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LOCAL PROCESSES FOR ENVIRONMENT AND HEALTH ACTION

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Executive summary

The practice of protecting the environment and health is changing. Projects based on national priorities or centrally directed through the allocation of resources are not the most appropriate ways of improving local health and quality of life. It is commonly accepted that health, environmental and social issues are complex subjects to address and are often interrelated to one another, as well as to other development and economic issues. Partly as a consequence of this, the Member States and WHO launched a movement to draw up national environment and health action plans (NEHAPs) at the Second European Conference on Environment and Health (Helsinki, June 1994). In addition, some countries have also had local environment and health planning exercises.

National authorities alone cannot normally solve local environment and health (EH) problems in an efficient manner. The field of EH encompasses a wide range of issues and subjects, and most should be regarded as best tackled at local level. A working group was set up to examine closely the ways in which more local EH projects could be stimulated, organized and implemented. The roles of both the private sector and practical, field-based nongovernmental organizations (NGOs) in implementing local projects was found to remain largely undefined. In particular, the role of the latter, outside the sphere of humanitarian assistance, could be further developed in many places. A key issue to address in future projects is how to achieve more complementarity between the different strengths and capabilities available in the public, NGO, community and private sectors.

Local implementation, involving all relevant parties in partnership, is the most enduring mechanism for tackling the EH problems affecting communities. However, the implementation of every project changes the prevailing situation for the recipient community. EH and sustainable development are inextricably linked and require a long-term commitment to local implementation. Unfortunately there are, in some places, national and regional barriers to effective local implementation.

All EH issues are complex, and many have political implications that are unavoidable and need to be properly addressed. Political involvement in priority-setting is essential, and access to a realistic level of resources (whether financial or non-financial) has to be ensured. To improve the quality of life for the recipient local community, it is in everyone's interest not to duplicate activities being pursued by local public bodies, unless their provision of local services has broken down. A fundamental finding by the working group is that there is more than one way to get local projects initiated. Creativity on the part of project implementers should be more routinely encouraged by national, regional and local agencies.

Sustainability is not a constant, and there is no clear definition of what is a sustainable local EH project. Sustainability is in the eye of the recipient and depends on whether the commitment and resources are maintained in the succeeding years. Successful and sustainable projects require a sensible project design which clearly identifies what will be achieved and how it will be achieved. All projects have a common "project cycle" and should be divided into a sequence of simple implementation stages. To assist future project implementers, a book of practical ideas for local EH implementation was prepared by the working group. This provides details of project design, management and monitoring methods, to inform and train future EH project leaders.

Introduction

1. The practice of protecting the environment and health is changing. While some Member States continue to adopt the traditional regulatory approach of seeking to monitor and control risk, elsewhere environment and health (EH) agencies at national, regional and local levels have become oriented towards preventing and reducing risk. This cannot be done through regulation alone but requires a multi-partner approach, with each being prepared to contribute towards reducing a prevailing level of risk. This invariably involves a higher degree of coordination and communication but can lead to greater and more sustainable improvements in EH status.
2. It is commonly accepted that health, environmental and social issues are complex subjects to address and often are interrelated to one another, as well as to other issues. Other external factors also influence these subjects, too. However, it is a political necessity to ensure that issues of this nature are tackled, since they have become fundamental to achieving the quality of life citizens now expect and require. This is likely to be emphasized even more in the forthcoming century, when the prime focus of countries in the European Region can be on human development (1). Many countries have already developed national and local frameworks which take account of the complexity of EH issues (2).
3. At the Second European Conference on Environment and Health (Helsinki, June 1994), the Member States and WHO launched a movement to draw up national environment and health action plans (NEHAPs). This was, in part, a recognition by Member States that individual sectors operating in isolation on EH matters, through agencies sometimes located far from the seat of a specific problem, cannot always adequately address the general public's requirements. In the process of drawing up their NEHAPs, countries have been engaged in intersectoral search for solutions and have identified the EH priorities to be addressed in the short and longer terms.
4. Some countries have also had local EH planning exercises, such as those initiated by Agenda 21 (3) and the WHO Healthy Cities project, and collectively referred to here as "local environment and health action plans" (LEHAPs). LEHAPs can be used as a means to bring an EH component to an overall Healthy City or local Agenda 21 project and to strengthen the benefit of that project from an EH point of view. If these action plans are to be successful, it is essential that distinct projects are defined and implemented. All planning exercises raise expectations, so a visible move to the tangible local implementation (4) of practical projects in places which need them is a rational culmination of the NEHAP process.
5. There is rarely a simple "solution" to EH problems, and rarely all the physical or financial resources that might be wished for, either. However, some similarities have been observed in the approaches being used or contemplated by national governments and agencies:
 - (a) the need to prioritize those EH issues to be tackled first;
 - (b) the involvement of a wider circle of organizations and communities nationally, regionally and locally;
 - (c) the seeking of a broader consensus on the use of limited resources; and
 - (d) the devolution of implementation to the local level.
6. National authorities alone cannot normally solve local EH problems in an efficient manner. Almost all EH problems affect some localities and communities more than others. Consequently, local-level projects, involving a mix of public, community and even private participation, can be

