

REGIONAL COMMITTEE

Provisional Agenda item 10.1

Fifty-fourth Session

SEA/RC54/11

17 July 2001

**HEALTH AND ENVIRONMENT IN NATIONAL DEVELOPMENT:
REGIONAL PROGRESS AND PREPARATIONS FOR
RIO+10 CONFERENCE**

CONTENTS

	<i>Page</i>
1. <u>UNITED NATIONS CONFERENCE ON ENVIRONMENT AND DEVELOPMENT</u>	1
2. <u>WHO'S GLOBAL STRATEGY FOR HEALTH AND ENVIRONMENT</u>	1
3. <u>REGIONAL STRATEGIC PLAN FOR HEALTH AND ENVIRONMENT</u>	2
4. <u>HEALTH AND ENVIRONMENT: HISTORICAL PERSPECTIVE IN SEAR</u>	2
5. <u>DRIVING FORCES IN THE SOUTH-EAST ASIA REGION</u>	4
6. <u>PROGRESS OF H&E INITIATIVE IN SEA REGION: BROAD ASSESSMENT</u>	5
7. <u>PREPARATION FOR RIO+10 CONFERENCE</u>	8
8. <u>CONCLUSIONS</u>	9

1. UNITED NATIONS CONFERENCE ON ENVIRONMENT AND DEVELOPMENT

The growing concerns for human health and wellbeing were given a new prominence by the United Nations Conference on Environment and Development (UNCED) in Rio de Janeiro, popularly known as the **Earth Summit**, in 1992. UNCED made it clear that the health prospects of mankind depended on whether the natural and social environment were properly and sustainably developed. Health cannot be separated from a myriad of environmental elements as diverse as air and fresh water, poverty and urban concentration, chemicals and disease vectors, overconsumption and underdevelopment, technology and trade.

Focus on human beings

The goal of environmental strategies for health, as set out in the very first principle of the Rio Declaration on Environment and Development is clear:

Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.

Sustainable development was defined by the Brundtland Commission as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”. Sustainable development provides a conceptual framework addressing social, economic and environmental perspectives of development in an integrated and holistic way. It incorporates many elements, and all sectors, including the “health sector”.

Need for intersectoral action

Attaining the goal of healthy people in a healthy environment requires far more than the application of medical technology or even the total efforts of the health sector working alone. Integrated efforts by all sectors, organizations, individuals and community are required to make socioeconomic development sustainable and humane, ensuring a sound environmental basis for health.

Thus, appropriate development must occur in agriculture, industry and energy if sustainable health improvements are to be attained. Within such cooperative efforts, health workers have distinct leadership, advisory and support functions to perform.

2. WHO'S GLOBAL STRATEGY FOR HEALTH AND ENVIRONMENT

On the basis of the paradigm of Health-For-All, mandates of the World Health Assembly, findings and recommendations of the WHO Commission on Health and Environment, and the outcome of the Earth Summit, a WHO Global Strategy for Health and Environment (H&E) was formulated, which was endorsed by the World Health Assembly in 1993. The major interrelated components of the strategy are:

- An enhanced programme for the promotion of environmental health encompassing rural, urban and global environmental health holistically;
- An expanded programme for the promotion of chemical safety;
- Broader action and collaboration on matters affecting health and environment throughout WHO, and
- Stronger partnerships with other international and nongovernmental organizations.

3. REGIONAL STRATEGIC PLAN FOR HEALTH AND ENVIRONMENT

A regional strategic plan for health and environment for the WHO South-East Asia Region (1993) followed the global strategy. This plan, based on a broad assessment of environmental health conditions in the countries, provides a framework for supporting countries in addressing their specific health and environmental problems. The following four priority programme areas have been identified in the Regional Strategic Plan:

- Urban health management;
- Water supply, hygiene and sanitation (including food safety) in rural areas;
- Health and environmental aspects of water resources development, and
- Chemical safety.

Within the above priority programmes, emphasis is to be placed on

- Indoor and outdoor air pollution;
- Water quality;
- Food safety;
- Solid and hazardous wastes management;
- Noise control;
- Safe chemical use;
- Waste water reuse;
- Monitoring water supply and sanitation coverage;
- Personal environmental protection, and
- Radiation protection.

