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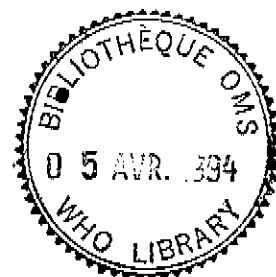
WHO/UNEP Interregional Meeting on  
Education and Promotion for Supportive Environments for Health:  
Focus on the Urban and Rural Settings  
Bangkok, Thailand, 1-5 November 1993



World Health Organization



United Nations Environment Programme



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## **THE BANGKOK STATEMENT ON SUPPORTIVE ENVIRONMENTS FOR PROMOTING HEALTH IN THE ASIA PACIFIC REGION**

### **BACKGROUND**

The Bangkok meeting on supportive environments for promoting health (November 1993) fits into a sequence of events which began with the commitment of WHO to the goals of Health for All in 1977, followed by the WHO/UNICEF International Conference on Primary Health Care in Alma Ata in 1978, and the first International Conference on Health Promotion in Industrialized Countries in Ottawa in 1986. A second International Conference in Adelaide in 1988 examined country experiences in the development and implementation of healthy public policy, and a meeting in Geneva in 1989 considered the meaning and relevance of health promotion to developing countries.

In 1991, the third International Conference on Health Promotion: Supportive Environments for Health was held in Sundsvall, Sweden. This was the first global conference to consider the relationship between health and the environment. At this conference industrialized and developing countries were represented equally, and an equitable gender balance was achieved. The Sundsvall Conference was notable in introducing new approaches and understandings to health education and health promotion by building on the key themes of advocacy, mediation and community mobilization for health.

Parallel with these international developments in the promotion of health, public concern over threats to the global environment has grown dramatically. These concerns were clearly articulated in the Brundtland Report in 1987 which provided a new understanding of the imperative of sustainable development. Progress has been achieved through "Agenda 21" of the United Nations Conference on Environment and Development (UNCED) in 1992 and the WHO Global Strategy for Health and the Environment in 1993.

To act on the challenges identified in the Sundsvall Statement, Agenda 21, and the WHO Global Strategy, WHO/UNEP organized a meeting in Nairobi in 1993 to consider priorities for action in the achievement of supportive environments for health in African countries. The Bangkok meeting represents the second meeting in this sequence and was dedicated to the translation of the concept of promoting supportive environments for health into meaningful action in the Asia-Pacific region. Regional strategies for health and environment, and programmes for public information, education for health and health promotion provide the framework for such actions.

### **PREREQUISITES FOR HEALTH**

Action by countries to create supportive environments to improve and protect the health of all people will always be influenced by local conditions. The Asia-Pacific region is characterized by a rich diversity of populations and cultures, a unique geography, and countries at various stages of social and economic development. Consequently, there is no master plan that can be universally applied across all countries in the region.

For some countries in the region, the need to survive and alleviate the devastating effects of poverty, natural disasters, war and oppression overrides other considerations. Satisfying these basic prerequisites for health through the achievement of peace, sustainable economic development, equitable access to country resources, and meaningful participation in the political process remains a major challenge.

The unequal impact on health of lifestyles and living conditions results in large disparities in the health status of different population groups. The need to recognize and work towards improving the social, economic, cultural and political status of disadvantaged groups, particularly children, women and indigenous people, represents a major challenge in many countries.

Participants from 19 countries of the Asia-Pacific region, comprising more than half the world's population, met in Bangkok in November 1993 to consider these problems by focusing attention on the deleterious effects on health and on the physical environment of social, economic and demographic change in the region. Unsustainable population growth, uncontrolled rapid industrialization and urbanization, and in some cases a lack of development, are having a massive impact on the health and well-being of millions of people in the region, and on the physical environment. Along with the benefits of economic development have come many associated problems. Action is required to ensure that the benefits are maximized and the negative impact on people and their environment is minimized. The costs of inaction or of delayed action are incalculable.

## **PRIORITIES FOR ACTION**

There are many health and environmental problems which need to be urgently addressed in the Asia-Pacific region. Not all of them can be tackled immediately and individual countries will differ in their definition of priorities relevant to their conditions. The priorities for action below all impact on the lifestyles and well-being of many people in the Asia-Pacific region. These priority issues have both a direct and indirect impact on health - directly in cases such as injury caused by unsafe living and working conditions, and indirectly by the constraints to behaviour conducive to healthy lifestyles. However, these priority health challenges are common to many countries in the region and, if met by effective local, national and international action, would make an immense difference to the health and well-being of millions of people in the region - enabling them to lead healthier and more economically productive lives.

