

Health and Environment



Proceedings
of
The Second High-Level Meeting on Health and Environment
in ASEAN and East Asian Countries

12 - 13 December 2005
Bangkok, Thailand

PROCEEDINGS

THE SECOND HIGH-LEVEL MEETING ON HEALTH AND ENVIRONMENT IN ASEAN AND EAST ASIAN COUNTRIES

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PROCEEDINGS

The Second High-Level Meeting on Environment and Health in ASEAN and East Asian countries was held in Bangkok, Thailand during 12-13 December 2005. The meeting follows a continuation of the process, which began in Manila in November 2004, where a regional initiative on environment and health was launched by ADB, WHO, and UNEP. It was attended by Representatives from Government and International Agencies and Institutions. The List of Participants is attached as Annexure 2.

1. Opening Session

The opening session was moderated by Mr. Mylvakanam Iyngararasan, Senior Programme Officer, UNEP RRC.AP, Bangkok. Opening remarks was given by Mr. Surendra Shrestha, Regional Director, UNEP, Bangkok and Dr. Hisashi Ogawa, WHO Regional Office for the Western Pacific.

Mr. Shrestha started off by thanking WHO, UNDP and CRI for successfully organizing the Scientific Conference on Environmental Health, which provided a wealth of information. He then introduced the context in which the issue assumes importance in the Asia Pacific region. Rapid economic growth and urbanization in the region is causing significant damage to the environment and human health. The linear growth model and materialism are the driving forces of these negative trends. There are many good examples from the OECD and Latin American countries, on tackling Environmental and Health issues. The region itself has exemplary initiatives such as that by the King of Bhutan, the King of Thailand, the concepts of 3 R's (Reduce, Reuse and Recycle) being implemented in Japan and the Circular Economy being promoted in China. Traditional knowledge, especially traditional medicine, and science and technology could help in these efforts. This high-level meeting was a small step to facilitate such goals. It was expected to revise a draft Charter of environment and health, which also includes a proposal for a Regional Secretariat, and a road map. Mr. Surendra introduced Highlights of Issues and Response Measures Needed of a scientific conference on Asia Pacific environmental health held at Chulabhorn Research Institute (CRI). The relevant points to be discussed during the meeting include: capacity building, transferring knowledge from other regions, making use of existing institutional base and existing inter-governmental processes and how to follow an inclusive approach by involving more countries and agencies.

Dr. Ogawa gave a brief of the major activities since the first High-Level meeting in November, 2004. He stressed the need to convert knowledge into policies and actions. Many countries in the region have prepared the National Environment Health Action Plan (NEHAP) or have made some progress towards it. A draft Charter of the Forum has been prepared with the help of Task Force members and has been circulated among the Member Countries of the Forum. It provides a Framework for further collaboration and for involving partner organisations. Mr. Ogawa concluded by thanking the Thai Government and the CRI for hosting the meeting.

The opening remarks was followed by a round of self introduction. Then the Moderator suggested that the meeting elect a Chair and Vice-Chair from among the participants to guide the rest of the proceedings. Mrs. Doung Thi To, Vietnam Environment Protection Agency proposed Dr. Monthip Tabucanon, Ministry of Natural Resources and Environment, Government of Thailand as Chair and Dr. Su Zhi, Ministry of Health, China as the Vice Chair. The proposal was seconded by Dr. Desiree Narvaez of the Department of Health, Philippines.

2. Review of regional level activities

Taking over as Chair, Dr. Monthip thanked the group for electing her. She reminisced of her recent visit to the tsunami affected areas of Thailand, during which she could see that lots of environment health problems remained. The recent bilateral agreement between Thailand and China was highlighted to show the potential for moving towards a multilateral agreement on EH.

