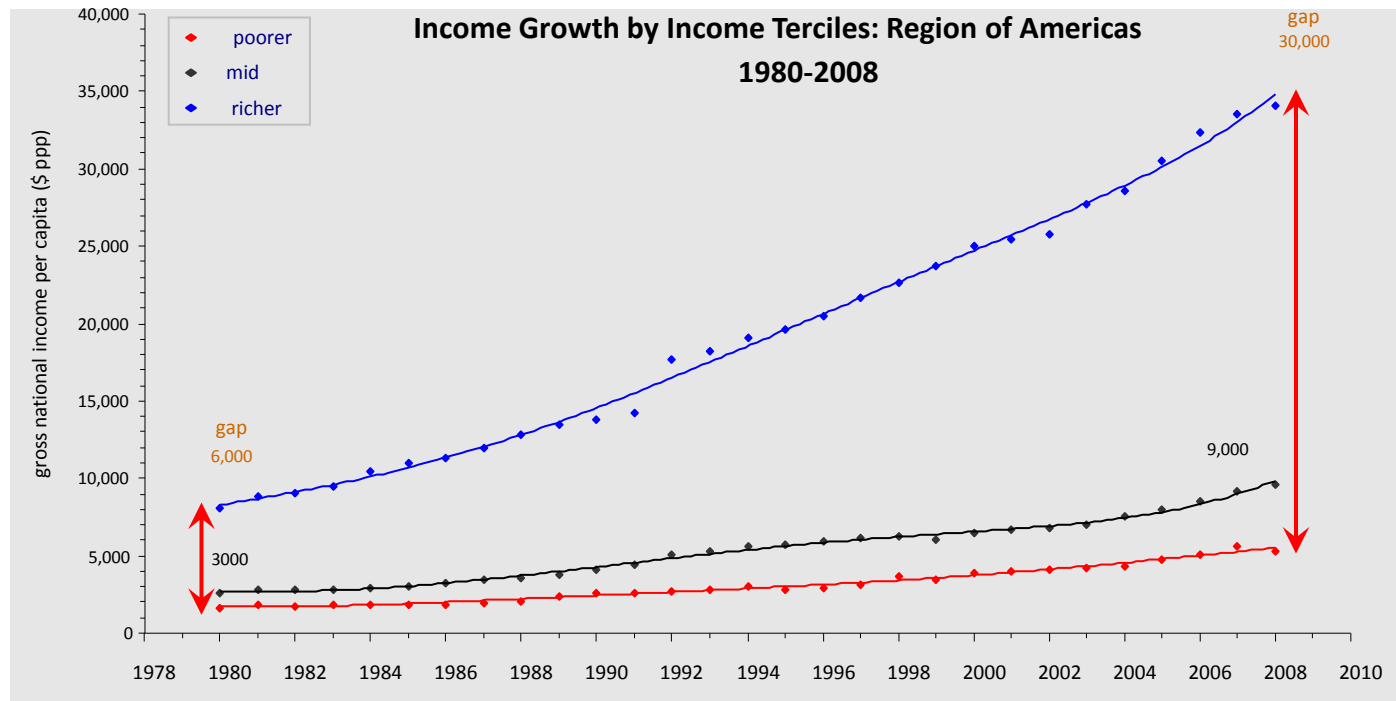
- Poverty and inequity are two of the greatest challenges of this century
- 2.7 billion people world-wide live on less than \$2 per day
- Six out of ten of the world's poorest people are women
- Stark differences in economic opportunities explain significant health inequities between and within countries
- There is a 36-year-gap in average life expectancy between Malawi and Japan
- The life expectancy in Dominican Republic is 73.5 whereas in Haiti it is 62.2 –a gap of 11.3 years within the same island

The Red Line between Washington, D.C. and Shady Grove, Md. has 17 metro stops spanning 30 miles and an estimated nine-year difference in life span



