

# Healthy Environments for Children : Developing the Alliance



## First Meeting of Stakeholders

3-4 December 2002  
Geneva



World Health Organization  
Geneva

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# **HEALTHY ENVIRONMENTS FOR CHILDREN: DEVELOPING THE ALLIANCE**

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**Healthy Environments for Children Alliance (HECA)**

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WHO Library Cataloguing-in-Publication Data

Healthy Environments for Children: Developing the Alliance  
First Meeting of Stakeholders  
3-4 December, WHO, Geneva.  
(1st : 2002 : Geneva, Switzerland)

1.Environmental health 2.Environmental exposure 3.Child 4.Infant  
5.Intersectoral cooperation 6.Sustainable development I.Title.

ISBN 92 4 159061 0

(NLM classification: WA 30)

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## Executive Summary

### Background

In September 2002, at the World Summit on Sustainable Development in Johannesburg, South Africa, the Director-General of the World Health Organization inaugurated a new alliance for children's health and the environment. The alliance concept was developed through joint efforts of representatives of national governments, agencies and organizations of the United Nations system, intergovernmental bodies and non-governmental organizations. It was seen as an opportunity for intensified action - worldwide - to tackle the environmental risks to children's health that arise from the settings where they live, learn, and play.

### Objectives and Method of Work

The first meetings of stakeholders to further develop the Healthy Environments for Children Alliance (HECA) were held on 3 and 4 December 2002 in Geneva, Switzerland. The objectives of the meetings were to agree on future directions, methods of work, next steps for forming the alliance – and making it operational. Those taking part included representatives of national governments, agencies and organizations of the United Nations system, intergovernmental bodies, non-governmental organizations and the private sector, as well as representatives of the Regional Offices of WHO and Headquarters. An informal background paper on options for the alliance was made available to stakeholders as a point of departure (Annex 1).

In the opening sessions, stakeholders reviewed: 1) the risks to children's health and well-being as a result of the environments in which they live, learn and play; and 2) the potential of an alliance as a means of adding value to efforts tackling these risks at global, regional, national and local levels. Subsequent interactive panel discussions led to a wide exchange of views on expectations of HECA, what different interested parties could offer to HECA and how HECA could benefit them. Different stakeholders also indicated the roles that major groups could play within the alliance.

This exchange continued in small breakout groups where participants considered *inter alia* the following questions:

- How can the alliance help us in taking forward work in healthy environments for children and how can we shape the alliance to help us do this?
- What should be the initial focus of the alliance's work?
- What could the governance and structure of the alliance look like and what experiences can guide us in designing this structure?
- What should be the next steps for the alliance and what is the timeline for these?

The meetings held on 4 December provided an opportunity to follow up on key areas, and looked at a number of specific initiatives/events of relevance to HECA. Sessions were held on: alliance-building activities; global children's environmental health indicators; World Health Day 2003 (7 April) on "Healthy Environments for Children"; resource mobilization for HECA; upcoming global/regional/national events of relevance to HECA, including the planned HEC conference in late 2003 in Nairobi; and the Canadian-supported initiative on health and environmental linkages.

### **Summary Points**

Discussions throughout the meetings underlined the overall support that existed for the alliance, based on an approach that emphasizes the risks to children's health in the settings where they live, learn, and play. Participants stressed the need to take an intersectoral approach that addresses the risks to children's health in an integrated way.

Throughout the meeting, participants stressed the urgency of taking action to end the morbidity and mortality children suffer as a result of unhealthy environments. Among the points that were stressed throughout the meetings were the following:

- There is a need for greater awareness of the links between children's health, environment, and development based on knowledge and information gleaned from both economic and epidemiological analyses.
- Responses should focus on addressing key risk factors in the settings where children live, learn, play, and even work, and that these key risk factors will vary between regions, countries and communities.
- Policies and strategies to address children's health and the environment should be based on the most up-to-date evidence and best practices.
- The need for a comprehensive overview of actors, ongoing activities and projects and existing knowledge relevant for healthy environments for children (HEC) to maximize and build on synergies.
- In addition to the general benefit for the cause of HEC, there must be a clear "value-added" for each involved sector. This includes synergies, better projects proposed to donors, fundraising opportunities, a business case, tangible results that can be presented, etc.

### **Conclusions**

A provisional mission statement was drafted during the meetings. This was subsequently refined by the HECA Alliance-Building Task Force. In the mission statement, HECA is seen as a world-wide alliance to intensify global action on environmental risks to children's health that arise from the settings where they live, learn, play and earn, by providing knowledge, increasing political will, mobilizing resources, and catalysing action.

In addition, participants concluded the following:

- A global alliance that is designed to catalyse joint action to tackle major environment and poverty-related risks to children's health through inclusive, participatory and action-oriented efforts within local communities and at national levels would have strong "value-added" potential, particularly in the areas of advocacy and communications, policy guidance, operational support, knowledge management and focused research, and resource mobilization.
- In this respect, the alliance could focus on the following areas:
  - Advocacy for political mobilization, influencing policy, stimulating effective action by alliance members, and educating the public.
  - Knowledge management, research coordination and education.
  - Operational support and assisting stakeholders to focus on priorities and measure results with a resulting amplification of the power of interventions.
  - Mobilization of additional resources for healthy environments for children work.
- Participants decided to establish an interim task force, which would serve as the engine to develop the alliance further. This task force would be composed of representatives from national governments, international organizations and agencies of the UN system, non-governmental organizations, intergovernmental bodies, academia and the private sector. The task force would have three to four meetings over the next six to nine months and would be charged with outlining a strategic plan of action for HECA, forming working groups for specific elements of the plan as needed, and communicating regular updates on progress to alliance members. Proposals/recommendations of the task force would be presented to a subsequent large meeting of all HECA interested parties. This process would be assisted by a HECA secretariat situated in WHO.
- Regional and national alliance-building meetings and other smaller meetings should take place over the coming months to build constituencies for, and ownership of the alliance. Alliance members will work within their own constituencies to do the same. A number of planned upcoming events and meetings will be used to mobilize political support to address healthy environments for children, and build awareness of the alliance.

### **Subsequent Follow Up**

Following the recommendations of the HECA meetings in December, an interim HECA alliance-building Task Force held its first telephone conference meeting on 17 January 2003 with the participation of interested parties from stakeholder groups represented in the December 2002 HECA meetings. In addition to revising the HECA mission statement, members of the alliance-building Task Force established working groups in the areas of: structure and governance; linkages and methods of work; priority areas of work and indicators; communications and advocacy; and resource mobilization and capacity building.

## Background to the Meeting

In early 2002, Dr Gro Harlem Brundtland, Director General of the World Health Organization – reviewed the early drafts of the World Health Report 2002 on Risks to Health. Analysis had confirmed the large number of healthy life years lost as a result of health risks associated with the environments in which poor people, particularly, live. The risks faced by children were especially severe. She indicated her intention to launch an initiative on healthy environments for children at the World Health Assembly in April 2002.

The concept for the initiative was developed with a growing circle of partners during the next three months and presented at the World Summit for Sustainable Development in Johannesburg on 1 September 2002. At the Summit, governments agreed to “...reduce environmental health threats, taking into account the special needs of children, and the linkages between poverty, health and environment” (WSSD Plan of Implementation, paragraph 6). Several governments, NGOs and international organizations then agreed to form an alliance that would bring together a variety of different actors with the explicit goal of securing healthier environments for the world’s children. WHO and several of the other potential founders indicated that for them the Healthy Environments for Children Alliance (HECA) would be an essential component of the follow-up to the World Summit on Sustainable Development, designed to accelerate the realization of health and environment components of the development goals of the United Nations Millennium Declaration.

The first meeting of parties interested in developing further the Healthy Environments for Children Alliance (HECA) was held on 3 and 4 December 2002 in Geneva, Switzerland.

## Objectives of the Meeting and Organization

The objectives of the meeting were to agree on future directions, methods of work, and next steps for the alliance and its members. Those taking part included representatives of national governments, agencies and organizations of the United Nations system, intergovernmental bodies, non-governmental organizations and the private sector, as well as representatives of the Regional Offices of WHO and Headquarters. An informal background paper on options for the alliance was made available in case stakeholders would find it useful as a point of departure (Annex 1).

In the first sessions, stakeholders reviewed: 1) the risks to children’s health and well-being as a result of the environments in which they live, learn and play; and 2) the potential of an alliance as a means of adding value to efforts tackling these risks at global, regional, national and local levels.

Subsequent interactive panel discussions led to a wide exchange of views on expectations of HECA, what different interested parties could offer to HECA and how HECA could benefit them. Different stakeholders also indicated the roles that major groups could play within the alliance.

This exchange continued in small breakout groups in the first part of the afternoon, followed by report backs and open discussion in a final plenary session.

The 4 December meeting served to examine key strategic areas and specific initiatives/events of relevance to HECA. Sessions were held on: alliance-building activities; global children’s environmental health indica-

tors; World Health Day 2003 (7 April) on “Healthy Environments for Children”; resource mobilization for HECA; upcoming global/regional/national events of relevance to HECA; and the Canadian-supported initiative on health and environmental linkages.

### Opening Session (3 December, 2002)

Dr David Nabarro, Executive Director, Sustainable Development and Healthy Environments, World Health Organization, welcomed participants. He emphasized that the meeting would explore a new way of working to address the risks children face in the environment. Such a way of working would go beyond “business as usual”. The meeting was designed to encourage open, frank discussion with space for all to express themselves, interact and exchange on the issues under discussion.

Dr Nabarro gave a keynote address on the concept of the Healthy Environments for Children Alliance. He highlighted the rationale for focusing on healthy environments for children by calling attention to the evidence showing that environmental threats cause up to one third of the global disease burden. Children are the most vulnerable to these threats, with poor children suffering disproportionately from environmentally related diseases.

In discussing HECA, Dr Nabarro highlighted the fact that healthy environments for children are at the heart of sustainable development. He said that healthy environments for children are vital in that they improve children’s well being; contribute to poverty reduction; and contribute to the achievement of the development goals of the United Nations Millennium Declaration.

A global alliance that focuses efforts on the settings where children live, grow, learn and play is needed to:

- Encourage political commitment.
- Build on complementary strengths of sectors, stakeholders and partners at local, national and global levels.
- Expand and scale up action.
- Ensure intersectoral action and community participation.

The risks to children’s health and well-being in the environment were presented by Dr Richard Helmer, Director, Protection of the Human Environment, World Health Organization. In his presentation, Dr Helmer looked at the linkages between risk factors in the environment and disease outcomes, and the particular vulnerability of children. He highlighted the transition of children’s environmental health risks with changing economic status. Dr Helmer called attention to the six key environmental risk factors for children: household water security; hygiene and sanitation; air pollution; vector-borne diseases; chemical hazards; and unintentional injuries. He cited evidence demonstrating the burden of disease borne by children in areas such as water-related diseases, acute respiratory infections and unintentional injuries. He underlined the role that poverty plays in exacerbating environmental risk factors. Dr Helmer presented three sets of environmental health indicators, which can be used to identify and quantify exposures, health effects and responses, and to monitor progress. These will be used and built upon for the work of HECA.

