

Environmental Health Update

Sustainable Development and Healthy Environments



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Happy New Year to Readers!!!

Focus of the Month

How much disease can be prevented through healthier environments?

More than you may think!

This question lies at the heart of our global efforts to address the root causes of ill-health through improved preventive health strategies¹. The evidence shows that environmental risk factors play a role in more than 80 per cent of the diseases regularly reported on by WHO. Globally nearly a quarter of all deaths and disease burden can be attributed to the environment, and in children, the proportion increases to about a third of the global disease burden.



Photo Source: Prabir Mallik, World Bank

Research on Indoor Air Pollution in South Asia.

Diarrhoea, lower respiratory infections, various forms of injury, malaria, cardiovascular diseases, cancers, and life-style related diseases are seminally related to environmental factors.

The environment influences our health – the public's health " in many ways: through exposure to physical, chemical and biological risk factors and through related changes in our behaviour in response to these factors. But the neglect of public health is ubiquitous. Cities choke with polluted

air, scores of the poor live in squalid conditions and shanty encampments, eyes smart constantly in kitchens in rural homes from the bite of acrid wood smoke. Rivers carry our raw sewage to the sea, and along the way diverted tributaries irrigate our vegetable fields, which have suffered excessive quantities of pesticides. All these risks ultimately kill us or – at best – make us sick.

Perhaps it is the multi-dimensional nature of the intervention process that thwarts concerted action and hinders regulation. So we pump our meagre resources into building plush edifices of institutional care that serve primarily the affluent of our cities. Whereas what we need are health systems with a conscience, a conscience that is well-rooted in the basics of health promotion and health protection. And that can only come from prioritizing preventive services, and from strategically aligning programmes towards the needy – the poor and other vulnerable populations.



Photo Source: UNEP/Smithua Zhao/TopFoto.co.uk

Public health in developing countries is facing an ominous triple burden: first, the unmet communicable disease burden; second, the rise in noncommunicable diseases, and more recently, the dangers of emerging infections such as SARS and avian influenza. To overcome this triple burden, we must look for a public health approach that squarely addresses the risk factors in the environment. We are not looking for

¹Preventing disease through healthy environments – towards an estimate of the environmental burden of disease, WHO 2006

Highlights

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anything new: WHO's Constitution clearly stated that health is far more than the mere absence of disease. Despite this, we needed Primary Health Care to take national health policy out of its clinical straight jacket. PHC revived the idea of the community taking centre stage in planning its health and wellbeing – a reversal of the burgeoning trend of the urban dictating to the periphery. It revitalized the approach of the community crafting programmes to meet its needs based on the concepts of local accessibility, availability and acceptability.

The second era of looking at health more holistically followed the landmark Earth Summit in 1992² which called for a global agenda for the 21st century (Agenda 21) putting human health at the centre of sustainable development issues. Ten years later, the World Summit for Social Development in Johannesburg called for concerted, local-level partnerships to institutionalize the notion of health and environmental concerns being everybody's business – not just the health sector's. Subsequently, on the heels of these major events, WHO has spearheaded the Framework Convention on Tobacco Control (a call for lifestyle change); the WHO Commission on Macroeconomics and Health (a call for viewing health investments as a national economic benefit); and the WHO Commission on Social Determinants of Health (a call to consider the cause behind the cause of ill-health).

²United Nations Conference on Environment and Development, Rio de Janeiro, Brazil

All these are really calls to include the environmental determinants of ill-health. These calls must be heard and heeded if we are to turn the tables on the triple burden of disease that besets the majority of our developing countries. Sadly, national efforts to mitigate this potential disaster are less than lukewarm; the policy disparity between preventive health and institutional-based care is stark: SEAR countries spend many times more on curative services than on preventive action. And the poorer we are, the more our proportionately scant resources go on curative services. We focus inordinately on training curative service providers and woefully neglect preparing the cadre of public health providers and programme managers.

This begs the question: where are we going wrong? It is not glitzy institutions of clinical services or armies of medics that will salve the ills of the afflicted masses, but a dedicated workforce of public health professionals who look at the risk factors surrounding the patient, and not just those inside his body. Health professionals willing to get their hands dirty on the ground, to address health realities within the modifiable environment – the physical, social, economic and political.

Yes. A huge proportion of our disease burden could be prevented through healthier environments. If policy-makers would stop, listen and reflect.

*Editorial comment by Dr A Sattar Yoosuf,
Director, Department of Sustainable
Development and Healthy Environments*

EH News

Ministers call for strategic planning and inclusiveness

The First Asia-Pacific Ministerial Conference on Housing and Human Settlements was organized by the Government of India in New Delhi on 13-16 December 2006. Cosponsored by UN HABITAT, the meeting was a platform for exchange of knowledge on land, housing, financing issues, national and city strategies for poverty alleviation. It also served as a forum for addressing the challenges of urbanization, housing and habitat management, millennium development goals, urban poverty and slum development. The meeting called for strategic and integrated planning that ensures inclusiveness of citizens of the settings. The President of India in his keynote speech wanted to see a reversal of the exodus from villages to cities by providing urban services in rural areas, and by developing strategies and policies for integrated development.