# The Greatest Challenge of the 21st Century: Poverty and Inequality

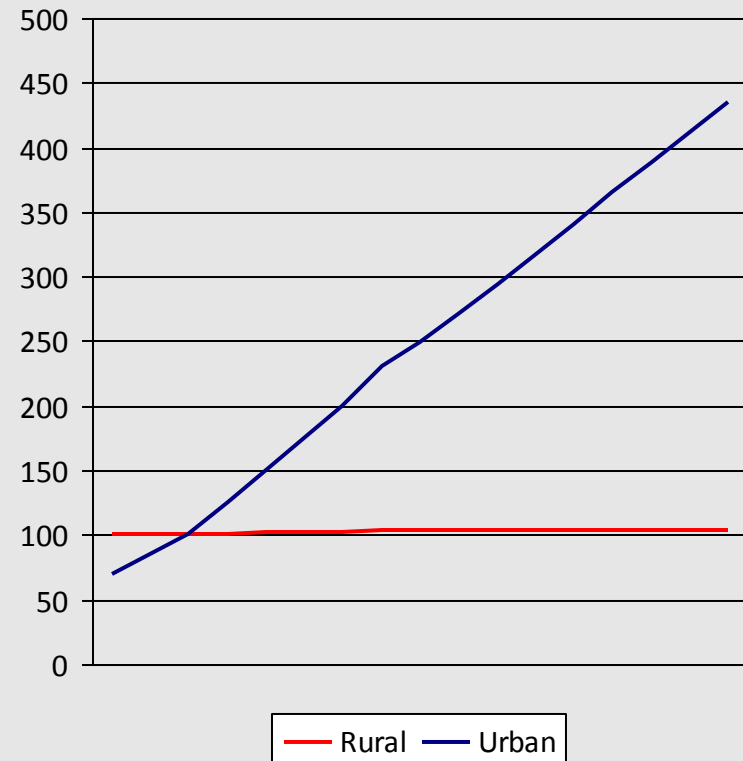
- Despite the fact that Latin America and the Caribbean is a middle income region, the Region is one of the most unequal region in the world with regards to income levels (PAHO, 2012)
- Recent evidence demonstrates that almost 1 in 5 residents of the Region lives on less than 2 US\$ a day (World Bank, 2010)
- 70 million people in the Region still live in extreme poverty
- Currently 120 million people in the region of the Americas as a whole do not have access to health services due to economic reasons (PAHO, 2009)



# The Continuing Challenge of Rapid Urbanization in the Americas

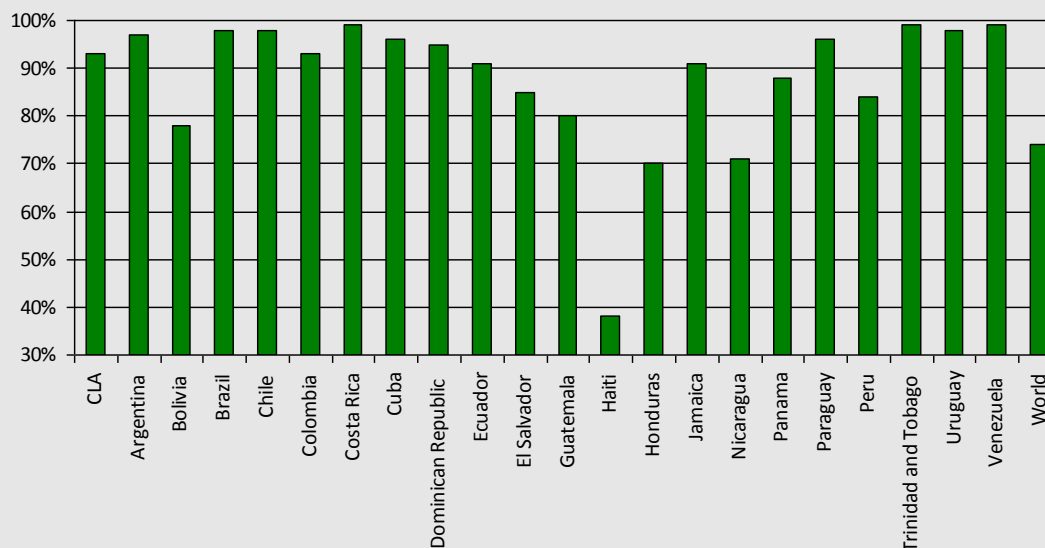
- LAC is the most urbanized region in the developing world, with 77 percent of its population living in cities
- It is estimated that the Region will continue to urbanize in the coming two decades, when the urban proportion will rise as high as 85%
- Major cities in the United States (Atlanta, Washington D.C. & New York) have the highest levels of inequality in the country, similar to Abidjan & Nairobi
- In Belize, Guatemala and Peru over 50% of urban population lives in slums, while in Barbados, Chile, Guyana, and Uruguay, less than 10% of urban population lives in slums