viewed as natural catalysts for the implementation of larger EH projects. It is to address the intrinsically important task of encouraging local partners to become involved in activities to improve the EH situation, within the constraints of the resources available, that the Local Environment and Health Project Implementation Working Group was established.

7. EH encompasses a wide range of issues and subjects. Those which are regarded as being most suitable to be tackled at the local level are:

- (a) drinking-water treatment and distribution
- (b) food quality and safety
- (c) home and workplace accidents
- (d) local air pollution abatement
- (e) traffic congestion and accidents
- (f) housing rehabilitation
- (g) solid waste management
- (h) noise
- (i) social implications of urban and industrial development
- (j) information dissemination and education on illness prevention and wellbeing.

8. One of the first tasks of the Working Group was to examine closely the ways in which local EH projects can be stimulated, organized and implemented. This examination was started following the Group's first meeting (Hameenlinna, Finland, December 1997) and focused on looking at past projects, identifying successful approaches and considering ways to promote their use in other places. A more detailed list of the Working Group's activities is given in Annex 1.

9. A second meeting of the Working Group, held in Ventspils, Latvia in June 1998, concentrated on assembling its findings and views into a book of practical ideas and advice, designed to be read by those who implement local EH projects.

10. The role of the private sector in implementing local EH projects was found to be still largely undefined. There is an accelerating trend in several Member States to widen the involvement of the private sector, in full or in part, in many areas of the economy. The health and environmental sectors are not immune from private involvement in, for example, service delivery, project implementation and supply of finance and resources. Recently, examples have been seen of private sector involvement adding creativity to methods used, introducing efficiencies not previously perceived and overcoming formerly insurmountable obstacles to improvements. Conversely, there are instances where a well constituted public sector-led service can offer comparable improvements in EH benefits and service delivery. Opportunities need to be taken when constructive involvement of the private sector in local EH project implementation can yield increased benefit to the local community. The key issue to address is the achievement of complementarity between the public, NGO, community and private sectors.

Prerequisites for success

11. Local implementation, involving all relevant parties in partnership, is the most enduring mechanism for tackling the EH problems affecting communities.

12. The implementation of every project changes the prevailing situation in a locality. It has been recognized that successful implementation of EH projects does not happen in isolation from

other public services and current social attitudes. Several preliminary events have to occur, both to secure the will to proceed and to define the resources available and needed to effect a change. These are discussed further in this section.

13. EH and sustainable development are inextricably linked and require a long-term commitment to local implementation. Every local EH project implemented should be regarded as a sustainable development project. If a change introduced by a project cannot be sustained, then it will fail to make a lasting improvement to a community. The promotion of better health, through the avoidance of illness and a higher quality of life, is integral to the objective of sustainable development. Poverty, inequality and pollution affect human health. Consequently, poor health is a powerful indicator of activities that do not meet the objective of sustainability.

14. Contemporary EH projects should encompass the following principles: equity; sustainability; multisectoral action; community involvement; democratic participation; accountability; good practice; impact assessment; integration; and a precautionary approach (1,3,5,6).

15. In future, any activity which requires an environmental impact assessment should, as a matter of routine, include a health assessment. These views of the Working Group are consistent with those set out in the European Charter for Environment and Health (7) and by the Commission for Sustainable Development (8). In the absence of more systematic consideration of health matters, it is inevitable that some developments are storing up EH problems for the future.

16. In some places, there are national and regional barriers to effective local implementation. In order to encompass fully the use of local partners in implementing EH projects, and to achieve sustainable improvements, more devolution of responsibility and resources to the local level is required in some Member States. Centralized structures can be effective in policy formulation and in national and regional planning, but they are rarely effective in local project implementation. Both an absence of understanding of local circumstances by the external body and a sense, within the recipient community, that a solution is being imposed from outside, with a commensurate loss of community interest, can conspire to undermine local EH projects. It is in smaller municipalities especially (where it is sometimes difficult to find in-house the breadth of competence required for some EH projects, such as those involving preventive environmental medicine, public health engineering or specialist public information dissemination) that national and regional organizations have an important role to play by providing additional technical and operational capabilities.

