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HEALTH, DRINKING WATER, AND SANITATION IN SUSTAINABLE HUMAN DEVELOPMENT

Human development is the process of increasing people's options by expanding their essential capacities: health, knowledge, resources, and basic rights. Equitable access to these capacities is a central element of sustainable development. Drinking water and sanitation, in turn, are instruments for achieving health and sustainable human development.

Despite the increase in water and sanitation coverage in the Region of the Americas, 76.6 million people still do not have easy access to adequate water supply options and 103.3 million do not have sanitation options. In Latin America and the Caribbean, only 13.7% of discharges from sewerage systems receive some treatment. Furthermore, 50% of the countries with data on the continuity of the urban water supply report problems with intermittent supply. The percentage of rural population in the Region without adequate access to water and sanitation is five times higher than for the urban population. Furthermore, poor families spend proportionately more on this service than higher income families.

Health protection goes beyond safeguarding the quality of the water consumed by the population. Producing and distributing good quality water requires a well-organized sector and regulated services. Ministries of Health are responsible for safeguarding public health, supporting universal coverage, improving the quality of services, and eliminating inequities. To this end, they must exercise functions in intelligence, regulation, association, negotiation, and direct intervention. To make these functions operational, the management, consensus-building and promotion capacities of the Ministries of Health must be strengthened.

The objective of this document is to present conceptual considerations on sustainable human development and the role of health, drinking water, and sanitation services in this development, and to describe the current situation of the Region's drinking water and sanitation sector in order to further discussion and the identification of actions that will help to strengthen the role of the Ministries of Health in this context and in terms of the Pan American Charter on Health and Environment in Sustainable Human Development.

CONTENTS

	<i>Page</i>
1. Introduction.....	3
2. Elements of Sustainable Human Development.....	3
2.1 Poverty, Health, and Sustainable Human Development.....	4
2.2 Water and Sanitation in Sustainable Human Development	5
3. Current Drinking Water Supply and Sanitation Situation	7
3.1 Current Trends in Drinking Water and Sanitation Services.....	7
3.2 Progress, Gaps, and Inequities	7
3.3 Challenges and Prospects in the Current Drinking Water and Sanitation Situation	
10	
4. Functions of Institutions Involved in Water and Sanitation.....	11
4.1 Role of the Ministries of Health.....	12
5. PAHO Technical Cooperation.....	13
6. Areas for Deliberation by the Executive Committee	14

1. Introduction

Despite the increased coverage of drinking water supply and sanitation services in the Region, important limitations persist in the coverage, quality, and equity of service delivery. These limitations primarily affect the inhabitants of rural areas, small urban centers, or poorer urban families and reduce their capacity and chances for a long and healthy life.

With support from PAHO and within the framework of the global WHO/UNICEF initiative, the countries periodically evaluate the drinking water and sanitation situation in the Region. *Evaluation 2000*, based on 1998 data, made it possible to analyze the situation in the sector, indicating limitations and inequities in the delivery of these services. The search for sustainable human development and for healthy environments within the countries involves intersectoral challenges and opportunities for the participation of society to overcome this situation. National health authorities are key actors in this process and, to obtain strategies suitable for managing health actions compatible with environmental and economic development policies, most countries require measures aimed at strengthening their managerial capacity in this field at both the national and local levels.

The purpose of this document is to present conceptual considerations on: 1) sustainable human development and the role of health, drinking water, and sanitation services in this development, and 2) to describe the situation of the sector in the Region, with emphasis on Latin America and the Caribbean, to promote discussion and the identification of actions to strengthen the role of the Ministries of Health in this context and in terms of the Pan American Charter on Health and Environment in Sustainable Human Development.

2. Elements of Sustainable Human Development

Human development is the process whereby people are given greater options. This is achieved by expanding essential capacities and operations. At all levels of development, the three essential capacities for human development are that people have a long and healthy life, the knowledge they need, and access to the resources required for an acceptable standard of living.

The achievement of human development is consistent with the achievement of human rights. The 1948 Universal Declaration of Human Rights states that “Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing, medical care and necessary social services...” Subsequent international documents on human rights reaffirm people-centered development as a universal

right and add the dimensions of the right to security, participation, and freedom of association, as well as protection against discrimination and against being excluded from development.

