

51269

WHO/UNEP/HPE/HEP/94.2

Original: English

Distr.: Limited

REPORT

WHO/UNEP INTERCOUNTRY MEETING ON SUPPORTIVE ENVIRONMENTS FOR HEALTH PROMOTION:

Focus on the Urban and Rural Settings

**Bangkok, Thailand
1-5 November 1993**



World Health Organization



United Nations Environment Programme

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BACKGROUND

WHO and UNEP recognize that environment, health of the people and development are clearly linked. The Bangkok meeting on supportive environments for promoting health, jointly organized by WHO and UNEP, 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 held in Alma Ata in 1978, and the first international conference on Health Promotion in Industrialized Countries in Ottawa, Canada, in 1986. A second international conference in Adelaide, Australia, in 1986 examined country experiences in the development and implementation of healthy public policy. A Working Group on Health Promotion in Developing Countries was convened in Geneva, Switzerland, in 1989 to consider the meaning and relevance of health promotion to developing countries.

In 1992, the third international conference on Health Promotion and Supportive Environments for Health was held in Sundsvall, Sweden. This was the first conference at which industrialized and developing countries were equally represented and considered global, international, national and local problems and solutions to the challenge of creating supportive environments for health.

In parallel with these developments in the promotion of health internationally, public concern over threats to the global environment has grown dramatically. UNEP's mission is to provide leadership and encourage partnership for the environment by inspiring, informing and enabling nations and peoples to improve their quality of life without compromising that of future generations. These concerns were also clearly articulated by the World Commission on Environment and Development in its report "Our Common Future", which provided a new understanding of the imperative of sustainable development. This understanding was acted upon 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.

To act upon the challenges identified in the Sundsvall Statement, Agenda 21 and the WHO Global Strategy, WHO and UNEP organized a meeting in Nairobi, Kenya, in 1993 to consider priorities for action in the achievement of supportive environments for health in African countries. The Bangkok meeting (1993) represents the second meeting in this sequence dedicated to the translation of the concept of promoting supportive environments for health into meaningful action in the Asia-Pacific region.

PURPOSE AND OBJECTIVES

The meeting brought together representatives from ministries of health and of education, university health and environment departments and public health agencies to achieve the following objectives:

1. To create awareness and support for sustainable supportive environments for health through health education and promotion in the Asia-Pacific context.
2. To examine current activities in health education and promotion that address environmental issues and to identify gaps that need to be redressed.
3. To develop guidelines for health education and promotion addressing priority environmental issues to facilitate more detailed planning and programming for country level action.
4. To prepare project outlines for country level action focusing on priority issues of supportive environments for health with scope for collaborative planning and implementation.

AGENDA AND PROGRAMME

In order to fulfil the above objectives, an agenda for the meeting was prepared (Annex 1). A day to day programme was prepared keeping in sight the agenda set for the meeting (Annex 2).

PARTICIPANTS

The list of participants coming from the Asia and Pacific regions, observers from different organizations, and the secretariat is found in Annex 3.

ACTIVITIES

1) Opening Addresses

i) Dr Arthit Ourairat, Minister of Public Health, Thailand

The meeting was formally opened by His Excellency Dr Arthit Ourairat, Minister of Public Health. He welcomed participants to the meeting and in his opening address, highlighted some of the major challenges facing the meeting in addressing the issue of creating supportive environments for health. He drew attention to the continuity between this meeting and the preceding meetings in Nairobi and Sundsvall, and emphasized the level of interrelation between health, the environment and economic development.

He emphasized that developing supportive environments was not only an individual concern, but for all people to act upon and was a fundamental factor in the very survival of the earth. In developing action plans for priority environmental issues, he urged delegates to "Think globally, but act locally".

He stressed that all possible forces within society would need to be mobilized for creating public awareness for sustainable supportive environments. He indicated that, other than the physical aspects, equal consideration should be given to the human, social, spiritual, cultural, political and economic dimensions.

Finally, he highlighted the importance of health education in empowering and mobilizing communities.

ii) Dr B. Doberstyn, WHO Representative to Thailand

Dr B. Doberstyn welcomed participants to the workshop on behalf of WHO. He stressed the need to give consideration to both the physical and social aspects of supportive environments and focus on specific settings.

He also indicated that there was a need for establishing alliances between various forces in society and for networking. He pointed out that the key issues in developing supportive environments for health were equity and social justice.

iii) Dr H.N.B. Gopalan, UNEP Office, Nairobi, Kenya

In his opening comments, Dr Gopalan referred to the need to link local and global action to ensure greater success. Establishing supportive environments involves both individual and community responses - issues, he explained, which have not yet been addressed.

According to Dr Gopalan, the building of alliances is the most important issue that needs to be addressed in future.

iv) Dr R. Andersson, Vasternorrland County Council, Sundyberg, Sweden

Dr R. Andersson, a resource person for this meeting, brought greetings to the delegates on behalf of the organizers of the Sundsvall Conference.

He pointed out that the development of supportive environments for health would require a fundamental change of mind and views. He went on to explain that the one important aspect of the Sundsvall conference was that half the participants were from developing countries.

2) Election of Conference Officers and Adoption of Agenda

Professor Debhanom Muangman, Mahidol University, Bangkok, Thailand, was elected Chairperson, and Dr Rose Vaithinathan, Ministry of Health, Singapore, as Vice-Chairperson.

