



REGIONAL COMMITTEE

Provisional Agenda item 15

*Sixty-first Session
SEARO, New Delhi
8–11 September 2008*

SEA/RC61/13

23 July 2008

REGIONAL INITIATIVE ON ENVIRONMENT AND HEALTH

WHO's global Strategy for Health and Environment was formulated in 1993 as a response to the mandate given by the Global Commission for Sustainable Development for WHO to be the task master for coordinating the implementation of Chapter 6 of Agenda 21, on human health. A regional strategy followed soon after and countries in the South-East Asia (SEA) Region embarked on preparing their National Health and Environment Action Plans (NEHAPs) to delineate national-level operational actions.

Since then, nine countries have prepared their NEHAPs and carried these through various stages of implementation. With partnerships for health development becoming ever important, it is timely that Member countries in the Region review the progress in implementing their NEHAPs and chart new ground by including newly formulated global developmental and environmental compacts such as the Millennium Development Goals (MDGs), and various other framework conventions that reflect new partnerships in environmental management and coordination.

This paper was submitted to the Meeting of the Advisory Committee (ACM) for its review and comments for consideration by the Sixty-first Session of the Regional Committee.

The ACM made the following recommendations:

Action by Member States

- (1) Increase financial resources for better environmental health;
- (2) Develop / update NEHAPs, including emerging environmental health issues;
- (3) Promote active participation of the private sector and of NGOs in environmental health programmes and compile success stories;
- (4) Promote healthy public policies; and
- (5) Collaborate with Technical Working Groups of the Regional Ministerial Forum for Environment and Health.

Action by WHO/SEARO

- (1) Assist Member countries in the review of NEHAPs;
- (2) Support Member countries to identify, address environmental factors and mitigate the adverse health effects;
- (3) Support research to assess risk factors and health impacts of global warming and climate change; and
- (4) Provide technical support and capacity building for health impact assessments, on strategies for healthy public policies and on the sound management of hazardous substances, including health-care waste.

The paper is now submitted to the Sixty-first Session of the Regional Committee for its consideration.

Background

1. Following the endorsement of the WHO Global Strategy for Health and Environment by the World Health Assembly in 1993, the Regional Strategic Plan for Health and Environment was prepared to give structure to the SEAR Health and Environment Initiative, as well as to the preparation of the National Environment and Health Action Plans (NEHAPs) of countries of the SEA Region. This was an attempt to address more effectively the complex, cross-cutting health and environmental concerns in the Region by the application of new approaches to planning that incorporated economic, social, environmental and health concerns into the broader sustainable development planning process.

NEHAPs

2. One of the most promising ideas for implementing the Health and Environment Initiative was the NEHAPs. This effort of preparing national plans of action for integrating health concerns into national sustainable development processes provided the leading edge. All WHO regions, including SEA, have grappled with this process. In the SEA Region, nine countries have carried out the exercise to date. Some NEHAPs have gained national recognition as part of local policy while others still await implementation by health sectors which must also advocate with other sectors as well. NEHAPs need to overcome the confines of the health sector concept and be seen as useful tools for development work in other sectors too. The health sector needs to find support from other sectors. Constitutionally, WHO already offers the promise of fostering well-being and health in the global community going beyond disease and infirmity. This implies WHO's willingness to work with others. Creating the desired awareness in others is still the responsibility of the health sector. Such advocacy is also increasingly fostered by current global concerns that cut across sectoral boundaries. Consequently, several high-level international conferences, compacts on global-level goals and multisectoral forums provide platforms for policy discussions that should inform collaborative action on the ground.

3. Subsequently, the SEA Region has made satisfactory progress towards integrated planning for health and the environment. Since 1995, nine countries in the SEA Region had prepared their National Environment and Health Action Plans (NEHAPs) after first engaging in a thorough situational analysis of national health and environment conditions for setting national EH priorities. These analyses had varied content in respect of their comprehensiveness, completeness and scope; the range of issues addressed; and the process followed in their preparation. Specific environment and health-related issues of significance differed from country to country, from urban to rural and from national to local, and among vulnerable or neglected/discriminated population groups, as did the policy and planning instruments, infrastructure, institutional arrangements and capacity to address these problems.

