

HARMFUL ENVIRONMENTS



HARMFUL ENVIRONMENTS FOR LIVING AND WORKING, A MAJOR CHALLENGE

In both the North and the South, health risks related to harmful environments have increased dramatically in recent decades. According to the World Health Organization, one quarter of pathologies worldwide are related to avoidable environmental causes.

The environment and living conditions are key determinants of health and can reveal or increase social and geographical inequalities. Very often, these harmful living conditions are combined with the toxicity inherent in certain risky occupations, presenting an even greater danger to personal health.

These people, who are often the most vulnerable and bound by the constraints of survival settings due to their precarious situation and/or because they are members of groups subject to discrimination, find it difficult to mitigate the environmental risks to which they are exposed. Their situation forces them to live and work in conditions which entail their constant and repeated exposure to a range of pollutants, damaging their health and having an impact on their resilience and ability to act. From a clinical point of view, the low visibility of the intoxication caused, certain symptoms of which may only be revealed some time later, delays awareness of the risks and acts as an obstacle preventing any individual or collective action to obtain protection against these risks.

In light of these observations, Médecins du Monde – Doctors of the World (MdM) has decided to make harmful environments one of its five key areas for priority action.

PRINCIPLES OF ACTION

ACTION IN RELATION TO ENVIRONMENTAL FACTORS HAVING A KEY IMPACT ON HEALTH

Both in France and internationally, MdM is working with communities to reduce the risks related to exposure to the harmful environments in which these community members live and work.

TWO STRATEGIC OBJECTIVES

- Put individuals who carry out or are subject to polluting activities in a position to reduce the impact of such activities on their health and on that of their families;
- Put individuals who live in harmful and/or unsuitable living conditions in a position to reduce the impact of such conditions on their health and on that of their families, notably in densely populated urban areas.

MdM will focus on activities at an individual and collective scale, placing great emphasis on understanding the realities of life for those people and communities who live and work in harmful environments. As the challenges they often face are very broad, activities will take a holistic approach to improving their health and the environment we all live in.

Secondly, given that all environmental factors are extremely closely interconnected, MdM is trying to develop partnerships with other organisations on each project in order to promote a healthy living and working environment and, in particular, better hygiene and sanitation conditions and improved access to clean water.

OPERATIONAL RESEARCH

To support this community-based approach and consolidate its expertise, MdM has chosen to include an 'Action-Research' component in its harmful environment projects. This operational research is carried out with and by the communities in question and is aimed at feeding the advocacy work being developed around projects to obtain or ensure compliance with the rights of individuals and communities.

Secondly, these results enable MdM and our partners to follow an evidence-led process of designing project activities that provide the best response to people's needs.

MDM HAS MADE SEVEN COMMITMENTS:

- To understand the various technical challenges involved in reducing toxicity risks and to strengthen our in-house skills and those of our partners;
- To strengthen the diagnostic and treatment aspects of our projects;
- To take steps to evaluate and build on pilot projects;
- To gather evidence to measure the impact of harmful environment on health;
- To leverage external skills by creating links to networks of researchers and experts;
- To produce a set of guidelines to guide our action and our advocacy;
- To share this framework with local and institutional partners and with any other NGOs that may wish to get involved.

AN INITIAL PHASE LASTING 5 YEARS:

In order to consolidate its expertise and advocacy capabilities, MdM has decided, during an initial phase running up until 2022, to focus on the following harmful environments:

Slums and poor housing;

Risks related to the exploitation of natural resources;

Risks related to waste management.

However, MdM may also act on other subjects (potentially including pesticides, shipyards and industries that offer little protection for workers, migration linked to contaminated environments) to the extent that the involvement of MdM would enable advocacy on such issues.



FOCUS PROJECTS



FRANCE

HEALTH IN SLUMS

While slums had almost totally disappeared from France in the 1970s, they reappeared in the early 1990s, in particular with the arrival of immigrants from Eastern Europe. These unsuitable living environments, insalubrious, unstable and with a stigmatised population, are still there and have extremely damaging impacts on the health of the slum dwellers.

While shantytowns have usually sprung up in gaps in the urban sprawl and on industrial wasteland, their inhabitants often have no way of dealing with their waste and no access to water or electricity, all major causes of a general lack of hygiene, which creates the conditions for vermin to proliferate and prevents the creation of those hygiene conditions necessary to ensure a good state of health. The prevalence of digestive, dermatological, respiratory and bone and joint issues recorded by the MdM teams reflects the insalubrious living conditions.

