

Environmental Health Update

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Highlights

- Making “Just” Health Policies
- Nepal UNDAF underscores Health and Human Rights concerns
- EH News
- SDE News
- Publications and Learning Materials

Making “Just” Health Policies

“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being...”¹



delivery processes, we can, and need to do much more. Those that hold the reigns of our health systems need a nudge: it is perhaps time to invoke the right to health approach as a means to ensure the fairness and legitimacy of our public health policies and programmes.

The human rights approach bases its normative claims on international legal instruments. By ratifying human rights agreements, governments assume the obligation to respect, protect and fulfil the rights provided by these agreements (see Box).² The approach identifies linkages between human rights and public health. It is obvious that human rights violations such as torture may adversely affect

The right to health is a fundamental provision in the Constitution of WHO that was framed almost 60 years ago. However, we have generally made little use of this stipulation as other provisions have allowed us ample latitude to impress upon our communities and health leaders the imperative for health action. Communicable diseases that decimated populations in the past were enough to frighten health systems into preventive action. Today we enjoy freedom from many communicable diseases as never before. Communities are benefiting from a number of preventive and curative tools to deal with these diseases. But this is far from being the case for noncommunicable diseases, which are insidiously taking their toll, even as we speak.

Developing countries struggle with communicable and non-communicable diseases alike. But unlike developed nations, they are weighed down by a third burden: poverty. Even as we push revision and reform of our health



²The two main international human rights agreements are the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. All SEAR countries have ratified the Convention on the Elimination of All Forms of Discrimination against Women and the Convention on the Rights of the Child, both of which also recognize the right to health.

¹WHO Constitution, Preamble.

health. But public health programmes may also violate people's human rights when, for instance, certain groups are discriminated against in the delivery of health services. Public health programmes could focus, rather, on ensuring the active, free and meaningful participation of those targeted by the programmes, including vulnerable and marginalized groups. Moreover, the promotion of other human rights may correlate positively with the improvement of health. The right to education and information, for example, enable people to learn about disease prevention and thus make wise personal health decisions.

While many rights may be related, there is one specific human right to health, which comprises the right to available, accessible, appropriate and good quality facilities, goods and services relevant to health care. At the very least, public health policies and programmes should conform to human rights norms. The principle of non-discrimination should especially influence public health planning. A proactive way to employ human rights in public health is to use it as a conceptual framework to design health policies

and to analyse the underlying determinants of health. No less significant may be its role in identifying duty-bearers and empowering rights-holders. Since awareness is a prerequisite for change, the human rights approach may be used by a variety of agents – individuals, organizations, ministries or donor agencies – as a tool to advocate for public health, and for the right to health. The approach is also fitting device to ensure there is an adequate legislative framework in place to support public health objectives. Finally, the human rights approach presents an opportunity to open a long overdue, rewarding discussion on the foundations of public health policies – a necessary dialogue on individual versus collective rights. For WHO, this type of dialogue and reflection is paramount for HIV/AIDS, drug-resistant TB, gender and health, neglected diseases, health and environment, smoking and substance abuse.

Let us harness the human rights-based approach as a tool to bring a stronger voice to our health advocacy!

*Dr Poonam Khetrpal Singh,
Deputy Regional Director, WHO SEARO*

"The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."

International Covenant on Economic, Social and Cultural Rights, Article 12(1)

"States Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning."

Convention on the Elimination of All Forms of Discrimination against Women, Article 12(1)



"States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services."

Convention on the Rights of the Child, Article 24(1)

Nepal UNDAF underscores Health and Human Rights concerns

A UN System consultative meeting to formulate the Nepal UNDAF was held in Kathmandu, Nepal on 30-31 January 2007. WHO attendance, headed by the WHO Country Representative and joined by his planning officer, medical officer for HIV/AIDS, and the environmental advisor, reflected the importance given by WHO to this forum. Two agenda items – strengthening human rights, rule of law, and good governance for Nepal to benefit from the peace process; and improving the quality of education and health services – both echoed key health and human rights



concerns. Here the issues of governance, social exclusion of vulnerable groups and lack of access to health care were topical. While 81% of Nepalese have access to improved water supply, the neglected 19% are disproportionately from socially excluded groups, and are often ignored in traditional government-led water and sanitation programmes. HIV seems to particularly affect the socially excluded, and within this group, mainly women. Even access for them to health services and health awareness are limited. Besides the need for many more providers at rural health posts, the inclusion of ethnic staff will improve communication in local dialects. However, some positive

efforts are noteworthy. Social inclusiveness has been a hallmark of the Rural Water Supply and Sanitation Fund Development Board (Fund Board) since the mid-nineties. The Fund Board has adopted measures to ensure that indigenous populations – and especially women – are included in the process and are able to influence the design and implementation of water projects.