4. Despite the uniqueness of individual country situations, there emerged a number of issues and concerns which were common to virtually all countries in the Region, although the magnitude and extent of the problem differed. Key environmental health issues of importance included:

- Water and sanitation (particularly in rural areas and informal settlements on the urban fringe).
- Solid and hazardous waste disposal.
- Outdoor air pollution from vehicular and industrial emissions.
- Indoor air pollution from biomass-burning for cooking and heating.
- Food safety.
- Housing-related conditions in urban areas in particular.

5. In addition to targeting solutions for addressing these direct health concerns, several countries also identified the need to:

- Develop better policy and planning instruments.
- Improve regulatory and control measures, including legislative and economic instruments.
- Develop more comprehensive monitoring and surveillance systems.
- Devise better procedures for health risk and impact assessment.
- Improve implementation mechanisms and develop better means of evaluating these.
- Establish better training and awareness-raising programmes for the public, as well as for officials in different sectors

6. These same issues have persisted over the last decade, albeit with differences in degrees. This exacerbation in the issues relate primarily to the increase in urbanization, industrialization, transport, commerce and modernization. These social and economic factors have contributed to varying degrees of air, water and land pollution from industrial, municipal and hazardous waste. These issues stretch to the limit the management capacities of urban municipal authorities and even threaten the balance of the ecosystem. The inevitable consequences of greenhouse effect and global warming have now given rise to the new phenomenon of climate change that warn of colossal damage to the natural environment and human health.

UNCED and Agenda 21

7. National Environment and Health Action Plans were initiated in the wake of the UN Conference on Environment and Development (UNCED) in Rio de Janeiro in 1992 where the "Agenda 21" was promulgated by the Heads of State of all participating nations.

8. This Rio Conference was a ground-breaking event for the world in as much that it introduced the idea of sustainable development into the development lexicon and also triggered the beginning of partnerships among sectors as we now see it. This was also the event that put health at the centre of development. The first principle of the Agenda 21 enunciates that "human health is at the centre of concerns for sustainable development...". It was this platform that gave WHO the renewed mandate and the opportunity to advocate for the holism of health and also begin the search for partnerships to promote health. This idea of holism of health was not new to WHO. The definition of health in the Constitution of WHO clearly enunciates that

“health is the complete state of physical, mental and social well being, and not merely the absence of disease or infirmity”. This event in Rio in 1992 was a shot in the arm to this mandate 45 years later – perhaps as a reminder of a responsibility not heeded.

9. Thus, Chapter 6 of Agenda 21 on the concerns of human health and its relationship with the environmental risks brought into focus again the ideals of the public health paradigm. Agenda 21 put human health at the centre of concerns for sustainable development, and thus paved the way, by the inclusion of Chapter 6 on Human Health, for placing the relationship of the environment with health on the global development agenda. But the health sector, given the broader meaning being imputed to health, would not be able to address these concerns without the partnership or collaboration of other development sectors. Thus, agriculture, energy, water, transport and education are logical sectoral collaborators with health to ensure its holistic development. In fact, the idea that health may not be achieved by the provision of health services alone but by the management of the health risk factors in the environment began to be a much touted value statement within the gamut of healthy public policy.

10. In defining the implementation process for Agenda 21, the global Commission on Sustainable Development (CSD), in its distribution of responsibilities to various UN agencies, mandated WHO to be the task master on implementing the Chapter 6 (Promoting Human Health) of the Agenda.

