Third high-level preparatory meeting
Bonn, Germany, 27–29 April 2009

Towards the Fifth Ministerial Conference on Environment and Health, Italy 2010

Addressing new priorities in CEHAPE Regional Priority Goals (RPG) III and IV

26th session of the European Environment and Health Committee

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Report of the Third high-level preparatory meeting

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Introduction

1. The Third High-level Preparatory Meeting for the Fifth Ministerial Conference on Environment and Health was held in Bonn, Germany from 27 to 29 April 2009. Participants were welcomed by Mr Michael Müller, German Federal Ministry for Environment, Nature Conservation and Nuclear Safety, Ms Marion Caspers-Merk, German Federal Ministry of Health, and Mr Peter Finger, Mayor of the city of Bonn. The Deputy Regional Director of the WHO Regional Office for Europe thanked the German ministries for hosting the meeting.

2. Both the co-chairs of the European Environment and Health Committee (EEHC) were unable to attend, owing to the need for them to remain in their home countries and handle the repercussions of the outbreak of influenza A(H1N1). The meeting was therefore chaired by Mr Massimo Cozzone, alternate to Dr Corrado Clini.

The Fifth Ministerial Conference on Environment and Health – site and programme

3. Ms Benedetta Dell'Anno, Ministry for the Environment, Land and Sea, Italy confirmed that the Fifth Ministerial Conference on Environment and Health would be held in Parma, Italy from 24 to 26 February 2010. The Parma Congress Centre was located in a park near the city centre and included the Auditorium Paganini, a work by the architect Renzo Piano. A safe urban setting, locally sourced food, electronic documents and environmentally friendly materials would help ensure a small "carbon footprint" for the Conference. The venue offered ample facilities for exhibitions, side events and networking by participants.

4. Dr Lucianne Licari, Regional Adviser, Environment and Health Coordination and Partnerships, WHO Regional Office for Europe, presented a draft of the Conference programme. It was scheduled to start at 13:30 on Wednesday 24 February 2010 and end by 15:00 on Friday 26 February 2010, to allow delegates time to travel to and leave Parma on those days. Politically important topics (the impact of the current economic crisis on environment and health, climate change and adoption of the Declaration) had been placed at the beginning and end of the Conference, with the second day devoted to more technical aspects (implementation of the Children's Environment and Health Action Plan for Europe – CEHAPE, environment and health performance reviews, capacity-building, etc.). A number of themes (such as gender, or the specific needs of the newly independent states – NIS – and countries of south-eastern Europe – SEE) would run through the whole Conference. Pre-Conference events would be held on Tuesday 23 and the morning of Wednesday 24 February, with outcomes presented during sessions of the Conference itself, and side events would be organized outside the hours of the core Conference proceedings.

5. Documentation for the Conference would include a number of standard working documents (guide for participants, agenda, programme, etc.), as well as a final draft of the Conference Declaration and a paper outlining the future of the Environment and Health process in Europe. In addition, there would be a set of policy briefs on topics such as climate change, socioeconomic and gender inequities, the specific needs of NIS

and SEE countries, and risk communication. Lastly, background documents would describe the environment and health situation in Europe (including fact sheets generated from the Environment and Health Information System – ENHIS) and give an overview of the European environment and health process during the previous 20 years and of current policies in the field.

6. Participants welcomed the overall shape of the Conference programme and confirmed that it would be useful to arrange for pre-Conference events on the morning of Wednesday 24 February. Provision should be made for extending poster and satellite sessions and for holding a mixture of such sessions each day. Representatives of nongovernmental organizations (NGOs) were keen to contribute to the CEHAPE awards ceremony and the session on Looking ahead with partners and stakeholders. Ministers could play a wide range of roles in the Conference, in addition to delivering statements in plenary sessions.

The draft Conference Declaration – general comments

7. Participants in the Thematic meeting on healthy environments (Luxembourg, 28–29 January 2009) had commented on the previous draft of the Conference Declaration, and it had then been revised to take account of their recommendations and those subsequently submitted in writing. The Preamble had been shortened and repetition of material in the Declaration adopted by the Fourth Ministerial Conference (Budapest, Hungary, 23–25 June 2004) had been avoided. In the Challenges section, a paragraph had been inserted referring to emerging challenges such as ultrafine particles, endocrine-disrupting chemicals and the impact of nanotechnology. In the Commitments section, reference had been made in the introductory paragraph to the need to stimulate further synergy and coordination with established political processes, such as those within the European Union (EU) and other bodies in the United Nations system. Key new commitments had been added with regard to climate change, the global economic crisis, new technologies, gender inequity and knowledge management.