This lack of hygiene also leads to the inhabitants of the slums being rejected by their neighbours. These people, who are mainly Roma or designated as Roma, are victims of a widespread form of

racism and strongly stigmatised, which makes it very difficult for them to exercise their rights or access healthcare services.

Finally, the inhabitants of the slums experience a permanent lack of stability due to the expulsions policy that has been in place for over 25 years now in France. In conjunction with other organisations, MdM speaks out against this expensive but pointless policy which makes it almost impossible for those concerned to obtain healthcare, exercise their rights or integrate into society. We are advocating for an ambitious plan for the reabsorption of the slums that include access to housing, an essential condition for overall good health.

The MdM teams who work in the slums help the inhabitants obtain access to healthcare and exercise their rights, notably via healthcare mediation activities. They act to improve conditions on the ground and bear witness as to the difficulties experienced by these people. They are actively involved in advocating for the long-term decreasing of the slums and the removal of their dwellers from these outrageous living conditions.



KEY FIGURES

- Some **16,000** people live in slums in France;
- **571** sites have been identified (slums, large-scale squats, camps);
- **11,309** people from the Roma community or designated as such have been forcibly removed from 130 locations, slums or squats (+12% compared with 2016);
- **9 PROJECTS** run by MdM in slums in mainland France: St-Denis, Bordeaux, Lyon, Marseille, Montpellier, Metz, Nantes, Toulouse and Hénin-Beaumont.



KEY FIGURES

Electronic and electrical waste in the Philippines

- The amount of electronic waste created in the Philippines in 2014 was **1.3 KG PER INHABITANT**, for a total of **127 Kt**;
- Around **60 000** people are living in the zones used for disassembly and are therefore exposed to this risk.

Work completed by MmM in the Philippines

- **436 OF THE 766** disassembly workers identified are members of one of the 4 official union organisations for disassembly suppliers;
- **50** trained healthcare officers;
- **5** training modules created and **508** sessions run. **68%** of the disassembly workers have completed the 5 modules.

THE PHILIPPINES

THE RISKS LINKED TO THE DISMANTLEMENT OF WASTE ELECTRICAL AND ELECTRONIC GOODS

Each year, our world is producing several million tonnes of waste electrical and electronic equipment (WEEE) which are then sent to developing and low-income countries. In the Philippines, this waste represents an important source of income, most of which is handled in illegal channels. Many undeclared workers are involved in the stripping of electrical and electronic equipment in order to recover any valuable raw materials, notably rare metals.

This process, which releases a huge number of toxic substances and dangerous heavy metals such as lead, cadmium and mercury, causes a health and safety risk for any people exposed to them. These products which, to date, have been handled without protective clothing or equipment, also pollute their immediate environment and the living conditions of these communities. The consequences for health are disastrous: in the short term, these mainly involve skin and breathing problems and injuries caused by this activity. In the long term, these products cause neurological

and immune system conditions. They impact the reproductive system and are responsible for various cancers.

Between 2012 and 2016, MdM worked with informal communities of recyclers in four impoverished urban areas of Manila. Via a community-based approach, the organisation spread the word about an approach to this work based on risk reduction and promoted the creation of secure mobile dismantling areas, fully equipped and tailored to the dismantling of those products that are the most toxic. MdM has supported the creation of organisations of those involved in dismantling which have become real partners in the implementation of the project.

In parallel with its action in the community, MdM has been training healthcare workers to deal with this type of issue and the related care practices. Advocacy activities to obtain legal recognition for unorganised disassembly workers have also been run, in partnership with organisations from civil society.

PROSPECTS

PRIORITY GIVEN TO WASTE MANAGEMENT PROJECTS

NEPAL

Nepal has the fastest rate of urbanisation in South Asia. In 1990, only 9% of the population was living in urban or suburban areas. By 2010, this figure had risen to 42%. The Kathmandu valley, which includes more than one quarter of Nepal's urban population (over 6 million people), is dealing with a range of environment-related problems such as the accumulation of solid waste products, increasing pollution and wastewater levels and the removal of toxic pollutants including healthcare waste.

The authorities have only very limited capabilities. Each day, 516 metric tonnes of urban waste are produced, two thirds of which is transported to the only 'temporary' landfill located 20km from the centre of town. The remaining waste is either haphazardly dumped or managed by a ecosystem of informal waste workers who make money by collecting and recycling. It is estimated that 70% of the waste sent to the landfill could be recycled. In the absence of municipal waste collection, the estimated 10,000 informal waste workers provide an essential service in ensuring that the city is clean and can function. However, exposure to waste on a daily basis, combined with hazardous working and living conditions, increases health risks for the population in general and for those involved in the recycling of waste products in particular. The most common illnesses are conjunctivitis, skin allergies, muscle problems, respiratory and gastro-intestinal diseases and permanent neuro-psychological deficit.

