

**1<sup>st</sup> HEMA Working Group Meeting**  
Kingston, Jamaica, March 17-19, 2004  
*Summary Record*

**DAY 1: March 17**

***Opening Remarks***

The meeting began with opening remarks by Andrea Brusco, the Argentine co-chair of the HEMA Task Force, followed by Mr. John A. Junor Honorable Minister of Health, Jamaica, who expressed satisfaction with the HEMA Task Force's work, highlighted the Jamaican government's efforts on health and the environment, established the linkages between global and country-specific issues, and underscored support to international water and sanitation obligations, and to the HEMA initiative. This was followed by remarks from Leonie Baramby, a senior official of the Ministry of Environment who felt that there is still a lot to do to strengthen policy and political commitment to health and environment issues.

This was followed by remarks from the Canadian co-chair (environment), as well as from the UNEP, PAHO and OAS representatives who all stressed the importance of keeping the HEMA initiative alive. Ricardo Sanchez (UNEP-ROLAC) while offering to submit the "integrated health and environment assessment methodology" as a HEMA product at the HEMA II meeting, maintained the view that the methodology needs to be evaluated at the country level. Ana Treasure (PAHO) suggested making the health agenda strong within the environmental agenda. Bernhard Griesinger (OAS) remarked that the institutional set up is key to execute action on the selected activities projects at the country level.

***Discussion on Working Group Operational Issues/Terms of Reference***

A draft Terms of Reference (TOR) were presented to the Working Group, and were generally agreed to. A number of specific comments were made during the discussion, with suggestions to reflect these in a revised TOR, as appropriate.

Some of the following issues were raised:

Membership and Structure:

- Should Chile belong to the Andean or the Southern Cone region?
- One additional representative from the environment side in the Caribbean may be necessary since the current two Caribbean representatives report to the health sector, not the environment sector.
- A selection process needs to be in place in order to deal with requests from countries to participate in the HEMA process.
- Clause 6 of the section on "Membership and Structure" will help foster stakeholder participation in the HEMA process.

- Working Group members should also play an advocacy role.
- The words “Working Committee” should be replaced with “Support Committee”.
- A strong Secretariat to support the Working Group is needed. It was suggested by some Working Group members that the OAS would be able to execute the Secretariat function provided that countries send specific mandate and resources to OAS to fulfill the Secretariat function, since OAS is driven by country mandates.
- UNEP has a strong goodwill towards the HEMA process, but it does not have financial resources to provide a similar Secretariat function to that provided by Canada.
- While Argentina should be the one coordinating the Working Group activities, it was acknowledged that Argentina does not, at this point, have the same capacity as Canada. Mobilizing funding for the Working Group function was therefore considered necessary.
- Resources need to be mobilized to achieve concrete HEMA deliverables.
- Both “process” and “projects” are important. United States noted its interested in supporting projects rather than the process.

The PAHO representative supported the proposal of increasing one additional member from Caribbean. Reminding the Working Group members about the rotational system of representation of health in Central America and that her term is coming to an end, the Working Group member from Central America (health), noted that she would be unable to take any responsibility assigned under the Working group TOR unless her status is confirmed. She will raise this issue at the upcoming Council of Ministers meeting. The co-chair (environment) from Canada informed the Group that clause 5 of the section on “Membership and Structure” is included as a response to the request from the Minister of Ecuador expressing interest in participating in the HEMA process.

### *Adoption of Meeting Agenda*

Members adopted the agenda without any changes

### *Review of Progress to Date and Upcoming Meetings*

The Working Group members and regional organizations discussed opportunities where HEMA is being, or could be, addressed at various regional meetings.

