



PAN AMERICAN HEALTH ORGANIZATION  
WORLD HEALTH ORGANIZATION



## 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE 54<sup>th</sup> SESSION OF THE REGIONAL COMMITTEE

*Washington, D.C., USA, 23-27 September 2002*

*Provisional Agenda Item 8.1*

CSP26/27 (Eng.)

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ORIGINAL: SPANISH

### **REPORT ON THE MEETING OF THE HEALTH AND ENVIRONMENT MINISTERS OF THE AMERICAS (HEMA)**

On 4 and 5 March 2002, the Meeting of the Health and Environment Ministers of the Americas was held in Ottawa, Canada. This report to the 26<sup>th</sup> Pan American Sanitary Conference contains the main conclusions reached at the event, analyzes their implications for the countries, and suggests actions for the Pan American Sanitary Bureau (PASB).

The Meeting, which grew out of the Quebec Summit in April 2001, was organized by the Government of Canada in collaboration with the Pan American Health Organization (PAHO) and the United Nations Environment Program (UNEP). It was attended by representatives of 31 countries, whose delegations included 14 ministers of health and 15 ministers of environment. The direct precursor to the meeting was the Pan American Charter and Plan of Action, signed at the Pan American Conference on Health and Environment in Sustainable Human Development in Washington, D.C., in October 1995. The objectives of the Ottawa meeting were to build bridges between the health and environment sectors, reach agreement on cooperative activities, and contribute to the World Summit on Sustainable Development in Johannesburg programmed for August 2002. In preparation for the meeting, technical documents were drafted in consultation with countries and institutions. The technical proposals were based on the knowledge gathered throughout the Region of the Americas and benefited, moreover, from the experiences of the European Ministerial Conferences on Environment and Health.

The meeting noted that diarrheal diseases and respiratory ailments continue to represent the principal burden of disease linked with the environment. It identified the priority environmental health issues in the Region: first, water pollution, water and sanitation, and hygiene; second, indoor and outdoor air pollution; and, third, the chronic and acute effects of exposure to chemical substances, pesticides in particular. The meeting placed renewed emphasis on the link between health and environment as the basis for sustainable human development, stressing the importance of strategic partnerships between the two ministries, and between them and other actors in the public and private sectors as well as civil society. It made a commitment to work toward meeting specific goals in the areas discussed and underscored the importance of knowledge as the basis for action. The health and environment ministers will hold periodic meetings prior to the hemispheric summits and utilize the existing mechanisms in the Region to provide follow-up on the agreements reached.

The countries agreed on the need to move forward in the national arena with this broad-based strategic partnership and on the importance of capacity-building. The national agreements will generate concrete goals and procedures. At the regional level, Canada with the collaboration of PAHO and UNEP will convene a task force to design a follow-up mechanism for these interministerial meetings. The Executive Committee in its 130<sup>th</sup> Session reviewed the report of the Ottawa meeting and recommended to the Conference the adoption of the annexed resolution.

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## **1. Introduction**

Resolution CD43.R15, adopted by the 43<sup>rd</sup> Directing Council in September 2001, instructed the PASB to work with the Government of Canada and UNEP to convene the Meeting of the Health and Environment Ministers of the Americas, which was held in Ottawa on 4 and 5 March 2002. This document, whose purpose is to present the conclusions of the event and discuss their implications for the countries and PAHO, summarizes the background of the meeting, comments on the conclusions reached, proposes actions for the countries and the PASB, and requests suggestions from the Pan American Sanitary Conference regarding follow-up activities.

## **2. Meeting of the Health and Environment Ministers**

### **2.1 *Background***

In recent decades, improvements in environmental health in the Region have been associated with multisectoral efforts, which themselves have benefited from the setting of international goals. Two examples are illustrative: basic sanitation and air quality. Regarding the first example, drinking water coverage in the Region in the early 1960s was 33%, meaning that only 69 million people had service. Successive goals were set for the expansion of coverage; first, at the Punta del Este Summit in 1961; then, at the Third Meeting of Ministers of Health in Santiago, Chile, in 1972; and subsequently, during the International Drinking Water Supply and Sanitation Decade, 1981-1990. Today, while many problems persist, drinking water coverage in the Region has risen to 85%, supplying 420 million inhabitants. This same period has witnessed a gradual decline in infant mortality and an increase in life expectancy in the Region. Regarding the second example, one can cite the agreement at the Miami Summit to eliminate leaded gasoline by the year 2000. There is a clear understanding of the neurotoxicity of lead and the harm caused to children by the rising levels of this substance in their bloodstream, the result of air pollution from the lead emitted in the combustion of gasoline. The use of lead has dropped from 27,000 tons in 1990 to an estimated 5,000 tons in 2000. To date, 15 countries in the Region have eliminated lead in gasoline, and those that have not yet done so have plans to phase it out.

