

# **Healthy Environments for Children Alliance**

## **An Informal Discussion Document**

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### ***Introduction***

Children are exposed to serious health risks from their environments. They are more likely than adults to be exposed to contaminated water and soil, polluted air in the home, and toxic chemicals. They are also more vulnerable to the effects of this exposure. These factors may contribute to over 5 million deaths each year among children.

Indeed, the risks to children in their everyday environments are numerous. UN system agencies—including WHO—have identified six groups of risks that must be tackled as a priority: household water insecurity, lack of hygiene and poor sanitation, air pollution, vector-borne diseases, chemical hazards, and unintentional injuries. These cause the bulk of environmentally-related deaths and disease among children and undermine development. They are further elaborated at the end of this document (see Appendix).

### ***Responding to the Crisis: Need for an Intersectoral Approach to Tackle Multiple Risks***

Children are often exposed to several of these risks to their health in the same setting at the same time. Thus they are best tackled in an integrated way, within the settings where children live.

Many governments and development agencies are taking action to make children's environments safer and healthier. There is an urgent need to do much more, particularly within poor communities. There are also obvious advantages to different groups working on this together, to maximise their collective impact. That is why a new initiative on Healthy Environments for Children was presented in Johannesburg, on 1 September 2002, at the World Summit on Sustainable Development. Several governments, NGOs and international organisations indicated that they would like to work together—in an alliance—to galvanize world-wide action on some of the major environmentally-related risks to children's health. The alliance that was envisaged would be inclusive, participatory and action-oriented. It would help to coordinate and increase efforts at global and country levels.

## ***What is the Healthy Environments for Children Alliance?***

Our task, now, is to develop this alliance. The group which met initially in Johannesburg envisaged a global effort. It would mobilise a range of groups within government, civil society and non-governmental organizations, research institutions, academia, and professional associations, UN organisations, development agencies, banks and foundations, private entities and the media, to act together and help make a difference to the lives of children in their local communities. The overarching goal for this movement would be to tackle the environmental risks to children's health in the places where they live, grow, learn and play.

The growing interest in children's environmental health means that there are many who would like to move forward in this way, and help shape the future of life. By working together effectively, this broad range of actors will be able to generate the momentum needed for a profound impact.

## ***Why a Global Alliance?***

It is proposed that the alliance will be a visible and credible mechanism to give effect to the increasing number of international and national commitments calling for action. The alliance must connect to global, regional and national processes already underway as well as to initiatives taken through civil society and/or the private sector.

The alliance will:

- Encourage political commitment at the highest level.
- Build on complementary strengths of sectors, stakeholders, and partners at local, national, regional and global levels.
- Expand and scale up actions for children's environmental health.
- Ensure intersectoral action and community participation to address environmental threats to children's health in the settings in which they occur.

## ***How Will a Global Alliance Add Value to Existing Efforts?***

The value added by an alliance will be that, by working together on many fronts, its members can more effectively address the needs that exist in many countries, regions and sectors to develop and implement effective programmes and policies. The members will continue to work through their own channels, reflecting their priorities and mandates and their comparative advantages. But the alliance can help them to co-ordinate, streamline efforts, and bring together fragmented or isolated initiatives, and eliminate the confusion that results from unnecessary overlap and duplication. It would synthesize data and information on key risks, expand access to effective tools for action, establish strategies for action in a clear and focused way, and undertake effective advocacy.

The alliance could serve as a hub in a wide-ranging network of stakeholders addressing healthy environments for children.

## ***Mission and Objectives***

The alliance needs to work according to a well-defined mission and objectives designed to help achieve maximum value added. These objectives will have to be defined jointly by the alliance members. To facilitate this discussion some proposed objectives are as follows:

- Ensuring effective advocacy and awareness raising to create healthy environments for children.
- Providing knowledge, information exchange and expertise for effective policies and action.
- Supporting communities in creating and maintaining healthy environments for children.
- Monitoring and evaluating progress.

