

The CEHAPE Table of Actions and country case studies:

A web-based tool for Member
States to improve children's
health and environment

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Purpose of this presentation

- To provide you background on WHO Euro action plan for children - CEHAPE
- To share information on web-based tool for CEHAPE implementation

The European environment and health process

WHO Ministerial conferences

Outcomes

1989 Frankfurt



1994 Helsinki



1999 London



2004 **Budapest**

- European Charter on Environment and Health
- 'Concern for Europe's Tomorrow'
- WHO European Centre for Environment and Health

- Environment and Health Action Plan for Europe (EHAPE)
- National Environment and Health Action Plans (NEHAPs)
- European Environment and Health Committee (EEHC)

- Protocol on Water and Health
- Charter on Transport, Environment and Health
- Renewed mandate of the EEHC

- **CEHAPE**
- **Declaration**



CEHAPE - a policy document with accompanying tools

- **CEHAPE** - presents the 4 Regional Priority Goals
www.euro.who.int/document/e83338.pdf
- **CEHAPE Table of Actions (TOA)** –a "menu of actions"
www.euro.who.int/document/che/edoc08.pdf

Regional Priority Goals (RPGs)

- environmental health risk factors and objectives
- suggested actions
- code for the type of action
- indicate which sector/s might be responsible for
- implementation of given action

- **Catalogue of country case studies** – practical examples of actions illustrating process followed, lessons learned, etc



CEHAPE consists of 4 Regional Priority Goals (RPGs)

RPG 1 – covering:

Poor water supply and inadequate sanitation

“To prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe water and adequate sanitation for all children.”

RPG 2 – covering:

Mobility and transport, physical activity, unsafe building and construction standards and materials

“To prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity by promoting safe, secure and supportive human settlements for all children.”

CEHAPE consists of 4 Regional Priority Goals (RPGs) (cont.)

RPG 3 – covering:

Indoor air pollution, outdoor air pollution

“To prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks in order to ensure that children can live in an environment with clean air.”

RPG 4 – covering:

Hazardous chemicals, noise, occupational risks, ionizing radiation, non-ionizing radiation

“To reduce the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence.”

CEHAPE Table of Actions

Regional Priority Goal I			
We aim to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe water and adequate sanitation for all children.			
ENVIRONMENTAL RISK FACTOR	ENVIRONMENTAL HEALTH OBJECTIVES	CODE	SPECIFIC ACTIONS
POOR WATER SUPPLY AND INADEQUATE SANITATION	Improve children's access to sufficient quantities of safe and good quality water	L	Ensure the setting of child specific targets is included in national measures to implement the Protocol on Water and Health.
		L	Enact/enforce legislation to ensure that all public buildings where children spend time have access to safe water
	Improve children's access to basic sanitation	L	Enact/enforce legislation to ensure that all public buildings where children spend time have access to basic sanitation infrastructure
		S	Develop programmes to improve the access of all private homes to safe water and basic sanitation infrastructure
	Increase awareness of children and caregivers about the importance of water quality for health and appropriate hygienic practices	E	Provide education to care givers, school administrators, teachers and children on importance of water quality for health and appropriate hygienic practices.
		L	Ensure disposal of wastewater away from play areas, schools, recreational areas and public beaches.

A focus on case studies...

**Why and how to
collect case
studies?**

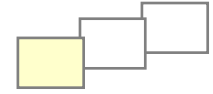
**What have been
the results?**

**What are our
next steps and
future needs?**

Phase 1 – Initiation of project

- Work initiated with the development of the CEHAPE
- Need for practical examples of actions for Member States (MS)
- Developed template and solicited case studies during planning meetings

Country case studies and link to CEHAPE and TOA



Premise: *A lot of experiences have taken place but the knowledge is not always recorded, shared and transferred...*