Concerns about equity are primary from a human development perspective, particularly equity in capacities and basic opportunities for all, i.e., equity in access to education, health, and political rights. The essence and the test of strategies for sustainable human development should be attaining a sustainable way of life for all. These strategies are necessary for people-centered development, with concerns for human empowerment, participation, gender equality, equitable growth, poverty reduction and long-term sustainability.

Sustainability is an important dimension of human development. However, it must apply to both present and future generations, without sacrificing one to the other. This means both intragenerational and intergenerational equity. When we speak about “sustainable human development,” we should avoid the erroneous idea that this includes only environmental aspects. There is no conflict between sustainable human development and sustainable development. Development models that perpetuate current inequities are not sustainable nor do they deserve to be.

Sustainable development means a new concept of economic growth that offers justice and opportunities for all the world’s peoples, not just to a privileged few, without continuing to destroy the world’s finite natural resources and without endangering the planet’s capacity to support life. Sustainable development is a process in which economic, fiscal, commercial, energy, agricultural, and industrial policies are conceived so as to achieve development that is economically, socially, and environmentally sustainable.

Sustainable human development requires a new world ethic. The universal recognition of appeals to support life and concerns over our common survival should lead to the formulation of policies for a more equitable world order. The concept of sustainability is at great peril when the income disparity between the richest 20% and the poorest 20% of the world’s population has doubled over the past three decades, and when one-quarter of humanity cannot meet its basic human needs.

2.1 *Poverty, Health, and Sustainable Human Development*

Poverty is basically deprivation or reduced capacity. There are forms of deprivation that are intrinsically important, such as poor health, malnutrition, or illiteracy, while others, such as low income, play a decisive role. The health status of a person or a population is both a component of and a decisive factor in human development. Poor health is itself a cause of poverty, in the sense that the least fortunate members of society are systematically deprived of

an intrinsically necessary component of optimal capacity when they suffer higher levels of mortality and morbidity. Developing countries that have made investments to provide their citizens with universal access to basic health services, food security, and nutrition as well as drinking water and sanitation services and adequate educational opportunities may have populations with relatively a low income but a higher level of capacity and health status in comparison with wealthier countries that have a much more uneven distribution of opportunities and capacities.

Among the essential public health functions in management that the health sector must exercise are monitoring, measuring, and championing the safety of the physical and social environment and ensuring that all development activity is properly evaluated in terms of its environmental and social impact on the health of the population, particularly that of its most vulnerable and unprotected members.

Although at slower rate, total population and the urban segment of total population continue to grow in Latin America and the Caribbean. During the second half of the 20th century, the population of the Americas doubled from 400 to 800 million inhabitants, with a predominance of urban (73%) versus rural (27%) population. Forty-five percent of the urban population is concentrated in metropolitan areas. Rural and urban populations include inhabitants with different degrees of marginality who do not benefit equitably from economic growth in the Region.

The effort to achieve better health in sustainable human development must include policies leading to sustained economic growth with a more equitable distribution of income, linked with interventions that improve the essential capacities of the poor (health services, healthy environments, particularly access to adequate water and sanitation services, nutrition, and educational opportunities).

2.2 *Water and Sanitation in Sustainable Human Development*

The importance of ensuring environmental health has been emphasized repeatedly in initiatives on sustainable human development. This is true of the 1990 World Summit for Children; the United Nations Conference on Environment and Development and Agenda 21 in 1992; the Pan American Conference on Health and Environment in Sustainable Human Development; the Pan American Charter, and the Plan of Action in 1995; the Summits of Presidents, especially the one in Santa Cruz de la Sierra; and the Montreal Meeting of Environment Ministers in March 2001. In this context, the instrumental role of drinking water and sanitation is emphasized as part of the search for sustainable human development and its essential capacities: health, knowledge, resources, and basic rights.

