



Global Initiative on Children's Environmental Health Indicators (CEHI)

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Photos: WHO

About this newsletter

CEHI newsletter has been set up to engage partners with the Global Initiative on Children's Environmental Health Indicators (CEHI). It aims to provide up-to-date information on relevant global, regional and national indicator activities. This newsletter does not intend to cover general Children's Environmental Health issues. We welcome your feedback and input.

To sign up or for further information, please contact us at:

cehindicators@who.int or visit: <http://www.who.int/ceh/indicators/en/>

Readers interested in receiving regular updates on children's environmental health may subscribe to:

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- CHEC Newsletter ([Children's Health Environmental Coalition](#))

Events

Environment and Health Information System in Europe

The project 'ENHIS-2 - Establishment of Environment and Health Information System Supporting Policy-Making in Europe' recently organized a meeting to update the core set of environmental health indicators. The indicators measure key environmental health risks and interventions and enable assessment of the four Regional Priority Goals of the Children's Environment and Health Action Plan for Europe (CEHAPE).

The meeting evaluated the pilot testing and updated the core set of feasible and policy-relevant environmental health indicators to address children as well as general population: e.g. population-weighted exposure to outdoor air particles, road traffic accidents, smoking ban policies, etc. Indicator methodologies as well as the guidelines for data retrieval and information generation were evaluated and the needs for further refinement identified.

The ENHIS-2 project aims at starting the operation of a comprehensive information and knowledge system that will help to identify and prioritize common and widespread environmental health problems. This will allow monitoring of the effects of policies and actions taken, facilitate inter-country comparisons and time trends analysis and ensure timely access to information and its effective dissemination. The ENHIS-2 project is building and further expanding achievements of the first phase of the ENHIS project implemented in 2004-2005 in particular towards implementation of the indicators, which focus on children's environmental health.

More information about the ENHIS projects: http://www.euro.who.int/EHindicators/Methodology/20050419_2

Pilot projects

Regional pilots and CEH indicator projects are already underway in Africa, Europe, Latin America and the Caribbean, the Middle East, and North America. Two regional pilots will be highlighted in each newsletter; news on other pilots is available on the [CEH web site](#) in the indicators section (regional pilots).

African (AFRO) pilot

Initiation of pilot on Children's Environmental Health Indicators in Zimbabwe

This pilot was recently initiated and fieldwork is currently underway by government officials in the Ministry of Health, and will be completed by the end of July 2006. The Permanent Secretary for Ministry of Health and Child Welfare has taken special interest in the CEH programme, including the development and reporting on children's environmental health indicators. Four provinces are being covered and investigations are taking place to assess the CEH status and to gather data and information from different institutions, including schools, clinics, mining compounds, industries, farms, villages and prisons.

The main objectives of the field work are:

- i) To identify health priorities from which the children's environmental health core set of indicators are to be developed;
- ii) To gather data and information on CEH-related illnesses such as diarrhoea, injuries, scabies, malnutrition, chemical poisoning and respiratory infections;
- iii) To gather information on HIV and AIDS prevalence among children in both rural and urban settlements;
- iv) To assess the magnitude of child abuse, child labor, malnutrition, health care delivery systems and general social status of children;
- v) To assess drinking water supplies and sanitary facilities.

A Consensus Building Workshop is planned in August 2006. Participants will include district, provincial and national health personnel as well as experts. The workshop will review and examine the consultants' report from the fieldwork, and national measurable CEH indicators will be developed to enable and assist policymakers with the development of children's environmental health policies and regulations.

For more information, please contact: cehindicators@who.int

Pan-American (PAHO) pilot

CEH Indicators at the US - Mexico Border

The CEHI project on the United States - Mexico border (US/M-B) was initiated in early 2006. The indicators on which information is being collected were selected based on the frequency with which they appeared as priority indicators in the PAHO indicators workshops held on the US/M-B, their usefulness and relevance for the US/M-B as a whole, as well as the CEHI initiative worldwide to give a broad view of the Children's Environmental Health situation on the US/M-B. The indicators selected were:

- Mortality rate for under 5-year olds.
- Morbidity rate from respiratory disease in children under 5 years of age.
- Percentage of children living in areas served by public water systems that exceeded a drinking water standard.

The process of data gathering is not yet complete for all three indicators. Some of the indicators are difficult to gather information on, due to differences in recording procedures and definitions between the two countries. However, all the mortality information for the United States has now been gathered. From initial observations of the 2003 mortality data for children under five years of age, the mortality rate appears lower in the 44 United States counties which make up the US/M-B region (123.3 per 100'000) than in United States non-Mexican border counties (169.0 per 100'000).

With the exception of Arizona border counties, all others have a mortality rate less than that of United States non-Mexican border counties (California, 126.5; Arizona, 171.6; New Mexico, 154.1; Texas 133.8; Non-Mexican border counties, 169.0). The average mortality rate for all US/M-B counties is 123.3.

Focusing on the US/M-B counties where the under 5 years of age population was above 10,000, Yuma County in Arizona has the highest average mortality rate (208.5). This is the only US/M-B county with a population above 10,000 where the mortality rate was higher than the United States average (167.6). The next highest is Webb County in Texas with an average rate of 165.7, slightly below the average for all United States counties.