For more details, contact the Office of Mr Pankaj Jain, Joint Secretary, Ministry of Housing and Urban Poverty Alleviation, Government of India. Email: js_uae@nic.in

Conference demands total asbestos ban

The Asian Asbestos Conference was organized by the Ministry of Public Health, Thailand on 26-27 July 2006. It was co-organized by the Ministry of Labour, Thailand and cosponsored by ILO, WHO, International Ban Asbestos Secretariat (IBAS) and the International Commission on Occupational Health (ICOH). The 300 participants from 26 countries included experts, administrators, representatives from Building and Woodworkers International and industry. The meeting called for a total ban on the mining, use and recycling of asbestos and asbestos-containing products; implementation of good practice guidelines by intergovernmental organizations on prevention and elimination of asbestos hazards; use of available substitutes and safer alternatives to asbestos; accumulation and dissemination of up-to-date and accurate information and awareness campaigns on health

hazards related to the use of asbestos; and strengthening international collaboration on asbestos elimination, management and control.

WHO states that all types of asbestos cause asbestosis, mesothelioma and lung cancer, and that there is no safe threshold exposure level. WHO is currently developing recommendations on interventions for the elimination of asbestos-related diseases. The pilot project in Thailand is intended to serve as a model for other countries.

Community-based planning for health scaled up in Bhutan

Since 2002, with the help of partners such as Danida, UNICEF, and WHO, Bhutan has conducted more than a thousand workshops for Community Development for Health (CDH) along the Primary Health Care concept in 20 districts. A CDH workshop is a two-day participatory experience conducted at the village level to encourage the community to discover for itself the linkages between water, sanitation, hygiene and health, thus becoming its own advocate to address its health problems.

Lack of safe drinking water and poor sanitation has long been a problem in Bhutan. A Rural Water Supply Scheme (RWSS) began operation as early as in 1974, although an evaluation carried out by Danida in 1997 revealed that expectations about community management were not being met. This pointed to the need for better community



Community workshop in action.

ownership through strengthened community management of the Scheme. Then began a CDH process that focused not just on water safety issues, but on stimulating community actions on broader health issues linked to water and the environment. This was subsequently scaled up in 2002. A 2006 nationwide impact assessment showed that CDH process has succeeded in refreshing and reinforcing concepts of rural water supply and environmental management. Better footpaths, use of smokeless stoves, and sanitary practices of keeping cleaner toilets, personal hygiene, frequency of bathing practice, washing clothes, and hand-washing all seem to have increased in the CDH villages.

More information from Mr Norbhu Wangchuk, Thimphu, Bhutan, norbhu@searo.who.int.

SDE news

WHO drives approach to integrated vector management

WHO/SEARO organized a regional workshop to implement integrated management of disease vectors at the Vector Control Research Centre, Pondicherry, India, on 18-21 December 2006. Country experiences in pest and vector management, including challenges and success stories were shared during the forum. Inspired by the regional integrated



Practicals in the paddy field.

pest management (IPM) experiences, and particularly from the case of the wetland rice farming communities in irrigation systems of the Sri Lanka Mahaweli Authority, the workshop drew on the synergies between pest and vector management for more integrated programme development, and prepared an overview of potential areas of IPM/IVM convergence.

The IPM farmers and participants worked together to collect insects from the rice plants and identify the varieties. The field exercises were a huge success in the sense that, for many of the participants this was the first time they had ever had a workshop conducted in the paddy field itself. The IPM farmers were able to explain how they conduct regular agroecosystem analysis (weekly, season-long) and take joint decisions on whether or not to apply chemicals to control pests. The farmers' knowledge of the food web and ecological interactions between pest and predators/parasites impressed upon the participants the need to learn from local interactive situations. The field exercises helped broaden the IPM view towards the IVM approach.

The final output of the workshop was a revised draft *Regional Framework for an Integrated Vector Management Strategy for SEAR*; an IPVM curriculum; and a plan of action for implementation of IPVM in SEAR.

For more details, contact Mr Alexander von Hildebrand at hildebranda@searo.who.int.

Maldives introduced to rights-based approach to health

An orientation workshop for the newly appointed members of the Human Rights Commission of Maldives was organized by UNDP Maldives in Male on 3-6 December 2006. The workshop was conducted to orient new members of the Commission on their roles and responsibilities with particular focus on thematic areas like gender and children's rights, health and environment. The key facilitator of the workshop was Mr Peter Hosking, UNDP Human Rights Advisor. Mr Samuli Seppanen from SEARO participated as the WHO facilitator for the session on health and human rights. The Human Rights Commission will later determine whether and how to proceed with measures to apply a rights-based approach to national public health matters.

