



# Faculty of Public Health

Of the Royal Colleges of Physicians of the United Kingdom

Working to improve the public's health

Directorate-General for International Cooperation and Development  
Policy and Coherence Unit DEVCO A1  
Rue de la Loi 41  
B-1049 Brussels

24/08/2016

Dear Sir / Madam,

**RE: UN 2030 Agenda for Sustainable Development – Public consultation on revising the European consensus on development**

**About the UK Faculty of Public Health**

The UK Faculty of Public Health (FPH) is committed to improving and protecting people's mental and physical health and wellbeing. FPH is a joint faculty of the three Royal Colleges of Public Health Physicians of the United Kingdom (London, Edinburgh and Glasgow). Our vision is for better health for all, where people are able to achieve their fullest potential for a healthy, fulfilling life through a fair and equitable society. We work to promote understanding and to drive improvements in public health policy and practice.

As the leading professional body for public health specialists in the UK, our members are trained to the highest possible standards of public health competence and practice – as set by FPH. With 3,300 members based in the UK and internationally, we work to develop knowledge and understanding, and to promote excellence in the field of public health. For more than 40 years we have been at the forefront of developing and expanding the public health workforce and profession.

**(2) Information on respondents:**

2.1 – FPH is happy for its contribution to be published in its name, and notes that none of the content in its contribution is subject to copyright restrictions that would prevent publication.

2.2 – FPH is not registered in the EU's Transparency Register.

2.3 – FPH (as stated above) is formally known as the UK Faculty of Public Health.

2.4. – FPH's address is – 4 St Andrews Place, London, NW1 4LB.

2.5 and 2.6 – FPH is a public health charity and professional membership body for public health specialists in the UK.

2.7 and 2.8 – Whilst the UK recently held a referendum in which the population voted to "leave the EU", the UK, currently, remains a member state within the EU. Negotiations still need to take place to identify what the new relationship the UK will have with the EU be like. From a health and public health perspective, there were very clear indications that remaining in the EU would be beneficial for the population of the UK and many people working in public health hold those views. This questionnaire is completed, in good faith, without consideration of the impact of a UJ outside the EU.

**(3) Context: why a change is needed:**

3.1 – key points: 1) Challenges related to climate change; 2) Diet, malnutrition, healthy nutrition; 3) Alleviation of poverty.

Many of these global trends are important, but the health and environmental threats of climate change (CC) are extremely important as they require immediate and imperative action, the international agreement at COP 21 demonstrates its importance and identifies health and sustainability issues as a human right. Whilst CC has been identified as the “biggest global health threat of the 21<sup>st</sup> Century”, more recently it has been recognised that “tackling CC could be the greatest opportunity of the 21<sup>st</sup> Century”.<sup>1, 2</sup>

Sustainability is a way of bringing together economic, environmental and social issues and hence brings together the interfaces between many of these global trends, rather than them all having to be considered separately.

Also, with the sustainability agenda, comes a variety of co-benefits, for example, low-carbon transport policies would benefit the environment as a whole, whilst also reducing the health impacts pollution has on disadvantaged communities.

Continuing poverty, especially child poverty, are important issues in the SDGs. These are not just issues for external actions, but child poverty continues in many EU member countries including the UK, indeed with some of the recent ‘austerity’ packages child poverty and inequalities have worsened.

3.2 – Key points 1 and 2 above: Develop and implement an EU Sustainable Food Policy to replace or incorporate policies relating to the CAP, the food industry, nutrition policy, and sustainability (including climate change).

Key point 3 above: Leave behind the austerity agenda (which has not worked) and promote across the EU, investment in much-needed infrastructure renewal (including housing) thus creating millions of new jobs.

In addition, use EU development assistance to developing countries to promote developments there along the lines described for the EU in key points 1, 2, and 3 above.

The Lancet Commission on Health and Climate Change has identified that “tackling CC could be the greatest health opportunity of the 21<sup>st</sup> Century”.<sup>3</sup>

Health risks of CC include physical and mental impacts e.g. families displaced by floods and typhoons, children starving because of drought and failed crops, older people dying of heat-waves, these may be more obvious in some of the external development issues, but also have impact for EU member states (e.g. physical and mental health and social impacts of flooding across Europe in 2015). Addressing many of these issues demonstrate the co-benefits of tackling environmental (CC) issues together. Many examples can be identified in the SDGs, not only in SDG-13 on CC, or SDG-3 on healthy lives and wellbeing. In many countries, NCD (non-communicable diseases) are increasing (e.g. heart disease, respiratory diseases, stroke, diabetes) and many of these are related to lifestyle following more developed countries. The co-benefits of health and CC are well demonstrated here – for example, a healthier diet (more fruit and vegetables and less meat) and more physical activity (more walking and cycling) are both good for health, but also good for the environment in that they reduce emissions. Similarly air pollution increases death and disability from respiratory and heart disease – if addressed by reducing emissions e.g. from transport and energy/coal etc, will improve both health and the environment (SDGs-13, 7, 2, 3, 12 etc.).

