The Health Perspective
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The Future We Want affirms health as "a precondition for and an outcome and indicator of all three dimensions of sustainable development." Accordingly, the post-2015 sustainable development framework must not only establish health as an overarching priority, as the Millennium Development Goal (MDG) framework did, but also ensure that health is integrated across all three dimensions of sustainable development – social, economic, and environmental. All potential sustainable development goals (SDGs) must protect and promote health and wellbeing for all people of all ages and abilities, and include health-sensitive indicators within proposed goals and targets. Thus, we strongly urge the members of the Open Working Group on Sustainable Development Goals, and all Member States and relevant stakeholders, to consider the recommendations below.

Principles for SDGs

A framework that promotes action to achieve sustainable human development and promotes human health and wellbeing should be based on the following principles:

- Universal, equitable, rights-based, and human security approaches
- A focus on the poorest and most vulnerable and marginalized populations, including women and girls, people living with and affected by HIV, people living with and affected by neglected tropical diseases (NTDs), non-communicable diseases (NCDs), sexual minorities, older people, people with disabilities including those suffering the effects of injury and migrants
- Clear and strong accountability mechanisms, with adequate and sustainable financing
- Inclusion of existing and future health issues, including the MDG priorities, and emerging global health challenges such as NCDs, mental health, road traffic injury and new and emerging infectious diseases
- Policies and programs that support health and development throughout the lifecourse, ensuring access to services to minimize the social and economic impact of experiencing a health condition.
- Active and meaningful engagement with non-governmental organizations and civil society
- Promote human rights for all, including sexual and reproductive health and rights, and ensure enabling environments for the protection of human rights

Theme: Sustainable cities and human settlements, sustainable transport

Rapid urbanisation will be a major challenge for the post-2015 era. Over half the world's population currently live in urban areas, a number predicted to rise to five billion by 2030. This transition will be concentrated in the developing world. Rapid and unplanned urbanisation – often pursued for economic growth and opportunity – is entrenching conditions of poverty, environmental degradation, and poor health. Unplanned urbanisation – which rapidly changes lifestyles and increases exposure to risk factors including mechanised transport, insufficient physical activity and unhealthy diets – is strongly associated with risks of NCDs. In addition, slum growth and poor housing significantly impacts upon health – for example rates of TB, malaria and HIV/AIDS.

- *Call for a post-2015 framework that drives sustainable and healthy urban environments, with specific health-senstive indicators to measure access to safe, affordable housing; and the proportion of urban populations living in slums.*

Sustainable transport is of key importance for the post-2015 health agenda. Road traffic injuries are the number one cause of death globally for young people aged 15-29. For boys and men they are, next to HIV/AIDS, the leading killer from age 5 to 40. Low- and middle -income countries (LMICs) account for over

90% of the global fatality total. Road injury is a plague on the young and this most at-risk demographic is increasing dramatically in numbers in the very places where they are most at risk – the urban centres in regions such as sub-Saharan Africa and South Asia. Road traffic injuries place an immense burden on health-care systems, diverting financial and human resources from other pressing priorities. In many LMICs road traffic injury accounts for the majority of trauma admissions.[1]

Urban transport is also a major contributor to air pollution with severe health effects. Air pollution is a leading global disease burden causing: cardiovascular and circulatory diseases, neonatal disorders, chronic respiratory diseases, and cancer. According to the Global Burden of Disease 2010 report at least 3.2 million people die prematurely every year from outdoor particulate matter pollution, caused in large part by urban transport.[2]

Global post-2015 targets for safe, clean and sustainable transportation would dramatically reduce this health burden saving millions of lives and preventing millions more injuries each year:

- *Call for a global air quality and health SDG target - bring urban air pollution within WHO limits for an additional 1.5 billion urban residents by 2030.*[3]

This can be achieved if countries would adopt low sulphur fuel standards and introduce progressive vehicles standards reducing 90% or more of harmful emissions (ideally hand in hand with other transport interventions promoting public and non-motorised transport). Leading global UN based initiatives such as the Climate and Clean Air Coalition and the Partnership for Clean Fuels and Vehicles (PCFV) are supporting this call. Also of key importance is access to affordable clean transport.