Dr Yasmin von Schirnding, Focal Point: Agenda 21, and Manager, Healthy Environments for Children Alliance Secretariat, World Health Organization, highlighted possible action areas for the alliance and called attention to the following points:

- The importance for the alliance to agree on a well-defined mission, and jointly defined objectives, building credibility in a limited number of areas initially, and broadening its scope in later phases.
- Possible action areas for the alliance which might include: ensuring effective advocacy and awareness raising to create healthy environments for children; providing knowledge, information exchange and expertise for effective policies and action; supporting communities in creating and maintaining healthy environments for children; and monitoring and evaluating progress.
- The role that HECA could play in facilitating the initiation of national movements and local alliances, assisting countries in the development of pilot projects, and supporting capacity building activities at community level.
- The need to draw on experiences from other initiatives, weigh the different options and possibilities, and consider the pros and cons of flexible versus more formal arrangements when considering possible structures for HECA.
- The importance of adopting a truly integrated multisectoral approach for the alliance, calling for the cooperation of different government departments, and encouraging the active participation of community members.

Plenary sessions continued with two panel discussions. The first panel discussion looked at the rationale for an alliance on Healthy Environments for Children, while the second panel discussion allowed for presentations on, and discussion of different perspectives on building the alliance.

### Panel Discussion 1 – *Why an Alliance on Healthy Environments for Children?*

The first panel discussion consisted of short presentations from seven panellists focusing on: their expectations of HECA; what they can offer to HECA; and how HECA can benefit them in addressing children's environmental health issues. Panellists included:

- *Mr Alexander Malyavin*, Advisor, Health and Nutrition, UNICEF Regional Office for Central and Eastern Europe, Commonwealth of Independent States and the Baltics (on behalf of Dr Vanessa Tobin), UNICEF;
- *Mr Adnan Amin*, Director, UNEP New York Office, UNEP;
- *Dr Véronique Angot*, Administrator-Veterinarian, European Commission, Environment DG (Unit C2);
- *Mr David Hohman*, Attaché (International Health), Permanent Mission of the United States of America to the United Nations Office and other International Organizations at Geneva;
- *Mrs Daisy Mafubelu*, Health Attaché, Permanent Mission of South Africa to the United Nations Office at Geneva and other International Organizations in Switzerland;

- *Ms Berglind Asgeirsdottir*, Deputy Secretary General for Social Affairs, Organization for Economic Cooperation and Development;
- *Dr Houssain Abouzaid*, Regional Advisor, Supportive Environment for Health, WHO Regional Office for the Eastern Mediterranean.

Some of the points highlighted by panellists included the following:

- There was a need for greater awareness of the links between children's health and the environment based on knowledge and information from both economic and epidemiological analyses.
- Responses should focus on addressing key risk factors in the settings where children live, learn and play, and that these key risk factors will vary between regions, countries and communities.
- Strategies to address children's health in the environment should be based on the most up-to-date evidence and best practices.
- An area where the alliance can have added value is in bringing different stakeholders/partners/actors/sectors together as shared responses are the best responses.

Panellists suggested that the alliance should result in a synergizing effect whereby alliance members can draw on the strength of working together rather than apart, while at the same time capitalizing on the comparative advantages of distinct alliance members continuing to pursue ongoing areas of work that focus on children's health in the environment.

For this to happen, panellists emphasized that the following would be important in building the alliance:

- Concentrate on the functions of the alliance first and then turn to looking at form and structure.
- Ensure that the alliance is inclusive and draws on the strengths of all members.
- Identify a clear "niche" for the alliance.
- Find innovative, efficient and effective ways of working.
- Concentrate on actions that make a difference at local level.
- Emphasize movements for healthy environments for children, which build on what already exists.

## Panel Discussion 2 – Perspectives on Building the Alliance

The second panel discussion consisted of short presentations from four panellists representing different stakeholder groups including the private sector, non-governmental organizations, civil society groups and academia. They gave their views on the roles that could be played by major groups in HECA.

Panellists included:

- *Dr Gaudenz Silberschmidt*, Executive Director, International Society of Doctors for the Environment;
- *Mr Cameron Rennie*, Director, Sustainable Livelihoods Programme, World Business Council for Sustainable Development;

- *Dr Stephan Boese-O'Reilly*, Chairman, Netzwerk Kindergesundheit und Umwelt (German Network on Children's Health and Environment);
- *Dr Irma Makalinao*, Clinical Associate Professor, Department of Pediatrics and Associate Professor, Department of Pharmacology and Toxicology, University of the Philippines College of Medicine.

Some of the points highlighted by the panellists included the following:

- There must be a commitment to go beyond “business as usual” to do things differently in order to succeed.
- The alliance must be willing to share risks as well as rewards.
- The private sector is motivated to play a part in ensuring healthy environments for children if there is also a clear business case in the process and the alliance needs to build on the specific strengths of the private sector.
- Coordination and synergy will be the keys to the alliance which should be broad, inclusive, and transparent.
- The alliance can provide a “marketplace” for good practice and information exchange, and bringing partners together for funding.
- Leadership without domination will be essential to the success of the alliance.
- Through their involvement in the Alliance, NGOs have an essential role to play in contributing innovative ideas, disseminating pertinent information to their networks, and supporting the realization of concrete projects.

A lively discussion followed the presentations by the panellists. Participants requested information on the kinds of programmes and actions that were already being undertaken in the different regions to address healthy environments for children. Regional perspectives on healthy environments for children were shared, as well as some of the work currently underway in different regions.

Several comments were made on the need for the alliance to embrace diversity in all its forms and to take into account the specificity of regions, countries and communities. The suggestion was made that different countries should be invited to create national healthy environments for children alliances in parallel with the creation of the global alliance.

The important role that education plays in children's environmental health was underlined, as was the importance of ensuring that gender and gender differences are taken into account. It was stated that, with over 200 million children working throughout the world, and around 171 million of these in hazardous conditions, children's health and well being in the work environment should form part of the work of the alliance. Participants also highlighted the need to agree on purpose of, and strategy for the alliance, to set indicators against the strategy, and to link these to results

In summarizing, the following points were underlined:

- There was an acknowledgement of the importance of networks and recognition that the loosest form of association was a network.

- There was general agreement that HECA should go one stage beyond a network structure and build an alliance.
- The alliance would have its greatest meaning at local and regional levels. Therefore, the importance of taking diversity into account in the work of the alliance was paramount.

## Breakout Groups

The first part of the afternoon was devoted to work in small breakout groups. Participants considered *inter alia* the following questions:

- How can the Alliance help us in taking forward work in healthy environments for children and how can we shape the alliance to help us do this?
- What should be the initial focus of the Alliance's work?
- What could the governance and structure of the Alliance look like and what experiences can guide us in designing this structure?
- What should be the next steps for the Alliance and the timeline for these?

To promote the widest possible exchange, groups were encouraged to consider the questions in any order, consider other questions, and probe more deeply into one area. Wherever possible, group members were invited to illustrate points with practical examples from their own or other's experience.

Each group reported back in the final plenary session. The report-backs captured some of the spirit and commitment to making the alliance a reality, responsive to the needs of all and an effective instrument to make a difference in the lives of children throughout the world, which had pervaded the breakout groups.

Among the general comments made were the following:

- Any alliance depends on synergies between members including pursuing common objectives, lowering costs and accessing the capabilities of different members.
- The alliance should be organized in a dynamic, informal and transparent way, which builds trust and willingness to share and do things differently.
- In the end, the alliance should demonstrate: value-added where the alliance is greater than the sum of its parts; cross-sectoral action to address environmental risks to children's health in settings; achievable and measurable results.

Some specific points raised in the report backs of the breakout groups and subsequent discussions included:

- The importance of working closely with Member States on the alliance was underlined, including defining the roles and responsibilities of Member States in the alliance, and ensuring that the alliance responds to the needs of different Member States.
- Many participants emphasized that the alliance-building process should be a very open, inclusive one and suggestions were made on organizations/interested parties/potential partners to be informed about the alliance and possibly drawn in.

- In discussions on the initial focus of the alliance's work, the need to raise awareness of the alliance, raise the political visibility, and develop strategies to get political support was underlined. Other priorities emphasized were creating mechanisms to share information, research and "best practices", as well as agreeing on priority areas for focus, and whether these should be issue-based or settings-based.
- In discussing focus, other participants called attention to the need to concentrate in the first instance on quick, measurable achievements and successes ("reaching for low-hanging fruit").
- The need for the alliance to define short-, medium-, and long-term goals and benchmarks was raised, which would allow the alliance to have a defined, focused output, which could be measured in increments.
- Many participants highlighted the need to take stock of what is currently being done in children's environmental health, and how these different initiatives and activities work, as well as lessons learned, and then share this pool of knowledge widely.
- Bringing private sector efficiency to bear on the work of the alliance was put forward as a positive feature, while ensuring at the same time that potential conflicts of interest are addressed.
- A governance structure for the alliance should take into account reciprocal expectations between the alliance *vis-à-vis* its members, and vice versa.

In summary, the final plenary session of the meeting underlined the general consensus that a Healthy Environments for Children Alliance had strong "value-added" potential in the areas of advocacy, policy guidance, operational support and focused research. In the area of advocacy, it was felt that the alliance could bring synergies to bear to allow alliance members to come together, share their energy and efforts, and avoid duplication and competition. In the area of policy guidance, the fuel for the alliance's work would come from promoting policy change in the light of solid evidence, and amplifying impact through a sharing of knowledge. In the area of operational support, the alliance would help all stakeholders to focus on priorities and measure outcomes with a resulting amplification of the power of interventions. Finally, in the area of research, it was felt that the alliance could work through existing networks to help build capacity at all levels and contribute to real sustainability.

## Follow-up Discussions (4 December 2002)

### *Follow-up discussions on developing the alliance and resources for HECA*

Two sessions on 4 December were devoted to following up the discussions on HECA began on 3 December. In plenary and small groups participants looked at the principles that should underpin the Healthy Environments for Children Alliance. It was stated that HECA should have widespread acceptance with a clear focus on areas of value-added. The alliance should work at all levels (global, regional country and local), and reflect the urgency of acting to ensure healthy environments for children while ensuring "buy in" over time from a wide group of partners and interested parties.

Discussion on focus highlighted the need for concentrating on the following in building the alliance:

- **Strategy and vision.** There should be a focus on the child and the settings in which they live, learn and play. Gaps to be addressed need to be identified and measures of success need to be defined. The alliance needs to be able to reflect culture, language, and national interest in all areas of work.
- **What the alliance has to offer.** It was felt that the alliance had much to offer to communities, governments, stakeholder groups and a wide range of interested parties and potential partners in providing: economic analyses; advocacy; political mobilization; knowledge (evidence and experience); measurement.
- **Functions of the alliance.** These would include advocacy; knowledge management, research coordination and education; operational support and assistance in focusing on priorities; mobilization of resources.
- **Main tasks of the alliance.** Membership in the alliance implies sharing in both risks and rewards. The tasks of the alliance would be results-focused, recognize regional specificities, and encourage exchange of information, scaling up of actions in settings, and the building of national alliances. The alliance would concentrate on ways of linking with existing initiatives to build on what is already happening.

