The 2015 edition of A Planet for Life reaches bookshelves in a landmark year for the world. A new development cooperation framework is being crafted while sustainable development goals (SDGs) are being laid out to address the 21st century’s most urgent sustainable development issues. A Planet for Life provides first hand analysis and narrative of ongoing transformation and sustainable development challenges in key countries. It tours five continents to shed light on what countries and regions are actually doing to achieve sustainable development, tackling their own local – and global – problems, and exploring different pathways towards sustainability. It explores implementation issues and financing for development options more specifically, with an overview of key propositions for making sustainable development financing a lever to transform economies and societies.

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Building the future we want

A Planet for Life
Sustainable Development in Action

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A characteristic of the 2015 juncture is that sustainable development is becoming the paradigm of international cooperation. For the first time, targets will apply to all countries of the world. There are several uncertainties that concern public health actors in developing countries: (i) after the political attention given to health issues, in particular the fight against AIDS, in the framework of the Millennium Development Goals (MDGs), what will be their status after 2015? (ii) how will the specific health situation of poor countries, particularly African populations, be encompassed by a universal format? These issues are acute, particularly because it appears that there are no prospective studies that would enable policy makers, from the African continent or from international cooperation organizations, to understand and anticipate what will be in the coming years the health effects of dramatic economic and social changes that Africa is undergoing as a result of the dual demographic and epidemiological transition, where the population growth is the fastest ever known in the history of mankind. The future of West and Central Africa is key; these regions are the furthest behind in achieving the MDGs and also the most politically unstable. The countries in these regions are either entering into armed conflict one after another (Ivory Coast, Mali, Central African Republic, Nigeria, etc.) or into a long-term mixture of post-conflict and development situations (Democratic Republic of the Congo).

The perception of pandemic risks and the notion of ‘global health’

From the beginning of 2000, the fight against AIDS, rather than health strategies as a whole, benefited from the largest amounts of funding, through the Global Fund and the US President’s Emergency Plan for AIDS Relief (PEPFAR). AIDS was included, for the first time in its history in January 2000, in the agenda of the UN Security Council meetings, because the African pandemic was perceived by the US government as a threat to national, and even global, security, which was relayed by the Secretary-General Kofi Annan in his speech at the G8 in Genoa and Okinawa (Kerouedan D., 2013). During the creation of the world initiatives or innovative funding mechanisms such as UNITAID, patient associations and pharmaceutical companies formed an unlikely alliance to demand respectively access to treatment and the creation of a solvent market to reassure the industry. This public private advocacy was keen to perpetuate and export a treatment model, particularly as this is the dominant model in the health sectors of rich countries, which place little importance on prevention and health promotion.

In 2011, the debates of the UN General Assembly (GA) on chronic diseases did not end up with any pledges of funding from the international community. These scourges of the modern world, because they are not communicable, do not induce a major global response. It is low and middle-income countries that carry more than 80% of the
FIGURE 1  African challenges related to access to health

Rapid and uncontrolled urbanization, a severe lack of health personnel, coverage of medical costs still in its infancy... West Africa needs specific intervention to sustainably meet the needs of its population.
attributable burden of these diseases (WHO, 2010). At the 2011 GA, there was no mention of alcohol abuse, which ranks as one of the most alarming risk factors for cancer. Other industrial lobbies are also in action. Thus, is the willingness to fund health on a global scale directly related to the pandemic risk, or to the perception of a health threat, as we have observed during the emergence of episodes of SARS, H5N1 and H1N1, or the Ebola outbreak in West Africa in 2014?

These phenomena, which were regarded as potentially destabilizing in political and security terms, helped establish the definition of the concept of ‘global health’, which appeared for the first time in 1997 in a publication of the US Institute of Medicine, *America’s Vital Interest in Global Health*, in which chapter 2 states the following: ‘The world’s nations, the US included, now have too much in common to consider health as a merely a national issue. Instead, a new concept of “global health” is required to deal with health problems that transcend national boundaries, that may be influenced by circumstances and experiences in other countries, and that are best addressed by cooperative actions and solutions’(...) ‘The risks are being transferred too. HIV is by far the most important of the new infections, both globally and in the United States.’

**An alternative model of ‘sustainable health’**

This global health perspective is relatively recent. Since the origin of the ‘development’ concept, it is the economic argument, followed by the fight against poverty, which

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1. Institute of Medicine, 1997, in the Chapter ‘The globalization of health: common problems, common needs’.
2. Founded by the American President Harry Truman in his Inaugural Address in 1949: ‘We must embark on a bold new program for making the benefits of our scientific advances and industrial progress available for the improvement and growth of underdeveloped areas. More than half the people of the world are living in conditions approaching misery. Their food is inadequate. They are victims of disease. Their economic life is primitive and stagnant. Their poverty is a handicap and a threat both to them and to more prosperous areas.’

► Development assistance is only rarely appropriate to the health needs of developing countries. The most funded countries are not those where the need for medical treatment, expressed in lost years of life in full health, is greatest.
underlie the concept of ‘health and development’. This concept is a dimension of development policies rather than sustainable development, the latter having long favoured environmental issues, ‘the recommendation for social justice being forgotten in the discourse’ [Le Monde, 2013]. The challenge of sustainable development after 2015 will be to keep the promise to grant an equal amount of political attention to the three pillars of sustainable development, including that of social justice, both thematically and geographically.

The 2012 Rio Summit Resolution states that: ‘health is a precondition for, an outcome of, and an indicator of all three dimensions of sustainable development’ (GA/UN, Resolution 66/288). Indeed, health is among the listed sustainable development goals after 2015: ‘Ensure healthy life and promote well-being for all at all ages’. Nevertheless, the stakes are high and the trade-offs are uncertain between priorities and countries. Social and health inequalities stem from policies and structural sources (Commission on Global Governance for Health, 2014). African economic growth is not accompanied by poverty reduction and job creation. The poorest countries are also the orphans of aid (Kerouédan D., 2014). Some health problems that are not common from the point of view of their scale and their nature have not, so far, fallen under the paradigm of sustainable development: the intellectual and mental development of children with malnutrition or malaria, the death of pregnant women, all forms of violence against girls and women, the security of the civilian population and care providers in war zones, deaths outside hospitals in the absence of health insurance, inequity in the distribution of global aid, health inequalities that are transmitted over generations, etc. These unique situations call for specific answers.

Universal health coverage (UHC) appears as a solution for a world that is expected to ‘converge’ from a health point of view (The Lancet Commission on Investing in Health, 2013). While UHC can help reduce poverty, health improvement is more a result of policies that enhance, rather than frustrate, the right to health and a vision of life and the world that establishes a model of ‘sustainable health’, which inspires democratic debate involving people and patients striving for ‘the health we want’. Amartya Sen was already suggesting this approach in the late 1990s: ‘The public has to see itself not merely as a patient, but also as an agent of change. The penalty of inaction and apathy can be illness and death’ (Sen A., 2000). By refocusing the debate on human health policy, rather than relentlessly reducing it to that of the financing of the systems or the sector, societies will be prepared, not to have to deal with an increasing number of patients, but to build societies producing fewer sick people. The sustainable preservation of health could possibly be the only common ground, which is hopefully universally shared.

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