8. Generally speaking, participants in the meeting welcomed the current draft but believed that the text could be made even shorter, crisper and less repetitive. That could be achieved by, among other things, ensuring that actions were described only in the Commitments section.

9. The Preamble, too, should be shortened and made an integral part of the Declaration, with emphasis placed on tackling problems of children's health in an increasingly globalized world marked by widening socioeconomic disparities. The first paragraph in the Challenges section should be merged with the Preamble, which should also make reference to the need to involve sectors other than environment and health.

10. In the Challenges section, mention should be made of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes and of the need to institutionalize multidisciplinary and intersectoral work, taking up environment and health problems in areas such as transport, energy, construction and land use, rather merely calling on the various sectors to work together.

11. Paragraph 2 of the current draft should make reference not only to air pollution but also to soil pollution. Paragraph 3 should begin by speaking of "existing and emerging challenges" before going on to refer to the precautionary principle, which might obviate attempts to list all such challenges. Since obesity was the result not only of physical inactivity but also of dietary practices, the relevant sentence in that paragraph should be amended to read: "We recognize that the environment affects the level of children's physical activity and obesity rates." New complex technologies (including nanotechnology and wireless technology) might need to be covered in a separate paragraph, and the Challenges section should also refer to the problems of injuries and children's safety.

12. The first sentence of paragraph 4 in the Challenges section should be worded more strongly ("We emphasize that environment and health issues need to be integrated into other sectors' policies …"). The second sentence, referring to increased involvement of other sectors, should be amended to place emphasis on children (focusing on schools and kindergartens, as was already the case with the section of the Declaration concerning Regional Priority Goal (RPG) 2 in the Children's Environment and Health Action Plan for Europe – CEHAPE). The last sentence should be moved to the following paragraph, which dealt with climate change.

13. Some participants doubted that climate change would necessarily "multiply" health problems (in cold countries, global warming might lead to reductions in emissions of fine particles and hence to less outdoor air pollution in winter); they suggested that, in the first sentence of paragraph 5, the phrase "significantly increase" would be more appropriate. The second sentence, which referred to a worsening of outdoor air pollution as a consequence of the choice of climate change mitigation and adaptation measures, was apparently in contradiction with the last sentence in paragraph 4, which spoke of updating sectoral policies to include such measures in ways that limited the risks to human health; it should be reworded and clarified. The last sentence in paragraph 5 should be made more active ("We will take action now to increase people's well-being and productivity and decrease health expenditure") and moved to the part of the Commitments section dealing with climate change.

14. The first sentence in paragraph 6 should be amended to reflect the fact that the current economic situation would primarily affect public health. The new opportunities mentioned in the second sentence should include greater cost-efficiency and cost–effectiveness of investments, in addition to job creation and legislation, while the third sentence should refer to the need to take those opportunities to make clear and focused investments in environment and health.

15. Unemployed young people should be mentioned in paragraph 7 as one population group that was more vulnerable, and it should be made clear that the inequities referred to were found not only within but also between countries.

16. Reference should be made in paragraph 8 to the need to bridge the gap between science and policy.

17. Any further comments, whether on the introductory sections of the draft Declaration or on the rest of the text, should be submitted to the Secretariat in writing by 15 May 2009. They would then be discussed with the Chair of the Declaration

Drafting Group and incorporated in a revised draft that would be reviewed at the next meeting of the Group, to be held in Andorra on 16 and 17 June 2009.

Environment and health in Germany

18. Mr Alexander Nies, Head, Directorate of Environmental Health, Immission Control, Transport and Chemical Safety, German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety introduced the session on highlights of work on environment and health in Germany.

19. Mr Michael Thamm, Robert Koch Institute, Berlin, Germany gave details of the German Health Interview and Examination Survey for Children and Adolescents (KiGGS).[1] The survey of a representative sample of non-institutionalized children aged 0–17 years in 167 communities (17 641 study subjects) included a self-administered questionnaire for parents and older children (covering physical, mental and social health, lifestyle, health behaviour, health risks and health care utilization), a standardized parental interview, physical measurements (anthropometry, physical endurance, vision, blood pressure, etc.) and blood and urine laboratory tests. Selected first findings presented related to the prevalence of overweight and obesity by gender, age group and socioeconomic status; frequency of physical activity that caused heavy breathing or sweating (in leisure time or in a sports club); and prevalence of sensitizations to allergens and of allergic diseases, of smoking and exposure to environmental tobacco smoke in non-smokers, and of accidents (by gender, socioeconomic status and location). The survey would be repeated in the same study population in three years' time. To replicate the survey throughout the WHO European Region, a small dedicated survey team would be required in each country. The methodology for telephone interviews could be shared with other countries.