Dr Ashok Dyalchand, Institute of Health Management, Pachod, India, was elected rapporteur to work with Professor Don Nutbeam, University of Sydney, Australia, in coordinating the production of the meeting report.

The agenda and programme were adopted by delegates.

3) Plenary Presentations

i) "Promoting Supportive Environments for Health with Focus on the Urban Settings"

This paper was prepared by Dr Paichit Pawabutr, Permanent Secretary, Ministry of Health, Bangkok, Thailand, and delivered by Dr P. Vuthipongse

The paper declared that there was a need to review and look afresh at the definition of "health". Since health is a part of our daily lives, it is not enough to merely provide health services at times of need.

There is a need to ensure a safe and congenial environment at home and at the workplace. The presentation drew attention to a source of the key problems currently faced by countries in the region in creating supportive environments for health.

He stressed the need for alliances within countries, between NGOs, government and multinational organizations. Since pollutants do not respect national boundaries, he said, there is a need for an international initiative and alliance where WHO and UNEP would have a special role. There is also a need for community participation in influencing public policy on these issues. The issues may be seen under urban, rural and global settings.

At the urban and rural levels, there is a need to achieve greater political recognition of the interdependence between rapid urbanization, economic development, literacy, the physical environment, human health and sustainability of the ecosystem.

He stressed two key principles for developing supportive environments for health as being "equity" and "participation". There is especially a need to involve community groups like women, youth, etc.

Information dissemination and a review of the present health education methods should also be carried out. He stressed the need for establishing mechanisms to review the adequacy of existing policies for advocating policy change.

He said the time has come to step forward from conceptualizing and defining sustainable environments to developing country and area specific plans of action.

Discussion:

During the discussion on the presentation, it was accepted that there was a need to use existing operational definitions for the concepts and dimensions involved in supportive environments. Duplication of effort needs to be avoided.

The major objective is to prioritize issues and develop country specific plans of action as situations differ from one country to another.

The group also accepted the importance of political will within each country and the need for information to influence this.

The multi-disciplinary and multi-dimensional nature of interventions required was stressed as well as the need for promoting health literacy in order to generate public opinion and participation.

ii) **“Supportive Environments for Health, Agenda 21 of UNCED and the Asia/Pacific Region”**

This paper was prepared by Mr Arthorn Suphapodok, Deputy Permanent Secretary, Ministry of Science, Technology and Environment, Bangkok, Thailand, and delivered by Dr S. Piamphongsan

The paper provided an overview of the environmental problems in the region and their impact on health. It also focused on the outcome of the Sundsvall Conference which identified four key areas for promotion of sustainable development and supportive environments: social, political, economic, and women's role.

The conference also identified several strategies for strengthening women's organization and mediating conflicting interests in developing supportive environments.

He said several key issues such as communicable and non-communicable diseases, environmental diseases and chemical pollution need to be addressed on a priority basis. Three problem areas were identified: unsustainable environments in rural areas; pollution; and land degradation.

Participants were reminded of the obligation of governments as defined in Agenda 21 and of ensuring that policy makers and citizens were aware of these obligations. He listed the strategies which need to be developed by countries to achieve supportive environments for health.

Discussion:

During the discussion following the presentation, the following needs were emphasised:

- orient policy makers on the health implications of economic development and on the need for physical environments conducive to health;
- the need for participatory decision making and networking of interest groups and pluralistic control over environment related issues;
- the need to focus research on actors of influence - the individual, net-worker and policy maker;
- increase the budgetary allocation for environment related issues.

The delegates recognized the multi-disciplinary and multi-sectoral nature of interventions required for development of supportive environments. Implicit in the presentation was the responsibility of the ministries of health (MOH) to coordinate all the above activities. Delegates expressed concern over whether the ministries would be capable of coordinating all of these dimensions, and on some of the difficulties experienced by countries in securing the resources necessary to follow up on these obligations.

iii) **"The work place setting as a supportive environment for health: educating and mobilizing workers and management and trade unions for supportive environments for health"**

Dr S.L. Leimena, Director General of Community Health, Ministry of Health, Jakarta, Indonesia

Dr Leimena began by defining the workplace and presenting a broad understanding of occupational health determinants. These include not merely the physical environment, which are beyond the individual's direct control, but also the social environment represented by the psycho-social and economic conditions related to the health of the individual worker and the family.

The major constraint in improving the work place environment is that 70-80% of the workers in the South Asian region work in the informal sector under poor, unregulated working conditions, with long working hours and little access to education and information.

The presentation identified four aspects, social, political, economical and operational to be considered for any initiative aimed at improving the environment at the work site. The role of women in this effort was emphasised.

In improving the workplace environment, attention would have to be directed towards industrial hygiene, occupational health, ergonomics, workers' participation and empowerment and workplace health promotion.

Interventions for improving the workplace environment would have to focus on advocacy for effective legislation and regulatory systems, social support and empowerment of workers. Special importance must be given to information and education of workers, promotion of partnerships between employers and workers in reducing health risks at the work site.

Discussion:

During discussions, delegates questioned the existence of regulations and defined parameters for workplace safety in developing countries and the effectiveness of their enforcement. There was consensus that a participatory process including education, motivation, advocacy and negotiations with various stake holders would be preferable to the imposition of a set of parameters. This is especially applicable to the informal sector.

iv) **"A Settings Approach to Creating Supportive Environments for Health"**

Dr Greg Goldstein, Chief, PEP/RUD, WHO, Geneva

This presentation stressed the need for a settings approach to ensure that programmes are more focused and practically oriented. There was a need to direct national policies through a settings approach and to facilitate inter-sectoral action within a defined framework. The settings identified under the broad headings of rural, urban and work place were the home, school, work site and city.

