

Sustainable health for all by the year 2100?

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Three decades have passed since the World Health Organisation (WHO) issued its once famous slogan, “Health for all (HFA) by the year 2000”.¹ There were several reasons for optimism in 1978. Collectively these created the illusion that this extremely ambitious target might be attainable. These reasons included rapid health-promoting advances in technology such as anaesthesia, antibiotics and DDT. These advances were complemented by increased global co-operation, exemplified by the campaign to eradicate smallpox, declared successful only one year earlier.

Two other major reasons underlay this optimism. One was a shift in global norms which followed World War II, and which had partially restrained inequality.² This global mood enabled and legitimised attempts to reduce global poverty and to promote global health. The other fundamental reason for optimism was the Green Revolution, the development of new farming and seed technologies which had greatly enhanced agricultural productivity. By 1978, this meant that the spectre of catastrophic famines, perceived as plausible only a decade earlier, appeared to be overcome.

Looking back, 1978 can be likened to a global oasis. Enormous progress had been made to reach the level of global civilisation which then existed, and it seemed possible that, after a brief refreshment, the desert could again be braved, in order to reach “health for all”. Of course, other problems were visible, including “peak oil”,³ global climate change,⁴ and the emergence of widespread antibiotic resistance. But these new problems appeared surmountable given global co-operation, campaigns to reduce global poverty, illiteracy and birth rates, and the promotion of other public goods (including new energy technologies) over private goods.

Yet, at an undetermined date between 1978 and 1998, WHO abandoned “HFA by the year 2000”. While there was under-

standably little fanfare about this, this decision can be inferred by the release in 1998 by WHO of its new slogan “HFA in the 21st Century”.⁵ Looking ahead, this target appears formidable, even though we have 70 years more to attain this target than available to the signers of the 1978 HFA declaration. Peak oil is a looming reality for which we remain hopelessly underprepared globally. Food supplies are increasingly strained, yet the age of oil scarcity and harvest-reducing climate change has barely started.

US President Reagan’s 1986 decision to remove the solar water heating panels from the White House, placed there by his predecessor, Jimmy Carter, epitomises the complacency that flourished in the decade following the HFA declaration. Other evidence for this complacency has been the systematic denial of climate change, the conceit that ingenuity would always solve resource scarcity,⁶ and theories which claimed that *laissez faire* population growth could facilitate development.⁷ Another example of this “cornucopian” thinking has been the minimization of role of resource scarcity in the causation of conflict, evidenced by the official justification for the 2003 invasion of Iraq⁸ and the minimization by some of the role of resource scarcity in the atrocities of Rwanda and Darfur.^{9,10}

For over a decade there have been calls for a massive campaign to facilitate global “technological leapfrogging” to cope simultaneously with fossil fuel depletion and climate change.¹¹ Yet the world continues to focus on energy mainly from coal, despite several promising advances, especially solar thermal technologies which have been claimed to deliver affordable baseload electrical power.

Several forms of inertia combine to make the near term future perilous. These include the long life of infrastructure, such as freeways and power stations, the prolonged atmospheric lifetime of greenhouse gases and the persistence and spread

of nuclear weapons. Overlaying this is a continuing retreat from global public goods, and an ominous shift towards a “Security First” scenario,¹² which is perhaps more readily understandable as “Fortress World”. Given these emerging trends in the global and economic determinants of health, the 1998 target set by WHO looks almost impossible.

Action points

What can be done? We are in the early period of a global crisis. It is no longer acceptable for national leaders to solemnly pledge to work towards worthy targets, such as attaining the Millennium Development Goals by 2015. Business as usual thinking risks not only the utter failure to reach these targets, but also entrapment¹³ in processes which will lead to regional impoverishment, declines in human well being in currently rich countries, and the possibility of a new global Dark Age. We need instead a revolution in economics, technology, development theory and international co-operation. The scale of this task is formidable. It is made more difficult because it will be perceived as threatening to change the distribution of many social and material values. This will – and already has – provoked opposition from many quarters. And the task is well beyond that of public health alone. But public health workers will not be alone in this task.

Many of the elements which could deliver a tolerable future already exist. Many other disciplines are also working towards a sustainable future. For example, ecological economics offers a way to redefine the meaning and measurement of

economic growth, in ways which will reward sustainability, rather than promote global collapse, as the current economic paradigm inadvertently does.¹⁴ Neo-Keynesianism offers a way to reduce regional and even global inequality, without the brutality and coercion of Communism. The enormous power of the Internet and other communication technologies offer environmentally gentler ways to bridge distance. New solar and transport technologies promise to lower carbon emissions, thus slowing the pace of climate change.

Policy change has been likened to a pipe with four open valves, representing community values, organised lobbying at ascending levels, legislation, and implementation.¹⁵ With regard to the global revolution that is needed it is clear that none of these valves are fully open. But nor are they fully closed. Substantial progress has been made in drawing each of these valves wider.

Public health workers have been instrumental in opening many other valves, such as those that led to sanitation and the eradication of smallpox. The public health movement can and should clamour for and participate in the massive reforms now needed. The abolition of slavery by western powers, once considered hopelessly idealistic, is another example which provides hope. The promotion of global sustainability is of vital importance. Our chief obstacles are complacency, despair and the illusion that the problems that we face are neither our own nor of our own making. Public health can and should be at the forefront of this new revolution.¹⁶

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