- The **Andean** Health Representative reported on the Andean Ministers of Health Meeting in Venezuela on March 15-16, 2004 where Canadian co-chair (Health sector) presented the HEMA initiative. Andean social development plans are developed taking into account the HEMA communiqué. The Minister of Environment for Venezuela made a passionate plea for health and environment integration. The Website of the Organismo Andino de Salud incorporates HEMA information and events. The upcoming Ministers of Environment Forum in the Andean region will also address HEMA.
- The **North American** Environment Representative informed the members about recent and upcoming events that are not specific to HEMA but which contribute to HEMA initiatives,

for example, the "White Water to Blue Water Partnership Conference" in Miami on March 22-26. The conference is intended both to offer a detailed look at watershed management issues affecting the wider Caribbean and also to stimulate opportunities for organizations to join forces to ensure the economic and environmental vibrancy of the region. The discussion on clean fuel in Guatemala will include a health dimension. The North American Health Representative reported that Canada, US, Mexico trilateral work on child and infant health and environment is ongoing. Both the health and environment representatives (Mexico and US) made references to border air quality and water quality. The trilateral working group on the sound management of chemicals, within the North American Commission on Environmental Cooperation (CEC) (e.g. DDT group) met in Washington in December 2003. The upcoming US Environmental Health Network meeting in Colorado in September 2004 will discuss social indicators including health.

- The **Caribbean** Environment representative reiterated the importance of the "White Water to Blue Water Partnership Conference" in Miami. Vincent Sweeny, as a co-chair of this conference, mentioned that there are opportunities to discuss partnerships on water at this Forum. The CARICOM council meeting of April 28-30, 2004 will focus on health and environment issues and HEMA is a key agenda item. Ministers want to know: 1) progress made on HEMA, 2) relevance to Caribbean, and 3) resources. At the meeting, the Caribbean HEMA representatives will seek not only the clear endorsement of Ministers on selected activities but also their direction to donors to implement specific projects. The Caribbean representatives are also trying to get CIDA and GEF buy-in of the HEMA projects.
- The **Southern Cone** Health representative mentioned that they are attempting to incorporate HEMA with their national agenda.
- The **PAHO** representative said that their work on solid waste evaluation will be presented at the Inter-American Association of Sanitary and Environmental Engineers (AIDIS) meeting in Puerto Rico, August 2004. Integrated management of water, chemical, air quality, children and environment are becoming priority activities of PAHO but workers' health is a key priority of PAHO. PAHO would be ready to co-finance projects with a focus on workers' health.
- The **UNEP** representative suggested presenting the "integrated environment and health assessment methodology" as a HEMA product at the next HEMA ministerial meeting. He also noted that Working Group members and UNEP and PAHO need to explore opportunities to work with cities on environmental health issues.
- The **OAS** representative informed that a round table discussion on HEMA could take place at the upcoming AIDIS meeting in August 2004. In addition, the 5<sup>th</sup> inter-American dialogue on water management is taking place in Jamaica in August 2005, for which a preparatory meeting will take place in Mexico. The OAS is having a dialogue with AIDIS, GEF and UNEP about the 4<sup>th</sup> World Water Forum and is looking forward to the increased participation of the health sector. If the HEMA agenda is widely accepted by AIDIS, it could then filter down to countries. The involvement of Ministers of Finance and the Ministers of Planning in the HEMA process would "increase the currency" of the HEMA process.
- The **Canadian** co-chair (environment) reported on the LAC Environment Ministers Forum in Panama, November 2003. Support to HEMA was reflected in Decision 9, on Health and

Environment. In addition, she noted that the President of the Intergovernmental Forum on Chemical Safety (IFCS) has sent a letter to the HEMA co-chairs asking that a second HEMA ministerial meeting give consideration to the Forum recommendations on protecting children from harmful chemical exposures. Attached with the letter were the results of the IFCS meeting in Thailand in November 2003.