The presenter said that the settings approach is being used for implementing one of the largest programmes of healthy cities and health promoting school projects.

The settings approach was arranged into multi-disciplinary groups from the perspective of the following three broad issues:

- physical facilities conducive to healthy living;
- education and social support for empowering people to make informed choices for healthy behaviour;
- advocacy for health supportive policies and community mobilization.

v) **"Follow-up to the Sundsvall Conference: Intersectoral Collaboration for Supportive Environments"**

Professor D. Nutbeam, University of Sydney, Sydney, Australia

Dr D. Nutbeam emphasized the need for translating the Sundsvall concepts into a plan of action. He presented the revision of Australia's health goals and targets as a case study in the use of the Sundsvall approach in national health planning. He said the principles involved in this experience could be adapted and used in other countries.

Australia responded to the primary health care concept by developing a National Health Policy, and thereafter, the National Health Programme for Better Health in 1988.

Goals and targets were reviewed in 1991, giving attention to social, economic and environmental determinants of health, with a focus on equity, and a high level of involvement and consultation with all concerned sectors.

The inter-relation between different strategies to promote health was emphasized through the model adopted for the Australian targets report, this included targets for "health environments" action based on establishing effective working partnerships between sectors and focusing on concrete, joint projects.

4) WHO Programmes for Health Promotion and Environmental Health

Dr Rosemarie Erben, RA/HPR, WHO/WPRO, Manila, Philippines, and Mr Kevin Rolfe, Air Quality Management Specialist, EHC, WHO/WPRO, Kuala Lumpur, Malaysia, presented an overview of existing activities and programmes for health promotion and environmental health in the Western Pacific Region.

Dr Saroj Jha, RA/HE, WHO/SEARO, New Delhi, India, presented an overview of health education and information activities and programmes in the South-East Asia region. She said that the initiative for developing supportive environments for sustainable development needs to be put into operation in conjunction with health education and promotion activities. Priority will be given to capacity building in advocacy and environmental health promotion. National capabilities are required for providing information to individuals, families and communities and reinforcing health promoting individuals and community action.

Five areas were identified for health educators to take special care of advocacy, social mobilization, effective health curriculum, school health education, and inter-sectoral coordination.

5) Country Presentations

Representatives from each of the 19 participating countries presented reports from their respective countries. These provided an overview of problems experienced in individual countries and activities relevant to the agenda. These reports were used to identify key issues and priorities for discussion in the working group sessions. An overview of country project proposals is found in Annex 5.

The reports also reflected problems related to the development of supportive environments for promotion of health. The papers covered a range of issues to the rural, urban and work site settings.

The problems identified in each of these settings included:

Rural Setting

Communicable diseases, lack of water supply and sanitation, lack of adequate shelter, inappropriate use of pesticides and fertilizers, poor food safety, and deforestation and soil erosion.

Urban Setting

Non-communicable diseases - related to lifestyle, urbanization and urban sprawl, transportation and accidents, solid and liquid waste, air pollution, quality of food and food habits, tourism, international trade, degradation of environment, marine water pollution, and pollution of rivers, streams and underground water.

Workplace Setting

Physical injury, chemical pollution, noise pollution, and stress due to new technology.

For more developed countries, the problems presented were related to air pollution, smoking, accidents and pollution caused by tourism. For urban slums, solid waste management was the major problem. In less developed countries, the priorities described were provision of safe drinking water, sanitation facilities and appropriate housing.

The participants presented various programmes and interventions that are being implemented in their countries to address the issue of developing supportive environments. These included:

Legislation, setting up of regulatory bodies, implementation of environment protection programmes, school health programmes, women's organization, food safety for consumers, provision of basic facilities, health education and promotion, healthy cities programme, health family life programme, waste recycling, training and education, environmental risk analysis, environmental impact analysis, environmental research, appropriate technology, and information systems.

The following constraints and management problems were also identified:

Poor implementation of policy, lack of trained personnel, especially in management, poor intersectoral coordination, lack of funds, lack of communication, weak infrastructure and technology, lack of management information systems, gap between community perception and scientific risk assessment, poverty, and unfavourable community behaviour.

The behavioural dimensions for promoting supportive environments was not adequately covered in most of the presentations. Only a few presentations elaborated on the health education and promotion strategies employed in their countries. Similarly, strategies for community mobilization and participation and strategies for advocacy and mechanisms for influencing policy enunciation, were not mentioned in the presentations.

Even though most delegates emphasized the multi-sectoral nature of the interventions required for developing supportive environments, only one presentation identified the lack of inter-sectoral coordination as a constraint.

6) Group Work

Participants at the meeting worked in three groups to consider the key approaches to creating supportive environments for health in urban, rural and workplace settings. The groups met regularly over a three day period during the meeting to consider the physical facilities, education and social support, and advocacy for public policy and community mobilisation necessary to create health supportive environments. Each group worked towards the development and refinement of guidelines for supportive environments in each of the three settings. Guidelines were provided for group work (Annex 4).