Since 2017, MdM has been working in partnership with the Nepalese organisation "Phase" to help prevent the accidents and illnesses triggered in the workplace for waste handlers and those

living in proximity to the sites where waste is sorted. The project teams are working in healthcare centres located close to the Bishnumati and Bagmati rivers and to the Sisdole landfill in order to provide better treatment for the health issues linked to these activities and to improve access to quality primary healthcare services. MdM also wishes to increase the capabilities of both male and female workers to reduce the environmental risks through mobilising the communities to form associations.

An investigation was carried out between December 2017 and February 2018 involving 1,280 workers in the waste management sector, in partnership with the University of Sheffield, in order to evaluate the sociodemographic characteristics and risks to health of the informal management of waste products in the Kathmandu valley. The analyses and publications to be based on this investigation will, among other things, help support MdM's advocacy for the recognition of environmental health problems and of the informal waste management sector involved in the management of waste products in Nepal.

KEY FIGURES

- **6,480 WASTE WORKERS** will be reached by the project;
- **3 URBAN HEALTHCARE CENTRES** will be refurbished and provided with support for the treatment of healthcare workers and the local communities;
- **4 GROUPS** of waste workers will be created / structured / strengthened.

PRIORITY GIVEN TO SLUMS AND POOR HOUSING

MAYOTTE

MdM's project in Mayotte is implemented in Kaweni, a district of Bandrajou, where France's largest slum is located, with around 15,000 inhabitants. The area for intervention was selected further to a field analysis carried out by the teams in 2017 in the various districts of the slum, based notably on the criteria of access to water and community involvement.

This project, planned to last 3 years and developed with a community-based approach, is aimed at improving the health of all inhabitants by promoting their access to water and hygiene, and is comprised of four parts:

- A medical component aimed at identifying and providing care/referral to people with pathologies related to water and insalubrious living conditions;
- A preventive component for the dissemination of best practice methods relating to water and waste management;
- A social component for access to healthcare by locals, notably via affiliation with the French social security authorities;
- An advocacy component to blow the whistle to the authorities on the conditions of insalubriousness and the impact on healthcare workers working in the slum.

PHILIPPINES

In urban Manila, in the Barangay 775 district, a health and safety pre-assessment and a technical assessment were carried out in 2017 by MdM and the Véolia Foundation. These studies have enabled the design of a new project which was launched in the first quarter of 2018 by the organisation to contribute to improving the health of the local population in the district via action on

harmful multiple exposure to pollutants and the vectors present in their environment.

Via a community-based approach, MdM is seeking to reduce the exposure of those living near reservoirs to multi-factor health risks (dengue fever, accidents, water contamination, waste management, etc.). The objective is also to provide support to these communities in the construction of projects linked to environmental health.

Disaster Risk Reduction is included into the project in order to minimise the impacts of natural disasters on the efforts being made to help communities gain greater autonomy with regard to environmental health.

PRIORITY GIVEN TO THE USE OF NATURAL RESOURCES

NIGERIA

Nigeria is the leading oil exporter in sub-Saharan Africa, delivering some two million barrels per day according to official figures. In the Niger delta, the main area of production, the enormous income generated by oil has not necessarily contributed to the region's development. Worse yet, the local communities are, on a daily basis, dealing with the impacts of an oil industry that has so little regard for the environment. According to official estimates, major oil spills requiring decontamination work have been recorded at over 2,000 sites. In addition to these spills, the practice of burning off the gases produced by oil refining known as "flaring" still continues despite being banned under Nigerian law.

Following an initial contact made with local stakeholders in 2016, an exploratory mission is scheduled for 2018. Support for the healthcare system and for civil society in actions to denounce abuses and promote advocacy form part of the anticipated areas for action.

CARING FOR THE MOST VULNERABLE FOR MORE THAN 30 YEARS

Doctors of the World is an independent organisation of activists, in France and abroad, who provide care, bear witness and support social change.

Based on innovative medical programmes and advocacy work, we enable excluded people and their communities to access health, at the same time as fighting for universal access to care.

Doctors of the World campaigns for a world where all barriers to health will have been eliminated, a world where health will be acknowledged as a basic human right.

To finance its actions, Doctors of the World relies on the generosity of the public. Over 50% of the budget comes from private donations.

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