

ABSTRACT

Environmental Health: Bridging the Gaps, which is divided into three parts, is a work in progress, aiming to help fill a void in economic development thinking as well as procedures to address multisectoral problems that require multisectoral responses. Intended for policymakers and practitioners alike, this discussion paper makes a modest step in helping address those problems by: (i) proposing a new approach of targeted collaboration among different sectors; (ii) devising new tools or enhancing existing ones to facilitate the contributions of different sectors to help relieve health problems; and (iii) putting theory into practice through a pilot in Ghana.

Part 1: Harmonizing Sectoral Priorities. After laying out the foundations and challenges of environmental health, the discussion paper tries to tap, quantify and value health benefits systematically outside the health sector, and prioritize as well as monitor interventions through a harmonized multisectoral collaboration. Back-of-the-envelope calculations are worked out showing that environmental health measures can target at least an equal share of the burden of disease than the health sector, that is, roughly 20 percent (10 percent affecting the poorest of the poor). Moreover, many health benefits are missed by being aggregated under the general rubric of “health benefits” in economic discussions, and by dealing with single diseases, when several diseases may be addressed simultaneously by remedial measures outside the health system, such as reducing indoor air pollution.

Part 2: Environmental Health Assessment Guidelines. In addition to discussing back-of-the-envelope economic valuation of the burden of disease, three sets of new tools are proposed to help policymakers, Task Managers and other practitioners make sound decisions, devise entry points, and establish mutual benefits from targeted collaboration. First, an “Environmental Health Profile” (EHP) as means to derive a shortlist of potentially important issues through a desk review comparing priorities from several sectors without necessarily incurring the costs of more ambitious studies. Second, procedures to adapt existing environmental, social or poverty assessments to serve as environmental health assessments. Third, a set of *Environmental Health Assessment Guidelines* and checklists, which relate to Bank projects and components, propose remedial measures for multisectoral health problems, many of which could and do otherwise fall between the cracks in single sector projects.

Part 3: Putting Theory into Practice. A pilot in Ghana, which could be developed as a case study for replication, puts theory into practice. Many cities in developing countries are facing difficulties because of efforts to decentralize or privatize services that were the responsibility of national governments and which fall on the shoulders of regional or municipal agencies. Unfortunately, many such governments and agencies do not have the in-house capacity and budgets to take on these added responsibilities, nor do they have adequate laws, bylaws and other regulatory measures. The pilot, which took six months from preparing an Environmental Health Profile and an institutional needs assessment to making recommendations to an ongoing project, puts into practice the ideas and tools that were developed above. After identifying multisectoral problems together with the government and the stakeholders, three entry points were prioritized (urban malaria, AIDS prevention and proper management of waste from health care facilities), and recommendations were fed into the project.

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