# Health and environment scorecard: Aims for healthier populations

## Scope

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

## Aim

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

## Reading guide

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

### Extent of the problem  
### Health impact  
### Policies

<table>
<thead>
<tr>
<th>Air pollution</th>
<th>WASH</th>
<th>Financial resources available for implementation of national plans</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extent of the problem</strong></td>
<td><strong>Health impact</strong></td>
<td><strong>Policies</strong></td>
</tr>
<tr>
<td>WHO Guideline: 5 μg/m³</td>
<td>0% of deaths from stroke and ischaemic heart disease caused by air pollution</td>
<td>Existence of legal standards for PM$_{2.5}$</td>
</tr>
<tr>
<td>Country annual mean air quality value: &lt;5 μg/m³</td>
<td>0% of deaths from diarrhea caused by unsafe drinking water, sanitation and inadequate personal hygiene</td>
<td>Compliant with WHO Air Quality Guidelines</td>
</tr>
</tbody>
</table>

#### Air pollution

- **WHO guideline air quality value for PM$_{2.5}$**
  - $<1 \times$ the WHO guideline air quality value for PM$_{2.5}$

#### WASH

- **0% of population without safe drinking water**
- **0% of population without safe sanitation**

#### Financial resources available for implementation of national plans

<table>
<thead>
<tr>
<th>Drinking water</th>
<th>Sanitation</th>
<th>Health care facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urban</td>
<td>Rural</td>
<td></td>
</tr>
<tr>
<td>95-100% of what is needed</td>
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</tbody>
</table>

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### Notes

- **Clean fuels and technologies**: Those that attain the fine particulate matter (PM$_{2.5}$) and carbon monoxide (CO) levels recommended in the WHO Air Quality Guidelines (2021). Clean fuels include solar, electric, biogas, natural gas, liquefied petroleum gas (LPG), and alcohol fuels including ethanol.

- **WHO Guideline**: 5 μg/m³

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

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

**Climate Change**

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

- **Health National Adaptation Plan**
  - A Health National Adaptation Plan (HNAP) is a plan led by the Ministry of Health, as part of the National Adaptation Plan (NAP) process. “HNAP” refers to the plan/document itself.
  - [More info here](#)

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

- **Inclusion of health co-benefits in Nationally Determined Contribution (NDC)**
  - [More info here](#)

**Chemicals**

- **International Health Regulations (IHR) capacity score for chemical events**
  - IHR capacity score
    - **100%** for chemical events
  - 0% not attained

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

#### Health Impact

- **0X more heat deaths in 2050 compared to 1961-1990 period under a high emissions scenario**

#### Policies

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<th>Health Impact</th>
<th>Policies</th>
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<tr>
<td>Existence of recent national assessment and plan</td>
<td>Vulnerability and adaptation assessment</td>
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<tr>
<td>Commitment to COP26 Health Programme</td>
<td>Climate resilient health systems</td>
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<tr>
<td>Inclusion of health co-benefits in Nationally Determined Contribution (NDC)</td>
<td></td>
</tr>
</tbody>
</table>

**Chemicals**

- **Existence of legal limit on lead paint**
  - [More info here](#)

- **Existence of a poison centre**
  - [More info here](#)

- **Party to the Minamata Convention on Mercury**
  - [More info here](#)
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## Extent of the problem

### Radiation
- International Health Regulations (IHR) capacity score for radiation emergencies: 100%
- IHR capacity score for radiation emergencies: not attained

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

### Occupational health
- 0% of informal employment in total employment
- 0% of the working age population exposed to long working hours (>=55 hours/week)

### Health care facilities
- Percentage of health care facilities without basic services:
  - Water: 0%
  - Sanitation: 0%
  - Hygiene: 0%
  - Waste management: 0%
- Percentage of health care facilities without reliable electricity supply: 0%

## Health impact

### Less than 1 out of 100,000 people die from melanoma and other skin cancers every year

### Less than 1 out of 100,000 people die from residential radon every year

### Less than 1 out of 100,000 people of working age die from diseases due to occupational risks every year

### Less than 1 out of 100,000 people of working age die from injuries due to occupational risks every year

## Policies

### Existence of standards on electromagnetic fields
- ✔
- ✗

### Existence of regulation of artificial tanning devices/sun beds
- ✔
- ✗

### Existence of national radon regulations for dwellings
- ✔
- ✗

#### only if the country has a radon issue

### Existence of programmes for occupational health and safety of health workers
- ✔
- ✗

#### 3 of 3 key international labour conventions on occupational safety and health ratified

- C155 Occupational safety and health
- C161 Occupational health services
- C187 Promotional framework

### Climate assessment conducted for:
- Climate resilience: ✔
- Environmental sustainability: ✗

### Existence of standards for WASH in health care facilities
- ✔
- ✗

### Existence of standards for health care waste management
- ✔
- ✗

### Assessment of climate resilience of at least one health care facility

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

### Assessment of environmental sustainability of at least one health care facility

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


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