



**World Health  
Organization**

REGIONAL OFFICE FOR

**South-East Asia**

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REGIONAL COMMITTEE

Provisional Agenda item 10.2

*Seventy-first Session  
New Delhi, India  
3–7 September 2018*

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31 August 2018

**Summary report of the WHO South-East Asia Regional  
Consultation on the Draft Global Strategy on Health,  
Environment and Climate Change  
23–24 August 2018, New Delhi, India**



## Introduction

1. Executive Board decision EB142(5) requests the Director-General to develop a draft comprehensive Global Strategy on health, environment and climate change for consideration by the 144th Session of the Executive Board and the Seventy-second World Health Assembly. The decision also requests, inter alia, for regional committees to comment and provide inputs to the draft Global Strategy.
2. The WHO South-East Asia Regional Consultation on the Draft Global Strategy on Health, Environment and Climate Change was held on 23–24 August 2018, in New Delhi, India. The consultation was chaired by Sri Lanka, with Myanmar as the rapporteur. The consultation reviewed in detail the proposed draft Global Strategy and considered comments submitted in advance of the consultation through an online questionnaire. In addition, the consultation discussed progress and highlights of relevant work in the Region on water, sanitation and hygiene, climate change, air pollution, occupational health and chemicals safety. An update on the development of the Thirteenth General Programme of Work (GPW13) and country support process, the Asia-Pacific Forum on Health and Environment, and the contribution of the work on health, environment and climate change to universal health coverage, and addressing health emergencies was also presented, providing important contextual information for the consideration of the delegates.

## Conclusions from the Regional Consultation

3. Member States of the WHO South-East Asia Region greatly appreciate the holistic and comprehensive nature of the proposed draft Global Strategy and the leadership of the Director-General to stimulate renewed action to address the persistent and high level of burden of disease attributable to climate change and other environmental determinants of health. The call for increased preventive action and for an integrated and transformative health-based approach was welcomed by Member States of the Region. Such efforts should apply in a harmonized way to all technical areas under the subject strategy.
4. While progress has been made in a number of areas, the WHO South-East Asia Region faces both long-standing, yet still unresolved, environmental health issues such as ensuring availability and sustainable management of water and sanitation and the sound management of all the different forms of waste, including poor health-care waste management. This situation is compounded by significant new challenges, in particular the burden of disease attributable to high air pollution, climate change, and the increasing use of toxic and hazardous chemicals and pesticides at a time of rapid and growing urbanization and industrialization. Addressing such challenges is among some of the key priorities for the Region, that underscore the need for effective action to be taken to prevent health impacts and promote human well-being. Vulnerable groups in the Region that face increased risks include the workforce, particularly from the informal sector, health-care and migrant workers, children and the elderly, and these must be protected and not left behind.
5. In considering the proposed draft Global Strategy Member States agreed that it should provide cross-cutting and overall direction to work on health, environment and climate change which can be supplemented to provide more guidance. This guidance could be in different forms as needed by different areas, e.g. specific roadmaps such as on worker's health. In this regard the WHO South-East Asia Region has already launched a Regional Framework for Action on Building Health Systems Resilience to Climate Change and is actively participating in the Director-General's Special Initiative on Climate Change and Health.

6. Taking into account the limited technical, human and institutional capacity in many countries in the Region, the Global Strategy will have a very important role to play in building political support for change and advocating for a higher priority to be given to addressing the health-related aspects of the environment and climate and ecosystem change.

7. Of overriding importance is for the Global Strategy to be cohesive and to facilitate the active engagement of the health sector, to lead in key areas, and to guide other sectors in following health-based approaches. Within the health sector there should be more integrated approaches so that main health/disease programmes also embrace the need to prioritize the strategic objectives for health, environment and climate change. Coordination and consistent approaches at all levels – national, regional and international – are critical to ensure that harmonized and mutually reinforceable approaches are achieved.

