



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Capacity Building in Environment and Health (CBEH) project

Continuous training in environment and health



Continuous training in environment and health

Capacity Building in Environment and Health (CBEH)
Project



Abstract

More and more, countries are faced with the challenge of addressing the burden of disease arising from environmental exposures. Capacity building in environment and health has been recognized as a critical need among Member States of the WHO European Region and the European Commission, DG Sanco. This report presents a proposal for continuous training. By continuous training in environment and health it is meant an uninterrupted series of trainings to further qualify environmental and health experts and with regular replication to allow access to new students/participants. In order to have a common ground for the training a continuous training for environmental and health professionals through the development of health in environmental assessment and standalone HIA trainings is proposed. The continuous training for environment and health should involve different sectors e.g. public health experts, social scientists, planning officers and environmental scientists. A modular setup is suggested with five quarterly two to three days workshops. The proposal for continuous training in environment and health is hoped to support countries in further developing training on EH on a regular basis and thus support the development of a healthy environment for their population.

Keywords

Capacity building — Environment and Public Health — Environmental health —
Public health — Teacher training — Training support

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

Citation advice

Capacity Building in Environment and Health (CBEH) Project: Continuous training in environment and health. Copenhagen, WHO Regional Office for Europe, 2013.

© World Health Organization 2013

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

This document has been produced with the financial assistance of the European Union. The views expressed herein can in no way be taken to reflect the official opinion of the European Union.

Acknowledgements

This report was prepared by Julia Nowacki, Technical Officer and lead author, and Dr Marco Martuzzi, EHI Programme Manager, European Centre for Environment and Health (Bonn, Germany), WHO Regional Office for Europe.

Table of Contents

1	Background to the project	1
2	Defining environment and health	2
3	Capacity building in EH in participating countries	3
4	Proposal for continuous training in EH through health in EAs and standalone HIA	4
5	References	10
	Appendix – Outline of a training course – template	13

List of figures and boxes

Fig. 1:	The main determinants of health and well-being	3
Box 1:	Developing a training program for standalone HIA and health in environmental assessments	6
Box 2:	Outline of a continuous training course on health in environmental assessment and standalone HIA	6

List of abbreviations

CBEH	capacity building in environment and health
DALYs	disability-adjusted life years
DG Sanco	EC Directorate General for Health and Consumers
EA	environmental assessment
EC	European Commission
EH	environment and health
EIA	environmental impact assessment
HIA	health impact assessment
SEA	strategic environmental assessment

1 Background to the project

Many European countries face great challenges in environment and health (EH). WHO estimates that in its European Region well-tested EH interventions could reduce total death in these countries by almost 20% (Prüss-Üstün & Corvalán, 2006). The range of disability-adjusted years of life (DALYs) lost varies up to fourfold across the WHO European Region. The lowest levels of risk are found in northern and western European countries, while high risk levels are reported for some countries of eastern Europe. While rapid social and economic evolution, coupled with a legacy of environmental degradation (and its interplay with other significant health determinants) result in potentially large health impacts currently underway and/or projected, there is also great potential for health gains, if environmental determinants are addressed.

The European Centre for Environment and Health of the WHO Regional Office for Europe conducted the project “Capacity building in environment and health (CBEH)”, co-funded by the European Commission, Directorate General for Health and Consumers (DG Sanco). The project was conceived in line with recent orientations in environmental health, as reflected, for example, in the Fifth Ministerial Conference on Environment and Health (WHO Regional Office for Europe, 2010).

The overall objective of the CBEH project was to strengthen in-country capacity in several European Member States to deal with EH issues. Eight European Member States participated in the project: Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia.

One of the main outcomes of the project was an international training workshop on EH, held in Riga, Latvia, 19–23 March 2012 with 70 representatives of the environment sector and the health sector from the eight countries. Aims of the event were:

- to provide an overview of the state of the art in environment and health;
- to provide new insights on key topics, selected through discussions at preparatory meetings;
- to offer in depth training on specific areas in environment and health; and
- to provide opportunities for networking among participants of different sectors and countries.