The first presentation was done by Mr. Mylvakanam Iyngararasan, UNEP RRC.AP on regional initiatives by UNEP on EH. The earlier focus on impacts on the media (air, land and water) has given way to receptor-based studies. Environment and Health is an issue representing this paradigm shift. UNEP has initiated several projects in the region, where such an approach will be implemented. The project Atmospheric Brown Cloud (ABC) deals with the impacts of the thick layer of aerosol covering most regions of Asia. The project is now organizing the impact assessment studies in 3 areas, health being one of them. The first Impact Assessment Workshop was held during December 2005 in Bangkok, attended by over 40 experts from all over the world. They have provided guidance for constituting the impact assessment teams and will prepare a white paper on impact assessment. The EANET is an inter-governmental process dealing with acid deposition in North East Asian countries. The 7th session of the EANET IG was held in November 2005 in Japan. It would be preparing a report for policy makers and would promote preventive measures at the national level. To address the dust and sand storm (DSS) issue in North East Asia, UNEP, UNCCD and ADB have set up a project. It aims to put up a monitoring and early warning system. A fact-finding mission was held to facilitate the establishment of the early warning system and an investment strategy has been prepared for the whole project. The presentation is attached as Annexure 3.

This was followed by a presentation by Dr. Hisashi Ogawa, WHO Regional Office for the Western Pacific on the regional initiative on health and environment. He gave an introduction to the Environmental Health (EH) challenges faced globally and in the region. Environmental risks cause 1 million deaths annually in the region, over 90 % of which occurs in developing countries. The risks vary according to the settings: indoor smoke in rural areas, urban air pollution in rapidly developing countries and unsafe water and sanitation in rural and underserved urban areas. A regional strategy has been formulated to strengthen national level capacity in environmental health risk assessment, enhance inter-sectoral cooperation on EH, and inter-country cooperation on common and trans-boundary issues. The Ministerial-level Regional Forum and the High-Level

Meeting on Health and Environment in ASEAN and East Asian countries are expected to give guidance for this process. The 1st High-Level Meeting was held in November 2004, and the current meeting is the 2nd one, held back to back with a scientific conference. The Ministerial level meeting will be convened in 2006. The national level activities includes the formation of the coordination mechanism (or Technical Working Group), preparation of the Environmental Health Country Profile (EHCP), Environmental Health Data Sheet (EHDS), and NEHAP, and convening of national forums regularly. A Task Force was established at the regional level, which has met twice prior to this meeting and will have its 3rd meeting immediately after this meeting. It has produced a concept note, prepared the road map to the Regional Forum in 2006 and prepared a draft Charter of the Regional Forum. He also listed down the specific assistance that has been provided to the different countries by WHO during this period. The presentation is attached as Annexure 4.

3. Review of National Level Activities

Dr. Pg Dr Hj Md Khalifah Pg Hj Ismail, Ministry of Development, Brunei Darussalam gave a presentation on “Health and Environment in Brunei Darussalam”. He gave an introduction to the geography, demography, economy and development priorities of Brunei. The Government is committed to a sustainable development path and a National Environmental Strategy has been incorporated in the seventh and eighth National Development Plans. The status of environmental management activities, the relevant supporting legislations and the international treaties ratified were mentioned. There are several Government agencies dealing with environment, chief of them being the Department of Environment, Recreation and Parks of the Ministry of Development, and the National Committee on Environment. The Environment Health Services of the Department of Health Services, Ministry of Health is responsible for managing EH issues. In 2004 it was elevated to the level of a Department, with its own Director. Issues related to EH has been incorporated into the National Health Care Plan(2002-2010). EH is one of the seven program areas of the National Committee on Health Promotion, a body established by the Ministry of Health in 2000, with representation from the Government, private sector and NGO’s. A WHO consultant on EH, engaged in 2003, identified several priority issues related to the EH profile of the country. Dr. Ismail stressed the need to introduce and strengthen policies related to EH and the need for human resource development. The presentation is attached as Annexure 5.