**Projected Population by Sector Growth since 1960 to 2030**



- In LAC a large number of people lack access to energy
- Although most of the Region's countries have achieved coverage levels of 80% and the regional average tops 90% there are inequities between countries
- 35 million people still have no access to the basic energy services (modern electricity power and fuels) they need to leave poverty behind
- Almost 75% of the Region's poor lack access to energy

Access to Electricity (2009 Data)





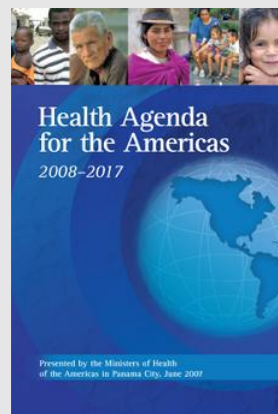
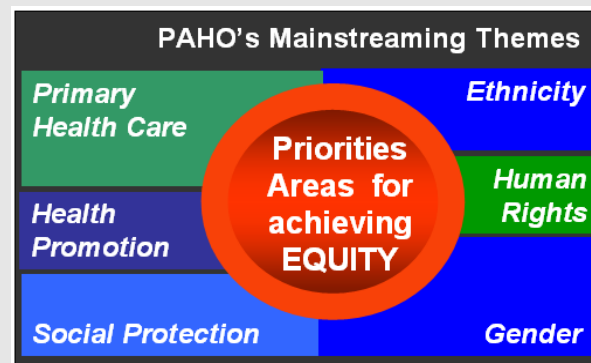
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## PAHO's Mission and Values: Poverty, Equity and the Social Determinants of Health



**PAHO is an inter-governmental organization that consists of 38 Member States**

- PAHO is strongly committed to putting equity firmly on the agenda
- Equity and the Social Determinants of Health are key priorities in Health Agenda for the Americas 2008-2017
- Addressing inequities through the approach of The social determinants of health and Health in All Policies is one of the objectives in PAHO's Strategic Plan



# PAHO'S Strategic Plan: 2014-2019 – Sustainable Development and Health Equity

## Category 3: Determinants of Health and Promoting Health Throughout the Life Course

Outcomes	Outcome Indicators
OCM 3.5 - Increased leadership of the health sector to address the social determinants of health and health promotion.	Number of countries implementing the Rio Political Declaration on the social determinants of health
	Number of countries and territories integrating social determinants of health within their health sector programs
OPT 3.5.1 - Implementation of the WHO Health in All Policies Framework for National Action including intersectoral action and social participation to address the social determinants of health	Number of countries implementing the Health-In-All-Policies Framework for National Action
OPT 3.5.2 - Social determinants of health applied as a strategic approach in all PAHO Programs	Number of PAHO entities integrating social determinants of health in planning and monitoring processes.
OPT 3.5.3 - Countries enabled to generate equity profiles to address the social determinants of health	Number of countries and territories producing equity profiles addressing at least two social determinants of health
OPT 3.5.4 - Countries enabled to scale up local experiences using health promotion strategies to reduce health inequity and enhance community participation and empowerment	Number of countries implementing health promotion strategies to reduce health inequities and increase community participation
OPT 3.5.5 - Countries enabled to address Post 2015 Development Agenda on health responding to the social determinants of health.	Number of national consultations specifically addressing the Post 2015 Development Agenda on health.