The one-week training was structured through four components:

1. key lectures on priority topics in environment and health delivered by international experts;
2. case studies presented by country representatives;
3. parallel in-depth modules related to health in impact assessments and quantitative methods; and
4. training of trainers.

In follow-up of the main training event two country specific workshops were organized—one in Tallinn, Estonia and one in Ljubljana, Slovenia—to further strengthen in-country capacity in tackling EH issues through existing frameworks like health impact assessment (HIA) and environmental assessments (EA). Aim of the two day workshops was to review together with health and environment experts their experience in EH impact assessments and how health issues are looked at. To this end, case studies were analysed in regard to what went well and what could be changed in future impact assessment. A special focus was on analysing capacity gaps within the health and the environment sector to enhance integration of health into environmental impact assessments (EIA) and strategic environmental assessments (SEA).

Based on the experience from the main training event, the follow-up workshops and WHO work with countries on HIA, a framework for the analysis of EH interactions has been developed. Key stakeholders such as practitioners in public health and environmental agencies at various levels participate in a joint workshop to analyse EAs of selected projects, plans, programmes or policies outside the health sector and to place them in the context of other major families of health

determinants, such as lifestyle, socioeconomic factors, health care etc. Gaps in capacity and knowledge were discussed as well as how existing environment and health data resources in the country can be used for the assessment. Based on the analysis and discussions a country specific action plan was developed for enhanced integration of health in EAs and the implementation of standalone HIA if desired (WHO Regional Office for Europe, 2013a). This framework is also the basis for the following proposal for the inclusion of dedicated EH training modules into the curricula for education, training, and continuous professional development of environment and health professionals. By continuous training in EH it is meant an uninterrupted series of trainings to further qualify environmental and health experts and with regular replication to allow access to new students/participants.

2 Defining environment and health

The WHO definition of health (WHO, 1946) recognizes the broad scope of health, emphasizing that health goes beyond states of ill health:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

Actions to protect and improve health, then, must go beyond providing services that reduce the effects of ill health and look into prevention of illness and promote good health.

As the health of a population is inextricably linked with the state of the environment, both fields, environmental health and public health, are important for health in impact assessment. Environmental health traditionally focuses on issues such as water supply and sanitation, air and water pollution control, solid waste management, chemical and food safety, radiation protection, housing settlements and occupational health (WHO Regional Office for Europe, 1990):

Environmental health addresses all physical, chemical, and biological factors external to a person, and all related factors impacting behaviours. It encompasses the assessment and control of those environmental factors that can potentially affect health. It is targeted towards preventing disease and creating health supportive environments, as well as behaviour related to the social and cultural environment, and genetics (WHO, 2013).