During these discussions, participants drafted a provisional mission statement. After subsequent refinement by members of the HECA Alliance-Building Task Force, HECA was seen as a world-wide alliance to intensify global action on environmental risks to children's health that arise from the settings where they live, learn, play and earn, by providing knowledge, increasing political will, mobilizing resources, and catalysing action.

One session focused on resources for HECA. Participants were reminded of the magnitude of the challenge. It was recognized that resources are required for: communities and countries; regional actions; different alliance members; the global work of the alliance; and its secretariat.

It was agreed that the case must be made for both a scaling up of resources to ensure healthy environments for children in light of the magnitude of the problem, and more efficient use of existing resources. Participants indicated that non-financial resources are essential and in-kind resources must be captured. Also highlighted was the need to demonstrate ways in which available funds can be used to the best advantage, and to offer new, attractive, results-oriented investment opportunities for donors. Analysis and advocacy is needed to help countries to channel "challenge corporation", budget support, PRSP, as well as national budgets towards healthy environments for children goals.

### World Health Day 2003

The theme for World Health Day (WHD) 2003 is "*Healthy Environments for Children*". The slogan for the day is "*Shape the Future of Life*". World Health Day is the next step to give visibility and advocacy to the alliance and the issues it seeks to address. The objectives of WHD are to:

- Increase the awareness and understanding of healthy environments for children.
- Push healthy environments for children higher up the world's political/development agenda.

In his presentation on WHD, Dr David Nabarro outlined the strategy which has been adopted for WHD to ensure a cascade of activities in countries and communities. This is being encouraged by promoting awareness of the day through the provision of a harmonious information package to assist organizations, countries, local and community groups in their celebrations of World Health Day. Preparations to date in WHO Headquarters and Regional Offices were outlined. In discussions that followed the presentation, World Health Day was seen as an event to launch widespread action within the wider context of healthy environments for children. Among the points and suggestions made were the following:

- Link WHD with other events including “Water for Life”, “Earth Day” and “World Environment Day” (5 June 2003).
- Encourage dialogue among national groups using toolkits and setting-specific multisectoral dialogues.
- Use schools as a key centre for WHD-related activities.
- Remember children in special circumstances.
- Share experiences using the Web.
- Use media such as postage stamps and telephone cards as vehicles for healthy environments for children messages.

### ***Global children’s environmental health indicators***

Participants were briefed on different initiatives, including those launched at the World Summit on Sustainable Development, working on the development of global children’s environmental health indicators. The following points were made in discussions:

- Bring different partners to work closely together and focus on priorities, action and indicators and getting data.
- Note the progress in the region of the Americas (e.g. HEMA and CEC).
- Watch for hidden cutbacks.
- Recognize regional variations rather than seeking global agreement
- Try to involve regional political groupings (e.g. EU).

### ***Upcoming events of relevance to HECA***

Participants took the opportunity of being together to brainstorm on the upcoming events which have relevance for HECA. Many of these can be of strategic importance in:

- Getting different types of exposure for the problem of healthy environments for children and HECA.
- Obtaining “buy in” from institutions and groups.
- Galvanizing action in countries and communities.

Discussions focused on the development of a communications strategy for, and the “branding” of HECA. A number of suggestions were made including: the need to develop communications tools to take advantage of the different opportunities represented by these events; ways to market HECA; using “goodwill ambassadors,” celebrities, and children to get the HECA messages out.

Participants highlighted a number of upcoming events that would be important for these purposes. These will form a web-based “calendar of events” which will be regularly updated with input from HECA alliance members. Among these was the Fourth Ministerial Conference on Environment and Health, which will be held in Budapest, Hungary from 23 to 25 June 2004. The overarching theme of the Conference “The Future for Our Children” was considered of direct relevance to the work of HECA. The Children’s Environment and Health Action Plan for Europe being developed for adoption by ministers at the Conference will be a direct European contribution to the goals of HECA.

The status of preparations for the Third Global Conference on Healthy Environments for Children, planned for autumn 2003 in Nairobi, Kenya, was presented.

The relationship of this meeting to the first Health and Environment Ministers conference for Africa, which is also in the planning stage, will have to be explored in order to ensure coordination and timely preparation of events. The conference in Nairobi could become a landmark event for HECA.

### ***Initiative on health and environmental linkages***

Participants were briefed on the Canadian-supported initiative on “Strengthening Health and Environmental Linkages: From Knowledge to Action” which was launched at the World Summit on Sustainable Development. The initiative, currently being developed with input from interested parties and WHO, is aimed at building capacity for more effective policy responses. The first step in the process would be to assemble a comprehensive, timely and policy-relevant base of existing knowledge on the scientific, technical and socio-economic dimensions of health and environment linkages. This knowledge synthesis would highlight best practices, key knowledge gaps and barriers to action. The second component would be to use the results of the knowledge synthesis as a tool for governments and partners to develop strategies and strengthen decision-making related to human health and the environment. The knowledge gained through the synthesis would be transferred through technical workshops, publications, an internet portal, and the assistance of experts. Resulting benefits would include improved capacity to use technology to remediate environmentally contaminated areas, intersectoral collaboration that achieves greater efficiency in addressing crosscutting issues and better informed decision-making to protect the environment and human health.

### **Next Steps**

It was agreed to establish an interim task force, which would serve as the engine to develop the alliance further. This task force would be composed of representatives from Member States, international organizations and agencies of the UN system, non-governmental organizations, intergovernmental bodies, academia and the private sector. The task force would have three to four meetings over the next six to nine months and would be charged with outlining a strategic plan of action for HECA, forming working groups for specific

elements of the plan as needed, and communicating regular updates on progress to alliance members. Proposals/recommendations of the task force would be presented to a subsequent large meeting of all HECA interested parties. This process would be assisted by a HECA secretariat situated in WHO.

Regional and national alliance-building meetings and other smaller meetings will take place over the coming months to build constituencies for, and ownership of the alliance. Alliance members will work within their own constituencies to do the same. A number of planned upcoming events and meetings will be used to mobilize political support to address healthy environments for children and build awareness of the alliance.

# Annex 1 - Healthy Environments for Children Alliance

## An Informal Discussion Document

### Introduction

Children are exposed to serious health risks from their environments. They are more likely than adults to be exposed to contaminated water and soil, polluted air in the home, and toxic chemicals. They are also more vulnerable to the effects of this exposure. These factors may contribute to over 5 million deaths each year among children.

Indeed, the risks to children in their everyday environments are numerous. UN system agencies—including WHO—have identified six groups of risks that must be tackled as a priority: household water insecurity, lack of hygiene and poor sanitation, air pollution, vector-borne diseases, chemical hazards, and unintentional injuries. These cause the bulk of environmentally-related deaths and disease among children and undermine development. They are further elaborated at the end of this document (see Appendix).

### Responding to the Crisis: Need for an Intersectoral Approach to Tackle Multiple Risks

Children are often exposed to several of these risks to their health in the same setting at the same time. Thus they are best tackled in an integrated way, within the settings where children live.

Many governments and development agencies are taking action to make children's environments safer and healthier. There is an urgent need to do much more, particularly within poor communities. There are also obvious advantages to different groups working on this together, to maximise their collective impact. That is why a new initiative on Healthy Environments for Children was presented in Johannesburg, on 1 September 2002, at the World Summit on Sustainable Development. Several governments, NGOs and international organisations indicated that they would like to work together—in an alliance—to galvanize world-wide action on some of the major environment-related risks to children's health. The alliance that was envisaged would be inclusive, participatory and action-oriented. It would help to coordinate and increase efforts at global and country levels.

### What is the Healthy Environments for Children Alliance?

Our task, now, is to develop this alliance. The group which met initially in Johannesburg envisaged a global effort. It would mobilise a range of groups within government, civil society and non-governmental organizations, research institutions, academia, and professional associations, UN organisations, development agencies, banks and foundations, private entities and the media, to act together and help make a difference to the lives of children in their local communities. The overarching goal for this movement would be to tackle the environmental risks to children's health in the places where they live, grow, learn and play.

The growing interest in children's environmental health means that there are many who would like to move forward in this way, and help shape the future of life. By working together effectively, this broad range of actors will be able to generate the momentum needed for a profound impact.

### Why a Global Alliance?

It is proposed that the alliance will be a visible and credible mechanism to give effect to the increasing number of international and national commitments calling for action. The alliance must connect to global, regional and national processes already underway as well as to initiatives taken through civil society and/or the private sector.

The alliance will:

- Encourage political commitment at the highest level.
- Build on complementary strengths of sectors, stakeholders, and partners at local, national, regional and global levels.
- Expand and scale up actions for children's environmental health.
- Ensure intersectoral action and community participation to address environmental threats to children's health in the settings in which they occur.

### How will a Global Alliance Add Value to Existing Efforts?

The value added by an alliance will be that, by working together on many fronts, its members can more effectively address the needs that exist in many countries, regions and sectors to develop and implement effective programmes and policies. The members will continue to work through their own channels, reflecting their priorities and mandates and their comparative advantages. But the alliance can help them to coordinate, streamline efforts, and bring together fragmented or isolated initiatives, and eliminate the confusion that results from unnecessary overlap and duplication. It would synthesize data and information on key risks, expand access to effective tools for action, establish strategies for action in a clear and focused way, and undertake effective advocacy.

The alliance could serve as a hub in a wide-ranging network of stakeholders addressing healthy environments for children.

### Mission and Objectives

The alliance needs to work according to a well-defined mission and objectives designed to help achieve maximum value added. These objectives will have to be defined jointly by the alliance members. To facilitate this discussion some proposed objectives are as follows:

- Ensuring effective advocacy and awareness raising to create healthy environments for children.
- Providing knowledge, information exchange and expertise for effective policies and action.
- Supporting communities in creating and maintaining healthy environments for children.
- Monitoring and evaluating progress.

## How will the Alliance Achieve its Objectives?

The Healthy Environments for Children Alliance might choose to focus initially on a limited number of areas in which it can make the most difference and add value, building credibility and achieving success, and then broadening in scope as things develop. Core functions in the initial stages could include a strong focus on advocacy, a clearing house for information, and on the identification of a core cluster of collaborative actions that could lead to the achievement of a few high profile and visible successes in the short-term. Examples of possible areas where the alliance could add value are given below.

### **Area 1: *Ensuring Effective Advocacy and Awareness Raising to Create Healthy Environments for Children***

A key element in creating healthy environments for children is the raising of awareness of the risks to children's health in the settings where they live, learn, and play, based on a solid foundation of scientific evidence. The alliance has an important role to play in galvanizing the political will to tackle the threats to children's health in their daily environments and in informing policy and decision-makers at different levels of the effective measures that can be taken to protect and promote children's health in these settings. In addition, the members of the alliance can advocate globally for increased resources to promote healthy environments for children, as well as for the use of effective tools, while at the same time ensuring overall coherence of approach, complementarity of global, national and local strategies and ensuring that key messages are based on accurate and reliable information.

Different ways in which advocacy and awareness-raising can be undertaken include the following:

- Convening high-level meetings with stakeholder groups at global, regional, national and local levels.
- Preparing and disseminating briefing documents targeted at key audiences on dimensions of the problem, and effective policies and action strategies that could be implemented.
- Working with the media and using strategic approaches to the mass media in order to mobilise public support for HECA and set the agenda.
- Pursuing HECA branding and developing advocacy and awareness-raising campaigns at global and national levels.