The country report on Cambodia, titled “Updates on National Action, Cambodia” was presented by Dr. Chim Sopharo, National Center for Health Promotion, Phnom Penh. The Ministry of Health (MOH) is in the process of establishing EH Technical Working Group(TWG). The NEHAP is also under preparation with informal coordination between the MOH and the Ministry of Environment. The problems being faced are a lack of resources for the TWG, and a lack of coordination and direction, making the process slow. The process of preparing the NEHAP will involve the setting up of a mechanism for EH activities, and a national forum on the issue. The NEHAP will provide a 5 year framework on EH issues. A more detailed action plan for the preparation of the NEHAP was also presented. The need for better coordination among the relevant Government

agencies and support from international organisations, was highlighted. The presentation is attached as Annexure 6.

The “National Actions in China” was presented by Dr. Su Zhi, Ministry of Health, China. On behalf of the MOH, the National Institute of Environmental Health and Health Related Products with support from WHO/WPRO consultants, has prepared a draft NEHAP. This was submitted in the first National Forum on EH and the revised version has been circulated to the Ministries for suggestions. The final version would be submitted to the State Council for final approval. To promote multi-sector cooperation in EH, Ministry of Health(MOH), in consultation with SEPA, established a task force and an expert group, with wide representation. The first National Forum on EH was held in Beijing in November, 2005. The Forum recommended an action plan for EH, with well defined responsibilities for the different sectors, based on their current functions. It also suggested the creation of a high-level multi-sector national level cooperation mechanism for EH. It recommended to conduct the Forum every two years and to propose a National EH day. A national symposium on EH was organised in August 2005, mainly for public health officials. Several international conferences related to EH were held in collaboration with international organisations like WHO. To strengthen legislation and standard setting, a legislation related to management of Central AC in public buildings was reviewed and the National Drinking Water Hygienic Standards was amended, both awaiting final approval . To promote information sharing, an EH information service system is under construction. A joint laboratory on EH for MOH and SEPA, and a reference lab on tobacco and lead are being established. In SEPA, a division of Environment and Health Monitoring has been setup. The presentation is attached as Annexure 7.

The country presentation of Indonesia titled “Review: Indonesia Activities” was presented by Dr. Wan Alkadri, Ministry of Health, Republic of Indonesia. He introduced Indonesia as a large and populous archipelago, with most of the population in the island of Java. Surveys have shown that communicable diseases have decreased since the 1980’s, while non communicable diseases have increased, signaling an epidemiological transition. He listed the priority areas in environment and health, and showed that several Ministries had jurisdiction over them. These include the Ministries of Health, Environment, Agriculture, Public Work, Forestry, Transport, Energy and Mine, and Home Affairs. The institutional mechanism involved a coordination meeting among the Ministries, senior officials coordination meeting, and technical coordination meeting for specific issues. The national planning process is through the 5 year National Development Plans, strategic plans for all levels and strategic plans for specific issues. The latter is normally developed by NGO’s and are facilitated by the Government. The mechanism for the NEHAP has to be facilitated in this existing structure. Environment and Health Impact assessments are being done, but their quality is suspect. Updating of Environmental Health Country Profile(EHCP) and Environmental Health Data Sheet(EHDS) has not been done. The presentation is attached as Annexure 8.

Ms. Mimi Nameki of the Ministry of the Environment, Government of Japan, made a presentation titled “ Japan’s actions on Environment and Health”. Japan had to face large

environmental disasters like the Minamata disease and the Yokkaichi Asthma, after which its outlook towards environmental management changed. Many preventive policies exist and in case environmental disasters occur, the polluter has to compensate the victims. Several plans and frameworks exist for the environment and health issues. This includes The Basic Environment Plan, the White Paper on Environment, the White Paper on Health, Labour and Welfare and several national plans aimed at specific issues. The Basic Environment Plan is a comprehensive, long term plan, initiated first in 1994 and is revised once in 5 years. The White Paper on Environment is an annual report used to inform citizens the current state of the environment and the existing policy measures. Examples of actions taken were given for water supply, water treatment, toxic substances and hazardous waste management and on the Kyoto Protocol targets. The presentation is attached as Annexure 9.