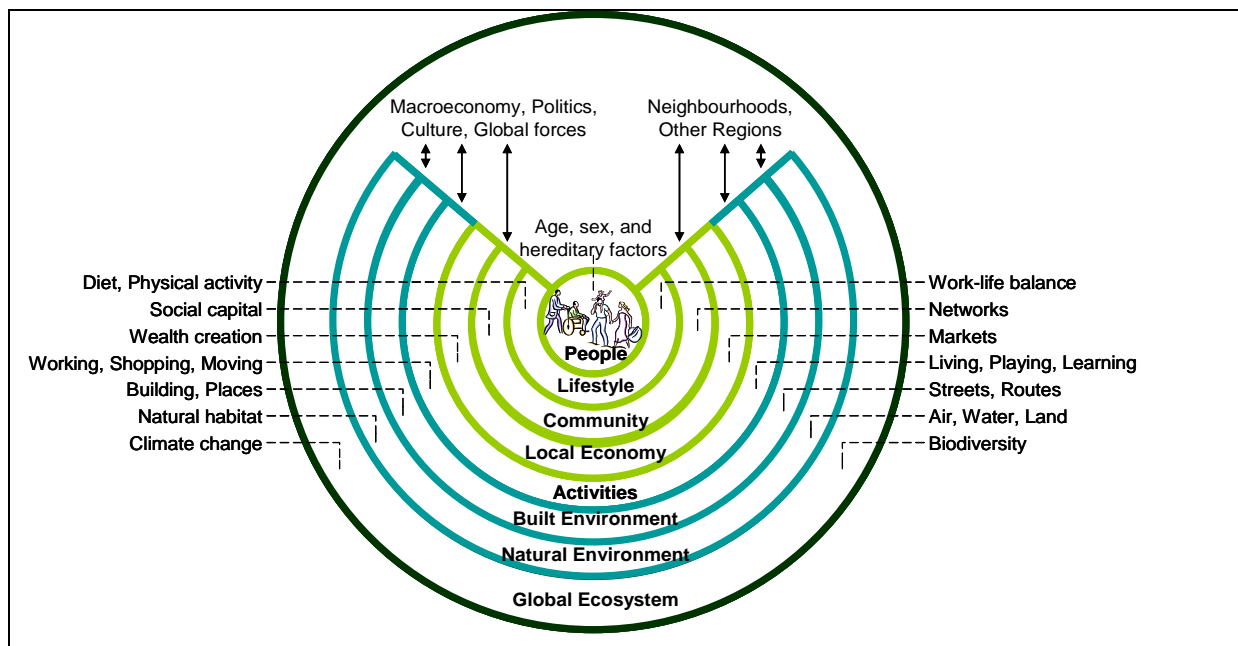
However, there is increasing awareness that a broader approach to environmental health determinants is beneficial for public health, defined as “the art and science of preventing disease, prolonging life and promoting health through the organized efforts of society” (Acheson, 1988; WHO Regional Office for Europe, 2013b). Hence, public health professionals work with other health professionals to prevent illness and promote good health as well as with other sectors to address the determinants of health (see Fig. 1) (WHO Regional Office for Europe, 2013a).

There are therefore overlaps between the two disciplines but few links. The specialists in environmental health, including air quality specialists, hydrologists and acoustic engineers, have much to contribute to, and to gain from, public health specialists whose concerns include surveillance of population health and well-being, monitoring and responding to health hazards and emergencies, health protection, health promotion and disease prevention. Hence there is high need to draw the two sides together (Gibson et al., 2013a&b).

Many factors outside the health sector affect individual and population health, as conceptualized by Dahlgren and Whitehead (1991), further developed by Barton and Grant (2006) and shown in figure 1. These factors include individual characteristics such as age and gender as well as lifestyle factors. Moving further from the centre one moves towards factors influenced by policies, plans or programmes outside of the health sector, for example environment, transport, housing,

employment, social support, crime and community safety and education (WHO Regional Office for Europe, 2013a).

Fig. 1: The main determinants of health and well-being



Source: Nowacki et al. (2010) adapted from Barton & Grant (2006).

3 Capacity building in EH in participating countries

Before the main training event six out of the eight participating countries (Estonia, Hungary, Lithuania, Latvia, Slovakia and Slovenia) were asked about in-country capacity building in EH. Participating countries indicated a lack of EH technical capacity; in most countries there is no EH systematic training for medical or public health students. There might be some general introductory lectures at undergraduate education and some more in-depth courses at the post-graduate level but they are perceived as being insufficient. Especially the need of capacity building in environmental epidemiology, analysis of environmental data and health data, risk assessment methods for small area analysis as well as training in HIA and health in EA were mentioned (see EH Fact Sheets, WHO Regional Office for Europe, 2013c).

These elements, among others, were instrumental to design and conduct the one-week training event in Riga, Latvia. The evaluation of the event confirmed the assessment of the preparatory meetings and revealed a high interest of further capacity building in topic areas like:

- risk assessment methods for HIA and small population groups or on specific topics like contaminated sites and water pollution;
- nanotechnology and health;
- HIA and SEA implementation/in practice;
- the linkages between HIA, EIA and SEA;
- environmental burden of disease methodology; and
- environmental inequalities related to social determinants of health (WHO Regional Office for Europe, 2013d).