The direct precursor to the hemispheric meeting is the Pan American Conference on Health and Environment in Sustainable Human Development in October 1995, which adopted the Pan American Charter and Plan of Action. Convening the meeting was part of the Plan of Action issued by the Summit of the Americas in Quebec in April 2001. The objectives of the meeting were to arrive at specific agreements aimed at building bridges between the health and environment sectors while addressing priority issues for the Region; to develop a mechanism to follow up on the agreements; and to contribute to the

World Summit on Sustainable Development, to be held from 26 August to 4 September 2002 in Johannesburg. The Government of Canada organized the hemispheric meeting; PAHO and UNEP collaborated, preparing the technical proposals and convening the participants. The technical proposals were developed after a review of the existing knowledge and a broad-based consultation with institutions and countries. The platform of the Shared Agenda was a valuable contribution to this effort, as was the collaboration of the Inter-American Development Bank (IDB), The World Bank, and the Organization of American States (OAS). Of particular value, moreover, was the input from the European Center for Environment and Health/WHO, which collaborates with the activities of the European Ministerial Conferences on Environment and Health.

## **2.2 Conclusions**

Thirty-one countries participated in the meeting, and their delegations included 14 ministers of health and 15 ministers of environment. The meeting held three main sessions, which addressed the issues of building partnerships between the two sectors, environmental health priorities in the Region, capacity-building, and collaboration. The delegations worked independently on the preparation of the Ministerial Communiqué (Annex 1). Some of the ministers, moreover, gave special presentations.

This first Meeting of the Health and Environment Ministers of the Americas met the proposed objectives and commitments made are registered in the attached Ministerial Communiqué, representing progress in the partnership between the two sectors.

PAHO and UNEP will work with Canada to develop appropriate follow-up mechanisms, within the spirit of the Ottawa agreements.

The conclusions of the Ministerial Communiqué are divided into the five sections presented below.

### *2.2.1 Setting future directions for health and environment in the Americas*

Renewed emphasis was placed on the Pan American Charter on Health and Environment in Sustainable Human Development, recognizing the preeminence of action in each country. Explicitly mentioned was the importance of strategic partnerships between the health and environment communities, and between these and other public and private actors and civil society. The OAS, PAHO, UNEP, and IDB were invited to collaborate with the countries and strengthen coordination with respect to their work plans. Regarding the critical issue of developing a follow-up mechanism, the ministers agreed to meet periodically prior to the Summits of the Americas to set guidelines and evaluate progress. They also agreed to establish a Task Force among the countries to design a follow-up mechanism that would not duplicate the mechanisms already in place

and would take advantage of existing entities such as PAHO's Governing Bodies and other regional fora.

### *2.2.2 Issues of common concern and shared goals*

The differences among the countries were recognized. However, within this context, the priorities identified were water pollution, water and basic sanitation, air quality, natural disasters, and chemical safety. There was agreement, moreover, to consider working to meet the Millennium Summit's goals with respect to water, and the reduction of water pollution as outlined in the Declaration of Montreal 2001, solid waste management and the phasing out of leaded gasoline, implementing the Stockholm Convention, the control of exposure to chemical substances, and reducing vulnerability to natural disasters.

### *2.2.3 Building and sharing our capacity to respond to threats to human health and the environment*

The meeting recognized the importance of science and knowledge in environmental management. Within that context, there was agreement to work toward building the countries' capacity in the areas of surveillance, the use of indicators, information exchange, institutional strengthening and public information and education.

### *2.2.4 Messages for the World Summit on Sustainable Development (WSSD)*

The meeting reaffirmed the commitment to the agreements of the United Nations Conference on Environment and Development (UNCED), held in Rio in 1992, whose principal instrument is Agenda 21—especially Chapter 6 on health and development. It recognized the link between poverty, environment, and health and the importance of creating economic and financial mechanisms to tackle a priority problem: the integrated management of water resources. It urges the leaders of the WSSD to integrate health and environment and build bridges between the two sectors and between this partnership and other ministries, the private sector, and civil society.