20. Dr Marike Kolossa-Gehring, Division of Toxicology and Health-related Environmental Monitoring, German Federal Environment Agency described the German Environmental Survey on Children 2003–2006 (GerES IV).[2] The objectives of that survey were to generate representative data on exposure to environmental pollutants; to identify relevant exposure pathways; to propose strategies for prevention and reduction of exposure; and to evaluate environmental policy measures. Instruments used included human biomonitoring (blood and urine analysis), ambient monitoring (indoor air, drinking water and house dust), screening audiometry, measurement of exposure (to mould and fungi, for instance) and interviews. The areas covered by the survey corresponded to the CEHAPE RPGs (concentrations of selected metals in drinking-water for RPG1; polycyclic aromatic hydrocarbons and total volatile organic compounds for RPG3; phthalates, moulds and noise for RPG4), while use of household products of questionable value and levels of cotinine in urine were taken as proxies for the influence of socioeconomic status and hence of "environmental justice". Broadly speaking, the survey confirmed that children in Germany were exposed to chemicals, noise and biological factors, that exposure levels were related to socioeconomic status and gender, and that exposure could be reduced by changes in behaviour (achieved through information and education campaigns) and by political regulation.

[1] See www.kiggs.de
[2] See www.uba.de/gesundheit-e/survey

Challenges and opportunities of working across sectoral boundaries

Gender inequities

21. Ms Isabel Saiz, Programme Coordinator, Observatory for Women's Health, Spanish Ministry of Health and Social Policy explained that, in addition to the biological differences between men and women, there were a number of reasons why gender should be integrated into environment and health policies:

- gender inequalities affect women's and men's access to resources and their ability to protect themselves from environmental hazards;
- gender norms and values drive women and men into behaviours that differently affect their exposure to risk;
- gender is a determinant of health; and
- the interaction of gender with other health determinants influences people's health outcomes, access to services, and health system responses.

22. Apart from national regulations, the referential framework for action was WHO's gender strategy, adopted by the Sixtieth World Health Assembly in 2007 (resolution WHA60.25) which called, among other things, for gender to be integrated into health policies and linked with other socioeconomic determinants of health, and the United Nations Environment Programme (UNEP) Governing Council decision 23/11 of 2005 on "Gender equality in the field of the environment", which urged that gender should be mainstreamed into environmental policies and programmes.

23. As part of preparations for the Fifth Ministerial Conference on Environment and Health, sex-disaggregated data should be compiled and subjected to gender analysis, in order to assess and address gender inequities, and a policy paper should be elaborated that would identify gaps, set priorities and recommend actions to be taken in the WHO European Region. It was apparent that such actions would need to be taken in all the areas covered by the four CEHAPE RPGs.

24. All Member States were invited to join the process of developing a policy paper by nominating a focal point on gender, environment and health. A working group could then be established with interested countries to identify suitable case studies and give feedback on a first draft of the paper by early October 2009. A meeting to review the policy paper, together with its proposed recommendations, could be held in Madrid on 22 and 23 October 2009.

25. The representative of one nongovernmental organization drew attention to some striking gender-related health differences, especially in the eastern part of the Region (shorter life expectancy among males, reduced sperm counts owing to phthalates, ovarian cancer recognized as resulting from exposure to chrysotile asbestos) and offered to contribute to that initiative.

Preventing specific environment and health inequalities in times of economic crisis

26. Dr Paul Wilkinson, Public and Environmental Health Research Unit, London School of Hygiene and Tropical Medicine, United Kingdom explained that the current context of economic crisis and climate change was marked by reduced credit, increased long-term government debt and greater fiscal restraint leading to less new investment, but that paradoxically it also offered opportunities as a result of major commitments to support industry and infrastructure development. A distinction should be made between intragenerational health inequalities (related to socioeconomic status, age, sex, ethnic group and geographical location) and intergenerational ones that were particularly relevant for many environmental problems, such as climate change, biodiversity and resource depletion. To attenuate the latter would require major change in all sectors of the economy.