Participants deemed important to have more training opportunities, work with real case studies, have practical exercises and give room for discussion. Also establishing a platform or forum to exchange experiences and further networking for the time after the training would be highly valuable.

The structure of the workshop with key lectures combined with in-depth modules proved effective, for relatively junior professionals as well as for participants with many years of experience in EH area. Participants would have other colleagues attending a similar workshop to the Riga event but were also very interested in attending an advanced training workshop. If future events were to be considered, however, it might be advisable to provide a similar training to less experienced EH professionals, as also the more in-depth modules could only present an introduction into their specific thematic area. Therefore it could be very valuable to develop advanced international training workshops with less thematic areas but more in-depth training and a focus on practical applications. As suggested by participants, possible advance courses could be on HIA and the integration of health in EAs like EIA and SEA, quantitative risk assessment methods and environmental burden of disease applications (WHO Regional Office for Europe, 2013d).

In follow-up of the main training event in Riga, two country specific workshops were organized in Tallinn, Estonia and one in Ljubljana, Slovenia, to further strengthen in-country capacity in tackling EH issues through existing frameworks like HIA and EA. Aim of the two-day workshops was to review together with health and environment experts their experience in EH impact assessments and how health issues are looked at. The workshops revealed more detailed capacity needs in regard to HIA and health in EAs. In several countries there is a training system in place for environmental auditors or EIA/SEA assessors, often combined with licensing obligations, however only few countries offer systematic training on HIA, and if there is training on EIA/SEA this usually does not include a health component. In addition, existing HIA trainings do not include specific environmental components (WHO Regional Office for Europe, 2013a).

As HIA is a cross-sectoral approach, training should involve different sectors, e.g. public health, planning and environmental scientists to ensure a base-level of HIA knowledge not only at national level but if possible also at regional and municipality level. Various HIA training programmes have been developed which could be adapted to the country specific needs and its legal system. In addition, a module on human health should be included in the EIA/SEA training; especially if a licensing scheme for EIA/SEA experts or practitioners is in place, a health module should become obligatory prior to licensing. Besides trainings for governmental agencies, the inclusion of HIA and health in EA should be covered in university curricula. In countries with a licensing system in place it could be useful to develop standards for HIA 'experts' licensing scheme, backed up by continuing professional development, e.g. through a mentoring programme (Gibson et al., 2013a&b).

4 Proposal for continuous training in EH through health in EAs and standalone HIA

Different European Commission (EC) funded projects on EH training, like PHEEDUNET¹ and the 'Training of professions in environment and health'² project revealed that only few of the European countries offer public health training and even less offer integrated courses on EH. Instead single topic course are offered. Reasons for this are seen in the lack of common agreed definition of

¹ Aim of the PHEEDUNET project was to develop a European curriculum for the training of Public Health (Environment) Physicians based on an overview on registration rules for physicians and on available courses in the field of EH in Europe.

² Scope of the Training of Professions in environment and health' was to evaluate the impact and effectiveness of actions undertaken in the area of EH training and to identify future actions for the EC.

environmental health and hence a lack of harmonisation in defining training needs (Public Health Services Gelderland Midden, 2011).

This following proposal builds on the broader definition of health, setting also environmental health into a broader frame of health determinants. As this broader EH concept includes cross-sectoral work, continuous training should ideally involve different sectors e.g. public health experts, social scientists, planning officers and environmental scientists. In order to consolidate common grounds, a continuous training for environmental and health professionals that covers the development of health in EA and standalone HIA trainings seems strongly desirable. Following the exemplary process of an EA and HIA not only allows the inclusion of basic knowledge on EH issues, but also incorporating horizontal issues like:

- policy-analysis, relevant for the screening phases of impact assessment;
- quantitative risk assessment, analysis of small area data, and linking environment, health and socioeconomic data when preparing and doing the assessment; and
- risk perception, risk communication and working with stakeholders when preparing the consultation, and stakeholder participation as well as the decision-making.