2.2.1 *Water, Sanitation, and Health.* Drinking water and sanitation are instruments for health and hence, for sustainable human development. Application of the concept of multiple barriers is important in reducing health risks associated with a water supply contaminated by microbiological or chemical agents. These barriers include proper management of watersheds and land to protect surface water and groundwater sources; selection and protection of the best water sources; wastewater treatment, use, or disposal adhering to sanitary and environmental criteria; adequate water treatment and distribution systems; and rational and hygienic practices in the consumption of water.

Constraints to applying the concept of multiple barriers or in the administration, operation, or maintenance of the water and sanitation infrastructure expose the population to risks, disease, and death, with considerable socioeconomic and political losses. This is dramatically illustrated by the cholera epidemic, with more than 1.2 million cases and 12,535 deaths to date, and by the prevalence of gastrointestinal diseases in the Region. It is also reflected in North America by the outbreaks of *Cryptosporidium* in 1993 in Milwaukee in the United States (370,000 cases, with 47 deaths). and *E. coli* in 2000 in Walkertown, Canada (more than 1,000 cases, with 6 deaths). In addition to these microbiological cases, we could cite chemical cases associated with organic compounds, fluorides, arsenic, lead, nitrates, etc.

2.2.2 *Water, Sanitation, and Knowledge.* Knowledge that becomes healthy behavior (e.g., hygiene and the protection and rational use of water) is essential to the management of drinking water and sanitation. Adequate access to water and sanitation services, in turn, helps to improve the quality of life and the availability of time for schooling in the community.

2.2.3 *Water, Sanitation, and Economic Activities.* The management of water resources and drinking water supply and sanitation are key factors for the development of industry, trade, and tourism. The discharge of household wastewater is one of the most significant threats to water resources, public health, and sustainable development. This includes the sustainable development of coastal areas, which is particularly important in vulnerable areas, such as the Caribbean, that have significant tourist development.

2.2.4 *Water, Sanitation, and Basic Rights.* The right to live in a decent, healthy environment requires access to good quality water services and proper management of excreta, wastewater, and solid waste. Limitations and inequities in these services impede the exercise of this right. On the occasion of World Water Day 2001, the Secretary General of the United Nations declared that “Access to safe water is a fundamental human need and, therefore, a basic human right.”

3. Current Drinking Water Supply and Sanitation Situation

Based on the situation and outlook of the drinking water and sanitation sector in each country, PAHO prepared a Regional Report as part of *Evaluation 2000* consolidating the analysis of the sector in the Region.. To supplement *Evaluation 2000*, a study was conducted from a demographic perspective that sought to identify and analyze inequalities in the supply and use of water and spending on water, based on data obtained from multipurpose household surveys conducted between 1995 and 1999. The 11 countries included in the study were Bolivia, Brazil, Chile, Colombia, Ecuador, El Salvador, Jamaica, Nicaragua, Panama, Paraguay, and Peru. The databases and national and regional reports produced within the context of *Evaluation 2000* and the study of inequities are available at www.cepis.ops-oms.org, sectoral information.

3.1 *Current Trends in Drinking Water and Sanitation Services*

One of the trends in the Region is toward the decentralization of drinking water and sanitation services, allowing greater local responsibility for their administration, operation, and maintenance. This trend is part of sectoral reforms to improve the quality of services, cut costs, boost earnings, introduce innovative technologies, increase coverage, and promote well-informed and responsible user participation, consistent with the premises of sustainable human development. These reforms generally differentiate three functions: 1) a steering role, which includes the establishment of sectoral policies; 2) regulation and quality control of services; and 3) delivery of these services. The steering role is the responsibility of the State; regulation and control is the responsibility of an autonomous government agency with participation from society; and service delivery is the responsibility of public, private, or mixed autonomous entities. These reforms involve significant sectoral changes, whose formulation and implementation require training at all levels.

Another important trend is the search for comprehensive water management. This involves managing the different uses of water resources, including water for human consumption, food security, and the protection of ecosystems. Comprehensive management should contribute to better management of municipal and industrial wastewater systems, as well as choices in irrigation and the use of agricultural chemicals and pesticides. This management should help to increase the availability and improve the quality of water, which is becoming critical in areas with scarce resources.