Nepal became a signatory to the Convention on Economic, Social and Cultural Rights in 1990, and its second situation report is due in 2007.

More information: Mr Han Heijnen at hanheijnen@gmail.com.

EH News

Human Rights Prominent in Asia-Pacific Policy Statement on HIV Testing and Counselling

The SEARO Department of Communicable Diseases, in collaboration with UNAIDS and UNICEF, is preparing for a bi-regional Technical Consultation to develop an Asia-Pacific Policy Statement on HIV Testing and Counselling. The consultation is scheduled to take place in Phnom Penh, Cambodia, 23-25 April 2007. SEARO's human rights team will collaborate on this particular aspect of the policy statement to ensure that the public health approach and the human rights perspective on HIV testing remain harmonized. HIV testing must be confidential, preceded by an information session and based on "informed consent". However, if a health-care provider routinely offers HIV-testing – for instance, in programmes for the prevention-of-mother-to-child transmission – there is a danger that the patient's consent may not be genuine or sufficiently informed. The elements of informed consent should therefore be defined in accordance with the human rights approach which prescribes, inter alia, that provider-initiated routine testing remains ethically appropriate, and that mandatory testing for public health purposes is only permissible for blood and blood products.

Human rights were first introduced into public health programming in the context of the AIDS epidemic. Drastic reactions to the disease clearly showed the importance of integrating human rights into public health policies. The extensive experience of HIV/AIDS programmes in achieving this should serve as a model for other public health policies and programmes

More information: Dr Ying-Ru Lo, Regional Adviser, HIV/AIDS at loy@searo.who.int.

Regional meeting confronts gender-based violence

UNDP's Regional Centre in Colombo, Sri Lanka hosted the Asia-Pacific Gender-based Violence Prevention Campaign Consultation on 12-13 December 2006. The purpose of the meeting was to discuss a proposed joint initiative on violence prevention in Asia and the Pacific. Focus was on participation of men and boys in violence prevention. The meeting participants agreed to take advantage of key international days on gender equality and women's rights to advocate against gender violence. Dr Erna Surjadi, Regional Adviser for Gender and Women's Health represented SEARO in the meeting.

Gender-based violence is a central human rights concern. The institutional inequality between women and men is a major cause of domestic violence. In its 2005 multi-country study on women's health and domestic violence against women, WHO noted that improvements in women's legal rights – and in their awareness of these rights – is likely to be a major intervention in reducing women's vulnerability to violence.³

More information: Dr Erna Surjadi at surjadi@searo.who.int.

³ WHO, Multi-country study on women's health and domestic violence against women (2005), summary report p. 22.

SDE News

Bhutan to address adverse impacts from climate change

Under the aegis of the Global Environment Facility (GEF), WHO/Bhutan is facilitating a proposal to address Bhutan's impending problems associated with climate variation. This local project is part of a global GEF initiative carried out in seven countries selected on the basis of different health vulnerabilities to climate change, from highland areas in Bhutan and Kenya, water-stressed areas in Jordan and Uzbekistan, the low-lying developing areas of Barbados and Fiji, to China, which encompasses a broad range of health vulnerabilities. The project is currently in a one-year design phase, before the three- to five-year implementation phase, with a US\$ 700 000 contribution from GEF.

Though Bhutan's contribution to the amassed greenhouse gases responsible for global warming is practically irrelevant, the country is one of the first to face adverse impacts from climate variability. Since 2000, it reports unusually prolonged droughts, erratic rainfall patterns and floods. At least 25 glacial lakes have been identified as posing a major risk of bursting from excess glacial melt water in the future. According to the International Centre for Integrated Mountain Development, the average glacial retreat has doubled from 20m to 40m since 1990. Two lakes are expected to burst in 2010 and extremely costly measures are needed to build spillways to protect the downstream riverine communities and ecosystems. Given that 80% of Bhutanese are subsistence farmers, these changes will have dire consequences on food security, health, vector resistance, and livelihood processes.

Mr Alex von Hildebrand, Regional Advisor for Environmental Health (SEARO), contributed to the preparation of the document in consultation with national stakeholders during a short mission to Bhutan in January 2007.

More information: Mr Alex von Hildebrand at hildebranda@searo.who.int.

New Entry into SDE team



Ms Eva Pilot joined the SDE team on a three-month internship on 29 January 2007. She will assist in preparing a set of training modules for a Healthy Settings Coordinator Training Course to be

Myanmar opts for Proactive Water Quality Management



The Ministry of Health, Myanmar and WHO organized a follow-up workshop on "water safety plans for townships: capacity building for proactive water quality management" on 25-26 January 2007. The workshop was attended by all sector agencies, and in particular Medical Officers from 12 townships with ongoing water quality surveillance activities, the Department of Development Affairs, and the Human Resettlement and Housing Department.

