

CHILDREN'S HEALTH AND ENVIRONMENT – EUROPEAN STRATEGY

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***Abstract:** Presentation gives concise information on activities of World Health Organization from 2004, when Children's Environment and Health – Action plan for Europe (CEHAP) was endorsed at Budapest by ministers of health and environment from across the European region.*

***Key words:** environment, children's health, determinants of health, health programmes.*

1. Introduction

Over the past four decades it has been increasingly recognized that success in protecting and promoting human health is closely dependent on, among other factors, the quality of the environment in which people live.

The burden of disease attributable to environmental factors is greater in children than in adults. Ensuring that children can grow up and live healthy lives requires special protection because they are uniquely vulnerable.

- At critical times, they are most susceptible to various chemical and physical agents. From conception to adolescence, their organs, brain cells, nervous systems, immune and other systems are growing and developing rapidly.
- They have greater exposure: they take in more air, water and food relative to their body weight.
- They put things in their mouths, and crawl on the ground. This and other typical toddler behaviour means they are more exposed to the physical world around them.
- Their metabolism is immature: they absorb most toxicants more readily, yet safety standards for chemicals are still based largely on criteria used for adults.
- Early exposures can cause health effects that damage health not only in childhood but also later in life or even in future generations.
- Children are subject to multiple exposures, such as smoke indoors, or chemical residues in food.

Effective action emphasizes these areas:

primary prevention – improving the environment itself, including air, water, housing and transport;

- equity – helping children in special need, such as abandoned children or refugees;
- poverty reduction – because people in poor neighbourhoods are usually exposed to the worst amount of environmental contamination;
- health promotion – because it also matters how people live, what they do and what they buy.

2. Children’s Environment and Health - Action Plan for Europe

The road towards sustainable development was first marked out in 1972, when representatives of 113 nations gathered for the Stockholm Conference on the Human Environment. This was followed by a number of international initiatives aimed at protecting the environment.

At the Fourth Ministerial Conference on Environment and Health in Budapest in June 2004,

Member States adopted the Children’s Environment and Health Action Plan for Europe (CEHAPE) (1). In the CEHAPE, countries committed themselves to coordinated and sustained action to protect children’s health.

3. Regional Priority Goals (RPGs)

The priorities of Children’s Environment and Health Action Plan for Europe are: water, accidents and injuries, air, and chemicals and other physical agents (2).

RPG I: “...*significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe and affordable water and sanitation for all children*”.

The risk to children’s health related to poor access to safe drinking water and sanitation is still substantial in rural areas of Eastern part of the Region. In many countries, over 60% of the rural population has no access to public water supply and more than 50% of the rural population live in houses not connected to sanitation facilities.

RPG II: “...*prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children*”.

Unintentional injuries are one of the leading causes of morbidity and mortality among children and adolescents in the Region, with rates varying substantially among the countries. Falls, drowning, fires, and poisoning - causing more than 75,000 children’s deaths per year - are several times more common in some countries in the east of the Region than those of the west. Road traffic injuries lead to 32,000 fatalities annually; this is unacceptably high.

A safe environment which encourages personal mobility and physical exercise is important for health and the prevention of obesity and excess body weight. Physical activity levels among children are very low in most countries of the Region. Well over 50 %

of 11-year-old boys and over 60 % of girls are not physically active, and the proportion is even higher in 15-year olds; 65 % and 80 % respectively. Excess body weight and obesity is seen in from 5 % to almost 35 %, with higher rates tending to be in the west.

RPG III: “... to prevent and reduce respiratory diseases due to outdoor and indoor air pollution, as well as contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air”.

The incidence of respiratory diseases in children varies substantially in the Region, with the deaths due to respiratory infections 100 times more likely in some countries than in others. In many countries, the prevalence of allergic diseases exceeds 15 %. While the mortality due to respiratory infection is clearly higher in countries in the east of the Region, there is no such trend for allergic diseases. Multiple factors interact to determine respiratory health, including infection, diet, tobacco smoking, social conditions, and the provision of medical care. Air pollution, both out- and indoor, is amongst the key determinants of preventable respiratory disease.