27. On the other hand, there were important opportunities to pursue strategic goals to the benefit of the environment and health through infrastructural and other initiatives in transport, housing, power generation and other sectors. Examples of such initiatives included further reductions of speed limits in areas with a higher risk of accidents, introduction of congestion charging zones, expansion of bus fleets and electric or hydrogen fuel cell-powered vehicles, increased use of active modes of transport (walking and cycling), and greater energy efficiency or fuel switching in the home. Detailed analysis of the actual and hypothetical benefits and disbenefits of those initiatives showed that many (but not all) of them might reduce inequalities in health, and that there might be tensions between intragenerational and intergenerational effects, as well as between efforts to maximize population health and reduce inequities.

28. Mr Matthias Braubach, Technical Officer, Housing and Health, WHO Regional Office for Europe gave an outline of planned WHO activities in the area, which would be focused on possible mechanisms through which social determinants (income, education, age, occupation, gender, etc.) might affect exposure to harmful environmental conditions. Two approaches were proposed: a review of the evidence on six technical topics (air quality, waste, water and sanitation, housing conditions, injuries, and occupational exposure) and two cross-cutting issues (children and climate change); and a compilation of case studies on practical measures, focusing on RPG2 (injuries and physical activity). The results of the evidence review would be discussed at an expert meeting to be held in Bonn, Germany on 9–10 September 2009, while the case studies (prepared by 11 countries that were members of WHO's Health Behaviour in School-aged Children (HBSC) network) would be considered at the HBSC Forum in Siena, Italy on 19–20 October 2009. Member States were invited to share their experiences and concerns in addressing inequalities and inequities in environment and health, to provide feedback on the scope and structure of the WHO initiative and to contribute to development of the tools and evidence required to address those inequalities.

29. Participants endorsed the decision to include the economic crisis on the agenda of the Fifth Ministerial Conference, since it was likely to generate more participation by ministers. They welcomed the initiative taken by WHO, noting that in many cases more rapid and effective action could be taken by addressing inequities through the "prism" of environment and health, at both national and local levels, rather than by attempting to

modify socioeconomic determinants themselves. Ministries of health would be key players in such an initiative, since in many countries they were the lead agency in areas that could be termed environmental, such as waste management, housing conditions and radiation management. Nonetheless, sustainable solutions to environmental health problems should be sought in all sectors of government, with attempts made to find areas of mutual interest and synergy or to identify "spin-off" effects on health from other sectors' activities. For instance, the economic crisis could be an opportunity to take a fresh look at transport policy, with incentives offered for renewing the vehicle fleet and making it less polluting.

Climate change and health

30. Dr Roberto Bertollini, Coordinator, Public Health and Environment Department, WHO headquarters pointed out that the major killers (such as undernutrition, diarrhoea and malaria) were affected by climate and that health had been identified as a priority in 32 of 38 poorest countries' national adaptation plans of action under the United Nations Framework Convention on Climate Change (UNFCCC), yet the health sector had received only US$ 2.5 million out of US$ 1.3 billion of UNFCCC support and was represented by only 20 of the 10 000 participants in the UNFCCC Conference of the Parties. Nonetheless, by adopting resolution WHA 61.19, all 193 Member States of WHO had requested action to protect health from climate change. At its 124th session in January 2009, the Executive Board had endorsed a WHO workplan on climate change and health, organized around four objectives:

- advocacy and awareness-raising;
- engage in partnerships with other United Nations organizations and sectors other than the health sector at national, regional and international levels, in order to ensure that health protection and health promotion are central to climate change adaptation and mitigation policies;
- promote and support the generation of scientific evidence; and
- strengthen health systems to cope with the health threats posed by climate change, including emergencies related to extreme weather events and sea-level rise.

31. The next steps to be taken by WHO would include an intense awareness-raising campaign at forthcoming major events such as the World Health Assembly, the World Meteorological Organization's annual conference and the United Nations General Assembly, active involvement in the UNFCCC process and negotiations. Evidence and tools (guidance documents) would continue to be built up, and support would be given to reduce the carbon footprint of the health sector. At European level, the Organization would focus on supporting implementation of the global agenda, piloting healthy adaptation and mitigation options, driving forward the health agenda within relevant political processes and advocating reduced emissions in the health sector and low-carbon, healthy options in all sectors.

