

INTERDEPENDENCE BETWEEN SUSTAINABLE DEVELOPMENT AND HUMAN HEALTH

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Abstract

Sustainable development in Romania can be achieved only through consensus orchestrated prioritizing people's attitudes and values. In order to achieve a maximum performance, cultural change must precede structural and functional changes, such an approach leading to a lasting transformation. Cultural change is not about social traditions, history, language, art, etc., But those on the behavior, mentality, attitude towards work, economy and society. Sustainable development have to mean quality and achieve only limited natural capital, social and anthropogenic own or attracted. A drawing resources must be addressed by cost and their global rarity. Sustainable development for Romania, represents the effective management of resources in the national competitiveness and national foreign goods and services. Human health suppliers, health organizations that offer health services and those who need these services, meet on a market, called health services market, whose mechanism has features different from the other markets, not only from the point of view of the two forces, demand and supply, but also from the third party who pays. In the context of globalization, human development, defined as a process of people's expanding possibilities to choose, cannot exist without an appropriate health. People often make choices in the economic, social and political fields, situated in the centre of development policies. From the human health perspective, attention is aimed at quality of the economic development, and not quantity, in three critical domains: expectation and quality of life, educational level and access to all the necessary economic resources in order to lead a decent life.

INTRODUCTION

A look at economic life broken from life environment, the lives of people, families and communities, organizations and institutions, life actually means not to understand that economics is a living system constantly changing and evolving "addicted to changing ecological and social systems in which embedded" (Capra, 2004).

The one who first used the term "sustainable development" was Prime Minister of Norway, Gro Harlem Brundtland in 1987. Then, as chairman of the World Commission on Environment and Development, he presented the report "Our Common Future," which defined sustainable development as "development that meets the needs of the present without compromising the ability of future generations to meet their own needs".

Although sustainable development was initially meant to be a solution to the

ecological crisis caused by the intense industrial exploitation of resources and environmental degradation continues, it seeks primarily to protect environmental quality, sustainability now expanded concept of quality of life in complexity, and economically and socially.

Declaration of Rio de Janeiro in 1992, expressing the political will of ONU member states to take part in the global transition to a sustainable development model.

Declaration includes 27 principles that are the basis of sustainable development.

Under Principle 1, people stay in the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.

Widely accepted viewpoint is that of sustainable development, seeking the interaction and compatibility of four systems: economic, human (social), ambient (environmental or ecological) and technology.

Framework of global change, changes in socio-economic landscape, means adapting to uncertainties.

Of the many challenges in the economy and society, remember a few important: First, in most of the world is born a new work culture. In developed countries shift from industrialized to the post-industrialized society, which is associated with decreased acuparii blue collar industry, employment growth in the service sector, increasing employment insecurity and weakening of the importance of work as a means of achieving. The emergence of the knowledge society and knowledge-based work is a recurring theme in economic restructuring and globalization.

The new work culture, the speed of adjustment that needs to be quick and contradictions process are high, with unexpected influences on the human individual, his health.

There are big changes in how individuals and families concerning employment, career and employment security that derives from. They are faced with new concepts like "dezocuparea", which defines the forced retirement, early, without the possibility of reemployment.

In developed countries, people have only one job or career to retirement, but have some succession or simultaneously. The implications of these challenges on human health are major course, they both physically and mentally demanding human individual. Addressing the major contemporary issues caused by multiple interacting processes and phenomena of economic, political, social, cultural, ecological, called generic-globalization - is inextricably linked to the human factor, the complete well-being, physical, mental and social well-meaning human health.

Every day, the world is increasingly aware of the need to look at the health of our joint perspective on new reconstruction of human society. Being in complete interdependence with other forms of health: the environment, communities, organizations and institutional human health is seen in the present work, both as a commodity and as a capital good, the unity

of these two features giving and uniqueness. The effects of globalization have forced consideration of the impact on human health Human Health Index. Especially foreign studies, highlight that human health and the environment, must reflect the entire evolution of economic and social life. Man, as biological and social beings is primarily phone, meaning a conscious life form that follows, as Mircea Eliade, ascension, celebration of life lived.