17. Competent local structures need to be present to achieve successful multi-party involvement in local implementation. Ideally, such local structures should be locally led and take local decisions on what, and when, non-local organizations and resources should be brought in during project implementation. Information on what is being done at local level should be systematically passed to regional and national bodies, and back, in an endeavour to keep as many of the parties as possible informed about the work in progress.

18. All EH issues are complex, and many have political implications that need to be addressed. At an early stage, before an EH project is implemented, a solid political commitment therefore needs to be made in order to legitimize the activity, ensure that resources are committed, raise the visibility of the project to foster its replication, and provide leadership in the direction local initiatives should follow. Those responsible for project implementation (“project implementers”)

are also expected to inform elected and community representatives, and the general public, about the progress and outcome of projects to which they have given their commitment. Most projects are designed to address well recognized EH issues, since these readily gain public support and acceptance. In these cases, it can also be easier to mobilize public involvement, particularly where a change in lifestyle is demanded. Political support is equally essential in initiating projects where real EH concerns are identified but where these may not be subjects that are highly visible to the general public.

19. Political involvement in priority-setting is essential. At the national, regional and local levels, there are almost always insufficient financial, human and other resources to address all identified EH needs. Therefore, a sensible precursor to project implementation is a procedure to establish which EH issues should be tackled as a priority in the short, medium and longer terms. At national level, WHO has been working with Member States to develop NEHAPs based on analyses of available health and environment data. A key feature of every NEHAP is the establishment of a national priority list of EH needs. In turn, sometimes subsequently and sometimes independently, local EH planning initiatives define local EH priorities and become the “blueprint” for local activities. Where national and local priorities coincide, it is likely that national resources will be more easily mobilized. Where they do not coincide, however, national bodies may become a barrier to implementation, rather than a facilitator. Exercising the political skill of weighing up the arguments about competition for resources between national, regional and local levels is an important role for elected local government members.

20. Access to a realistic level of resources has to be ensured. Local project implementers, particularly individuals and organizations with no regular access to public sector finance, can be very creative in obtaining and using resources and mobilizing community support. Encouraging public participation has long been considered of high importance. Consequently, this issue was considered in greater detail by a separate working group, as part of preparations for the Ministerial Conference.

21. It is in everyone’s interest not to duplicate activities being pursued by local public bodies, unless the municipal provision of local services has broken down. Except where NGO, community or private sector partners have access to sufficient finance and resources, most local EH projects benefit from an injection of public sector resources. Mechanisms for securing genuine access to public resources by these local project implementers ought to be available or established.

Effective approaches

22. There is more than one way to get local projects initiated. The Working Group identified three different approaches that are currently used. These approaches are interlinked and not mutually exclusive. Common to all of them is the need to plan locally the content and intended outcome of each project, in order to improve its prospects for successful implementation. Where a project implementer does not take the time to plan ahead before starting project execution, then extra time, efforts and funds will most probably have to be expended later on to overcome unconsidered difficulties.

23. The first approach is based on local EH action plans. Here, the individual projects implemented are those that have been defined as local EH priorities in a planning process involving EH and other specialists, citizens and community groups. The criteria used for

prioritization are, broadly, intended to create environments that support health. A good example is a model where considerable emphasis has been placed on considering local social and economic conditions when determining how a project can be sustainable. Six key stages are followed when developing an EH project: (i) analysis of prevailing health risks; (ii) risk assessment, to determine if environmental hazards are affecting local health; (iii) solicitation of public participation in prioritizing local EH needs; (iv) assessment of the finance and other resources required to implement the project; (v) classification of the tasks in an EH project according to their importance (tasks related to protecting the quality of drinking-water and food safety are the highest priority); and (vi) keeping local political leaders, community leaders and the general public informed of progress during project design and implementation.

24. Hameenlinna is a good example of the highly participatory approach to EH project implementation adopted in Finland. In 1996 the local public health federation started work on a local Agenda 21 project. One key aim was to increase community participation in EH activities. The work started with a programme of seminars for local associations, municipal officers, businesses and the general public. Following these seminars in the city, six groups were formed to give further consideration to six EH topics: biodiversity; land use and traffic; water; air and noise; wastes; and environmental awareness. Each group investigated its topic and set targets and measures to achieve sustainable development. It was found that this multi-partner approach yielded clear results and improvements, especially where the subject areas were clearly understood and activities were correctly implemented.