### ***Water supply, sanitation and waste disposal***

In both urban and rural areas, many people still lack access to safe, secure and adequate supplies of water, to effective sanitation and to waste disposal, both solid and liquid. A lack of these facilities compounds poor personal hygiene. On a larger scale, the international movement of waste and dumping of toxic waste remain a continuing threat. Meeting these basic needs for human survival by reducing, re-using and recycling waste using available appropriate technology remains an outstanding challenge in many parts of the Asia-Pacific region.

### ***Housing and shelter***

Millions of people in the Asia-Pacific region, in both rural and urban areas, live in overcrowded, poorly ventilated, unsafe and poorly constructed dwellings which often lack the most basic amenities and occupant security. This is particularly the case for millions of city dwellers, many of whom have migrated from rural communities and are living in slums and squatter communities. These living conditions contribute to the spread of communicable disease and have significant indirect impacts on the health of the population through increased risk of noncommunicable disease. Meeting this basic need requires urgent action by governments in many countries in the region.

### ***Ownership and use of land and other resources***

Rapid, uncontrolled urbanization, combined with major changes in agricultural production, and the exploitation of natural resources have contributed to the devastation of the physical environment in many countries. This environmental degradation has, in turn, had both a direct and indirect impact on the health of populations in rural and urban areas. Demand for land for food production and intense farming dependent on the use of agrochemicals and pesticides has resulted in deforestation and soil erosion in

many rural areas. Demand for land for building in urban areas has driven up housing costs and effectively condemned many people with few resources to poor-quality insecure housing and little hope for improvement in the future. Management of land use by ensuring access to land for work and living, and the ownership and general distribution of resources remain fundamental challenges in many countries.

### ***Food security and nutrition***

Many people in the Asia-Pacific region suffer from nutrition-related disease and ill-health. For some countries, ensuring an adequate food supply remains a major challenge, while in other countries over-consumption, or failure to achieve a nutritionally balanced diet, are increasingly important concerns. Poor food hygiene compounds these problems. Establishing a secure food supply, safe food production and storage facilities remain outstanding challenges for many countries in the region.

### ***Transportation***

In many cities in the region transportation represents a major health and environmental problem. Uncontrolled expansion in the use of personal forms of transport such as cars, motorcycles and bicycles has contributed to air pollution and the degradation of the physical environment, as well as causing injury and impacting on the quality of life of millions of people each year. Better management of transport in rapidly expanding urban areas is an important challenge for many countries which would have a significant impact on the health and well-being of people in the region.

### ***Work and working conditions***

In many countries in the region rapid economic development has brought with it major social changes, including the growth of opportunities for work in urban areas and a corresponding reduction in the viability of work in rural areas. In rural areas, those engaged in agricultural work are often exposed to the health effects of new agrochemicals and pesticides. In both rural and urban areas, many people in the Asia-Pacific region work in small scale enterprises (SSEs) which are often less well regulated than larger workplaces. Women and young people in employment in SSEs are often the most vulnerable to exploitation and abuse, child labour is still common in some countries in the region, and these groups warrant special attention. In SSEs and larger factories basic worker protection against poor air quality, noise and exposure to chemical hazards is often lacking or unenforced. Effective management of economic expansion and enforcement of regulations remain important challenges.

## **SETTINGS AND STRATEGIES**

Meeting these challenges will require concerted action where people live, work, play and are educated - in the home, neighbourhood, workplace and school. These are tangible environments which provide a manageable starting point for action to promote health by creating conditions that are supportive of health.

This approach to health education and promotion has the attraction of facilitating intersectoral activity, within a concrete and narrowly defined field, on the full range of priority issues listed above.

All countries which had participants at the Bangkok meeting have made commitments to a strategy for action based on settings at UNCED (1992). WHO has organized programmes around settings such as ***cities, schools, workplaces and rural areas***. These four settings were considered to be priorities for the organization of action to promote health and protect the environment. Successful programmes focussing on settings are characterized by effective partnerships between individuals, community groups, nongovernmental organizations (NGOs), governments, employers and employees, and other relevant organizations.

### ***Planning and resource allocation***

Supportive environments for health will not occur by chance. Action must be based on an integrated approach to planning, involving all relevant sectors of government, supported by government policy and backed by legislation where appropriate. Such an approach is needed at national, regional/city and local levels of government and would need to ensure adequate community consultation and meaningful participation in decision-making.

In many cases where planning has occurred and has been backed by policy and legislation, these decisions have not been acted upon, often as a result of a failure to allocate adequate resources or because the action has not stimulated sufficient community support. Implementation of existing policy decisions, legislation and regulations through the allocation of adequate resources is required in many countries.

