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Report on the

INFORMAL CONSULTATION ON HEALTHY ENVIRONMENTS FOR CHILDREN IN THE EASTERN MEDITERRANEAN REGION

Amman, Jordan, 3–4 November 2002

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1. INTRODUCTION

An informal consultation on healthy environments for children in the Eastern Mediterranean Region was convened on 3–4 November 2002 in the Regional Centre for Environmental Health Activities in Amman, Jordan. The objective of the consultation was to prepare conditions for fruitful and productive work by the task force on the Initiative on Healthy Environments for Children in the Eastern Mediterranean Region, with the aim of ensuring a sustainable healthy environment for children (HEC). The task force was established by the WHO Regional Director for the Eastern Mediterranean to guide the coordination process needed to map the priorities and guide the development of EMRO's action with the following terms of reference:

- identify regional priorities and issues for children's environmental health in the Region;
- develop EMRO's approaches for the initiative;
- develop an implementation plan for the initiative; and
- propose objectives and mechanisms for monitoring and evaluation of achievements.

The planning meeting was attended by five temporary advisers from Egypt, Jordan, Pakistan, Saudi Arabia and Tunisia. The meeting was also attended by a representative of WHO headquarters and by seven members of the task force on the initiative on healthy environments for children in the Eastern Mediterranean Region. In addition, the meeting was attended by the Deputy Regional Director UNEP/ROWA and the Regional Health Officer, UNICEF/MENARO. Two observers were also present. Mr Hamed Bakir and Dr Houssain Abouzaid served as technical secretaries for the meeting. The agenda of the consultation is given in Annex 1, the programme in Annex 2 and the list of participants in Annex 3.

Dr M. Z. Ali Khan, Regional Coordinator, Centre for Environmental Health Activities, welcomed the participants and briefly described the establishment of the initiative on healthy environments for children. He outlined the work of CEHA on healthy environments for children, especially the environmentally healthy school initiative in Jordan launched in 1996 and piloted by CEHA in three sites. Working tools, awareness and educational material had been developed to create healthy school environments and to impart healthy behaviours. Two AGFUND funded regional projects, with activities in 11 countries, had also been implemented to raise awareness of environmental health issues for women and children.

Dr Anna Verster, Director, Health Protection and Promotion, delivered a message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean. Dr Gezairy welcomed the participants and reminded them that the Regional Committee for the Eastern Mediterranean Region had discussed the subject of the health effects of environmental conditions. The proportion of burden of disease in the world, as expressed in disability-adjusted life years (DALYs), directly attributable to a degraded environment was highest among children; two-thirds of all environmental DALYs were lost by children aged 0 to 14

years, and over 40% by children below 5 years of age, who accounted for only about 12% of the world's population.

In fact, noted Dr Gezairy, some 4.7 million children died each year because of unhealthy environments. The major known risks included unsafe water supply and inadequate sanitation, indoor and outdoor air pollution, injuries and accidents, and vector diseases. Environmental risk factors often acted in concert, and their effects were exacerbated by adverse social and economic conditions, particularly poverty. The major health burdens in the adolescent years included violence, suicide, accidents and injuries, malaria and tuberculosis. Lifestyle changes and lack of physical activity combined with unhealthy dietary habits and tobacco use were increasing dramatically among children and adolescents, which strongly contributed to problems such as cardiovascular and respiratory diseases, as well as cancers in later stages of their life. Children in the countries affected by war and conflicts were not only suffering physically, and dying, they were also suffering mentally and psychologically, and this would have tremendous consequences for their psychosocial development and for national health and economic development. With proper support, children could acquire useful knowledge from participating in environmental activities and could contribute in a unique manner, with energy and vision, to finding solutions.

He said that the normative work of WHO in the area of environmental health had traditionally been based on the protection of the most sensitive population groups: children, pregnant women, the elderly and people with special needs. Children were particularly vulnerable to environmental hazards because they were constantly growing; thus consumed more food, air and water than adults did in proportion to their weight. Their central nervous, immune, reproductive and digestive systems were still developing. Their behaviour, such as their natural curiosity and lack of knowledge, were aggravating factors. Exposure to environmental risks at early stages of development could lead to irreversible damage.

