Commentary

# Using sustainability as a collaboration magnet to encourage multi-sector collaborations for health

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**Abstract:** The World Health Organization Commission on Social Determinants of Health (SDH) places great emphasis on the role of multi-sector collaboration in addressing SDH. Despite this emphasis on this need, there is surprisingly little evidence for this to advance health equity goals. One way to encourage more successful multi-sector collaborations is anchoring SDH discourse around 'sustainability', subordinating within it the ethical and empirical importance of 'levelling up'. Sustainability, in contrast to health equity, has recently proved to be an effective collaboration magnet. The recent adoption of the Sustainable Development Goals (SDGs) provides an opportunity for novel ways of ideationally re-framing SDH discussions through the notion of sustainability. The 2030 Agenda for the SDGs calls for greater policy coherence across sectors to advance on the goals and targets. The expectation is that diverse sectors are more likely and willing to collaborate with each other around the SDGs, the core idea of which is 'sustainability'.

**Keywords:** collaboration magnet, multi-sector collaboration, sustainability, health equity, Sustainable Development Goals (SDGs)

In its report '*Closing the gap in a generation*', the WHO Commission on Social Determinants of Health (SDH) promotes an understanding of health as a social phenomenon and health equity as a fundamental value/idea (1). The Commission places great emphasis on the role of multi-sector collaboration in addressing the SDH. This is not new. Since the Alma Ata Declaration, the impact of social and economic factors on health has been recognized and was already prioritized in a 1986 WHO publication that was the result of a high level multi-sectoral effort representing various United Nations (UN) technical agencies (2). However, despite a growing emphasis on the need to engage other sectors for health (e.g. WHO (1) and Marmot (3)), there is surprisingly little evidence for this to advance health equity goals (4). We argue that one way to encourage more successful multi-sector collaborations for addressing SDH could be by anchoring the SDH discourse around the idea of 'sustainability', subordinating within it the ethical and empirical importance of 'levelling up' for greater health equity. Sustainability, in contrast to health equity, has recently proved to be an effective *collaboration (coalition) magnet*, defined as 'the capacity of an idea to appeal to a diversity of

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*Global Health Promotion* 1757-9759; Vol 0(0): 1–5; 683387  DOI: 10.1177/1757975916683387 journals.sagepub.com/home/ghp

individuals and groups, and to be used strategically by policy entrepreneurs to frame interests, mobilize supporters and build coalitions' (5). The recent global adoption of the Sustainable Development Goals (SDGs) provides a unique opportunity to explore novel ways of ideationally re-framing SDH discussions through the notion of sustainability. The 2030 Agenda for the SDGs calls for greater policy coherence across multiple sectors in order to move forward on the goals and their targets. The expectation is that diverse sectors are more likely and willing to collaborate with each other around the SDGs, the core idea of which is 'sustainability' (6).

Ideas are defined as 'claims about descriptions of the world, causal relationships, or the normative legitimacy of certain actions' (5,7). The key characteristics of an idea to serve as a collaboration magnet include being broad and polysemic, making the idea attractive to different groups that might otherwise have divergent interests and helping policy entrepreneurs to frame and reframe the idea for diverse collaboration participants (7). Béland and Cox identified three key ideas that have proved successful collaboration magnets: sustainability, solidarity, and social inclusion, with sustainability having a more transnational scale compared to the other two (5).

Most discourse on SDH accords a prominent role to the idea of health equity, which is predominantly used in a negative form; that is, health inequity (the reduction of preventable health inequalities) (1). The idea of health equity has not had great success in encouraging tangible political engagement of diverse sectors in actions around the SDH. Equity has lost some of its value ascendency even within the health sector, where market-oriented reforms consistent with global neo-liberal economics continue to dominate (1,8). These reforms have given prominence to efficiency at the expense of equity and have consequently reduced access of disadvantaged social groups to healthcare services (8,9). Further, health equity is an inherently political concept (implying normative judgments about what is fair), with its core emphasis on 'health' making it difficult for non-health sectors to get engaged with or to accept its ownership. A recent analysis found that the policy ownership of complex health challenges usually defaults to 'the' health sector (10,11). Calls for the health sector to advocate for, and play brokerage roles in, the establishment of Health in All Policies may, therefore, be legitimate (as the sector owns the problem) but are no less problematic: the elements and agents within the health sector most capable of undertaking that role are often on the margins of its power and resource distribution patterns (12). Health equity is also a multi-dimensional construct that covers a wide range of other ideas and values like fairness, justice, human rights, disparities, to name a few, that are irreducible to one another (13). The scope of health equity is very wide; it is not just about distribution of health or health in isolation, but as Sen (14) puts forward, 'it must come to grips with the larger issue of fairness and justice in social arrangements, including economic allocations, paying appropriate attention to the role of health in human life and freedom'. The social aspects of health equity, dealing with the SDH (e.g. impact of different social arrangements), however, have received less attention compared to other dimensions of health equity (e.g. distribution of healthcare, fairness of processes) (14,15), mainly because the responsibility for addressing health inequities has fallen into the ownership of the health sector by default (10).