11. The SEA Regional Strategy for Health and Environment promulgated later in 1993 followed on the heels of the Global Strategy for Health and Environment endorsed by the WHA in May 1993. However, serious work on promoting national Plans of Action in countries of SEA Region began in 1995. By 2004, nine countries have prepared their NEHAPs and were at various stages of being considered as national documents. Some have had these incorporated into their national Environmental and National Development Plans, such as in Bangladesh (National Environmental Management Action Plan), Nepal and Sri Lanka, while others have remained as purely health sector documents as yet not really shared with other sectors. However, some countries such as Indonesia and Thailand have even incorporated this into their national-level developmental agendas.

Change in the interim

12. Much has changed in the last decade-and-a-half since the UNCED. Two aspects are noteworthy. We have more awareness of intersectoral linkages to health and we observe more actions towards partnerships. In 2002, ten years since UNCED, the World Summit for Sustainable Development (WSSD) proceedings introduced a sea change by the inclusion of the health dimension in its discussions. Unlike the UNCED five years prior to it, which did much to highlight human health – flagged mainly in Chapter 6 of the Agenda 21 – every agenda item in the WSSD discussion sessions factored in the idea of human health. It highlighted the concept that the environment was indeed to be preserved and its conditions enhanced for the sole purpose of human “health” and well being. While UNCED did much to emphasize the health-environment-development linkage, the WSSD stressed the need for partnerships. The Health Linkage Programme and the Children’s Environmental Health Alliance (CEHA) were the two

most promising immediate outputs of this conference as far as WHO is concerned. Both are initiatives for inter-agency and intersectoral partnerships.

13. The concept of partnership was the defining theme of the NEHAPs. While the post UNCED process strived to get development sectors to work together, it was, however, not an easy behavior pattern to realize because of the past segmentation and specialization that was the hallmark of organizational structures, and working ethos across national development sectors. But health or any development agenda would not succeed without intersectoral partnerships due to the very multidisciplinary nature of development. No one sector owned the resources (mental and material) for holistic endeavours. Health development is one that fits very neatly into this dilemma. It needs the input of many parties.

NEHAP reviews in a new context

14. In WHO's 2008-2013 planning cycles framed along broad Strategic Objectives (SOs), this Health and Environment Initiative is on for review and revitalization. We will begin with the work done so far. The NEHAPs of the 1990s are still valid by its content, but more needs to come into it because of new health and other developments taking place in our societies. Globalization, MDGs and Climate Change agendas provide new scope for these initiatives. Before working on operational plans, we need to first see how broad a net we can throw on current health and environmental issues without compromising focus. Being broad in scope will provide greater leeway for inclusion and innovation – for countries to pick the priorities they would like to include into their subsequent operational plans of action.

15. Thus, the overall objective of this exercise, over this 2008-2009 biennium would be to:

- Review the existing NEHAPs for implementation progress over the past few years.
- Identify the gaps to bridge in the context of current and emerging Health and Environment considerations (such as globalization, achieving MDGs, Climate change and health etc.).
- Reassess and reincorporate partnerships that would address the needed issues.
- Prepare a revised set of NEHAPs for the medium-term action in our Regional countries.

16. The mechanism for doing this review would be as follows:

- (i) As was done at the first phase of preparing the NEHAPs in SEA Region (since 1995), this phase also would work through an agreement between the Ministry of Health and the Ministry of Environment for the integrated management of environmental health at the national level.
- (ii) Multisectoral technical working groups composed of representatives from various stakeholders (national government agencies, local government associations, the private sector, NGOs, academic/research institutions, media) working in the area of health and environment. Either the Ministry of Health or the Ministry of Environment, or both, would take the lead.
- (iii) Regular meetings of the Technical Working Group to:

- (a) Review the NEHAPs that already exist for gaps.
 - (b) Update environmental health country profiles and datasheets.
 - (c) Defining the priorities from reviewing the above profiles and sheets.
 - (d) Prepare the revised NEHAPs; including, budget, partnership responsibilities, and modality for partnerships in joint implementation by stakeholders.
 - (e) Obtain government endorsement of the new versions of NEHAPs.
 - (f) Identify an appropriate mechanism to facilitate the effective sharing of information between the health and the environment ministries and other collaborators in the implementation process.
 - (g) Implement NEHAPs and conduct monitoring and evaluation;
 - (h) Prepare regular reporting on the progress of NEHAPs implementation.
- (iv) Convene a National Forum on Environment and Health, involving the various stakeholders to review the development and implementation of the NEHAPs and periodically include into the emerging developmental issues.