- Implementers document their action, the planning process, report on results, and extract lessons learned
- WHO processes and standardizes the info – mapping
- Practical examples provided to MS for CEHAPE implementation and general child health initiatives
- Countries benefit from this shared knowledge

CEHAPE environmental risk factors

- indoor air pollution (allergies, ETS, indoor air quality)
- outdoor air pollution
- unsafe water and inadequate sanitation
- dietary intake
- food contamination
- hazardous chemicals
- non-ionizing radiation; ionizing radiation
- mobility and transport (accidents, injuries, physical activity)
- unsafe building and construction standards and materials
- noise
- occupational risks
- specific adverse social circumstances
- natural and manmade environmental disasters
- direct and indirect consequences of armed conflict

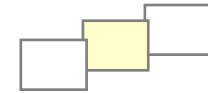
**Why collect
and how?**

**To make information
available and turn it
into useful knowledge**

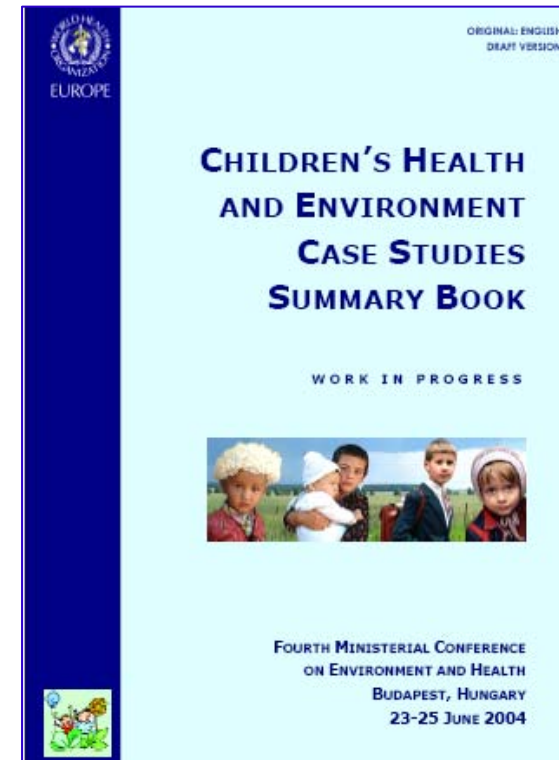
**What were
the results?**

**What are our
plans and
future needs?**

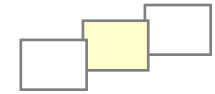
Phase 1 product: A draft publication was launched in June 2004 ~ now on the web



- Side event
at Fourth Ministerial Conference on
Environment and Health (Budapest 2004)
- Available on WHO Euro CHE website:
[www.euro.who.int/
childhealthenv/Policy/20040602_1](http://www.euro.who.int/childhealthenv/Policy/20040602_1)



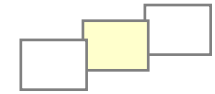
Initial results → We got many responses



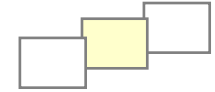
- **90 case studies in total:**
 - 70% from Western Europe
 - 28% from Central and Eastern Europe
 - ***only 2% from Newly Independent States***

- **68/90 selected, evaluated and classified:**
 - 2/3 “Actions/Interventions” (44)
 - 1/3 “Research/Surveys” (24)

A sample of information from “action/intervention” case studies



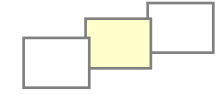
- **Main risk factors covered:**
 - indoor air pollution
 - water/sanitation
 - hazardous chemicals
 - mobility and transport
 - dietary intake
- **Implementation level:** 10 Local, 7 National
- **Most common setting:** Schools



Main sectors involved

Occurrences in “action/intervention” case studies

- **Health** 30
- **Education** 27
- Local Authorities 19
- Environment 12
- Parents and community 11
- Transport, Industry, Other 10

