



INSTITUTO COSTARRICENSE DE ACUEDUCTOS Y ALCANTARILLADOS
San José, Costa Rica
Apartado 1097-1200. Teléfono 2242-5012

27 de mayo del 2019
PRE-2019-00652

Señor
Carlos Elizondo Vargas
Secretario Consejo de Gobierno
Casa Presidencial

Ref: Solicitud de aprobación Viaje al Exterior

Estimado señor:

Según lo estipulado en el Código de Ética del Poder Ejecutivo, adjunto para aprobación del Consejo de Gobierno, invitación que recibí de la Organización Panamericana de la Salud (OPS/OMS) para participar en la primera reunión del Grupo Asesor Técnico (TAG por sus siglas en inglés) que se llevará a cabo en Washington, D.C., el 9 y 10 de julio de 2019. **(Para efectos de itinerario del 8 al 11 de julio, 2019).**


La OPS/OMS cubrirá sus gastos de viaje (boleto aéreo en clase económica, viáticos y hospedaje)

Adjunto invitación y matriz de seguimiento.

Atentamente,
YAMILETTE ASTORGA
ESPELETA (FIRMA)
Yamileth Astorga Espeleta
Presidencia Ejecutiva

Firmado digitalmente por YAMILETTE
ASTORGA ESPELETA (FIRMA)
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Anexos: Lo indicado
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C.Archivo
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Acuerdo de Junta Directiva del AyA			
Sesión No. 2019-31 Ordinaria	Fecha de Realización 11/Jun/2019	Acuerdo No. 2019-208	
Artículo 3.1-Solicitud de aprobación de viaje para asistir a la Primera Reunión del Grupo Asesor Técnico de la OPS/OMS que se llevará a cabo el 9 y 10 de julio en Washington. D.C. Memorando PRE-2019-00679.			
Atención Dirección de Salud Ocupacional, Dirección Financiera, Dirección Gestión del Capital Humano, Dirección Cooperación Internacional, Presidencia Ejecutiva,			
Asunto Autorización salida del país		Fecha Comunicación 13/Jun/2019	

**JUNTA DIRECTIVA
INSTITUTO COSTARRICENSE DE ACUEDUCTOS Y ALCANTARILLADOS**

Se aprueba la salida del país de la señora Presidenta Ejecutiva, M.Sc. Yamileth Astorga Espeleta, cédula de identidad número uno - quinientos cuarenta - ciento noventa y dos, para que participe en la Primera Reunión del Grupo Asesor Técnico de la OPS / OMS, a realizarse en Washington D.C, Estados Unidos del 9 al 10 de julio del 2019.

AYA CUBRE PARA LA SEÑORA PRESIDENTA EJECUTIVA:

1. Permiso con goce de salario.
2. Impuesto de ingreso y salida según corresponda.
3. Viáticos complementarios (8%).
4. Seguro viajero.
5. Traslado de su residencia a aeropuerto y viceversa en Costa Rica.
6. Traslado de hotel al aeropuerto y viceversa en Washington D.C, Estados Unidos.
7. Acceso a Internet.
8. Autorización de llamadas internacionales.
9. Gastos de representación por \$ U.S 1000 (mil dólares).
10. Visa en caso de ser necesario.

** La OPS/OMS cubrirá los gastos de viaje (incluye boleto aéreo, alojamiento y viáticos).

Los gastos se cargarán a:

	CENTRO GESTOR	POSICIÓN FINANCIERA
Viáticos	0101020101	1.05.04
Transporte	0101020301	01.05.03

Gastos Representación	0101010200	01.07.03
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Para efectos de itinerario el permiso rige a partir del 8 al 11 de julio del 2019.

Las fechas se ajustarán de acuerdo a las posibilidades reales de viaje.

La liquidación se hará de conformidad con el Reglamento de Gastos de Viaje de la Contraloría General de la República.

Según el artículo 47 del Reglamento de Gastos de Viaje de la Contraloría General de la República, les cubre el seguro de salud según corresponda.

