# Environmental Health Update
Sustainable Development and Healthy Environments

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Highlights

- Focus of the Month
- SDE News
- EH News
- Visits and Missions
- Publications and Learning Materials

## Focus of the Month

### Healthy settings: Back to the basics

The timeliness of the "healthy settings" concept is being proven time and again. For WHO, the realization regarding "healthy settings" began in the early 1980s when we grappled with ways of injecting health innovation into our programme development work in order to enable the drastic preventive and public-health related measures that needed to be taken.

As we all know, the concept of primary health care (PHC), which originated in 1978, ushered in a new wave of strategies that focused on simple but effective approaches to the continuous and unrelenting scourge of communicable diseases, even as communities in both the developed and the developing world began to feel the effects of noncommunicable diseases. Some called this a double-burden within an epidemiological transition. The PHC approach, with its goal of Health for All promulgated at Alma Ata in 1978, pushed for a closer link between management of health programmes and active inputs from the very communities where people lived and worked. It is in these settings that the health of the vastly spread-out rural communities was neglected, and where primary prevention and PHC were most needed.

On another plane, while the primary nature of care was being emphasized and PHC was being pursued, there also was an increasing awareness that health programmes carried out by the health sector could not meet the complex health challenges that existed in these vast communities. It became clear that achieving health was a multifaceted task and that many risks to health were to be found in situations outside the control of the health sector. Indeed, health is everybody's business! Thus was born the idea of public policy for health – a notion that called for health-related policies for every development sector. The term "healthy public policy" was coined at the 1986 Ottawa Conference in Canada the idea was presented as the backbone of an operational approach known as "healthy cities".

The city, as a geographical entity was a location and a context that was just right to enable efficient and effective collaborative action to achieve the goals of community-level aspirations. It was specifically local-level initiatives that were needed to bring together various players in the community to look at health as a holistic entity. Centrally controlled operations could never do that. Even if they could in the short term, sustainable systems would only work when those who benefited from the services were involved in their planning and execution. It was against this backdrop that the notion of "healthy settings" was born.

Since the historic in Ottawa Conference, healthy city programmes have flourished – first in European cities, where the needed city infrastructure and community action were well institutionalized. Later these programmes spilled over to other regions of the world, including ours, where people grappled with the concept to adjust it to their local conditions. For the past decade or so, countries of our Region have been experimenting with this approach and have learnt many lessons. In a region where community self-help goes back generations, this has been a nostalgic return to a familiar practice, one which

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unfortunately has been slowly dismantled with the advent of the market economy and the long hand of the central government. Thus, implementing effective and sustainable healthy settings programmes involved rebuilding and re-energizing community values and structures that support community ownership and self-identity.

Unfortunately, however, our communities found this task most difficult to achieve because it meant overcoming internal political rivalries and social rifts to see beyond selfish interests and espouse the community's collective strengths. Despite such constraints and divisions, the community did achieve success in cases where it pulled itself together as a cohesive whole. Transparent management and visionary leadership that engendered the trust of the people were important features contributing to success. But it is difficult to sustain the success when the politics of nations is involved. However, being local initiatives, there is no doubt that healthy settings programmes stand to benefit from the burgeoning trends of decentralization in countries of our Region which if espoused in a true democratic spirit, will provide the local-level independence that these initiatives

need for their survival and sustainability. In fact, healthy settings is a timeless concept and its versatile processes are available for local leaders to improve the health of their communities.

WHO's role in health development is primarily that of building capacity, and this role is being aptly fulfilled by seeking to build the critical mass of healthy settings practitioners in Member countries of our Region. It is they who will creatively engineer this community health development process.

# SDE News

## Maldives hosts first Regional Training for Healthy Settings Coordinators

WHO/SEARO's first Intercountry Workshop for Healthy Settings Coordinators was held at the Faculty of Health Sciences (FHS) in Malé, Maldives, on 13-15 November 2007. The workshop marks the beginning of a process of developing a critical mass of programme coordinators for managing local-level healthy settings programmes in SEAR countries. It used instruction through six modules[1] on programme management concepts and practice to orient participants on conceiving, planning and implementing future sustainable healthy settings action. These managers are expected to transfer this knowledge to orient other local-level health programme managers in their home countries for generating the kind of comprehensiveness and sustainability that community health development projects need. Through a sharing of their experiences and lessons learned from existing national healthy settings actions, participants from Bangladesh, Bhutan, India , Maldives, Nepal, Sri Lanka and Thailand brought a wealth of information for further improving the content and delivery of the teaching modules. For details contact Dr A. Sattar Yoosuf at yoosufa@searo.who.int.

