

# Environmental Health Update

## Sustainable Development and Healthy Environments



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### Focus of the month

#### Primary health care (PHC) for health systems – the time has come!

PHC is a timeless concept – and that is what WHO believes. This year, we begin to celebrate a reinvigoration of this valuable approach, first unveiled in Alma Ata in 1978.

Our effort here is to argue for the PHC-health system-environment link– but this may be less an effort to persuade than a rediscovery and reaffirmation. PHC as a concept has its beginnings in prevention, and in that regard its ideas are thoroughly embedded in the concerns of protecting and preserving the environment.



The call for primary health care back in 1978 was a timely wake-up call to our national health systems to rethink where they were headed. It called for a departure from the costly clinical path we were pursuing to one that was more rational and accessible to the teeming masses of our countries. Conceptually, it was one that highlighted the need to make health services available to the poor and marginalized. Its lexicon focused on the “haves and have-nots” and the moral imperatives of social justice and equality. Yet on the ground, our health systems were at a

crossroads where the traditional systems of medicine in our countries were giving way to modern pharmaceuticals and scientific approaches to the practice of clinical medicine. Modernization seemed inherently good, in the context of efforts to modernize and our hurry to be free of the shackles of the past – at least politically. That meant turning the tables on social values, norms and even the principles we had lived by for centuries as we grappled with this novel notion of independence. Social edicts such as self-help, sharing, caring, cooperation, identity and others that invoked the notion of the solidarity of a community here eclipsed. No development arena was spared, and the health sector was no exception.

But Alma Ata provided a moment of reflection, an opportunity to think again about the real intent of our development agenda within the context of the depths of our national pocket books. This reflection helped to wisely balance



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the aspirations of the community spirit with the desire for modernization and to generate a compromise package that would salvage some of those values and virtues.

Many of our countries welcomed this practical approach, while many also hesitated to fully embrace a competing paradigm that challenged so drastically the status quo. To many it was disturbing and even confusing. The medical path was novel and exciting and had enjoyed much advocacy in our burgeoning democracies, and PHC was perhaps considered a boring regression to the past, associated with weak voices of support and the silent “have-nots”. It was not long ago that we had built our communities through collective effort and solidarity, using simple and affordable means. It was necessity arising from isolation that drove us along that path then. But the 1980s ushered in more connectivity and the move to harmonize development with a modern face, and this exposed the cracks in that community solidarity. Progress meant going beyond the simplicity we knew. So the call for PHC was “regressively” challenging, even as it was rational.

After the call for PHC in 1978, the health systems of our countries could have resorted to an affordable and holistic approach, though not the most glitzy and modern. But the takers were few and our health systems baulked at PHC. Soon, the development space was filled with selective approaches that killed that very holism! with competing interpretations of PHC that implied notions such as “second-degree care”, “care at first contact”, or even “care for the poor”. But those who looked for real efficiencies of outputs of disease reduction in whole communities and nations knew there would be little argument against PHC as a beneficial turning point. Because PHC was pursued wrongly, it should not be a case of throwing out the baby with the bath-water. Arguments did prevail then and does until today with the seeming benefit of hindsight – blaming PHC for conceptual defects, others on its flawed management and yet others on programmatic and technical weaknesses.

WHO’s decision to revitalize PHC is one full of the positive lessons and the wisdom of hindsight. Comparisons are what show us the advantage of competing paradigms.

We need to compare costs and efficiencies of the national health systems we have with what is possible, reinvigorating PHC in our health systems. How much efficiency have we generated in our health systems in service provision and access over the past 30 years with alternatives? This is a relevant query as we witness national health systems helplessly grappling with quality, responsiveness and financing issues that make providing health care to the



ever-increasing and mobile masses of today’s population arguably the biggest challenge for health sectors today.

Thirty years after Alma Ata, PHC is still relevant. Urbanization and industrialization being today’s most pressing environmental drivers of health risk, PHC shows a saving grace for both if we use it wisely. Its message of community empowerment is still valid. It can provide access to the vast populations in our communities at a cost that is affordable, and provide the efficiencies of service provision from the economies of scale possible from such large catchment populations (if we plan and manage better). PHC’s message resonates than ever – it is perhaps “an idea whose time has come.”