### **Area 2: *Providing Knowledge, Information Exchange and Expertise for Policies and Action***

The alliance can draw together existing information on the risks to children's health in the settings in which they live, learn, and play, as well as draw on new and compelling evidence of the effectiveness of different interventions to tackle the various dimensions of children's environmental health. A vital link in creating healthy environments for children is in using this knowledge and information base to inform policies and actions at all levels, in all sectors and by all stakeholders.

The alliance could play a key role in providing a clearinghouse of information, knowledge and expertise on healthy environments for children, by drawing together existing networks and databases in areas such as children's health, environment, and sustainable development into a global HEC network.

Key actions in this area might include:

- Undertaking scoping exercises to take stock of who is active in the field, what has already been done, what we know and what we know works, identifying gaps in knowledge and actions needed to fill these gaps.
- Developing worldwide databases on knowledge and information, action strategies and best practices, technical expertise in areas relevant to children, health and the environment, and sustaining advocacy efforts with this updated information.
- Providing fora at global, regional, and national levels for interested and implementing countries/communities/partners to exchange information, approaches, lessons learned, opportunities for collective problem-solving and expertise.
- Establishing a comprehensive Healthy Environments for Children Alliance Web site, which would serve the nexus of the clearinghouse.

### **Area 3: *Supporting Communities in Creating and Maintaining Healthy Environments for Children***

Key to the success of HECA and its members will be its ability to make a difference in the lives of children throughout the world. An essential element in the work of the alliance will be to facilitate and coordinate support to countries and communities to create and maintain healthier environments for children. This area of HECA's work can draw on the considerable work that is ongoing at global, national and local levels. Examples of structures and mechanisms that can be built on include Healthy Cities-type initiatives and sustainable cities programmes in all regions, as well as intersectoral development planning mechanisms such as sustainable development and national health and environment plans, poverty alleviation strategies etc.

The aim of this action area would be to develop and support national healthy environments for children movements throughout the world which would crystallise political will, catalyse the efforts of different stakeholders, strengthen networks and coordinate actions.

Key actions in this area might include:

- Facilitating the initiation of national and local alliances, or national movements, on healthy environments for children.
- Providing support for the establishment of national and local forums on healthy environments for children bringing together stakeholders and decision-makers to identify the main environmental threats, assess the needs and set the priorities for action.

- Supporting the establishment of multisectoral Healthy Environments for Children Task Forces and country level teams in selected project countries to implement plans.
- Supporting national advocacy and catalysing action through specific mechanisms (communication networks, and communication advocacy workshops) and country-specific advocacy materials.
- Assisting countries in the development of pilot projects (initially 1 country in each region) to be used as the basis for developing healthy environments for children programmes/projects and to demonstrate different ways in which risks to children's health in the broad environment can be addressed.
- Providing assistance to countries and sectors to build national and local capacities in creating and maintaining healthy environments for children.

#### **Area 4: *Monitoring and Evaluating Progress***

Building on the considerable amount of work in recent years in designing indicators for health and environment, the alliance could work to develop guidelines and a core set of healthy environments for children indicators. This work could be developed through field testing and the development of database systems for reporting this information and monitoring progress.

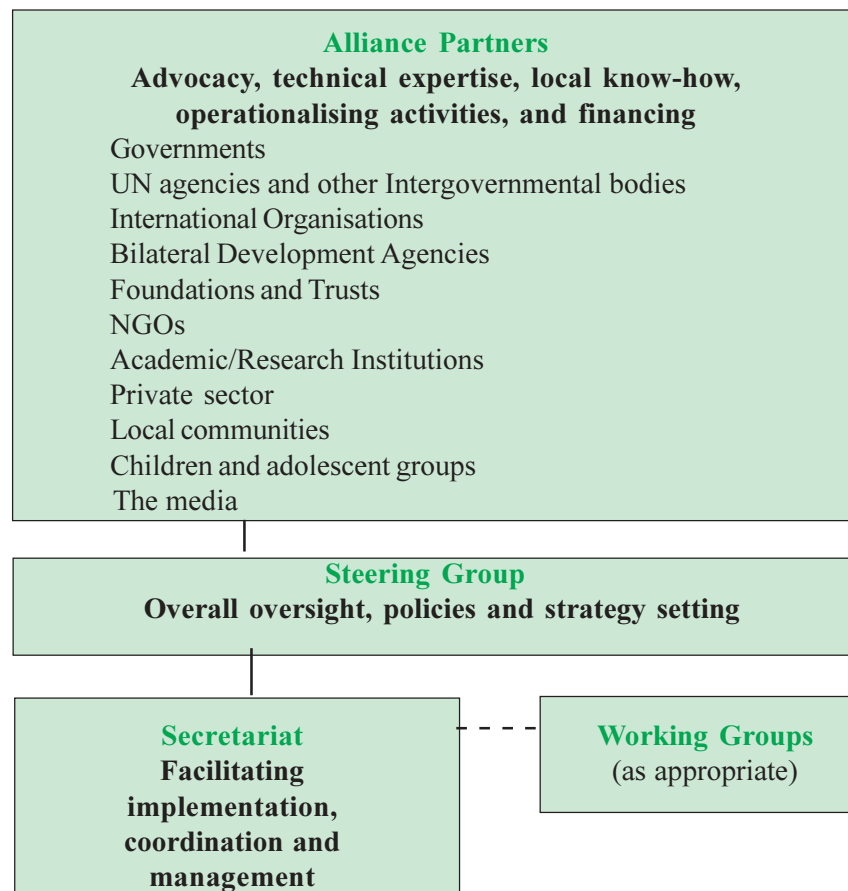
Key activities could include:

- Working with regions/countries/communities/stakeholders to adapt indicators for use in policy and decision-making in different situations.
- Using a set of agreed upon indicators to monitor and evaluate results of efforts in countries/communities as well as results of advocacy efforts at global, regional and country levels.

#### **How Should the Alliance be Structured?**

There are many options and possibilities for the structuring of such an alliance, and many experiences from other initiatives that can be drawn on. While there is a need for a specific transparent coordinating mechanism, it may be best in the early initial stages to keep this flexible, developing more specific mechanisms over a period of time as the issues evolve, and as the alliance develops a better understanding and experience of what works best under what conditions.

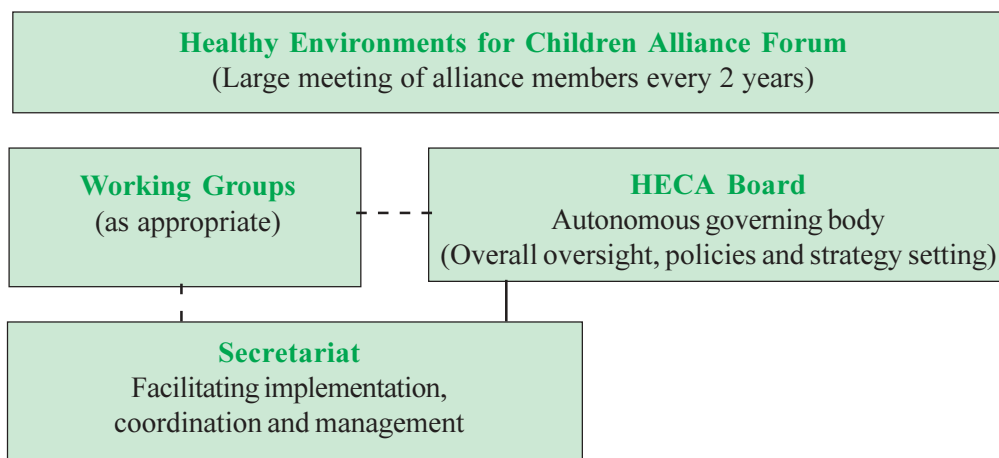
### Flexible Governance Structure Option



### HECA Steering Group

A Steering Group, which could consist of representatives of members of the alliance, would serve as an informal but essential mechanism which may have both content and process roles. On content, it could enable alliance members to shape the overall direction of the development of the alliance, helping to identify key objectives and priority action areas. The Group could regularly review the implementation of HEC action being undertaken through alliance members (and others), identifying areas in which work is promising, and those where it could be improved. On process, the Group could help establish an agreed approach to alliance development and functioning. It could facilitate inter-agency linkages, and help resolve difficulties when they exist. It could identify means through which interactions between alliance members and governments, inter-governmental agencies and institutions can be strengthened with a view to securing better results within countries and local communities.

### Formal Governance Structure Option



### HECA Forum

A broad HECA Forum could be set up, representing the wider constituency of all those engaged in reducing environmental health threats to children. This HECA Forum could meet every two years in a large gathering to review progress, and strengthen commitment. The Forum could provide a global review of activities and make recommendations. It would not be decision making body, but would delegate to a Board (see below), supported by a secretariat, responsibilities for the development of specific actions and strategies.

### HECA Board

A formal autonomous governing body could be set up to advise and oversee the activities of the alliance, to set priorities, and to make decisions on behalf of HECA. This HECA board would also ensure that the Secretariat's activities represent the interests of the entire alliance. A larger board may be needed to allow for adequate representation of alliance members. The creation of working groups could also be considered to delegate aspects of decision-making in the interests of improved efficiency and accountability.

### Roles and Responsibilities of Alliance Members

Alliance members could contribute their unique strengths in a number of ways:

- Support the alliance by providing technical, research and development, promotional, advocacy or financial resources to the activities within the alliance at global/regional/country/community levels.
- Mobilize political backing for the alliance in regions, countries, communities, within and between organizations/stakeholders.
- Form alliances with private, public and NGO partners.
- Undertake advocacy with policy/decision-makers so that HEC becomes a priority at global, regional, national and local levels.

- Work with partners at local levels to identify key issues affecting children’s health in local environments, and plan and implement priority actions to address these, within the HECA framework.
- Encourage and support community participation in local, regional and national planning for children’s environmental health in countries.

Such an approach can only be effective if the many ‘actors’ involved—different government departments such as health, housing, energy, water and planning, members of the community such as parents, teachers, health and social workers, the business sector—work together in a truly integrated multisectoral partnership.

### Role of the HECA Secretariat

The Secretariat would work in close cooperation with other alliance members and structures in place in ways which reflect agreements on the desired shape and scope of action of the HEC alliance. It would be responsible for managing, coordinating and facilitating implementation of agreed activities. In supporting the actions of the alliance, the Secretariat may itself take on a number of activities. These may include establishing databases on HEC activities world-wide; developing strategies for, and producing advocacy and communications material; responding to requests for information; keeping track of local and country level activities; identifying and promoting setting-specific approaches; and developing *menus for action* that can be tailored to the interests and strengths of alliance members. In addition, it could be responsible for planning special events and consultative meetings, sharing information, human resource and budgeting, and fund-raising.

### Appendix - Core Issues

#### **Household water security**

Contaminated water causes many life-threatening diseases including diarrhoea, the second biggest child-killer in the world. In 2002, diarrhoea is estimated to have caused 1.4 million child deaths. Around the world, both biological disease agents and chemical pollutants are compromising the quality of drinking water. Water contamination may spread diseases such as hepatitis B, dysentery, cholera and typhoid fever. High levels of arsenic, lead or fluoride may lead to both acute and chronic diseases in children.

