Health and environment scorecard: Aims for healthier populations



Scope

These scorecards summarize the state of health and environment in specific countries, drawing on data from the World Health Organization and other sources (see references section at the end of the scorecard). They achieve this by presenting a set of key indicators illustrating local exposure to environmental health risks, how much ill health is attributable to these risks, and which related policies have been put in place.

Aim

The scorecards aim to highlight some of the major environmental health issues at country level. This information can be used to set priorities for action to create healthier populations through healthy environments. The scorecards are limited by data availability – they may not include all areas of health and environment, or all data of concern. Lists of specific actions in each thematic area can be found in the Compendium of WHO and other UN guidance on health and environment.

Reading guide

This example scorecard, entitled Aims for healthier populations, provides an overview of the "ideal" indicator values that countries should aspire to achieve. It is therefore useful to compare the data on a scorecard for a specific country with this example in order to assess each country's progress and identify key areas for action. In addition to serving as a tool for comparison, this example scorecard is a "reading guide" with additional details and notes on the indicators that are not self-explanatory.

Extent of the problem



the WHO guideline air quality value for PM₂₅

 $5 \mu g/m^3$

WHO Guideline: Country annual mean air quality value: $<5 \mu g/m^3$



of population without clean fuels and technology for cooking

Clean fuels and technologies are those that attain the fine particulate matter (PM₂₅) and carbon monoxide (CO) levels recommended in the WHO Air Quality Guidelines (2021). Clean fuels include solar, electric, biogas, natural gas, liquefied petroleum gas (LPG), and alcohol fuels including ethanol.

Health impact



of deaths from stroke and ischaemic heart disease caused by air pollution

100% 0%

Reaching 0% of deaths may require even better air quality than complying with the WHO Guideline values.

Policies



Existence of legal standards for PM₂₅





Compliant with WHO Air **Quality Guidelines**





Existence of national policy on household energy



Air

pollution

View actions

and interventions



View actions



of population without safe drinking



of population sanitation

Safely managed sanitation services are improved facilities (flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets") that are not shared with other households and where excreta are safely disposed of in situ or removed and treated off site.



of deaths from diarrhoea caused by unsafe drinking water, sanitation and inadequate personal hygiene

100% 0%

Safely managed drinking water is water from an improved source (piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water) that is accessible on premises, available when needed and free from faecal and priority chemical contamination.

Financial resources available for implementation of national plans

Urban 95-100% of Rural

what is needed

95-100% of what is needed

Sanitation

95-100% of what is needed

95-100% of what is needed

Health care facilities

95-100% of

Schools

95-100% of what is needed

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Extent of the problem

Health impact

Policies

Climate change



View actions and interventions



Targets are country specific and depend on the emission scenario



more heat deaths in 2050 compared to 1961-1990 period under a high emissions scenario



Existence of recent national assessment and plan





Vulnerability and adaptation assessment

Health National Adaptation plan (HNAP)



Commitment to **COP26 Health Programme**

Climate resilient health systems

Sustainable low carbon health systems

Net zero commitment









Inclusion of health co-benefits in Nationally Determined Contribution (NDC)



Vulnerability and adaptation assessment A climate change and health vulnerability and adaptation assessment (V&A) is a process and a tool that allows countries to evaluate (a) which populations and geographical areas are most vulnerable to the health risks from climate change, b) to identify weaknesses and capacities in the systems that should protect them and c) interventions to respond.

More info here

Commitment to COP26 Health Programme
The UK COP26 Presidency-led Health Programme was launched in November 2021 at the 26th United Nations Climate Change Conference of the Parties (COP26). Two of its key initiatives were related to getting countries at Minister of Health level commit to strengthening the climate resilience and low carbon sustainability of their health systems. More info here

Health National Adaptation Plan

A Health National Adaptation Plan (HNAP) is a plan led by the Ministry of Health, as part of the National Adaptation Plan (NAP) process. 'HNAP' refers to the plan/document itself. More info here

Inclusion of health in the Nationally Determined Contributions (NDCs)

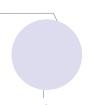
Nationally Determined Contributions (NDCs) under the Paris Agreement demonstrate efforts of each country to reduce national greenhouse gas emissions and adapt to the impacts of climate change. Healthy NDCs both protect climate systems and advance human health and well-being for present and future generations. More info here

Chemicals



View actions and interventions **International Health** Regulations (IHR) capacity score for chemical events

IHR capacity score for chemical events



not attained

NB: The IHR provide a binding legal framework that defines countries' rights and obligations in handling public health events that have the potential to cross borders.