New opportunities for inclusive NEHAP implementation

17. To operationalize these new NEHAPs that will emerge from the above exercise, we have an opportunity that is already happening.

18. In August, 2007, Bangkok hosted the first Regional Ministerial Forum for Environment and Health for the countries of South-East and East Asia. Inaugurated by Her Royal Highness Princess Chulabhorn of Thailand, the meeting was attended by the Health and Environment Ministers of 14 Association of South East Asian Nations (ASEAN) countries. The Regional Directors, Dr Samlee Plianbangchang (WHO South East Asia Region), Dr Shigaru Omi (WHO Western Pacific Region) and Dr Surendra Shrestha (United Nations Environment Programme, Regional Office for Asia Pacific, UNEP-ROAP) attended the meeting to steer the process. The meeting brought forth a Charter for Environment and Health in this Region, and the Plan of action for an Environment and Health Initiative (EHI), committing to the pursuit of a set agenda in six priority areas of environmental health concern (air pollution; solid and hazardous wastes; chemicals and hazardous substances; climate and ecosystem change; water quality and emergency preparedness). This was a landmark event in the political recognition of the importance of the burgeoning environmental concerns in our modernizing societies. From the SEA Region, Indonesia, Myanmar and Thailand were part of the grouping since they were members of ASEAN.

19. Six Thematic Working Groups (TWGs) – based on the six key environmental issues from climate change – were constituted to take forward the implementation of the workplans prepared for achieving select outputs in each of these areas of concern. WHO (SEARO and WPRO) and UNEP-Asia-Pacific Resource Center provided the technical backdrop for the preparations of the Bangkok Forum in August 2007, and from then on, and now, the Secretariat functions in facilitating the work of the six TWGs, the supporting Advisory Board and the high-level meetings that will oversee the total Initiative. The organizational structure of the

implementation process is through an annual Advisory Board meeting to which the heads of the TWGs are invited, and through the periodic meetings of the TWGs to discuss, share and review progress on its objectives in Member countries.

20. This is a viable approach that keep reviews the progress of actions of disparate organizations on these themes, in several countries (through a common website managed by the UNEP partner), and for reporting to the follow-up 2nd Regional Ministers' Forum to be held in 2010.

Recommendations:

21. To continue the Regional support to implement the Health and Environment Initiative begun in 2005, through:

- (i) Reviewing existing NEHAPs; this would require intersectoral participation at the national level – as was for the first-phase action of this initiative (at least the Health, Environment and Planning Ministries to be partners). WHO will facilitate and provide technical input.
- (ii) Reformulating NEHAPs, to include the issues in the present global environmental context in a globalizing world; this would require a national intersectoral technical committee to coordinate this. WHO will facilitate and provide technical input.
- (iii) Expanding the Regional Environment and Health Ministers' Forum (and its Environment and Health Initiative) to include Bangladesh, Bhutan, India, Maldives, Nepal, Sri Lanka and Timor-Leste (from WHO SEA Region) and Pakistan and Afghanistan (from WHO Eastern Mediterranean Region). This would be the extension of the WHO-UNEP South and East Asia segment of this Initiative that was unfurled in August 2007 in Bangkok. Including Pakistan and Afghanistan in it would mean its extension to a South and West Asia Initiative. Discussions are currently ongoing with WHO EMRO on the acceptability levels of this proposal. There is already tentative UNEP agreement to the proposal as indicated by Dr Surendra Shrestha, Regional Director, UNEP-ROAP during visit to SEARO in February 2007 and related discussions.