## ***How will the Alliance Achieve its Objectives?***

The Healthy Environments for Children Alliance might choose to focus initially on a limited number of areas in which it can make the most difference and add value, building credibility and achieving success, and then broadening in scope as things develop. Core functions in the initial stages could include a strong focus on advocacy, a clearing house for information, and on the identification of a core cluster of collaborative actions that could lead to the achievement of a few high profile and visible successes in the short-term. Examples of possible areas where the alliance could add value are given below.

### **Area 1: Ensuring Effective Advocacy and Awareness Raising to Create Healthy Environments for Children**

A key element in creating healthy environments for children is the raising of awareness of the risks to children's health in the settings where they live, learn, and play, based on a solid foundation of scientific evidence. The alliance has an important role to play in galvanizing the political will to tackle the threats to children's health in their daily environments and in informing policy and decision-makers at different levels of the effective measures that can be taken to protect and promote children's health in these settings. In addition, the members of the alliance can advocate globally for increased resources to promote healthy environments for children, as well as for the use of effective tools, while at the same time ensuring overall coherence of approach, complementarity of global, national and local strategies and ensuring that key messages are based on accurate and reliable information.

*Different ways in which advocacy and awareness-raising can be undertaken include the following:*

- Convening high-level meetings with stakeholder groups at global, regional, national and local levels.
- Preparing and disseminating briefing documents targeted at key audiences on dimensions of the problem, and effective policies and action strategies that could be implemented.
- Working with the media and using strategic approaches to the mass media in order to mobilise public support for HECA and set the agenda.
- Pursuing HECA branding and developing advocacy and awareness-raising campaigns at global and national levels.

## **Area 2: Providing Knowledge, Information Exchange and Expertise for Policies and Action**

The alliance can draw together existing information on the risks to children's health in the settings in which they live, learn, and play, as well as draw on new and compelling evidence of the effectiveness of different interventions to tackle the various dimensions of children's environmental health. A vital link in creating healthy environments for children is in using this knowledge and information base to inform policies and actions at all levels, in all sectors and by all stakeholders.

The alliance could play a key role in providing a clearinghouse of information, knowledge and expertise on healthy environments for children, by drawing together existing networks and databases in areas such as children's health, environment, and sustainable development into a global HEC network.

Key actions in this area might include:

- Undertaking scoping exercises to take stock of who is active in the field, what has already been done, what we know and what we know works, identifying gaps in knowledge and actions needed to fill these gaps.
- Developing worldwide databases on knowledge and information, action strategies and best practices, technical expertise in areas relevant to children, health and the environment, and sustaining advocacy efforts with this updated information.
- Providing fora at global, regional, and national levels for interested and implementing countries/communities/partners to exchange information, approaches, lessons learned, opportunities for collective problem-solving and expertise.
- Establishing a comprehensive Healthy Environments for Children Alliance Web site, which would serve the nexus of the clearinghouse.

### Area 3: Supporting Communities in Creating and Maintaining Healthy Environments for Children

Key to the success of HECA and its members will be its ability to make a difference in the lives of children throughout the world. An essential element in the work of the alliance will be to facilitate and coordinate support to countries and communities to create and maintain healthier environments for children. This area of HECA's work can draw on the considerable work that is ongoing at global, national and local levels. Examples of structures and mechanisms that can be built on include Healthy Cities-type initiatives and sustainable cities programmes in all regions, as well as intersectoral development planning mechanisms such as sustainable development and national health and environment plans, poverty alleviation strategies etc.

The aim of this action area would be to develop and support national healthy environments for children movements throughout the world which would crystallise political will, catalyse the efforts of different stakeholders, strengthen networks and coordinate actions.