By now EAs have been widely adopted in countries legislation and regulatory frameworks (Morgan, 2012). Usually they request from the assessor to provide information of direct and indirect effects on human beings, followed by fauna and flora among others, as e.g. defined in the European EIA Directive 85/337/EEC on the assessment of the effects of certain public and private projects on the environment (European Union, 1985: Annex IV.3):

A description of the aspects of the environment likely to be significantly affected by the proposed project, including, in particular, population, fauna, flora, soil, water, air, climatic factors, material assets, including the architectural and archaeological heritage, landscape and the inter-relationship between the above factors.

By continuous training in EH it is meant an uninterrupted series of trainings to further qualify environmental and health experts and with regular replication to allow access to new students/participants.

Different options for the delivery of regular training for environment and health experts can be considered, e.g.

- Yearly “summer school” of one up to three weeks,
- Monthly or quarterly compact courses of two or three days, or
- Weekly seminars, e.g. two or four hours per week.

These trainings can be organized at different levels and for different audiences, as e.g.:

- Mandatory part of university curricula for public health students, planners and environmental scientists;
- Mandatory part of the specialized training for accreditation of environmental auditors and HIA assessors; or
- Joint trainings for health and environmental authorities and practitioners.

Whatever the option chosen, it is crucial to define the responsibilities:

- Who will be in charge of developing the programme, assure its regular delivery and guarantee the quality of the training?
- Is there funding available? If not, how can funding of the programme be made available and secured?

Box 1 gives an overview of further issues to consider when implementing a continuous training.

Box 1. Developing a training program for standalone HIA and health in environmental assessments

- A. Define the training aims.
- B. Identify options for continuous training instead of a single event.
- C. Identify trainers/institutions capable to deliver training on health in EA and standalone HIA.
- D. Define target group(s). Advisable are joint trainings of EH experts to develop a common understanding of the processes. If more specific trainings are needed, for e.g. on specific tools for risk assessments, separate groups might be better.
- E. Identify HIA trainings already available, review its content and applicability to the country and to the main training objective.
- F. Identify gaps in knowledge and practice that may limit implementation of health in EA and standalone HIA.
- G. Identify capacity and capabilities needs to undertake the risk assessment stage of the HIA process.
- H. Define learning objective and expected outcome of the training:
 - a) What should participants have learned at the end of the training?
 - b) Should there be a final exam?
- I. Define the time frame for the training – crash course, weekly sessions, etc. The time frame will heavily depend on the target group and the training objectives, e.g. an introductory course for policy- and decision-makers will have fewer hours than a course for future HIA practitioners.
- J. Develop the training methods and materials, including real case studies, practical exercises, recommended readings etc.
- K. Identify required resources for the training, person time for preparation, delivery and training evaluation, training venue, materials need etc.
- L. Implement a ‘learning by doing’ approach to HIA pilots and development, e.g. through joint projects with EH experts as these would provide an excellent opportunity to develop capacity in health input to EA and/or HIA.
- M. Develop quality standards for the training.
 - a) If needed offer training for trainers.

Source: WHO Regional Office for Europe (2013a).

For a continuous training in EH the ideal training would be through joint obligatory course modules at the universities for undergraduate and postgraduate environmental, planning, public health and medical students, but in many countries governments do not have a direct influence on university curricula. An alternative option is thus to develop a two-three days quarterly course for environmental and health experts working in EH authorities.

A possible outline of the training is delineated in Box 2 (see also Annex I – Template for the outline of a training course):

Box 2: Outline of a continuous training course on health in EA and standalone HIA

Short course description

The course looks at health in environmental assessments (EA). It focuses on EA projects prepared in the country. During the course trainees are taken through the process of a health impact assessment (HIA) from screening and scoping through to completion and reporting, addressing some of the more contentious areas which those commissioning or actively involved in HIA may encounter.