Earlier, in June 2006, the Environmental Sanitation Division of the Ministry of Health and WHO had organized a workshop to discuss the 2004 WHO Guidelines for Drinking Water Quality. That workshop also reviewed and updated the draft Myanmar water quality guidelines to reflect the current WHO guidelines. In the last six months UNICEF and a small team of local water experts have drafted the first Water and Sanitation Plan (WSP), with support from AusAID.

Participants called for all agencies concerned with drinking water to incorporate WSP concepts in their policies and activities; for townships to prepare micro-plans based on the WSP concept; and implement this in an integrated way. Han Heijnen, Regional Advisor, WHO/Nepal provided technical backup to the workshop.

More information: Mr Han Heijnen at hanheijnen@gmail.com.

launched later this year. Eva brings with her knowledge and expertise on urban planning and medical geography. She is a graduate student of Cologne University, Germany. Welcome Eva!!

Publications and Learning Materials

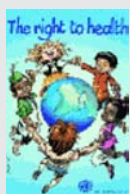
Publications on Health and Human Rights

The following publications may be downloaded or ordered from www.who.int/hhr/activities/publications/en/index.html.



WHO's "25 Questions and Answers on Health & Human Rights" advocates the right to health by suggesting answers to key questions about the linkages between health and human rights.

"Human Rights, Health and Poverty Reduction Strategies" provides a tool for health policy-makers to design, implement and monitor a poverty reduction strategy through a human rights-based approach.



"The Right to Health" cartoon has been published in four languages. The cartoon may be used for health and human rights advocacy among young people.

"HIV/AIDS – Stand Up for Human Rights" cartoon is designed to empower young people to promote human rights in relation to HIV/AIDS.



There are many other ways to learn about health and human rights. An entertaining starting point is a six-minute **video** which WHO launched in December 2006 to raise awareness about the right to health. The video features three students exploring the key components of the right to health and discussing how the right applies to everyday life. The video may be viewed at http://video.who.int/streaming/health_my_right.wmv.

The WHO/HQ Human Rights Team has also prepared an **e-learning course** on health and human rights in cooperation with InWEnt (Capacity Building International, Germany). The course provides a clear understanding of the synergies between health and human rights and tools to implement the approach in practice. The three modules of the course deal with the norms and principles of health and human rights, the international legal framework of human rights and the integration of human rights and public health. The online course is currently being tested by WHO staff. The same team provides more traditional **face-to-face** health and human rights training, usually every June and November for WHO staff.

The UN System Staff College offers courses in Human Rights Based Approach and Results Based Management. The next Asia-Pacific regional course takes place in Bangkok from 26 February to 2 March 2007. Academic institutions such as the Harvard School of Public Health also offer courses in health and human rights.

More material for self-learning may be found at <http://www.who.int/hhr/activities/publications/en/index.html>.

SDE Focal Points

Country Offices

Bangladesh: Dr Andrew Trevett, Environmental Health Advisor, WHO Bangladesh (trevetta@whoban.org)

Bhutan: Mr Norbhu Wangchuk, NPO-Programmes and Administration, WHO Bhutan (norbhu@who.org.bt)

DPR Korea: Dr Tej Walia, WHO Representative (waliat@whodprk.org)

India: Mr A.K. Sengupta, NPO-Environment, WHO India (senguptaak@searo.who.int)

Indonesia: Mr Shamsul Huda, Environmental Health Advisor, WHO Indonesia (hudams@who.or.id)

Maldives: Ms Laila Ali, NPO-Programmes and Administration, WHO Maldives (laila@who.org.mv)

Myanmar: Ms Margareta Patricia Skold, Scientist (PHA), WHO Myanmar (skoldm.whomm@undp.org)

Nepal: Mr Han Heijnen, Environment Health Adviser, WHO Nepal (heijnenh@gmail.com)

Sri Lanka: Mr Abhaya Tissera, WHO Sri Lanka (abhaya@whosrilanka.org)

Thailand: Mr Narintr Tima, NPO-Monitoring and Evaluation, WHO Thailand (narintr@whothai.org)

Timor Leste: Dr Alexander G Andjaparidze, WHO Representative (whodili@searo.who.int)

Regional Office, New Delhi, India

Dr A. Sattar Yoosuf, Director, Department of Sustainable Development and Healthy Environments (yoosufa@searo.who.int)

Mr Alexander von Hildebrand, Regional Advisor for Food and Chemical Safety (hildebranda@searo.who.int)

Dr Habibullah Saiyed, Occupational and Environmental Health (saiyedh@searo.who.int)

Dr Jagdish Barot, Water and Sanitation for Health (barotj@searo.who.int)

Mr Samuli Seppanen, Junior Professional Officer, Health and Human Rights (seppanens@searo.who.int)