The progress in Lao PDR was presented as “Lao PDR: Actions done” by Dr. Tayphasavanh Fengthong, Chief of Environmental Health Division, Ministry of Health. A draft NEHAP has been prepared. The scope of the existing National Environmental Committee(NEC) was reviewed to explore the possibility of using it to integrate the health and environmental sectors. The NEC was established in 2002 and is chaired by the Vice-Prime Minister and has as its member, the Vice Ministers of several Ministries. It meets twice a year. The EHCP and EHDS was updated, to use it as a mechanism for information sharing. A National Forum on Environment and Health links was organized in July, 2005. 2 Workshops related to EH, were held during 2005: One on “Health effects of indoor air pollution in Lao PDR” and another on “Guideline for drinking water quality and water safety plan”. Officials have also participated in regional workshops/training programmes on EH. Collaborative research has been carried out on drinking water quality, environment quality standard, impact assessment of using mercury in gold mining in Luanprabang province, and on water and sanitation. A policy on Health Impact Assessment(HIA) has been developed and presented to the Prime Minister, for approval, so as to later incorporate it into EIA. EH has been incorporated into the curriculum, especially at primary school level. Apart from continuing and improving upon current initiatives, future plans include: developing a master plan for environment and health policy, develop EH risk assessment tools, and laboratory assessments. The presentation is attached as Annexure 10.

The Malaysian presentation was titled “Updates from the first HLM”, presented by Dr. Lokman Hakim B. Sulaiman, Institute for Medical Research, Kuala Lumpur. EH policies in Malaysia can be divided into normal ones and disaster related ones. A National disaster management committee, chaired by the Deputy Prime Minister, oversees the disaster related EH issues. Under it there are many National sub-committee’s dealing with specific issues like haze, avian flu etc. The policy process of normal EH issues are through the 5 year development plans, which again is routed through the existing institutions created mainly for implementing the multilateral conventions or through TWG’s established for dealing with new multi-sectoral issues. Some of the EH related TWG’s are related to drinking water, zoonotic diseases, and pesticides. Some of the EH strategies that have been pushed through the 9th Malaysia Plan(2006-2010) include the mandatory installation of oil traps near eateries, the development of EH indicators and

work on ecology and zoonotic infections. A recent change has been the extensive use of public consultation for Government policies. Malaysia has been organizing an annual National Environmental Health Forum since 1996, each year focusing on a particular theme. In 2005, it was on Occupational Health. The draft NEHAP was prepared and introduced during the 2000 National Environmental Health Forum. The modified version was called MOHEHAP. 6 TWG's have been set up under this initiative. Other EH initiatives include public awareness campaigns, sharing of information, collaborative research and integration of EH in formal education and professional development, some of them requiring further strengthening. The presentation is attached as Annexure 11.

The follow up actions in Mongolia was presented by Ms. Batsukh Jargal, Ministry of Nature and Environment, Ulanbaatar. The National Forum on EH was conducted in August 2005. She then elaborated on a 10 year EH Programme that will be implemented in 2 phases, starting from 2006. The programme has 4 main components, and around 70 sub-components. The first component aims to improve the legislations and institutional mechanism for EH. The second component would focus on extensive research to improve the knowledge base and capacity building activities. In the third component, pollution prevention and mitigation strategies would be implemented covering the issues of air pollution, water supply and quality, sanitation, toxic chemicals and chemical safety. The fourth objective would aim at public awareness campaigns and promotion of public participation in EH activities. The whole programme would be linked to existing programmes on water, occupational health, waste management, etc. The presentation is attached as Annexure 12.