The Working Groups also contributed to the development of the Bangkok Statement on Supportive Environments for Health, and considered country project proposals presented by individual members of the groups. Individual participants committed themselves to follow-up work on their proposals in their respective countries. An overview of the major issues and recommendations from the working groups is presented below.

i) **Working Group on the Workplace**

This group identified the importance of the workplace as a key setting for health promotion in the Asia/Pacific region for a range of reasons, including:

- a rapid growth in the proportion of the population engaged in organised work in the Asia/Pacific region;
- an increase in the proportion of time workers spend in workplaces;
- the relationship between workers' health status and their contribution to the health of their family and local community; and
- the relationship between workers' health and their economic productivity.

The group gave special consideration to the population in the Asia/Pacific region who are engaged in small-scale and informal industries, and in rural industries. Workers in these industries are important elements to local and national economies in many countries in the region, and encounter different health problems to those individuals who are engaged in larger workplaces.

The group identified a number of significant problems faced by workers. The nature and extent of these problems vary from country to country but among the most important include:

- a lack of proper controls and facilities for the protection of workers' health;
- a lack of social security;
- a lack of protection for female workers, children and adolescents engaged in work;
- poor access to workers in small-scale industry (SSI) and rural industry;
- a range of physical and ergonomic hazards which create unsafe environments;
- exposure to a range of hazardous substances, both in heavy industries and rural industry; and
- further increase in risks associated with individual health behaviours such as cigarette smoking and alcohol use.

These problems seem to be more common in SSIs which are generally more difficult to monitor and regulate. These problems are also compounded by wider social and economic conditions which result in job security, low wages, unsocial working hours, rural to urban migration, and unemployment - all of which are common in many countries in the region. Many workers, especially those engaged in SSIs and rural industry, are poorly educated and are difficult to access compared to those in larger and better regulated workplaces. In addition to efforts to better protect workers in SSIs and rural industry, a major challenge for all countries in the region is to establish educational programmes to reach these groups. NGOs and existing social organizations may have a special role in reaching these groups in some countries.

Advocacy for the improved health and safety of workers will be essential in all countries. The working group members recognised that this is an important task which will require coordination across government departments at national, regional and local levels. The group emphasised the importance of gathering and using information on the health status of workers, and their exposure to hazardous environments and toxins in their place of work. Effective communication of this information was seen as an essential part of this advocacy process. Health care professionals have a special role in drawing these issues and the available information to the attention of politicians and the public through the media and other means. Communication with industry managers/owners is also an essential part of this advocacy process.

The group concluded by identifying a range of priority actions which should guide activity to create health supportive workplace environments. These priorities included:

- a) recognition of the special needs of SSIs and rural industry for monitoring and regulation to reduce risk and enhance health in the workplace;
- b) empowerment of workers through improved education and training, and supporting basic working rights to protect them from occupational health hazards;
- c) removal of discrimination on the basis of age, sex, religion, race, sexual orientation and disability with respect to job opportunities and wages;
- d) special protection be offered to children and young people who are engaged in work;
- e) improve information on workers' health status and hazards in working environments and on exposure of workers to these hazards;
- f) recognition of the workplace as an important setting for more generic health education on issues such as tobacco use, alcohol and AIDS; available opportunities for the education of workers be utilised;
- g) training programme for specialist occupational health professionals and other health care professionals and community workers be revised to improve understanding of supportive environments for health;
- h) women's health needs be given attention: women be protected from sexual harassment and support be offered for child care and maternity leave;
- i) international agencies have a key role to play in fostering these actions by:
 - promoting information networks between countries,
 - the use of WHO collaborating centres to provide the training support which incorporates issues and supportive environments, and
 - to provide technical support to countries to improve monitoring and regulation of occupational health and safety.

ii) Working Group on Rural Settings

In spite of rural to urban migration, millions of people in the Asia/Pacific region still live and work in rural settings. The working group examining the challenge to create supportive environments for health in rural settings and identified a range of priority issues. These included:

- a safe and sustainable water supply;
- adequate sanitation and waste disposal;
- inappropriate use and overuse of pesticides and agrochemicals;
- poor quality housing;
- food safety; and
- deforestation and subsequent environmental degradation.

These problems are both caused and exacerbated by a lack of access to resources, inadequate information and education both for individual citizens and for decision-makers, and a lack of government planning, monitoring and action in implementing existing policies and controls. The group considered the range of actions which would be required to improve these conditions in rural settings. Emphasis was given to improving health education - both to create awareness of problems and to assist with solutions. Community participation in problem identification and in finding solutions was also considered to be essential. Active forms of education, whether with school children or the wider community, was seen as essential to this process.

NGOs and international organizations were seen as having a key role in the process of improvement - both as a source of technical advice, as agents for networking between communities facing similar problems and as advocates for effective action by government - including inter-sectoral action where this was needed.

The group concluded by identifying a range of priority actions to guide activity to create supportive environments for health in rural settings. These priorities included:

- a) improved research and use of research information on health supportive environments to convince policy makers of the need to invest in health in rural settings;
- b) an enhanced role for NGOs to provide technical support and appropriate advocacy;
- c) improved access to training for rural health workers, especially to improve their capacity for effective health education;
- d) greater recognition of the need for village/community-based decision-making and action in solving local environmental problems, together with the necessary resource support;
- e) recognition by health ministries of their role in advocating inter-sectoral action across government.

iii) Working Group on Urban Settings

The group considering the challenge to create supportive environments for health in urban settings identified four of the most pressing problems for close examination, namely:

- **Transportation:** including its impact on the environment, as a source of pollution, and as a cause of injury;
- **Housing:** especially the plight of squatters and slum-dwellers who have no access to basic amenities such as safe water;
- **Waste disposal:** including domestic and industrial waste, and that created by tourism; and
- **Food quality and quantity:** including the problems of hygienic food storage and malnutrition (including over-consumption).

