



TECHNICAL COOPERATION FOR ENVIRONMENTAL HEALTH
IN RURAL AND URBAN DEVELOPMENT AND HOUSING (RUD)

Background for Project Development
in Collaboration with WHO

This document highlights the implications of rural and urban development and housing in respect of environmental health. It outlines the forms of technical cooperation whereby the Organization can participate with Member States in the prevention and correction of conditions of habitat important to health, including the provision of environmental health measures in socioeconomic development schemes. The document can be used for briefing/orientation of professional personnel in national sector agencies, international agencies concerned, and within WHO.

<u>Contents</u>	<u>Page</u>
INTRODUCTION	2
OBJECTIVE	3
PROJECT APPROACH	3
ACTIVITIES	4
(i) Formulation of environmental health planning components of socioeconomic development schemes	4
(ii) Programme development meetings	4
(iii) Comprehensive community assessments	5
(iv) Institutional development	5
(v) Strengthening intersectoral coordination	5
(vi) Legislation and standards	6
(vii) Upgrading community environment for health in slum and squatter settlements	6
(viii) Urban solid waste	6
(ix) Strengthening Primary Health Care in the area of hygiene of housing	6
(x) Appropriate technology for basic sanitation in urban fringe areas - development of national capability	7
CONTACTS FOR ADDITIONAL INFORMATION AND COOPERATION	7

The issue of this document does not constitute formal publication. It should not be reviewed, abstracted, quoted or translated without the agreement of the World Health Organization. Authors alone are responsible for views expressed in signed articles.

Ce document ne constitue pas une publication. Il ne doit faire l'objet d'aucun compte rendu ou résumé ni d'aucune citation ou traduction sans l'autorisation de l'Organisation mondiale de la Santé. Les opinions exprimées dans les articles signés n'engagent que leurs auteurs.

INTRODUCTION

In most developing countries very little is currently being done to address environmental health needs within the context of socioeconomic development. This neglect is often responsible for further unnecessary deterioration of environmental quality with attendant increases in risk to human health. Also, failure to incorporate already known and cost effective environmental health measures in certain economic and social development efforts continues to result in lost opportunities for improving people's living conditions.

There are several aspects of socioeconomic development which may influence the approach needed to provide technical cooperation and programme development.

(i) Promotion of self-reliant community action

Urban populations of many countries are growing at an annual rate of 5-7 per cent as a result of high birth rates and continuing rural to urban migration. Most of these populations are poor, and their needs for housing and services such as water supply and sanitation have often outstripped the ability of governments to provide them. The result is that more and more people must provide their own housing and community arrangements. Consequently, governmental approaches for environmental health should be broadened to include support for self-reliant community action and to utilize to the fullest extent the untapped and unconventional resources of the community itself.

(ii) Promotion of environmental health through socioeconomic development projects

Projects for housing, urban planning, resettlement, sites and services, education, nutrition and health, as well as multi-sector projects concerned with rural development and the role of women in society, can influence environmental health conditions in communities and warrant strong environmental health components. Regrettably, many opportunities to promote environmental health through these development activities are lost. Greater efforts are needed to emphasize environmental health improvement as an essential part of such development activities and projects.

(iii) Mitigation of adverse effects on environment and health of development projects

Physical development projects such as mining operations, water resources development, industrial and energy production facilities, use of chemicals in agriculture, and certain public services can, if poorly designed, give rise to environmental problems ranging from depletion of natural resources to occupational hazards and environmental pollution which may adversely affect human health. Such adverse effects should be foreseen and preventive measures built in where necessary during the planning and implementation stages of development projects.

The environmental and health sectors have been unable to exert the necessary influence to bring about serious consideration of environmental health imperatives for the aspects of development mentioned above. This is due not only to lack of resources but also to lack of awareness, lack of convincing information, and fragmentation of responsibilities. The net result is that development continues to be motivated overwhelmingly by economic considerations and little attention, if any, is given to health and environmental consequences.

