Some highlights of environmental health programmes in the Western Pacific

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Describes environmental health improvements in Vietnam, the Philippines, Malaysia, Fiji and the Solomon Islands. Many of such improvements were implemented with the collaboration of United Nations agencies or international donor partners. Describes the WHO Healthy Cities and Healthy Island programmes.

Building on the work initiated in joint WHO/UNDP sustainable development projects (1994-1996), the Philippines and Vietnam developed operational frameworks for focusing on environmental health concerns. In the Philippines, an Environmental Health Service was established in the Department of Health with an initial focus on the development of Environmental Health Impact Assessment as an analytical tool for becoming substantively involved in the country's environmental impact assessment process. A National Directional Plan for Environmental Health Impact Assessment has been developed to guide implementation of the associated operational programme and help ensure adequate infrastructure and human resources development. This work has also been supported and enhanced through related projects sponsored by the World Bank and the Canadian International Development Research Centre, and stands as an excellent example of cooperation between government and a number of external support agencies with common areas of concern.

In Vietnam, the first Environmental Health Plan Framework was established at the national level with substantial inter-sectoral input. On a parallel track at the local level, an Environmental Health Office was opened in the city of Haiphong with inter-agency operational support. This office is serving as the focal point group for development and implementation of a Healthy City Plan in the context of the National Environmental Health Plan Framework.

In January 1997, a WHO/UNDP sustainable development project was initiated in Fiji. Building on the ongoing Healthy Islands initiative in the country, this project complements related sustainable development work being carried out by government in collaboration with other external support agencies. Over the next year, this project will work towards the development of a National Environmental Health Action Plan as well as a number of associated Local Environmental Health Action Plans to help ensure adequate consideration and resolution of environmental health issues in the context of implementing the National Sustainable Development Act and other related legislation.

Healthy Cities Malaysia – from two projects to a national programme

In early 1994, the Government of Malaysia responded enthusiastically to an invitation by WHO to become involved in Healthy City initiatives, deciding to begin in the cities of Johor Bahru and Kuching. Johor Bahru is the southern gateway to Malaysia. From a small village established in 1885, comprising mostly fisher men and farmers, it has grown into a city of half a million people covering about 120 square kilometres. Kuching's history began in about 1840 when it was established as a trading post located about 12 kilometres up the Sarawak River from the South China Sea. Today, the city, comprising two administrative areas (North and South), covers more than 430 square kilometres and has a population of about 252,000.

In deciding whether or not a healthy city project would be useful, both cities had to examine the central concepts of inter-sectoral collaboration, political commitment and community participation in relation to their own particular situations. This involved engaging not only the health sector, but also, more importantly, the many other sectors that would have to be committed to involvement in project development and implementation. The city of Kuching describes the problem this way: "The main difficulties and doubts involved the word HEALTH in HEALTHy City, leading to questions such as, 'Why should the State Health Department ask us to do their job?' and 'Why do we need to have a Healthy City Kuching Project when we are already planning and implementing our departmental plans for the city?'"

Answering these questions was not always easy. However, because they were considered crucial, major effort was put into securing top level understanding, support and commitment. Once this strong base was established extensive work went into involving the general public and the private sector in the formulation of the healthy city plans and the development of a common vision of what each community wanted its healthy city to be.

The healthy city planning exercise was integrated in the overall development planning process for the cities. In both cases,
within a matter of 18-24 months, a Healthy City Plan was completed, supported by a detailed Plan of Action reflecting integrated, multi-sector involvement in its development and implementation. The scope of these plans is quite broad, encompassing much more than health issues alone and addressing the economic, social and physical dimensions of the cities. The Johor Bahru Plan of Action involves 13 participating agencies; and the Kuching Plan reflects the progressive involvement of 28 agencies in its development.

Based on the very positive experiences in Johor Bahru and Kuching, the national government now sees the healthy city approach as a promising mechanism for effectively resolving the urban social, environmental, health and economic issues that its rapidly expanding industrial economy presents. Accordingly, a national health cities programme framework is being established to encourage other cities to follow systematically the examples of Johor Bahru and Kuching.

Healthy island and environmental health in Fiji

We have read exciting stories about ‘healthy cities’ in developed countries, but its context and language do not speak to Fiji and other Pacific Island nations. Most Healthy Cities ... models do not fit developing islands like ours. But the lessons we learn from them are useful. Pacific islands can avoid some of the mistakes that developed countries have made. Healthy Islands is all about working together in the Pacific way – working together by sharing information, technology and expertise aimed at improving the environment and raising the general status of health.