#### **Hygiene and sanitation**

Globally, 2.4 billion people, most of them living in peri-urban or rural areas in developing countries, do not have access to any type of improved sanitation facilities. Coverage estimates for 1990-2000 show that little progress was made during this period in improving coverage. The lowest levels of service coverage are found in Asia and Africa where 31% and 48% of the rural populations, respectively, are not served with these services. Examples of sanitation-related diseases include cholera, typhoid, schistosomiasis, and trachoma—today about 6 million people are visually impaired by this disease that causes irreversible blindness.

#### **Air pollution**

Air pollution is a major environment-related health threat to children, and a risk factor for both acute and chronic respiratory disease, as well as a range of other diseases. Around 2 million children under five die every year from acute respiratory infections (ARI) that are aggravated by environmental hazards. Indoor air pollution is a major causal factor for ARI deaths in rural and urban areas of developing countries. Outdoor air pollution, mainly from traffic and industrial processes, remains a serious problem in cities throughout the world, particularly in the ever-expanding megacities of developing countries. It is estimated that a quarter of the world's population is exposed to unhealthy concentrations of air pollutants such as particulate matter, sulphur dioxide, and other chemicals.

#### **Disease vectors**

There are a number of vector-borne diseases that affect children's health. Their impact varies in severity. *Malaria* is particularly widespread and dangerous, existing in 100 countries and accounting for about 1 million deaths in 2002, mostly in children under five. *Schistosomiasis* is a water-borne disease that affects children and adolescents mainly, and is related to lack of hygiene and swimming in contaminated water. It is endemic in 74 developing countries. *Japanese encephalitis* occurs only in South and South-east Asia, where it is linked with irrigated rice production ecosystems. Some 90% of cases are children in rural areas, and one in five of these children dies. Annual mortality due to *dengue* is estimated at around 13 000; more than 80% of these deaths occur in children.

### ***Chemical hazards***

As a result of the increased production and use of chemicals, a myriad of chemical hazards are nowadays present in a child's home, school, playground and community. Chemical pollutants are released into the environment by uncontrolled industries or leakage from toxic wastes sites. About 50 000 children die every year as a result of poisoning, and a large number are exposed accidentally. Pesticides, cleaners, kerosene, solvents, pharmaceuticals and other products unsafely stored or used at home are the most common causes of acute toxic exposures. Some result in life-threatening poisoning. Chronic exposure to various pollutants in the environment is linked to damage to the nervous and immune systems and to effects on reproductive function and development. Children are very vulnerable to the neurotoxic effects of lead in paint and air, which may reduce their IQ and cause learning disabilities. They are also vulnerable to the developmental effects of mercury released into the environment or present as a food contaminant.

### ***Unintentional injuries or "accidents"***

In 2000, an estimated 685 000 children under the age of 15 were killed by an unintentional injury or "accident". Approximately 20% of all unintentional injury deaths world-wide occur in children under 15 years old and unintentional injuries are among the 10 leading causes of death for this age group. World-wide, the leading causes of unintentional injury death among children are road traffic injuries and drowning, accounting for 21% and 19% of all deaths for this age group, respectively. Although unintentional injuries among children are a global problem, children and adolescents in certain regions of the world are disproportionately affected by injuries. It is estimated that 98% of all childhood unintentional injuries occur in low- and middle-income countries. Children in the African, South-East Asian and Western Pacific regions account for 80% of all childhood unintentional injury deaths.

## Annex 2 - Programme

### Tuesday 3 December 2002

- 8h30 - 9h00 Registration
- 9h00 - 9h30 **Plenary Session 1: Scene Setting**
- Welcome**  
*Dr David Nabarro*, Executive Director, Sustainable Development and Healthy Environments, World Health Organization, Geneva
- Introduction to the initiative and the alliance**  
*Dr David Nabarro*
- The core issue: How healthy are children's environments?**  
*Dr Richard Helmer*, Director, Protection of the Human Environment, World Health Organization, Geneva
- Building the Healthy Environments for Children Alliance: meeting programme and method of work**  
*Dr David Nabarro*
- Introduction to discussion paper**  
*Dr Yasmin von Schirnding*, Focal Point: Agenda 21, and Manager, Healthy Environments for Children Alliance Secretariat, World Health Organization, Geneva
- 9h30 - 10h15 **Plenary Session 2: Panel Discussion – *Why an Alliance on Healthy Environments for Children?***
- Mr Alexander Malyavin*, Advisor, Health and Nutrition, UNICEF Regional Office for Central and Eastern Europe, Commonwealth of Independent States and the Baltics (on behalf of Dr Vanessa Tobin), UNICEF
- Mr Adnan Amin*, Director, UNEP New York Office, UNEP
- Dr Véronique Angot*, Administrator-Veterinarian, European Commission, Environment DG (Unit C2)
- Mr David Hohman*, Attaché (International Health), Permanent Mission of the United States of America to the United Nations Office and other International Organizations at Geneva
- Mrs Daisy Mafubelu*, Health Attaché, Permanent Mission of South Africa to the United Nations Office at Geneva and other International Organizations in Switzerland
- Ms Berglind Asgeirsdottir*, Deputy Secretary General for Social Affairs, Organization for Economic Cooperation and Development
- Dr Houssain Abouzaid*, Regional Advisor, Supportive Environment for Health, WHO Regional Office for the Eastern Mediterranean

10h15 - 10h45	Discussion
10h45 - 11h15	Coffee Break
11h15 - 12h00	<b>Plenary Session 3: Panel Discussion – Perspectives on building the alliance</b>  <i>Dr Gaudenz Silberschmidt</i> , Executive Director, International Society of Doctors for the Environment  <i>Mr Cameron Rennie</i> , Director, Sustainable Livelihoods Programme, World Business Council for Sustainable Development  <i>Dr Stephan Boese-O'Reilly</i> , Chairman, Netzwerk Kindergesundheit und Umwelt  <i>Dr Irma Makalinao</i> , Clinical Associate Professor, Department of Pediatrics and Associate Professor, University of the Philippines College of Medicine
12h00 - 12h45	Discussion
12h45 - 14h00	Lunch
14h00 - 14h15	<b>Plenary Session 4: Making the alliance work – structure, roles and responsibilities, resources</b>
14h15 - 16h00	Breakout groups
16h00 - 16h30	Tea
16h30 - 17h30	Reports back and general discussion
17h30 - 18h00	Closing Session - summary of meeting, discussions and decisions

### Wednesday 4 December 2002

9h00 - 11h00	Follow up discussions on developing the alliance and resources for HECA
11h00 - 11h30	Coffee Break
11h30 - 12h00	Followup discussions on HECA (cont'd)
12h00 - 12h30	Presentation on World Health Day 2003
12h30 - 13h00	Briefing on Global Children's Environmental Health Indicators
13h00 - 14h00	Lunch
14h00 - 15h00	Followup discussions on HECA (cont'd)
15h00 - 15h30	Discussion on upcoming events of relevance to HECA
15h30 - 16h00	Tea Break
16h00 - 16h30	Briefing on the Initiative on Health and Environmental Linkages
16h30 - 17h00	Closure

## **Annex 3 - List of Participants**

### **Member States**

#### **Algeria**

M. Nor-Eddine Benfreha  
Counsellor  
Permanent Mission of Algeria to the United Nations Office and other International  
Organizations at Geneva  
Rue du Môle 32  
CH-1201 Genève  
Tel : +41 22 774 19 85  
Fax: +41 22 774 30 49  
mission.algerie@ties.itu.int

#### **Austria**

Dr Alois Leidwein  
Attaché for Environmental Affairs  
Permanent Mission of Austria to the United Nations Office and other International  
Organizations at Geneva  
Case postale 68  
CH-1211 Genève 20  
Tel: +41 22 748 2043  
Fax: +41 22 748 8040  
Alois.leidwein@bmaa.gv.at

#### **Bahrain**

M. Ali Al Sisi  
First Secretary  
Permanent Mission of Bahrain to the United Nations Office and other International  
Organizations at Geneva  
Chemin William Barbey 51  
Case postale 39  
CH-1292 Chambésy  
Tel : +41 22 758 96 40  
Fax: +41 22 758 96 50  
bahrain-mission@bluewin.ch

#### **Bangladesh**

Mr Kazi Imtiaz Hossain  
Counsellor  
Permanent Mission of Bangladesh to the United Nations Office and other International  
Organizations at Geneva  
Rue de Lausanne 65  
CH-1202 Genève

Tel: +41 22 906 80 20  
Fax: +41 22 738 46 16  
mission.bangladesh@ties.itu.int

**Belarus**

Mr Eugeny Yushkevich  
Counsellor  
Permanent Mission of Belarus to the United Nations Office and other International  
Organizations at Geneva  
Avenue de la Paix 15  
CH-1211 Genève 20  
Tel: +41 22 734 38 44  
Fax: +41 22 734 38 44  
mission.belarus@ties.itu.int

**Belgium**

M. Jana Zikmundova  
Counsellor  
Permanent Mission of Belgium to the United Nations Office and other International  
Organizations at Geneva  
Rue de Moillebeau 58 (6 ème étage)  
Case postale 473  
CH-1211 Genève 19  
Tel: +41 22 730 40 00  
Fax: +41 22 734 50 79  
mission.belgium@ties.itu.int

**Benin**

M. Samuel Amehou  
Permanent Representative  
Permanent Mission of the Republic of Benin to the United Nations Office and other International  
Organizations at Geneva  
Rue de Lausanne 36  
CH-1201 Genève  
Tel: +41 22 906 8460  
Fax: +41 22 906 8461  
info@missionbenin.ch.3

M. Bienvenu Accrombessi  
Second Secretary  
Permanent Mission of the Republic of Benin to the United Nations Office and other International  
Organizations at Geneva  
Rue de Lausanne 36  
CH-1201 Genève  
Tel: +41 22 906 8460  
Fax: +41 22 906 8461  
info@missionbenin.ch

### **Brazil**

Mr Felipe Santarosa  
Secretary  
Permanent Mission of Brazil to the United Nations Office and other International  
Organizations at Geneva  
Ancienne Route 17B  
CH-1211 Geneva  
Tel: +41 22 929 09 00  
Fax: +41 22 788 25 05  
mission.brazil@ties.itu.int

### **Bulgaria**

Mme Déana Mehandjiyska  
Attaché  
Permanent Mission of Bulgaria to the United Nations Office and other International  
Organizations at Geneva  
Chemin des Crêts-de-Pregny 16  
CH-1218 Grand-Saconnex  
Tel: +41 22 798 03 00  
Fax: +41 22 798 03 02  
bg.gecom@bluewin.ch

### **Canada**

Mr Charles Haines  
Policy Analyst  
Environment Canada, Policy and Communications  
22nd Floor les Terrasses de la Chaudière  
Wellington Street 10  
Hull, Quebec  
K1A0H3, Canada  
Tel: +1 819 956 5962  
Fax: +1 819 956 7632  
charles.haines@ec.gc.ca

Ms Virginia Harel  
Policy Analyst  
Health Canada, Safe Environments Programme  
Rm 139 Environmental Health Center  
Building 8, BL 0801B3  
K1A 0L2, Canada  
Tel: +1 613 952 9650  
Virginia\_harel@hc-sc.gc.ca

Mr Donald MacPhee  
Counsellor  
Permanent Mission of Canada to the United Nations Office and Specialized Agencies at Geneva  
Avenue de l'Ariana 5  
CH-1202 Genève

Tel: +44 22 919 9222  
Fax: +44 22 919 9227  
genev@dfait-maeci.gc.ca

### **Colombia**

Ms Fulvia Elvira Benevides Cotes  
Minister  
Permanent Mission of Colombia to the United Nations Office and Specialized  
Agencies at Geneva  
Chemin du Champ-d'Anier 17-19  
CH-1209 Genève  
Tel: +41 22 798 45 54  
Fax: +41 22 791 07 87  
mission.colombia@ties.itu.int

### **Costa Rica**

Mr Alejandro Solano  
Minister Counsellor  
Permanent Mission of Costa Rica to the United Nations Office and other International  
Organizations at Geneva  
Rue Butini 11  
CH-1202 Genève  
Tel: +41 22 731 25 87  
Fax: +41 22 731 20 69  
mission.costa-rica@ties.itu.int

### **Czech Republic**

Mr Lukas Machon  
Third Secretary  
Permanent Mission of the Czech Republic to the United Nations Office and other  
International Organizations at Geneva  
Chemin Louis-Dunant 17  
Case postale 109  
CH-1211 Genève 20  
Tel: +41 22 910 38 10  
Fax: +41 22 740 36 62  
mission.czgeneva@ties.itu.int.