[1] The six modules were on; Introduction to Health and Development; Healthy Setting Concepts and Practice; Health Promotion Concepts and Practice; Introduction to Program Planning, and Management, Leadership, and Team-building; Good Governance Principles and Practice; Approaches to Resource Mobilization for Healthy Settings.

## WHO Bi-regional Workshop promotes options for strengthening occupational health and safety

WHO Regional Offices for South-East Asia and the Western Pacific Regions organized a Bi-regional Workshop on strengthening Occupational Health and Safety in Kuala Lumpur, Malaysia, on 12-14 November 2007. It discussed options for moving forward the recently formulated WHO Global Plan of Action on Workers' Health 2008 2017[2], in the light of a review of the progress in implementing the SEA "Regional Framework for Action for Occupational Health: 2006-2010" that was formulated in 2005, and agreed on specific actions to be taken for 2008-2009 by national authorities, regional partner agencies and collaborating institutions. Other highlights included a review of the use of asbestos and related health problems, and review of regional experiences in developing basic occupational health services. It is noted that countries of the South-East Asia Region lost over 8 million Disability Adjusted Life Years or DALYs (about 27% of the global total) and had the highest burden of disease attributable to occupational factors. For details, contact Dr Habibullah Saiyed at saiyedh@searo.who.int.

## "Control Banding" – a good option for reducing workplace exposure to chemicals

WHO-SEARO organized a regional consultation on reducing workplace exposure through risk management toolkit in Chennai, India on 19-22 November 2007. The meeting reviewed implementation experiences from several countries (both developing and industrialized) to identify success factors and potential barriers. This information would be used as input for formulating an effective SEA Regional implementation strategy. The meeting specifically reviewed the use of an approach known as the "Risk Management Toolkit" (RMT) or "Control Banding", which the UK and several other industrialized countries have used effectively to control workplace exposure to chemicals. This is an approach that utilizes information that is readily available to users from the suppliers of chemicals. With this information, the workplace managers can take practical and effective exposure reduction controls by following a series of simple steps. The advantage here is that the process does not demand the use of expensive on-site technical experts and exposure measurements. The meeting discussed ways of adapting the toolkit for Regional use and next steps.

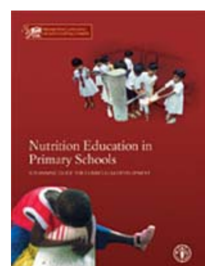
*According to the World Health report 2002, over 1.5 million DALYs were lost due to occupational exposure to chemicals and respirable dust particles in SEAR countries.* Exposure occurs mostly in small- and medium-sized factories. Traditional methods of workplace exposure control consists of risk assessment through measurement of the chemicals/dust in the work environment combined with characterization of toxic properties of the hazardous substance, followed by identifying proper application of the appropriate control technique. Such technical expertise is not available to small- and medium-sized entrepreneurs. For details contact Dr Habibullah Saiyed at saiyedh@searo.who.int.

[2]Workers' health: global plan of action. Available at http://www.who.int/gb/ebwha/pdf_files/WHA60/A60_R26-en.pdf .

# EH News

## Nutrition education in primary schools: A planning guide for curriculum development

FAO has released a new comprehensive guide for curriculum development addressing nutrition education in primary schools. Nutrition in primary schools is an effective way of promoting good nutrition. Teaching nutrition in schools can help reduce the costly impact of nutrition-related diseases in future generations.




According to WHO, globally 1.6 billion adults are overweight and at least 400 million are obese. Two out of three overweight and obese people now live in low- and middle-income countries, with the vast majority in emerging markets and transition economies. Educating school children in healthy nutrition is one of the most effective strategies for overcoming malnutrition and chronic diet-related diseases. According to FAO, it is not the quantity but the quality of a diet that has a critical effect on children's growth, health and learning capacity. Eating is not just a biological process; it depends on learned habits and perceptions, on the cultural and social environment. This is why nutrition education is so important.