3.2 Progress, Gaps, and Inequities

Evaluation 2000 shows growing drinking water and sanitation coverage. Between 1990 and 2000, water supply (with a household connection or easy access) in Latin America and the Caribbean rose from 80% to 85% and sanitation (sewerage or *in situ* alternatives), from 66% to 79%. Tables 1 and 2 summarize the estimated coverage for water and sanitation in 1998.

Table 1. Water Supply Coverage in the Region of the Americas and Latin America and the Caribbean

Area	Millions of Inhabitants			Percentage (%)		
	Household connection	Easy access	Without service	Household connection	Easy access	Without service
Region of the Americas						
Urban	526.2	22.9	25.6	91.6	4.0	4.5
Rural	128.6	34.9	51.0	60.0	16.3	23.8
Total	654.8	57.8	76.6	83.0	7.3	9.7
Latin America and the Caribbean						
Urban	316.6	22.9	25.6	86.7	6.3	7.0
Rural	49.5	31.0	50.9	37.7	23.6	38.8
Total	366.1	53.9	76.5	73.7	10.9	15.4

Table 2. Sanitation Coverage in the Region of the Americas and Latin America and the Caribbean

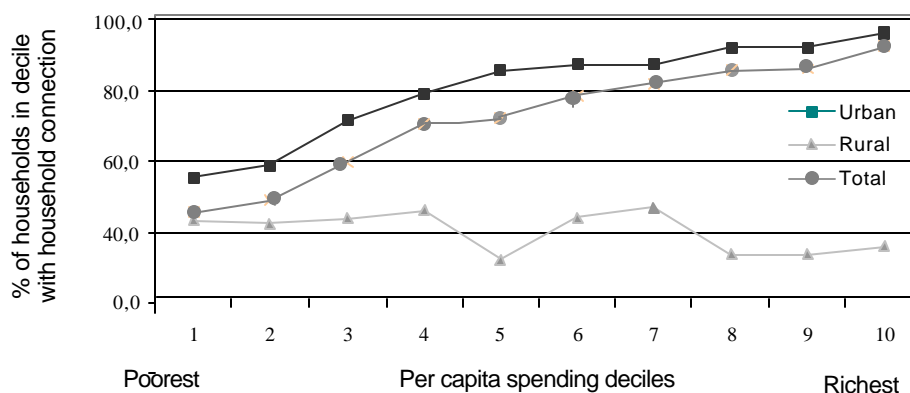
Area	Millions of Inhabitants			Percentage (%)		
	Household connection	<i>In situ</i>	Without service	Household connection	<i>In situ</i>	Without service
Region of the Americas						
Urban	428.6	109.0	37.1	74.6	19.0	6.5
Rural	37.6	110.7	66.2	17.5	51.6	30.9
Total	466.2	219.7	103.3	59.1	27.8	13.1
Latin America and the Caribbean						
Urban	229.6	98.4	37.1	62.9	27.0	10.2
Rural	11.7	53.5	66.2	8.9	40.7	50.4
Total	241.3	151.9	103.3	48.6	30.6	20.8

Despite the progress made in water and sanitation coverage, conditions persist in Latin America and the Caribbean that pose health risks for a significant percentage of the population. Indeed, 76.5 million people (15.4%) do not have water supply services and another 53.9 million (10%) have systems without household connections, which imply the need to collect the water, work that is usually done by women and children, and hazards to public health. Furthermore, 103.2 million inhabitants (20.8%) do not have access to sanitation and only 13.7% of the wastewater collected by sewerage systems covering 48.6% of the population receives treatment before it is discharged into watercourses. In addition, there are major inequities in access. For example, the percentage of the population without water and sanitation services is five times higher in rural areas than in urban areas.

The study on inequities showed that the poorest families spend proportionately more on this service because of the cost of water and low family income. This situation is heightened in urban areas, where the percentage spent on water among the poorest families is 1.5 to 3.8 times higher than among the richest families. Furthermore, the inequity study showed that:

- Water coverage is greater for higher income families than for lower income families. The ratio is equal to or greater than 4 in four countries and is about 16 in one country.
- For similar spending (or income) levels, urban populations have better access to water than rural populations. In the case of Peru (Figure 1), even the poorest urban families have greater levels of household connection than rural families with the highest spending per capita.