Key actions in this area might include:

- Facilitating the initiation of national and local alliances, or national movements, on healthy environments for children.
- Providing support for the establishment of national and local forums on healthy environments for children bringing together stakeholders and decision-makers to identify the main environmental threats, assess the needs and set the priorities for action.
- Supporting the establishment of multisectoral Healthy Environments for Children Task Forces and country level teams in selected project countries to implement plans.
- Supporting national advocacy and catalysing action through specific mechanisms (communication networks, and communication advocacy workshops) and country-specific advocacy materials.
- Assisting countries in the development of pilot projects (initially 1 country in each region) to be used as the basis for developing healthy environments for children programmes/projects and to demonstrate different ways in which risks to children's health in the broad environment can be addressed.
- Providing assistance to countries and sectors to build national and local capacities in creating and maintaining healthy environments for children.

## Area 4: Monitoring and Evaluating Progress

Building on the considerable amount of work in recent years in designing indicators for health and environment, the alliance could work to develop guidelines and a core set of healthy environments for children indicators. This work could be developed through field testing and the development of database systems for reporting this information and monitoring progress.

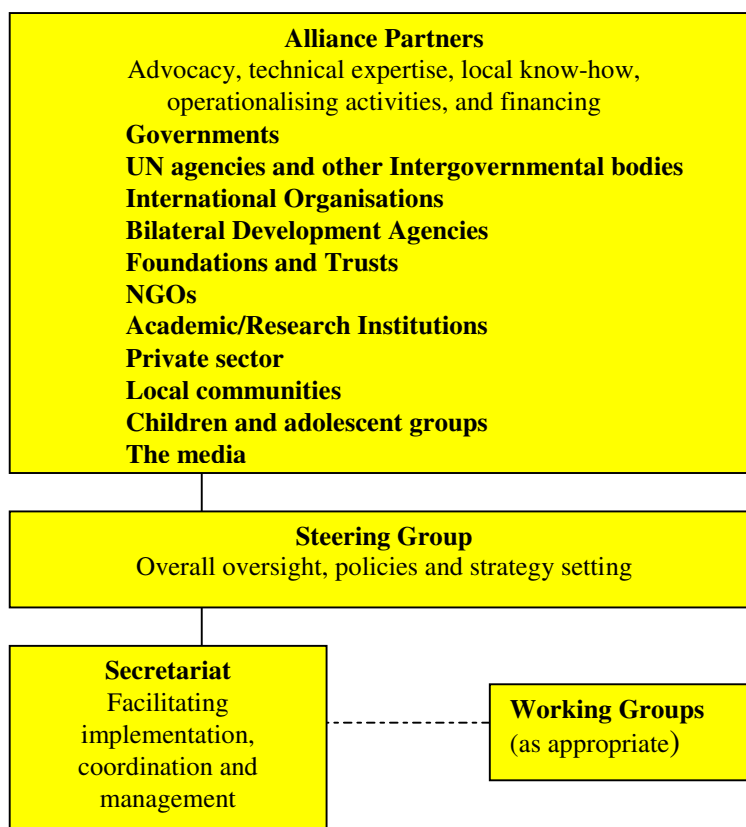
Key activities could include:

- Working with regions/countries/communities/stakeholders to adapt indicators for use in policy and decision-making in different situations.
- Using a set of agreed upon indicators to monitor and evaluate results of efforts in countries/communities as well as results of advocacy efforts at global, regional and country levels.

### *How Should the Alliance be Structured?*

There are many options and possibilities for the structuring of such an alliance, and many experiences from other initiatives that can be drawn on. While there is a need for a specific transparent coordinating mechanism, it may be best in the early initial stages to keep this flexible, developing more specific mechanisms over a period of time as the issues evolve, and as the alliance develops a better understanding and experience of what works best under what conditions.