In trying to alleviate this situation, WHO has initiated a new programme (RUD) which aims to ensure that environmental health is adequately considered in the planning and implementation of development projects. The programme also promotes the improvement of living conditions (habitat) for the mutual benefit of improved health, increased productivity and viable socio-economic development.

Functional strategies for the new programme include:

- (i) the assembly of relevant information from the full range of health programmes; presenting this in a form readily usable by architects, urban planners and others engaged in the development process; and
- (ii) support for the efforts of Member States to build up their organizational and technical capacity to bring about increased emphasis on environmental health measures through the development process.

OBJECTIVE

General - To cooperate with Member States in strengthening national environmental health institutions to enable them to play a leading role in upgrading housing and community environment and in economic and social developments.

Specific - To cooperate with Member States in:

- (i) introducing environmental health measures into specific development projects;
- (ii) raising awareness of non-health sectors of the need to consider environmental health measures during development activities;
- (iii) establishing the requisite coordination mechanisms among government agencies to ensure the consideration of environmental imperatives during development exercises;
- (iv) developing methods and technical capabilities for environmental health impact assessment, community surveys, town planning and related concerns;
- (v) creating the capability to adapt available information for specific development purposes, and to acquire new information as required; and
- (vi) development of sufficient manpower resources to carry out the above programmes.

PROJECT APPROACH

The activities suggested in the following section will contribute to dialogue at the national level on possible ways to begin or strengthen programmes dealing with environmental health in development projects and hygiene of housing. The titles and brief descriptions of activities are likely to correspond with many needs and opportunities for programme development. However, the list of activities is not intended to be exhaustive. In all situations, projects which might evolve from discussion between national and WHO personnel would need to be tailored to the specific prevailing conditions.

9. The preparation of project proposals is an essential step in obtaining financial and technical support to accelerate government efforts. This involves defining in an integrated manner the nature of the problem to be addressed, expected outcomes, inputs of personnel and funds, and time phasing. Once available, a project proposal allows considered review by all parties concerned.

Where the needs are not clearly understood, a preparatory phase for project development would be desirable. Also, it is usually desirable to perfect and demonstrate the effectiveness of broad-based environmental improvement programmes through field trials and/or pilot projects. Where interest is expressed and staff available WHO will organize *project planning missions* to prepare proposals for UNDP consideration, both for country and intercountry projects.

When viewed from the perspective of funding sources, there are three general types of project which could be considered. The most numerous and important would be *projects funded from existing national sources*. The Organization could contribute technical services and materials through personnel assigned either in the country or Regional Office and these same personnel could continue cooperation through phases of project preparation, implementation and evaluation. The second type of *project would be those funded by WHO*. Support may possibly include the provision of experts, training through the organization of workshops and fellowships and in some cases the provision of supplies. Such projects would be of two to three years' duration, and in general their aim would be to support the strengthening of national health infrastructures. The third type would be *projects designed for support by either multilateral or bilateral external development agencies*. These would generally be projects directly concerned with an aspect of socioeconomic development. Environmental health could be dealt with as a separate project or as a component within a larger project. The Organization could assist in preparation of such projects and in presenting them for consideration to external support agencies.

12. When several Member States express interest in similar types of activities, WHO's Regional Offices may wish to propose an *intercountry project*. These regional type projects could provide a framework for the exchange of information and experience through the establishment of information systems, holding of regional seminars, and the establishment of a system of collaborating institutions.

ACTIVITIES

(i) Formulation of environmental health planning components within socioeconomic development schemes

Socioeconomic development projects, for example industrial, recreational, housing, or water resources, may be usefully reinforced by an environmental health planning project tailored to the specific development activity. Such environmental health projects should be comprehensive. They should encompass the geographic area the development project will cover and consider various environmental health needs, such as water supply, disposal of human and industrial wastes, drainage, and control of disease vectors. These environmental health planning projects would specify what environmental health actions are necessary and feasible within specific socioeconomic development schemes.