Man as a biological and social is the second means, which is a conscious form of race that is looking for the most effective ways to achieve goals, normal or abnormal in a given time and under certain conditions of existential space.

The study of human health in the perspective of sustainable development is done in a period characterized by a state of deep crisis that affects all areas of global economic and social, national and international institutions, advance our common equilibrium constants. In this respect, we agree with the view expressed by physicist Fritjof Capra as the last decades of the twentieth century and the twenty-first century find our common evolutia a "crisis complex multidimensional facets whose touch every aspect of life our - health and livelihood, environmental quality and social relations, economics, technology and politics. It is a crisis of intellectual dimensions, moral and spiritual crisis of a magnitude unprecedented in human history. For the first time we have to face the very real threat extinction of the human race and all life on Earth. "Interrelation human health-conscious that sustainable development carries with it the signs of progress in scientific knowledge, which constantly revolutionizing the means in man's struggle with resource constraints, uncertainties evolution, human injustices, age shortcomings and imperfections Community democratic institutions, we conducted our analysis and under the requirements expressed by Pope John Paul II embodied in the question: progress or threat?

We present the quintessential question in the following passage: "Developing technology and advance our civilization, marked by technical mastery, demand a proportional

development of moral and ethical life. Unfortunately, the latter seems to always be left aside. Certainly progress is wonderful and it's hard not to see him as authentic signs of man's greatness ..., however, the same progress can not give birth to many anxieties. The first essential and fundamental issue restlessness, this progress, whose author and defender is man, human life on earth << is it more humane >> in all respects. A man is more worthy? We can not doubt that it is better in many ways.

However, this question lies with obstinacy on what is essential: the man, the man, the content of this progress, it becomes something truly better, or more mature spiritually, more aware of the dignity of his humanity, particularly against for the needy and weaker, more willing to give and help everyone? .. here it is rich and highly developed societies - while other companies, or at least most of them suffer from hunger and many people die every day of starvation and malnutrition. In parallel, some abusers, somewhat of freedom, which is directly related to an uncontrollable craving for moral consumption and even limited freedom that abuse others, that those who suffer from significant shortcomings and are dragged into the conditions of misery and poverty still more ... development is not a linear process, cvasiautomat unlimited as the human race itself, in certain circumstances, should rush forward towards some kind of endless perfection ... with an underdeveloped mess that has become intolerable We are facing a kind of overgrowth as inadmissible because as underdevelopment, is contrary to the true good and true happiness(Alexander, King from foreword to work Limitele certitudinii, Orio, Giardini; Walter, R. Stahel Editura Edimpress-Camro, Bucuresti, 1996, p. 43).

MATERIALS AND METHODS

The relation between health and economic development

Passing on to a narrower point of view, we have analyzed eight European Countries, all of them members of the European Union – France, Germany, Italy, Poland, Romania, Slovakia, Sweden and the United Kingdom.

The difference between them, besides population, surface of the territory and other social indicators, resides in their economic development.

Our intention is to point out the relevance of the health indicators in analyzing the macroeconomic environment of each country.

RESULTS AND DISCUSSIONS

The most used and relevant health indicators are:

- life expectancy at birth and its derivative – healthy life expectancy at birth;
- mortality rate – adult mortality rate, infant mortality, maternal mortality;
- mortality causes;
- years of life lost.

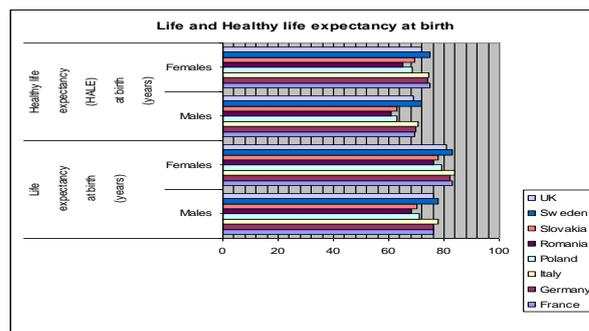


Fig.1. Life and Healthy life expectancy at birth
 Source: WHO

Life expectancy at birth and healthy life expectancy as birth indicators show that women tend to live longer than men and place Italy and Sweden at the top among the eight countries, while Romania and Poland are situated last.