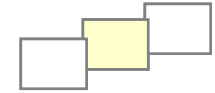


Sectors working together

Occurrences in “action/intervention” case studies

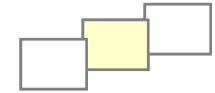
- **Education and health** **17**
- **Health and local authorities** **12**
- Education and local authorities **11**
- Environment and health **8**
- Education and environment **7**

We needed to further expand/improve the collection



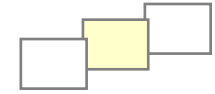
- Designed a strengthened questionnaire to enable evaluation of action
- Broaden our network to cover more risk factors and geographical areas

The Children's Health and Environment Questionnaire – CHEQ



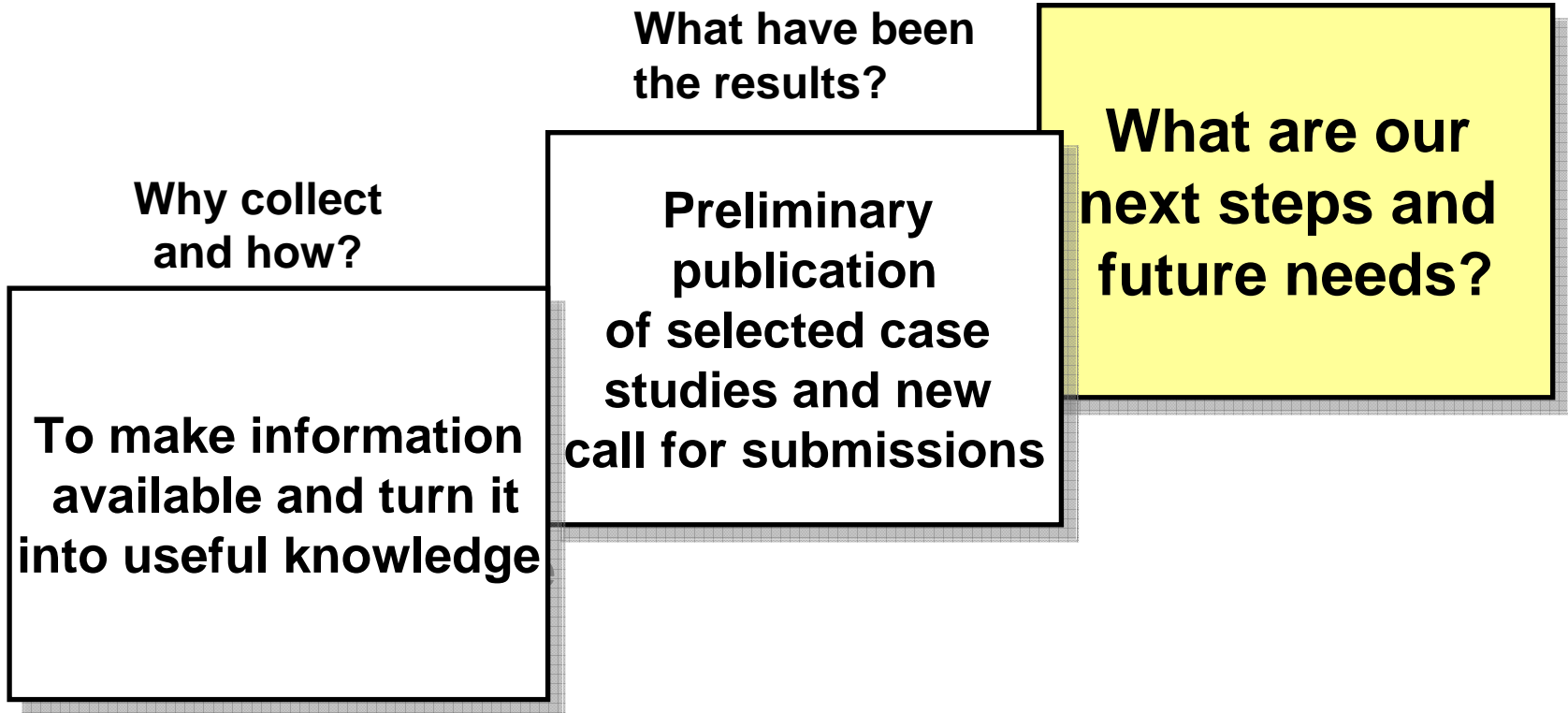
- A questionnaire (CHEQ) has been developed, based on the template used for the initial collection of case studies
- In December 2004 and January 2005 the English and Russian versions of the CHEQ were sent out to networks
- 2nd call was made on the CHE website