A move from individual car use to public transport is needed, for both development reasons, to address congestion, and for environmental reasons. Integrated urban transport systems involve walking, cycling, cars, buses, and mass transit systems. The feed-in of non-motorised transport into mass transit systems is important. The promotion of safe walking and cycling would also have benefits in tackling obesity.

- *Call for a mass transit SDG target - double the number of urban citizens that have access to integrated mass transit systems by 2030.*

This can be achieved by supporting the up-scaling of mass transit systems, using innovative financing models. Many organisations are supporting countries and cities to develop mass transit systems, including an UN initiative in East Africa with Global Environment Facility (GEF) support.

Linked to this, safe walking and cycling facilities in LMICs must be integrated into development policies. In addition to NCD benefits, this would help cut road traffic injury.

- *Call for a global health and road safety SDG target - to reduce road fatalities by half by 2030.*

This can be achieved if countries adopt a set of road safety measures outlined in the UN Decade of Action for Road Safety Global Plan. The global road fatality reduction target would be measured from baseline data in the WHO Global Status Report on Road Safety 2013 and could be set at appropriate levels according to a country's low-, middle- or high-income status.

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[1] Safe Roads for All, a Post-2015 Agenda for Health and Development, Commission for Global Road Safety http://www.makeroadssafe.org/Documents/mrs_safe_roads_for_all.pdf and Watkins, Kevin 'Safe and Sustainable Roads: the case for a Sustainable Development Goal http://www.makeroadssafe.org/publications/Documents/Sustainable_Transport_Goal_report.pdf

[2] Global Burden of Disease 2010, The Lancet, December 2012

[3] See Open Working Group Issues Brief, Sustainable Transport (http://sustainabledevelopment.un.org/content/documents/2634Issues%20Brief%20on%20Sustainable%20Transport_FINAL_21_Nov.pdf)

Theme: Sustainable consumption and production (including chemicals and waste)

A key element of sustainable consumption and production is the global food system and food environments. Food systems have undergone dramatic changes in past decades. It is well established that this has had implications for nutrition, food security and environmental sustainability. Global food system and food environment changes have also had dramatic implications for health, including contributing to the rise in non-communicable diseases (NCDs) by influencing the nutritional quality of foods that are available, affordable and acceptable to consumers. Globally, calories obtained from meat, sugars and oils and fats have been increasing during recent decades, and those from fibre-rich foods such as whole grains, pulses and roots have been declining. Consumption of processed and convenience foods continue to rise rapidly in LMICs. This nutrition transition affects dietary patterns and nutrient intake, which influence the risk of developing NCDs. At the same time, undernutrition continues to be a challenge relating to the global food system, affecting growth, development and maturation, with numerous detrimental outcomes for health and productivity, including the potential to increase risk of developing NCDs later in life.

- *Call for a global food and nutrition SDG target – to ensure adequate and healthy food for all; with objectives to halt the rise in overweight and obesity for children and adults; to reduce the global number of children under five who are stunted by 2025; and to increase exclusive breastfeeding rates in the first six months by 2025;*
- *Call for prioritisation of global nutritional challenges (undernutrition, obesity and diet-related NCDs) across international development agendas, not only in the field of health but also food and nutrition security and agriculture agendas, to ensure UN agencies and national governmental departments work coherently and effectively, and agree on common objectives for food policy;*
- *Strengthen the institutional architecture for nutrition at international and national levels, with clear roles and responsibilities for different agencies and departments for the implementation, monitoring and evaluation of food policies to change food environments, food systems and create incentives for behaviour change.*

