

Environmental Health and Sustainable Development, with Dr. Andrew Haines

[music] Anne Johnson: This is Global Environmental Health Chat, the podcast that explores environmental health issues that transcend national boundaries. I'm your host Anne Johnson, and this podcast is produced by the National Institute of Environmental Health Sciences.

Think back to the year 2000. [fireworks and applause] It was the turn of a new century, the turn of a new millennium. [music] In September of that year, leaders from around the world came to the United Nations headquarters to commit to a global partnership to reduce extreme poverty. They set eight key goals, called the Millennium Development Goals, and defined how their success would be measured.

They also set a deadline—2015. With that deadline just around the corner, leaders are now taking stock. Some consider the Millennium Development Goals to be the most effective global anti-poverty push in history. But extreme poverty persists in many areas, and a host of other issues challenge the well-being of billions of people worldwide.

The U.N. is now working on an ambitious effort to build on the successes of the Millennium Development Goals with a new post-2015 development agenda.

To learn about this agenda and how it intersects with environmental health research and practice, I spoke over the phone with Sir Andrew Haines. He's a professor of public health and primary care at the London School of Hygiene and Tropical Medicine. He also serves in the Sustainable Development Solutions Network, an interdisciplinary group that provides technical advice on the post-2015 development agenda.

I asked Andy to start by reflecting on what we've learned from the Millennium Development Goals that were set back in 2000.

Andy Haines: The U.N. Millennium Development Goals have been, in my view, an important driver for progress in international development. The lessons that we learned are, first of all, that having specific indicators, goals, and targets does motivate policymakers, and so variables that get measured are more likely to get acted on. I think it also made it very clear that one of the limitations of them, of course, was that they couldn't be comprehensive. They didn't include some of the major causes of ill health, particularly around the non-communicable diseases. And of course the other limitation of the MDGs was that it really only focused on low-middle income countries, whereas now it's become apparent that there's also very important roles for high income countries in terms of developing more sustainable ways of running their economies whilst preserving health and protecting the environment.

Johnson: Leaders are working to incorporate those and other lessons learned into a new plan for a post-2015 development agenda. Andy said both health and sustainability are key themes in the 12 draft goals that are now under consideration.

Haines: One of the issues is to what extent we can build in indicators for these goals to reflect both improvements in health and improvements towards sustainability. Clearly, the patterns of resource use and environmental impacts caused by the kind of high-resource lifestyle that we have in the U.K. or the

U.S. or other developed countries would have very profound impacts on environmental sustainability if we carried on with those kinds of development trajectories. So it's important to look at different kinds of policies that have a much lower environmental impact but also produce sustained advances in well-being, reductions in poverty, reductions in exposure to pollutants, and much lower greenhouse gas emissions.

Johnson: Andy offered an example of how policies could improve the health of both people and the planet. Fine particulate air pollution represents a threat to human health and comes from the same processes that contribute to climate change. A recent study published in the Lancet showed 3 million deaths per year could be attributed to outdoor air pollution, much of which comes from burning fossil fuels like coal and oil. The study also attributed some 3.5 million deaths per year to indoor air pollution, common in developing countries where fuels like wood or dung are used for cooking.

Haines: So, if we could reduce fine particulate air pollution from these different sources, that would lead to a reduction in greenhouse gas emissions [and] climate-active pollutants, but also bring with it substantial co-benefits to health. So that's one example of how there might be indicators that could link sustainability, environmental sustainability, and health improvement.

Johnson: Another example is transportation. Policies that encourage active forms of transport, like walking or cycling, instead of using personal vehicles, would simultaneously help to reduce greenhouse gas emissions and combat obesity.

But sometimes policies can lead to unintended consequences. For example, the growing emphasis on biofuels from corn can cause competition with corn grown for food, driving food prices up and impacting health and nutrition around the world. Andy said conducting thorough health impact assessments can help to avoid such unintended consequences.

Which brings us to our last point. I asked Andy what environmental health researchers and the public health community can do to help shape the post-2015 goals and indicators and help achieve them.

Haines: There's a great deal the public health community can do to contribute to this debate/discussion and to further embed health into the post-2015 development agenda. Firstly, I guess, research—it's very important that we do more research to refine the estimates of the health co-benefits and the greenhouse gas emission reductions that would result from a range of different policy options. And also to look at the economic implications of that, because in some sectors these policies can make substantial economic contributions as well, inasmuch as if you value the health co-benefits and take them into account, they can help to offset—in some cases completely—the cost of some of these strategies. So it's very important to spread the understanding of that, to do more research to better quantify the health, economic, and environmental benefits of these strategies, and that way I think we'll build up a much clearer picture for policymakers which can demonstrate how taking into account the health co-benefit can make it easier for policymakers to choose low-environmental impact alternatives.

Johnson: You can learn more about the goals under consideration for the post-2015 agenda and the role of health and the environment in those goals at our website. In the meantime, I want to thank Sir Andy Haines for sharing his insights about what we can do to build a healthier and more sustainable future.

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