8. It follows that empowerment and capacity-building in the health sector in order to take on an enhanced leadership role in the area of health, environment and climate change should be more strongly emphasized in the draft Global Strategy to ensure that the health sector is equipped to lead discussions and influence policy-making in other sectors as well as provide technical services and evidence to other areas. Cross-sectoral work is rightly given an emphasis in the proposed draft Global Strategy, but there are challenges to making such efforts concrete and operational. The need for additional measures to encourage and promote cross-sectoral work should be identified and institutionalized, e.g. through a revitalization of the “health in all policies” approach and through the systematic application of health impact assessment in decision-making in both environmental and developmental projects. Governance mechanisms should pay particular attention to promoting and supporting cross-sectoral collaboration to achieve health benefits.

9. Improved and more effective communication to generate a better understanding and demand for action on environmental health issues is essential, along with the dissemination of evidence and experience not only between scientists but also and especially among communities and governments to take action and foster policy change. A stronger regional voice including that of Member States could act as a significant additional driver for greater prioritization of health in environmental and development agreements.

10. Regional partnerships and governance mechanisms should be specifically included in the section of the strategy on implementation mechanisms. There are existing health and environment initiatives in several regions such as Africa and Europe and in some geographical sub-regions such as West Asia. In South-East Asia, several Member States are considering joining an expanded Regional Ministerial Forum on Health and Environment which is intended to cover Asia and the Pacific. This would have advantages as it is a forum where environment and health ministries are already represented at a high level and where some success in raising political support for joint work between these ministries and UNEP and WHO has already been demonstrated. However, issues such as long-term and high-level commitment and sustainability in such initiatives are key. The contribution of such regional initiatives to the Global Strategy should be an important addition to the current draft. In addition to existing initiatives, new coalitions for coordination and cooperation should be encouraged where they add value, can be sustained, and can assist in implementation of the strategy. This is particularly important at regional and national levels where capacity development is a priority. For the WHO South-East Asia Region, the contribution of WHO collaborating centres and specialized networks of experts – such as poison centres and networks on chemical safety – are also important and these could also be included in the proposed draft Global Strategy as both examples and to acknowledge the contribution of such collaborations. Opportunities for linking governance mechanisms for the prevention and control of noncommunicable diseases and monitoring of SDGs should also not be missed.

11. Within WHO it is appreciated that the Global Strategy when adopted will greatly contribute to GPW13 outputs, particularly those relating to creating healthier populations. However, the links with universal health coverage and Health Emergencies should not be overlooked. Capacity-building, including through educating the health workforce on health, environment and climate change, is critical and should be specifically included in the draft Global Strategy. Creating a healthy and “green” health sector and expanding such efforts to the community is a particular priority need. Health-care workers should receive particular attention. WHO should be clearly seen as leading by example in these respects. Additionally, strengthening the monitoring system for tracking progress on the Global Strategy, including at a regional level, should be more strongly covered in the current draft.

12. The emphasis given to key settings for carrying out interventions is strongly supported by the WHO South-East Asia Region. Member States already have some examples of success in these areas, particularly at community level, schools, workplaces and at health-care facilities. Along with recognition of the importance of reducing ambient and household air pollution in the Region, the inclusion of households and other elements of the built environment and cities should be given higher priority in the future. Adopting a settings and areas approach is important in overcoming silos and building upon the conventional environmental health approaches which have focused on specific risks that have become such an important part of WHO's work. In doing so it will be essential to maintain an effective balance of approaches. Additional and specific elaboration of the settings and areas approach should be elaborated in the implementation arrangements for the Global Strategy.

13. Finally, resource mobilization will be critical for the sustained implementation of the Global Strategy at all levels and should be explicitly covered in the Strategy to ensure adequate resources including for regular dissemination of information on potential financial resources and grants, creation of financing mechanisms to enable community initiatives and research and knowledge translation. Development of an investment case for the Global Strategy would be an important additional element.

## **Follow-up to the Regional Consultation**

8. A number of specific drafting suggestions and comments were identified during the Consultation and the online survey. These will be forwarded to WHO headquarters for consideration and incorporation into the draft Global Strategy.

9. The Consultation noted that this summary report would be provided to the Seventy-first Session of the Regional Committee for South-East Asia. The Consultation agreed to request the Seventy-first Session of the Regional Committee to:

- (1) Consider the summary report of the Consultation given above and agree for it to be conveyed it to the Director-General, in fulfillment of EB decision 142(5); and
- (2) Consider development of a regional implementation plan for the WHO Global Strategy on Health, Environment and Climate change at the earliest possible opportunity.