– Dr Abdul Sattar Yoosuf<sup>1</sup>

<sup>1</sup> Director, Department of Sustainable Development and Healthy Environments, WHO Regional Office for South-East Asia, New Delhi

## SDE news

### Kyoto Protocol AWGs discuss emission reduction targets at Bangkok Talks

From 31 March to 4 April 2008, United Nations Conference Centre (UNCC)/United Nations Economic and Social Commission (ESCAP) in Bangkok hosted the sessions of the AdHoc Working Group on further Commitments for

Annex I Parties under the Kyoto Protocol (AWG) and the Working Group on Long-term Cooperative Action under the Convention (AWGLCA) to advance the **Bali Road Map/ Action Plan** agreed in December 2007. The opening ceremony was addressed by the Deputy Prime Minister of the Royal Thai Government, His Excellency Mr Sahas Bunditkul. More than 160 other dignitaries, including the UNESCAP executive secretary and the UNFCCC executive secretary, participated in these sessions.

The meeting took note of the information and views submitted by Parties on the means to achieve mitigation objectives of Annex I Parties<sup>2</sup>. It also analysed the means to reach emission reduction targets and identify ways to enhance their effectiveness and their contribution to sustainable development. Both these working groups will continue the talks at the twenty-eighth session of the Subsidiary Bodies to be held in Bonn from 2 to 12 June 2008. From WHO, Dr Arun Mallik, WHO/Thailand, participated in this Bangkok Climate Change Talks sessions as a UN Observer. For details contact him at the email address [mallik@searo.who.int](mailto:mallik@searo.who.int).

## Seminar looks at unusual occurrence of CKD in Sri Lanka



A two-days seminar to study the unusual occurrence of chronic kidney disease (CKD) was organized jointly by the Ministry of Health Care and Nutrition (MHCN), Sri Lanka, and WHO on 7-8 May 2008 in Colombo. This was to look clearly at the unprecedented increase in cases of chronic kidney disease (CKD) occurring in Sri Lanka over the last decade or so (the red area in the

map shows the CKD affected area). While the causes remain unknown, histo-pathological characteristics of reviewed cases suggest environmental etiology. Other purported causal factors include exposure to pesticides, and other sources of cadmium, fluorides, aluminum, and mycotoxins. The meeting recommended WHO and MHCN to jointly develop a good research proposal to address CKD prevention issues. Dr Habibullah Saiyed participated in the seminar as WHO SEARO representative. For further details contact him at the email address [saiyedh@searo.who.int](mailto:saiyedh@searo.who.int).

## Inter regional Meeting reviews CEH indicators

The International Workshop on Children's Environmental Health Indicators in Hamammet, Tunisia, 10-11 April 2008 revisited the topic of children's environmental health (CEH) indicators, to seek consensus (details available at the website [http://www.who.int/ceh/cehi\\_workshop\\_tunisia2008/en/index.html](http://www.who.int/ceh/cehi_workshop_tunisia2008/en/index.html)). The meeting, which was richly participated in by all WHO regions, reviewed results from eight global studies on developing CEH indicators and worked on deriving a cogent set that would be robust enough to inform policy-makers reliably about the environmental health status of children. While these



indicators would paint the picture of children's environmental health in a given setting, they could also be used for program monitoring. The meeting also sought to explore collaborative opportunities with the Health Metrics Network (<http://www.who.int/healthmetrics/about/en/>) and strengthen capacity for CEH monitoring and reporting. The SEA Regional Office will support its countries to begin preparing CEH national profiles. The topic of this meeting is a continuation of work of the Global Initiative on CEH that was launched at the WSSD in Johannesburg in 2002<sup>3</sup>. Mr Alexander Hildebrand, Environmental Health Adviser, participated as WHO SEARO representative. For details, contact Mr Hildebrand at [hildebranda@searo.who.int](mailto:hildebranda@searo.who.int).