Progress in implementation would be greatly assisted by the definition of appropriate standards for healthy environments, particularly relating to the priorities identified above, which are relevant to individual country conditions. These should include specific indicators and backed by the development of systems for monitoring and measurement. Where such systems exist, measurable targets for change should be defined, monitored and regularly reported upon. Subsequent resource allocation should be based on the outcome of continuous monitoring.

### ***Health education and health promotion***

A cornerstone to effective action to promote health is education of the population and its leaders. At one level this will involve health education using various methods including the mass media to inform people and to raise awareness of health and environmental issues. It will also involve more participative methods to empower people to take action relevant to their living and working conditions.

At another level this will involve assisting people in the development of skills that will enable them to become effective advocates for health for themselves, their families, their communities and their co-workers, and also to provide social support for health in their local communities.

Education for women and children of school age should be a special priority.

### ***Capacity building***

Solutions to the major health and environmental problems faced in the Asia-Pacific region have to come from within the countries themselves. To realize the potential of the peoples of the Asia-Pacific region will involve investment in building their capacity to identify, manage and solve the priorities above.

Encouragement of self-reliance, based on the use of local skills and resources, and the transfer and application of appropriate technology, are critical to achieving sustainable solutions and to avoiding unnecessary reliance on outside support.

Acknowledgement needs to be given to the knowledge and skills of women in problem solving and decision-making in creating supportive environments for health. Special attention should be given to developing these skills. This may involve raising awareness of both the reproductive and productive role of women in society and the allocation of resources to improve women's education and health status.

Investment in education and training is vital to ensure progress in national and local capacity building. Allied to this is the development of a country's research capacity. Research related to health and environmental issues needs to be immediately relevant to priority problems, capable of application to real-life situations, and findings actively disseminated once completed.

### ***Political advocacy***

Politicians and decision-makers have to recognize that health is a valuable resource for economic and social development. Promoting a better understanding of the importance of health to economic development will require effective advocacy by communities, professional groups and relevant NGOs.

In advocating for health, care must be taken to ensure that demand for services does not become insupportable or over-reliant on the use of technology inappropriate to the needs of individual countries. Rather, special attention needs to be given to explaining the inextricable links between health, environment and sustainable development, and the need to address the health priorities for the Asia-Pacific region described above.

## **RECOMMENDATIONS FOR ACTION**

Action to create supportive environments for health in the Asia-Pacific region will need to emphasize the roles of individuals and communities (in developing self-reliance and providing mutual support), of local and national government (in providing leadership, membership and resources), and of international and national NGOs (in providing technical support and advocacy). It will not be possible to do everything at once and the recommendations below represent the basic steps that can be taken by individuals, communities, local and national governments and international organizations to address the priority issues using the key settings and strategies described above.

### ***Empowerment of women***

Countries should initiate programmes that involve women in decision-making and empower them to use their skills and capabilities to create supportive environments for health.

### ***Financial and technical support***

Governments should allocate an appropriate level of resources to ensure the development and implementation of policies, plans and corresponding legislation to promote the health of the population and to protect the environment.

Governments, in collaboration with donor agencies and NGOs, should identify need and provide technical assistance to build the capacity of countries to solve priority health and environmental problems.

International and regional organizations such as WHO and UNEP are requested to review their existing priorities and work programmes in the light of the priorities in this statement, and to modify these to ensure that they are directly relevant to priority needs in the Asia-Pacific region.

Donor agencies and international investment institutions, including the World Bank and Asian Development Bank, should increase their recognition of the importance of investment in health and the environment as an integral part of economic development in the region and provide increased financial support to assist in addressing the priority issues in this statement.

Health authorities at national and local level should act to strengthen the available resources to create supportive environments for health through financial allocation, through human resource development and through participation in national and international networks.

### ***Integrated planning and evaluation***

Governments at national and local level should develop with NGOs and communities integrated plans and methods for evaluation which reflect the priority issues, settings and strategies reflected in this statement.

Governments at local and national level should determine the roles and responsibilities of the different sectors of government in creating supportive environments for health, and should develop appropriate mechanisms to coordinate intersectoral activities through concrete projects.

***Education, training and applied research***

Countries should identify and act upon existing opportunities - local, national and international - to promote education, training and research to develop knowledge, skills and capacities required to create supportive environments for health.

***Indigenous people***

In recognition of 1993 United Nations Year of Indigenous Peoples, international organizations and governments should support the social, economic and cultural development of indigenous peoples in order to improve their health. Indigenous peoples' knowledge of sustainable living in harmony with the environment should be recognized, respected and used.