32. Dr Louise Newport, Scientific Policy Manager, Health Protection, Legislation and Environmental Hazards, United Kingdom Department of Health gave a progress report on the work done by the task force and group of interested countries, led by the United

Kingdom and Serbia. The climate change section of the draft Declaration had been amended and shortened: it currently set out ministers' adoption of the Regional Framework for Action, spelt out four areas in which they would commit themselves to taking action and recorded their call to WHO, the European Commission and other partners to set up a European information platform or clearing house. The corresponding policy brief began by explaining the need for a regional framework before going on to specify its overall goal and key principles. It then gave details of the action to be taken in each of the "pillars" or areas identified. The regional framework would be circulated to all Member States for comments and reviewed at subregional meetings, while development of an information platform would be further discussed with partner agencies. Any substantive changes to the regional framework would be reflected in subsequent drafts of the Declaration. The European Environment Agency had offered to host a meeting of representatives of all WHO's European Member States in Copenhagen in December 2009.

33. Participants welcomed the regional framework and the emphasis it placed on climate change adaptation measures, but urged WHO to advocate for health impact assessment to be an integral part of all sectors' mitigation policies, in order to prevent them having unintended adverse health effects. More explicit reference should be made to the need to build up the capacity of vulnerable and disadvantaged areas and countries and to channel resources towards them. The regional framework should also give more prominence to the intergenerational perspective.

The draft Conference Declaration – section on Climate change

34. Given the existence of (and reference to) the regional framework for action, participants believed that it was sufficient to have three paragraphs in the draft Declaration setting out commitments with regard to protecting health and the environment from climate change. The three paragraphs in question should be more focused and specific, proposing concrete measures (derived from the regional framework) that would appeal to ministers. The relevant paragraph in the Challenges section should include a short statement of the reasons why ministers of health and environment had to act on climate change, perhaps making reference to the UNFCCC.

35. In the first of the three paragraphs, the measures envisaged should be extended to cover both the environment and the health sectors; sub-paragraph (iv) should accordingly be reworded to read "increase the health *and environment* sectors' contribution to ensuring energy- and resource-efficient management …". Reference should be made to the need for the health sector to engage in climate change mitigation activities. A further sub-paragraph might be needed, addressed specifically at the environment sector and covering surveillance and early warning systems (tools for implementation). Countries were urged to coordinate their comments on the paragraph with the task force on climate change.

36. Given that the regional framework for action would not be a negotiated text, however, the second paragraph in the section should not refer to its "adoption"; more appropriate wording (which should be used consistently throughout the Declaration) might be for ministers to "welcome" or "launch" the framework.

37. With regard to the third paragraph, it was noted that the European Commission (in its white paper on adapting to climate change, COM(2009) 147 final) was proposing the establishment of a clearing house mechanism by 2011, so WHO was urged to coordinate with the Commission in order to avoid duplication. It should also be clearer about the role, funding requirements and operating level (international or national) of the proposed information platform/clearing house before presenting it to ministers for commitment in the Declaration.

Update on WHO project funded by the German government

38. Dr C. Jutta Litvinovitch, Head, Division of Environment, Health and Consumer Protection, German Federal Ministry of the Environment, Nature Conservation and Nuclear Safety described a project to protect health from the effects of climate change through adaptation measures and strengthening of health systems in Albania, the former Yugoslav Republic of Macedonia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan. All seven countries had already ratified the UNFCCC, and five had also done so for the Kyoto Protocol, but the establishment of national plans would lay the foundation for strengthening the health system's adaptation capacity, improving disaster preparedness and early recognition of diseases and promoting political measures to deal with climate change. A launch ceremony for the project had been held in Berlin on 18 March 2009, attended by Dr Margaret Chan, WHO Director-General, Mrs Astrid Klug, Parliamentary State Secretary at the German Federal Ministry of the Environment and representatives from embassies of the seven countries concerned.

39. Dr Bettina Menne, Medical Office, Global Change and Health, WHO Regional Office for Europe, gave details of the funding available for implementation of climate change projects through the UNFCCC, such as emissions trading and the Clean Development Mechanism, the Global Environment Facility, the Special Climate Change Fund and the Least Developed Countries Fund. From the sale of emission allowances, some €120 million were available annually for adaptation and mitigation projects in developing and newly industrializing countries, and the seven projects under consideration were funded through that initiative. As already noted, the objectives of the projects were primarily to build institutional capacity in terms of preparedness for and response to extreme weather events, infectious and respiratory diseases, and problems related to water, food safety and nutrition. In addition, steps were being taken to facilitate the exchange of knowledge and experience between all the countries concerned.