Action needed to be taken to allow children to grow and develop to their full potential as healthy adults, and to contribute to economic and social development. Action must contribute to achievement of the Millennium Development Goals, whose targets included reduced child mortality and environmentally sustainable development. Appropriate management and care for illnesses in infants and neonates was also very important, as young children could die very quickly if an illness was not recognized. The Regional Office had already "put children first", giving children's health high priority and adopting an integrated strategy to achieve healthy life for children, the integrated management of child health (IMCI).

The Eastern Mediterranean was a young Region, noted Dr Gezairy, where children and adolescents constituted about 50% of the population and 16% was under 5 years. Children were the cornerstone in the sustainable development of any nation. Investment in their survival, protection, growth and development, good health and proper nutrition was the essential foundation for human development, within the context of religious teachings, traditions, values and cultures characterizing the Region.

The Initiative on Healthy Environments for Children: A Global Alliance on Children's Health and Environment had been announced during the World Summit on Sustainable Development (WSSD), and the theme for the 2003 World Health Day would be Healthy Environments for Children. Dr Gezairy explained that the Regional Office was developing the children's environmental health initiative in order to protect the children of the Region from the physical hazards in their environment, within the context of social, economic and behavioural determinants. The outcome was expected to be the creation of a concerted, popular, participatory and inclusive movement, supported by a global alliance of key institutions and organizations at the international level, and by alliances at the national and local level.

Dr Gezairy concluded by emphasizing that the full participation of the community in finding and implementing appropriate solutions for health and environment was always an important prerequisite for success. When the nature of the necessary environmental health activities permitted, adequate linkage should be established with the ongoing Basic Development Needs (BDN) activities at local level, to take advantage of their robustness.

2. OBJECTIVES AND METHODOLOGY

Dr H. Abouzaid, Regional Adviser, Supportive Environment for Health, WHO/EMRO

The aim of the informal consultation on children's environmental health in the Eastern Mediterranean Region was to prepare conditions for fruitful and productive work from the task force on the initiative on healthy environments for children in the Eastern Mediterranean Region, established for a period of one year to guide the coordination process needed to map the priorities and guide the development of EMRO's action. Since this was a planning consultation, no meeting officers would be selected and the meeting would be coordinated by the Director, Health Protection and Promotion.

Moreover, a large place would be given to discussion. In fact, the brainstorming among participants on priority issues for the initiative on healthy environments for children in the WHO Eastern Mediterranean Region, on approaches and action for the implementation of the Initiative and on partnerships and resource mobilization, including at country level, was the main reason behind holding the meeting.

The presence of representatives of UNEP and UNICEF and of a colleague from headquarters would provide the meeting with the global perspective on the matter. The need for an integrated approach to ensure healthy environments for children could not be overstressed.

3. TECHNICAL PRESENTATIONS

3.1 Literature on healthy environments for children in countries of the Region

Mr M. Malkawi, Technical Officer, CEHA

A regional bibliography of 304 records of published and refereed articles on children's environmental health was compiled from international and regional resources. Unpublished

reports, studies and conference proceedings were not included. In view of the lack of numerical data that describe the children's environmental health situation in the Region, bibliometric analysis was performed to help in identifying priority environmental health issues for children. The analysis focused on country and subject coverage of the bibliography. The bibliometric analysis indicates that:

- 28.3% of the published literature is related to accidents, injuries and poisoning;
- 20.4% of the published literature is related to heavy metals and other chemical hazards including lead; 52.5% of these sources concern lead, translating a clear focus on lead hazards in the Region;
- 17.5% of the published literature is related to environment related diseases;
- 14.7% of the published literature is related to water supply and sanitation;
- 7.6% of the published literature is related to air pollution; and
- 7.3% of the published literature is related to environmental health issues in general.

3.2 Healthy environments for children: presentation of the WHO global initiative

Dr J. Pronczuk, Children's Environmental Health, WHO/HQ

In both the industrialized and developing countries, the health of children is threatened by the disruption of their natural environment. The incidence of asthma, childhood cancer, low birth weight, traffic accidents, developmental disabilities, tobacco use and violence is increasing in many countries, as is that of overweight or malnutrition. These morbidities are linked, either directly and/or in combination with other factors, to environmental degradation. The environment may account for about one-third of the global burden of disease.