### *2.2.5 Final messages*

The meeting underscored the role of civil society in sustainable development and recognized the opportunity that this event represented for establishing a common program for the Continent. The importance of international efforts to mobilize and better manage financial resources for sustainable development was underscored.

### **2.3 *Importance of the Conclusions***

Pursuant to its objectives, the meeting made progress in forging a comprehensive strategic partnership between the health and environment sectors, identified priorities and goals, and contributes to the World Summit on Sustainable Development in Johannesburg. The partnership between the sectors is expected to bring the link between health and environment to the forefront, empower broad sectors of society, and contribute to the reduction of environmental health risks.

Nevertheless, its conclusions will be significant only to the extent to which they translate into action in the countries and their recommendations are utilized for collective efforts in the Region, the subregions, and among blocs of countries.

### **3. *Proposed Actions***

The proposals include action in the countries by the ministries of health, action by PAHO, and action to develop follow-up mechanisms for the agreements reached at the meeting—an issue that remains pending.

#### **3.1 *By the Countries***

It is proposed that the ministries of health forge partnerships with the ministries of environment in the respective countries. This has already been accomplished in many countries and others are moving rapidly in this direction; for example, since the early 1990s, Central America has conducted the ECOSAL meetings, a subregional partnership to deal with health, environment and development issues. It is proposed that these partnerships set goals and move forward at the national and local levels, although it is recognized that many environmental management and health issues are outside the purview of the two ministries. A case in point is the vital issue of water and sanitation, where the key players are the companies that provide the services, the *municipios*, and the regulatory agencies. Here, it is proposed that the two sectors enter into a broad-based partnership that extends to other public sectors, the private sector, and, naturally, to civil society.

It is essential to reiterate to the ministries of health and environment the importance of building capacity in environmental health management. Strengthening their capacity will make them effective partners and enable them to initiate and spearhead processes involving other actors in society.

There are vital goals that the two ministries can work together to address. An example of these is the Millennium Development Goals and Vision 21 in water and

sanitation and water pollution. Another issue that can be considered a priority is chemical safety, especially in the area of pesticides.

### **3.2 By PAHO**

- *Governing Bodies.* Pursuant to the discussions and agreements of the hemispheric meeting, it is proposed that the Governing Bodies of PAHO be informed regularly about the progress made toward compliance with the Ottawa agreements.
- *The Bureau.* It is proposed that the PASB continue in the direction mandated in Resolution CD43.R15 with regard to capacity-building in the environmental health units of the ministries of health. Within this context, it will move forward with the institutional development of the units and their strengthening in terms of the essential public health functions. A related aspect is the biennial health and environment fora convened by the directors of environmental health and ministries of environment. These fora have been held since 1997.
- *Follow-up mechanism.* The Ministerial Communiqué that emerged from the meeting affirms the ministers' agreement to meet periodically prior to the Summits of the Americas. It also calls for the creation of a Task Force made up of countries from the different regions of the Americas to propose a follow-up mechanism that will not duplicate but, rather, take advantage of existing regional and subregional mechanisms. Canada is convening this Task Force with the collaboration of PAHO and UNEP. The Task Force will operate in the period 2002 to June 2003. It will make proposals to follow-up on HEMA, conduct consultation between countries and exchange information. It will consist of 10 Senior Officials of the Ministries of Health and of Environment and will be led by two co-chairs, one from each sector. The funding for the Task Force is being provided by the Government of Canada. PAHO will align its ongoing technical cooperation to this effort.

### **4. Action by the Pan American Sanitary Conference**

The Pan American Sanitary Conference is invited to consider the resolution CE130.R20 contained in Annex B recommended by the Executive Committee.