Children's Environment and Health Action Plan for Europe (CEHAPE)

Progress in assessing CEHAPE-relevant policies – an update

40. Dr Dafina Dalbokova, Manager, Environment and Health Information System, WHO Regional Office for Europe recalled that a survey tool for harmonized review of environment and health policies in all WHO's European Member States, covering 15 policy topic areas as set out in the CEHAPE RPGs, had been endorsed for implementation at the Second High-level Meeting (Madrid, Spain, October 2008).

Survey responses had since been received from 37 of 53 Member States; a database of descriptive statistics was currently being built up and a model for policy analysis was being developed. The model would be finalized by mid-May 2009, and the information obtained would then be analysed and sent out to countries in early June. It was planned to hold a WHO working group meeting in Bonn towards the end of June, at which the results of the policy assessment would be evaluated and finalized, and decisions would be taken on the structure and format of the policy overview that would be presented at the Fifth Ministerial Conference.

A tool for reporting action in countries – work in progress

41. Mr Christian Schweizer, Technical Officer, WHO European Centre for Environment and Health, Rome Office, presented a new web map questionnaire that had been developed to cope with the overload that had made the previous version difficult to update and read.

42. In answer to questions raised, the Secretariat explained that the two survey instruments were linked; the policy assessment questionnaire focused on the effectiveness or potential health impact of policies, defined in a flexible way to meet the circumstances of each Member State, whereas the web-based map gave a broader picture that corresponded closely with the table of actions that accompanied CEHAPE. National children's environment and health action plans were not themselves cleared for uploading to the Regional Office's web site. It was suggested that an even more flexible approach might be adopted, whereby interviews or case studies were conducted with a limited number of Member States and subsequently written up for inclusion in the paper that would be submitted to the Conference.

The draft Conference Declaration – CEHAPE section

Introductory paragraphs

43. The representative of one Member State asked for a footnote to be reinstated in the first introductory paragraph of the section (paragraph 9), specifying that it did not consider itself bound by the commitments and undertakings in the Declaration, particularly those paragraphs related to the international treaties, conventions or protocols to which it was not a contracting party.

44. It was suggested that several of the introductory paragraphs (i.e. paragraphs 9 and 10 and the first sentence of paragraph 11) should be placed above the sub-section heading for CEHAPE, since they in fact applied to the whole of the Commitments section. An explanation should be given of the reference to the Tallinn Charter on Health Systems, Health and Wealth (environmental health services were recognized as part of the health system), and it should be supplemented by mention of the integration of the environment in all policies as part of the "Environment for Europe" process. Likewise, the reference to the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes should be moved to the general introductory paragraphs to the Commitment section of the Declaration.

45. The third sentence of paragraph 10 should be amended to refer to collaboration with all sectors, and not merely between health and environment authorities, while the second sentence in paragraph 11, recording ministers' agreement to address global environmental challenges and their impacts on children's health and well-being, could be omitted since it merely restated the purpose of the Declaration as a whole. On the other hand, a reference should be inserted to the need to tackle the problem of urban sprawl.

46. In paragraph 13, participants agreed to make reference to the attainment of quantitative targets and to invite other ministers, sectors and local authorities to step up their efforts to attain the CEHAPE RPGs.

Regional priority goal 1

47. The reference to climate change in the first sentence of the paragraphs on RPG1 was perhaps misleading, in that a separate sub-section of the Commitments section was devoted to that topic. Participants argued that efforts to ensure adequate access to safe water, hygiene and sanitation should be extended to all children at home and in hospitals, as well as at day care centres and schools.

Regional priority goal 2

48. It was suggested that in subparagraph (i) reference could be made to the Charter adopted at the WHO Ministerial Conference on Counteracting Obesity (Istanbul, Turkey, 15–17 November 2006). Subparagraphs (ii) and (iii) should reproduce the relevant parts of the text agreed at the Third High-Level Meeting of the Transport, Health and Environment Pan-European Programme (THE-PEP) in Amsterdam in January 2009. Some participants questioned the feasibility of providing all children with access to green spaces and safe environments for walking and cycling by 2015. Efforts to prevent injuries, as called for in subparagraph (iv), should perhaps include activities related to product safety, although it was noted that this could give rise to an overlap with RPG4.