Children are acutely exposed to known chemicals (e.g. pesticides, pharmaceuticals, household products, carbon monoxide) and to a growing number of new synthetic chemicals, whose characteristics and effects remain unknown (e.g. persistent environmental contaminants, mycotoxins, phthalates, pesticide residues). Children are especially vulnerable to the acute, sub-acute and chronic effects of pollutants and physical threats (e.g. radiation, climate change) in their micro-environments and macro-environments. These threats to children's environmental health (CEH) demand urgent recognition, evaluation and action.

Children suffer disproportionately heavy exposures because they have a larger surface area to body weight ratio; higher metabolic rate; higher consumption of air, water and food per unit body weight; more rapid growth rate; slower rate of kidney excretion, unique exposure routes (transplacental and breast milk); unique behaviours and settings that increase exposures in some cases; and a longer "shelf-life", meaning more years to express disease.

The health, environment and education sectors are called to play a key, innovative role in the diagnosis, management and prevention of paediatric diseases related to the

environment. The healthy environments for children initiative (HECI) that was presented at the World Summit on Sustainable Development (August 2002) focuses on the importance of promoting healthy places and healthy behaviours. The health sector should contribute to international research, information dissemination, training and other essential activities aiming at the protection of children's environmental health and development.

3.3 Considerations for the development of national initiatives for healthy environments for children in the Eastern Mediterranean Region

3.3.1 Egypt

Dr S. Hendy, WHO Temporary Adviser

In 1995, the Ministry of Health and Population of Egypt, in collaboration with EMRO, issued a National Strategy for Health and Environment. In the strategy, the environmental problems were ranked. With support of WHO, the Ministry of Health and Population updated the national strategy and plan of action for Health and Environment, and released it in April 2001.

Public water supply systems covered about 95% of the population in 1998, including 90% through house connections and 5% through public sources. Intermittent water supply is common, with supply typically secured for a few hours per week. Water quality in rural systems needs improvement.

The coverage rate for sewerage is much less than for water supply. The indiscriminate discharge of untreated human waste into water bodies has created significant pollution problems with serious health implications, especially in rural areas where there are no appropriate sanitation systems.

Indoor air pollution is a common problem brought about by the prevalence of tobacco smoking. Particulate matters are the most common air pollutants in the atmospheres of the Egyptian urban and industrial areas. High levels of lead were recorded in the major Egyptian cities during the 1980s and 1990s. Lead was completely phased out from petrol distributed in Cairo, Alexandria and most of the cities of Lower Egypt in late 1997. Consequently, lead concentration in the atmosphere of Cairo city centre and residential areas has decreased markedly.

3.3.2 Jordan

Dr S. Kharabsheh, WHO Temporary Adviser

Jordan's population was estimated to be about 5.2 million in 2001. The population has doubled since 1980 and increased eight-fold since 1952. The age group under 15 years constitutes about 40% of the population.

Article 24 of the Convention on the Rights of the Child (CRC), which Jordan signed in 1990, stresses the right of children to a healthy environment with clean drinking-water and access to sanitary waste disposal. According to the Global Water Supply and Sanitation

Assessment Report, 96% of the Jordanian population has access to safe drinking-water (98% of urban and 85% of rural population). Universal sanitary means of excreta disposal has nearly been achieved (99% in urban areas and 97% in rural areas).

Jordan suffers from a real deficit in water resources. With the rapidly expanding population, annual demand on water exceeds available resources. The 1996 Jordan Living Conditions Survey (JLCS) found that 20% of households reported erratic water supplies, about 20% of households expressed concern about pollution in general, and about 55% complained about water and air pollution. The JLCS found also that 28% of the population reports being exposed to unacceptable levels of noise pollution in the home.

There is a high level of concern and commitment regarding basic environmental hazards, but awareness related to modern and emerging hazards is still growing. The major environmental risks which adversely affect the health of the Jordanian population, including children, include:

- Shortage of drinking-water resources;
- Poor sanitation and housing in urban slums, camps and underprivileged areas;
- Inadequate sanitary facilities at school environment, especially at public schools, in addition to overcrowding in many urban schools;
- Indoor pollution due to high prevalence of smoking among the population, in addition to pollution related to fuel combustion; and
- Rapidly growing traffic, which leads to increased outdoor pollution and accidents.

