New report reveals major water and sanitation resource gaps

Global efforts to provide improved water and sanitation for all are gaining momentum, but serious gaps in funding continue to hamper progress, according to a new report from WHO on behalf of UN-Water. UN-Water global analysis and assessment of sanitation and drinking-water (GLAAS 2014), published biannually, presents data from 94 countries and 23 external support agencies. It offers a comprehensive analysis of strengths and challenges in water, sanitation and hygiene (WASH) within and across countries. Two thirds of the countries surveyed recognized drinking-water and sanitation as a universal human right in national legislation. More than 80% of countries reported having national policies in place for drinking-water and sanitation, and more than 75% have policies for hygiene. The report was launched in New York and Geneva to coincide with World Toilet Day, on 19 November. [Click here](#) for the report, the key findings, press release and frequently asked questions.

WHO sets benchmarks to reduce health impacts of indoor air pollution

A new set of WHO recommendations highlights the dangers of burning fuels like unprocessed coal and kerosene in the home, and sets targets for reducing emissions of health-damaging pollutants from domestic cookstoves, space heaters and fuel-based lamps. [WHO Guidelines for indoor air quality: household fuel combustion](#) stresses the need to improve access to cleaner home energy sources – such as liquefied petroleum gas, biogas, natural gas, ethanol and electricity – particularly in low- and middle-income countries. The guidelines build on WHO findings earlier this year that revealed more than one in eight of all annual global deaths are due to indoor or outdoor air pollution exposure. According to the estimates, some 4.3 million people worldwide die every year as a result of household air pollution emitted by rudimentary biomass and coal cookstoves. [Click here](#) to access the guidelines, a multi-language executive summary and frequently asked questions.

Aligning social and environmental determinants of health

WHO is currently leading various environmental health projects with a strong focus on [social determinants of health and equity](#). Within all countries, certain population subgroups face a greater risk of exposure to harmful environmental conditions than other people. In order to meaningfully address these conditions, the linkages between environmental exposure and other social determinants of health are critical. Example projects include [WHO Housing and health guidelines](#), currently under development, which will address health and health inequities that result from unhealthy and unsafe housing conditions. The 2014 UN-Water GLAAS report recently highlighted systematic efforts to ensure equitable access to water and sanitation and the critical role of intersectoral action. The forthcoming training manual on [Health in all policies (HiAP)](#) provides an important resource for intersectoral action. In addition, and recognizing the need for stronger investment in and expansion of these activities, WHO aims to revitalize and strengthen the valuable collaboration with established institutional and stakeholder networks developed in relation to the Commission on Social Determinants of Health.
International Lead Poisoning Prevention Week and Global Alliance to Eliminate Lead in Paint

To mark International Lead Poisoning Prevention Week, activities were organized to raise awareness about lead poisoning and to encourage further action to eliminate lead paint. The WHO campaign website registered 76 activities in 35 countries, including information booths in shopping areas, blood testing for lead among children, providing kits to test household dust for lead, media articles about the hazards of lead, parades and human chains with banners urging the elimination of lead paint. A two-day workshop was held on establishing legal limits on lead in paint, followed by the 3rd meeting of the Global Alliance to Eliminate Lead Paint (GAELP). The workshop provided technical information about measures to eliminate lead paint and about monitoring human exposures. The GAELP meeting reviewed achievements of the alliance to date and set priorities for work until 2020. 52 countries have so far confirmed that they have implemented regulatory controls on lead paint. A further 25 have no controls and information is awaited from remaining countries. The short-term target is for 70 countries to have legally-binding controls by 2015, and all countries by 2020.

Recognition of WHO contributions in support of the Minamata Convention

During the 6th session of the Minamata Convention International Negotiating Committee, held from 3 to 7 November in Bangkok, WHO was presented with a commemorative certificate in recognition of its valuable contributions to supporting the ratification and early implementation of the Minamata Convention on Mercury. WHO contributions include a World Health Assembly Resolution (WHA67.11), new related technical guidance, implementation of national projects, as well as participating in regional workshops to support countries to ratify the convention. During the meeting, WHO convened a side-event on health and the Minamata Convention, where a panel of representatives of ministries of health from Indonesia, Nigeria, Slovenia and Thailand shared their strategies, achievements and ideas about implementing the health-related articles of the convention.

Protecting health from climate change through health adaptation planning

To ensure coordination with climate change negotiation process and to create entry-points for building health resilience at the national level, WHO is supporting countries to develop the health component of their National Adaptation Plans (H-NAPs). The guidance to protect health from climate change through health adaptation planning aims to ensure that the health sector works with partners in environmental and related communities, and follows a systematic process to: Engage in the overall NAP process at the national level; identify national strategic goals for building health resilience to climate change; and develop a national plan with prioritized activities to achieve these goals.