Annexes



**MEETING OF HEALTH AND ENVIRONMENT MINISTERS OF THE AMERICAS  
MARCH 4-5, 2002  
Ottawa, Canada**

**Ministerial Communiqué**

1. We, the Ministers of Health and Environment of the Americas acting on the commitment made at the Summit of the Americas held in Québec City in April 2001, recognize the different levels and patterns of development of our countries, their cultural diversity, and the diversity of ecosystems within the hemisphere. We are aware of the relationship between the environment and socio-economic factors such as poverty, poor housing, unsustainable production and consumption patterns, inequity in distribution of wealth and the debt burden, and their impact on health. We particularly note the very negative impact that terrorism has on human life, human health and the environment and reject terrorism in all of its forms. While progress has been made to tackle health and environment issues in the region, economic, social and other challenges, such as the lack of adequate infrastructure and urban and rural planning, contribute to the persistence of certain diseases such as diarrhea and respiratory ailments. In addition, chronic and acute diseases can arise from inappropriate exposure to chemicals and other aspects of development. The burdens on health of environmental degradation affect current generations and may have increased impact on future generations. In particular, they affect vulnerable groups such as children, the elderly, and women as well as the least protected groups such as indigenous populations, rural populations, and the very poor. We express grave concern over this situation and recognize the need to focus our effort on common objectives, domestically and regionally, that open equal opportunities to achieve sustainable development throughout the region to achieve better health and improve living standards for all our people.

2. We thank the Government of Canada, the United Nations Environment Program (UNEP-RONA, UNEP-ROLAC) and the Pan American Health Organization (PAHO) for their active participation and technical expertise in the preparation and organization of this meeting.

***Setting Future Directions for Health and Environment in the Americas***

3. We reaffirm commitments made at the Pan American Conference on Health, Environment and Sustainable Human Development held in Washington D.C. in 1995 which resulted in the Pan American Charter on Health and Environment in Sustainable Human Development and the Regional Plan of Action. To fully accomplish these commitments, we take into account the urgent need to strengthen action plans bearing in mind common but differentiated responsibilities as set forth in Principle 7 of the 1992 Rio Declaration on Environment and Development. Countries should seek to further mobilize resources for their implementation and follow-up.

4. We acknowledge that action begins in our countries, where we commit to work in cooperation with all levels of government, the private sector, and civil society, encouraging enhanced community participation. Each country has primary responsibility for decision-making and for investing in health and the quality of the environment, recognizing the interdependence of ecosystems across the region. These investments are one critical pre-condition to reducing



inequality and alleviating poverty, leading ultimately to improving quality of life and social justice within the context of sustainable development for all people in the Americas.

5. We recognize the need to further strengthen and consolidate partnerships between ministries responsible for health and environment. Furthermore, building bridges between health and environment and other government sectors is vital to ensuring that health and well-being become increasingly recognized and systematically translated into national policies and programs. We are committed to improving communication, enhancing collaboration, and undertaking shared domestic action on human health and the environment, building upon action plans and strategies already in place or to be agreed upon. These efforts can contribute to our shared objective of promoting sustainable development in the region.

6. We acknowledge the significant progress in improving human health and the environment in the region since the endorsement of the Pan American Charter and Regional Plan of Action. With a better understanding of the opportunities and challenges, we underscore the value, importance, and need for the health and environment sectors to work more closely together in defining problems, identifying solutions, and implementing joint initiatives involving the public and private sectors as well as civil society. In this respect, we urge the OAS, PAHO, UNEP, the IDB and other relevant organizations to continue to take steps to formally integrate issues related to health and environment in their respective work programs and to strengthen interagency cooperation so that it is part of their *modus operandi*.

7. We agree on the need to consider a follow-up process that will help each country advance our work at the national and regional level, in preventing and mitigating threats to the environment and to human health. We agree to meet regularly prior to the Summits of the Americas to set directions and assess progress. In this regard, we agree to establish a task force comprised of countries throughout the Americas to make proposals on a follow-up process that does not duplicate work of existing international and regional organizations. We also agree that this task force take advantage of existing fora – such as PAHO Ministerial Councils, UNEP Regional Offices, as well as other relevant international, regional, and sub-regional organizations to maintain momentum in the realization of our objectives. In addition, we note the critical role of the OAS and the IDB in this vital matter and urge their continued engagement in these efforts as well as their support for member countries' strategies and programs related to sustainable development in the hemisphere.

### ***Issues of common concern and shared goals***

8. While we recognize there are differences among our countries, we also realize that we have many common concerns regarding threats to the environment and to human health and we recognize that these concerns can be more effectively addressed when we define and act on shared goals. In the spirit of protecting our ecosystems as service-providers for development, we agree that the following areas of priority require concerted action across the region:

- a) Integrated management of water resources, including water contamination and basic sanitation;
- b) Air quality;

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- e) Potential health impacts of climate variability and change particularly with respect to small island developing states;

- f) Workers' health, including the detrimental impact of HIV/AIDS on productivity;
- g) Food security and safety; and
- h) Ethics of sustainable development from a health and environment perspective.