3.3.3 Pakistan

Dr S. Manzoor, WHO Temporary Adviser

A survey was conducted in one of the villages of Lahore, where reported cases of bone deformity of unknown origin were found. In a population of about 8000, approximately 38 cases were found, most of them with knee joint deformity, bowing of tibia, wasting of muscles, mottling of teeth, and malnourishment. Data showed high fluoride content and the presence of arsenic in water, with low calcium levels. Almost every child was malnourished. People were given health education to improve the milk intake and to use other sources of water. Physiotherapy and reconstructive surgeries have started.

3.3.4 Saudi Arabia

Dr M. Zahrani, WHO Temporary Adviser

The following environmental hazards rank top priority for children's health in Saudi Arabia:

- Injuries and accidents. According to a health survey conducted in 1996, 1.7 % of children under 5 years had serious accidents or injuries (mostly within homes)

- Lead poisoning from traffic and traditional cosmetics;

- Exposure to pesticides and chemicals;

- Food safety and hygiene; and

- Air pollution and asthma.

The Ministry of Health in Saudi Arabia is assessing the magnitude of environmental health risks to children and is working towards increasing people's knowledge of these risks.

3.3.5 Tunisia

Dr L. Karboul, WIIO Temporary Adviser

Atmospheric pollution is a major risk factor for acute and chronic respiratory disease. Outdoor air pollution is a result of traffic and industrial processes. Second-hand tobacco smoke is the main indoor air pollutant. Sulfur dioxide and combustion products from fuel are known to cause respiratory irritation and remain a serious public health problem.

Air pollution causes mucociliary clearance change, broncheal hyper-reactivity and immunizing changes. Association between air pollution and mortality in children is weakly significant; the relative risk of morbidity ranges from 1.1 to 1.5.

Timing of pollution exposure is very important and chronic air pollution is strongly associated with reduced ventilation, chronic obstructive pulmonary disease and perhaps, chronic air pollution also increases allergic disease incidence rates. Peaks of air pollution can enhance the severity of asthma and increase frequency of consultations and hospitalizations. A Tunisian study showed that respiratory symptoms are significantly more frequent in polluted zones. Respiratory disease outcomes of atmospheric pollution are unquestionable and preventive measures are needed to control air pollution.

3.4 Priority issues for WHO/EMRO initiative on healthy environments for children–environmental health aspects

Mr H. Bakir, Adviser, Rural Health and Environment, CEHA

The Plan of Action for Health and Environment in the Eastern Mediterranean Region stresses that throughout the Region, traditional environmental health hazards remain the primary source of ill health. These include unavailability of sufficient water supplies, biologically contaminated water, poor sanitation, indoor pollution and smoke, disease vectors such as mosquitoes, inadequate food supply and unsafe waste disposal, of which are usually associated with poverty and social exclusion. In addition, there is increased exposure to toxic chemicals, air pollution, and other modern and emerging risks.

Children's health problems resulting from these hazards are the cause of significant environmental burden of disease worldwide and a similar pattern is expected in the Eastern Mediterranean Region. Significant progress in reducing the environmental burden of disease can only be achieved through focusing on the key risk factors. The following environmental issues which affect children's health are proposed as priority issues:

- Household water security–water availability and quality;
- Hygiene and sanitation;
- Air pollution–indoor and outdoor;
- Disease vectors–malaria and schistosomiasis;
- Chemical hazards–lead poisoning and pesticides; and
- Injuries and accidents–home, schools, and traffic.

3.5 Priority issues for WHO/EMRO initiative on healthy environments for children–healthy lifestyle aspects

Dr S. Bassiri, Regional Adviser, Healthy Lifestyles Promotion, WHO/EMRO

Most of the countries of the Eastern Mediterranean Region are undergoing rapid changes in lifestyle and social conditions. The cause of change can be attributed to the consequences of rapid socioeconomic changes, including urbanization and globalization of media and economy. Mortality and morbidity due to communicable diseases are decreasing, and life expectancy is on the rise. At the same time, eating habits are changing. Sedentary lifestyles are becoming a way of life in the cities. Growing access to media and communication tools has changed living and entertainment habits all over the world, and the Eastern Mediterranean Region is no exception.

A number of countries in the Region suffer from prolonged existence of insecurity and armed conflicts, which have a profound impact on the ranking of risk factors. Political instabilities and tragedies witnessed in Afghanistan, Palestine, Somalia and south Sudan affect daily life of communities, especially children.

Five priority issues for the WHO/EMRO initiative on healthy environments for children were proposed to the consultation with respect to healthy lifestyles promotion: diet and physical activity, tobacco, injuries, oral health, and children living in countries in complex emergency situations.