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## Moving Towards 2015: The Social Determinants of Health, Rio+20 and Health in All Policies



# Sustainable Development and Health Equity

Measuring health can tell us how well development is advancing the three pillars of sustainability – social, environmental and economic. Whether it is transport that reduces air pollution; weather-resistant housing; safe drinking-water from sustainable water resources, or clean energy for all, putting health at the heart of strategies ensures broad public benefit, particularly for the poor and vulnerable



# Rio Political Declaration Adopted by Member States in September, 2011

Through public consultation, Member States identified Five Key Pillars:

Monitoring  
progress

Governance  
to tackle the  
root causes  
of health  
inequities

Global  
action on  
social  
determinant  
s

The role of  
the health  
sector

Promoting  
participation



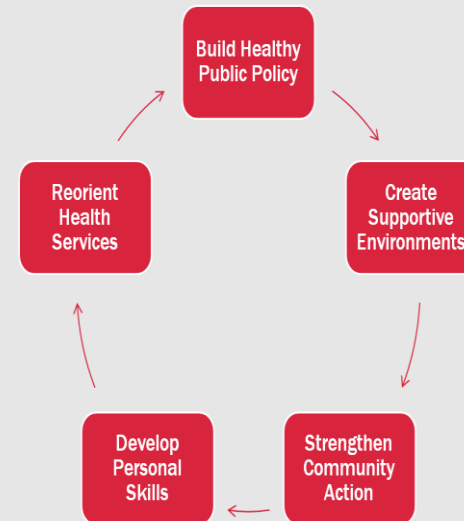
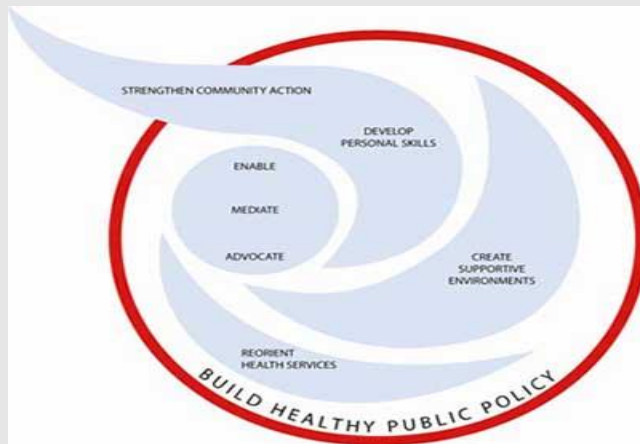
A key outcome of the Global Conference was the *Rio Political Declaration*

## Ottawa Charter for Health Promotion (1986):

- Set the foundation for global health promotion
- Defined as “the process of enabling people to increase control over, and to improve, their health”