(ii) Programme development meetings

In many countries there is limited awareness and management capacity for addressing environmental health in rural and urban development and housing. In these situations it may be useful to arrange country or intercountry meetings to exchange information between health authorities and other sectors and disciplines concerned with socioeconomic development and housing. The discussions could focus on the following themes:

- detecting and identifying inter-relationships between health, development plans and habitat;
- clarifying how health/development/habitat programmes are dealt with by national agencies, including delineation of responsibilities and identification of staff resources and existing mechanisms for coordination;
- reviewing experience in planning and implementing health/development/habitat programmes at the community level;

- identifying currently planned/implemented projects warranting additional environmental health inputs; and
- outlining follow-up action, i.e. formulation of environmental health planning projects, strengthening of agency capabilities, training, research and others.

(iii) Comprehensive community assessments

All communities have limited resources available for environmental improvements. Consequently there is a need for management information delineating which of the range of environmental health problems are the most severe, what populations are effected, and what is the geographic extent of these problems. Surveys should be undertaken, where appropriate, to provide the requisite information, which would facilitate the most advantageous use of limited resources¹.

A review of the whole range of environmental health concerns can display their inter-relationship and demonstrate how the solution of one problem may help or hinder that of others. For example, the incomplete collection of solid wastes is connected with the prevalence of insects and rodents, the clogging of surface water drainage, the incidence of fires, and visual degradation of the environment. Comprehensive community studies not only provide essential management information but often serve as the key initial step in organizing self-reliant health promoting action within the community.

(iv) Institutional development

The responsibility for socioeconomic development and housing is divided among various sectors. The Ministry of Health must establish and maintain a leading role vis-à-vis health needs and consequences. It must be capable of advocating strongly and forcefully the need to incorporate environmental health concerns into development programmes being planned and implemented. This requires resources, well-trained staff, timely and convincing information, and good coordination mechanisms. Where necessary, a review of existing capabilities of the MOH to exercise this function should be undertaken, and a programme proposed to achieve the alterations required.

(v) Strengthening intersectoral coordination

The ability to prevent and correct sanitary defects and environmental health hazards lies almost entirely outside the scope of the health sector. There is consequently an important need for the Ministry of Health to influence the policies and programmes of other sectors and agencies, i.e. environment, agriculture, public works, housing, natural resources, economic planning, education and others to ensure that health promotion facilities and services are provided to populations. The advantages of effective intersectoral cooperation are obvious, although in many countries very little attention has been given to the design, planning, phasing and support of essential intersectoral activities. Appraisals may be needed of the existing mechanisms and possibilities in respect of legislation, pertinent data sources, effectiveness of coordinating mechanisms and the authority to implement decisions reached. Recommendations would focus on strengthening the coordinating mechanisms; formulation of demonstration environmental health planning projects; convening of workshops for involved personnel; establishment/strengthening of relevant information systems; and delineation of the type, timing and format of health information required by development policy-makers and planners of other disciplines and agencies.

¹ A Guideline on Community-based Actions in Assessing and Meeting the Environmental Health Needs of Children is being developed as part of a WHO/UNEP project, and is relevant to these suggested activities.

(vi) Legislation and standards

Legal codes and standards concerning the development of communities and housing are designed, inter alia, to ensure the safety and well-being of residents. Such regulations are often out-dated, incomplete, unnecessarily complex and have fallen into disuse and lack of enforcement. Obsolete regulations may even be an obstacle to innovative approaches to the provision of low-cost housing. In light of this, it is important to review and revise existing regulations or to establish new ones which would reflect the latest information and focus on priority health problems. Regulations must also be realistic in economic terms, and in low resource situations (slums and squatter settlements) may take the form of guidance and information as contrasted with enforcement.

(vii) Upgrading community environment for health in slum and squatter settlements

The resources available for dealing with community health and environmental problems in slums and squatter settlements are minimal at best. The overriding priority is therefore to know what the most crucial needs are and what the best solutions may be. Surveys of the existing conditions could go a long way toward identifying the priority needs. Reliable and up-to-date information would enable the health authorities and others to argue more convincingly for efforts and resources to deal with these priority needs. An important by-product of community surveys is the generation of interest and participation by the community in health-promoting improvements. Methodology from WHO is expected to be available by late 1986 on the organization and implementation of surveys in a simple and inexpensive way.