4. HEALTH AND ENVIRONMENT: HISTORICAL PERSPECTIVE IN SEAR

In 1977, the World Health Assembly adopted the social goal of **Health-for-All (HFA) by the year 2000** with primary health care (PHC) as the key approach. Its focus on health and environment encompassed water supply and sanitation, air quality, food safety, housing, safe use of chemicals and occupational health. Following the global strategy for Health for All, the regional strategy was also adopted and the same was adapted by the Member Countries as per their conditions. Successive evaluations of HFA have shown a progressively increasing coverage of population by safe water supply, basic sanitation etc. However, with growing poverty, urbanization and modernization of agriculture, the record in respect of the remaining elements of health and environment as per the PHC approach remains mixed.

While the key elements of health and environment of HFA remain intact, the **Renewal of the Health for All Policy**, which was recognized by the World Health Assembly in 1998 as the guide for future health policy development, stressed upon the links between health and development. Combating poverty, promoting health in all settings and within all sectors, incorporating health in sustainable development plans and governance to ensure that health is central to development acquired prominence in the renewed policy.

The themes for the **World Summit for Social Development**, held in 1995, namely, poverty alleviation, employment generation and social cohesion – were substantially captured by the Renewal of the Health for All Policy.

The above welcome shift has since been pursued under the umbrella of **Health in Sustainable Development**. The role of health in poverty reduction is being increasingly acknowledged by the countries of the Region and their development partners such as the World Bank. Many countries are now receiving large World Bank group assistance for their health sector projects and programmes, with particular attention to the needs of the poor and the vulnerable and the demands of the environment. Interlinkages between health and environment are also being increasingly appreciated at all levels. The emphasis now is on addressing the driving forces of population growth, rapid urbanization and widespread poverty that are responsible for environmental risks and hazards to human health.

The Ministers of Health of the countries of the South-East Asia Region deliberated upon Health in Development during their meeting in 1995. A monograph on Poverty and Health in the perspective of the regional issues was the product of these deliberations. The evidence-based finding of this publication that macro economic policies must ensure that economic growth and social development should proceed together has influenced national policies in varying degrees.

The Health Ministers adopted the Declaration on Health Development in the South-East Asia in the 21st Century in 1997, which enhances the place of health in development. This Regional Health Declaration is to serve as the basis for future health development in the Member Countries. The Declaration is founded on the principles of human rights, equity, social justice and the centrality of health to sustainable development. It identifies the challenges of inequities in health, creating an enabling environment for health, and ensuring basic health services to all – particularly the poor, women and other vulnerable groups. The Health Ministers recognized “the close inter-relationship between poverty and ill health” and committed themselves to “addressing the health needs of the poor as a matter of the highest priority.” The Declaration also enunciates policy actions to meet these challenges. While this Declaration has been followed up in the subsequent meetings of Health Ministers and other policy-level intercountry meetings, the incorporation of its principles and policy actions into national development plans has proceeded according to the planning cycles and conditions of the Member Countries.

In the framework of Agenda 21 and the World Summit for Social Development, efforts have been made from 1996 onwards to involve the parliamentarians of the Member Countries in health development in the perspective of sustainable development. Regional Conferences of Parliamentarians have been held on “Health and Development”; “Women, Health and Environment”; “Economic Crisis and its Impact on Health”; “Health of the Vulnerable Populations”; and “Impact of Tuberculosis and Malaria on Poverty”. These have served to enhance the advocacy for intersectoral policies, programmes and actions that are required for health development, particularly that of the poor and the vulnerable groups. While the

impact of these efforts can be seen now and then from the debates within and outside parliaments, it has not been possible to make any quantitative assessment of their outcome.

Public Health in South-East Asia in the 21st Century was the theme of a high-level intersectoral conference that was held in Calcutta in 1999. While taking stock of the health gains and the unfinished agenda in the 21st century, the participants committed themselves “to the goals of poverty alleviation, equity and social justice, gender equality and universal primary education, which are all essential elements in the pursuit of health for all”. The Conference achieved its objectives by successfully advocating the importance of public health in national socioeconomic and political development.

5. DRIVING FORCES IN THE SOUTH-EAST ASIA REGION

The countries of the South-East Asia Region not only face the double burden of traditional and modern environmental risks and hazards to health, the strength of the **driving forces** is rather overwhelming, as briefly analyzed below:

Population

The population of the Region was estimated to be nearly 1.5 billion in 1998. Three countries in the Region (India, Indonesia and Bangladesh) are among the ten most populous countries in the world, and account for 88.3% of the Region’s population. At present, India’s population at over one billion is second to that of China. According to UN projections, this will reach 1.53 billion by the year 2050, and thus India will be the most populous country in the world.