## Ottawa Charter for Health Promotion





# Putting health at the heart of the Sustainable Development agenda

*Making the links for Rio+20*

Department of Public Health and Environment



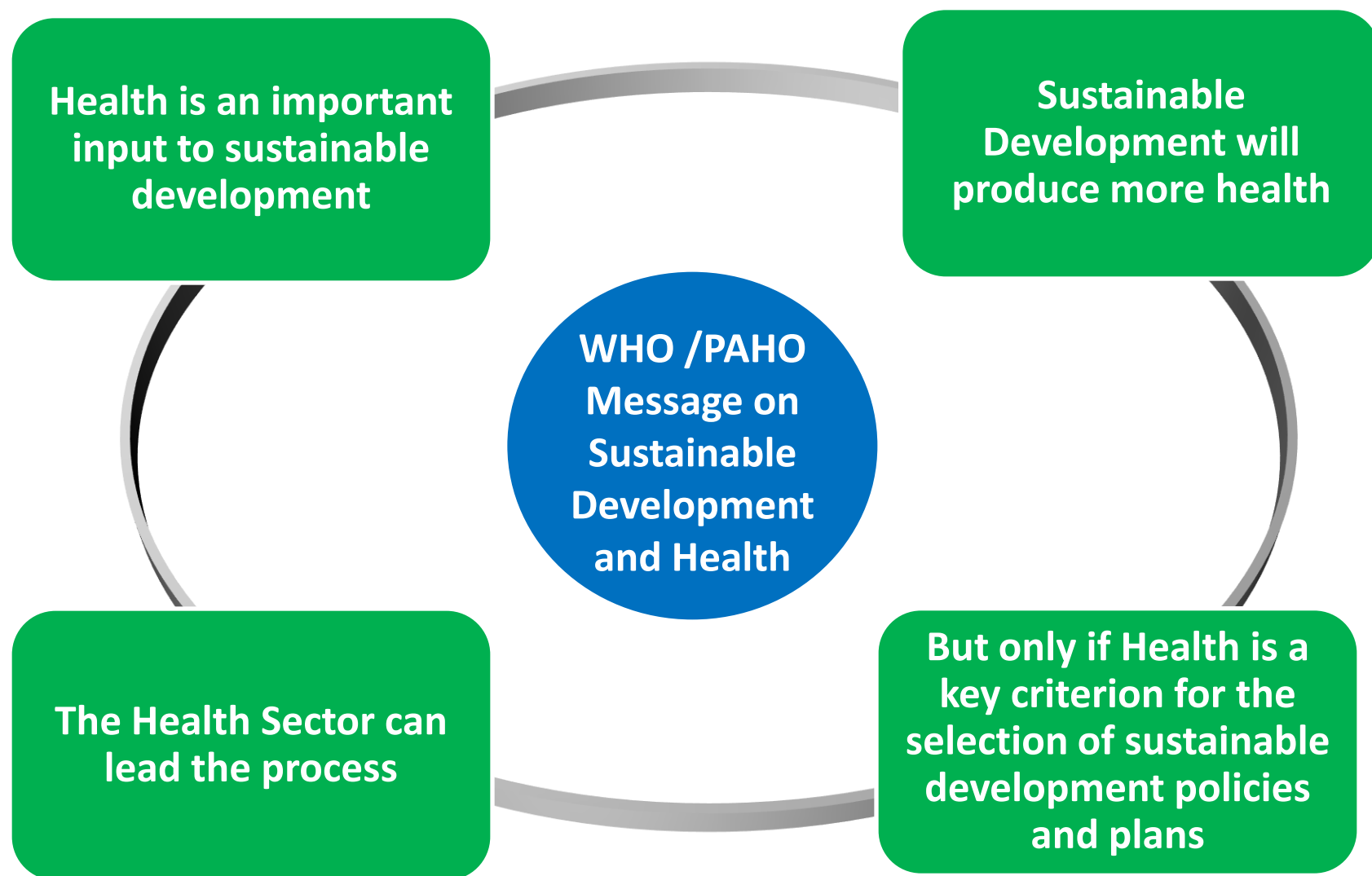
**RIO+20**  
United Nations  
Conference on  
Sustainable  
Development



**World Health  
Organization**



## Four Key Messages on Sustainable Development and Health



# Rio+20 Provided a Unique Opportunity to Promote the Application of Health in All Policies

## Potential Areas for Measurements and Indicators:



**Sustainable Cities: % of urban populations exposed to air pollution that is above the WHO recommended air quality**



**Greener Transport: % of urban roadways with dedicated walking and cycling facilities**



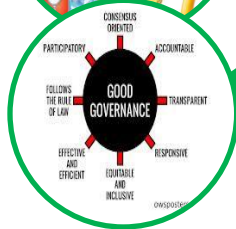
**Proportion of Policies going through a Health Check: This is in particularly of interest to other sectors**



**Food Security, nutrition and sustainable agriculture: Proportion of population with access to healthy foods; rates of heart disease, diabetes, obesity and colon cancer**