With a population of almost 750,000, and 322 islands covering a total area of more than 18,000 square kilometres, Fiji is actively embracing the healthy islands vision and is using environmental health as one of its major entry points to facilitate change.

On the islands of Kadavu and Ovalau, the introduction of the healthy island concept is seen as a way to improve human resources development at the local level in order to manage health work rather than relying on outsiders who, most of the time, know little about the local situation. Environmental health officers are, at this stage, spearheading the effort to train village managers (turaga ni koros) as a new cadre of environmental health village workers. The training aims to equip the village managers with the basic environmental health knowledge and skills needed to co-ordinate environmental health-related activities at the local level; to make sensible decisions to protect their own health and the health of their village; and to facilitate the emergence of effective ways of making improvements in the current situation.

This type of training results in changes to the traditional role of the environmental health officer from one of inspection to that of facilitator and co-learner. It revolves around a management tool that focuses on answering four strategic questions: “Where are we now?”; “Where do we want to be?”; “How can we get there?”; “Who does what and when?” The underlying principles are relatively simple: Communities are responsible for their own development; technical information improves policy and planning decisions; and adults learn best through experience, discussion and practice. This type of healthy islands-based training is being well accepted by the people, and the village leaders appreciate the new concepts that are being introduced.

The principle of a “learning community” being used in villages is also being incorporated in the development of Local Environmental Health Action Plans in more urbanized island settings in Fiji. The process has already commenced in the capital city of Suva, where new policy frameworks are being developed and strategies implemented which match the unique health and environment needs of the area. Based on the premise that change begins at home, the Environmental Health Service has embarked on a process which reviews, and re-frames current policies and practices so that they are consistent with the principles and vision of Healthy Islands Fiji.

All of the above activities, together with those from other entry points, will in time provide the experience and insight necessary for developing a national healthy island framework which will enable Fiji to continue to learn globally and act locally. Already, these experiences are being shared with other Pacific Island countries who are developing their own healthy island initiatives.

The Solomon Islands – malaria control and healthy islands

The Conference of Ministers of Health of the Pacific Islands, meeting on Yanuca Island, Fiji, in March 1995, adopted the concept of “healthy islands” as the unifying theme for health promotion and health protection in the island nations of the Pacific for the twenty-first century. The Yanuca Island Declaration recognizes the need for accommodating different priority issues as entry points...
for developing the concept. In the Solomon Islands, the control of malaria is such an entry point.

Honiara, the small quiet capital of the Solomon Islands, has had the dubious title of the "Malaria Capital of the Pacific". During 1992, the number of reported cases exceeded the total population. In 1995 the community joined forces with the Malaria Control Programme to mount an intensive effort to reduce malaria to a point where it would no longer be a burden. With the input of international donor partners, including JICA, British ODA, AusAID, New Zealand Government, Rotary International, and Canada Fund and led by WHO, a package of targeted control measures was put into place that covered the entire population of 65,000. Diagnosis and treatment facilities were upgraded to provide better and faster treatment of malaria cases; insecticide-treated bed nets were distributed to every household with a special programme to provide nets to pregnant women and infants; effective measures to control malaria-carrying mosquitoes including spraying of houses and the use of chemicals and environmental measures to eliminate breeding sites were put in place. This was accompanied by an intensive programme of community education that increased community awareness about malaria and what could be done to control the disease. The community’s efforts have succeeded in reducing malaria during 1996 in the most malarious parts of Honiara by 78 per cent compared to the same period in 1995. Not only are the number of cases reporting to clinics and hospitals less but the change can be felt by every family in Honiara.

Among the innovative measures put in place to control mosquito breeding was the construction of a special pipeline at the mouth of the river that flows through the centre of town. Normally, the river mouth is blocked for a good part of the year by a sandbar thus creating a stagnant lagoon that is an optimal place for mosquitoes to breed. The pipeline allows the constant flow of water between the river and sea that together with regular cleaning of the river banks has virtually eliminated the mosquito problem. Not only has the pipeline and cleaning directly affected malaria in the town but also it has stimulated interest in cleaning up the river itself. This led to improvement of sanitation and solid waste disposal in settlement areas along the river. In areas where latrines once "overhung" the river, pour flush toilets have been installed, collection of household waste has been improved, and a project has been designed to drain a major swamp along the river. For the first time residents of the settlement areas and the town as a whole have seen that with a concerted effort they can do something to improve their health status. This is clearly an example of how the concepts of the Yanuca Declaration on Health Islands can be put into practice.