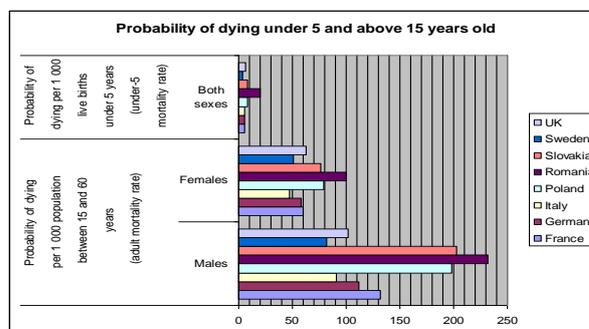


Fig. 2. Profitability of dying under 5 and above 15 years old
 Source: WHO

The adult mortality rate, for both males and females place Sweden and Italy best, with the lowest rates. At the other end, Romania, Poland and Slovakia rank last, with a high rate of adult mortality. Infant mortality rate maintains the same order among the eight countries that we are analyzing.

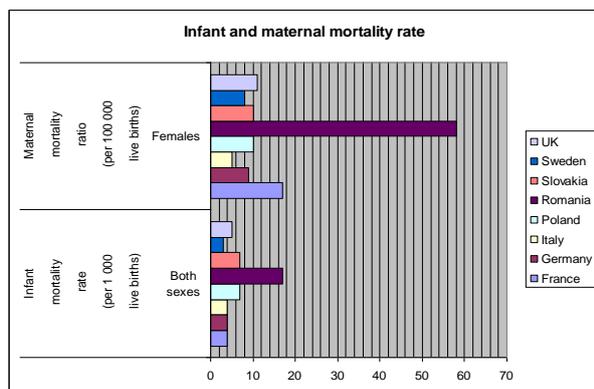


Fig. 3. Infant and maternal mortality rate
 Source: WHO

Regarding the infant mortality rate, Sweden ranks best with only 3 deaths per 1000 live births, followed by France, Germany and Italy with 4. Situation changes a little when looking over the maternal mortality ratio: Italy leads with only 5 deaths per 100 000 live births, followed by Sweden with a number of 8 deaths of mothers per 100 000 live births. Last places for both this indicators are occupied by Romania.

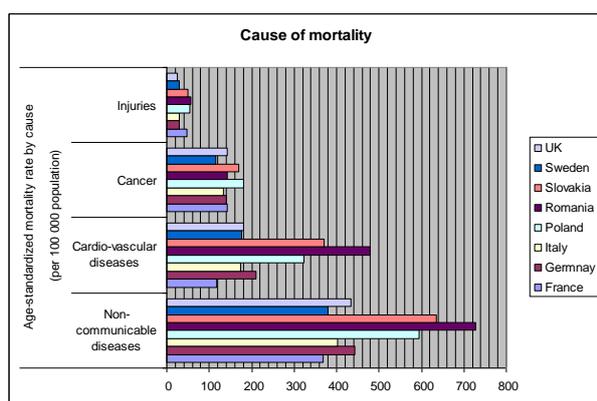


Fig. 4. Cause of mortality
 Source: WHO

The causes of death have been divided into four major groups which are the most relevant for our analysis: non-communicable diseases, cardio-vascular disease, cancer and injuries. The highest number of persons dead of non-

communicable diseases is found in Romania, while the smallest in France. Cardio-vascular diseases killed 118 people in France and 479 in Romania. Surprisingly or not, the lowest numbers of persons killed by cancer are found in Italy and Romania, while Slovakia and Poland rank last, with 170 and 180 persons per 100 000 population. Injuries killed 26 persons per 100 000 population in the UK and 56 in Romania.