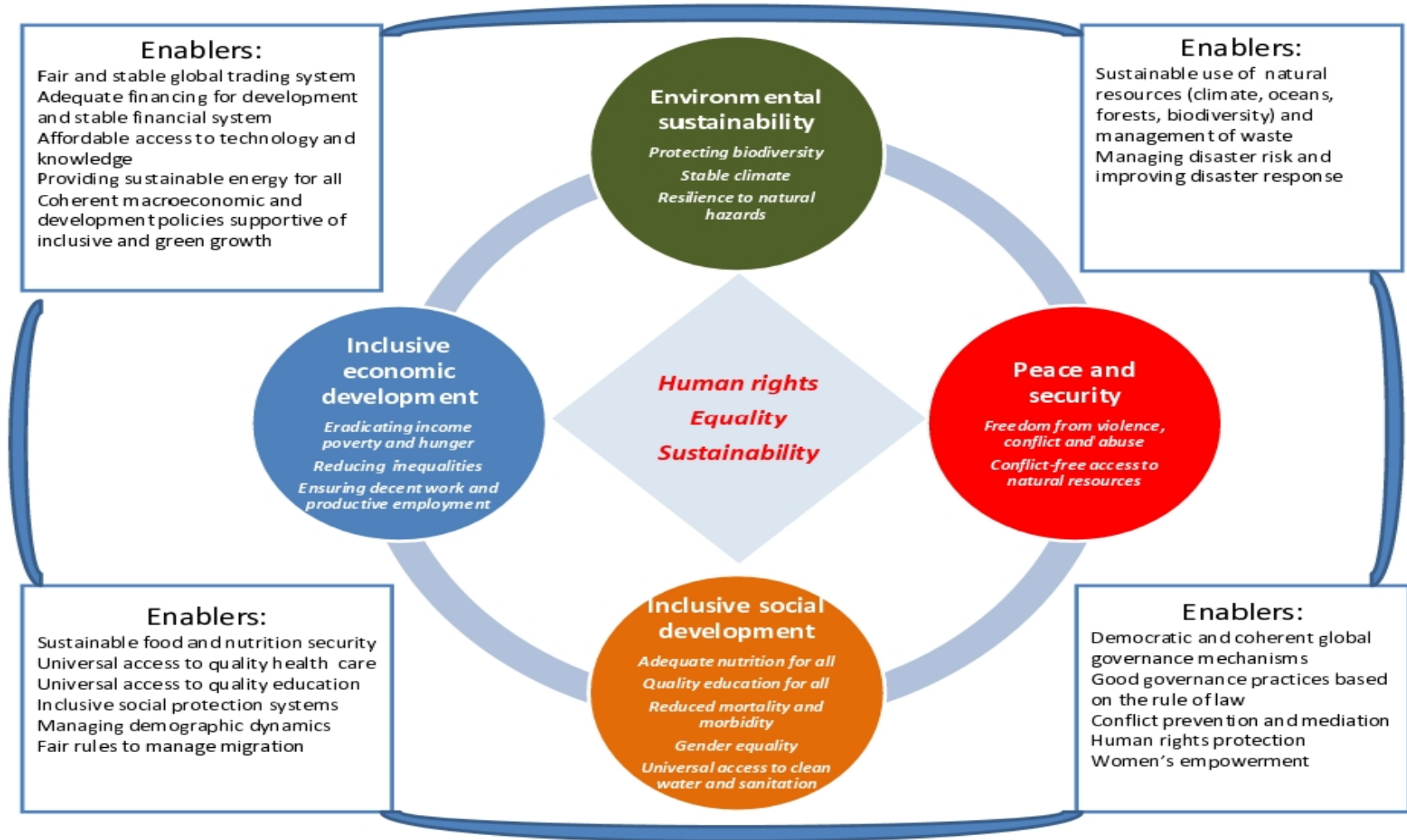


**Health Care: % of facilities with access to clean energy and water supplies**



**Proportion of 'green jobs' that are healthy jobs: % of workers that are exposed to health risks , diseases and disabilities in 'green' jobs**

# Framework Defining the Post-2015 UN Development Agenda



## An opportunity to put a focus on:

- Sustainable Development
- Health in All Policies
- Health Equity
- Social Determinants of Health
- Non-Communicable Disease
- Universal Health Coverage



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## Health in All Policies and Energy





- Indoor and outdoor air pollution are largely due to energy inefficiency and is a major cause of NCDs
- The lack of access to energy in clinics is a barrier to health service delivery
- Urbanization demands more efficient urban housing & transport systems
- Energy inefficiencies create health impacts from physical inactivity, traffic injuries, slums, sprawl, substandard housing



# Equitable Access to Energy Could:

- Improve women's and children's health
- Half the rates of childhood pneumonia
- Avert 1 million deaths that occur each year, mostly amongst women as a result of chronic-obstructive pulmonary disease and cancers
- Reduce time spent gathering fuel and thus promote gender equality