Close to 90 % of residents of urban areas, including children, are exposed to air pollution exceeding WHO guideline levels.

Over half of European children are regularly exposed to environmental tobacco smoke (ETS) at home; in some countries, exposure prevalence reaches 90 %. Around 15 % of people live in damp homes, which contribute to the development and exacerbation of asthma. Exposure to products derived from the combustion of solid fuels is a considerable health problem in the eastern part of the Region.

RPG IV: “... reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence”.

RPG IV covers a broad range of health and environment aspects, and relevant information is fragmented and available for fewer countries than for other RPGs. For example, data on exposure to chemical hazards in food is available only for general population in 13 EU countries, and harmonized monitoring of lead in children is lacking in the Region.

Around 1,500 new chemicals are produced each year, adding to the 80,000 the world currently produces, and those figures are only going to rise. It is estimated that over the next 15 years there will be an 85 % increase in the manufacture of chemicals globally.

4. Methods and activities

A number of recurring themes emerge from the knowledge about how best to improve the health and development opportunities for children.

- Accurate and reliable information must provide the basis for planning, monitoring and evaluation of policies and programmes.
- Policy without implementation is meaningless. The capacity to deliver must be considered when policy is formulated.

- Children themselves should be involved in designing policies and programmes.
- Policy goals and programme objectives must be clear and unambiguous.
- Educational approaches alone are likely to be of limited effectiveness. They need to form part of a wide set of initiatives that use the full set of policy instruments available to decision-makers.
- Although the health sector is important, it is only one player in the quest for better health.
Multisectoral action is essential, and a mechanism is needed to coordinate work across ministries.
- Facilities and programmes for children must take account of their culture, attitudes and beliefs. Child-friendly services are effective services.

Targeting particular population groups with interventions is key. Certain groups of children and adults are more vulnerable than others to particular hazardous behaviour, such as smoking, alcohol, poor diets and lack of exercise. Such populations include people living in poverty, cultural minority groups, the socially excluded and those with mental health problems.

The people who plan and implement programmes should take account of the age and developmental stage of the target population. For example, programmes on drug use may focus on prevention among children aged 9–10 years and the minimization of harm among older teenagers, who may already be using illegal drugs.

In addition, effective interventions take account of cultural, religious and gender factors. For example, different approaches to some issues, such as the prevention of pregnancy, may need to be taken for the male and female populations. The approach to other issues – such as reducing smoking by banning cigarette advertising and increasing the prices of tobacco products – may be the same for both genders, even though their behaviour may differ.

Further, successful implementation is associated with a perception by the public that the health problem represents significant burden to society, families and individuals, as indicated by prevalence, economic impact and high political profile. In addition, programmes should account for different groups' varying perceptions of risks. In many societies, for example, adults see smoking as a threat to health, while adolescents value its immediate attractions more than the long-term risks.

There is some evidence for the effectiveness of mass-media involvement. Important factors appear to be the education level of the population, the duration of delivery and the intensity of media programmes, and the credibility of the source of the information given.

5. Conclusion

In sum, success in the planning, implementation and evaluation of interventions in different contexts requires an understanding of health problems and interventions, which emphasizes the complex relationships among multiple general determinants, specific risk factors and health. This broad view of health implies that public health authorities must not only look at the known risk factors and interventions but also look

beyond them to the underlying environmental, behavioural and social factors that influence health outcomes in different ways in different circumstances.

The most important determinant of people's health are people themselves. Key role belongs to families, schools and other structures of the whole society. That is why all teachers should be informed on European health strategy. Understanding and applying this knowledge is an important task of education for health and an indispensable part of daily teaching practice.

References:

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ZDRAVÍ DĚTÍ A ŽIVOTNÍ PROSTŘEDÍ – EVROPSKÁ STRATEGIE

Souhrn: Sdělení podává stručnou informaci o aktivitách Světové zdravotnické organizace od roku 2004, kdy byl na konferenci v Budapešti za účasti evropských ministrů zdravotnictví a životního prostředí schválen program „Životní prostředí dětí a zdraví – akční plán pro Evropu“.

Klíčová slova: životní prostředí, zdraví dětí, determinanty zdraví, zdravotní programy.