The South-East Asia Region is the most densely populated Region in the world – 5% of the global land mass supports 25% of the world’s population. The population density of the Region, in 2000, at 221 persons per sq. km. was almost five times the global figure of 45 persons per sq.km. Bangladesh (866 persons per sq.km.) and Maldives (909 persons per sq.km.) are the most densely populated countries in the Region.

Urbanization

The percentage of the population residing in urban areas has increased dramatically in all countries of the South-East Asia Region. For example, the urban population in Bangladesh increased from 4.2% in 1950 to 18.3% in 1995, and is expected to reach 40.6% by the year 2030.

In 1950, of the large cities in the Region, only Kolkata (Calcutta) was included in the 15 largest agglomerations in the world. In 1995, Mumbai (Bombay) and Delhi were added to this list. Now, Dhaka is also among the 15 largest agglomerations in the world.

In 1995, there were 14 mega-cities in the world, with a population of 10 million or more, of which 10 were in less developed regions. Three of these (Mumbai, Kolkata and Delhi) were in this Region. Mega-cities in the less developed regions of the world are growing faster than those elsewhere and are expected to continue to do so until 2015. Population projections indicate that by the year 2015 there will be 26 mega-cities. Of these, 22 will be in the less developed world and six in the South-East Asia Region (Mumbai, Kolkata, Delhi, Hyderabad, Dhaka and Jakarta).

Poverty and Inequalities

Though one-quarter of humanity lives in South-East Asia, the Region accounts for about 40% of world's absolutely poor. As per the World Development Report, 1999/2000, the percentages of population living in poverty in the countries of the Region were as follows:

Country	Survey year	%age below national poverty lines
Bangladesh	1995-96	35.6
India	1994	35.0
Indonesia	1990	15.1
Nepal	1995-96	42.0
Sri Lanka	1990-91	35.3
Thailand	1992	13.1

While the incidence of poverty in Indonesia and Thailand is generally believed to have increased in the wake of the recent economic crises, the point to be noted is that even when the percentage of population below the national poverty lines has been slowly falling in other countries, the number of people below the poverty line is on the rise.

As per the report on Human Development in South-Asia (1997), the Region is not only the most impoverished one, but has the worst forms of gender discrimination, which is reflected in the sex ratios and longevity of men and women that are contrary to biological factors and worldwide position. A study in India showed that female infants were almost twice as likely to die by the age of two as were males, and concluded that the most likely explanation was the different behaviour of families towards male and female children, not biological differences. Another report concluded that the death of one out of every six female infants in India and Bangladesh was due to neglect and discrimination. Studies in Bangladesh found that boys under 5 years of age were given 16% more food than girls of the same age. Additionally, evidence is mounting that adolescent and adult women may not receive an appropriate proportion of available food within the family.

6. PROGRESS OF H&E INITIATIVE IN SEA REGION: BROAD ASSESSMENT

The goal of the Health and Environment initiative is to help countries incorporate health concerns in their sustainable development efforts. Since the formulation of the Regional Plan of Action for Health and Environment in 1993, a significant effort has gone into assisting the countries of the Region in preparing their national Plans of Action for Health and Environment. Seven countries have so far completed their national plans of action: one more will join this group by the end of 2001. These plans are based upon a situation analysis on health and environment in the countries. The plans have been developed through intensive intersectoral deliberations and consultations and the priority areas have been identified jointly. The focus is on water supply and sanitation, air pollution, food and chemical safety, hazardous waste management and occupational health. At the same time, local action plans in the form of Healthy Cities are progressing in many countries.

While the national health policy and plan incorporate the health and environment action plan, its integration into the overall national socioeconomic development plan is at varying stages in different countries. The environmental sector is fairly closely associated with the health and environment action plans.

A review of the national health and action plans of the countries reveals that:

- While awareness of health risks and hazards to health has generally increased across the sectors and much has been achieved in respect of coverage of population by safe drinking water supply and basic sanitation, both in rural and urban areas, much more remains to be done in respect of food and chemical safety, management of solid and hazardous waste disposal and occupational health.
- Even in the area of water, management of water resources needs considerable improvement in order to ensure that the health risks of irrigation canals and drains, hydroelectric projects etc. are minimized.
- The organizational structure of the planning ministries/commissions are divided on sectoral lines. For example, in the Planning Commissions of India, Nepal and Bangladesh, there are members in charge of health, energy, industry, agricultural and rural development. These members have their own staff of advisers. Not infrequently, the different divisions work on their own with their respective line ministries. Such an organization is not conducive to intersectoral planning for sustainable development.
- With the growing role of the private sector in social as also in economic, infrastructural and services sectors of the economy, the planning process needs different approaches to cover the private sector also. For example, while the topical theme of public-private mix in health care has been debated for well over a decade, the planning process in many countries has not been able to come to grips with the growing private sector in health care. Similarly, the growing role of NGOs and the imperative need for public participation and decentralization has to be reckoned with by the planning process and machineries at national, provincial and local levels.
- For different reasons, many a time, though coherence of policies and programmes is regarded as very important, the planning ministries/commissions tend to be overly concerned and occupied with just the allocation of financial resources amongst various sectors. Not only are the resources available with the private sector and the people not fully taken into account, intersectoral coordination to ensure maximal growth and benefits to the people often takes a back seat.
- Planning for development must continue to be a top-down centralized mechanism even though the need for decentralization is increasingly acknowledged. It is realized that above all, political will is required for empowering local bodies to properly assume responsibility for fostering health and environment in the perspective of sustainable development.
- In spite of a lot of evidence to the effect that investment in health is justifiable on financial and economic considerations, health still continues to be perceived in some quarters as a consumption expenditure. For one reason or the other, the ministries of health and environment have been under-valued, just as health and

environment investments, notwithstanding the fact that these ministries have a key role to play in sustainable development. Health and environment ministries often suffer from low budget and have little influence over economic development decisions. These problems have been compounded by divisions of responsibilities, with health and environment issues splitting between separate ministries that have not infrequently done little to coordinate their activities. Much more could be done at the national level if ministries of finance, housing, transport, energy, agriculture and industry work closely with health and environment ministries. Joint programmes could be planned on, for example, housing that provides better shelter, land planning that ensures that people are not exposed to pollution, food production that aims at good local nutrition and work place that promote health and safety.

- While national planners view health and environment improvement as a social imperative and indispensable for sustainable development, arguments have often erupted concerning the right balance between the allocation of resources for environment and health on the one hand, and for economic growth (life-style enhancement) on the other. This is despite the fact that there is scientific evidence to show that progress towards any development goal is hampered when the population suffers from ill-health and life-support-systems are degraded.
- To meet environmental risks caused by pollution and industrial waste as also to ensure occupational safety, appropriate laws and their effective enforcement are necessary. While laws, rules and regulations, norms and standards in respect of drinking water, air, industrial waste and effluents are more or less in place in most countries, the enforcement machinery has a lot of room for improvement. Even the laws and regulations need a review in order to meet the demands of changing conditions. However, such a review must be accompanied by strengthening of the machineries for their proper enforcement.
- It has been increasingly realized that besides coping with the environmental risks of drinking water supply, air pollution, soil degradation etc., there is a need for “upstream thinking” in order to effectively tackle the root causes of downstream environmental risks to health. If the rate of economic growth of some of the countries is to be sustained, it is necessary that they start seriously addressing issues related to the changes in their consumption and production patterns. It is time now for them to avoid the types of unsustainable consumption patterns, obtaining in the advanced countries, which are creating environmental health problems globally. The driving forces of rapidly increasing populations, unmindful industrialization, ill-planned urbanization and poverty need to be addressed. This will require coordination among high level policy and decision-makers and development of synchronized national policies, implemented through jointly developed and coordinated programmes and projects. This alone will take environmental degradation and the risks that they posed to human health and sustainable development. For example, deforestation needs to be urgently prevented and programmes for reforestation implemented if desilting of rivers, flooding, soil erosion and desertification are to be checked and these processes reversed. Above all, poverty and inequalities, particularly gender discrimination against women, need to be holistically addressed on a war-footing, as poverty and inequalities not only have severe consequences for health and environment, but strike at the basic tenets of human dignity, which is the subject matter of all development.