25. A second approach focuses on EH services and policies. This more traditional approach is used where government health organizations have, in the past, had a relatively high degree of autonomy. A broad EH strategy is first prepared, perhaps centrally or in partnership, from which more specific policies are derived. From these policies, individual projects are defined and work begins on defining the scope of each. Typically, projects are oriented primarily towards improving public health. Health, social and environmental data are gathered, and EH goals are established. The data are usually obtained from within the public sector, and their completeness depends on the willingness of the various partners to make data available. Once goals have been set, the next stage is to inform the recipient community and, hopefully, address their comments and suggestions. Ideally, once a common view is established, realistic project targets can be set and an implementation team brought together. Once project funding is secured, work can be implemented and monitored.

26. The development of new health care waste treatment facilities in Borsod (Hungary) is representative of this second approach. It was found that new waste regulations were not being met by existing treatment equipment or by the options proposed by individual institutions. Extensive discussions took place between hospital managers and the local environmental regulator, and they worked together to set up a regional health care waste treatment facility with more clearly demonstrable environment and public health protection capabilities.

27. The third approach is city-based EH planning. The aim here is to identify and implement local EH projects that link health improvements with the overall development of an urban or similar area. The WHO Healthy Cities project has tried to be instrumental in tackling local EH needs by fostering a more integrated approach to health and urban development. By integrating health issues into urban development, it has been found that local politicians, community groups and individuals are brought together more readily. Local Agenda 21 activities have been a similar catalyst in some places. In general, the city EH planning approach begins by assessing the state of health in the city and identifies the key factors that promote or limit good health.

Those health aspects and localities that are most in need of EH improvements can then be given priority. Projects are subsequently defined, funding secured and implementation scheduled. A further element of this approach is the networking of like-minded cities who share experiences of successful project outcomes. This has the benefit of reducing the need to re-invent an entirely new project design in each city.

28. Ashgabat in Turkmenistan offers a good example of practical, local EH implementation related to obvious EH needs. A review of the EH situation in the city, involving the local sanitary and epidemiological surveillance station, identified uncollected solid waste accumulating in residential areas as one issue for priority attention. The waste was a breeding ground for vectors and a source of food for wild animals. The approach taken in the EH project was threefold. First, national and international assistance was provided to make more waste collection vehicles available and to improve the reliability of the collection service. Second, the local community in a large pilot district was encouraged to voice its opinions on the relocation and siting of communal waste storage points, and a public information campaign was launched to reduce indiscriminate waste dumping. Third, the local municipal authority adopted a pioneering approach to making its street sweeping staff individually responsible for the twice-daily cleaning of one or more waste storage points. Their system of payment was also adjusted to reinforce this individual responsibility.

Good project design and execution

29. What is a sustainable EH project? Much has been written about the importance of sustainable development, and about how this should increasingly pervade all EH field projects in the future. The definition used by the Working Group was: “Development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (9). Sustainability is not a constant, however. It is recognized that there are different levels of sustainability, depending on the supply of resources that can be secured on a continuous basis in each locality. Consequently, for any specific topic in a local EH project, the types of activity it is possible to undertake and the outcomes it is possible to achieve will differ from place to place. When compared directly, the results achieved by two such projects in places with different social and economic conditions may appear to be very different, but each should be sustainable in the context of its prevailing development circumstances.

30. Successful and sustainable projects require a sensible project design which clearly identifies what will be achieved and how it will be achieved. This may appear self-evident, but some well intentioned projects are started without a realistic project structure. The absence of a workable design typically leads to confusion over the roles and responsibilities of each partner, avoidable duplication of effort, misuse of limited resources, indeterminate measures of success, and, worst, a higher possibility of “drift” during implementation away from the original objective of the project.

31. One golden rule is to keep it simple. It has been observed that the more successful projects are those where even complex issues have been broken down into a combination of individual tasks. Each task addresses a relatively straightforward issue, and the collective effect of all the tasks is a measure of the effectiveness of the overall project. Dividing up a complex issue into a series of less complex tasks is more likely to deliver measurable achievements than a more nebulous approach, where an attempt is made to consider many variables together in one project task.

32. All projects have a common “project cycle”. This is a clearly identifiable sequence of stages through which a project progresses, and it is a feature of all projects. Project implementers put more effort into some stages than others, but the following sequence can be regarded as a constant: identification of the problem; preparation of ways to tackle the problem; appraisal of the solution; arranging funding and other resources; planning, programming, implementation and control of the physical activities on the ground; monitoring the progress of the work; and evaluating the final outcome of the work.

33. A variety of management tools are used, knowingly or unknowingly, by project implementers to set up and manage projects. The Working Group noted that many would-be project implementers from community, public health and non-engineering backgrounds have had little training in sound project management. Therefore, it was decided to catalogue those techniques that aid good, practical project execution and to publish them for wider dissemination once approved by the Third Ministerial Conference in London.