### ***Debrief on the HEMA Information Session for Donors***

The co-chair from Argentina briefed members on the HEMA Information Session for Donors held in Washington, February 2003. The meeting was attended by various organizations including the OAS, PAHO, UNEP, World Bank, IADB, USAID, CIDA, JICA, OECD, IRDC, and the EU, as well as a number of permanent missions to the OAS. The Session increased understanding of the interests and priorities of various organizations and potential linkages with the HEMA initiative and provided guidance on further prioritization of the 15 HEMA projects. Economic benefits and feasibility of undertaking selected projects were also recommended so that greater cooperation on funding could be considered. The following issues were raised after the co-chair's briefing:

- There is a need to give continuity to this process. It should not be a "one shot" approach. Sub-regional donors meeting could be seen as the next step.
- There is a possibility of convening a sub-regional donor meeting in Trinidad on the sideline of the Caribbean Environmental Forum. The agenda for this meeting is already set and the Caribbean Working Group representatives are looking for guidance on how that meeting could be structured.
- The sub-regional donors meeting should be aimed at supporting countries which do not have access to technical expertise and financial resources. The projects should have a strategic vision of benefiting countries which cannot receive financing and technical capacity.
- Regional priorities are based on a consensus of the 34 countries that attended the first HEMA ministerial meeting. Bilateral meetings with donor organizations are an option to assist countries reflecting regional priorities. The Working Group and / or individual countries need to consult a number of bilateral agencies if we want to assist at the country level, but if we go as a regional type of project, reaching out at country level could be the choice.
- At this moment we are very dependent on who may provide what support to which project. It is possible that we may have interest by funding organizations in all projects, some projects, or no projects. The question is what do we report to Ministers if no donor support exists?
- Each country should be encouraged to present its own project interests to potential donors.
- The HEMA Inventory is a major accomplishment. It was agreed that, as a Working Group, we should focus on conducting an analysis / overview at the hemispheric level while recognizing that the work is done at the country level. A next step could be to come up with a hemispheric scenario on each HEMA goal and showcase to the Ministers the success we achieved so far and recommend that they influence donors in investing on HEMA projects.

### ***Selected Activities to Meet HEMA Goals***

The Canadian co-chair (environment) informed members that the “Selected Activities to Meet HEMA Goals” document was discussed at the HEMA Information Session for Donors in Washington, February 2004 and the response received was positive. Taking advice received from key organizations from this information session, Canada worked with a consultant, to review the document, establish some criteria, and prioritize the project activities. The co-chair briefed members on the findings of the consultant’s report. The Working Group’s discussion of the consultant’s report highlighted the following issues:

- Balancing regional interest with local application should be the main focus.
- There is a need to develop a template reflecting global agenda (e.g. sustainable development and various protocol) with national agenda.
- The representative from the Southern Cone (Brazil-health) noted that Brazil is already working in the area of integrated water management. He further noted that an integrated concept regarding risk of DDT is necessary. International programs on chemical risks (pesticide, lead, mercury and benzene) to health are also important. Chemicals can be a regional priority issue, but projects should be able to reflect health concerns adequately. He further noted that disaster management is a key priority for Brazil. Assessment of environmental health indicators need not be focused exclusively on children. The focus should be on all vulnerable populations.
- We need to have a strategic work plan. The decisions on project selection should not be donor-driven. Projects should reflect country priorities, so the effort in project selection should be to first meet national needs, then subregional needs, and finally regional priorities. Flexibility in project selection is needed and we may even need to go beyond the 15 projects. Countries and/or sub-regions championing projects at country and/or sub-regional levels should also consider having bilateral meetings with potential donors on project collaboration. In general, the criteria in the consultant’s report seem logical. However key questions remain, such as: “Who decides that these are the priorities? Whose priorities are these? Who selects what projects go to which sub-region? For example, indoor air and DDT are not Caribbean priorities. The Caribbean representative (environment) pointed out that there seems to be very little that will engage the Ministers, at least in the context of the Caribbean region.
- How we get local ownership of projects is critical. We need to make projects fit the national need when approaching possible donors (for example, waste management is a key priority for Caribbean). The nature of the problems across countries, or even within sub-regions, are different. The decisions on project selection should not be donor-driven. Priority list should be established at the country level because organizations work at the country level. Ministers set the goals and it is not up to us to strike them off the list because there is no possible funding from the donors.