Figure 1. Access to Household Connection by Deciles of Per Capita Spending in Peru, 1997



It seems reasonable that families with lower incomes and at a greater disadvantage in terms of the delivery of these services tend to utilize little water, are less able to maintain good hygiene, and suffer from more diseases linked with water and sanitation.

Despite the growth of large cities, a significant segment of the population in the Region lives in small rural or municipal areas, where there is also evidence of inequity. For example, a Colombian Ministry of Health Study indicates that 70% of that country's population has access to good quality water. However, this level of service covers only 17.5% of the population in localities with 2,500 to 10,000 inhabitants and only 9.6% of the population in localities with less than 2,500 inhabitants.

Gaps in drinking water and sanitation coverage are also marked by other indicators of service quality in addition to the coverage indicator. In *Evaluation 2000*, 33 countries reported on the continuity of their urban water supply systems. Sixteen of these countries reported intermittent service, and the countries of Central America, the Spanish-speaking Caribbean, and Haiti were the most affected. The lack of continuity constitutes a public health risk and poor utilization of the available infrastructure, with a negative impact on the image of the service and its economic viability.

Poor management of water resources, including untreated wastewater discharges, and limitations in the infrastructure for the treatment of drinking water contribute significantly to reducing the quality of the water distributed to users. In particular, the evaluation showed that limitations persist in the water disinfection infrastructure in some countries of the Region, where six of the countries with data show coverage ranging from 20% to 60%. There is a long road ahead in this area, both to improve coverage and to ensure its impact. Even developed countries continue to adjust their regulations and practices to improve application of the concept of multiple barriers and the impact of their treatment infrastructures to reduce the risks associated with microorganisms resistant to conventional disinfection processes.

The population covered by adequate systems for surveillance and control of water quality in particular, and drinking water and sanitation services in general, is very limited in urban areas and insignificant in rural areas. Fifty-two percent of the urban population in the Region of the Americas has effective water quality surveillance systems. This percentage falls to 24% in Latin America and the Caribbean, demonstrating the precarious situation of the population in these countries in terms of ensuring the quality of drinking water services.

3.3 *Challenges and Prospects in the Current Drinking Water and Sanitation Situation*

The great challenge in the Region is to achieve and maintain access to drinking water and sanitation services for the entire population. This poses a political, financial, and institutional challenge to the countries.

Increased water and sanitation coverage should be consistent with the uses of water in other sectors and areas of development. In this context, it is a strategic requirement that work be coordinated with environmental and development agencies.

The drinking water and sanitation infrastructure should be conceived, administered, operated, and maintained efficiently and costs should be consistent with service levels and the users' ability to pay. Furthermore, when necessary, subsidy policies should be transparent, direct, and promote efficient use and the search for the economic sustainability of systems.

The adoption of methodologies leading to the development and appropriate use of innovative technologies continues to be a relevant challenge in efforts to secure more efficient and sustainable services.

In the context of reforms in the drinking water and sanitation sector and its decentralization, the State must be strengthened in terms of its steering role, regulatory functions, and the monitoring of service quality.

Timely and relevant information on the institutional and regulatory framework, methodologies and technology options, the quality of services, and costs is important for improving decision-making at all levels and for characterizing demand and securing responsible participation from the community and local institutions.

Human resources education at the management, professional, technical, and operational levels is also a challenge that must be taken up to improve the ability to meet the challenges indicated above.

4. *Functions of Institutions Involved in Water and Sanitation*

Organization and operations in the sector have not achieved adequate access to water and sanitation services for nearly one-quarter of the Region's peoples, placing limitations on

their right to live in a healthy environment, their individual capacities, and their participation in development.

Health protection goes beyond safeguarding the quality of water for human consumption. Distributing good quality water in sufficient quantities, on a continuous basis and at accessible prices, requires services that are well organized, regulated and managed and highly skilled human resources. Water quality standards and surveillance laboratories cannot make a significant contribution to improving service quality if service providers do not ensure good service and if coverage limitations and inequities persist.