Phase 2: Mapping actions in Member States



- January – June 2005 - 82 completed CHEQs submitted by Member States
- 67 inserted in a template for writing up
- Authors contacted again and asked for additional information to allow a better picture of their projects

Phase 2 product → Mapping of CS within the CEHAPE TOA ~ a web-based tool



Phase 3: Selection of “good practices”



Set up working group; established evaluation criteria

Evaluation criteria

- √ **Clear description**
 - √ **Rationale**
- √ **SMART objectives**
 - √ **Scope**
 - √ **Evaluation**
 - √ **Process**
 - √ **Methods**
 - √ **Feasibility**
 - √ **Sustainability**
- √ **Contextual information**
 - √ **Outcomes**
 - √ **Impact**

Future developments

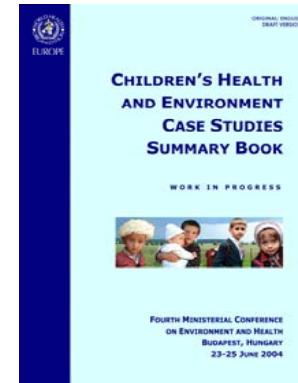
- Evaluate and classify all case studies using a set of criteria agreed upon in a working group set up for this purpose
- Select “**good practices**” for the risk factors addressed in the CEHAPE from pool of case studies.
- **Good practices** will be those :
 - i) supported by a systematic review of the effectiveness of the intervention; and
 - ii) which fulfil a set of criteria (*ie. evidence base for action, clear objectives, process methods, impact of action*)

Phase 3 product:


Web-based tool w/ updated TOA and selected “good practices” and country CS

Current status

- Initial set of case studies (collection) available as hard copy and on web as a single document (44 CS)
- Underway: analysis of new set collected in 2005 (82 CS)
- Underway: web-based tool to support CEHAPE implementation



Case studies are matched with suggested actions (evidence-based) from the CEHAPE Table of Actions