### **Dominican Republic**

Ms Magaly Bello De Kemper  
Counsellor  
Permanent Mission of the Dominican Republic to the United Nations Office and other  
International Organizations at Geneva  
Avenue de Budé 18  
CH-1202 Genève

Tel: +41 22 715 3910  
Fax: +41 22 741 0590  
mission.dom-rep@ties.itu.int

### **Ecuador**

Dr Luis Espinosa Salas  
Permanent Mission of Ecuador to the United Nations Office and other International  
Organizations at Geneva  
Rue de Lausanne 145  
CH- 1202 Genève  
Tel: +41 22 731 8251  
Fax: +41 22 731 8391  
Lgespinosa@yahoo.com

### **Finland**

Ms Kristiina Häikiö  
Counsellor  
Permanent Mission of Finland to the United Nations Office and other International  
Organizations at Geneva  
Case postale 198  
CH- 1211 Genève 20  
Tel: +41 22 919 42 42  
Fax: +41 22 740 02 87  
kristiina.haikio@formin.fi

### **Gabon**

M. Dieudonné Ndiaye  
First Counsellor  
Permanent Mission of the Gabonese Republic to the United Nations Office and other International  
Organizations at Geneva  
Avenue Blanc 47  
Case postale 12  
CH-1211 Genève 7  
Tel: +41 22 731 68 69  
Fax: +41 22 731 68 47  
mission.gabon@ties.itu.int

### **Germany**

Mr Klaus Botzet  
Counsellor  
Permanent Mission of the Federal Republic of Germany to the United Nations Office  
and to the other International Organizations in Geneva  
Chemin du Petit-Saconnex 28c  
Case postale 171  
CH-1211 Genève 19  
Tel: +41 22 730 11 11  
Fax: +41 22 734 30 43  
mission.germany@ties.itu.int

### **Ghana**

Ms Matilda A. Alomatu  
First Secretary  
Permanent Mission of the Republic of Ghana to the United Nations Office and to the  
Specialized Agencies at Geneva  
Rue de Moillebeau 56  
CH-1209 Genève  
Tel: +41 22 919 04 50  
Fax: +41 22 734 91 61  
mission.ghana@ties.itu.int

### **Haiti**

S.E. M. Etzer Charles  
Ambassador  
Permanent Mission of Haiti to the United Nations Office and other International  
Organizations at Geneva  
Rue de Monthoux 64  
CH-1201 Genève  
Tel: +41 22 732 76 28  
Fax: +41 22 732 55 36  
mission.haiti@ties.itu.int

M. Eucher-Luc Joseph  
First Counsellor  
Permanent Mission of Haiti to the United Nations Office and other International  
Organizations at Geneva  
Rue de Monthoux 64  
CH-1201 Genève  
Tel: +41 22 732 76 28  
Fax: +41 22 732 55 36  
mission.haiti@ties.itu.int

### **Hungary**

Mr Balázs Ratkai  
Third Secretary  
Permanent Mission of Hungary to the United Nations Office and other International  
Organizations at Geneva  
Avenue de Champel 81  
CH-1206 Genève  
Tel: +41 22 346 03 23  
Fax: +41 22 346 58 61  
mission.hungary@ties.itu.int.

### **Iceland**

Ms Margrét Einarsdottir  
Permanent Mission of Iceland to the United Nations Office and other International  
Organizations at Geneva  
Avenue du Blanc 49

Case postale 86  
CH-1211 Genève 20  
Tel: +41 22 716 1700  
Fax: +41 22 716 1707  
margret.einars@utn.stjr.is

### **Indonesia**

Mr Ade Padmo Sarwondo  
First Secretary  
Permanent Mission of Indonesia to the United Nations Office and other International Organizations at Geneva  
Rue de Saint-Jean 16  
Case postale 2271  
CH-1211 Genève  
Tel: +41 22 338 33 50  
Fax: +41 22 345 57 33  
mission.indonesia@ties.itu.int

### **Iran**

Mr Peiman Seadat  
First Secretary  
Permanent Mission of the Islamic Republic of Iran to the United Nations Office and other International Organizations in Geneva  
Chemin du Petit-Saconnex 28  
CH-1209 Genève  
Tel: +41 22 332 21 00  
Fax: +41 22 733 02 03  
mission.iran@ties.itu.int

### **Iraq**

Mr Dazayi Hoshiar  
Counsellor  
Permanent Mission of the Republic of Iraq to the United Nations Office at Geneva and Specialized Agencies in Switzerland  
Chemin du Petit-Saconnex 28A  
CH-1209 Genève  
Tel: +41 22 918 09 80  
Fax: +41 22 733 03 26  
mission.iraq@ties.itu.int

### **Japan**

Mr Satoschi Hemmi  
First Secretary  
Permanent Mission of Japan to the United Nations Office and other International Organizations at Geneva  
Case postale 337  
CH-1211 Genève 19

Tel: +41 22 717 31 11  
Fax: +41 22 788 38 11  
mission.japan@ties.itu.int

### **Kenya**

Mr Joseph Busiega  
Consular Humanitarian  
Permanent Mission of the Republic of Kenya to the United Nations Office at Geneva  
and other International Organizations in Switzerland  
Avenue de la Paix 1-3  
CH-1202 Genève  
Tel: +41 22 906 40 50  
Fax: +41 22 731 29 05  
mission.kenya@ties.itu.int

### **Libya**

Mr Dia Hammuda  
Counsellor  
Permanent Mission of the Great Socialist People's Libyan Arab Jamahiriya to the  
United Nations Office and the International Organizations in Switzerland  
Route de Lausanne 319  
CH-1293 Bellevue  
Tel: +41 22 959 89 00  
Fax: +41 22 959 89 10  
mission.libya@ties.itu.int

### **Luxembourg**

S.E. M. Alphonse Berns  
Ambassador, Permanent Representative  
Permanent Mission of Luxembourg to the United Nations Office and other International  
Organizations at Geneva  
Case postale 134  
CH-1211 Genève 20  
Tel: +41 22 919 19 29  
Fax: +41 22 919 19 20  
mission.luxembourg@ties.itu.int

M. Marc Godefroid  
First Secretary  
Permanent Mission of Luxembourg to the United Nations Office and other International  
Organizations at Geneva  
Case postale 134  
CH-1211 Genève 20  
Tel: +41 22 919 19 29  
Fax: +41 22 919 19 20.9  
mission.luxembourg@ties.itu.int

#### **Madagascar**

Mme Yolande Pasea  
Counsellor  
Permanent Mission of Madagascar to the United Nations Office and other International Organizations at Geneva  
Avenue Riant-Parc 32  
CH-1209 Genève  
Tel: +41 22 740 1650  
Fax: +41 22 760 1616  
yolande.pasea@ties.itu.int

#### **México**

Mrs Dulce María Valle  
Counsellor  
Permanent Mission of Mexico to the United Nations Office at Geneva and other International Organizations in Switzerland  
Avenue de Budé 16 (7e étage)  
Case postale 433  
CH-1211 Genève 19  
Tel: +41 22 748 07 05  
Fax: +41 22 748 07 08  
dvalle@sre.gob.mx

#### **Monaco**

Mme Carole Lanteri  
First Secretary  
Permanent Mission of the Principality of Monaco to the United Nations Office and other International Organizations at Geneva  
Rue de Moillebeau 56  
CH-1209 Genève  
Tel: +41 22 919 04 65  
Fax: +41 22 919 04 69  
clanteri@gouv.mc

#### **Morocco**

Mme Siham Bouassa  
Counsellor  
Permanent Mission of Morocco to the United Nations Office and other International Organizations at Geneva  
Chemin Francois Lehmann 18 A  
CH- 1218 Grand-Saconnex  
Tel: +41 22 791 81 81  
Fax: +41 22 791 81 80  
Sbouassa25@hotmail.com.

#### Nicaragua

Mrs María Pía Hernández  
First Secretary  
Permanent Mission of Nicaragua to the United Nations Office and other International Organizations at Geneva  
Rue de Vermont 37-39  
CH-1202 Genève  
Tel: +41 22 740 5162  
Fax: +41 22 734 6585  
mariapia.hernandez@ties.itu.int

#### Norway

Mr Ottar T. Christiansen  
Counsellor  
Permanent Mission of Norway to the United Nations Office and other International Organizations at Geneva  
Avenue de Budé 35  
Case postale 274  
CH-1211 Genève 19  
Tel: +41 22 918 04 30  
Fax: +41 22 918 04 10  
ottar.christiansen@mfa.no  
otc@mfa.no

#### Pakistan

Mr Imtiaz Hussain  
Counsellor  
Permanent Mission of Pakistan to the United Nations Office and the Specialized Agencies at Geneva  
Rue de Moillebeau 56  
Case postale 434  
CH-1211 Genève 19  
Tel: +41 22 734 77 60  
Fax: +41 22 734 80 85  
mission.pakistan@ties.itu.int

#### Peru

Ms Eliana Beraun  
Second Secretary  
Permanent Mission of Peru to the United Nations Office and other International Organizations at Geneva  
Avenue Louis Casañ 71  
Case postale 160  
CH-1216 Cointrin  
Tel: +41 22 791 77 20  
Fax: +41 22 791 77 28  
eliana.beraun@ties.itu.int

#### **Romania**

Mrs Doina Iordache  
First Secretary  
Permanent Mission of Romania to the United Nations Office and other International Organizations at Geneva  
Chemin de la Perrière 6  
Route de Coligny  
CH-1223 Coligny  
Tel: +41 22 752 10 90  
Fax: +41 22 752 29 76  
diona.iordache@ties.itu.int

