

**High-level Panel on Indigenous Children and Youth,
Permanent Forum on Indigenous Issues, Monday 12 May 2003, New York**
Presentation on HECA made by Ms J. Sims on behalf of Dr D Nabarro, EXD/SDE.

WHO's contribution to this Panel discussion will focus on children's environmental health. I'll first give a few facts and statistics; then I'll tell you about the Healthy Environments for Children Alliance that is now being formed to do something about it; and finally, I'll refer to the need for an indigenous element in this Alliance.

Facts

Every year, over **five million** children die from diseases, infections, and accidents related to the environments where they live, go to school, and play. Together, **acute respiratory infections, diarrhoea, and malaria** – all associated with environmental risk factors – kill more children than any other disease.

Acute respiratory infections (ARI) kill around **two million** children under five every year. This is the single biggest killer of young children, and it's aggravated in developing countries by both indoor and outdoor air pollution. More than half the world's households cook and heat their homes with "dirty fuels."

Asthma, often from the same sources, is a huge and growing child health problem in both rich and poor countries.

Diarrhoea, due to food or water contamination, or bad hygiene, is the second biggest killer with around **1.3 million victims** under five every year. Several billion people, mostly in Africa and Asia, don't have adequate water or sanitation today.

Malaria causes another **million** child deaths annually, mainly in sub-Saharan Africa.

Accidental **chemical poisoning** kills 50,000 children a year. This is due to chemicals commonly found in and around the home, such as pesticides and kerosene in developing countries, and drugs and cleaning products in developed countries.

Traffic accidents, drowning, and burns are the leading causes of children's death from unintentional injury worldwide. Over half a million children under 15 died in 2001 alone from these causes, mainly in poor countries.

Tackling these health and environment problems needs action in **six areas**. These are:

- Household water supply
- Sanitation
- Indoor and outdoor air pollution
- Disease vectors like mosquitoes and worms
- Chemical hazards
- Unintentional injuries.

What accounts for these alarming statistics?

Children under 5 years old currently bear 40% of the global disease burden. They're particularly vulnerable to environmental hazards because when they're growing, they consume more food, air, and water than adults in proportion to their weight. Their immune systems, and their reproductive, digestive and central nervous systems are still developing, and they spend more time on the ground close to dust, dirt, and chemicals. Children can also be exposed to environmental hazards before birth, through maternal exposure to smoke, pesticides, or heavy metals such as mercury, lead, and cadmium. And as we all know, exposure to environmental risks at early stages of fetal or infant development can result in low birth-weight, or lead to irreversible long-term, mental or physical damage.

So what can we do?

Children are often exposed to **multiple risks** to their health in the same setting **at the same time**. These risks are therefore best tackled in an **integrated** way (in other words intersectorally) in the places where children spend most of their time – **at home, at school, and in their local community**.

During the World Summit on Sustainable Development last September, WHO launched the idea of a new, world-wide, multi-stakeholder alliance to address these issues, called the Healthy Environments for Children Alliance (HECA).

Note it's called an Alliance. This means it's not just operated by WHO. We see it as a **movement** involving many actors and stakeholders at local, national and international level, **coordinated** by a small secretariat based at WHO. Its aim is to **catalyse** and coordinate **intersectoral action** to tackle major environment and poverty-related risks to children's health WHERE THEY OCCUR – which is at **home, at school, and in the local community**. Alliance members include national governments, intergovernmental organizations, UN agencies such as UNICEF, UNEP, and UN-Habitat, NGOs, foundations, research groups, and the private sector.

Now, while this alliance is in its early phases of development, is a good time to think about how we include indigenous children and youth.

What is happening right now?

The Alliance plans to foster a big increase in activity throughout many sectors at country and community levels. Alliance members will work together to facilitate the creation and maintenance of national and local **movements** for healthy environments for children, including strengthening national capacity to address the issues. **Pilot projects** will be used to identify the best ways of addressing the problems. And particular attention will be given to the hitherto **neglected home environment** – a domain often beyond the reach of official policy, and where the most significant environmental health threats to children converge.

The Alliance is now putting together a plan of operation for the next 3 years. Its core functions will be

1. advocacy and awareness raising
2. providing knowledge and information exchange
3. promoting effective policies and action in many sectors, at all levels
4. supporting countries and communities in creating and maintaining healthy environments for children;
5. monitoring and evaluating progress.

What sort of actions will be taken?

The Alliance will promote **community-based, participatory** strategies to reduce environmental threats – backed up by greater understanding, and more political will.

With a stronger, more scaled-up focus on the problems and health impacts, **a real difference to health in these 6 priority areas** can be made.

WHAT IS THE RELEVANCE FOR INDIG CHILDREN AND YOUTH?

Indigenous children and youth of course share the environment health threats outlined above. But they may be **additionally at risk** in some cases, as indigenous communities often live in environmentally deprived or degraded surroundings, in both developed and developing countries. We are all aware of the reduced life-expectancy at birth ratios, and higher mortality rates, in many indigenous communities. Another reason for being specially at risk is because indigenous peoples may not benefit equally from development initiatives.

This Alliance could play a role in helping to identify indigenous children at high risk from environmental hazards in their localities, and stimulating action to make those children's lives safer.

Conclusion

As WHO's Director-General pointed out on World Health Day last month, which was devoted to the theme of Healthy Environments for Children,

“Every child has the right to grow up in a healthy home, school or community. The future development of our children – and of their world – depends on their enjoying good health **now**. We must work more effectively together to reduce the risks from the environment which our children face.”