

# Global Initiative on Children's Environmental Health Indicators

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# Why do we need children's environmental health indicators?

## ❖ To show time trends

- *to provide early warning of problems*
- *to monitor effects of intervention*

## ❖ To show spatial patterns

- *to highlight hotspots*
- *to identify who is at risk*
- *to compare between countries*

## ❖ To define and motivate action

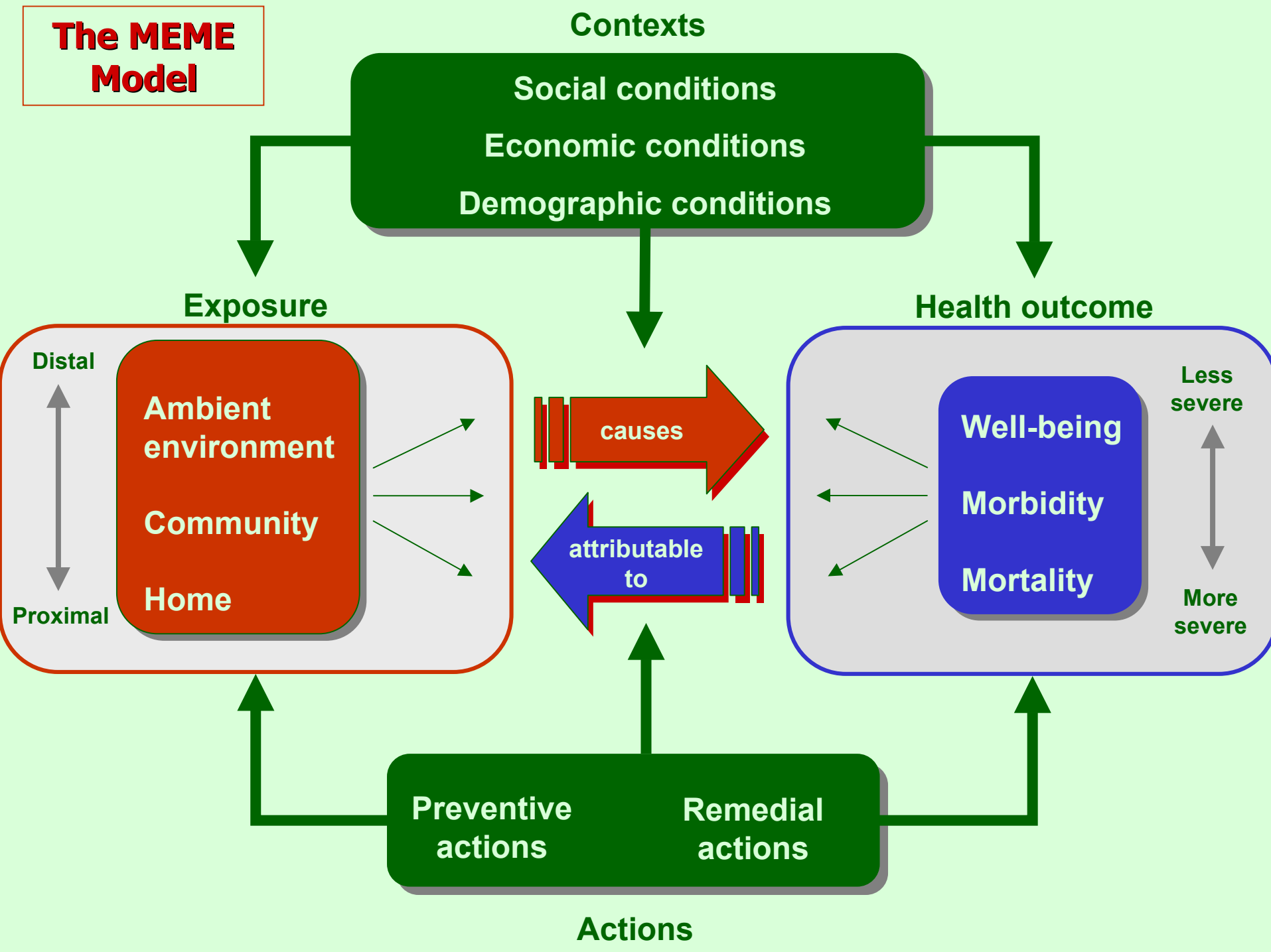
- *to specify causes*
- *to attribute source*
- *to prioritise issues*
- *to identify and assess choices*
- *to inform those who need to know*

# What are children's environmental health indicators?

An expression of the **link** between the environment and children's health, targetted at an issue of specific **policy or management** concern, and represented in a form that facilitates **interpretation** for effective **decision-making**.



