

CEHA Activities: Chemical Threats to Children

By

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Outline of Presentation

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2. CEHA Activities
3. Country Level Example (e.g. Jordan)
4. The Way Forward

1. Situation in the Region

General

- 40 % of the Population in the Region are Children (≤ 15 years)
- 19-25 % of burden of diseases (Influencing quality of life and economic opportunities) is related to environmental degradation
- 40% mortality is amongst children under 5, is due to environmental factors
- The estimated annual cost of damage to health and quality of life due to environmental degradation is 1.8% to 3.4% of GDP in some countries of the Region (Annual cost is 18.3 to 34.5 billion US\$ of GDP)

Chemical and Chemical Threats to Children

- Use of number, type and quantities of chemicals is on the rise (average 5-10% each year)
- Reliable and accessible data on chemical poisoning cases (esp. Children) is very limited
- Very few countries (e.g. Egypt, Tunisia) have chemical poisoning and treatment Centres

Chemical and Chemical Threats to Children (cont.)

- Chemical burns, exposed and poisoning cases (information related to chemical cases are not separated) are mostly treated in normal hospitals.
- The system of labeling of chemicals and their hazards are not, normally, available in local languages
- Proper and appropriate “tools and mechanisms” are not available and/or practiced
- General Awareness about the issue of chemicals related to Children is almost absent

2. CEHA Activities

- **CEHA** – WHO's Regional **C**entre for **E**nvironmental **H**ealth **A**ctivities Amman, Jordan.
- CEHA is the technical focal point for the issues related to children and their environments (e.g. healthy environment for children) in the Region.

- **Holding/Participating in Risk to Children meetings**

- 1st Informal meeting in” Children’s EH” was held in ECEH, Rome, Italy (2000)
- 2nd Informal consultation on “Children’s EH” was held in CEHA, Amman (2001)
- 1st International Conference in Bangkok (Two Technical Staff) (2002)
- 1st Regional Consultation meeting “Healthy Environment for Children”,(2003)
- Six national seminars/workshops on “Healthy Environment for Children”
- World Health Day “Healthy Environment for Children” in Amman (2002)

- **Pilot / Demonstration Projects**

- Health and Environmental Linkages Initiative (HELI) focusing on children and women – Jordan and Yemen.
- Development of EH indicators, under CEHI in Jordan, Oman and Tunisia.
- 2 Lead Studies (Focusing on Children) in Amman.
- 4 Years (1995 – 1999) initiative “ Environmental Healthy School Initiative, EHSI” in 4 boy’s schools in different settings (industrial, rural) and income levels in Jordan.
- Linking “Children’s EH” to Arab Environment Days, with special focus to Women and Children
- Promoting WHO’s “Practical School Health Curricula” in Arabic (Including Environmental Health) in CD-ROM.

- **Coordination of activities with EMRO**

- Close coordination is maintained with regional advisers for healthy environments, foods and chemical safety, adolescent and child health, health education, emergencies and humanitarian action, healthy life style and others. For example:

- Preparation of national chemical safety profiles (incl. Hazards for children)
 - Assistance in the establishments of national committees or technical fora issues related to chemicals
 - Technical missions for identifying EH risks and hazards and their management
 - Identification and printing of awareness raising materials in various form and languages

