WHO GLOBAL AND REGIONAL STRATEGIES FOR HEALTH AND ENVIRONMENT

by

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Abstract

Following the recommendations of the WHO Commission on Health and Environment and the outcome of the United Nations Conference on Environment and Development (UNCED), WHO prepared its Global Strategy for Health and Environment in 1993. The Global Strategy aims to attain the goals set by the WHO Commission to (a) achieve a sustainable basis for health for all; (b) provide an environment that promotes health; and (c) make all individuals and organisations aware of their responsibility for health and its environmental basis. It consists of four separate but interrelated components, namely (a) an enhanced programme for the promotion of environmental health; (b) an expanded programme for the promotion of chemical safety; (c) broader action and collaboration throughout WHO on matters related to health and the environment; and (d) stronger partnership with other international and nongovernmental organisations. In each component, a number of priority areas for action are developed.

The WHO Regional Office for the Western Pacific also prepared the Regional Strategy for Health and Environment in 1993. The Regional Strategy adopts the overall goals and objectives of the Global Strategy but delineates its components based on the recommendations of the Regional Consultative Group on Health and Environment in 1991 and the needs of Member States in the Region for strengthening their environmental health activities. The Regional Strategy gives a new focus on ways to enhance the effectiveness of traditional WHO’s collaborative activities with Member States as well as priority activities specific to the needs of the Region.

Research on various aspects of environmental health is an essential and integral part of the implementation of the WHO Global and Regional Strategy. Particular emphasis should be placed on applied researches which generate information, for decision-making, on the health effects of development and environmental changes in specific locations.
INTRODUCTION

The protection and enhancement of health and the environment are an essential part of development, but have rarely received adequate attention until recent years. While development requires a healthy population, it often alters the physical and social environments in such a way as to cause adverse impacts on health of the people. The interactions between development, the environment and health are complex, but efforts at all levels are being made to achieve a balanced progress of society in the decades to come.

The United Nations World Commission on Environment and Development (WCED) reviewed the relationship between the environment and development. WCED published a report in 1987, entitled 'Our Common Future', suggesting the methods of assuring the progress of mankind while respecting the environment and not sacrificing the resources available for future generations (i.e. sustainable development). This report led to the convening of the United Nations Conference on Environment and Development (UNCED) in Brazil in 1992 and the work of the WHO Commission on Health and Environment in 1990 and 1991. The outcome of UNCED was compiled into an action-oriented document called Agenda 21 while the findings of the WHO Commission were published in 'Our Planet, Our Health'.

Recognizing the need to re-orientate its programmes towards more effective support for sustainable development along the line with Agenda 21 and the recommendations of the WHO Commission, WHO prepared the Global Strategy for Health and Environment and the corresponding Regional Strategy for Health and Environment for the Western Pacific in 1993.
This paper describes the WHO Global and Regional Strategies for Health and Environment and discusses research needs on environmental health to support the implementation of the Strategies.

WHO GLOBAL STRATEGY FOR HEALTH AND ENVIRONMENT

Background

As a follow-up of the 1987 report, 'Our Common Future', of WCED, the WHO Commission on Health and Environment was established in early 1990 with an aim to provide a comprehensive assessment of the relationship between health and the environment, in the context of development. The WHO Commission produced a report entitled 'Our Planet, Our Health' in 1992 as a WHO contribution to UNCED. UNCED, held in June 1992 with representatives from more than 150 Member States, adopted Agenda 21, an action plan to guide national and international activities for sustainable development.

In order to re-orientate WHO activities in accordance with the recommendations of the WHO Commission and Agenda 21, the World Health Assembly in 1992 requested the Director-General to formulate a new global WHO strategy for environmental health. In response to this request, WHO prepared the Global Strategy for Health and Environment in 1993.

The Global Strategy, therefore, reflects the recommendations of the WHO Commission and the action programmes suggested in Agenda 21. It also features the interprogramme coordination within WHO as well as the coordination between WHO and other international, governmental and nongovernmental organizations in its implementation.
Goals And Objectives Of The Strategy

The health and well-being of people are affected by changes in various physical and social environmental factors which are interrelated. When optimized, these factors provide basic physiological need, reduce exposure to environmental risk and sustain favourable condition for good health.

The goals of the WHO Global Strategy for Health and Environment are based on the relationships among these factors and follow the WHO Commission's global goals as follows:

a. to achieve a sustainable basis for health for all;

b. to provide an environment that promotes health; and

c. to make all individuals and organizations aware of their responsibility for health and its environmental basis.