#### **Russia**

Mr Nikolay Fetison  
Counsellor  
Permanent Mission of the Russian Federation to the United Nations Office at Geneva and other International Organizations in Switzerland  
Avenue de la Paix 15  
CH-1211 Genève 20  
Tel: +41 22 733 18 70  
Fax: +41 22 734 40 44  
mission.russian@ties.itu.int

#### **South Africa**

Mrs Daisy Mafubelu  
Health Attaché  
Permanent Mission of the Republic of South Africa to the United Nations Office at Geneva and other International Organizations in Switzerland  
Rue du Rhone 65  
CH-1204 Genève  
Tel: +41 22 849 5441  
Fax: +41 22 849 5438  
daisy.mafubelu@ties.itu.int

#### **Sweden**

Ms Pia Stavås  
First Secretary  
Permanent Mission of Sweden to the United Nations Office and other International Organizations at Geneva  
Case postale 190  
CH-1211 Genève 20  
Tel: +41 22 908 08 00  
Fax: +41 22 908 08 10  
sang.nyman@foreign.ministry.se

**Thailand**

Mr Apirat Sugondhabhirom  
First Secretary  
Permanent Mission of Thailand to the United Nations Office and other International  
Organizations at Geneva  
Rue Gustave-Moynier 5  
CH-1202 Genève  
Tel: +41 22 715 10 10  
Fax: +41 22 715 10 02  
mission.thailand@ties.itu.int

**Tunisia**

S.E. M. Habib Mansour  
Ambassador, Permanent Representative  
Permanent Mission of Tunisia to the United Nations Office and other International  
Organizations at Geneva  
Rue de Moillebeau 58  
Case postale 272  
CH-1211 Genève 19  
Tel: +41 22 734 84 50  
Fax: +41 22 734 06 63  
mission.tunisie@bluewin.ch

Mme Samia Ilhem Ammar  
Counsellor Foreign Affairs  
Permanent Mission of Tunisia to the United Nations Office and other International  
Organizations at Geneva  
Rue de Moillebeau 58  
Case postale 272  
CH-1211 Genève 19  
Tel: +41 22 734 84 50  
Fax: +41 22 734 06 63  
mission.tunisie@bluewin.ch

**Ukraine**

Mrs Svitlana Homanovska  
Second Secretary  
Permanent Mission of Ukraine to the United Nations Office and other International  
Organizations at Geneva  
Rue de l'Orangerie 14  
CH-1202 Genève  
Tel: +41 22 740 32 70  
Fax: +41 22 734 38 01  
mission.ukraine@ties.itu.int

#### **United Kingdom**

Mr Dominic O'Neill  
Environmental Health Adviser  
Department for International Development  
Infrastructure & Urban Development Department  
Palace Street 1  
London, SW1E 5ME, UK  
Tel: +44 02 07 023 0648  
d-oneill@dfid.gov.uk

Miss Melissa Zebrowski  
Assistant Consultant, Environmental Health  
Department for International Development  
Room 8E.13, IUDD  
Palace Street 1  
London, SW1E 5ME, UK  
Tel: +44 02 07 023 09 36  
M-Zebrowski@dfid.gov.uk

#### **United States of America**

Mrs Martha Berger  
Director of International Initiatives  
Office of Children's Health Protection, Immediate Office of the Administrator  
United States Environmental Protection Agency  
Pennsylvania Avenue 1200  
Washington, DC 20004, USA  
Tel: +1 202 564 2191  
Fax: +1 202 564 2733  
Berger.martha@epa.gov

Dr John Borrazzo  
Environmental Health Advisor  
United States Agency for International Development  
USAID/GH/HIDN  
RRB 3.07-026  
Washington, DC 20523-3700, USA  
Tel: +1 202 712 4816  
Fax: +1 202 216 3702  
jborrazzo@usaid.gov

Mr David Hohman  
Attaché (International Health)  
Permanent Mission of the United States of America to the United Nations Office and  
other International Organizations at Geneva  
Route de Pregny 11  
CH-1292 Chambésy

Tel: +41 22 749 41 11  
Fax: +41 22 749 48 80  
Hohmande@state.gov  
mission.usa@ties.itu.int

Ms Sarita Hoyt  
Science Advisor for Environmental Affairs  
US Mission to OECD  
Rue de Franqueville 16  
Paris 75016, France  
Tel: +33 1 45 24 74 25  
Fax: +33 1 45 24 74 68  
hoytss@state.gov

Mr William Sonntag  
Chief of Staff, Office of Environmental Information  
United States Environmental Protection Agency  
Pennsylvania Avenue 1200  
MC2810A  
Washington, DC 20460, USA  
Tel: +1 202 564 3871  
Sonntag.william@epa.gov

### Uruguay

Dr Alejandra Bellis  
First Secretary  
Permanent Mission of the Republic of Uruguay to the United Nations Office and the  
Specialized Agencies at Geneva  
Rue de Lausanne 65  
CH-1202 Genève  
Tel: +41 22 732 83 66  
Fax: +41 22 731 56 50  
mission.uruguay@ties.itu.int

### Venezuela

Mrs Madai Hernández  
Counsellor  
Permanent Mission of the Republic of Venezuela to the United Nations Office and the  
Specialized Agencies at Geneva  
Chemin François-Lehmann 18a  
CH-1218 Grand-Saconnex  
Tel: +44 22 717 0944  
Fax: +44 22 717 0941  
mission.venezuela@ties.itu.int

### **Zambia**

Ms Annie Kazhingu  
Second Secretary  
Permanent Mission of the Republic of Zambia to the United Nations Office and other  
International Organizations at Geneva  
Chemin du Champ-d'Anier 17-19  
CH-1209 Petit-Saconnex  
Tel: +41 22 788 53 30  
Fax: +41 22 788 53 40  
mission.zambia@ties.itu.int

### **Zimbabwe**

Mr Brighton Mugarisanwa  
Counsellor  
Permanent Mission of the Republic of Zimbabwe to the United Nations Office and  
other International Organizations at Geneva  
Chemin William Barbey 27  
CH-1292 Chambésy  
Tel: +41 22 758 30 11  
Fax: +41 22 758 30 44  
mission.zimbabwe@ties.itu.int

### **Permanent Observers**

#### **Holy See**

Dr Lucia Castelli  
Expert  
Permanent Observer Mission of the Holy See to the United Nations Office and other International  
Organizations at Geneva  
Chemin du Venceron 16  
Case Postale 28  
CH-1292 Chambesey  
Tel: +41 22 758 9820  
Fax: +41 22 758 1729  
mission.holy-see@ties.itu.int

### **Nongovernmental Organizations**

#### **Canadian Institute for Child Health (CICH)**

Mrs Dawn Walker  
Executive Director  
Suite 300  
Bank Street 384  
Ottawa, ON  
K2P 1Y4, Canada

Tel: +1 613-230-8838  
Fax : +1 613-230-6654  
dwalker@cich.ca

**Earth Day Network**

Ms Charlotte Youngblood  
Program Coordinator Africa & Middle East  
Connecticut Ave. 4123, NW  
Washington, DC 20008, USA  
Tel: +1 202 518 0044  
Fax: +1 202 518 8794  
Charlotte@earthday.net.

**International Pediatric Association (IPA)**

Dr Ruth Etzel  
Representative  
Diplomacy Drive 4320  
Suite 2630  
Anchorage, Alaska 99508, USA  
Tel: +1 907 729 3279  
Fax: +1 907 729 3265  
Retzel@earthlink.net

**International Research and Information Network on Children's Health,  
Environment and Safety (INCHES)**

(represented at the meetings by Dr Gaudenz Silberschmidt)  
Peter van den Hazel  
P.O.Box 163  
AD Dieren 6950, The Netherlands  
Tel: +31 26 3773915  
Fax: +31 26 3773847  
P.J.van.den.Hazel@inter.NL.net

**International Society of Doctors for the Environment (ISDE)**

Dr Gaudenz Silberschmidt  
Executive Director  
Chemin des Pétroleyres 22  
CH-1110 Morges  
Tel: +41 21 802 65 53  
Fax: +41 21 802 65 54  
gs@isde.org

**Kenya Association of Physicians and Health Workers for Social Responsibility**

Mr Paul Saoko  
Director of Programs  
P.O. Box 19565  
KNH 00202  
Nairobi, Kenya

Tel: +254 722 791 903

psaoke@isde.org

**Netzwerk Kindergesundheit und Umwelt (German Network on Children's Health and Environment)**

Dr Stephan Boese-O' Reilly

Chairman

Lindenschmitstr. 35

München 81371, Germany

Tel: +49 89 747904 40

Fax: +49 89 747904 39

umwelt@boese-o-reilly.de.

**Physicians for Social Responsibility (PSR)**

Dr Robert K. Musil

Executive Director and CEO

Connecticut Ave. 1875, NW, Suite 1012

Washington, DC 20009, USA

Tel: +1 202 667 4260

Fax: +1 202 667 4201

bmusil@psr.org

Ms Karen Hopfl-Harris

Environmental Policy Consultant

4621 46th Street NW

Washington, DC 20016, USA

Tel: +1 202 966 8375

Fax: +1 202 966 8375

Karen@hopflharris.com

**Save the Children (Sweden)**

Ms Eva Clarhäll

Programme Officer

Stockholm 10788, Sweden

Tel: +46 8 69 89 116

Fax: +46 8 69 89 013

eva.clarhall@rb.se

**World Federation of Public Health Associations (WFPHA)**

Professor Theodor Abelin

President

Seelandstr. 23

CH-3095 Spiegel, Berne

Tel: +41 31 971 0159

Fax: +41 31 631 3520

Abelin@ispm.unibe.ch

### Private Sector

#### **World Business Council for Sustainable Development (WBCSD)**

Mr Cameron Rennie  
Director Sustainable Livelihoods Programme  
Chemin de Conches 4  
CH-1231 Conches  
Tel: +41 (22) 839 31 00  
Fax: +41 (22) 839 31 31.18  
rennie@wbcسد.org

#### **World Economic Forum (WEF)**

Dr Kate Taylor  
Director  
Global Health Initiative  
World Economic Forum  
Rte de la Capite 91-93  
CH-1223 Cologny  
Tel: +41 22 869 1212  
Fax: +41 22 768 2744  
kate.taylor@weforum.org

### Academic Institutions

#### **University of the Philippines College of Medicine**

Dr Irma Makalinao  
Associate Professor Department of Pharmacology and Toxicology and Clinical  
Associate Professor Department of Pediatrics, UP College of Medicine National  
Poison Control and Info Service  
Ward 14-A Room 100  
Philippine General Hospital  
Taft Avenue, Manila 1000, Philippines  
Tel: +63 25 24 10 78  
Fax: +63 25 26 00 62  
Docirma@mydestiny.net  
Docirmam@yahoo.com

### Intergovernmental Bodies and UN System

#### **European Commission (EC)**

Dr Véronique Angot  
Administrator-Veterinarian, European Commission, Environment DG (Unit C2)  
Avenue de Beaulieu 5  
Brussels 1049, Belgium  
Tel: +32 2 296 6406  
Fax: +32 2 296 6233  
Veronique.angot@cec.eu.int