Regional priority goal 3

49. For the sake of consistency with other RPGs, among other things, the introductory sentence to RPG3 should make reference to the revision of the Göteborg Protocol to the Convention on Long-Range Transboundary Air Pollution. A separate subparagraph should be added to refer to outdoor air pollution. Subparagraph (ii) should be strengthened so that the aim was to provide each child by 2015 with access to a healthy indoor environment (including freedom from environmental tobacco smoke) in all public places, although here too it was recognized that the deadline was an ambitious one.

Regional priority goal 4

50. The introductory paragraph should mention the United Nations Environment Programme (UNEP) and its Strategic Approach to International Chemicals Management (SAICM). Detailed amendments to subparagraph (ii) would be submitted in writing. In subparagraph (v), specific reference should be made to the private sector, and all sectors should be urged to avoid the use of carcinogenic products (including asbestos), especially in homes and institutions. In addition, the word "chronic" should be deleted, since the aim was to prevent all health impacts of such products. Subparagraph (vi)

should be reworded to focus on health risk and take account of the exposure of unborn children.

Working in partnership

International Youth Network

51. Dr David Rivett, Consultant, informed participants that criteria had been drawn up to help with the nomination of young people to be involved in working with ministry officials and senior policy-makers on environment and health issues. Application forms were being sent out and, on their return, would be assessed by the four international youth delegates to the European Environment and Health Committee. Up to five applicants would be selected for each country and submitted to national officials for endorsement. A preparatory meeting would then be held from 26 to 30 June 2009, at which the youth delegates selected would receive training in a number of areas, including project development, monitoring and evaluation, communication and technical aspects of the CEHAPE. That would be followed by six to seven months of project implementation, at the end of which conclusions would be collated and presented to ministers at the Fifth Ministerial Conference.

Closing the science/policy gap – lessons from the Madrid Symposium

52. Dr Martin von Krauss, Technical Officer, WHO Regional Office for Europe, reported that three conclusions could be drawn from the Madrid Symposium on Environment and Health Research (20–22 October 2008). First, better analytical methods and tools were needed: uncertainty had to be made explicit, policy-making should be regarded as an experiment, and different levels of evidence would be needed to underpin different types of intervention. Second, new institutional platforms were required, where exchanges of views between scientists and policy-makers could take place more easily; and third, WHO could and should contribute to bridging the gap between science and policy. Two questions arose from those conclusions: what was the role of national and international research institutions in implementing the recommendations from Madrid, and what were the main opportunities and barriers encountered when attempting to translate research findings into preventive policies and actions? Representatives of two professional organizations had been invited to help answer those questions.

53. Professor Manolis Kogevinas, International Society for Environmental Epidemiology, noted that there were numerous instances of close collaboration between scientists and policy-makers to implement evidence-based public health measures (such as a ban on the sale of coal in Dublin, leading to reductions in respiratory and cardiovascular mortality), but that there had also been occasions (with lead and asbestos, for example) where delays in bridging the gap had been disastrous. It would be important to avoid a similar situation in the case of nanotechnologies, endocrine-disrupting chemicals and climate change.

54. Environmental health research in Europe was facing a number of long-term problems: a lack of knowledge in a large number of subject areas, difficulties in evaluating complex scenarios, and a relative lack of funding under the EU's Seventh

Framework Programme for Research (FP7). As a result, the science/policy gap was two-way and multifaceted: researchers tended to have an erroneous perception of the policy-making process; health policy was not regarded as a significant component in a researcher's career; and the EU did not have research and health policy institutes equivalent to federal bodies in the United States. Joint efforts were required at many levels, identifying problems and setting priorities, securing adequate funding, promoting a multidisciplinary approach and fostering exchanges of views and flexibility in ideologies.

55. Professor Stanislaw Tarkowski, European Public Health Association, reported that EPHA had conducted a review of the "products" of public health research, including the few in the field of environment and health (60 out of 8000). One conclusion from the review was that the science/policy gap continued to exist: scientific research was not supporting policy as it should, and science and policy were driven by different factors. Researchers observed a lack of demand for research for policy-making, whereas policy-makers believed that few research projects were directly applicable to policy-making.

56. Research in general was still concentrated on narrow problems, while only a small amount of research was devoted to environmental health management issues. There was a continued focus on single-cause risk assessment for the average individual, whereas what was needed was a more holistic and interdisciplinary approach to complex, population-based research. WHO had both the competence and the capacity to organize such research.