Dada la naturaleza de la Misión, se deberá cumplir al regreso con el informe por escrito a la Junta Directiva.

ACUERDO FIRME

Licda. Karen Naranjo Ruiz
Junta Directiva

KAREN NARANJO RUIZ (FIRMA) Fecha de Firma:
13/jun/2019
Razón: Firma de Acuerdo
Lugar: Costa Rica

Matriz de Autorizaciones de Viajes al Exterior

Institución	Nombre del Funcionario Presidente Ejecutivo (a)	Detalle del Viaje	Justificación del Viaje	Resultado que se espera (Beneficio para el País)	Fechas	Financiamiento	Si hay otros participantes del gobierno
Instituto Costarricense de Acueductos y Alcantarillados (AyA)	Yamileth Astorga Espeleta	Invitación de la Organización Panamericana de la Salud (OPS/OMS) para participar en la Primera Reunión del Grupo Asesor Técnico (TAG por sus siglas en inglés)	Nuestro país es líder en el área Latinoamericana en sistemas de agua potable y saneamiento, lo que le ha permitido posicionarse en diferentes foros como referente técnico y político, por ello la Organización Mundial de la Salud ha designado al Instituto Costarricense de Acueductos y Alcantarillados como parte del panel de expertos en estas áreas para promover acciones específicas, construcción de políticas y promotor de proyectos que beneficien a las poblaciones en vulnerabilidad social.	Expertos mundiales conocerán de nuestras políticas lo que permitirá auditar lo que en este momento ejecutamos en agua y saneamiento.	Del 9 al 10 de julio (Para efectos de itinerario del 8 al 11 de julio, 2019)	Los gastos de viaje que incluyen boletos aéreos alojamiento y viáticos serán cubiertos por la OPS/OMS	NO

REFERENCIA: CDE/CE/165-19

17 de mayo del 2019

Sra. Yamileth Astorga Espeleta
Directora Ejecutiva
Instituto Costarricense de Acueductos y Alcantarillados
Apartado 1097-1200
San José, Costa Rica

Estimada Sra. Astorga Espeleta:

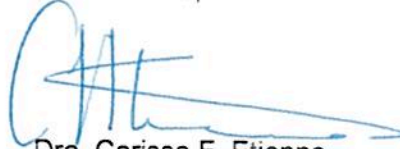
La Organización Panamericana de la Salud/Organización Mundial de la Salud (OPS/OMS) se complace en informarle que usted ha sido seleccionada para ser miembro del Grupo Asesor Técnico de la OPS/OMS (TAG por sus siglas en inglés) sobre Determinantes Ambientales de la Salud. Con este motivo, me complace invitarla a participar en la primera reunión del TAG, a realizarse en la Sede de la OPS en Washington, D.C., el 9 y 10 de julio del 2019.

El propósito de esta primera reunión es revisar y estimular el debate sobre la construcción, implementación, monitoreo y evaluación de la nueva estrategia para fortalecer la respuesta a los determinantes ambientales de la salud en la Región de las Américas, 2020-2030. Esperamos recibir recomendaciones para facilitar nuestra cooperación técnica con los Estados Miembros y mejorar el diálogo sobre políticas entre los principales interesados en la Región. Para su revisión, adjuntamos una copia del borrador de la estrategia. Próximamente enviaremos una copia de la agenda preliminar.

La Unidad de Cambio Climático y Determinantes Ambientales de la Salud de la OPS/OMS cubrirá sus gastos de viaje (que incluyen un boleto aéreo en clase económica), alojamiento y viáticos. Le agradecemos confirmar su participación antes del 31 de mayo del 2019 al doctor Marcelo Korc (korcmarc@paho.org), con copia a la señora Celeste Medina (medinace@paho.org).

Le agradezco por su consideración y quedo a la espera de su gentil respuesta.