Good nutrition education can make children aware of how to achieve a nourishing diet with limited means; how to prepare and handle food safely and how to avoid food-related risks. As future parents, they will know about the benefits of breastfeeding and complementary feeding and be able to educate their children to follow a diet that is well balanced and of good quality. The guide is available at the link http://www.fao.org/docrep/009/a0333e/a0333e00.htm.

## 2.6 billion are waiting to use the toilet! The 2008 International Year of Sanitation officially launched

The United Nations officially launched International Year of Sanitation (IYS) on 21 November 2007 to accelerate progress for 2.6 billion people worldwide who are without proper sanitation facilities. According to the UN, every year inadequate water, sanitation and hygiene contribute to the deaths of 1.5 million children. Sadly, 2.4 billion people lacked access to adequate sanitation in 2003 and the figure has risen to 2.6 billion today. The IYS will include major regional conferences on sanitation as part of capacity building initiatives, including one that will focus on school sanitation. It will also encourage public and private partnerships, to help tap into the comparative strengths of each sector to accelerate progress, advocate and raise awareness on sanitation, leverage additional funding and develop country-level road maps. Further details are available at the link http://esa.un.org/iys/.

As part of the IYS efforts, the Water Supply and Sanitation Collaborative Council (WSSCC)[3] has developed a set of advocacy materials its new campaign, entitled Water, Sanitation and Hygiene for All (or WASH), it addresses the current water and sanitation crisis. It includes posters, postcards and stickers. The core message of the new WASH campaign is "Hurry up! 2.6 billion people lack access to adequate sanitation". These advocacy materials could be used to sensitize national and local decision-makers responsible for water and sanitation issues. These are available at http://www.wsscc.org/en/resources/advocacy-material/index.htm. For further details, email wsscc@who.int.

[3]WSSCC is a Collaborative Council existing under a mandate from the United Nations. This council is governed by a multi-stakeholder steering committee elected by the Collaborative Council's members, combining the authority of the UN with the flexibility of an NGO and the legitimacy of a membership organization. It focuses exclusively on those people around the world who currently lack water and sanitation, with all policies and work aimed only to serve those people. It has a special interest in sanitation and hygiene and emphasizes the need to view water, sanitation and hygiene (WASH) as an inseparable trinity for development.

# Visits and Missions

## A decisive step towards implementing Integrated Vector Management (IVM)

Following the release of a global framework on integrated vector management (IVM) by WHO HQ in 2004 and of a WHO-SEARO regional IVM framework in 2005, Member countries in SEAR are now using the IVM approach to reduce the burden from vector-borne diseases. Consequently, the Revised Malaria Control Strategy (2006-10) of SEAR and the Asia-Pacific Dengue Control Strategy (2008-15) include implementing and evaluating IVM as a key component.

To this purpose, SEARO organized a "Regional Workshop to Implement Integrated Management of Disease Vectors (IVM)", at the Vector Control Research Centre (VCRC), WHO Collaborating Centre, Pondicherry, India in December 2006[4]. In 2007, on the basis of an evaluation of the IPVM pilot project in Sri Lanka[5], WHO decided to co-fund this initiative (the project is coordinated by the Ministry of Agriculture and Ministry of Health/Anti-Malaria Campaign Sri Lanka, in close collaboration with FAO and UNEP). SEARO participated in the global consultation on IVM organized by WHO Geneva in May 2007[6], where a major conclusion was to address the urgent need for capacity building in IVM. With a view to review the requirements to fully embed IVM principles in training for vector-borne disease management, a brainstorming meeting was convened by WHO-SEARO at VCRC, Pondicherry, 1-2 November 2007, followed by a reviewing session at SEARO on 5-6 November 2007. The working sessions aimed to obtain views and lessons learnt from experiences in implementing and training on integrated approaches to manage disease vectors and crop pests, using case studies where tools such as Health Impact Assessment and Farmer Field Schools were used. Key guidance was given in terms of lessons learned from FAO in India and in Sri Lanka (IPVM pilot project). Special emphasis was given to the need to ensure community participation and adequate monitoring and participatory evaluation. The experts also recognized the importance of including the potential impacts from climate change on vectors and diseases in various units of the IVM course. The revised list of contents of the six week IVM Training course considers seven modules (*Basic skills and team building; Epidemiology of vector- borne diseases; Vectors and ecosystems; Vector control options; Partnerships, public policies and community empowerment; Management of IVM programme; Field exercise*) and will be completed by March 2008. Further details are available with Mr Alexander Hildebrand, Environmental Health Adviser (hildebranda@searo.who.int).