The years of life lost causes are divided into three broader groups: injuries, non-communicable diseases and communicable diseases. Each of these categories has a different share in the total, according to one of the eight countries, as shown in the following chart:

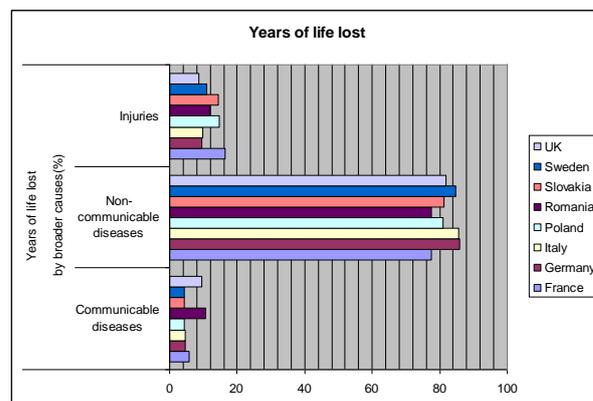


Fig. 5. Years of life lost
 Source: WHO

Health indicators are relative. We cannot draw a correct conclusion without comparing health indicators to the macroeconomic indicators and see to what extent the latter influence the first ones.

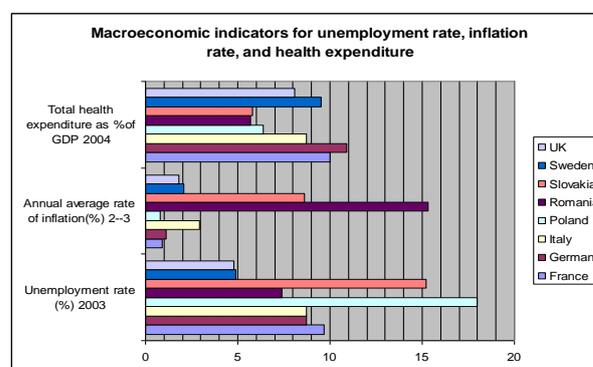


Fig. 6. Macroeconomic indicators for unemployment rate, inflation rate and health expenditure
 Source: WHO

This chart clearly shows that the highest unemployment rate was found, for 2004, in Slovakia, while the lowest in Sweden and the UK. On the other hand, the annual average rate of inflation was highest in Romania and lowest in Poland and France.

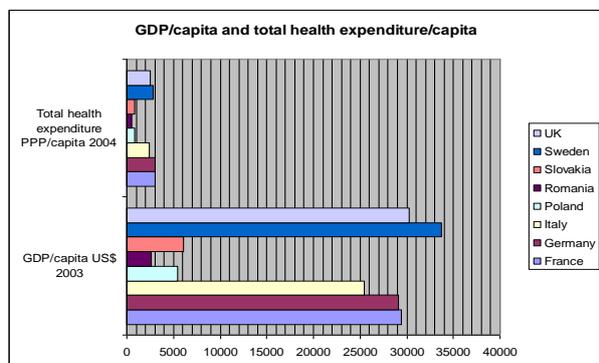


Fig. 7. GDP/capita and total health expenditure/capita
 Source: WHO

The highest values for both indicators were found for Sweden and the lowest values for Romania.

Despite some small variation in ranking, the country that has the best macroeconomic indicators – Sweden – has also the smallest mortality and health affection rates. At the opposite end, Romania has shown high values for the mortality rate indicators and small values for the gross domestic product, GDP/capita and health expenditure/capita.

Therefore, we are entitled to maintain and emphasize the affirmation that health and economy are intercorrelated, and that the relation between them is reversed. If the economy of a country improves and develops, then more money can be invested in health, and by consuming health more money can be invested in the economy. Unfortunately, as shown by the charts, there can always happen the other way around. A poor economy leads to precarious health of the population. That is why developed countries have healthier population while in poor countries the indicators show less healthy population.

Special attention should be paid to developing countries, such as Romania, because the cost of transition from one type of economy (centralized) to another (open economy and markets) includes not only cutbacks in the population's income but also affecting the

population's health, which may lead to a vicious circle that could last in time.

CONCLUSIONS

1. The concept of sustainable development means all forms and methods of socio-economic development, whose foundation is the first to provide a balance between the socio-economic systems and the natural capital items.
2. Sustainable development, chasing and trying to find a stable theoretical framework for making decisions in any situation, in which is found a report type man / environment be it environmental, economic or social.
3. For Romania, as a member state of the European Union, sustainable development is not one of the possible options, but the only rational prospect of becoming national, resulting to establish a new paradigm of development by the confluence of economic, social and environmental.
4. Health is a "good" price to be protected and a key area of sustainable development.

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