## WHO reiterates holistic life-cycle approach for safe management of mercury

The International Conference on Mercury and Other Hazardous Chemicals in South-East Asia was organized in Bangkok on 22-24 April 08. The United States Environmental Protection Agency (USEPA), Thailand Pollution Control Department (PCD), United Nations Environment Programme (UNEP) and Merck Thailand were the organizing partners. The meeting was attended by university students, teachers and administrators from Thailand, Cambodia, Malaysia, Philippines and Thailand. The goal of the conference was to inform and educate students, teachers and administrators about chemical safety, with an emphasis on mercury. Mr Alexander Hildebrand, Environmental Health Adviser, participated in the meeting as WHO representative. He presented the WHO position on mercury, insisting on the need to adopt a holistic life-cycle approach rather than an end-of-the pipeline one, for safe management of mercury and to support global, legally binding agreements to ban/control the movement and use of mercury. For more details contact Mr Hildebrand at [hildebranda@searo.who.int](mailto:hildebranda@searo.who.int).

<sup>2</sup> FCCC/KP/AWG/2008/MISC.1 and Add.1-3.; FCCC/KP/AWG/2008/INF.1.

<sup>3</sup> At the WSSD in 2002, WHO called for a global movement to create healthy environments for children. The proposal of a global alliance was backed by many countries, as well as by representatives of nongovernmental organizations, the private sector, academia and international organizations.

## WHO and partners hold TOT workshop on Water Safety Plans



The Public Utility Board (Singapore), WHO, International Water Association (IWA) and USAID conducted a Water Safety Plans Training of Trainers Workshop in Singapore, 22-25 April 2008. Twenty-seven water supply professionals from seven countries (Brunei, China, Macao, Malaysia, Philippines, Thailand and Vietnam) attended the training. The training provided participants with an understanding of the key concepts of water safety plans (WSP) and provided facilitation skills, thus preparing them for conducting WSP trainings at country level. By the end of the workshop, each country had also prepared a workplan for conducting WSP training at national level. WHO-SEARO was represented by Mrs Payden, Regional Adviser (Water, Sanitation and Health). For more details contact Mrs Payden at [payden@searo.who.int](mailto:payden@searo.who.int).

## EH NEWS

### World Toilet Summit 2008 at Macao under preparation

The WHO Regional Office for the Western Pacific will organize a technical session on "Hygiene and Health" at the World Toilet Summit (WTO) at Macao, China, from 4 to 6 November 2008. This is an annual gathering of experts with focused discussions on promoting clean toilets, sanitation and hygiene. With this year's summit theme of "Driving Sustainable Sanitation through Market-based Initiatives", it aims at tackling global sanitation challenges through an action-oriented approach that features high-level discussions between the public and private sectors. For details, write to WHO/WPRO at [postmaster@wpro.who.int](mailto:postmaster@wpro.who.int).

### Maldives joins Codex Alimentarius Commission



Maldives has joined as a member of the Codex Alimentarius Commission and the Government is now in the process of establishing the National Codex Committee. The Codex Alimentarius Commission was created in 1963 by United Nations Food and Agriculture Organization (FAO) and WHO to develop food standards, guidelines and related texts such as codes of practice under the Joint FAO/WHO Food Standards Programme. This was done to protect the health of consumers and to ensure fair trade practices in the food trade and to promote coordination of all food standards work undertaken by international governmental and nongovernmental organizations. Further details available at [http://www.codexalimentarius.net/web/index\\_en.jsp](http://www.codexalimentarius.net/web/index_en.jsp).

## Visits and missions

The WHO-UNEP Secretariat for Regional Initiative on Environment and Health coordinated the hosting of the Initiative's Second Advisory Board meeting (ABM) and a general meeting of its Thematic Working Groups (TWG) during 16 – 18 April 2008 in Jeju, Korea. The ABM was convened to review the progress of the facilitation activities undertaken by the Secretariat since the first Advisory Board Meeting, held in Bangkok in August 2007. Deliberations included reporting, sharing information and framing procedures for work coherence. They agreed that the ABM will meet annually and will focus on the TWG's work progress reporting and coordination synergy as the main agenda. The meeting also decided that the scientific

conferences, the major facet of technical contribution to the Environmental and Health Initiative, may be held by participating countries without bar on meeting frequency. However, these scientific conferences would be held in collaboration with the Regional Forum's secretariat. The secretariat now has an operating website (managed by UNEP) where all TWG members may put their technical information for sharing with others (<http://www.rrcap.unep.org/envhealth/>). The Republic of Korea (ROK) confirmed that it will host the next high-level meeting if no other country offers to host it. Korea also announced that it would be hosting the second meeting of the Regional Ministers Forum in 2010.

