

# Environment and Health Decision-Making in Developing Countries

*A global review conducted by the WHO–UNEP  
Health and Environment Linkages Initiative (HELI)*



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# WHAT IS HEALTH?

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."



UNEP/TopFoto.co.uk

*Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19–22 June 1946; signed on 22 July 1946 by the representatives of 61 States; and entered into force on 7 April 1948.  
The definition has not been amended since 1948.*



# CATEGORIES OF ILL HEALTH

- Communicable diseases
- Maternal, perinatal conditions & nutritional deficiencies
- Noncommunicable diseases, e.g.:
  - Cardiovascular diseases & malignant neoplasms
  - Injuries
  - Neuropsychiatric disorders
  - Congenital abnormalities.



WHO/Photo Archives

("Deaths by Cause", *World Health Report*)



# THE HEALTH AND ENVIRONMENT NEXUS

Environmental hazards/ecosystem degradation are a root cause of a significant health burden:

- 25% of the burden of disease globally
- up to 35% of disease burden in very poor regions such as sub-Saharan Africa.

(Smith KR et al. *Epidemiology*, 1999)



# THE LINKS

- Unsafe water kills 1.7 million → mostly from diarrhoeal diseases.
- Indoor smoke from solid fuels kills 1.6 million → deforestation a related issue.
- Malaria kills 1.2 million → deforestation, water/irrigation, waste, housing.



2000 UNEP/Topham



# THE LINKS

- **Air pollution** — kills 800 000
- **Poisonings**, including agro-chemicals — kills 224 000 in developing countries
- **Climate change** — over 150 000 deaths, including those arising from more extreme weather and natural disasters.



UNEP/Permdhai Vesm; Topham Picturepoint



# A COMPLEX INTERFACE

Shifts from subsistence to export-oriented agriculture may impact soil and water conservation practices & biodiversity, as well as health (e.g. exposures to agro-chemicals, nutrition, and food security).



2000 UNEP/Topham; UNEP/Wenren Yang



# REVIEW OF ENVIRONMENT AND HEALTH DECISION-MAKING

*"Considering the risks, why aren't these issues  
higher on policy agendas?"*

*- Health and Environment Linkages Initiative (HELI)*



# PARAMETERS OF THE REVIEW

- **Driving forces** in environment and health decision-making
- **Barriers** to better environment and health decisions and policy
- **Needs** of policy-makers in countries
- **Opportunities** for international agencies and partner countries to take action together.



# KEY FINDINGS

- ❖ Basic knowledge exists about environment and health problems.
- ❖ However, drivers of policy are economic, political, institutional, and social.
- ❖ Science, as such, must maximize its limited 'window of opportunity' for introducing evidence that makes an impact.



# ECONOMIC DRIVERS

- **Market liberalization and globalization** → new pressures on traditional subsistence economies and natural ecosystems in developing countries.
- **Social access to/allocation of natural resources** → insecure land tenure, poverty.
- **Patterns of resource consumption** → nationally, regionally and globally.



# POLITICAL AND SOCIAL DRIVERS

- **Patterns of political power and governance** → short-term interests rather than long-term perspective
- **Ethnic and political rivalries** → instability & violence
- **Population pressures** → growth & migration to urban areas
- **Grassroots awareness** → illness may be seen fatalistically. Basic livelihood needs are a first priority, and links between health, environment and economic well-being are not well perceived.



# INSTITUTIONAL DRIVERS

- **International policy agendas** have relevance at critical moments; but national agendas as set by ministries, are a daily driving force.
- **Decentralization** is a major trend operationally.
- **But.... resources still are controlled nationally**; national-level policies have a major impact on determinants of health, e.g. watershed management, national transport infrastructure.



# ENVIRONMENT AND HEALTH SECTORS

- Health ministries focused on **curative programs and service delivery**
- Environment ministries focused on policy assessment and regulatory action, but have **insufficient influence on upstream policy decisions.**
- Ministries naturally protect their own **sectoral interests**, programs, budgets and jobs.
- Blurred boundaries of jurisdiction can also leave environment and health to **fall through the cracks.**



# FROM BARRIER TO OPPORTUNITY

- Environment and Health possess **complementary skills**.
- Environment sector has expertise in environmental pollution, monitoring and regulation.
- Health sector can relate environmental hazards to human health and well-being.
- Only by acting together can environment and health issues move higher on national agendas.



# NEEDS IDENTIFIED BY INFORMANTS

- Improved **impact assessment** tools/processes
- Link impact assessment and **economic valuation/analysis**
- **Interaction and communication** between scientists, policymakers and civil society.



# IMPROVED IMPACT ASSESSMENT

- Impact assessment → a '**bridge**' between science & policy-making.
- Introduce evidence about environment and health into policy debates **upstream** of strategic development decisions that are root causes of big disease burden.
- Support more **transparent** impact assessment process.
- Create an **enabling environment** for intersectoral assessment that gets environment and health at the table with key productive sectors.



# ECONOMIC ANALYSIS

- **Economic valuation** of environment and health costs/benefits is vital; it can help get issues onto broader national development/poverty-reduction agendas.
- Economic analysis should, however, be **integrated** with other indicators and measures of impacts, both quantitative and qualitative.



# INTERACTIVE PROCESSES

- Knowledge sharing – knowledge management
- Strengthen forums of ‘engagement’ between scientists, policymakers, and civil society at all levels.



WHO/Photo Archives



# INTERNATIONAL/NATIONAL PARTNERSHIPS

- International agencies (UNEP, WHO) and institutions have '**convening**' power that can provide incentives to intersectoral action and help overcome barriers.
- Direct financial support can also be critical in stimulating interest and cooperation.



# COMMUNICATION

- Present **solutions** alongside the problems.
- Describe **economic and poverty-reduction gains** that can be achieved along with health gains.
- Relate environment and health issues to specific government sectors but within an **intersectoral perspective**.
- Let policy-makers **see** the issues and evidence for themselves.



# SCIENCE AND POLICY IN DIALOGUE

"We have done a lot of identification of the issues. However, that remains only information – unless it can be turned into policies in the respective ministries. Why hasn't that happened?"

"Passion drives action. Knowledge, raw data, does not have passion unless someone translates this into judgements on comparative advantage, or raises an issue in the context of local socio-political trends. Data has to be translated into something that will move people.

"Some people are moved by money, some by politics. These are passion parameters. You have got to make people feel the issue."

(Director, Sustainable Development and Healthy Environments, WHO/SEARO, New Delhi)