The agricultural system is also closely tied to sustainable consumption and production, and has strong linkages to the health status of populations. The agricultural system produces up to a third of greenhouse gas emissions worldwide, which includes emissions from food production and land conversion[4]. Food from animal sources is a significant contributor to emissions[5]. As global demand for meat and dairy products rises, populations are at increased risk of developing cardiovascular disease, and they face a host of environmental impacts: land degradation, water pollution, greenhouse gas emissions, and loss of biodiversity. Modern, intensive agriculture has focused on a limited number of crops, leading to decreased crop diversity with adverse effects on food security, nutrition, and dietary diversity. Moreover, a drive for greater efficiencies in modern intensive livestock production systems has led to an increasing use of antibiotics for non-therapeutic purposes (growth promotion), which is leading to increasing antibiotic resistance in humans. Antibiotic resistance is now recognized as a major global health security issue that threatens a return to the pre-antibiotic era, with potentially catastrophic economic, social and political ramifications, particularly for resource-poor countries.

The rise in palm oil consumption—a risk factor for cardiovascular disease—has been responsible for destruction of rain forests and for soil and water pollution, especially in key palm oil-producing countries, such as Malaysia and Indonesia. Tobacco - responsible for over five millon deaths a year – not only threatens

[4] Foresight. The Future of Food and Farming (2011) Final Project Report, The Government Office for Science, London.
[5] Friel S et al. Public health benefits of strategies to reduce greenhouse-gas emissions: food and agriculture: The Lancet 2009; 374: 2016–25.

public health, but is associated with major deforestation and manufacturing waste[6]. Shifting from tobacco cropts to the production of sustainable, local and healthy foods will be critical.

While the poorest and socially disadvantaged suffer most from the unsound management of hazardous chemicals and wastes, conversely the sound management of chemicals and waste is a critical engine for social and economic development, prosperity and human wellbeing. The sound management of chemicals throughout their life cycle and of hazardous waste in ways that lead to minimization of significant adverse effects on human health and the environment should be an objective in the post-2015 agenda.

Theme: Climate change and disaster risk reduction

Approximately one quarter of all death and disability worldwide is due to environmental factors. Health risks often stem from unsustainable environmental systems and practices, such as unplanned and rapid urbanization, which can result in sedentary lifestyles and increased air pollution, and industrialized agriculture and food systems that contribute to greenhouse gas emissions and increase the availability of processed foods that are high in fats, sugar, and salt.

Climate change and environmental degradation are increasing the risk of extreme weather events, compromising food and water security, and is potentially the largest threat to human health in the 21st century. Climate change is exacerbating existing health risks including increased morbidity and mortality from NCDs; the spread of many infectious diseases; and the outbreak of extreme events, which can lead to death, injuries and the outbreak of water-related diseases, diarrhoea and malnutrition[7]. Climate change was estimated to cause 5.5 million disability adjusted life years (DALYs) in 2000[8]. It will widen social and health inequity through mass environmental displacement, unplanned migration and conflict. Such population insecurity will have profound consequences for the social determinants of health – the conditions in which people are born, grow, live, work and age.

Disasters from all causes (including natural and technological hazards, epidemics, and conflicts) impact on communities, and often have significant direct and indirect effects on morbidity, mortality, and disability, on investment in health infrastructure, and on health services: hard-earned progress in health development may be set back by many years. More action is needed on strengthening health emergency and disaster risk management.

Indicators that reflect the health system capacity to manage the health risks of disasters, as well as the overall availability of health services and health coverage before, during, and after emergencies, can help provide a more robust approach to strengthening health systems and to disaster risk management overall. In contexts where disasters and conflicts interface, there is a need to look at ways in which building disaster resilience could reduce conflict risk and vice versa.

[6] Lecours N et al. Environmental health impacts of tobacco farming: a review of the literature. Tobacco Control 2012; 21: 191–96.

[7] World Health organization, Protecting Health from Climate Change (2008); Jonathan A Patz and R sari Kovats, 'Hotspots in climate change and human health', *BMJ*, Vol 325 (november 2002)

[8] *Lancet* and UCL Institute for Global Health Commissions, 'Managing the health effects of climate change', *Lancet*, Vol 373 (May 2009)