As a response to the above concerns raised by the members, the Canadian co-chairs suggested that prioritization is necessary to provide concrete deliverables to Ministers and that, while we report on all goals, we can recommend to Ministers which areas need more work. The co-chairs

asked members to participate in a prioritization exercise. The result of this exercise was as follows:

- The Working Group members outlined the priority projects for their respective sub-regions. UNEP, PAHO and OAS did the same. These projects are outlined below in Boxes 1 and 2.
- While the regions emphasized the need to customize projects and activities based on the needs of their region and countries, there appeared to be a consensus on the importance of pursuing two projects from the list of selected activities
  - 1) Integrated Water Resource management Practices to Ensure Protection of Human Health in the Americas
  - 2) Sound Management of Chemicals in the Americas
- In addition, Working Group members, to a lesser extent, expressed the need to pursue the following project, on the basis that it has the potential to enhance accountability on health and environment issues in the hemisphere:
  - 3) *Undertaking an Integrated Assessment of Environment and Health in Latin America, including the development of health and environment indicators*
- The HEMA Working Group discussed championing these projects with potential donors or funding organizations. It was also noted that the sub-regions may also want to exploit opportunities related to these projects, as well as other projects that are relevant to their regions and countries.

## **Box 1: Priorities Across Sub-regions as Identified by HEMA Working Group Members**

### **Central American Region:**

1. Integrated Water Resource management Practices to Ensure Protection of Human Health in the Americas
2. Sound Management of Chemicals in the Americas
3. Undertaking an Integrated Assessment of Environment and Health in Latin America and Developing Indicators with a reference to workers health
4. Adapting to Climate Variability and Change - Incorporating Health impacts.
5. Reduction in Indoor Air Pollution (Much less important)

### **Southern Cone Region:**

1. Water (water, sanitation and waste management is a priority)
2. Capacity Building Activities for the Development and implementation of National policies on POPs (including DDT)
3. Outdoor Air Pollution
4. Adapting to Climate Variability and Change - Incorporating Health impacts
5. Undertaking an Integrated Assessment of Environment and Health in America and Developing Indicators with reference to Vulnerable Population

### **Andean Region:**

1. Integrated Water Resource Management Practices to Ensure Protection of Human Health in the Americas
2. Solid Waste Management in the Hospital Area
3. Sound Management of Chemicals in the Americas
4. Outdoor Air Pollution (in relation to transport) and Indoor Air Pollution
5. Undertaking an Integrated Assessment of Environment and Health in America and Developing Indicators with reference to Vulnerable Population

### **Caribbean Region:**

1. Waste Management
2. Sharing Information and Capacity to Increase Access to Clean water and Adequate Sanitation in Sensitive Areas/Population Integrated Water Resource management Practices to Ensure Protection of Human Health in the Americas
3. Sound Management of Chemicals in the Americas (integrated management of pesticide-workers health)
4. Outdoor Air Pollution
5. Adapting to Climate Variability and Change - Incorporating Health impacts (with focus on disaster preparedness)
6. Undertaking an Integrated Assessment of Environment and Health in America and Developing Indicators (with focus on Children)

### **North American Region:**

1. Integrated Water Resource management Practices to Ensure Protection of Human Health in the Americas / Sharing Information and Capacity to Increase Access to Clean water and Adequate Sanitation in Sensitive Areas/Population
2. Sound Management of Chemicals in the Americas
3. Air Quality (reduction of Lead and Sulfur in gasoline; indoor air quality)
4. Undertaking an Integrated Assessment of Environment and Health in Latin America and Developing Indicators with a reference to workers health

## **Box 2: Priorities as Identified by the Participating Organizations**

### **PAHO:**

1. Sharing Information and Capacity to Increase Access to Clean Water and Adequate Sanitation in Sensitive Areas/Population Integrated Water Resource management Practices to Ensure Protection of Human Health in the Americas
2. Solid Waste Management
3. Disaster Preparedness / Adapting to Climate Variability and Change - Incorporating Health impacts

### **UNEP:**

1. Sound Management of Chemicals in the Americas (to implement Stockholm convention)
2. Adapting to Climate Variability and Change - Incorporating Health impacts (with focus on disaster preparedness)
3. Indoor Air Pollution / land-based sources of pollution

**OAS:** No priorities identified at the meeting

## **DAY 2: March 18**

The early session of Day 2 discussed ideas regarding HEMA II, which is expected to occur prior to the 4<sup>th</sup> Summit of the Americas in late Fall 2005 in Argentina. Working Group members and regional organizations were divided into three sub-groups for discussion on HEMA II. They were provided with guiding discussion questions and were advised to report back to the plenary.