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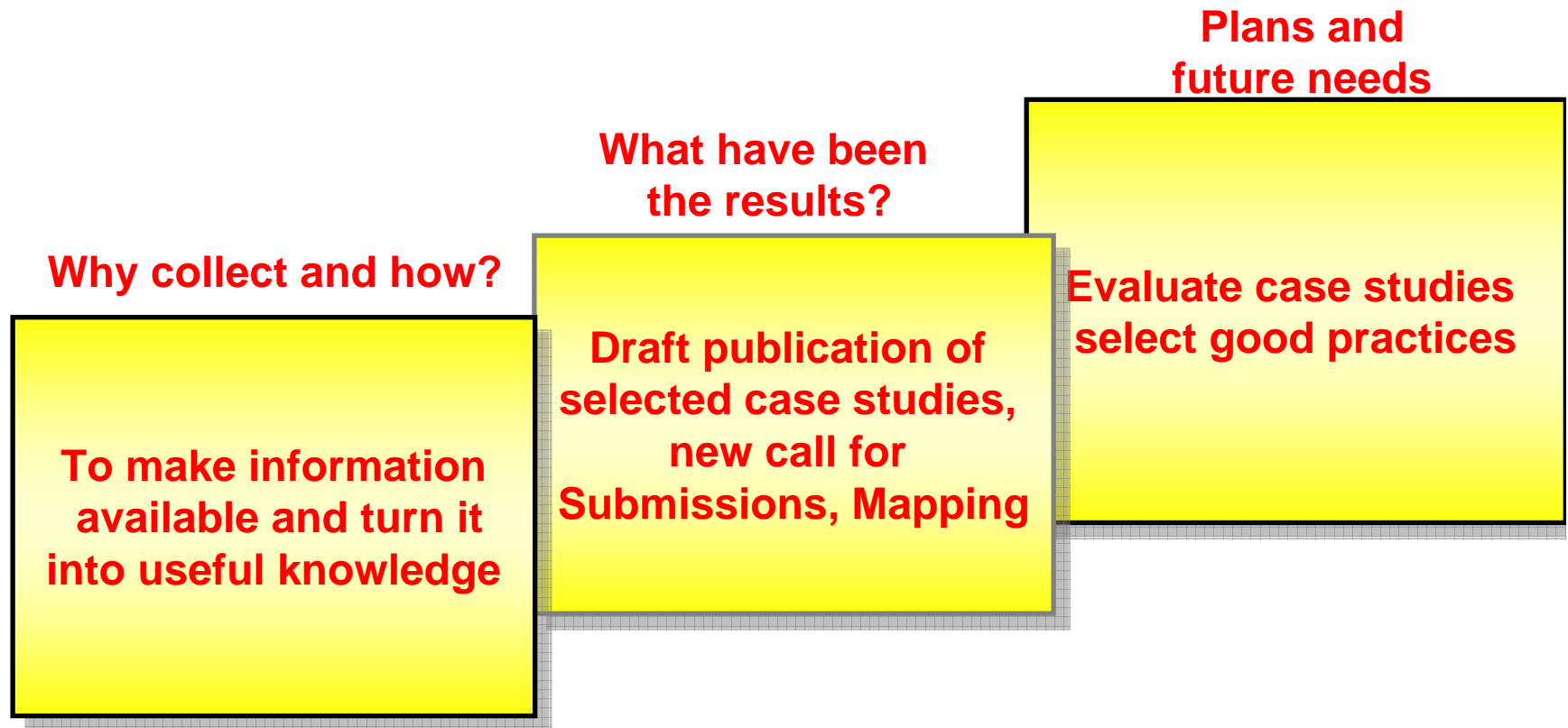
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RPG II, risk factor (RF) 1: Mobility and transport (accidents, injuries, Environmental health objective RF1.1: Increase road safety for children

(Type of) Specific action suggested in the CEHAPE table of actions	Documented examples (from "Children's health and environment case studies summary book")
(Legislation/Education) Promote (or enforce) the use of safety devices for children in vehicles (i.e. seat belts, child car seats)	Safe road to school in Faro (Portugal)
(Legislation) Reduce speed limits and use speed limiting devices for traffic around schools	School improves the environment (Portugal)
(Education) Provide road safety education, in particular for increased driver awareness of children	
(Education) Provide education on road safety and use of public transport for school-age children	Scuolabus a piedi (Italy) It's better on foot! (Switzerland) An effective city wide school travel policy in York (UK)

In summary



Process

Phase 1: Initiation of project

- Development of template 1
- Soliciting and review CS

Product → Draft publication on web

Phase 2: Collection and Mapping of actions

- Development of CHEQ (questionnaire/data collection instrument)
- Re-launch of project and soliciting new CS
- Set up working group and decide on evaluation criteria to apply → Checklist + systematic reviews

Product → Mapping of CS within the CEHAPE TOA – web-based tool

Phase 3: Selection of “good practices”

- Utilization of evaluation checklist and search for systematic reviews
- Check with already existing pool of CS
- Select # actions to “promote” based on checklist and reviews and solicit CS if not already existing

Product → Web-based tool w/ updated TOA and selected “good practices” and country CS

Thank you !

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www.euro.who.int/childhealthenv