9. As initial goals, we agree to consider working towards:

- a) advancing the Water Supply and Sanitation Collaborative Council Vision21 Goals 2015 and 2025 towards universal coverage and hygiene, adopting the Millennium Summit Goals related to water, and developing and using practical technologies related to both water and sanitation;
- b) preventing and abating water pollution from urban, industrial and agricultural sources through integrated water resource management and through efforts to fulfill commitments made in the 2001 Montréal Declaration on the Global Programme of Action for the Protection of the Marine Environment from Land-based Activities (GPA);
- c) undertaking an economic and technical assessment of sewage and water treatment systems in the region, including a comparative analysis of best and affordable practices in the application of instruments (economic, regulatory, policy) and a valuation of health benefits to fully promote access to services and gradually internalize costs in a fair and equitable manner;
- d) exploring and using best practices for the improved management of solid wastes (including biomedical wastes);
- e) fulfilling our commitment to phase out lead in gasoline and to further this work by developing national strategies to phase out lead from other sources;
- f) developing national action plans to reduce air emissions from transportation sources including actions to decrease sulfur in gasoline and in diesel;
- g) developing strategies to improve indoor air quality in homes, workplaces and public facilities;
- h) bringing into force the Stockholm Convention, with a focus on the development of POPs inventories, and in particular on reducing reliance on, and seeking alternatives to, DDT;
- i) developing pollutant release and transfer registries as a tool to manage exposure to chemical releases;
- j) developing prevention, preparedness and response plans in cases of emergencies and disasters to reduce vulnerability of populations;
- k) undertaking scientific research to improve our understanding of the health and environment effects of climate variability, including vector-borne diseases and of climate change; and
- l) to enhance efforts between UNEP, UNDP, PAHO, and ECLAC, in building a regional proposal on the ethics of sustainable development to be taken to the World Summit on Sustainable Development.

### ***Building and Sharing Our Capacities to Respond to Threats to Human Health and the Environment***

10. We recognize that scientific and relevant traditional knowledge is the foundation of effective action in addressing threats to human health and the environment. High on our agenda is a commitment to expand and improve our understanding of the linkages between health and the environment and to improve the availability, understanding, and use of information, including

relevant traditional and local knowledge, at the regional, national and community levels. To further the development of this capacity across the region:

- a) We agree to enhance our surveillance and monitoring of the health of populations, and of ecosystems.
- b) We agree to support the development, through capacity-building, of integrated health and environment assessments for the region, building on existing knowledge and recognizing that capacity to carry out scientific assessments is key to decision-making and developing consensus for regional and national action.
- c) We agree to further develop, harmonize as appropriate, and use indicators to inform decision-makers in environment and health management, and in national public policy , both domestically and within the hemisphere, of the current state of affairs and on the progress which is made. As a first step, we would work together to develop a set of indicators for children's health and the environment and water quality.
- d) We agree to further exchange and disseminate knowledge through all mechanisms possible including conferences and other fora.
- e) We agree to review the capacities of our current pan-national institutions to determine their abilities to assist nations and to review the capacities of individual countries to access, understand and use knowledge to address the common and unique problems which exist in each country and across the region.
- f) We agree to explore and recommend means for improving the sharing of information for action and the exchange of best practices, with a focus on information and communication technology.
- g) We agree to cooperate on training and development programs across the region because available and trained human resources are at the centre of the required research, analysis, and dissemination activities.
- h) We agree that one of the most effective mechanisms to further the goals of improving both health and the environment is a population that understands the linkages and the action needed. We therefore agree to facilitate and support programs of public education and awareness, particularly with respect to encouraging compliance with and enforcement of laws and regulations.

### ***Messages for the World Summit on Sustainable Development***

11. We renew our determination to comply with the commitments entered into at UNCED, in the Rio Declaration and Agenda 21, in particular, Chapter 6, *Protecting and Promoting Human Health Conditions*.

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13. As Health and Environment Ministers, we acknowledge the relationship between poverty, environmental quality and human health. We recognize the important preparatory process that is now under way in advance of the World Summit on Sustainable Development to be held in

Johannesburg, South Africa in August and September of 2002. We underscore the importance of investments in health as a key component of ensuring sustainable development, domestically, in our hemisphere, and globally.

14. We recognize the integrated management of water resources as an issue of special importance in the relationship between health and environment and we underscore the importance of establishing the economic and financial mechanisms to enhance our ability to ensure the quantity, availability and quality of water resources.