The group considered each of these problems separately and identified actions in both the short and long term to overcome them or alleviate their effects. These actions generally fell into three categories:

Education: either of the general public or of decision makers. The group recommended that greater use be made of established health education methods including social marketing and school health education.

Legislation and regulation: both the development of effective regulations to control exposure to hazards in the environment and the implementation of existing regulations which are widely ignored in many urban centres.

Service provision: particularly good public transport, water supply and waste disposal, and public housing.

Intersectoral action: the group recognised that achieving such action, whether by individuals, communities or by government, would require considerable cooperation between different sectors including finance, housing, education and the environment.

The importance of advocacy for health was stressed. The potential role of NGOs and of international organisations in advocacy was highlighted, as too was the important role of health ministries in advocating and co-ordinating action across the different sectors.

The group concluded with a series of recommendations for priority actions for each of the four major problem issues:

- a) **Transportation:** In the short term: adjustments to traffic management systems and public education campaigns to highlight the health consequences of poorly managed transport systems.

In the long term: the provision of effective mass public transport systems together with regulation to control the use of personal transportation in cities.

- b) **Solid and liquid waste:** In the short term: the full enforcement of existing laws and regulations combined with improved NGO and media surveillance. Separate "clean and green" campaigns to improve public participation in waste reduction.

In the long term: planning and effective management of waste disposal systems.

- c) **Housing:** In the short term: improvements in basic amenity provision to slum areas.

In the long term: government provision of low-cost housing and/or support for cooperative housing development.

- d) **Food Quality:** In the short term: implementation of existing laws and regulations, with special attention to food inspection.

In the long term: the development of more effective regulations to govern food provision, and training for food handlers - especially street food providers.

- e) **Healthy cities:** The group identified the attraction of the Healthy Cities Programme as a catalyst for change in urban environments. Such projects generally support community participation and are effective at securing the political support and resources needed to make the changes described above.

The role of women needs to be recognized in this initiative. Improving literacy standards and addressing women's issues should be an important component of developing supporting environments.

CONCLUSION AND RECOMMENDATIONS FROM THE MEETING

To act upon the challenge identified in the Sundsvall statement, Agenda 21 and the WHO strategy, WHO/UNEP organised a meeting in Nairobi, Kenya, in June 1993, to consider priorities for action in the achievements of supportive environments for health in African countries. The Bangkok meeting represents the second meeting in this sequence. In order to translate Agenda 21 to country specific action plans, it is necessary to recognize the key issues involved.

The multi-disciplinary approach necessitates intersectoral coordination between ministries, NGOs and community based organizations. Specific fora for interaction and negotiations will have to be identified and mechanisms for coordinated decision making established.

Capacity building in different sectors is imperative in developing supporting environments. This includes policy makers, implementors, behavioural and social scientists, health educators, community based workers, trade unions, the mass media and other actors.

It is important to ensure that service provision is emphasized equally and in conjunction with limitations regarding awareness building and behavioural change. In doing so, a convergence of effort is required at the community level avoiding duplication and improving efficiency.

The role of women needs to be recognized in this initiative. Improving literacy standards and addressing women's issues should be an important component of developing supportive environments.

Health behaviour at both the individual and community levels will also require attention.

The focus will have to be fostering health literacy, mobilizing public opinion and community action. Specific strategies will be required to change health behaviour.

The need for advocacy, and capacity building in different sectors in order to undertake this role, was emphasized.

There is also a need to ensure that communities in rural areas are ensured of the basic facilities such as water, sanitation and shelter. In the process of ensuring essential human needs of social and economic development and promoting supportive environments for health, the basic concern for equity and social justice cannot be ignored so that the benefits of a healthier environment are not appropriated by a few, but are enjoyed equally by all.

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

The recommendations evolving from this meeting are presented under a separate section: "The Bangkok Statement on Supportive Environments for Promoting Health in the Asia-Pacific Region". The full text of this document can be found in Annex 6.

The statement largely reflected the outcome of the deliberations of the working groups. It draws attention to the diversity of populations and cultures in the Asia/Pacific region and the various levels of social and economic development of individual countries. Therefore, there cannot be one regional plan which can be applied in the same manner to all countries.

The priorities for action identified within this document include:

- water supply, sanitation and waste disposal;
- housing and shelter;
- ownership and use of land and other resources;
- food security and nutrition;
- transportation, and
- work and working conditions.

Meeting these challenges will require concerted action where people live, work, play and are educated. These are tangible environments which provide a manageable starting point for action to promote health by creating conditions which are supportive for health.

EVALUATION OF MEETING

In order to ascertain the success of the meeting and consider its follow up in the context of the Asia/Pacific region, an evaluation questionnaire was circulated among participants.

The overall impression given by responses was very encouraging. Participants were pleased with the way in which subjects were dealt with and the general organization of the meeting. Indeed, a number of participants felt that the information and experience provided by the meeting would be useful in professional practice in individual countries.

The group work approach was particularly popular, as were the country presentations. For any future follow-up meetings, the majority of participants indicated that the development of a series of operational guidelines would be most useful to health environment specialists. The information provided by the country presentations would be a significant foundation on which to develop such a set of guidelines. Most participants indicated that they learned a great deal from these sessions.