34. The book of practical ideas about local EH implementation that has been prepared by the Working Group is designed to be a source book for the implementation of local EH projects. It is divided into three sections. The first covers the principal philosophical issues underlying the scope and planning of EH projects. Particular emphasis is placed on the improvements that can be made with regard to the relevance and longer-term sustainability of local EH projects by involving partners from a range of sectors. Ways of stimulating wider public and community involvement in EH projects are also covered. The second section describes how to avoid the more obvious pitfalls and foreseeable problems when designing local EH projects. The third section details the project management techniques available for use. Useful guidance is given on preparing project proposals, use of “SWOT” (strengths, weaknesses, opportunities and threats) analysis and risk assessment, costing of project activities, and progress monitoring and evaluation. Case studies from across WHO’s European Region have been incorporated to demonstrate the main points made.

35. Multidisciplinary approaches to EH implementation must not be confined solely to health care workers and EH professionals. EH projects are usually viewed by administrations as “health sector” activities. Consequently, there is a risk, when carrying out a LEHAP, that only projects defined, and ultimately led, by health- and EH-oriented specialists will be implemented, through activities with which they are most familiar and comfortable. However, the achievement of good EH spans a far wider range of topics, and different projects benefit from different mixtures of disciplines. There should be an obligation on project implementers to be receptive to specialists from outside the health sector and to actively seek their participation prior to starting project implementation.

References and notes

1. *HEALTH21 – The introduction to the Health for All policy for the WHO European Region.* Copenhagen, WHO Regional Office for Europe, 1998 (document EUR/RC48/9), (European Health for All Series, No. 5).
2. “Environment and health” has been defined by the WHO Regional Office for Europe as including “both the direct pathological effects of chemicals, radiation and some biological agents, and the effects (often indirect) on health and wellbeing of the broad physical, psychological, social and aesthetic environment, which includes housing, urban development, land use and transport.” *Environment and Health. The European Charter*

- and Commentary*. Copenhagen, WHO Regional Office for Europe, 1990 (WHO Regional Publications, European Series, No. 35), p. 18.
3. Quarrie, J. ed. *Earth Summit '92. The United Nations Conference on Environment and Health, Rio de Janeiro 1992*. London, Regency Press Group, 1992.
 4. A suggested working definition for “local implementation” is: “The preparation and execution of an environment and health project, and its component activities, in a particular locality such as a town, neighbourhood or similar small geographical area, with the intention of improving the wellbeing of a distinct group of affected individuals.”
 5. *Ottawa Charter for Health Promotion. An international conference on health promotion. The move towards a new public health. 17–21 November 1986. Ottawa (Ontario), Canada. Ottawa, Health and Welfare Canada, 1986.*
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Annex 1

TERMS OF REFERENCE FOR THE
LOCAL ENVIRONMENT AND HEALTH PROJECT IMPLEMENTATION WORKING GROUP

1. To work with local authorities and others to identify common EH priorities (with cross-reference to priorities identified in the NEHAP process in individual countries). Subsequently, to identify and understand the barriers and difficulties that are encountered at national or regional level which adversely affect the successful implementation of local field projects.
2. To review critically the different approaches previously used for policy- and decision-making in municipalities and local public services, and to examine the role of LEHAPs in the selection and implementation of successful EH projects.
3. To examine existing LEHAP initiatives and the role of outreach systems available to local communities (including, for example, delivery of EH services, public health engineering activities addressing basic population needs, WHO's Healthy Cities project, International Council for Local Environmental Initiatives and other local government networks, WHO Health Promoting Schools network, bilateral donor technical assistance, networks of nongovernmental organizations, academia and professional institutions). To foster a consensus on the work of other specialists undertaking the development of future LEHAPs.
4. To gather and examine case studies from municipalities which identify more clearly the causes of local implementation problems, how they can be overcome and the lessons to be learnt from the experiences.
5. To consider situations where the deployment of development assistance to resolve local EH problems is more effective when implemented through municipalities or other bodies (e.g. nongovernmental organizations, cooperatives, health institutions, training institutions, citizens' groups, financial intermediaries, special interest and cultural groups).

The need for this document was identified in a questionnaire survey by WHO in 1996 of Member States in its European Region, and endorsed by the European Environment and Health Committee (EEHC). A working group was established to plan and draft it, involving representatives of national governments, local authorities, international organizations, nongovernmental organizations, and academics. Contributors are listed on the back cover of this document and in the accompanying substantiation document (Church, C. & Wilson, N. *Source book on implementing local environmental and health projects*). The working group met twice; external reviewers and the EEHC also commented on drafts.

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