The development of the Philippines NEHAP was presented by Dr. Desiree Narvaez, Department of Health, Manila. Philippines is in a transition period, where it has to bear the double burden of traditional infectious diseases and modern non communicable diseases. The Government has responded to this challenge by constituting an Inter-Agency Committee on Environmental Health(IACEH), to oversee all EH initiatives and by developing the NEHAP. The NEHAP was designed to converge with the targets set by the MDG and other multilateral conventions. The inputs were provided by a wide range of stakeholders and from information collected through the EHCP and EHDS. Several TWG's were formed for formulating the NEHAP. The IACEH was reconstituted into 5 sectors, each having its own task force: solid waste, air, toxic substances and hazardous waste, occupational health and food sectors. The task force has had its meetings during August-September 2005. During September – November 2005, several workshops and meetings have been held to help formulate the NEHAP. These include: a workshop on NEHAP formulation, WHO WPR Regional Task Force Meeting, Partners/Donors Meeting, High Level meeting, and a National NEHAP Forum. Action Plans have been developed for each of the 5 sectors. Guidelines have also been formulated to develop the NEHAP. Future plans include: formulation of sectoral annual action and operational plans, monitoring and evaluation activities, setting up regional IACEH to oversee implementation in the provinces, and reviewing the NEHAP by 2010. The presentation is attached as Annexure 13.

The EH activities in Singapore, implemented through the Singapore Green Plan 2012 (SGP 2012), was presented by Mr. Tan Han Kiat. The SGP 2012 is a 10-year plan, launched in 2002. The 5 thematic areas are: public health, clean air, clean water, waste management, and nature conservation, with community partnership and innovation as two cross-cutting areas. Each of these themes is overseen by an Action Programme Committee (APC), and guided by a Coordinating Committee. Under “Public Health”, the thrust is on increasing community participation, capacity building and vector control. The main activities include campaigns against dengue, rats and littering. Capacity building included collaborative research on dengue and upgrading the professionalism of the pest management industry. Under the “Clean Air” theme, emphasis is placed on improving the air quality, expanding the use of natural gas in the power and transport sectors and promoting greater use of public transportation. Under “Clean Water”, the key areas of focus are to increase the water catchment area, increase supply of water from non-conventional water sources such as desalination and water reclamation, and maintaining good water quality standards. The key thrusts for “Waste Management” are to increase the overall recycling rates so as to extend the lifespan of the offshore Semakau sanitary landfill and reduce the need for more incineration plants. Under “Nature conservation”, nature areas will be conserved and kept for as long as possible.. The SGP 2012 is reviewed every 3 years. The 2005 review was done through public participation involving more than 5000 citizens. The Plan would be updated in early 2006. The presentation is attached as Annexure 14.

The country report for Thailand was titled “ Progress Report on Environmental Health” , presented by Dr. Twisuk Pungpeng. The current state of EH in Thailand included a mix of traditional, modern and emerging issues. Some steps have been taken to ameliorate this. This include the National Environmental Quality Promotion and Conservation Acts(1992), and Public Health Acts(1992), apart from other legislations at the national and local level. The Environmental Health Country Profile has been prepared and a Multi-Sectoral Technical Working Group has been formed. Thailand lacks an integration mechanism for Health and Environment. Future plans include the convening of the TWG’s in January 2006, to review and update the EHCP, organizing the national forum and preparing the NEHAP. The presentation is attached as Annexure 15.

The next presentation was by Dr. Jeongim Park, Korea Environment Institute, titled “National Activities – Republic of Korea”. The outlook towards environmental management in Korea is undergoing a paradigm shift from the traditional “media-based” compliance with standards to receptor based approaches, integrating the concepts of “exposure” and “effects”. There is a movement away from episode investigations to strategic approaches like risk assessments and monitoring of diseases. In the Minister’s report to the President in 2005, one of the 4 key areas mentioned was on EH. A 10 year NEHAP has been prepared , which has around 160 sub-projects. It is expected to be enacted by 2007. The institutional mechanism for EH was strengthened by establishing an Environmental Health Policy Division. A Forum on EH Policy meets bi-monthly. The EH policy is based on the following principles: receptor based, ensuring environmental justice, adhering to the precautionary principle and with emphasis on risk communication. The EH plan will improve the legal framework by enacting an “Environment Health Act”,

incorporating HIA into EIA and imposing “environmental disease burden” on polluters. The capacity to do research will also be enhanced. Exposure assessments and risk assessments would be carried out and media-integrated standards would be developed. Monitoring and management of environment related diseases would be done , along with the provision of support systems for affected people. She also mentioned about some of the projects being carried out: health assessment for contaminated sites, EH status surveillance for children and national assessment of background level of exposure to environmental chemicals. Apart from phased implementation of the plan, international cooperation in EH would be strengthened. The presentation is attached as Annexure 16.