Participants pointed out that the meeting would serve them in their own different professional capacities in their home countries and that the reproduction of materials used at the meeting would provide an invaluable tool of reference for health promoters.

Several individuals felt that it would be an useful exercise for WHO/UNEP to carry out a survey of activities in each participants' country in 1994.

Future follow-up activities identified by participants included:

- analysis of problems encountered by health environment specialists,
- discussion/dissemination of more operational and technical information,
- the implementation of supportive environments for health,
- discussion and implementation of healthy cities and communities' projects, formulation of country projects,
- utilization of mass media in protecting the environment,
- mobilization of communities in promoting the environment,
- air pollution control activities,
- methods of waste treatment and disposal in the field of environmental health,
- environmental pollution control, and
- the role of non governmental organizations.

**WHO/UNEP INTERREGIONAL MEETING OF EDUCATION AND
PROMOTION FOR SUPPORTIVE ENVIRONMENTS FOR HEALTH:
FOCUS ON THE URBAN AND RURAL SETTINGS**

Bangkok, Thailand, 1-5 November 1993

Agenda

1. Creating awareness and concern for sustainable health supportive environments through health education and promotion in the Asian context.
2. Examining the adequacy of current health education and promotion activities that address supportive environments for health in the urban and rural settings, with focus on the community and work place.
3. Developing guidelines for health education and promotion addressing priority environmental issues to facilitate more detailed planning and programming for country level action.
4. Preparing project outlines for country level action focusing on priority issues of supportive environments for health with scope for collaborative planning and implementation.

**WHO/UNEP INTERREGIONAL MEETING OF EDUCATION AND
PROMOTION FOR SUPPORTIVE ENVIRONMENTS FOR HEALTH:
FOCUS ON THE URBAN AND RURAL SETTINGS**

Bangkok, Thailand, 1-5 November 1993

Programme

Monday, 1 November 1993

08.30 - 09.30	Registration
09.30 - 10.30	Opening Session
10.30 - 11.00	Tea/coffee break
11.00 - 11.30	Election of Chairman and Rapporteur; approval of Agenda and Programme; briefing on meeting methodology.
11.30 - 12.00	Plenary 1 <u>Keynote address 1:</u> Promoting Supportive Environments for Health with focus on the Urban Settings - Dr Paichit Pawabutr, Permanent Secretary Ministry of Public Health, Bangkok, Thailand.
12.00 - 12.30	Discussions on presentation
12.30 - 14.00	Lunch break
14.00 - 15.30	Plenary 2 Presentations on country situations re environment and health (5 minutes per country)
15.30 - 15.45	Tea/coffee break
15.45 - 17.00	Plenary 2 (continued) Presentation on country situations regarding environment and health (continued)
09.00 - 9.30	Plenary 3 <u>Keynote address 2:</u> Supportive Environments for Health, Agenda 21 of UNCED and the Asia/Pacific Region - Mr Arthorn Suphapobok, Deputy Permanent Secretary, Ministry of Science Technology and Environment, Bangkok, Thailand.

9.30 - 10.00	Discussions on presentation
10.00 - 10.30	Presentation on country situations (continued)
10.30 - 11.00	Tea/coffee break
11.00 - 12.30	Presentation on country situations completed
12.30 - 13.00	A discussion on the settings approach - Dr G. Goldstein
13.00 - 14.00	Lunch
14.00 - 14.30	Plenary 4 Briefing on Group Work: Dr D. O'Byrne
	Participants divided into three multidisciplinary groups; with each group assigned one of three settings - rural (village and home), workplace (factory, office and farm) and urban (city and district) ; election of chairpersons and rapporteur, guidelines on group work.
14.30 - 16.15	<u>Group Work 1: Physical Facilities Conducive to Healthful Living</u> (water and sanitation, health hazards and pollution, housing and shelter, conservation of trees and soil). Each of the three groups will examine the settings assigned to it from the point of view of the physical facilities (see guidelines)
16.15 - 16.30	Tea/coffee break
16.30 - 17.00	Plenary 5 Presentation of group work 1, reports and discussions.

Wednesday, 3 November 1993

08.30 - 09.30	Plenary 6 <u>Keynote Address 3:</u> The workplace setting as a supportive environment for health" - educating and mobilizing workers and management and trade unions for supportive environments for health - Dr. S.L. Leimena, Director General of Community Health, Ministry of Health Jakarta, Indonesia.
09.30 - 09.45	Discussion on presentation
09.45 - 10.15	Follow-up of Sundsvall: Intersectoral Collaboration for Supportive Environments - Professor D. Nutbeam, University of Sydney, Australia.

- 10.15 - 11.00 **Group Work 2:** Education and Social Support (informal and informal education, social support from family and community groups).

Each group will examine their settings from the point of view of education and social support (see guidelines).
- 11.30 -12.00 **Plenary 7**
Presentation of group work 2, reports and discussions
- 12.00 -13.00 **Group Work 3:** Advocacy for health supportive public policies and mobilizing the community for actions for health.