(viii) Urban solid waste

The collection and disposal of solid wastes is a major urban problem. It is likely to worsen as more and more people crowd into the cities. Solid waste, if not properly stored, collected and disposed of, has serious implications for public health, including the proliferation of insect and rodent vectors of disease. Innovative methods, consistent with available resources, should be developed to reduce the health risk. A step in this direction would be a comprehensive appraisal (from the environmental health perspective) of both the present and future situations, highlighting ways in which the health risk can be reduced. This appraisal would cover refuse handling and storage in homes and communities, and its collection and disposal. Once completed it would allow the health sector to propose/develop programmes and to work with the other relevant sectors to develop and implement workable schemes for dealing with the solid waste problem. General information on solid wastes is available which could be utilized in preparing for and carrying out the appraisal.

(ix) Strengthening Primary Health Care in the area of hygiene of housing

In many countries, it would be useful to organize a project to test and select appropriate methods of promoting health in rural housing, to develop appropriate education and training materials, and to infuse this information into the training of community health workers. Health-promoting technologies relevant to rural housing may include the following:

- simple and safe means of water supply and home storage;
- simple and safe means of excreta and garbage disposal;
- personal hygiene;
- drainage of surface water;
- control of insects and rodents in the home (a community intervention kit for insect and rodent control is being developed under a WHO/UNEP project);
- siting of houses and separation of living areas from domestic animals;
- development of biogas systems;
- proper facilities for storage and cooking of food, and for washing;
- advantageous means of construction for stability, ventilation and protection from the elements; and
- control of home accidents, including burn injuries.

(x) Appropriate technology for basic sanitation in urban fringe areas - development of national capability

The ways which are provided and/or used by families and community groups for basic sanitation often fail to provide an adequate or desired level of performance. It is important in the low income situation of rapidly-growing fringe areas that the technologies for basic sanitation (and the ways people use them) are efficient and yield maximum benefits from the investments made. In the context of basic sanitation, i.e. water supply; excreta disposal; solid wastes storage, collection and disposal; surface water drainage; insect and rodent control; food safety; and hygiene of housing, it is also crucially important that the technologies used be safe and yield maximum preventive health benefits.

Achievement of appropriate technology can be accelerated by projects which focus on establishing/strengthening institutional capacity (legal mandate, technical staff, laboratory, design and planning proficiency). The objective would be to enable the institution(s) to appraise alternative technologies in terms of affordability, social acceptability, safety and availability of local materials and labour. This would also support the testing and selection of appropriate technologies as well as subsequent action to promote and provide technical guidance in their wide-scale adoption and use.

CONTACTS FOR ADDITIONAL INFORMATION AND COOPERATION

For further information or follow-up, contact the World Health Representative (WR) in the country or the appropriate Regional Office. The Regional Office addresses are listed below:

Director of Programme Management
World Health Organization
Regional Office for Africa
P.O. Box No. 6
Brazzaville
Congo

Environmental Health Program Coordinator
World Health Organization
Regional Office for the Americas/
Pan American Sanitary Bureau
525, 23rd Street, N. W.
Washington, D.C., 20037
United States of America

Chief, Environmental Health Programme
World Health Organization
Regional Office for the Eastern Mediterranean
P.O. Box 1517
Alexandria - 21511
Egypt

Director, Environmental Health Service
World Health Organization
Regional Office for Europe
8, Scherfigsvej
DK - 2100 Copenhagen Ø
Denmark

Chief, Promotion of Environmental Health
World Health Organization
Regional Office for South-East Asia
World Health House
Indraprastha Estate
Mahatma Gandhi Road
New Delhi - 110002
India

Director, Drug Policy, Environmental Health
and Health Technology
World Health Organization
Regional Office for the Western Pacific
P.O. Box 2932
Manila 2801
Philippines

= = =