Less than Lout of 100,000 children under five die from poisonings every year



Existence of legal limit on lead paint





Existence of a poison centre





Party to the Minamata **Convention on Mercury**



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Extent of the problem

Health impact

Policies

Radiation



View actions and interventions **International Health Regulations** (IHR) capacity score for radiation emergencies

IHR capacity score

for radiation emergencies



not attained

NB: The IHR provide a binding legal framework that defines countries' rights and obligations in handling public health events that have the potential to cross borders.

Less than 🚣 out of 100,000 people die from melanoma and other skin cancers every year

Less than Lout of 100,000 people die from residential radon every year



Existence of standards on electromagnetic fields





Existence of regulation of artificial tanning devices/sun beds





Existence of national radon regulations for dwellings



only if the country has a radon issue

Occupational health



View actions and interventions



of informal employment in total employment



working age population exposed to long working hours (≥55 hours/ week)

Less than 💄 out of 100,000 people of working age die from diseases due to occupational risks every year

Less than Lout of 100,000 people of working age die from injuries due to occupational risks every yea



Existence of programmes for occupational health and safety of health workers



3 key international labour conventions on occupational safety and health ratified

C161

C155

Occupational safety and health

C187

Occupational Promotional health framework services







Health care facilities



View actions and interventions

Percentage of health care facilities without basic services

Water

Sanitation



0%

Hygiene

Waste management



0%



O of health care facilities without reliable electricity supply

N/A



Climate assessment conducted for:





Climate resilience

Environmental sustainability



Existence of standards for WASH in health care facilities





Existence of standards for health care waste management



Assessment of climate resilience of at least one health care facility

Assessing the climate resilience of health care facilities in this context refers to a process whereby health planners and/or health care facility managers would assess whether a health care facility is able to respond to, recover from, adapt to, or transform from climate-related shocks and stresses while leveraging opportunities to enhance functions and services.

Assessment of environmental sustainability of at least one health care facility
Assessing the environmental sustainability of health care facilities in this context refers to assessing whether interventions aiming to decrease the environmental footprint of a health care facilities, optimizing the use of resources and minimizing the release of wastes while protecting and improving the health of their communities have been implemented at health care facility level.

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References

Air pollution: WHO global air quality guidelines 2021 • WHO SDG Indicator 11.6.2 Concentrations of fine particulate matter (PM2.5); 2019 data • WHO household air pollution data; 2019 data • WHO Air pollution data portal; health impact data for 2019 • UNEP 2021: Regulating air quality: the first global assessment of air pollution legislation; data for 2020 • WHO Household energy policy repository; data continuously updated. WASH: WHO, UNICEF: Joint Monitoring Programme for Water Supply, Sanitation and Hygiene, 2022 data • WHO water, sanitation and hygiene: burden of disease, 2019 data • WHO GLAAS 2021/2022 cycle. Climate change: WHO Health and Climate Change Country Profiles • Honda et al. 2014 • Kendrovski et al. 2017 • WHO Health and Climate Change Global Survey • WHO: Alliance for Transformative Action on Climate and Health (ATACH): Country Commitments.

- Transformative Action on Climate and Health (ATACH): Country Commitments.

 WHO 2023: Health in the Nationally Determined Contributions [in press].

 Chemicals: WHO: International Health Regulations core capacity scores, 2021 data

 WHO: Mortality rate attributed to unintentional poisonings; data for 2019 WHO: Legally binding controls for lead paint, updated 2022.
- WHO: World directory of poisons centres, updated 2023 UNEP: Minamata Convention on Mercury, 2021 data Radiation: WHO: International Health Regulations core capacity scores, 2021 data WHO: Deaths from melanoma and other skin cancers, 2019 data IHME: Deaths from residential radon, 2019 data WHO: Electromagnetic fields, updated 2018 WHO: Sunbeds: Existence of national regulations, updated 2021 WHO: Existence of national radon regulations, 2019 data. Occupational health: ILOSTAT: Statistics on the informal economy, updated 2023 WHO: Disease burden from long working hours, 2016 data WHO/ILO: Joint estimates of the work-related burden of disease and injury, 2016 data WHO: Existence of national policy instruments for occupational health and safety for health workers, 2021 data ILO ratifications of C155, C161 and C187, updated 2023. Health care facilities: WHO/UNICEF 2022: Progress on WASH in health care facilities 2000—2021 WHO: Database on electrification of health-care facilities, updated 2022 WHO: Health and Climate Change Global Survey WHO/UNICEF Country progress tracker, updated 2022.

The scorecards are based on already published data (see references). They are a tool to measure and track the progress of Member States with respect to selected indicators and are not intended for ranking.