Each group will discuss their settings from the point of view of advocacy (see guidelines).
- 13.00 - 14.00 Lunch break
- 14.00 - 19.00 Field visit to urban or rural environment health project

- discussions on project visit

Thursday, 4 November 1993

- 08.30 - 9.00 **Plenary 8**
Presentation of group work 3 and discussions.
- 9.00 -10.30. **Group Work 4:** Preparing draft guidelines for supportive environments for health in each setting - rural, workplace and urban (see guidelines for group work)

The guidelines will include: priority activities that promotes supportive environments for health in the context of the settings assigned to them. Among the tasks to be considered will be (1) the actions needed to make/maintain supportive environments for health; (2) the key players to be involved in the proposed actions; (3) the time frame, costs involved and how they are to be met; (4) indicators or measures of success; (5) the role of UN and other agencies.
- 10.30 - 10.45 Tea/coffee break
- 10.45 - 11.45 **Plenary 9**
Presentation of first draft of the Bangkok Statement on Supportive Environments for Health by the Statement Committee.

14.00 - 15.30

Group Work 5: Developing country projects relating to supportive environments for health .

Participants from countries may get together to prepare an outline of a project that has the potential of being considered for planning, implementation and evaluation. It may relate to expanding an ongoing project or a new project that calls for priority action.

15.30 - 15.45

Tea/coffee break

15.45 - 16.30

Plenary 11

Presentation of group work 5, reports on country projects

16.30 - 17.00

Discussion of second draft of the Statement

Friday, 5 November 1993

08:30 - 11:00

Plenary 12

Presentation and finalization of the **Bangkok Statement on Supportive Environment for Health for South East Asia and Western Pacific Regions.**

Brief report of the Meeting from the Rapporteur

Summary of evaluation of the Meeting

11:00 - 11:30

Tea/coffee Break

11:30 - 12:30

Closing of the meeting

12:30 - 14:00

Lunch break

**WHO/UNEP INTERREGIONAL MEETING ON EDUCATION AND
PROMOTION FOR SUPPORTIVE ENVIRONMENT FOR HEALTH:
FOCUS ON THE URBAN AND RURAL SETTINGS**

Bangkok, Thailand, 1-6 November 1993

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**WHO/UNEP INTER-REGIONAL MEETING ON EDUCATION AND
PROMOTION FOR SUPPORTIVE ENVIRONMENT FOR HEALTH:
FOCUS ON THE URBAN AND RURAL SETTINGS**

Bangkok, Thailand, 1-5 November 1993

Guidelines for Group Work

GROUP WORK: 1

DATE: Tuesday, 2 November 1993

TIME: 14.30 - 16.15

TOPIC: Physical facilities conducive to healthful living (water and sanitation, health hazards and pollution, housing and shelter, conservation of trees and soil).

SUGGESTED PERSPECTIVES FOR DISCUSSION:

Each group will examine the setting assigned to them (either rural, urban or workplace) in the context of the above issue. In discussing this issue, each group may wish to consider the following perspectives:

- i. safe water supply and sanitation
- ii. health hazards from pollution
- iii. housing and shelter
- iv. conservation of trees and soil
- v. safety

While the issues given are by way of assistance the participants may wish to revise them (add and or delete) in the light of their own knowledge and experience..

Each of these perspectives may be viewed in the light of:

- * the **present situation**- adequacy and coverage (for water, housing etc); types of pollution of (air, water, soil); the extent and nature of problems.
- * the **current solutions and programmes** to solve problems and to meet needs; the interest of and inputs made by the governments and NGOs; technical and financial support available from outside agencies.
- * **priority areas for action** that needs immediate attention from national, international and bilateral agencies.

GROUP REPORT: The deliberations of the group may be summarized by the group's rapporteur and presented during Plenary 5.

GROUP WORK: 2

DATE: Wednesday, 3 November 1993

TIME: 10.15 - 11.15

TOPIC: Education and Social Support (informal and formal education, social support from family and community groups).

SUGGESTED PERSPECTIVES FOR DISCUSSION:

Each group will examine the setting assigned to them (either rural, urban or workplace) in the context of the above issue. In discussing this issue, each group may wish to consider the following perspectives:

- i. building national capacity and policy development in education and health education,
- ii. informal and formal education of individuals, families and children, and
- iii. social support from family, friends, peers, and community leaders, societal groups including those that provide services.

While the issues given are by way of assistance, the participants may wish to revise them (add and/or delete) in the light of their own knowledge and experience.

Each of these perspectives may be viewed in the light of:

- * the present situation - the status of peoples'/children's knowledge, attitudes and behaviour patterns as they relate to personal hygiene and lifestyles conducive to health; the role played by social groups in promoting health; superstitions and cultural practices that hinder health practices; existing national infrastructures for educating people/children on health;
- * the current programmes and services provided by government and non-governmental organizations to provide health education and to promote supportive environments for health .
- * priority areas for action that needs immediate attention from national, international and bilateral agencies to improve health and hygiene education in the community/schools and to enhance societal support for fostering and strengthening environmental health.

GROUP REPORT: The deliberations of the group may be summarized by the group's rapporteur and presented during Plenary 7.

GROUP WORK: 3

DATE: Wednesday, 3 November 1993

TIME: 12.00 - 13.00

TOPIC: Advocacy for Health Supportive Public Policies and Mobilizing Community Action for Health

SUGGESTED PERSPECTIVES FOR DISCUSSION:

Each group will examine the setting assigned to them (either rural, urban or workplace) in the context of the above issue. In discussing this issue, each group may wish to consider the following perspectives:

- i. identify existing policies that address supportive environments for health, look for gaps and prepare key persons to advocate for developing needed new policies,
- ii. enable people to empower themselves in order to press for priority health supportive policies, and
- iii. liaise with and support the media sector to promote supportive environments for health.