Policies on clean air, energy/reducing coal need to take on board the importance of CC (SDG-13) and integrate the SDGs as part of the lens through which all policies are developed.<sup>4</sup> Thus linking together many of the SDGs and identifying policies that are interconnected and address many issues at the same time address a number of agendas and many of the SDG targets.

<sup>1</sup> Costello, A., et al. (2009). *Managing the health effects of climate change*. The Lancet and University College of London Institute for Global Health Commission. The Lancet; 373: pp1693 – 1733. Available at: <http://bit.ly/2bFkT0a>

<sup>2</sup> Wang, H., Horton, R. (2015). *Tackling climate change: the greatest opportunity for global health*. The Lancet: 386 (10006): pp1798 – 1799. Available at: <http://bit.ly/11SuPdf>

<sup>3</sup> Ibid

<sup>4</sup> Huscher, J., Smith, D. (2003). *The Unpaid Health Bill – How coal power plants make us sick*. Health and Environment Alliance. Available at: <http://bit.ly/2bwtnqV>

A suitable tool could be required to be used on policies or strategies, for 'viewing' all policies through the SDG 'lens'.

Once such tool already available is "integrated assessment" which considers the impacts on economic, environmental, and social (including health) impacts. Models and methodologies for such tools are available and some have been used in EU programmes.<sup>5</sup> For example, the Equality Action programme successfully used and evaluated the use of healthy equity policies in member states to address inequality (SDG-10) and could easily be expanded/ modified as a tool to apply to all policies, similarly Health in All Policies (HiAP) was also used successfully.<sup>6</sup>

#### **(4) Priorities for our future action: what we need to do:**

4.1 – Farming is the primary source of greenhouse gas production (especially beef and dairy production). The European population eats much more mammalian meat per head than is the world average consumption. Nutritional and sustainability objectives would be served by transferring a substantial proportion of production of, and demand for meat towards production and consumption of vegetable protein (especially pulses). This would enable overall food production (including of cheap protein) to increase markedly, thanks to increased protein production per unit of farmland. Cereals should be an important part of human nutrition, but over 50% of cereal production is to feed animals (cereals production for European farm animals also distorts farming in developing countries).

EU food policy should:

- Transfer CAP subsidies (in whole farm policy) from beef and dairy to vegetable protein production;
- Subsidise health consumption, while taking unhealthy food consumption.

When carbon taxes are introduced properly, so that they function, farming should become subject to such taxation.

4.2 – The principles outlined above for EU policy should be applied within the context of EU development aid elsewhere; development aid should be increased to 0.7% of the overall EU GDP.

4.3 – Development policy should priorities (in addition to what is stated in 4.2 above) investment firstly in universal education for all children (ensuring that all girl children are offered equal educational opportunities), secondly in development of health services, especially concentration on prevention, with emphasis of associating this strongly with education, and thirdly in renewable energy production, to replace coal-fired power stations, etc.

Strong emphasis should also be placed on developing services, and increasing education around maternal and child health, and advocacy against lifestyles contributing to the growing burden of NCDs.

Demonstrating the important linkages between many of the SDGs and using tools and approaches that have previously been utilized effectively such as IIA and Health in All Policies.

4.4 – Key points: 1) Sustainable, healthy nutrition (as outlined in 4.1); 2) Transition of energy and transport policies towards renewable electricity production, including for transport; 3) Investment in infrastructure projects, in the EU and in developing countries, to promote wealth generation, jobs, and to eradicate poverty; 4) Investment in research, in the EU and also beyond.

In addition to key point 2, prioritisation and encouragement should be given to sustainable forms of transport (e.g. walking and cycling) while limitations should be placed on private and commercial motor vehicles. Doing so would benefit the environment, whilst contributing to the reduction in the huge burden of disease from road travel deaths and injuries, particularly in low and middle income countries, caused by motor vehicles killing or injuring pedestrians.

Prioritisation should also be given to develop safe, sustainable, and affordable public transport systems.

<sup>5</sup> Public Health England. (2007). *Integrated Impact Assessment (IIA)*. Available at: <http://bit.ly/2anBiG2>

<sup>6</sup> Equality Action. (n.d.). *Tools – To improve the health equity focus in cross-government policy making*. Available at: <http://bit.ly/2a6Yrv5>

4.5 – In particular in the spheres of education, including university education, and promotion of better health and health impact assessments; these are areas where Europe has particular experience and expertise.

Similarly in using experience from EU existing or previous programmes, such as Equality Action and the tools and mechanisms previously developed (IIA/HiAP/health economic evaluations etc).