# How Can the Health Sector Contribute?

- Better urban planning & urban green spaces improve mental health and strengthen Communities
- The 'greening' of health facilities could expand coverage of maternal, child and emergency services
- Health sector can build evidence of the health impact of green economy and strategies and innovations by defining health relevant goals, indicators and tools of Measuring and Evaluation
- Health Sector can promote Health Impact Assessment to ensure that health is considered as an outcome of policies





As outlined in the Rio Political Declaration on the Social Determinants of Health and the Helsinki HiAP Statement, governments can expect to reap better returns from health and energy policies if they improve inter-sectoral collaboration

The Health Sector can act with regard to the following:

- Monitor trends and outcomes for populations using disaggregated data to identify the impact of energy policies on equity and health
- Engage in relevant surveillance and monitoring on energy and its impact on nutrition, housing and access to transport
- Support the energy sector in needs-based assessment and anticipate the implications for lifestyle changes, food use and other determinants of health
- Study and model public health policies, programs, delivery systems and the impact of policy decisions on health outputs associated with energy



**Healthy sustainable urban transport can reduce not only air pollution but also injuries and obesity-related NCDs**

- **Rapid transit/ safe walking & cycling networks can increase physical activity, reduce injury, cardiovascular diseases, air pollution and noise stress**
- **Cycling to work reduce all cause premature mortality by 30%**
- **Public transport removes barriers and gives access of goods and services for the poor, children, elderly & disabled. This improves health equity**



# How can the Health Sector Contribute?

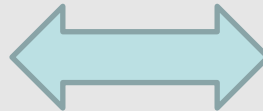
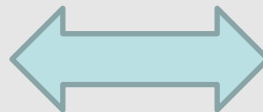
Transport is key for the economy and societies' well-being and health, promoting access to jobs and public services

Important to increase the visibility of the safety and accessibility needs of marginalized groups and vulnerable road users, including those with disabilities

Increasingly, negative environmental impacts from transport are affecting the global climate and quality of life, especially in low-income communities

Policy-makers face the challenge of designing transport systems that maintain and enhance connectivity within and between communities

Sustainable transport and urban development practices save lives



Monitor trends and outcomes for populations and specific groups using disaggregated data that uncover the impact of equity on transport

Encourage needs-based assessment for disadvantaged populations and specific groups

Develop guidelines, standards and recommendations on transport-related risk factors and disseminate technical guidance in a spirit of shared responsibility

Support the participation and empowerment of transport users to improve transport options

Support dissemination of information on linkages between sustainable transport systems & health equity to key stakeholders

# Countries' Efforts to address Health in All Policies

## Ecuador

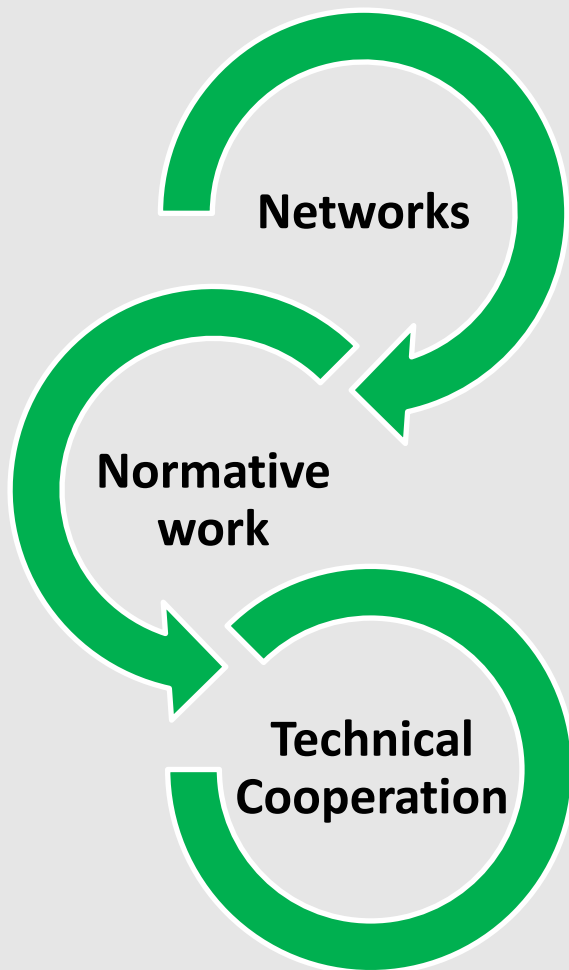
- In Quito, urban sprawl led to an increase in private motor vehicle usage and the introduction of unauthorized vehicles for public transport which impacted air quality
- Since 1994, the Metrobus-Qsystem transports 440,000 passengers daily with busses running on exclusive lanes making public transport faster
- Transport systems have enabled people to access public services such as hospitals and care centers