While the issues given are by assistance, the participants may wish to revise them (add and/or delete) in the light of their own knowledge and experience.

Each of these perspectives may be viewed in the light of:

- * the **present situation** - adequacy and coverage re existing health supportive policies; the current role played by the media in promoting health issues.
- * the **current efforts by the health and other sectors to advocate for health and environmental issues**. The nature of the efforts made by governmental, non-governmental, international and bilateral agencies to advocate for health supportive policies, especially those related to the environment and development; inadequacies and weaknesses in existing advocacy efforts; the nature of collaboration between the health, environment and development sectors and the media sector.
- * **priority areas for action from national, international and bilateral agencies, to improve advocacy efforts to promote policy development addressing supportive environments for health; building a strong alliance with the media sector to focus on policy and decision makers as well as the public.**

GROUP REPORT: The deliberations of the group may be summarized by the group's rapporteur and presented during Plenary 8.

GROUP WORK: 4

DATE: Thursday, 4 November 1993

TIME: 09.00 - 10.30 / 11.45 - 12.30

TOPIC: Preparing a Prototype Framework to Plan Programmes on Supportive Environments for Health

SUGGESTED PERSPECTIVES FOR DISCUSSION:

Each group will prepare for the setting assigned to them (either rural, urban or workplace) guidelines to plan programmes on supportive environments for health. In preparing these guidelines, each group will take into consideration the outcomes of the previous three group work. In preparing this framework for the setting assigned, each group may include the following elements (or areas):

- i. **Background and Justification:** The present situation of the concerned issue and its implications for health.
- ii. **Purpose and Goal of Programme:** Why is the programme to be undertaken and what are the expected outcomes.
- iii. **Programme Objectives:** long term; short term.
- iv. **Policy Development:** old and new policies; strengthening advocacy through all means, inter-sectoral and interagency efforts.
- v. **Programme Development and Implementation:** Inter-sectoral and multi-disciplinary planning; respecting the Health, Environment and Development inter-relationship; infrastructure building; focus on training and orientation; staff supervision and support; community empowerment, community mobilization and continuing support ; creating and maintaining conditions, including services that are conducive to health action; innovative and effective approaches that bring about effective outcomes and actions for health.
- vi. **Monitoring and Evaluation:** to assess the effectiveness of programme and to identify early barriers to success; to identify areas for strengthening and for making changes for the better.
- vii. **Research:** identify areas for study to collect information needed to plan better activities that will have an impact on programme success.

GROUP REPORT: The preliminary report of the group will be presented by the group's rapporteur during Plenary 10.

GROUP WORK: 5

DATE: Thursday, 4 November 1993

TIME: 14.00 to 15.30

TOPIC: Developing Country Projects Relating to Supportive Environments for Health.

SUGGESTED PERSPECTIVES FOR DISCUSSION:

Participants from two or three countries may get together and select projects in their respective countries that address priority issues on supportive environments for health and that can be monitored and evaluated and having clear goals and objectives. In doing so, the following perspectives may be taken into consideration:

- i. projects that have a bearing on health, environment and development currently being implemented by the government and non-governmental agencies, with and without support from external agencies.
- ii. similar projects that are being planned or under consideration by government and non-governmental agencies.
- iii. identify new projects (especially projects that are inter-sectoral, with scope for joint action between health, environment and development sectors) that should have priority and are capable of being implemented and evaluated. Also, indicate possibilities for international, and bilateral support.
- iv. give a clear overview, objectives, timeframe, expected outcomes etc. for one such project that might be in a position to attract external support and assistance.

GROUP REPORT: Each country or group of countries may present country projects during plenary 11.

**WHO/UNEP INTERCOUNTRY MEETING ON SUPPORTIVE
ENVIRONMENTS FOR HEALTH PROMOTION:
FOCUS ON THE URBAN AND RURAL SETTINGS**

Bangkok, Thailand, 1-5 November 1993

OVERVIEW OF INDIVIDUAL COUNTRY PROJECT PROPOSALS

Participants developed project proposals to create supportive environments for health in their respective countries. In each case, individual participants committed themselves to follow-up action in relation to these proposals. An overview of those proposals which were given to the conference secretariat is provided below:

- i) **China:** A study to develop a model for health promotion in small-scale industry.
- ii) **Fiji:** Continuation of existing programs to promote effective household waste management, and clean and healthy environment.
- iii) **India:** A study to undertake integrated environmental epidemiological assessment in critically polluted urban areas.
- iv) **Korea:** Development of a model health education programs for major urban industrial complexes.
- v) **Malaysia:** Staging of an inter-agency seminar/workshop on "healthy environment promotion programs".
- vi) **Mongolia:** Establish a system for research and monitoring of chemicals used in industrial and agricultural processes.
- vii) **Myanmar:** Community water supply and sanitation project.
- viii) **Nepal:** A health education project for carpet and garment factory workers in Kathmandu.
- ix) **New Zealand:** Organisation of an international indigenous people's health conference.
- x) **Singapore:** Training of workplace health promotion facilitators.
- xi) **Sri Lanka:** Development of sanitary facilities in priority regions.
- xii) **Thailand:** Road safety promotion in an urban environment.

Further information and details on these project proposals can be obtained from the country participants.

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 Bruntland 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.