

*Health cannot be attained by the health sector,
either alone or even primarily.*

Pan American Conference on Health,
Environment and Sustainable Development;
(The first conference of international agencies convened
among ministers of environment, health and finance.)
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FOREWORD

Environmental health remains at the periphery of sustainable development, because it is inadequately defined, rarely quantified, and institutionally fragmented. Failing to address environmental health amplifies the burden of disease, which impinges on Sub-Saharan Africa's (SSA) overall economic performance and well-being of its population, especially the poor. The Environmental Health: Bridging the Gaps program is a phased effort developed under the World Bank's SSA Initiative on Urban Environmental Management with additional support from the Norwegian, Swedish, and Swiss governments. The program strives to highlight missing links among infrastructure, environment, and health by identifying health problems outside the health care system and proposing solutions. *Environmental Health: Bridging the Gaps* is a work in progress. It addresses these issues by mainstreaming environmental health at the macro, sectoral, and project levels. It also provides practical guidance on how to tackle such issues through a multisectoral approach and weave the program's three phases together, each with a different lesson.

- Phase I focused on urban infrastructure and published the three-volume *Bridging Environmental Health Gaps*.¹ This phase (a) contained guidance on incorporating environmental health into urban infrastructure projects and policy, (b) proposed that enormous potential to relieve the SSA burden of disease remains untapped, and (c) estimated that up to 44 percent of that burden may be amenable to infrastructure improvements.
- Phase II put into practice lessons of phase I in a pilot in Ghana (1999), which proposed new ways to reduce poverty by increasing the efficiency of investments through collaboration based on institutional complementarity, synergies, and mutual benefits, rather than additional budgets. Health priorities are re-evaluated to maximize solutions *outside* the health sector through Intersectoral collaboration. Phase II estimates that infrastructure projects conceivably could relieve as much of the burden of disease as the health sector, about 20 percent, for a fraction of the cost, because infrastructure projects have already been justified on other grounds. Moreover, the environmental health burden of disease affecting the poorest of the poor represents 10 percent of SSA's total burden of disease. Associated lower bound social costs of environmental health problems are equivalent to 6 percent of SSA's 1998 GDP.
- Phase III addresses rural infrastructure by complementing and expanding the prior urban focus (1999). Multisectoral linkages with urban and rural infrastructure are incorporated to include factors such as food production, pesticide use, irrigation, and so on.

The implications of infrastructure in improving health need additional epidemiological and economic analyses. Until then, we must act on professional judgment to help fill in the gaps based on the tools we have available. *Environmental Health: Bridging the Gaps* tries to help.

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