The last country report to be presented was that of Vietnam titled “National Environmental Health Action Plan and the First National Forum on Environmental Health in Vietnam”. presented by Dr. Duong Thi To, Vietnam Environment Protection Agency. A small meeting was organized by the MONRE and the MOH with the following aims: drafting the NEHAP, setting up a working group on EH, and drafting an inter-ministerial circular for strengthening EH activities. A 15 year NEHAP has been prepared for the years 2006-2020. Its priorities include: Improvement in policy, institutional and legal frameworks; establishing monitoring systems for EH impacts; building capacity for research on HIA; and awareness building activities. The first National Forum on EH was organized in November 2005 in Hanoi.. There were 140 participants. The major comments raised during the Forum include: Expanding the scope and timeframe for NEHAP; giving priority for the regular development of National Environmental Health Profile (NEHP) and Database (NEHD); annually develop maps of EH hot spots; establishment of a focal point dedicated to EH activities. The presentation is attached as Annexure 17.

4. Regional Charter of Environment and Health

The country presentations were followed by a line-by-line review of the draft Charter of the Forum that had been prepared by the Task Force. The meeting adopted the draft charter as attached in Annexure 18. The Forum requested UNEP and WHO to present the contents of the Charter to ASEAN and during the upcoming ASEAN Ministerial meetings.

5. Way Forward

WHO and UNEP listed the immediate actions to be taken and the decisions to be taken by the Forum. The proceedings of the meeting would be prepared and circulated to the members by UNEP. The revised Charter would be circulated to all the countries and a month’s time would be given to suggest any amendments to the same. The decisions of the Forum have to be informed to inter-Governmental processes in Southeast Asia and East Asia. Regarding the Ministerial meeting, the meeting agreed to hold a joint meeting of the Health and Environment Ministers, to raise the profile of the issue. The 4th quarter of 2006 was considered suitable for the meeting. Thailand, Lao PDR, Philippines and Cambodia had expressed their willingness to host the Ministerial meeting. Considering the offer made by the Minister of Natural Resources and Environment, the Minister of

Health and supported by H.R.H. Princess Chulabhorn of Thailand, the other 3 countries agreed to support Thailand's bid to host the meeting. It was also decided that the Thematic Working Groups (TWGs) had to be constituted and their heads decided upon, well before the Ministerial meeting. The Ministerial meeting will endorse this. If it is convenient, the TWGs would meet 2 days prior to the Ministerial meeting. It was suggested to convene the meeting of the Advisory Committee, by May 2006, to plan and coordinate the Ministerial meeting. Based on the discussions and recommendations of the Scientific Conference on Asia Pacific Environmental Health, held in Bangkok during Dec 9-11 2005, increased education, training and collaborative research in environmental health is strongly recommended.

6. Concluding Remarks

Dr. Hisashi Ogawa, WHO expressed satisfaction with the outcome of the meeting and the learning experience it provided. Despite the diversity in the approaches, resources and capacity of the countries, the synergy brought about by working together would help in our efforts to improve EH. Mr. Surendra Shrestha, UNEP stressed the need to use implementation methods successfully used elsewhere, to increase the country ownership of the programme. A national Government and a national level organization could give leadership to each of the TWG's. Within each TWG we need to prioritise few areas. Existing forums should be made use of. Media is important to raise the profile of the issue. He concluded by thanking the participants, Chair, Vice-Chair, resource persons, the Thai Government, CRI, ADB and WHO.