57. While agreeing with that analysis of the situation, participants pointed out that it was important to separate the gathering of objective evidence and assessment of environmental health risks from political measures for their management and reduction. To that end, the European Commission had recently adopted Decision 2008/721/EC setting up an advisory structure of scientific committees and experts in the field of consumer safety, public health and the environment and repealing Decision 2004/210/EC.

Ensuring reform and effective change at regional and local levels

58. Dr Marianna Penzes, Focal Point, Regions for Health Network (RHN), Hungary, recalled that the RHN had been established in 1992 to formalize a partnership between 11 European regions committed to health, to improve knowledge and to foster intersectoral cooperation. The network had expanded steadily and currently comprised 29 regions in 18 countries. It offered a forum for policy-makers to discuss and share experiences with alternative solutions at regional and local levels, providing support with decreasing gaps and disadvantages and advocating preparedness to tackle public health challenges and threats.

59. Examples of areas where projects had been carried out under the auspices of the RHN included migrants and health care, mapping of health indicators at regional level (with compilation of a database to highlight deviations from national averages) and benchmarking of best practices in regional health management (with funding provided by the European Commission). Case studies had also been carried out in areas of interest for environment and health (health effects of ozone and particulate matter, city

ecology action plan, improvement of air and water quality, etc.). Building on the diversity of its members, the RHN was a chain for delivery of strategic actions in different settings or fields.[3]

60. Dr Diana Hein, Deputy Head, Division of Immission Control, Ministry of the Environment and Nature Conservation, Agriculture and Consumer Protection of the State of North Rhine-Westphalia, Germany described the action programme on environment and health (APUG) that had been implemented in her highly industrialized and densely population state since 2002. The objectives of APUG were to heighten decision-makers' awareness of environmental health, promote new types of cooperation and information exchange, and reduce environment-related adverse health effects. One recent project, for instance, had been to create a database with which to evaluate the health outcomes of air pollution abatement measures. Transport and housing were other areas of special local relevance on which attention was being focused.

61. Regional networks could facilitate early recognition of upcoming issues, promote anticipatory, preventive and integrated planning procedures, enable tailor-made solutions to be developed and initiate cooperation between government authorities, scientists, politicians, the business sector and the general public. It was essential to secure participation of all relevant stakeholders at a very early stage in the process, and to improve coordination between different programmes and initiatives.[4]

The future of the European environment and health process

62. Dr Lucianne Licari, Regional Adviser, Environment and Health Coordination and Partnerships, WHO Regional Office for Europe asked participants to reflect on the European environment and health process with four questions in mind:

- What had worked well in the process following Budapest Conference?
- What had not worked?
- How could the process be improved, with the aim of supporting implementation of the declaration due to be adopted at the Fifth Ministerial Conference in Parma?
- What organizational structure or body (e.g. similar to the European Environment and Health Committee – EEHC) should follow up the process?

Their ideas and comments would then be compiled into a paper for discussion at the forthcoming meeting of the Declaration Drafting Group (Andorra, 16–17 June 2009).

63. It was generally agreed that the EEHC, with WHO's leadership and secretariat support, had achieved its goal of continuously monitoring progress towards the CEHAPE RPGs. Countries, particularly in the eastern part of the Region, had engaged in reform and were harmonizing their legislation with WHO recommendations and European Commission directives. Some shortcomings in achievements were the result of a lack of involvement at subnational and local levels. The current economic situation called for greater efforts aimed at prevention of environmental health hazards.

[3] See www.euro.who.int/rhn
[4] See www.apug.nrw.de

64. The process could be improved by clarifying the relationship between the EEHC and the WHO Regional Committee for Europe, by placing even more emphasis on carrying out practical activities, whether at subregional level or in a bilateral context, and by ensuring that all sectors (and notably the health sector) were fully engaged in permanent structures at national level. The implementation process between 2010 and 2015 should be clearly spelt out in the draft Declaration. That process required political, technical and scientific support. It might be worth considering making the EEHC Secretariat more independent of WHO and sharing resources, perhaps with THE-PEP. Equally, a revitalized European environment and health process could also draw on existing international processes and legal instruments to generate synergy and perhaps be integrated with legally binding activities, such as those carried out within the European Union.

Closure of the meeting

65. Dr Lucianne Licari thanked the German Federal Ministry for Environment, Nature Conservation and Nuclear Safety, the German Federal Ministry of Health and the city of Bonn for hosting the meeting and commended participants on their commitment, sense of direction and advice.

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