Intervention at the level of the family and community is essential for prevention because the causal risk factors are deeply entrenched in the social and cultural framework of the society. Continuing surveillance of levels and patterns of risk factors is of fundamental importance to planning and evaluating these preventive activities. More health gains in terms of prevention may be achieved by influencing public policies in domains such as

environment, education, trade, food and access to pharmaceuticals, agriculture, urban development, and taxation policies than by changes in health policy alone. Countries need to address the challenge in the context of national economic development plans, as well as review the health systems, making them more responsive to the emerging health needs. Prevention and health promotion can reduce future burden of disease. For decades, health systems have been based on treating individual acute episodes of ill health; there is an urgent need to invest in preventive strategies for chronic diseases, and in population-based prevention programmes.

3.6 Priority issues for WHO/EMRO initiative on healthy environments for children–child health aspects

Dr S. Arnaout, Regional Adviser, Health of Special Groups, WHO/EMRO

Healthy children lead to healthy adults, and the health of children is one of the most important investments. In the development of policy, legislation, and regulation, the health of children should be one of the top priorities. Children's health may unwittingly serve as an environmental health sentinel for each society, as they are the first to manifest adverse responses to environmental exposures.

Data on environmentally-related children's health events are very important to identify the magnitude of the problem, monitor and evaluate the interventions and form the most convincing tool for decision-makers. Hence, data should be developed at regional and national levels.

Strong support should be provided to the health sector for raising the awareness of health professionals about environmental risk factors in children, helping to establish monitoring, surveying environment-related health events, developing response systems, and allowing the timely detection and management of paediatric disease outbreaks of environmental etiology.

The integrated management of child health (IMCI) can also include environment-related diseases, such as early detection and management of lead poisoning and prevention.

The following child health priority areas are proposed to the regional task force:

- Developing indicators and a common methodology for the assessment of the environmentally-related morbidity, mortality, and disability in children;
- Developing a glossary on children's environmental health (CEH);
- Developing an effective mechanism for harmonized data collection, including success stories of interventions;
- Preparing a training manual on CEH for primary health care workers;

- Preparing a training manual on occupational health problems affecting working children;

- Preparing and disseminating awareness materials for the children, parents and schoolteachers on CEH.

3.7 Priority issues for WHO/EMRO initiative on healthy environments for children–healthy settings for children (healthy schools, healthy communities)

Dr M. Sheikh, Regional Adviser, Community-based Initiatives, WHO/EMRO

The reasons and the mechanisms leading to inequalities in health have been frequently analysed. Evidence has shown that health, environment and poverty have strong linkages and are mutually reinforcing. For communities, as for families and individuals, life is a whole and not divided into "aspects" and "sectors". Health cannot be separated from other elements. Therefore, the right approach to health and environment matters is to be found within the totality of human needs. This is how "quality of life" can be understood and improved.

The WHO Regional Office for the Eastern Mediterranean is advocating a broader approach to health by promoting community based initiatives (CBI) on a priority basis. These initiatives include Basic Development Needs, Healthy Villages Programme and the Healthy Cities Programme, with a strong emphasis on the role and contribution of women and children as important stakeholders in integrated development process. The approach aims at achieving a better quality of life through an integrated bottom-up socioeconomic development process, offering practical methods for active community involvement, self-management and self-reliance, facilitated by dynamic intersectoral collaboration. The process produces a positive impact on health and environment by focusing on vulnerable groups, such as poorest of the poor, women, children and youth. The interventions are delivered in specific settings such as homes, neighbourhoods, schools, hospitals and communities at large.

Community based initiatives are under implementation in almost all countries of the Region at various stages of development. The assessment of these initiatives has demonstrated significant and sustainable improvements in health, environment and quality of life indices, particularly among women and children. CBI provides a very effective platform and mechanisms for the delivery of the messages and interventions related to health and environment of the children to promote healthy communities.

3.8 UNICEF perspective on the healthy environments for children initiative

E. Al-Nimah, Health Project Officer, UNICEF/MENARO

Under the Convention on the Rights of Child, children are entitled to healthy environments to live in. In order to design effective initiatives in healthy environments for children, the target age must be defined. The Region experiences political and military conflicts that have created a large refugee population, the majority of whom are children and women living in stressful settings. The healthy environment initiative should also cater for the needs of these groups.