For more information, contact the Human Rights Commission of the Maldives at info@hrcm.org.mv or Mr Samuli Seppanen at seppanens@searo.who.int.

Nepal initiates arsenicosis detection and management capacity building

After screening half of the one million tube wells, it is clear that Nepal is facing the problem of arsenicosis in the Terai region. About 10% of the wells show concentrations above the WHO guideline (10 ppb). To initiate technical capacity in this area, a session on training of trainers to detect, manage and survey arsenicosis was organized on 3-4 December



Arsenicosis manifestation in hands.

2006, to prepare adequate numbers of trainers for the district level training programmes scheduled for 2007.

Participants from various medical colleges and teaching hospitals, central hospitals and research centres, and the Nepal Red Cross attended. Dr Salamat Khandker, arsenic expert, WHO Environmental Health Unit in Bangladesh facilitated as chief resource person. The workshop used the Nepali version (translated by the National Health Research Council of Nepal) of the recently developed WHO/SEAR "Field Guide for Detection, Management and Surveillance of Arsenicosis Cases" and the "Clinical Aspects of Arsenicosis and Case Definition".

The outcome of the workshop will allow the finalization of the training materials in Nepali by early 2007.

For more information, contact Mr Han Heijnen, WHO Nepal at heijnenh@searo.who.int.

Visits and Missions

Emergency related WATSAN mission to Sri Lanka

At the request of the WHO country office, Dr Jagdish Barot (Regional Adviser, Water, Sanitation and Health) visited Sri Lanka from 4 to 15 December 2006 to help conduct a rapid assessment of the WATSAN situation in the internally displaced persons (IDP) camps in the north of the country. Over two decades of civil war in Sri Lanka has led to significant numbers of IDPs. The authorities accommodate them in refugee camps mostly located within existing school or community buildings. In December 2006 a total of 211 235 people were in this condition.

As a lead agency to coordinate health sector emergency interventions, WHO had already provided several water testing kits, but the local authorities were unable to keep up the water quality surveillance work because of lack of staff, reagents, and even the necessary motivation for



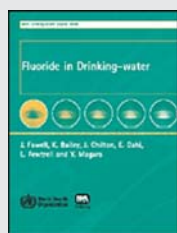
Hygiene promotion by WHO & UNICEF at Thanganagar camp in Trincomalee district.

dedicated effort. Several field staff had fled the area due to the continued violence. Camp sites direly needed better water quality and hygienic conditions. Future WHO support aims to impart skills on more effective chlorination and its assessment, and promote better on-site hygienic behaviour on a continuing basis.

Upcoming Events

The Energy and Resources Institute (TERI) is organizing the seventh edition of **Delhi Sustainable Development Summit on 22-24 January 2007 in New Delhi**. The theme of the summit is "Meeting the MDGs: Exploring the Natural Resource Dimensions". The summit will explore ways in which the world's natural resources can inhibit or accelerate the quest for sustainable development, depending on the way they are managed. Delegates from all over the world are expected to assemble. For details, contact Ms Annapurna Vancheswaran, Associate Director, Sustainable Development Outreach, TERI at mailbox@teri.res.in.

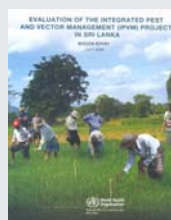
Publications



Fluoride in drinking-water. This WHO publication provides guidance on the issue of fluoride-contaminated drinking water and fluorosis. It provides the latest scientific evidence on the occurrence of fluoride in drinking water, its health effects, ways of reducing excess levels and methods for its analysis. Fluoride is found in all natural waters at some concentration. Low concentrations are good for teeth, but an excess can lead to debilitating skeletal fluorosis. This report is an invaluable reference source for all those concerned with the management of drinking-water containing fluoride and the health effects arising from its consumption. Full report at www.who.int/water_sanitation_health/publications/fluoride_drinking_water_full.pdf.



Report of the Joint WHO/FAO Regional Workshop on Sound Management of Hazardous Wastes from Health Care and from Agriculture, held in Jakarta, June 2006, has been published as an informative document. Full report at www.searo.who.int/LinkFiles/Publications_and_Documents_Hazardous_Report.pdf (pdf 1.8MB).



WHO evaluation of the Integrated Pest and Vector Management (IPVM) Project in Sri Lanka. This report determines the effectiveness and sustainability of the IPVM approach and explores prospects for replication in Sri Lanka and India. Full report at www.searo.who.int/LinkFiles/Publications_and_Documents_IPVM_PROJECT_IN_SRI_LANKA-01_Dec06.pdf

SDE Focal Points

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