Atentamente,



Dra. Carissa F. Etienne
Directora

Adjunto

STRATEGY TO STRENGTHEN THE RESPONSE TO ENVIRONMENTAL DETERMINANTS OF HEALTH IN THE REGION OF THE AMERICAS 2020-2030

Introduction

1. A healthy environment is vital for a healthy population. As the intersection of environment and public health, environmental public health addresses global, regional, national, and local environmental conditions that influence human health, including physical, chemical, and biological factors. Collectively, these conditions are referred to as environmental determinants of health (EDHs). Threats to any one of the EDHs can have an adverse impact on health and wellbeing at the population level. (1) These environmental threats can occur naturally or because of social conditions and ways people live.
2. Currently, the EDHs are at risk of considerable damage, threatening not only our health and wellbeing, but also those of future generations. Moreover, the distribution of risk has a stark equity dimension: people who are in conditions of disadvantage may be disproportionately affected by the exposure to environmental threats. About 13% of all premature deaths in the Region of the Americas (the “Region”) are attributed to known avoidable environmental risks, amounting to about 847 thousand deaths every year (2). Addressing EDHs and equity in health is key to reducing mortality, morbidity, disability, and inequity in the Region.
3. This Strategy aims to provide a vision and way forward on how the Region and specifically its health community need to respond to EDHs until 2030, to ensure safe, enabling, and equitable environments for health.

Background

4. The Strategy is rooted in a rich history of international conferences on health, environment, and sustainable development, including the Conference on the Human Environment¹ (Stockholm, Sweden; 1972); the International Conference on Primary Health Care (Alma Ata, USSR; 1978); the

¹ The Conference on the Human Environment was the United Nation’s first major conference on international environmental issues and marked a turning point in the development of international environmental politics.

Conference on Health Promotion (Ottawa, Canada; 1983); the United Nations Conference on Environment and Development (Rio de Janeiro, Brazil; 1992); the Millennium Summit (New York City, United States; 2000); the World Conference on the Social Determinants of Health (Rio de Janeiro, Brazil; 2011); the United Nations Conference on Sustainable Development (Rio de Janeiro, Brazil; 2012); the United Nations 2030 Agenda for Sustainable Development (New York City, United States; 2015); and the Global Conference on Primary Health Care (Astana, Kazakhstan; 2018). The outcomes of these conferences (e.g., the Declaration of Alma-Ata, Agenda 21, the Millennium Development Goals, The Future We Want for All, Declaration of Astana) highlighted the importance of environmental public health and EDHs. (1)

5. The Strategy is aligned with the commitments of Member States as set forth in the Sustainable Health Agenda for the Americas 2018-2030 (SHAA2030) (3), which will require the Organization's full support as Member States aim to achieve the Sustainable Development Goals (SDGs) and other regional health objectives; the PAHO Strategic Plan 2020-2025 (4); the WHO Comprehensive Strategy on Health, Environment, and Climate Change (5); the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (6); the recommendations of the Report of the Commission of the PAHO on Equity and Health Inequalities in the Americas (7) and the Universal Health in the 21st Century: 40 Years of Alma-Ata, Report of the High-Level Commission (8).

6. The Strategy is also aligned with resolutions adopted by the PAHO Governing Bodies, mainly with respect to health and human rights (9), universal access to health and universal health coverage (10), resilient health systems (11), health in all policies (HiAP) (12), health promotion (13), and human security (14).

7. In addition, the Strategy is aligned with multilateral environmental, health and development agreements that cite health as a major concern such as the United Nations Framework Convention on Climate Change (15) and the Paris Agreement (16), the Convention on Biological Diversity (17), the Minamata Convention on Mercury (18), the Strategic Approach of International Chemicals Management (SAICM) under the International Conference on Chemicals Management (ICCM) (19), Resolution on the Human Right to Water and Sanitation (20), Resolution on Sanitation for All (21), and the road map for an enhanced global response to the adverse health

effects of air pollution (22) . However, except for the latter, health expertise and concerns need to be better represented in their implementation mechanisms. Stronger engagement of the health sector would promote synergies, minimize unintended negative health consequences and optimize any necessary trade-offs between health, environmental, and economic objectives. Similarly, ensuring that environmental risks to health are fully covered and supported in international health instruments, such as the International Health Regulations (2005) (23), would particularly enhance capacities to address environmental public health emergencies. Such cross-integration would advance the holistic approach articulated in the 2030 Agenda for Sustainable Development.