To attain these goals, WHO has developed the following organization-wide objectives in the Global Strategy:

a. to support countries in providing the environmental elements required to meet basic health needs;

b. to promote increased awareness and understanding of interaction between health, the environment and development among leaders and the public, so as to strengthen community action for health and sustainable development;
c. to collaborate with national and local authorities in the creation of *supportive environments for health*;

d. to promote the *central role of health* in decision-making and programmes on matters of environment and development and to foster cooperation between the health sector and related sectors in these processes;

e. to strengthen capabilities for *emergency preparedness and response* to cover the public health aspects of disasters and violent conflicts;

f. to strengthen national capacities for *human resources development* in work related to health, the environment and development;

g. to improve technical capabilities for the *monitoring and assessment of environmental risks to health*;

h. to improve technical capabilities for the *management of environmental risks to health*, i.e., their prevention, abatement and control;

i. to strengthen local, national and international *environmental health information systems*, for the exchange and proper use of information;
j. to promote research on a progressively stronger scientific and technical basis for the wide range of interventions needed to achieve the health goals of sustainable development;

k. to foster environmentally safe and sound methods and technology for the effective control, prevention and treatment of disease and disability;

l. to promote and support other institutional and sectoral capacities for progressively improving policies, plans, legislation and actions on health, the environment and development.

These objectives will be reflected in the broad range of WHO activities implemented by the headquarters as well as regional and country-level offices, often in cooperation with other international agencies and nongovernmental organizations. Particularly, regional and country-level offices play an important role in interpreting these objectives into their activities which reflect the needs of Member State and as such they may develop their own strategies for health and environmental as has been done by the Western Pacific Regional Office.

Components Of The Global Strategy

The Global Strategy has the following four components:

a. an enhanced programme for the promotion of environmental health;
b. an expanded programme for the promotion of chemical safety;

c. broader action and collaboration throughout WHO on matters related to health and the environment; and

d. stronger partnership with other international and nongovernmental organization.

In the first two core components, specific areas for action are delineated as shown in Tables 1 and 2. The third component (i.e. broader action and collaboration for health and environment throughout WHO) emphasizes the need to mobilize the resources of other WHO programme areas. The fourth component is intended to strengthen coordination within the United Nations system and with other international and nongovernmental organizations, bilateral donors and government bodies.
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**Means Of Implementation**

The effective implementation of the Global Strategy requires the involvement of all staff of WHO at headquarters, regional offices and country-level and greater flexibility in programme management to allow for a coordinated support and better use of resources. WHO efforts will be directed to the following priority areas:

a. **planning at the national level** - to encourage and support the health sector to participate in the development of national plans for sustainable development and to prepare strategies for sustainable development and to prepare strategies for health and environment in support of such national plans;

b. **organizational arrangements** - to increase horizontal programme collaboration with more effective team work between regional offices and headquarters, better use of resources at regional environmental health centres and development of cooperative activities with other international and nongovernmental organizations;
c. *information for better management* - to improve access to and exchange of programme information on current and planned projects at all levels of WHO and with other international and national organizations;

d. *meeting resource needs* - to mobilize new and additional financial resources from bilateral donors and other multilateral agencies such as UNDP's Capacity 21 programme, in addition to the efficient use of WHO’s organization-wide resources; and

e. *monitoring and evaluation* - to develop and use indicators of environmental health status to evaluate regional and global environmental health situations and prepare periodical reports.

**REGIONAL STRATEGY FOR HEALTH AND ENVIRONMENT FOR THE WESTERN PACIFIC**

*Basis For The Regional Strategy*

The Western Pacific is one of the most rapidly developing regions of the world. Environmental health problems associated with socioeconomic development have become increasingly severe and diverse. To cope with these problems, the traditional WHO response, although generally effective in the past, needs to be changed.

Following the WHO headquarters’ initiative of establishing the WHO Commission on Health and Environment in 1990 and its subsequent work in 1991, the WHO Regional Office for the Western Pacific convened a meeting of Consultative Group on Health and Environment in November 1991 to review current environmental health problems in the Regional Office, together with the development of the WHO Global Strategy.
for Health and Environment, led to the formulation of its own Regional Strategy for Health and Environment which was endorsed by the Regional Committee in September 1993.

As in the Global Strategy, the outcome of UNCED (i.e. Agenda 21) and the recommendations of the WHO Commission form a broad basis for the development of the Regional Strategy. Therefore, the goals and objectives of the Regional Strategy are the same as those of the Global Strategy mentioned earlier. However, the components of the Regional Strategy strongly reflect the environmental health problems and needs of Member States in the Region as identified by the Consultative Group. These components are described below.

Components Of The Regional Strategy

The Regional Strategy is intended to guide WHO activities over the next six years and has the following two separate but interrelated components:

a. new focus for traditional activities; and

b. priority activities on the basis of significance, timeliness, and practicability.

New Focus For Traditional Activities

The traditional and somewhat compartmentalized approach of WHO will continue to be adopted to respond to the needs of Member States in the Region. However, in order to increase the effectiveness and impact of collaboration, a new focus will be provided. This new focus will comprise:
i. responding to the most urgent needs and declining less urgent request;

ii. proposing simple measures that positively affect the solution of complex environmental health problems;

iii. networking more effectively among organizations involved in environmental health problem slowing;

iv. advocating the timely involvement of government officials in critical decision-making in other sectors; and

v. promoting and educating in regard to health to bring about behavioural change.