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Information and Data

Information on the WHO Global InfoBase

The WHO Global InfoBase is a data warehouse that collects, stores and displays information on chronic diseases and their risk factors for all WHO member states. Over 35 million people are estimated to die this year from the major chronic, non-communicable, diseases including cardiovascular disease, cancers, diabetes, and chronic respiratory diseases. 80% of these deaths will occur in developing countries. Our best global defense remains the reduction of the common, preventable risk factors that underlie the majority of chronic disease deaths. To this end, the WHO Global InfoBase was developed in 2002 to improve the access of public health professionals to country-level chronic disease and risk factor data with traceable sources and full survey methodology. Currently the InfoBase holds over 500,000 data records from over 10,000 surveys for the following risk factors and diseases:

- Tobacco use
- Overweight/obesity
- Alcohol consumption
- Fruit/vegetable intake
- Raised blood pressure
- Raised cholesterol
- Physical inactivity
- Diabetes
- Visual impairment
- Thalassemia
- Asthma
- Oral health
- Stroke

The WHO Global Infobase includes data for adolescents 15 years of age and over for the above issues. Furthermore, new indicators continue to be added on a regular basis to this online tool which receives approximately 25,000 hits per day from Ministries of Health around the world, researchers, journalists and others seeking this information.

For more information, please visit: <http://infobase.who.int>

New publications

Preventing disease through healthy environments

New figures confirm how different diseases are caused by environmental risks and how their substantial burden can be prevented. WHO recently launched the report ***"Preventing disease through healthy environments: towards an estimate of the environmental burden of disease"*** (June 2006). This report reviews how much of global disease is due to the environment. By considering only the modifiable parts of the environment, it focuses on the disease burden that could actually be prevented by creating more supportive environments. The main finding is that one quarter of all disease and one third in children is due to preventable environmental factors.

Children bear the highest death toll with more than 4 million environmentally-caused deaths yearly, mostly in developing countries. The infant death rate from environmental causes is 12 times higher in developing than in developed countries, reflecting the human health gain that could be achieved by supporting healthy environments. Our evolving knowledge about environment-health interactions can support the design of more effective preventive and public health strategies that reduce corresponding risks to health, especially for children.

Link to the report: http://www.who.int/quantifying_ehimpacts/publications/preventingdisease/en/index.html

Fuel for life: household energy and health

The United Nation's Commission on Sustainable Development's 2006/2007 thematic cycle focuses on energy for sustainable development (<http://www.un.org/esa/sustdev/csd/>). To place household energy, indoor air pollution and health firmly on the international agenda, WHO launched a new report entitled "**Fuel for Life: Household Energy and Health**" to coincide with the 14th session of the Commission on Sustainable Development, which took place in New York from 1-12 May 2006. "Fuel for Life" highlights that indoor air pollution from cooking with wood, dung, coal and other solid fuels has dramatic consequences for health and is responsible for 1.5 million deaths every year. Nearly 800 000 of these deaths occur among children under five years of age.

Progress since 1990 has been negligible. To halve, by 2015, the population cooking with solid fuels (as recommended by the UN Millennium Project), 485 000 people need to gain access to cleaner fuels every day. Innovative policy approaches and a rigorous acceleration of investments are needed now to respond to this enormous challenge. Yet, health and productivity gains can more than pay for lifting people out of energy poverty. For example, investing US\$ 13 billion per year to halve, by 2015, the number of people worldwide cooking with solid fuels by providing them with access to liquefied petroleum gas shows a payback of US\$ 91 billion per year.

"Fuel for Life" contains an Annex with country-by-country data on poverty, solid fuel use, child mortality, maternal mortality and carbon dioxide emissions per capita.

Link to the publication: <http://www.who.int/indoorair/publications/fuelforlife/en/index.html>

Other news

Report profiles data on industrial releases and children's health - CEC

The Commission for Environmental Cooperation (CEC) released a "call for efforts to determine the sources, levels of exposure, and risks that industrial chemicals pose to children's health" in Montreal (Canada) on 17th May 2006. The appeal is made in a report entitled [*Toxic Chemicals and Children's Health in North America*](#), which uses for the first time a recognized methodology (toxic equivalency potentials—TEPs) to describe the relative hazard of industrial chemical releases in North America. The report focuses on the releases of carcinogens, developmental and reproductive toxicants, and suspected neurotoxicants, as reported by the national pollutant release and transfer registers (PRTRs) of Canada and the United States in 2002. It finds that lead, mercury, polychlorinated biphenyls (PCBs), dioxins and furans, phthalates and manganese are substances of either significant or emerging concern.

Childhood data and indicators regarding socio-economic conditions, causes of death, and diseases related to environmental pollution are included in the report for all three North American countries. However, the report does not include an analysis of chemicals released or transferred in Mexico, as comparable data were not available for the 2002 reporting year. The Mexican government is expected to release shortly the first set of publicly available data collected under its new, mandatory reporting program (the *Registro de Emisiones y Transferencia de Contaminantes*) for the year 2004.

For more information on this report, please consult www.cec.org or contact Spencer Tripp at (514) 350-4331.

Ensuring safe and healthy environments for our children!