The small group discussions focussed on:

- a) vision, objectives, and outcomes of HEMA II, and
- b) organization and financing / administration of the HEMA process including HEMA II.

Issues addressed during the discussion included:

**1. What should be the vision of HEMA II and what objectives and desired outcomes should be expected?**

*Vision:* HEMA serves not only as a building bridge between the health and environment sectors but also provides a holistic concept of health. Critical thinking is needed on how to strategize to move the health and environment agenda forward. Some noted that it would be important to engage ministries of finance.

*Objectives and desired outcomes*

- commitment at the national level, including how to effectively engage civil society into the HEMA process is needed
- the idea of drafting a HEMA II Declaration is good
- receive political commitments at the national level (e.g. create formal agreements between two or more ministries and allocate financial and technical resources for HEMA action and engage ministries of finance and foreign affairs)
- advance key priority areas and receive political commitment to enhance capacity to progress on health and environment priorities and goals
- promote sub-regional ownership of the HEMA process by inviting regions to make necessary financial and technical input into priority areas and preparing and implementing national action plans reflecting those priority areas
- strengthen existing networks on health and the environment in the regions

**2. What is the “Value-Addedness” of the HEMA process?**

Members agreed that it is important to demonstrate HEMA value added. They felt that HEMA:

- serves as an important tool to address global sustainable development goals, e.g. Millennium Development Goals, and the Plan of Implementation of the World Summit on Sustainable Development;
- promotes integration of the health and environment sectors and direct access with Ministers across regions

**3. What do we want to report on at HEMA II?**

*Reporting on Progress Achieved*

- progress and achievements including follow-up issues particularly the secretariat, the hemispheric communication to WSSD, the MDG and interagency collaboration and providing success stories / case studies;
- ongoing initiatives which are funded or going to be funded;
- an updated HEMA Inventory to demonstrate status of countries in meeting the 12 specific HEMA goals;

- the compendium of an evaluation of health and environment methodologies, and the publication of an integrated health and environment assessment for Latin America and the Caribbean (LAC);
- a HEMA activity calendar demonstrating how HEMA is being addressed at various meetings and workshops

(Note: Need to update HEMA inventory to include information on financing, hemispheric evaluation, link to MDG and WSSD goals).

#### *Developing a draft Declaration and Background documents*

Recommend a Declaration document supported with background papers.

(Note: OAS has started to prepare a document reflecting health and the environment. We can build on this report in developing HEMA II background papers. The Group supported the idea of developing a Ministerial declaration and recognized the need for preparatory meetings for HEMA II).

#### *Recommending Priority Areas for Action*

- Receive political commitment on two key priority areas for action: 1) water and waste management, and 2) chemicals;
- (Note: The Caribbean and Central America noted management of solid waste as a priority as well. The UNEP representative mentioned that actions on water and chemicals continue to be piecemeal and that HEMA can bring an integrated approach to the international scene - discussion of HEMA at the next IADS meeting in August 2004 in Puerto Rico; revisiting MOUs with various chemical conventions to demonstrate an integrated approach to management of chemicals will be desirable.
- The importance of engaging municipalities and provincial/state governments was emphasized, especially in the context of management of water and waste. Some suggested capitalizing on the Free Trade Area of the Americas (FTAA) discussions, and focusing on workers' health).