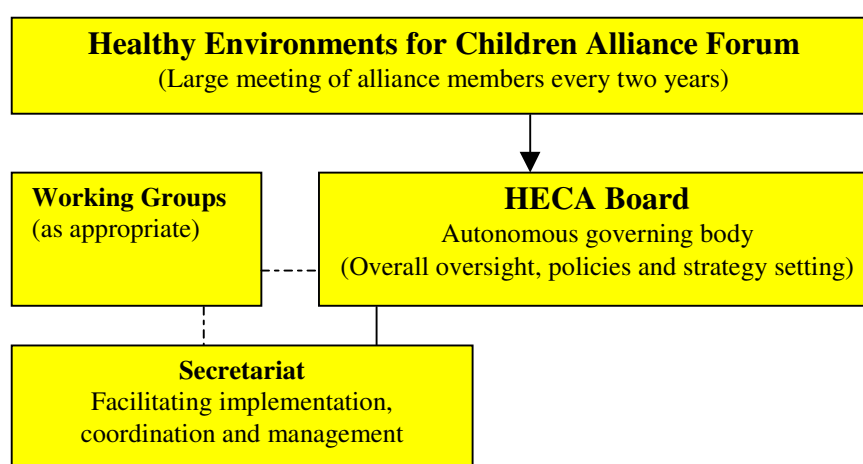
#### Flexible Governance Structure Option



## HECA Steering Group

A Steering Group, which could consist of representatives of members of the alliance, would serve as an informal but essential mechanism which may have both content and process roles. On content, it could enable alliance members to shape the overall direction of the development of the alliance, helping to identify key objectives and priority action areas. The Group could regularly review the implementation of HEC action being undertaken through alliance members (and others), identifying areas in which work is promising, and those where it could be improved. On process, the Group could help establish an agreed approach to alliance development and functioning. It could facilitate inter-agency linkages, and help resolve difficulties when they exist. It could identify means through which interactions between alliance members and governments, intergovernmental agencies and institutions can be strengthened with a view to securing better results within countries and local communities.

## Formal Governance Structure Option



## HECA Forum

A broad HECA Forum could be set up, representing the wider constituency of all those engaged in reducing environmental health threats to children. This HECA Forum could meet every two years in a large gathering to review progress, and strengthen commitment. The Forum could provide a global review of activities and make recommendations. It would not be decision making body, but would delegate to a Board (see below), supported by a secretariat, responsibilities for the development of specific actions and strategies.

## HECA Board

A formal autonomous governing body could be set up to advise and oversee the activities of the alliance, to set priorities, and to make decisions on behalf of HECA. This HECA board would also ensure that the Secretariat's activities represent the interests of the entire alliance. A larger board may be needed to allow for adequate representation of alliance members. The creation of working groups could also be considered to delegate aspects of decision-making in the interests of improved efficiency and accountability.

## **Roles and Responsibilities of Alliance Members**

Alliance members could contribute their unique strengths in a number of ways:

- Support the alliance by providing technical, research and development, promotional, advocacy or financial resources to the activities within the alliance at global/regional/country/community levels.
- Mobilize political backing for the alliance in regions, countries, communities, within and between organizations/stakeholders.
- Form alliances with private, public and NGO partners.
- Undertake advocacy with policy/decision-makers so that HEC becomes a priority at global, regional, national and local levels.
- Work with partners at local levels to identify key issues affecting children's health in local environments, and plan and implement priority actions to address these, within the HECA framework.
- Encourage and support community participation in local, regional and national planning for children's environmental health in countries.

Such an approach can only be effective if the many 'actors' involved—different government departments such as health, housing, energy, water and planning, members of the community such as parents, teachers, health and social workers, the business sector—work together in a truly integrated multisectoral partnership.

### Role of the HECA Secretariat

The Secretariat would work in close cooperation with other alliance members and structures in place in ways which reflect agreements on the desired shape and scope of action of the HEC alliance. It would be responsible for managing, coordinating and facilitating implementation of agreed activities. In supporting the actions of the alliance, the Secretariat may itself take on a number of activities. These may include establishing databases on HEC activities world-wide; developing strategies for, and producing advocacy and communications material; responding to requests for information; keeping track of local and country level activities; identifying and promoting setting-specific approaches; and developing *menus for action* that can be tailored to the interests and strengths of alliance members. In addition, it could be responsible for planning special events and consultative meetings, sharing information, human resource and budgeting, and fund-raising.