Sustainability, by contrast, is a broad polysemic idea that originated outside of the health sector. It draws on a variety of disciplines and follows a systems approach, which justifies its wide application. While initially associated primarily with environmental issues, sustainability has been increasingly used in other academic fields and employed by policy entrepreneurs as a collaboration magnet to bring together disparate interests (5). Unlike health equity, sustainability is already perceived as a desirable goal by a wide variety of sectors with a largely positive connotation (16). The positive association that sustainability invokes is argued to generate the same reaction among diverse actors irrespective of their political preferences, leading to its use in a number of different policy areas (7). With the recent release of the SDGs and growing discussions around the goals and their targets across multiple sectors, the idea of sustainability has received even more popularity and appeal (17). Sustainability can appeal to the interests of multiple sectors and be applied to a wide range of areas, such as sustainable energy; sustainable access to safe drinking water, sanitation, and hygiene; sustainable food production; and healthy sustainable cities – all of which have some representation within the new SDGs. The broad appeal of the idea of

sustainability offers it considerable collaboration-building potential, given its ability to enable policy entrepreneurs to frame and reframe its usefulness in achieving the mandates of many different sectors. Although health equity is also a broad polysemic concept and a potential collaboration magnet, its use in building multi-sector collaboration to address SDH has been limited mainly due to its perceived ownership by the health sector. The issue of health sector ownership for addressing SDH is particularly concerning given that the health sector is frequently argued to have low capacity in the areas of multi-sectoral collaboration or partnership building (18,19), as well as in negotiation, diplomacy, and policy coordination (20).

The idea of sustainability can be traced back to the Club of Rome and its 1972 publication, *The Limits to Growth* (21), which simulated the negative impacts of continued exponential growth in population, industrialization, pollution, food production, and resources depletion. It re-emerged with the UN report, *Our Common Future* (22), which popularized the concept of sustainable development. Sustainable development is predicated on the conceptualization of sustainability. In practice, sustainable development is underpinned by three interrelated pillars: *environmental, social*, and *economic* dimensions (23). There are, however, diverse policy options associated with the different definitions of sustainable development, especially in how the term 'development' has been interpreted (23). In global governance perspectives, the most commonly used definition of development places an emphasis on the economic pillar of sustainable development and is, perhaps, best epitomized by transnational industrial corporations that view development as an extension of Western capitalism into areas which have not yet seen the material benefits of economic growth (23,24). The natural environment is viewed by its utility to the economic system and sustainable development is employed as a synonym to sustainable growth measured, in its crudest form, by the expansion of gross national product (GNP) (24). Thus, it is important to excise the core idea of 'sustainability' from its capture by a neoliberal economic framing. Rather, the idea of sustainability as a collaboration magnet that we advocate is the one which would subordinate the economic dimension to the fulfillment of the social and environmental pillars.

Accepting the primacy of the social and environmental and secondary importance of the economic, the three sustainable development pillars align well with the main dimensions of the SDH (25). Health and sustainability are inextricably linked: health is both an outcome of and a precursor to all three pillars of sustainable development. For example, malaria alone has slowed down economic growth in African countries by 1.3% annually (17,26). Reducing major environmental risks such as exposure to air, water, and chemical pollution, has shown to prevent up to a quarter of the total burden of disease (27). Given this strong link, and with the current widespread appeal of the SDGs, we believe now is the time for policy entrepreneurs to take advantage of this window of opportunity and to start building multi-sector collaborations for tackling SDH using sustainability as a collaboration magnet. In so doing, policy entrepreneurs can readily find areas of co-framing and co-benefit, for example, by identifying, promoting, and co-financing actions that require collaboration between two or more sectors to address policy goals relevant to all sectors (28). Dora *et al.* (17) in their review of sustainability indicators have identified a range of such co-benefits. As an example, a shift to enhance the quality of mobility (i.e. public transport and safe walking and cycling, combined with regulatory restrictions on high-emission vehicles) decreases health risks from air pollution, traffic injuries, and physical inactivity, with positive economic externalities (29), and an argument already being strongly advanced by economies in the global South (30). Moreno and Miralles-Guasch (31) further show strong health-sustainability-economic co-benefits in how daily mobility and public transport systems help to build social integration, improving life and access to more services, and economic benefits (e.g. reduction of travel time and costs especially for low-income households) that impact on health and well-being. Such integrated efforts around the sustainability collaboration magnet can reduce inequities in access to employment, education, and services, thus 'levelling up' (32) for health.

Emphasizing sustainability as a spark to build multi-sector collaboration for tackling health inequities could bring about more successful partnerships by being more inclusive of the interests of a broad range of sectors. At the same time, it is clear that achieving just the health SDGs will require

more and better functioning multi-sectoral collaborations, as many of the most potent health determinants (e.g. income, poverty, and the natural environment) remain outside of the direct mandate of the health sector. This does not mean that public health should abandon its policy and programmatic commitments to health equity, or cease to argue its ethical and instrumental importance with other sectors; but that it does so under the superordinate and integrating concept of sustainability. Given the current perilous state of ecological resources and unabated rise in income inequalities, with the hugely negative mid- and long-term global health consequences of both, positioning health equity beneath the broader umbrella of sustainability is a bold, new option public health should embrace.

### *Conflict of interest*

None declared.

### *Funding*

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

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