The new focus requires WHO to enhance its cooperation with external support agencies and extend its collaboration with a number of national and local agencies and community leaders. It also requires WHO to work with groups of countries such as South-East Asia, North-East Asia and the Pacific island countries to increase the impact of its collaboration. In some cases, the interregional sharing of resources such as the use of the Western Pacific Regional Environmental Health Centre's staff in the WHO South-East Asia Region will be encouraged.

Priority Activities

The priority activities delineated in this component are based on current knowledge of national interests and needs, the likely availability and allocation of resources and significant external factors such as the recommendations of UNCED and the WHO Commission. The priority activities are categorized into the following areas:
i. assessment of the impact of development on health - with emphasis on the promotion of environmental health impact assessment and environmental epidemiology training and applied studies to support development decision-making;

ii. development of environmental health action plans - with the enhanced mobilization of internal and external resources and programmes to support the formulation and implementation of national and local plans for health and environment;

iii. information management to improve environmental health decision-making - with the promotion of a newly developed environmental health project database, development and use of environmental health indicator, preparation of practical guidelines and training of personnel involved in monitoring;

iv. drinking-water quality guidelines - with emphasis on the promotion of the revised WHO guidelines, protection of fragile drinking-water supplies in the Pacific island countries, technology transfer on chemical contamination problems in drinking water in rapidly industrializing countries and promotion of comprehensive water resources planning and management;
v. safety and control of toxic chemicals and hazardous wastes - with the implementation of follow-up proposals to the WHO/UNDP project which was completed in early 1993, development of practical guidelines for hazardous hospital waste management in the Pacific island countries and for hazardous hospital wastes and collaboration in solving specific health and environmental problem in the workplace;

vi. motor vehicle emissions control - with emphasis on the development and implementation of diesel articulated control technology, formulation of air pollution control master plans for major urban areas such as Metro Manila and support for initiatives to reduce the lead content of gasoline;

vii. coal use - with the promotion of technology transfer to remove pollutants from coal, wastewater associated with coal preparation and coal combustion emissions; and

viii. urban health development - with emphasis on the development of cross-programme projects involving some of the priority areas mentioned above at the local level, networking of cities and towns for the exchange of information and experience and support for emergency preparedness and response at the national and local levels.
ENVIRONMENTAL HEALTH RESEARCH NEEDS

As shown in Table 1, research is one of the specific priority areas in the WHO Global Strategy for Health and Environment. In fact, research is an essential and integral part of both the WHO Global and Regional Strategies for Health and Environment although it is not specifically mentioned in the Regional Strategy.

Research needs are, however, different from country to country as local or national environmental health problems and opportunities vary according to physical, social, cultural and economic circumstances. Therefore, it is very important to establish national environmental health research for each country. For most developing countries, environment-related infectious diseases remain the most pressing issue, while chronic diseases related to chemical pollution of the environment and lifestyle of people are more important in developed countries. In rapidly industrializing countries, both aspects are an important agenda for research. It is not possible to delineate research agenda common to all countries in a region as diverse as the Western Pacific Region.

From WHO’s perspective, future environmental health research should emphasize practical, problem-solving approaches and focus on recognized priority health issues. A team approach involving researchers from the health, environmental and various development sectors should be encouraged. Equal priority should be given to research aimed at preventing environmental health problems and to research aimed at their resolution and mitigation.

WHO’s effort to support research will focus on the promotion of applied research on environmental factors affecting human health and identification and quantification of causal relationships, and the interpretation of available information into easily
understandable forms by decision-makers. Support will be extended to improve national capacities to carry out environmental health investigations.

General areas where research is needed and beneficial to many countries include:

a. methods to support decision-making which involves conflicting, multiple goals of economic development, health and environmental quality;

b. methodologies to assess various environmental health policies;

c. more effective means of controlling vector-borne diseases while minimizing damage to the environment;

d. functions of ecosystems or their components to change and control pollution potential that may affect human health;

e. identification, measurement and management of the health risks associated with chemicals and hazardous wastes;

f. effects of human-induced environmental changes on the geographical distribution of certain tropical diseases;

g. long-term effects of specific indoor air pollutants;

h. processes and technology which minimize the generation of pollution;

i. low-cost alternatives for solving environmental health problems; and
j. methods to assess the costs and benefits of different strategies and actions to improve health and the environment in the context of development.

CONCLUSION

Economic development has been a main goal of most countries for many decades. It is still a goal, but an increasing number of countries are recently supporting the concept of sustainable development and paying due attention to the preservation and protection of the environment for health and well-being of people. The first principle in the Preamble to the Rio Declaration on Environment and Development emphasizes human health, stating:

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

A new direction for the development of human society towards more sustainability has been set and various programmes and activities of all sectors have been re-orientated to support the new direction. For instance, WHO has developed new global and regional strategies for health and environment and is determined to provide leadership in promoting health in the context of environment and development.

The relationships between development, the environment and health are complex and must be studied by multidisciplinary team efforts. It is a challenge for all of us involved in environmental health to undertake research on these complex interactions and guide the future course of action. All individuals and institutions involved in environmental health should play an active role in undertaking and supporting such research.

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