**The Second East Asia Conference of the International Society for Environmental Epidemiology** and the **Third Scientific Conference of the Regional Initiative** was held in Jeju Island, Republic of Korea, from 17-19 April 2008. It was hosted by the Korea Environmental Health Forum (KEHF) with support from the Korea Ministry of Environment. The WHO Regional Office for the Western Pacific and the United Nations Environmental Programme focused on the "Opportunities and Challenges of Environmental Health in Asia". Discussions were held on outdoor and indoor air pollution, hazardous wastes, water

pollution, environmental effects on children's health, the elderly, globalization and the risk of climate change, work and environment, genetics and gene-environment interactions, and exposure assessment in environmental health. The world's leading experts as well as prominent regional scholars in environmental health participated in the Conference. WHO-SEARO was represented by Dr Abdul Sattar Yoosuf, Director, Department of Sustainable Development and Healthy Environments. For details, contact him at the email address [yoosufa@searo.who.int](mailto:yoosufa@searo.who.int).

## New Staff



We would like to welcome Dr Nugroho Abikusno, who has joined the SDE Department as a Temporary International Professional to assist with the food safety programme. He will be with us for six months from 6 April 2008 to 5 October 2008. A national of Indonesia, Dr Nugroho has a solid background of academic and practical experience in the field of nutrition and food safety. He is presently Associate Professor in Public Health & Medical Nutrition, Faculty of Medicine, Trisakti University, Jakarta. He will be SEARO focal point for food safety and also assume the role of secretary to the Interdepartmental Regional Task Force on Food Safety. He will further be responsible for monitoring and documenting progress of

the SEAR ten-point plan of action for food safety and nutrition. Welcome Dr Nugroho!

## Farewell to Ramani!



We regretfully say farewell to Ms Y Ramani, who will be moving from SDE to another department in SEARO on promotion. Ramani has been the proactive energy behind the publication of each of these EHUs, right from the beginning. She has meticulously seen to the timely collation of news material, following up with editing, layout and dispatch. We will miss her both as a perceptive and indefatigable worker, and as an excellent team player within SDE. We will miss her but we join in her joy too, and the TEAM wishes her well in her new job. Good luck Ramani – Keep it up!

## Publications and Learning Materials

The Alma Ata 1978 Declaration on Primary Health Care called on all governments to formulate national policies, strategies and plans of action to launch and sustain primary health care as part of a comprehensive national health system and in coordination with other sectors.

Document available at the link [http://www.searo.who.int/LinkFiles/Health\\_Systems\\_declaration\\_almaata.pdf](http://www.searo.who.int/LinkFiles/Health_Systems_declaration_almaata.pdf).

## World Health Report 2008

The World Health Report 2008 will be devoted to one of WHO's priority areas, the reinvigoration of primary health care. The report will be launched 30 years after the historic International Conference on Primary Health Care at Alma Ata (now Almaty, in Kazakhstan). The publication is expected to be released by mid-October 2008.

Previous issues of Environmental Health Update are available at  
[http://www.searo.who.int/en/Section23\\_12688.htm](http://www.searo.who.int/en/Section23_12688.htm)

## TIPS for Green Behaviour

We should not leave fridge doors open for longer than necessary; let foods cool down fully before placing in the fridge or freezer; defrost the appliance regularly and keep it at the right temperature. Where possible, we should not place cookers and fridges/freezers next to each other.

Fitting solar panels on the roof of our homes is an efficient option for saving energy. We could also turn our home or office into a clean power station since solar power is renewable and plentiful!

## Upcoming Events

- The First European Ministerial Conference on Health Systems, with the theme “health systems, health and wealth” will be organized by WHO Regional Office for Europe and would be hosted by the Government of the Republic of Estonia at Tallinn, Estonia from 25 to 27 June 2008.
- The Third Global Conference of the Alliance for Healthy Cities in Ichikawa, Japan, 23-26 October 2008 ([www.city.ichikawa.chiba.jp/afhc2008/english/](http://www.city.ichikawa.chiba.jp/afhc2008/english/))
- World Toilet Summit 2008, 4-6 November 2008, Macao, China (Details available at [http://www.worldtoiletevents.com/index.php?option=com\\_content&task=view&id=40&Itemid=54](http://www.worldtoiletevents.com/index.php?option=com_content&task=view&id=40&Itemid=54))

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