

Implementation of policies to protect planetary health

Authors' reply

We agree with Rosalie Schultz that innovation in the health-care sector could, in principle, be led by low-income and middle-income countries (LMICs) and that high-income countries can learn useful lessons from successful approaches to scaling up access to effective health care. Indeed one of us has argued that countries such as the UK should learn from the Brazilian experience of community health workers working in primary care teams.¹ However, recent evidence suggests that decision makers from high-income countries may reject evidence from health services in LMICs, often perceiving it to be of little relevance to their circumstances.² Although there are some examples of so-called South–North transfers of innovations such as payments to land owners for the provision of

ecosystem services (which in many senses originated in Costa Rica and other LMICs^{3,4}), in the case of planetary health the challenges of creating a sustainable economy, for example by decarbonising an industrialised economy, are different from those confronting many LMICs, particularly those that are not fully industrialised. This difference is because the former have extensive and complex economies based on the exploitation of fossil fuels and high consumption of resources; therefore they will need to transform not only their energy sectors but also transport, industry, and other key sectors. By contrast, LMICs might share common features, but they are not locked in the same degree to highly energy, carbon, and resource intensive patterns of development and consumer demand, in addition to having different governance, cultural and often eco-climatic settings. For these reasons we believe that South–South transfer of innovations may be more frequent than South–North transfers.

We declare no competing interests.

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