

Sustainable Development and Public Health

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Editorial

Sustainable development is, like health improvement and health inequalities, a cross-cutting government priority within the UK. Policy documents and speeches regularly reiterate high-level commitment to realize it for the new millennium, with departmental action plans providing tangible demonstrations of the political commitment to support and progress sustainable development. However, translating these high-level policies into momentum on the bottom requires the reconciliation of complex social influences and a commitment to maximizing the contribution of existing opportunities. As this paper discusses, appropriate linkage of the general public health agenda thereto of sustainable development can and will play a key role during this process. The national picture there's an in depth body of literature available on sustainable development. Definitions vary, but within the main they prolong environmental, economic and social dimensions of the concept, emphasizing that reach date has been achieved at huge cost.

The 2005 UK sustainable development strategy sets out five principles, which resonate strongly with the practice of public health: living within environmental limits; ensuring a robust healthy and just society; achieving a sustainable economy; promoting good governance; using sound science responsibly. The agenda is clearly articulated in strategy and policy documents, underpinned by a series of 68 detailed indicators, many of which also are direct public health indicators, e.g. healthy anticipation, mortality rates, smoking, childhood obesity, to live progress across the four priority areas: sustainable consumption and production; global climate change and energy; promoting natural resources and enhancing the environment; creating sustainable

communities and a fairer world. Yet despite this, we are told: 'Sustainable development is one among those things that everyone supports, but no-one really knows what it means in practice!'

Over the years, similar things are said about the practice of public health, with a quick overview of the literature drawing out many parallels between the 2 areas. Throughout history, many classic pollution control measures are underpinned by a public health rationale—for example, air and water quality; control of hazardous substances; and therefore the new chemicals regulation under REACH (Registration, Evaluation and Authorization of Chemicals). For both, success is accrued in future outcomes and trends with a shared strategic focus which moves beyond individualism to seem at populations, health inequalities and social justice. Even the policy papers have similar names. Yet perhaps the best congruence is round the delivery mechanisms, with the literature recognizing that for both the stress is on early upstream interventions, promoting behavioural change, which strong partnership working approaches both across individual government departments but also the entire of society are fundamental to achieving their goals. Nifty to position the general public health narrative alongside that of sustainable development to market both sustainable health for the population and a sustainable health care system for England. This is often a challenge we cannot afford to ignore—and meaning working on the evidence we have the value and long-term sustainability of our health system is that the focus of accelerating interest across the entire of the United Kingdom. Despite massive investment, with current health expenditure within the UK running at around 7.7% of national GDP and expected to succeed in 0.3% of worldwide GDP by 2008, the economic statistics make stark reading and reveal the size of the challenge.

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