[4]Report is available at http://searo.who.int/EN/Section23/Section1001/Section1110_13215.htm

[5]Report is available at http://searo.who.int/EN/Section23/Section1001/Section1110_12796.htm

[6]Report is available at http://searo.who.int/LinkFiles/Publications_and_Documents_Report_of_the_WHO_consultation_on_IVM.pdf

## Upcoming Events

- National Workshop on Climate Change and Its Impact on Health, 26-27 November 2007, Lonavala, Near Mumbai., India. For details contact Mr A K Sengupta (WHO India) at the email address senguptaak@searo.who.int .
- WHO Regional Workshop on Climate Change and Human Health in Asia: From Evidence to Action, Bali, Indonesia, 10 – 12 December 2007. For details contact Mr Alexander von Hildebrand at email address (hildebranda@searo.who.int).
- Regional Workshop on Water Safety Plans, Kathmandu, Nepal, 11-14 December 2007. For details contact Mr Han Heijnen at the email address hanheijnen@gmail.com.
- National Nepal Consultation on "Climate Change and Human Health in Nepal: Vulnerability and Impact, Adaptation and Mitigation", Kathmandu, Nepal, 17 – 19 December 2007. For details contact Mr Han Heijnen at the email address hanheijnen@gmail.com.
- WHO Regional Workshop: "Building Capacity for Implementing Sound Health Care Waste Management in SEAR countries", MS Ramaiah Medical College, Bangalore, India, 17 – 19 December 2007. For details contact Mr Alexander von Hildebrand at email address (hildebranda@searo.who.int).
- Delhi Sustainable Development Summit (DSDS) 2008 themed Sustainable Development and Climate Change being co-organized by Ministry of Environment and Forests, India and The Energy and Resources Institute (TERI), 07-09 / 2 2008. More at : 3w.teriin.org/dsds/2008/about.htm

## Publications and Learning Materials

### 10 facts on preventing disease through healthy environments

This fact file highlights the impact of environmental factors on public health. Some of the images used in this fact file are winning entries from the 2007 WHO ICF photo and video contest focusing on the theme "health and environment". For details visit the website http://www.who.int/features/factfiles/environmental_health/en/index.html .

### Environmental Burden of Diseases no 15 – Water, Sanitation and Hygiene: quantifying the health impact at national and local levels in countries with incomplete water supply and sanitation coverage.

This guide decribes how to estimate the disease burden caused by water, sanitation and hygiene, on a national and regional level. It is one of a series of guides that describe how to estimate the burden for disease caused by environmental and occupational risk factors.

The guide outlines the evidence linking water, sanitation and hygiene to health, and the methods for assessing its impacts on a population basis. This is done in a practical step-by-step approach that can be adapted to local circumstances and knowledge. The document is available at the link http://www.who.int/quantifying_ehimpacts/publications/en/. Indoor air pollution and household energy monitoring

This is a report of a 2005 WHO-organized series of five-day training workshops as a step towards building regional capacity in the area of household energy and indoor air pollution monitoring. Workshops were conducted as a contribution to the Partnership for Clean Indoor Air in collaboration with the Pan-American Health Organization, the United States Environmental Protection Agency, the German Technical Cooperation (GTZ) agency, the Center for Entrepreneurship in International Health and Development at the University of California at Berkeley (CEIHD) and the Aprovecho Research Center. These training workshops were designed to empower governmental and nongovernmental organizations as well as research institutions to evaluate the impact of intervention projects or programmes. The full document is available at the link http://www.searo.who.int/EN/Section23/Section1001/Section1110_12744.htm.

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