This training module draws on an understanding of HIA and of EA. It looks at examples whereby HIA was conducted alongside, or jointly with an EIA or SEA. The training is based around practical exercises and case studies which the trainees will develop further between the different compact training modules. The learning is drawn from a consideration of the case studies and the experience of the trainees, in addition to numerous other examples as appropriate. The training is intended to be participatory and includes discussion and small group work.

Aims

The aims of this module are to:

- establish a common understanding of health related issues between environment and health experts;
- set health and HIA in the context of EA and other policy drivers;
- consider HIA links with other environmental assessments such as environmental impact assessment (EIA) and strategic environmental assessment (SEA);
- go through a full impact assessment process (screening, scoping, assessment, reporting, consultation, decision-making, monitoring and evaluation) to illustrate and practice the different phases, analytical steps, procedures and tools;
- indicate the importance of addressing health inequalities and differential impacts of plans and programs on population health;
- determine the skill sets required for appropriate interpretation of data provided; and
- understand the challenges facing the practitioner in making the most appropriate use of a health in EA and standalone HIA.

Target Audience [and prerequisites of participants]

(How many participants, their expertise, etc.)

- Environmental and health experts from different environment and health authorities who are or will be either conducting an impact assessment themselves or have to commission it.
- First experience with conducting impact assessment would be an asset but not obligatory.
- Maximum of 20 participants, best would be 10 from the health sector and 10 from the environment sector.

Learning Objectives

By completing the course, participants should be able to:

- define difference between HIA, EIA and SEA;
- describe legal and regulatory requirements for HIA, EIA, SEA and health in EAs;
- explain how to use HIA and health in EA to influence decisions regarding planning applications;
- identify the health issues to be considered in a draft scoping report and how and where these can be addressed in the scoping, assessment and environmental reports;
- distinguish the different stakeholder groups of an impact assessment and describe their roles in and expectations of an impact assessment ;
- recognize the different types of evidence used in impact assessment and differential strengths of these;
- identify sources for health baseline data and know where health information can be obtained;
- utilize the datasets provided from other disciplines;
- align social data with corresponding environmental data;
- identify potential causal pathways and explain the limitations of predicting health impacts; commission health within EA, or HIA, to inform sound decision-making and enhance the health of the wider population;
- identify mitigation and enhancement measures and propose recommendations to enhance health performance; and
- develop a communication strategy on the IA outcomes and the possible health risks of the proposed action (policy/program/plan/project);

- confront the conflicts inherent within health in EA or in HIA;
- liaise with other disciplines to improve the content of the health input to EA; and
- challenge unreasonable assumptions regarding health within EA.

Possible content of the two to three days compact training modules

Module 1 – Introduction to health in EA

- introduction to health in impact assessment and the meaning of health
- working with Health and Environment Authorities
- introduction of the EA case studies, aims, objectives, and experience of participants with health in EA

Module 2 – Screening, scoping and alternatives

- integrating health and equity issues into screening and scoping
- identify alternatives
- health and environmental baselines

Module 3 – Appraisal and stakeholder participation

- risk assessment methodology, e.g. for small area assessments, prediction and causal pathways
- working with stakeholders

Module 4 – Reporting, monitoring and evaluation

- risk communication and communicating uncertainties
- reporting and magnitude of impacts
- enhancement, mitigation and monitoring of environment and health impacts

Module 5 – Presentation of case study results and certificates

- “public hearing” on case study results

Methods to be used

- mini presentations
- group discussions
- small group work
- role play
- individual learning
- brainstorming
- “homework” through developing the case study in small groups of up to four participants – two coming from the environmental sector and two from the health sector.

Expected output of the training

- Participants will prepare a report on the case study which has been developed throughout the course.
- Participants will be able to chair a steering group and have a clear understanding of what information is required and why, where to acquire it and how to present it for maximum impact.
- For countries with a licensing scheme successful participation in the course could provide the license need for undertaking an impact assessment.

Required materials for the training delivery

- pencil/paper – attendees
- post-it notes
- flip charts, pens, reusable adhesives
- computers/projector screens/video enabled (need speakers)
- internet and database access
- room for 20 participants, with tables set up in U-shape but could be also redesigned into small group tables; an additional room for group work would be an asset.