To overcome these constraints, actions are needed to strengthen the sector so that it is able to exercise its functions better in the context of current trends in the Region. These functions include its steering role, regulation, and control of services and service delivery, as well as technical cooperation, information systems, and responsible participation on the part of the community and its local organizations.

4.1 Role of the Ministries of Health

Given how important these services are to health, health authorities play an important role in promoting, regulating, and monitoring the quality of services, as was emphasized in the World Health Organization's report to a special session of the United Nations General Assembly in June 1997, which stated that the 21st century requires a new health system designed to foster partnerships, one that is based on the health of the population and that anticipates events rather than reacting to them.

Drinking water and sanitation are central to the management of environmental health. In delimiting the responsibilities of the health authority and the specific roles of regulatory and service provider agencies, Ministries of Health should monitor and champion environmental health. The participation of Ministries of Health in this management includes objectives associated with public health, universal access to quality services, the reduction of inequities, and the search for sustainable human development. For example, the Brazilian Ministry of Health considers water and sanitation among the principal external factors that determine health. In that country, US\$ 1.3 billion will be invested in basic sanitation over the next two years in municipios with fewer than 30,000 inhabitants (urban and rural), which are selected on the basis of health criteria and the Human Development Index.

In this context, Ministries of Health should exercise essential functions that include:

4.1.1 *Surveillance.* Includes activities such as monitoring the quality of drinking water, combined with inspections and health audits of drinking water and sanitation systems. Proper management of this information is essential for influencing decisions aimed at reducing these risk factors, working as a team or influencing other health actors, other sectors, the communications media, and community organizations. These are local and national actions.

4.1.2 *Regulation.* Includes the participation of the governing bodies of regulatory agencies and promoting and ensuring adherence to public health and equity principles in access to and use of drinking water and sanitation services.

4.1.3 *Coordination.* Includes interactive activities in terms of information, mass communication, internal relations, and relations with other sectors, aimed at overcoming limitations on quality or inequity in the provision of drinking water and sanitation services and in the search for healthy environments and sustainable human development.

4.1.4 *Development of Human Resources.* Includes activities aimed at safeguarding the education, quality, and working conditions of human resources and their contribution to the performance of institutional functions, in harmony with sectoral trends.

4.1.5 *Education and Hygiene.* Includes activities to promote and monitor education and hygiene, helping to qualify the demand and increase the impact of drinking water and sanitation services, improving their use and assessment.

4.1.6 *Prevention and Preparation for Emergencies and Disasters.* Includes capacity for analyzing the vulnerability of drinking water and sanitation systems and preparing contingency and emergency response plans.

Strengthening the capacities and competence of the Ministries of Health, particularly in environmental health units, to exercise these functions will facilitate the organization of activities designed to overcome limitations and inequities in drinking water and sanitation, enhance the capacities, and guarantee the rights of the Region's inhabitants in the search for sustainable human development. The foregoing is integral to the management of the Ministries of Health through their involvement in epidemiological surveillance, participation and promotion, and development of public policies.

5. PAHO Technical Cooperation

Current technical cooperation in drinking water and sanitation is guided by the principles of health and environment in sustainable human development. It includes concepts derived from Agenda 21 and embodied in the 1995 Pan American Charter.

PAHO's cooperation activities involve different areas relating to water and sanitation such as advocacy, sectoral planning and evaluation, legislation and regulation, and research and technology development. The scope of these activities varies; it may be regional, subregional, involve groups of countries or a single country and may affect urban and rural areas. Activities include relevant drinking water and sanitation topics such as conservation and protection of water resources, water and sanitation systems, water management and sanitation in housing.

PAHO's technical cooperation in drinking water and sanitation is carried out through different institutions, and there are special relationships with the environmental health offices in the Ministries of Health. Technical cooperation includes collaboration in planning and institutional development (e.g., institutional development programs for Brazilian state sanitation companies and for institutions providing drinking water and sanitation in Central America); standards and regulation (e.g., water quality standards); expert advisory services in environmental risk management (e.g., evaluation of the health impact of exposure to copper in water in Chile); information and intelligence (e.g., 17 analyses of the drinking water and sanitation sector in countries of the Region); forums for information exchange (e.g., annual meetings of environmental health directors). PAHO's technical cooperation is generally designed to strengthen capacities associated with essential functions and with other institutions involved in managing a country's environmental health, as well as Pan American exchange.