## ***Appendix—Core Issues***

### 1. Household water security

Contaminated water causes many life-threatening diseases including diarrhoea, the second biggest child-killer in the world. In 2002, diarrhoea is estimated to have caused 1.4 million child deaths. Around the world, both biological disease agents and chemical pollutants are compromising the quality of drinking water. Water contamination may spread diseases such as hepatitis B, dysentery, cholera and typhoid fever. High levels of arsenic, lead or fluoride may lead to both acute and chronic diseases in children.

### 2. Hygiene and sanitation

Globally, 2.4 billion people, most of them living in peri-urban or rural areas in developing countries, do not have access to any type of improved sanitation facilities. Coverage estimates for 1990-2000 show that little progress was made during this period in improving coverage. The lowest levels of service coverage are found in Asia and Africa where 31% and 48% of the rural populations, respectively, are not served with these services. Examples of sanitation-related diseases include cholera, typhoid, schistosomiasis, and trachoma—today about 6 million people are visually impaired by this disease that causes irreversible blindness.

### 3. Air pollution

Air pollution is a major environmentally-related health threat to children and a risk factor for both acute and chronic respiratory disease, as well as a range of other diseases. Around 2 million children under five die every year from acute respiratory infections (ARI) that are aggravated by environmental hazards. Indoor air pollution is a major causal factor for ARI deaths in rural and urban areas of developing countries. Outdoor air pollution, mainly from traffic and industrial processes, remains a serious problem in cities throughout the world, particularly in the ever-expanding megacities of developing countries. It is estimated that a quarter of the world population is exposed to unhealthy concentrations of air pollutants such as particulate matter, sulphur dioxide, and other chemicals.

### 4. Disease vectors

There are a number of vector-borne diseases that affect children's health. Their impact varies in severity. *Malaria* is particularly widespread and dangerous, existing in 100 countries and accounting for about 1 million deaths in 2002, mostly in children under five. *Schistosomiasis* is a water-borne disease that affects children and adolescents mainly, and is related to lack of hygiene and swimming in contaminated water. It is endemic in 74 developing countries. *Japanese encephalitis* occurs only in South and South-east Asia, where it is linked with irrigated rice production ecosystems. Some 90% of cases are children in rural areas, and one in five of these children dies. Annual mortality due to *Dengue* is estimated at around 13 000; more than 80% of these deaths occur in children.

### 5. Chemical hazards

As a result of the increased production and use of chemicals, a myriad of chemical hazards are nowadays present in a child's home, school, playground and community. Chemical pollutants are released into the environment by uncontrolled industries or

leakage from toxic wastes sites. About 50 000 children die every year as a result of poisoning, and a large number are exposed accidentally. Pesticides, cleaners, kerosene, solvents, pharmaceuticals and other products unsafely stored or used at home are the most common causes of acute toxic exposures. Some result in life-threatening poisoning. Chronic exposure to various pollutants in the environment is linked to damage to the nervous and immune systems and to effects on reproductive function and development. Children are very vulnerable to the neurotoxic effects of lead in paint and air, which may reduce their IQ and cause learning disabilities. They are also vulnerable to the developmental effects of mercury released into the environment or present as a food contaminant.

#### 6. Unintentional Injuries or “accidents”

In 2000, an estimated 685 000 children under the age of 15 were killed by an unintentional injury or “accident”. Approximately 20% of all unintentional injury deaths world-wide occur in children under 15 years old and unintentional injuries are among the 10 leading causes of death for this age group. World-wide, the leading causes of unintentional injury death among children are road traffic injuries and drowning, accounting for 21% and 19% of all deaths for this age group, respectively. Although unintentional injuries among children are a global problem, children and adolescents in certain regions of the world are disproportionately affected by injuries. It is estimated that 98% of all childhood unintentional injuries occur in low- and middle-income countries. Children in the African, South-east Asian and Western Pacific regions account for 80% of all childhood unintentional injury deaths.