- Inadequate data on health and environment as also the lack of capacity for health impact assessment of development projects in other sectors significantly come in the way of implementing the health and environment initiative. National capacities for compiling and analyzing and using data on health and environment and undertaking health impact assessment of all major development projects need to be strengthened. Environmental health indicators, from which local and national agencies can select those most relevant to their priority health-and-environmental issues, need to be urgently developed. These indicators can be applied to different levels of health-and-environment cause-effect framework. Natural and man-made disasters often have serious implications for human health as also the environment. When health and environment are undermined, the sustainability of development is compromised. Hence the need for integrating health and environment concerns in national disaster management plans of action.
- While concerned with ways in which the environment, when mismanaged, can damage health, thinking should also start in terms of environment, which is “supportive” of health – exerting a positive influence in much the same way as a healthy diet. A “supportive environment” for health is free from major health hazards, satisfies the basic needs of healthy living, and facilitates equitable social interaction. “Supportive environment” encompasses the local community, homes, workplace and playgrounds. In accordance with this “settings” approach, programmes have been developed in a number of countries of the Region to promote healthy cities. This initiative can move forward and make a significant contribution to health and sustainable development, provided intersectoral planning at the municipal level takes place and is supported by intersectoral action for implementation with adequate funding.
- While the fundamental distinction between health and health care must be fully appreciated by all concerned, ministries of health and their various organizations and institutions must go beyond their sole concern with curative health. The highest priority needs to be urgently given to public health and health and environment in the agendas of ministries of health. Health as also health and environment plans of action often suffer from inadequate funding. There is an urgent need, therefore, to allocate larger resources to these vital areas of sustainable development from public, private and external resources. As a matter of fact, external assistance can, to a certain extent, cut across national sectoral boundaries and set in motion a process of coordinated planning, programming and project implementation process.

7. PREPARATION FOR RIO+10 CONFERENCE

The UN Commission on Sustainable Development has stressed the importance of early and effective preparations for the 2002 review and assessment of progress in the implementation of Agenda 21 and of other outcomes of the United Nations Conference on Earth and Development, to be carried out at local, national, regional and international levels by governments and the UN system, so as to ensure high-quality inputs into the review process. The Fifty-fifth Session of the General Assembly has decided to organize the review at the Summit level, which will be held in September 2002 in Johannesburg, South Africa and will be called the “World Summit on Sustainable Development”.

The Assembly underscored that the Summit and its preparatory process should ensure a balance between economic development, social development and environmental protection as interdependent and mutually reinforcing components of sustainable development.

The Commission on Sustainable Development has already invited all governments to undertake national review processes as early as possible. It is presumed the process is under way in the countries of the SEA Region. It is time for the ministries of health to become active partners in this review process. It is an opportunity to highlight the contribution of health to economic growth as also to poverty alleviation. Similarly, it is an opportunity to highlight and advocate that many of the key determinants of health and diseases – as well as the solutions – lie outside the direct control of the health sector, in sectors concerned with environment, water and sanitation, agriculture, education, employment, urban and rural livelihoods, trade, tourism, energy and housing. Addressing the underlying determinants of health is key to ensuring sustained health improvements and ecologically sustainable development. If this opportunity is missed, a similar one may not be available in the near future.

8. CONCLUSIONS

- (1) Much has been achieved in the countries of South-East Asia in advancing health and environment in national development. But, it cannot be denied that a lot more needs to be done in order to secure sustainable development.
- (2) The awareness regarding health and environment, which has been created since the Rio Declaration in 1992, should be used as an opportunity to place health at the centre of development, create an enabling/supportive environment for health and for sustainable development.
- (3) As the environmental risks and hazards, both traditional and modern, to health have their root causes in the driving forces of ever increasing population, rapid and unplanned urbanization and widespread poverty and inequalities, the focus should henceforth increasingly shift to tackle these driving forces, as only then the risks and hazards pertaining to water supply and sanitation, pollution of air and earth, deforestation and desertification would be tackled effectively. However, in the immediate perspective, issues of universal access to safe drinking water and basic sanitation will have to be handled as their health consequences are severe.

The ministries of health should play a leadership role in focusing the attention of the national planners and decision-makers on the said driving forces, so that a higher priority is assigned to tackling the same in the national development policies and plans and mechanisms are set in place to implement the projects and programmes for their appropriate control and regulations.

It needs to be realized by all concerned that in the long run, and even in the medium term, there is no conflict between environmental protection promotion and health development on the one side, and economic growth on the other: promotion of environment and health is essential for sustainable development.

The welcome focus on poverty reduction as the overarching goal of development partners, such as ADB, should be maximized for accelerating health development, particularly of these forces. The contribution of health development, particularly of the poor

and the vulnerable, to poverty reduction should be highlighted in the context of the multi-dimensional nature of poverty (as opposed to income poverty).

The opportunity to prepare for Rio+10 at the country level must be seized by the ministries of health to ensure that the place of health in sustainable development is fully appreciated by national planners and decision-makers. This, in turn, would enhance the place of health in regional and global developmental agendas.

Political commitment and enhanced image and standing of ministries of health and environment is indispensable for accelerated progress towards Rio+10.

Progress should now be from rhetoric to a concrete mechanism for intersectoral planning and implementation with adequate funding.