8. Strengthening the response to EDHs is essential for enabling Member States to meet global targets in reducing the number of deaths and illnesses attributed to hazardous chemicals and air, water and soil pollution, and to respond to climate change and its adverse impacts on health.

Situation Analysis

9. About 13% of all premature deaths in the Region are attributed to known avoidable environmental risks, amounting to about 847 thousand deaths each year (1). There are significant differences among countries; ranging from 8% to 23% of premature deaths. Air pollution – one of the largest environmental risks to health – alone is linked with almost 320 thousand preventable deaths per year, with more than nine out of 10 people breathing polluted air, and more than 80 million people still depending on polluting fuels such as solid fuels or kerosene for lighting, cooking, and heating (24 & 25). Approximately 106 million people still do not have adequate sanitation systems of which 19 million people still practice open defecation and 34 million do not have access to improve sources of safe drinking water, resulting in about 30 thousand preventable deaths each year (26). Hazardous chemical risks, such as exposure to toxic pesticides, lead, and mercury tend to disproportionately impact children, and contribute to non-communicable diseases throughout the life course and to chronic and often irreversible health conditions such as neurodevelopment and congenital defects and diseases associated with endocrine disruption (27).

10. Climate change increasingly has an impact on people's health and well-being in the Americas by disrupting physical, biological, and ecological systems globally. The health effects of these disruptions may include increased respiratory and cardiovascular diseases, injuries, and

premature deaths related to extreme weather events, food insecurity, and air pollution, threats to mental health, and modifying transmission patterns of infectious diseases. Populations in vulnerable situations, such as those living on small islands, are disproportionately at risk (28).

11. Important advances have been made to protect people's health from known environmental risks. Nonetheless, uneven development has left behind large parts of the population between and within countries in the Region, who still have limited access to basic services, such as safe drinking water, sanitation and clean household energy. The effects of human actions on the environment are also an ethical and human rights issue.

12. Stagnation in the trend of poverty reduction, the emerging dynamics associated with technology revolution, demographic changes, and the increase number of extreme weather events raise levels of uncertainty and threaten sustainable development processes in the region (29).

13. Health is rarely central to decisions affecting major development trends, resulting in missed opportunities for health protection and promotion. For example, poorly planned and managed urban settings with unsustainable transport systems and limited access to public and green areas increase air pollution and "heat islands" and are associated with adverse impacts on health.

14. Approaches that focus on control and management of individual diseases do not usually include the environmental dimension of the disease. Failing to address the root causes of a disease and over-reliance on medicines and insecticides may lead to increasing problems such as antimicrobial and insecticide resistance (30, 31), which have profound implications for public health.

15. Knowledge gaps and limited communication continue to prevent efficient implementation of health protective and promotion strategies. Evidence on certain environmental risks to health and on the impact of global environmental processes on health is still incomplete or limited, and in some cases not explicit due to long term onset of subclinical yet irreversible health outcomes, such as on numerous chemicals or their mixtures.

16. Current systems of governance² are failing to address environmental public health issues effectively. National governments have failed to implement the many international agreements on health and environment as broadly or as quickly as required. Often, environmental protection laws have been poorly implemented and enforced. Environmental public health programs have been more reactive than proactive, and more remedial than preventive. There has also been a chronic shortage of human, technological, and financial resources. Moreover, at national and international levels, the influence of actors involved in the complex web of environmental public health agendas has been highly uneven. As a result, the public, enraged by deteriorating environmental conditions, have started to file lawsuits to enforce environmental laws.

17. The current situation and challenges ahead are calling for significant investments of resources in building more effective and cohesive governmental environmental public health systems in the Region.