In implementing this technical cooperation, PAHO has different resources. Cooperation in health, water, and sanitation in sustainable human development involves many divisions within PAHO. For the sake of simplicity and to show the dimensions of the work carried out, the resources of the Division of Health and Environment provide an example. This division has professional staff and a wealth of technological know-how and information, including environmental health advisors and project consultants for 34 countries and territories, 30 specialized staff members at the Pan American Centre for Sanitary Engineering and Environmental Sciences (CEPIS) in Lima, and 10 staff members at Headquarters who are responsible for managing the Division of Health and Environment.

To meet its objectives, the Division of Health and Environment has a regular operating budget and extrabudgetary resources for projects and programs. Technical cooperation benefits from teamwork with institutions and experts in the various countries. The collaboration based on the Shared Agenda signed by PAHO, the IDB, and the World Bank can be particularly important.

Finally, it is important to recognize that to the extent that the new sectoral trends in the Region take effect, the strategies and products of PAHO technical cooperation may need to be revised in order to better respond to the needs of the countries, even incorporating new institutional, business or community actors, whose responsible participation and decisions will be key in improving the coverage, equity, quality, and sustainability of water and sanitation services.

6. Areas for Deliberation by the Executive Committee

Four areas are proposed for Executive Committee deliberation, plus a final consideration of sustainable human development. The four areas include roles and responsibilities, essential functions, association, and information.

This document suggests that the Ministries of Health have roles and responsibilities linked with public health objectives in the management of water and sanitation. This includes participating in sectoral regulation by advocating universal access, safeguarding the quality of services, and reducing inequities. What does the Executive Committee think of this suggestion?

This document suggests that the Ministries of Health have essential functions that include intelligence (standards, policies, and surveillance), association and negotiation, training and direct interventions. What does the Executive Committee think of this suggestion?

What are the implications of demands to strengthen the capacities of Ministries of Health, specifically environmental health offices?

This document suggests that the Ministries of Health are one of many agents in the management of water and sanitation in sustainable human development. It is suggested that special relationships can be formed with Ministries of the Environment as well as with service providers, education, and productive sectors (agriculture, industry, energy, mining), and civil society. These relationships are expressed at the national and local level. What does the Executive Committee think of this suggestion? What are the implications for PAHO technical cooperation?

At the Montreal meeting of Ministers of the Environment of the Americas in March 2001, emphasis was placed on the importance of the relationship between the health and environment sectors. The meeting's Final Bulletin proposes a meeting of Ministers of Health and Ministers of Environment to take stock of the progress made, identify priority areas that need renewed cooperation efforts and initiatives, and explore ways to move ahead with the environmental health agenda in the Americas and in the world, so as to contribute to the World Summit on Sustainable Human Development in 2002. The Bulletin also requests support from PAHO and the United Nations Environment Program in the official announcement of the summit.

What does the Executive Committee think of this proposal? How does it feel about the goals suggested for this Meeting of Health and Environment Ministers? What changes to these goals does it suggest? What would be the best time to hold this meeting? Should it be before the Rio meeting so it can contribute to the agreements reached there, or afterwards, so it can jointly plan compliance or monitoring of the agreements in this Region? What suggestions would the Executive Committee have for PAHO?

During 1999 and 2000, PAHO collaborated with the countries in evaluating and analyzing the drinking water and sanitation services situation, which has benefited from the ongoing sectoral analyses. Based on this collaboration, there is a regional report that consolidates *Evaluation 2000* and is to be submitted to the 43rd Directing Council. Some of this information has been used in preparing this document.

Within the context of the 128th Session of the Executive Committee, it is suggested that there be a dialogue on the best way to use this information within the countries in terms of maintaining and expanding databases and gathering and managing information to enhance sectoral development and the role of the Ministry of Health.

This document has presented concepts on sustainable human development and associated basic capacities: health, knowledge, resources, and rights. In addition, water and sanitation have been presented as basic actions in sustainable human development. Does the Executive Committee agree with these assumptions?