Participant's evaluation

To complete the course, participants will prepare the final report of their case study.

Training evaluation

The training content, teaching methods and trainers will be evaluated through:

- feedback rounds at the end of each module
- final evaluation questionnaire

Source: adapted from Gibson & Cave in WHO Regional Office for Europe (2013e, 2013f)

As described above there are different options for continuous training on EH. The proposed outline is just one of the possibilities and will have to be further developed and adjusted to the country's needs. For this it will not only be necessary to define the aims and the final structure of the training but also to allocate sufficient funding and the manpower needed for developing and delivering the training on a continuous basis.

The proposal for continuous training in EH is hoped to support countries in further developing training on EH on a regular basis and thus support the development of a healthy environment for their population.

5 References

- Acheson ED (1988). *Public Health in England. Report of the Committee of Enquiry into the Future Development of the Public Health Function*. London, HMSO.
- Barton H, Grant M (2006). A health map for the local human habitat. *The Journal of the Royal Society for the Promotion of Health*, 126(6):252–253.
- Dahlgren G, Whitehead M (1991). *Policies and strategies to promote social equity in health*. Stockholm, Stockholm Institute for Further Studies.
- Gibson G, Nowacki J, Cave B (2013a). *Strengthening HIA and health in impact assessments in Estonia. Gap analysis and way forward*. Copenhagen, WHO Regional Office for Europe.
- Gibson G, Nowacki J, Cave B (2013b). *Strengthening HIA and health in impact assessments in Slovenia. Gap analysis and way forward*. Copenhagen, WHO Regional Office for Europe.
- European Union (1985). Council Directive 85/337/EEC of 27 June 1985 on the assessment of the effects of certain public and private projects on the environment. *Official Journal of the European Communities*, L175, 5.7. 85:40–48 (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:1985:175:0040:0048:EN:PDF>, accessed 1 March 2013).
- Morgan RK (2012). Environmental impact assessment: the state of the art. *Impact Assessment and Project Appraisal*, 30(1):5–14.
- Nowacki J, Fehr R (2011). Health in SEA guidelines and tools. In: *XI HIA International Conference “In times of crisis, healthier ways”, Granada, 13–14 April 2011. Abstracts*. Granada, Escuela Andaluza de Salud Pública: 116 (http://si.easp.es/eis2011/wp-content/uploads/2011/04/HIA11_Book_of_abstracts.pdf, accessed 1 March 2013).
- Nowacki J, Martuzzi M, Fischer TB, eds. (2010). *Health and strategic environmental assessment. WHO consultation meeting, Rome, Italy, 8–9 June 2009. Background information and report*. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0006/112749/E93878.pdf, accessed 1 March 2013).
- Prüss-Üstün A, Corvalán C (2006). *Preventing disease through healthy environments. Towards an estimate of the environmental burden of disease*. Geneva, World Health Organization (http://www.who.int/quantifying_ehimpacts/publications/preventingdisease.pdf, accessed 1 March 2013).
- Public Health Services Gelderland Midden (2011). *Training of professionals in environment and health*. Luxembourg, European Commission Directorate General for Health and Consumers.
- WHO (1946). *Constitution*. Geneva, World Health Organization (<http://apps.who.int/gb/bd/PDF/bd47/EN/constitution-en.pdf>, accessed 1 March 2013).
- WHO (2013). Environmental health [web site]. Geneva, World Health Organization (http://www.who.int/topics/environmental_health/en/, accessed 1 March 2013).
- WHO Regional Office for Europe (1990). *Environment and Health. The European Charter and Commentary. First European Conference on Environment and Health, Frankfurt, 7–8 December 1989*. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0011/116012/WA3095.pdf, accessed 1 March 2013).
- WHO Regional Office for Europe (2010). Fifth Ministerial Conference on Environment and Health, Parma, Italy, 10–12 March 2010 [web site]. Copenhagen, WHO Regional Office for Europe (<http://www.euro.who.int/en/what-we-do/event/fifth-ministerial-conference-on-environment-and-health>, accessed 1 March 2013).
- WHO Regional Office for Europe (2013a). *Capacity Building in Environment and Health (CBEH) Project: Using impact assessment in environment and health: a framework*. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0007/190537/e96852.pdf, accessed 3 June 2013).