#### **4. How do we promote ownership of the sub-regions, countries and stakeholders in the HEMA process?**

- Assessing national health and environment policies and their technical and political integration process;
- Encouraging sub-regional entities to include HEMA in their budgets (e.g. Caribbean CARICOM 2004 budget will reflect international and national obligations including HEMA);
- Using existing mechanisms for civil society participation (e.g. academic institution as medium; PAHO's CEPIS network, other Inter-American networks);
- Advising sub-regions to organize virtual meetings ;

- Taking advantage of existing structures (e.g. OAS) to maintain synergies on regional versus sub-regional priorities.

(Note: With respect to civil society engagement, members felt that the two issues to be dealt with are: 1. involving stakeholders at the HEMA II meeting - OAS experience could be used. Could also draw from the Canadian experience with HEMA I, and 2. involving stakeholders in the HEMA follow up process between ministerial meetings - this could be done at the national level).

## 5. What are the resources required and the funding options for HEMA follow up activities and HEMA II? What is the timing of HEMA II?

### *HEMA II: Time and Location*

- Time is required between HEMA II and the Summit of the Americas so that Ministers can be briefed on what was accomplished at HEMA II;
- HEMA II could be held on the sideline of the PAHO Directing Council Meeting or Forum of Environment Ministers of Latin America and the Caribbean in Venezuela.

### *Financing/Administration*

- A HEMA II budget needs to be prepared and funding mobilized by contacting various agencies and countries;
- Representation occur via sub-regional entities (e.g. in the case of Central America through the respective health and environment arms of SICA); thus their travel, salary, etc. could be financed through existing annual budgets. Members would also be looking to their governments to finance their participation in the Working Group meetings;
- Emphasis should be on financing of projects rather than process. The process cost could be minimized by organizing meetings in office board rooms;
- A permanent HEMA Secretariat is needed. The OAS, as the Summit of the Americas Secretariat, could also function as the HEMA Secretariat. OAS indicated this could be possible, but it would be important to engage diplomatic missions to the OAS. Some suggested that Canada, the U.S. and/or Brazil could finance the salary of one FTE to do Secretariat work
- To move the process forward, a Trust Fund needs to be developed.

(Note: Trust Fund money, if created, should not be channelled through Foreign Affairs. Less meetings and more results are necessary. The example of the North American Commission on Environmental Cooperation (CEC), with an annual budget of \$9 million as a stable source of funding, raised. Recommending to Ministers that stable funding for health and environment work at the HEMA II, be provided was also proposed).

### *Key Projects*

- The co-chairs advised the Group to revisit the discussion that occurred on Day 1 regarding the prioritization of the projects. There was agreement on three projects as

priorities for action : a) Integrated water resources and waste management, b) Sound management of chemicals, and c) Integrated health and environment assessment of the Americas, including the development of children's health and environment indicators with a focus on water (Note: for more information on this issue, please see Day 1 summary record).

### *Summing Up and Next Steps*

- The Group agreed that it would be useful to come up with a template as a guide for further development of project proposals. Bilateral discussions on project funding may be desirable.
- Working Group members agreed to promote HEMA at various health and environment meetings in the region, and to further develop those projects which their country/sub-region have an interest in.
- The 2<sup>nd</sup> HEMA Working Group meeting will likely take place in the Fall of 2004, either in Mexico or on the margins of the PAHO Directing Council meeting. UNEP might be able to pay the travel costs of the environment representatives to the 2<sup>nd</sup> HEMA Working Group meeting.
- Need to respond to the Intergovernmental Forum on Chemical Safety (IFCS), indicating their support to focus on the protection of children from harmful chemical exposures.
- The HEMA II meeting is to be organized in September on the sideline of PAHO Directing Council Meeting since the Summit of the Americas takes place in November 2005. Health Canada to talk to Dr. Mirta Roses about timing.
- Preparatory meeting before HEMA II meeting should also take place: opportunity to organize working group meeting on the sideline of PAHO Directing Council meeting should be explored.
- Canada will explore Trust Fund idea with their finance people.

### **DAY 3: March 19**

#### *Presentation from Jamaican Central Health Committee*

- The Jamaican Central Health Committee, consisting of officials from both the health and environment sectors, gave a presentation to the Working Group on health and environment integration activities in Jamaica.