Proposal: Strategy to Strengthen the Response on Environmental Determinants of Health in the Region of the Americas 2020-2030

Guiding principles

18. The 2030 Agenda for Sustainable Development, the SHAA2030, the Report of the Commission of the PAHO on Equity and Health Inequalities in the Americas; “Universal Health in the 21st Century: 40 Years of Alma-Ata”. Report of the High-Level Commission; the PAHO Strategic Plan 2020-2025; the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development; and the WHO Comprehensive Strategy on Health, Environment, and Climate Change are the basis for the development and implementation of this Strategy.

19. The strategic line of action proposed in this document will be implemented at the country level, as appropriate, in keeping with the context and priorities in each country.

² Governance is the sum of many ways individuals and institutions, public and private, manage their common affairs. It is a continuing process through which conflicting or diverse interests may be accommodated and co-operative action taken. It includes formal institutions and regimes empowered to enforce compliance, as well as informal arrangements that people and institutions either have agreed to or perceive to be in their interests.

Goal and general objective

20. The goal of this Strategy is to reduce the burden of disease and inequalities and inequities in health attributable to EDHs in the Region with emphasis on air pollution, chemical safety, climate change, and water, sanitation, and hygiene (WASH), through primary health care-based models that include inter-programmatic, inter-sectoral³, multi-sectoral⁴, local, national, sub-regional, and regional approaches. The Strategy will contribute to achieve Goal 11 of SHAA2030 directly and several other goals of the Agenda indirectly.

21. The general objective of this Strategy is to increase the capacity of health actors to address EDHs, prioritizing populations and communities living in situations of vulnerability, in order to meet Outcome 18 of the PAHO Strategic Plan 2020-2025 directly and several other outcomes of the Plan indirectly.

22. To address the challenges of EDHs in the Region, an integrated and mainstreamed approach within the health sector and across sectors will be needed, enabled, and supported by adequate governance and management mechanisms, and high-level political will. The health sector needs to play a leadership role in this process, using a sustainable and equitable approach.

Strategic line of action

23. In order to achieve its goal and general objective, considering national contexts and priorities, the Strategy focuses on strengthening the stewardship capacity of appropriate national and sub-national authorities to perform essential environmental public health functions grouped in three stages: assessment, policy development, and assurance. (32 & 33)

Assessment

- **Monitoring** environmental and health status and disparities to identify public health problems including inequities, guide actions to solve these problems, and realign priorities and implementation strategies to advance the 2030 Agenda for Sustainable Development. It is

³ Intersectoral refers to affecting health outcomes undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector.

⁴ According to Salunke (2017) "multisectoral refers to deliberate collaboration among various stakeholder groups and sectors to jointly achieve a policy outcome."

necessary to ensure the quality and reliability, completeness, and timeliness of information and data;

- **Diagnosing and investigating** environmental public health problems and health hazards in communities in high conditions of vulnerability to provide solutions, and convincing arguments for seeking out health co-benefits of environmental protection;

Policy development

- **Leading and mobilizing** partnerships and actions to reduce human exposure to environmental hazards. To promote equity and build political and social support, the policy-making process and diplomacy efforts should build mechanisms for governance that facilitate a whole-of-society-approach⁵ and ensure accountability;
- **Developing policies and plans** to mainstream EDHs in policies, integrated strategic plans, and programs to reduce the morbidity, disability, and mortality of communicable and non-communicable diseases; and to ensure that the EDH perspective and evidence is considered across sectors and across levels of government;
- **Informing, consulting, involving, collaborating, and/or empowering** the public to influence decisions that affect their lives. It should gather input from a wide spectrum of stakeholder interests, resulting in a wide range of views and concerns and providing fair treatment, meaningful involvement and social inclusion for all people, with respect to the development, implementation, and decisions made through the public engagement process;