4.6 – By applying these principles in the context of development policy as summarised in 4.4 and 3.2 above.

By also recognising and pursuing the many co-beneficial elements of sustainability.

4.7 – Amongst many other things, education should be a priority in development: at all levels and stages in education, and the promotion around the world of education development which emphasises and is established in the context of European liberal cultural values, including emphasis on social solidarity.

FPH has in the past, and is more so focusing on tackling violence in all of its forms.

4.8 – By ensuring that an increased development budget is targeted at appropriate and most relevant parts of the world, with concentration on investment in education, health and health services, economic development with emphasis on providing opportunities for local initiative and innovations to thrive.

Tracking CC and economic development would remove some of the drivers for migration, utilising mechanisms such as 'Fair Trade' and similar approaches to local communities developing their own economy and not being exploited should be scaled up.

#### **(5) Means of implementation: how do we get there?**

5.1 – As described above: 1) Completion within Europe of the transition towards renewable electricity for all energy and transport needs; 2) Fundamental reform of European agriculture, in the context of a European sustainable food policy, including taxation of unhealthy and unsustainable farm production, but also in the context of continuing agricultural production subsidies for sustainable healthy products, so as to protect the European rural economy.

Within this new context, there will be innumerable attractive opportunities for productive investment, such as could be attractive to the private sector.

Use SDG 'lens' to develop suitable policies as described above.

5.2 – The "how" should be described above.

Where: both in other third countries in the vicinity of Europe (e.g. Middle East, North Africa, Commonwealth of Independent States), and in order to relieve poverty in the most needy parts of the world (mainly in Africa, not forgetting parts of Asia and South America as well).

5.3 – By concentration on education, including the sharing of European Culture and values (such as social solidarity) and economic development, to provide jobs and infrastructure, but also to promote the possibility of local initiative and innovation.

Also, by providing examples/ tools/ showing how all aspects of SDGs interlink/ capitalize on work already done by EU and across EU member states e.g. Equality Action/ HIA. IIA/ HiAP.  
Develop approaches to show integration of the SDGs.

5.4 – Emphasis on education and the sharing of European cultural values and expectations.

Building on which member states already have close connections with other MICs.

5.5 – By concentration on, and emphasis on development as described in 3.2 and 4.3 above. Sustainable development in such countries must be based on sustainable renewable energy production, coupled with agricultural reform in favour of sustainable healthy nutrition.

Linkages between all the SDGs and inequalities etc are important and provide a key overall strategy approach. Comprehensive strategies that demonstrate these linkages and action to improve targets.

#### **(6) The actors: making it work together:**

6.1 – Through its communication and respect for civil society and NGOs, and through bodies such as the Committee of the Regions and the Economic and Social Committee, the EU is already extremely successful in communication with all these stakeholders (the EU performance in this respect is greatly superior to that observed in some member states). However, the agenda for discussion will include new emphases, but existing institutions, with some development of their roles, should be adequate to this task.

6.2 – If the EU can provide a platform which promotes completion of the drive to renewable energy, coupled with a new approach to food production, all coordination into a sustainable food and nutrition policy, there should be numerous attractive and innovative investment possibilities which should be of interest to the private sector.

6.3 – (Whilst we have little specialist knowledge in this area) - By using existing linkages, but bringing in aspects on sustainable development and linkages with existing organisation/NGOs working already in this area e.g. Global Climate and Health Alliance (GCHA)

6.4 – By providing enhanced development support along the lines outlined above in 3.2, 4.3, 5.5 and 6.2.

6.5 – All member state governments should be invited to join the Commission in planning and implementing and enhanced EU development policy and programme, which should be based on the principles outlined above.

Use SDGs as 'lens' through which sustainable development develops.

6.2 – By involving all member states as described in 6.5 above, and so motivating them to become fully involved and identified with EU development cooperation, in which they all share ownership.

6.7 – EU Joint Planning is already beginning to be able to demonstrate some real successes, through facilitating joint research initiatives which would have been impossible without JPI. There are some exciting initiatives beginning to emerge in relation to research to support sustainable healthy nutrition. EU Joint Planning should be readily exportable (it already includes non-EU member states from other continents), and should be utilised as indicated to support delivery of the 2030 agenda.

#### **(7) Keeping track of progress**

7.1 – The EU could provide a readily available and accessible library of report of all research, studies etc, which have been supported over the years by the Commission.

Using R&D and the academic community to identify the evidence for action on SDGs and Targets and what may be early 'wins' so that robust approaches can be adopted.

7.2 – The EU should ensure rigorous evaluation and monitoring of all its investment, not only in research, but throughout development, including investment in the private sector. This must at all times be combined with well-functioning and respected consultative bodies and mechanisms, involving and utilising the best evidence available.

7.3 – Through the use of mechanisms as described in 7.2 above.

Also, tie into regular reviews following the COP 21 agreement.