WHO Regional Office for Europe (2013b). Public health services [web site]. Copenhagen, WHO Regional Office for Europe (<http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/public-health-services>, accessed 1 March 2013).

WHO Regional Office for Europe (2013c). *Fact sheets on environment and health 2011. Estonia, Hungary, Lithuania and Slovakia. Annexes 3a – 3d of the Final Technical Report on Capacity Building in Environment and Health (CBEH) Project to the European Commission*. Copenhagen, WHO Regional Office for Europe (unpublished).

WHO Regional Office for Europe (2013d). *Capacity Building in Environment and Health (CBEH): Report of the international training workshop on CBEH, 19–23 March 2012 Riga, Latvia*. Copenhagen, WHO Regional Office for Europe (http://www.euro.who.int/__data/assets/pdf_file/0005/189743/e96848-Eng.pdf, accessed 3 June 2013).

WHO Regional Office for Europe (2013e). *Capacity Building in Environment and Health (CBEH) Project : An intersectoral training package for environment and health experts*. Copenhagen, WHO Regional Office for Europe.

WHO Regional Office for Europe (2013f). *Capacity Building in Environment and Health (CBEH) Project : Protocol. Annexes 4 of the Final Technical Report on Capacity Building in Environment and Health (CBEH) Project to the European Commission*. Copenhagen, WHO Regional Office for Europe.

Appendix – Outline of a training course – template

Outline of [course name]

[Short description of the module]

Aims

The aims of this module are to:

- Xxx
- Xxx
- Xxx

Target Audience [and prerequisites of participants]

(How many participants, their expertise, etc.)

- Xxx
- Xxx
- Xxx

Learning Objectives

By completing the course, participants should be able to:

- Xxx
- Xxx
- Xxx

Possible content of the module

Morning slot (incl. time and trainer)

Time	Content	Trainer

Afternoon slot (incl. time and trainer)

Time	Content	Trainer

Methods to be used

- Xxx
 - Xxx
 - Xxx
-

Expected output of the training

- Xxx
 - Xxx
 - Xxx
-

Recommended readings for participants

- Xxx
 - Xxx
 - Xxx
-

Recommended case studies (links) for participants

- Xxx
 - Xxx
 - Xxx
-

Required materials for the training delivery

- Xxx
 - Xxx
 - Xxx
-

Participant's evaluation

To complete the course, participants will take an exam in:

- Xxx
 - Xxx
 - Xxx
-

Training evaluation

The training content, teaching methods and trainers will be evaluated through:

- Xxx
 - Xxx
 - Xxx
-

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czech Republic
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
The former Yugoslav Republic of Macedonia
Turkey
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

More and more, countries are faced with the challenge of addressing the burden of disease arising from environmental exposures. Capacity building in environment and health has been recognized as a critical need among Member States of the WHO European Region and the European Commission, DG Sanco. This report presents a proposal for continuous training. By continuous training in environment and health it is meant an uninterrupted series of trainings to further qualify environmental and health experts and with regular replication to allow access to new students/participants. In order to have a common ground for the training, a continuous training for environmental and health professionals through the development of health in environmental assessment and standalone HIA trainings is proposed. The continuous training for environment and health should involve different sectors e.g. public health experts, social scientists, planning officers and environmental scientists. A modular setup is suggested with five quarterly two to three days workshops. The proposal for continuous training in environment and health is hoped to support countries in further developing training on EH on a regular basis and thus support the development of a healthy environment for their population.

World Health Organization Regional Office for Europe

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark
Tel.: +45 45 33 70 00 Fax: +45 33 70 01 Email: contact@euro.who.int
Website: www.euro.who.int