Assurance

- **Regulating and enforcing** laws and regulations to protect environmental public health and ensure safety. It should establish limits, measures, resources, accountability, and responsibilities of States and other stakeholders. It should also include mechanisms to assure compliance with States' laws to help protect the environmental public health. This requires

⁵ A whole-of-society approach acknowledges the contribution of and important role played by all relevant stakeholders, including individuals, families and communities, intergovernmental organizations and religious institutions, civil society, academia, the media, voluntary associations and, where and as appropriate, the private sector and industry, in support of national efforts for non-communicable disease prevention and control, and recognize the need to further support the strengthening of coordination among these stakeholders in order to improve the effectiveness of these efforts

adapting the regulatory and legal framework in accordance with international instruments that deal with human rights and other applicable health-and environment-related instruments;

- **Assuring** a competent environmental public health workforce with appropriate training, and skills in order to advance policies and programs to address EDHs;
- **Assessing** the effectiveness, accessibility, and quality of actions to protect populations from environmental hazards and provide communities with healthier environments to help reduce the burden of disease and inequities in health attributable to environmental risks, in accordance with needs and priorities of people and communities;
- **Researching** for new insights and innovative solutions to environmental public health problems.

These essential environmental public health functions can only be performed well if critical human, technological, and financial resources are allocated, and systems of governance in environmental public health are adequate.



23. This strategic line of action will be implemented through four overarching initiatives that reflect equity in health for each area of EDHs emphasized in the agenda (i.e., air pollution, chemical safety, climate change, and WASH):

- *Improving environmental public health programs:* assess current allocation of human, technological, and financial resources and systems of governance in environmental public

health at national and sub-national levels to perform the essential environmental public health functions defined in the strategic line of action; identify critical gaps in performance and barriers; and develop, implement, monitor, and assess an action plan to address them.

- *Measuring progress on environmental public health in the Americas through the Sustainable Development Goals*: conduct a situational analysis on the surveillance of the EDH-related SDG indicators by Member States; identify areas for improvement; utilize appropriate methods and technology to collect, store, manage, and interpret data; communicate data to diverse audiences; and share data to improve collaboration among partners.
- *Building environmentally sustainable and resilient health care services*: ensure that health care services are environmentally sustainable and resilient; that they use safely managed water and sanitation services and clean energy; manage their waste and procure goods in a sustainable manner; and are resilient to extreme weather events and natural environmental sudden onset events.
- *Enhancing community resilience to EDHs with negative public health implications*: develop a framework for community resilience to EDHs with negative public health implications (e.g., air, water, and soil contamination and extreme weather variability) using an environmental risk management⁶ process and the human security⁷ approach; and utilize the framework to select appropriate indicators that will measure changes in community resilience before, during, and after the implementation of the aforementioned initiatives.

PAHO's role

24. The goal, objective, strategic line of action, and overarching initiatives described above will drive the PAHO's Unit of Climate Change and Environmental Determinants of Health (CDE/CE) contribution to *ensure healthy lives and promote well-being for all at all ages*.

⁶ Environmental risk management is the process of weighing policy alternatives to accept, minimize or reduce assessed environmental risks and to select and implement appropriate options best suited to protect human health.

⁷ The UN General Assembly adopted Resolution 66/290 in 2012 that defines human security: acknowledging that everyone has the right to live free from fear, free from want, and in dignity; encompassing the principles of the centrality of individuals and communities, comprehensive and context-specific analysis of threats and implementation of responses, prevention, and synergy between protection and empowerment; recognizing the intricate ways in which peace, development and human rights are interrelated; and respecting national ownership and the responsibility of the domestic governments concerned.

25. While PAHO's core functions⁸ continue to provide the foundations of its work, the main foci of CDE/CE will be to use the power of partnerships and knowledge through convening, coordinating, and guiding processes that have direct impact in the countries of the Region. WHO Collaborating Centers and other PAHO national reference institutions will become the technical backbone of the Strategy and will carry out activities in support of its implementation. CDE/CE will engage not only the health sector but also other players working to improve environmental public health across all sectors, branches, and levels of government, private sector, civil society, and academia. Indicators of the PAHO Strategic Plan 2020-2025 will help monitor and assess the achievement of the proposed goal. Metrics will be developed to help monitor and assess the achievement and integration of the proposed objective, strategic line of action, and overarching initiatives.