Education is an essential tool for imparting healthy behaviours and for achieving real benefits from improvements to the environment in which children live. Raising the awareness of policy-makers and decision-makers, community leaders and family members and children of the environmental risks factors is essential. Information dissemination channels include mass media, traditional media, small media, innovative media and interpersonal communication undertaken by community organizations, health workers, schoolteachers, religious leaders and other people of influence. Existing initiatives should be reviewed and built on. The *Facts for Life* sourcebook has been effective for promoting children's well-being and should be used as a source for the initiative on healthy environments for children.

After having discussed all presentations, the participants were asked to provide a list of up to five top priorities for action in the area of healthy environment for children, as well as of related activities. The resulting information was discussed in a small group and priorities were ranked, based on the number of times they were mentioned by participants in the exercise. While the participants are well aware that this ranking cannot be taken too rigidly, it was still agreed that it is useful, particularly since the four top priorities came with overwhelming scores.

4. CONCLUSIONS

4.1 Priority environmental health issues for children in countries of the Eastern Mediterranean Region

The following environmental health issues are identified and ranked in order of priority for consideration in developing the regional initiative on healthy environments for children.

1) Water supply, hygiene and sanitation
2) Injuries (road and domestic)
3) Air pollution
4) Chemical hazards and poisonings
5) Food hygiene and safety
6) Lifestyles: diet and physical activity, oral health, substance abuse and tobacco, overuse of television and computers, and sedentary habits
7) Poverty, housing and shelter, and vector diseases
8) Noise pollution
9) Solid, industrial and health care wastes
10) Occupational health
11) School environment
12) Social environment
13) Environmental emergencies.

The priority environmental health issues were further clustered as follows.

Environmental media

- Unsafe water supplies and inadequate sanitation
- Air pollution
- Unsafe food (hygiene and safety)
- Noise pollution
- Inadequate management of solid, hazardous and health care wastes

Environmental settings

- Inadequate housing and shelter
- Unhealthy school environments
- Chemical hazards and poisonings
- Unsafe occupational environments

Injuries (road and domestic): unsafe homes, neighbourhood and communities

- Unfavourable social environment (including lifestyles, such as diet and physical activity, oral health, substance abuse and tobacco, overuse of television and computers, and sedentary habits)
- Unhealthy hygienic practices and inadequate excreta disposal

Driving forces (determinants, context or underlying conditions)

- Poverty
- Inadequate education (not only formal), knowledge and attitudes
- Disasters, natural and manmade
- War, conflicts, aggressions and foreign occupation

4.2 Approaches and action for implementing the regional initiative on healthy environments for children

The following implementation mechanisms and courses of action were identified as components of the healthy environments for children initiative for consideration by the regional task force:

1. Taking stock of ongoing work and building on existing initiatives and networks.

- Collect, classify and make available information on the work under way or completed within countries (surveys, research, studies, projects) of the Region.
- Make available to users in countries the literature and information on healthy environments for children.
- Identify and involve key partners early on (media, ministries of environment, NGOs, religious leaders, donors, etc.).

- Make use of existing regional and country initiatives and networks such as community based initiatives (Basic Development Needs, Healthy Villages, Healthy Cities), IMCI, poison centres, paediatric societies, etc.

2. Creating popular initiative and partnerships.

- Work for children and with children for a healthy environment.
- Convene a regional conference on healthy environments for children.
- Communicate as soon as possible the essential components of the initiatives to countries, for their views and early action.
- Involve NGOs (traditional, environmental, family planning).
- Mobilize traditional social security nets (*awqaf* and *zakat*).
- Establish partnerships with the private sector.
- Initiate national forums to develop national partnerships.

Within the context of creating popular initiative and partnerships, WHO may encourage and facilitate intersectoral collaboration in countries.

3. Consolidating and disseminating scientific knowledge.

- Develop a web-based information clearinghouse on HEC.
- Review accessible data sets and research and build a database for further analysis.
- Monitor indicators for children's environmental health and facilitate harmonized data collection.
- Compile country reports on the status of children's environmental health and publish them in English and Arabic.
- Introduce issues of HEC to the curricula for health professional education.

4. Promoting research and development.

- Encourage studies on environmental issues of concern to children's health, and establish mechanisms for cooperation, exchange of information, and technical support among countries in the Region.
- Identify appropriate mitigation and remedial measures, and develop intervention programmes for subsequent implementation.
- Allocate (rapidly) funding to research on healthy environments for children, within EMRO research activities.