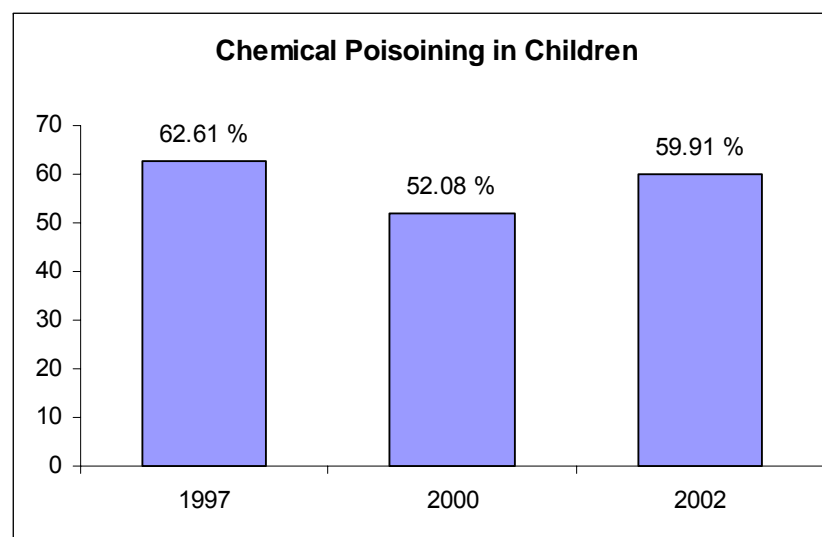
• Tools, Approaches, Techniques

- EH Book for Children (Including chemical threats) in Arabic.
- 8 Modules (Arabic) for Raising Awareness in Environmental Hazards and Risks for Rural Mothers (incl. children)
- Posters “ Our Children – Our Future” (Distributed to WRs, MoH,.....)
- Video – Cassette on “Safe Use of Pesticides” (General Awareness)
- Establishment of National Chemicals Information Centre in Amman. (Coordination with MoE, Civil Defence, Army, MoA,...)
- Awareness Raising Campaign in Jordan through Development and Arabization of available materials, posters, etc. at different settings (Schools, Home, Public...)

*Country Level Example (e.g Jordan) WHO Sponsored Study Results

Situation

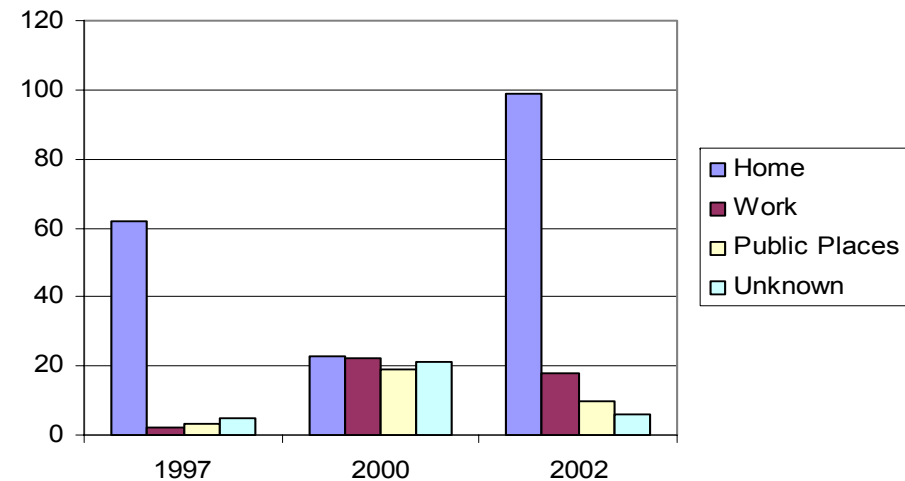
- Around 60% of chemical poisoning cases are children (more cases in low-income families)



- Higher (almost twice) poisoning cases for male than female

*See Annex 1

- 74% of the poisoning cases for children occurred at home



- More than 45% poisoning cases were due to home chemicals such Sodium Hypochlorate, bleaching and detergents
- For awareness raising “media heard and seen” is T.V. and Radio (66%)

- Interventions, tools,...etc

- Schools

Instructional Guidelines
for School Laboratories for
Students and Teachers

- Public

Instructional Posters,
Pamphlets,
Flyers,....etc

- Home

- Instructional Posters, Pamphlets, Flyers,....etc
- Also Safe Alternatives for Chemicals to be replaced at Home
- Safe Storage, Use and Disposal of Chemicals

- ACH./EMRO's Prospective study on "Clinical Predictors of Severity of Accidental poisoning from Hydrocarbons, Organophosphates and Carbamates in children below 5 years old" – Poison Control Centre, Ain Shams Univ. Hospital, Cairo, Egypt, 2004
 - Analysis of data on Hydrocarbon component to be completed by the end of 2005, it needs validation in other clinical settings with different prevalence and spectrum of poisoning conditions
 - Information gathered, about circumstances, under which accidental exposure to chemicals occurred, for planning preventive interventions.

4. The Way Forward

- Global comprehensive proposal (each Region to technically contribute) for donor funding
- Development of strategy and framework (main focus on household and school levels)
 - Global
 - Regional
 - National (programmes and activities focusing on training of mothers and school teachers, training of pediatricians...)
- Research and studies focusing on children under 5 years of age (incl. unborn as well as born)
 - Pilot studies (one per region on a specific subject e.g. Lead, Pesticides, POPs) in different environments (air, water, soil, food, ...etc)

- Coordination of work with other units (e.g. adolescent and child health, ...)
- Development/Adaptation of awareness raising (at household and school level):
 - Documents/materials in local languages
 - Generic tools and mechanisms
 - Generating evidence base information related to burden of disease (Region specific).