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⁸ PAHO's core functions include providing leadership on matters critical to health and engaging in partnerships where joint action is needed; shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge; setting norms and standards and promoting and monitoring their implementation; articulating ethical and evidence-based policy options; providing technical support, catalyzing change, and building sustainable institutional capacity; and monitoring the health situation and assessing health trends.

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Appendix A

International Conferences on Health, the Environment, and Sustainable Development

- 1972 **Conference on Human Environment**
Stockholm, Sweden
- 1978 **International Conference on Primary Health Care**
Alma-Ata, USSR
The Declaration of Alma-Ata of 1978
- 1983 **Conference on Health Promotion**
Ottawa, Canada
The Ottawa Charter for Health Promotion
- 1992 **United Nations Conference on Environment and Development**
Rio de Janeiro, Brazil
Agenda 21
- 1993 **World Conference on Human Rights**
Vienna, Austria
- 1994 **International Conference on Population and Development**
Cairo, Egypt
- 1995 **World Summit for Social Development**
Copenhagen, Denmark
- 1995 **First Conference of the Parties to the UN Framework Convention on Climate Change**
Berlin, Germany
- 1995 **Fourth World Conference on Women**
Beijing, China
- 1996 **Second United Nations Conference on Human Settlements**
Istanbul, Turkey
- 1996 **World Food Summit**
Rome, Italy
- 2000 **The Millennium Summit**
New York City, United States
The Millennium Declaration, The Millennium Development Goals
- 2004 **57th World Health Assembly**
Geneva, Switzerland
- 2006 **First Session of the International Conference on Chemicals Management**
Dubai, United Arab Emirates
- 2009 **Second Session of the International Conference on Chemicals Management**

Geneva, Switzerland

2011 World Conference on the Social Determinants of Health

Rio de Janeiro, Brazil

The Commission on the Social Determinants of Health

2012 United Nations Conference on Sustainable Development

Rio de Janeiro, Brazil

The Future We Want for All

Third Session of the International Conference on Chemicals Management

Nairobi, Kenya

2015 Conference of Parties of the UNFCCC known as the Paris Agreement

Paris, France

Fourth Session of the International Conference on Chemicals Management

Geneva, Switzerland

2018 Global Conference on Primary Health Care

Astana, Kazakhstan

The Declaration of Astana

Appendix B
Matrix of Areas of EDHs and Overarching Initiatives (To Be Filled Out by Each Member State)

<p>Goal: To reduce the burden of disease and inequalities and inequities in health attributable to EDHs in the Region with emphasis on air pollution, chemical safety, climate change, and water, sanitation, and hygiene (WASH), through primary health care-based models that include inter-programmatic, inter-sectoral, multi-sectoral, local, national, sub-regional, and regional approaches. The Strategy will contribute to achieve Goal 11 of SHA2030 directly and several other goals of the Agenda indirectly.</p> <p>Objective: To increase the capacity of health actors to address EDHs, prioritizing populations and communities living in situations of vulnerability, in order to meet directly Outcome 18 of the PAHO Strategic Plan 2020-2025 and several other outcomes of the Plan indirectly.</p> <p>Strategic Line of Action: To strengthen the stewardship capacity of appropriate national and sub-national authorities to address EDHs to perform essential environmental public health functions.</p>				
	Air Pollution	Chemical Safety	Climate Change	Water, Sanitation, & Hygiene
<i>Improving the Performance of Environmental Public Health Programs</i>				
<i>Measuring Progress on Environmental Public Health in the Americas through the Sustainable Development Goals</i>				
<i>Building Environmentally Sustainable and Resilient Health Care Services</i>				
<i>Enhancing Community Resilience to EDHs with Negative Public Health Implications</i>				