

## Understanding Sustainability

In its simplest form, sustainability is the ability of something to maintain or sustain itself. Sustainable development is development that meets the needs of the present without compromising the ability of future generations to meet their own needs.<sup>[1]</sup> Sustainability starts from the simplest of gestures of making sure what you do for development has some lasting impact from an individual level, all the way to large projects. It translates into, if you are involved in development work, remembering one day you would move on, to make sure that something positive is left behind, and that you are not missed but your legacy goes on. I remember a chat with a colleague consultant in PNG, trying to point out that my aim was to make sure that I pass on the skills to the people I work with so that when I have to leave the work goes on. His surprising reaction was, 'are you trying to work yourself out of the job!'

Studies have found that at least 40% of projects are discontinued once donor funding ends.<sup>[2]</sup> Lack of donor funding and shifting government priorities hinder sustainability but it is essential to pick up broader programs that are likely to last than to pick up on rare issues.<sup>[3]</sup> "True sustainability is about a project being able to fund (*sustain: my insertion*) itself beyond the development partners' resources." — Esther Njoroge, Smile Train.

Sustainability is the current buzz word and it is linked to all development work one way or the other. I am not in a position to preach about sustainability but I can certainly share my understanding of sustainability and take account of my fifty years of public health undertaking in view of sustainability. As a public health professional, my aim has been to look for neglected areas of public health, make sure innovative approaches are identified and developed into sustainable lasting programs.

Very early in my professional life, influenced by Aroles of Jamkhed project<sup>[4]</sup>, I saw the sustainability in empowering village health workers. I can't say that my small project was a great success in terms of its multiplication at the time of my leaving the project, but some things had changed. The team's approach to the public health principals changed the villages we were working in, village health workers understanding of disease and illness had changed. The impact of this work had also reached the village heads and some influential members of the community. The small project team had understood the principals of prevention and valued them, and it was evident that wherever they go next, those principals will go with them. The project continued under the guidance of others who came along after my departure, but the seeds planted there were to stay.<sup>[5]</sup>

After completion of my post graduate studies and appointment as a consultant with the National Health Service in the UK, I noticed that Britain was pioneer in collecting population data and had done it for over 100 years. OPCS routinely dispatched summary printouts annually to all health authorities but the data usage was limited to

planning departments and public health departments in local health authorities made little use of it. In late 1980s computing was just surfacing in public health and this opportunity was used to obtain ten-year births and death records for Wales and data analyzed using postcodes to identify small areas of deprivation and concerted efforts to address the health needs of these areas. This work led to the development of Public Health Common Dataset for Wales which was used to evaluate the impacts of health service delivery and reviewing strategies for health gain. I understand that the data is still used in that manner. Possibly a sustainable outcome of an original effort.[\[6\]](#)

Maternal mortality ratio in PNG in the 1990s was estimated to be around 1000/100,000 livebirths or even more in very remote and inaccessible areas. The main cause of this unacceptable mortality was partly due to traditional practices, but remoteness and distances played an important role as adequate services to address the complications of pregnancy were only available in provincial hospitals. There was no possibility to have adequately equipped facilities and trained staff below provincial level to manage complications of pregnancy. The need for stabilizing the women in labor before transferring to provincial hospital was the only way to give some time for transfer. A workshop involving consultant obstetricians, and primary health center staff were brought together and after discussions of the problem encountered and lack of services in remote areas, specific protocols were prepared. These protocols, if followed correctly, would give women with emergency obstetric needs up to 10 hours of time in which the transfer arrangements could be made. Adoption of these protocols was successful and many lives were saved. The protocols were rolled out throughout the country and every health center in the country used them. It was heartening to observe during my visit in 2009 to PNG that the updated protocols were still being used in the country. These protocols were further adopted in Laos between 2005-2013 with success. (see under Maternal and Child Health > Maternal Health – Maternal Mortality a Case study). Sustainability seems to have stood the test of time for this approach.

Improvement in health services is an integral part of development. Large development projects are required to provide mitigation measures for any likely adverse effects of the project on affected populations and ensure that the health of the people improves during and after the life of the project. Traditional methods of mitigating adverse effects on health in most projects are to provide additional health facilities and selective medical care to the impacted populations. Sustainability, after completion of the project, remains a challenge for such approaches. An alternative approach for government and private enterprises is to strengthen the existing public health sector in the project area. Such an approach has been tried and tested in a large hydroelectric project in Laos where a joint venture between the government health services and the project owners implemented primary health care and strengthened other national health programs in the project area over a period of eight years resulting in significant improvements.[\[7\]](#) At the end of the program, this strategy was extended to three neighboring provinces. Such an approach has an additional advantage of sustainability after the completion of the project. The same strategy is currently being replicated in a large water transfer project

from Lesotho to South Africa.[\[8\]](#)

### **Essentials for Sustainability**

- Community involvement in health projects is fundamental to sustainability;
- Building on what is already there to gain cumulative impacts;
- Responsible and thoughtful implementation of funds is the key to sustainability and austerity is of essence;
- Appropriate technology can be an integral component of sustainability;
- Incentives for quick results that are not sustainable, can be harmful;
- Sustainability should be built in from the start and exit strategy for all term-based projects is essential to remain focused;
- Selfish and political donor interests are detrimental to sustainability;
- Centrality of women in terms of their role and influence is absolutely critical in terms of sustainability – Michelle Gayer; and
- Leaders in public health also have a responsibility for mentorship[\[9\]](#) towards colleagues for sustainability.

Sustainability in Universal Health Coverage is dependent on smallest of actions taken at individual level and at primary health care level to the countries' approaches to sustainable UHC. Sustainability is everybody's business and if we wish the world to be a better place for our children, then each one of us has a responsibility to leave something behind, that is lasting and makes the world a bit better place than when we once lived there.

### **References:**

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