**Food and Agricultural Organization of the United Nations (FAO)**

Ms Rukia Yacoub  
Liaison Officer  
FAO Liaison Office with the United Nations in Geneva  
Palais Des Nations  
CH-1211 Geneva 10  
Tel: +41 22 917 3681  
Ryacoub@unog.ch

**International Committee of the Red Cross**

Mr Olivier Coutau  
Diplomatic Advisor  
International Committee of the Red Cross  
Avenue de la Paix 19  
CH-1202 Geneva  
Tel: +41 22 730 2437  
Fax: +41 22 733 2057  
acoutau@icrc.org

**International Forum on Chemical Safety (IFCS)**

Dr Aranka Hudák  
Deputy Director  
Hungarian Institute of Occupational Health of the József Fodor National Centre of  
Public Health  
Nagguàrad tèt 2  
Budapest 1096, Hungary  
Tel: +36 1 476 1142  
Demetera@elender.hu

Dr Judy Stober  
Executive Secretary  
International Forum on Chemical Safety  
C/o World Health Organization  
Avenue Appia, 20  
CH-1211 Genève 27  
Tel: +41 22 791 3650  
Fax: +41 22 791 4875  
Stoberj@who.int

**International Labour Organization (ILO)**

Ms Susan Gunn  
InFocus Programme on Child Labour  
Head, Hazardous Child Labour Unit  
B.P. 500 c/o ILO  
CH-1211 Geneva  
Tel: +41 22 799 6107  
Fax: +41 22 799 8771  
Gunn@ilo.org

**International Organization for Migration (IOM)**

Dr Danielle Grondin, MD, FRCPC  
Director, Medical Services Branch Migration Health Services  
Route Des Morillons 17  
P.O. Box 71  
CH-1211 Geneva 19  
Tel: 41 22 717 9358  
Fax: 41 22 798 6150  
dgrondin@iom.int  
C/o dloncar@iom.int

**Joint United Nations Programme on HIV/AIDS (UNAIDS)**

Dr Marika Fahlen  
Director  
Social Mobilization and Information  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: + 41 22 791 4446 / 4573  
Fax: + 41 22 791 4741 / 4746  
fahlenm@unaids.org

**Organization for Economic Cooperation and Development (OECD)**

Ms Berglind Asgeirsdottir  
Deputy Secretary General for Social Affairs  
Rue de Passy 19 bis  
Paris 70016, France  
Tel: +33 1 45248201  
Fax: +33 1 45247931  
berglind.asgeirsdottir@oecd.org

**United Nations Children's Fund (UNICEF)**

Mr Alexander Malyavin  
Advisor, Health and Nutrition  
UNICEF Regional Office for Central and Eastern Europe, Commonwealth of  
Independent States and the Baltics  
Palais des Nations  
CH-1211 Genève 10  
Tel: +41 22 791 29 28  
Fax: +41 22 909 59 09  
Amalyavin@unicef.org

**United Nations Educational, Scientific and Cultural Organization (UNESCO)**

Dr Malika Ladjali  
Senior Programme Specialist  
Division for the Promotion of Quality of Education  
Place de Fontenoy 7  
Paris 75700, France

Tel: +33 1 45 68 10 00

Fax: +33 1 45 67 16 90

m.ladjali@unesco.org

**United Nations Environment Programme (UNEP)**

Mr. Adnan Z. Amin

Director

UNEP New York Office

2 UN Plaza, Room DC2-803

New York

NY 10017, USA

Tel: 1 212 963 8153

Fax: 1 212 963 7341

adnan.amin@nyo.unep.org

**United Nations Development Programme (UNDP)**

Ms Agha Mahenau

Donor Liaison and Partnership Advisor

Rue Cèard 5

CH-1204 Genève

Tel: +41 22 917 84 65

mahenau.gha@undp.org

**United Nations High Commission for Refugees (UNHCR)**

Mrs Christina Linnér

Senior Coordinator for Refugee Children

UNHCR Headquarters

Rue de Montbrillant 95

CH-1202 Genève

Tel: +41 22 739 8815

Fax: +41 22 739 7374

Linner@unhcr.ch

**United Nations Human Settlement Programme (UN-HABITAT)**

Ms Micheline Duruz

Infrastructure Officer

UN-HABITAT Geneva Office

International Environment House

Chemin des Anémones 11

CH-1217 Châtelaine

Tel: +41 22 917 86 46/48

Fax: +41 22 917 80 46

duruz.habitatgva@unog.ch

**United Nations Population Fund (UNFPA)**

Dr Vincent Fauveau  
Senior Advisor  
Maternal Health, UNFPA Geneva Office  
Chemin des Anémones 11  
CH-1219 Châtelaine  
Tel: +41 22 917 85 74  
Fauveau@unfpa.org.

**World Bank**

Dr Viviana Mangiaterra  
Advisor  
Children and Youth  
World Bank  
1818 H Street, N.W.  
Washington, DC 2043, USA  
Tel: +1 202 477 1234  
Fax: +1 202 477 6391  
Mangiaterra@worldbank.org

**World Health Organization**

**Regional Offices**

**WHO Regional Office for Africa - AFRO**

Dr Ahmed Nejjar  
Environmental Risks Assessment  
WHO Regional Office for Africa  
B. P. 6, Brazzaville, Congo  
Tel: + 47 241 39271  
Fax: + 47 241 39512  
Nejjars@afro.who.int

Mrs Hawa Senkoro  
Environment and Promotion of Health  
WHO Regional Office for Africa  
PO Box N E 6  
Brazzaville, Congo  
Tel: +47 241 39223  
Senkoroh@afro.who.int

**WHO Regional Office for the Eastern Mediterranean - EMRO**

Dr Houssain Abouzaid  
Supportive Environment for Health  
WHO Regional Office for the Eastern Mediterranean  
Abdul Razzak Al Sanhoury Street, opposite Children's Library  
Nasr City Cairo 11 371, Egypt  
SEH@emro.who.int

Dr M. Z. Ali Khan  
WHO Regional Centre for Environmental Health Activities (CEHA)  
Amman 11190, Jordan  
Tel: +9626 5524655 and 5531657  
Fax: +9626 5516591  
CEHA@who-ceha.rog.jo

### **WHO Regional Office for Europe - EURO**

Dr Roberto Bertollini  
Division of Technical Support 2, Health Determinants  
WHO European Centre for Environment and Health  
Via Francesco Crispi 10  
Rome 00187, Italy  
Tel: +39 06 4877549  
Fax: +39 06 4877599  
rbe@who.it  
ber@who.dk

Dr Ondine von Ehrenstein  
Children, Environment, and Health  
WHO European Centre for Environment and Health  
Via Francesco Crispi 10  
Rome 00187, Italy  
Tel: +39 06 4877549  
Fax: +39 06 4877599  
Ove@who.int

Ms Elaine Price  
Environment and Health Coordination and Partnerships  
WHO Regional Office for Europe  
Schærfisgvej 8  
Copenhagen 2100, Denmark  
Tel: +45 39 17 14 73  
Fax: +45 39 17 18 78  
Ecp@who.dk

Ms Liuba Negru  
Communications and Advocacy  
WHO Regional Office for Europe  
Schærfisgvej 8  
Copenhagen 2001, Denmark  
Tel: +45 39 17 1344  
Fax: +45 39 17 1880  
Lne@who.dk

#### **WHO Regional Office for South-east Asia - SEARO**

Dr Alexander von Hildebrand  
Promotion of Chemical Safety  
World Health House  
WHO Regional Office for South-East Asia  
Indraprastha Estate  
Mahatama Gandhi Marg  
New Delhi 110 002, India  
Tel: +91 11 337 0804  
Fax : +91-11-337-9507  
HildebrandA@whosea.org

Dr Sattar Yoosuf  
Sustainable Development and Healthy Environments  
World Health House  
WHO Regional Office for South-East Asia  
Indraprastha Estate  
Mahatama Gandhi Marg  
New Delhi 110 002, India  
Tel: +91 11 337 0804  
Fax : +91-11-337-9507  
Yoosufa@whosea.org

#### **WHO Headquarters**

Mr David Alnwick  
Roll Back Malaria  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 2769  
alnwickd@who.int

Ms Annemieke Brands  
Tobacco Free Initiative  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3463  
Fax: +41 22 791 4832  
brandsa@who.int

Ms Marijke van Drunen Little  
Department of Governance  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 2762  
vandrunenlittelm@who.int

Mr Charles Gollmar  
School Health and Youth Health Marketing  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 4932  
Fax: +41 22 791 4186.25  
Gollmarc@who.int

Mr Bruce Gordon  
Healthy Environments for Children Alliance Secretariat  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 2728  
Fax: +41 22 791 4153  
Gordonb@who.int

Mr Gregory Hartl  
Sustainable Development and Healthy Environments  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 4458  
Fax: +41 22 791 4725  
Hartlg@who.int

Dr Richard Helmer  
Protection of the Human Environment  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3593  
Fax: +41 22 791 4127  
Helmerr@who.int

Ms Theadora Koller  
Healthy Environments for Children Alliance Secretariat  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 1337  
Fax: +41 22 791 4153  
Kollert@who.int

Dr Agnès Leotsakos  
Commission Macroeconomics and Health  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 2567  
Leotsakosa@who.int

Mrs Catherine Mulholland  
Healthy Environments for Children Alliance Secretariat  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 4597  
Fax: +41 22 791 4153  
Mulhollandc@who.int

Dr David Nabarro  
Sustainable Development and Healthy Environments  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 2413.26  
Fax: +41 22 791 4725  
Nabarrod@who.int

Dr Maryanne Neill  
Vaccines and Biologicals  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 1219  
Fax: 41 22 791 4384  
neillm@who.int

Ms Nada Osseiran  
Protection of the Human Environment  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 4475  
Fax: +41 22 791 4159  
Osseirann@who.int

Dr Margaret Mary Peden  
Injuries and Violence Prevention  
World Health Organization  
Avenue Appia 20

CH-1211 Geneva 27  
Tel: +41 22 791 3610  
Fax: +41 22 7914844  
pedenm@who.int

Dr Jenny Pronczuk  
Protection of the Human Environment  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3602  
Fax: +41 22 791 4848  
Pronczukj@who.int

Dr Annette Pruess  
Protection of the Human Environment  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3584  
Pruessa@who.int

Ms Eva Ruhfuesse  
Protection of the Human Environment  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 4979  
Fax: +41 22 791 4123  
rehfuesse@who.int

Ms Kristin Skamanga  
Healthy Environments for Children Alliance Secretariat  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 4479  
Fax: +41 22 791 4153  
Skamangak@who.int

Dr Hans Troedsson  
Child and Adolescent Health and Development  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3281  
Fax: +41 22 791 4853  
troedssonh@who.int

Dr Yasmin von Schirnding  
Healthy Environments for Children Alliance Secretariat  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3533/2558  
Fax: +41 22 791 4153  
Vonschirndingy@who.int

Ms Cathy Wolfheim  
Child and Adolescent Health and Development  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 2625  
Fax: +41 22 791 4853  
Wolfheimc@who.int

Dr Maged Younes  
Protection of the Human Environment  
World Health Organization  
Avenue Appia 20  
CH-1211 Geneva 27  
Tel: +41 22 791 3574  
Younesm@who.int

# Healthy Environments for Children: Developing the Alliance

*First Meeting of Stakeholders*