15. We urge:

- a) leaders at the World Summit on Sustainable Development to explicitly recognize the need to make the integration of action and approaches to human health and environment a focus for development by building stronger bridges between ministries responsible for national health and environment, and other ministries. This can be done through enhanced communication, strengthened collaboration, and the development of shared agendas.
- b) more specifically, leaders at the World Summit on Sustainable Development to make the protection of vulnerable populations, especially children, as they represent our future, a high priority.
- c) technical and financial cooperation organizations to mobilize expertise and resources to support the development and implementation of programs and policies aimed at vulnerable populations.

16. We look forward to sharing the results of our efforts. We encourage leaders at the World Summit on Sustainable Development to make capacity-building, sharing information and best practices a priority. We recall and support the re-affirmation of the principles and commitments made in the October 23-24, 2001 Rio de Janeiro Platform for Action on the Road to Johannesburg.\*

### ***Final Messages***

17. We stress the important role of civil society and other stakeholders in shaping national and regional action to mitigate and prevent threats to human health and the environment. We are committed to ensuring that civil society and other stakeholders are appropriately engaged in the development and implementation of national strategies.

18. We recognize the importance of on-going international efforts to mobilize and better manage

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March 10-22, 2002, to agree upon a path forward for financing development that is sustainable and consistent with the relevant health and environment goals of Agenda 21 and stress financing for the integrated management of water resources.

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\*The United States did not participate in the negotiation of the Rio Platform for Action on the Road to Johannesburg. As a non-participant in the Rio Platform, the United States cannot reaffirm all of the principles and commitments contained therein.

19. This meeting of Ministers of Health and the Environment of the Americas has given us the opportunity to establish a hemispheric agenda which reflects our common concerns. We are prepared to put forward actions from this agenda which will enable us, within a framework of strategic regional integration, to contribute to the improvement of the quality of life of our peoples on the path to sustainable development for the entire region.



PAN AMERICAN HEALTH ORGANIZATION  
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## 130<sup>th</sup> SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 24-28 June 2002

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Anexo B

### ***RESOLUTION***

#### ***CE130.R20***

#### **REPORT ON THE MEETING OF THE HEALTH AND ENVIRONMENT MINISTERS OF THE AMERICAS (HEMA)**

##### ***THE 130<sup>th</sup> SESSION OF THE EXECUTIVE COMMITTEE,***

Having analyzed Document CE130/20, Meeting of the Health and Environment Ministers of the Americas (HEMA),

##### ***RESOLVES:***

To recommend to the Pan American Sanitary Conference the adoption of a resolution along the following terms:

##### ***THE 26<sup>th</sup> PAN AMERICAN SANITARY CONFERENCE,***

Recalling Resolution CD43.R15, which instructed the Pan American Sanitary Bureau to work with the Government of Canada and the United Nations Environment Program (UNEP) to convene the Meeting of the Health and Environment Ministers of the Americas (HEMA);

Having considered the report of the HEMA, which took place in Ottawa, 4-5 March 2002; and

Recognizing the link between health and the environment; noting the impact on health of environmental factors such as water and sanitation, outdoor and indoor air pollution, and exposure to agro-industrial chemicals and wastes; and particularly aware of the relationship between environmental conditions and diseases such as diarrhea and respiratory infections,

***RESOLVES:***

1. To urge the Member States to:
  - (a) work along the lines agreed to in the Ministerial Communiqué in its three defined areas: setting future directions for health and environment in the Americas, issues of common concern and shared goals, and building and sharing capacities to respond to threats;
  - (b) build bridges at the national and local levels between the health and environmental sectors in an inclusive alliance which will call upon actors in the relevant public sector, private sector, and civil society;
  - (c) participate and support the work of the Task Force defined in the Ministerial Communiqué and being convened by the Government of Canada with the collaboration of PAHO and UNEP.
2. To request the Director to:
  - (a) collaborate with the Government of Canada and UNEP in the Task Force which will make proposals for the follow-up on the conclusions of HEMA as registered in the Ministerial Communiqué;
  - (b) integrate the proposals of the Task Force and the work under way in 2002-2003 into PAHO's ongoing technical cooperation work, with special emphasis on the collaboration with countries in capacity-building and the work in hygiene, water and sanitation, air pollution, and chemical safety.
3. To recognize and praise the leadership role of the Government of Canada in promoting collaborative actions between the health and environmental sectors in the construction of sustainable human development.