5. Influencing policies.

- Focus on capacity building.
- Hold multisectoral workshops in countries to collect initial data and to mobilize partners.
- Conduct effective and well targeted public awareness campaigns and disseminate information through printed and audiovisual media, internet, and interpersonal communication (noting that illiteracy is hindering the access to information).

- Revise and establish standards and guidelines on environmental health issues that are specific to children.
- Make use of the World Health Day on healthy environments for children to promote the initiative at regional and country level.

6. Creating healthy settings for children.

- Create healthy environments for children (homes, schools, playgrounds, neighbourhoods, work places, refugee camps, etc.).
- Focus on vulnerable groups, hot spots and cost-effective interventions.
- Identify and focus on most critical risks, specifically those affecting children.

7. Supporting the health sector.

- Conduct training courses for health and environmental professionals to enable them to recognize, assess, manage and prevent environment-related diseases.
- Conduct education activities targeted at schools and the communities, with emphasis on families and care providers.
- Prepare briefings for the coming JPRM exercise to push forward the inclusion of HEC related activities in the collaborative programmes with Member States.

Annex 1

AGENDA

1. Opening

2. Overview of WHO ongoing work on Healthy Environments for Children

3. The Global Alliance for Action on Healthy Environments for Children

4. EMRO Initiative on Healthy Environments for Children, framework for the activities of the Task Force on the Healthy Environment for Children Initiative

    a. Priority issues for Healthy Environments for Children in the Eastern Mediterranean Region

    b. Considerations for the development of national Initiatives on Healthy Environment for Children

    c. Action for creating healthy settings

    d. Approaches for the implementation of the initiative

    e. Building regional alliance and linkages with global alliance

5. Closing

Annex 2

PROGRAMME

Sunday, 3 November 2002

08:30–09:00	Registration
09:00–09:30	Welcome and introductory remarks/ Dr M. Z. Ali Khan, Regional Coordinator, CEHA
	Message from Dr Hussein A. Gezairy, WHO Regional Director for the Eastern Mediterranean/ Dr Anna Verster, Director, Health Protection and Promotion
09:30–09:45	Objectives of the consultation and overview of environmental health issues/ Dr H. Abouzaid, WHO/EMRO; Mr H. Bakir, CEHA
09:45–10:15	The literature on healthy environment for children in countries of the Region/ Mr M. Malkawi, CEHA
10:45–11:15	Healthy environment for children: presentation of the WHO global initiative/ Dr J. Pronczuk, WHO/HQ
11:15–12:30	Considerations for the development of national initiatives for healthy environments for children/ Dr S. Kharabsheh, WHO Temporary Adviser, Dr S. Manzour, WHO Temporary Adviser, Dr M. Al Zahrani, WHO Temporary Adviser, Dr S. Al Hendy, WHO Temporary Adviser, Dr L. Karboul, WHO Temporary Adviser
13:30–14:15	UNICEF perspective on the healthy environments for children initiative/ Mr E. Al-Nimah, UNICEF/MENARO
14:15–15:00	WHO/HQ task force on healthy environments for children: achievements and future development and plans/ Dr J. Pronczuk, WHO/HQ
15:30–16:00	Environmental health aspects/ Mr H. Bakir, CEHA
16:00–16:15	Healthy lifestyle aspects/ Dr S. Bassiri, WHO/EMRO
16:15–16:30	Child health aspects/ Dr S. Arnaout, WHO/EMRO
16:30–16:45	Healthy settings for children (healthy schools, healthy communities)/ Dr M. Sheikh, WHO/EMRO

16:45–17:15	Discussion

Monday, 4 November 2002

09:00–10:00	Presentation and discussion of conclusions regarding priority areas for the EMRO initiative for health environments for children
10:00–11:00	Open discussion: approaches and action for the implementation of the regional initiative on healthy environments for children
11:30–12:00	Open discussion: partnerships and resource mobilization, including at country level
13:30–14:30	Presentation and discussion of the conclusions regarding approaches for the implementation of the initiative on healthy environments for children in the Eastern Mediterranean Region
14:30	Closing
15:00–16:00	First meeting of the task force on healthy environments for children in the Eastern Mediterranean Region

Annex 3

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