# The MEME Model



# Examples of children's environmental health indicators

- ❖ **Accidents:** Children aged 0-4 years living in proximity to heavily trafficked roads – an **exposure indicator** for health risks from road traffic
- ❖ **Respiratory illness:** Mortality rate for children aged 0-4 years due to acute respiratory illness - a **health outcome indicator**
- ❖ **Sanitation:** Annual rate of change in number of households lacking improved sanitation – an **action indicator** in relation to unsafe sanitation



# Launching a global initiative at the World Summit on Sustainable Development

## ❖ Main objectives:

- Increase collaboration to protect children from environmental threats to their health
- Develop and promote use of CEH indicators
- Improve assessment of CEH and monitor the success or failure of interventions
- Facilitate the ability of policy-makers to improve environmental conditions for children

## ❖ Partners:

- Governments of Canada, Italy, Mexico, South Africa, United States
- WHO, UNICEF, UNEP, CEC, OECD
- PSR, ISDE, INCHEs



# **Process for regional and national indicators pilots**

**Identification of regions and countries**



**Information needs at the regional,  
national and local level**



**Implementation of indicator  
collection and reporting**

# Prioritizing what matters

Priorities at the regional and national level could be determined based on:

- ❖ Environmental burden of disease
- ❖ Settings
- ❖ Public concern
- ❖ Available interventions
- ❖ Resources

**An explicit, clear rationale is important!**



## Prioritizing environmental health risks at the global level

	Perinatal diseases	Respiratory illness	Diarrhoeal diseases	Insect-borne diseases	Physical injuries
Housing and shelter	Dark Red	Dark Red	Light Orange	Dark Red	Dark Red
Water supply and quality	Light Orange	Light Orange	Dark Red	Dark Red	Light Orange
Food safety & supply security	Light Orange	Light Orange	Dark Red	Light Orange	Dark Red
Sanitation and hygiene	Light Orange	Light Orange	Dark Red	Dark Red	Light Orange
Solid wastes	Light Orange	Light Orange	Dark Red	Dark Red	Light Orange
Outdoor air pollution	Light Orange	Light Orange	Light Orange	Light Orange	Light Orange
Indoor air pollution	Dark Red	Dark Red	Light Orange	Light Orange	Light Orange
Hazardous chemicals	Dark Red	Light Orange	Light Orange	Light Orange	Dark Red
Accidents	Light Orange	Light Orange	Light Orange	Light Orange	Dark Red
Natural hazards	Light Orange	Light Orange	Light Orange	Dark Red	Dark Red
Disease carrying vectors	Light Orange	Light Orange	Light Orange	Dark Red	Light Orange
Social/work environments	Dark Red	Light Orange	Dark Red	Dark Red	Dark Red

# Options for implementation

- ❖ Use of existing international data sources, e.g. World Health Survey (WHS)
- ❖ Complementary collection of new data through international surveys, e.g. Demographic and Health Surveys (DHS)
- ❖ Country-based provision of existing data into a common framework, e.g. approach of the North American Commission on Environmental Cooperation (CEC)
- ❖ Complementary collection of new data at the national level, e.g. Thai school survey





# Regional indicator pilots

## ❖ North American pilot

(Lead: Commission on Environmental Co-operation, Montreal)

Countries: **Canada, Mexico, United States**

## ❖ European pilot

(Lead: WHO European Centre for Environment and Health, Rome)

Countries: **Armenia, other countries to be identified**

## ❖ Eastern-Mediterranean pilot

(Lead: WHO Centre for Environment and Health, Amman)

Countries: **Pakistan, Yemen, Jordan, Oman, Tunisia, Iran**

## ❖ Pan-American pilot

(Lead: PAHO, Washington)

Provisional countries: **Canada, Brazil, Chile, Mexico, Nicaragua, Jamaica**

## ❖ African pilot

(Lead: WHO Regional Office for Africa, Brazzaville)

Provisional countries: **Kenya, Ethiopia**

# Expected outcomes and challenges

## Expected outcomes (2003-2007):

- ❖ Evaluation of different implementation mechanisms
- ❖ Continued collection and reporting
- ❖ Global clearing house on children's environmental health indicators
- ❖ Report on the state of children's environmental health

## Challenges:

- ❖ Making sure that each partner on the initiative has a clear role and contribution to make
- ❖ Securing additional funding
- ❖ Building capacity at the regional and national level
- ❖ Establishing the importance of information on children's environmental health against competing needs