## Chile

- In 1998 Chile Barrio was created, a national program to address poverty in slums, focusing on housing and social inclusions interventions
- Involvement of health sector was critical
- In 2006 the program was re-launched as Chile Crece Contigo
- Program adopts a rights-based approach with a universal vision guaranteeing health and housing
- Program reflects an integrated approach across sectors rather than parallel efforts , which are more effective in ensuring well-being

## Barbados

- High temperatures will create conditions for warmer and dryer weather in the Caribbean
- This is affecting water availability, which is generating negative impacts in a variety of sectors
- Working with the departments of finance and education as well as the Barbados Water Authority and the Town and Country Planning Department, the health department is helping to increase human and financial resources so that climate change risks can be integrated into other sectors
- The focus is on the preparation of guidelines and legislation for water storage



**Support countries in Sustainable Development and Health Equity (SDH) discussions, teaming up with key academic, scientific and technological institutions**

- Seminar Series on Health, Environment and Sustainable Development
- Toolkit Rio+20 available
- Strategy on Environmental Health in the Region of the Americas
- Policy Brief on Sustainable Development
- Develop extensive HiAP case studies based on preparatory work for Helsinki
- Present Action Plan on HiAP to Directing Council in 2014
- Health Impact Assessment across the Region including in US/Mexico boarder town
- Work plan developed with collaborating centers

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## Putting Sustainable Development and Health Equity at the Center of Post-2015



# Messages Emerging from Consultations on Post-2015

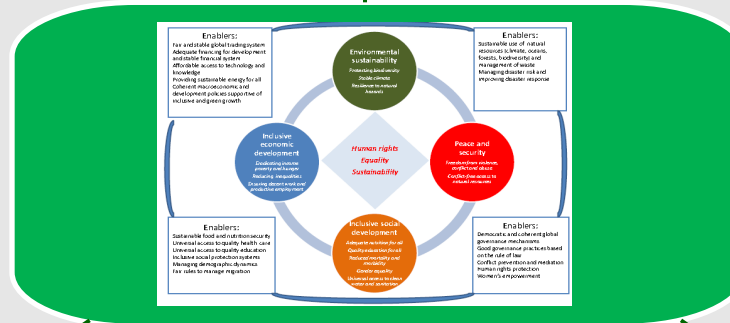
## Botswana 5-6 March 2013

- Equity should be “hardwired” into the Post-2015 goals
- While keeping the health MDG targets, the increasingly apparent challenges of NCDs and their risk factors should also be included
- Universal Health Coverage should be an overarching goal including the social determinants of health

## Bogota 7-9 March 2013

- The Region has changed – this must be taken into account
- Call for a new development model based on structural change for equality and environmental sustainability
- Need to measure better
- Global governance for sustainable development
- Promotion of South-South cooperation & strengthening of social participation mechanisms





8th Global Conference  
on Health Promotion  
**HELSINKI 2013**



**RIO+20**  
United Nations  
Conference on  
Sustainable  
Development



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## Conclusion



# Putting Equity, the Social Determinants of Health, Sustainable Development a HiAP at the Center of Post-2015

**Collaborating  
with Ministries  
of Foreign  
Affairs**

**Working in an  
Inter-Sectoral  
Manner**

**Promote  
South-to-  
South and  
North-South  
Collaboration**

**Putting the  
Helsinki  
Statement into  
Practice**



**Thank you**

