



Intergovernmental Midterm Review (IMR) of the implementation of Budapest Declaration

13-15 June 2007, Vienna, Austria

Intergovernmental Midterm Review Vienna 13 - 15 June 2007 Meeting Report

The IMR was attended by 50 out of 53 member states.

Delegations appreciated the organization of the Intergovernmental Midterm Review as a means of reporting back mid-way between ministerial conferences and the meeting allowed exchange of knowledge, experience and lessons learnt

There was a general agreement that the Fifth Ministerial Conference on Health and Environment should take place in 2009.

Italy reiterated its commitment to host the next Ministerial conference in 2009.

The theme of the next conference should continue to focus on children's health and environment issues but some highly political cross-cutting themes such as climate change, and economic implications of EH burden (e.g. the cost of inaction) should be identified to strengthen the Ministerial Conference agenda

The European Environment and Health Process should further prioritize:

- the needs of other vulnerable groups besides children
- social inequalities
- the special needs of the NIS countries
- the involvement of NGOs, Youth and the business community.

WHO was asked:

- to identify ways of working at the local level
- to provide more assistance at the sub-regional and national level.
- to assist the Member States in their commitment to the process by introducing time-bound targets/goals and considering more compelling funding mechanisms
- to explore the possibility of linking the CEHAPE to an existing international legal instrument such as the UN Rights of the Child or the International Health Regulations.

Many delegations felt that great achievements had taken place since the last Ministerial conference and requested that the process should continue beyond 2009.

Member States felt that it was important to ensure sustainability of the European Environment and Health Process by committing to increased voluntary donations to the Process.

The WHO Regional Office was also asked to further strengthen the European Environment and Health Process in terms of resources



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Introduction

The Intergovernmental Midterm Review (IMR) on Environment and Health was an important milestone in the European Environment and Health Process and was organized in Vienna in accordance with a request made by Member States as indicated in the Budapest Declaration paragraph 19b.

A total of 300 people participated in this meeting, coming from 50 European Member States. Also present were European Members of Parliament, public health representatives from Canada, representatives of 19 civil society groups, 67 youth delegates and 138 observers (including Austrian delegates, youth, press and media).

The Conference elected as Co-presidents Mr Josef Pröll, Federal Minister of Agriculture, Forestry, Environment and Water Management, Austria and Dr Andrea Kdolsky, Federal Minister for Health, Family and Youth, Austria with Dr Marc Danzon, WHO Regional Director as overall President of the meeting. Dr Lis Keiding, Ministry of Health Denmark was elected Rapporteur.

The programme of the Conference is given in **Annex I**.

Proceedings of the Meeting

Opening session

The session was opened by Dr Roberto Bertollini, Director of the Special Programme on Health and Environment who welcomed the participants, and thanked the Austrian hosts for the strong ongoing collaboration in the Environment and Health Process. Dr Bertollini then held the election of officers for all sessions (**Annex II**) and handed over the Chairmanship to the Co Presidents.

Dipl. Ing. Josef Pröll, Minister of Agriculture, Forestry, Environment and Water Management invited the invited Ms Genon Jensen, Executive Director, Health & Environment Alliance and Ms Sascha Gabizon, International Director, Women in Europe for a Common Future to the head table to facilitate the NGO CEHAPE Awards.

Ms Jensen and Ms Gabizon explained how the CEHAPE awards were financially supported by the Government of Austria and coordinated by the Health & Environment Alliance, Eco-Forum, Women in Europe for a Common Future and ISDE Austria. The competition was launched in March 2007 with the aim to highlight some of the excellent projects that are helping to reduce the harm to children from environmental hazards. The contest was very successful with over 100 applications from 32 countries in the WHO European Region. The projects were evaluated by a jury consisting of international experts from the health and environment sectors. A total of 15 contestants, three from each of five contest categories, had been invited to Vienna. From these, five "Special Awards" were made to the best contestant in each category.

The overall winners in each category, who won cash prizes, were announced as follows:

Category 1: Water and Sanitation - Femei pentru un Viitor Curat (Women for a Clean Future, Romania) with the project "Community acts to make drinking water safe".

Category 2: Protection from injuries - Climate Alliance Austria with the project "Mobility managed for children's health".

Category 3: Improving air quality - The Paediatric Environmental Health Specialty Unit (PEHSU), Murcia, Spain with the project "Doctors who stop smoking before it starts".

Category 4: Protection from hazardous chemicals - West-Transdanubian Regional Institute of National Public Health, Hungary with the project "Public health leaders promote "sun-safe"

Category 5: Youth participation - Municipality of Ålesund with the project "Young Norwegians turn their city green".

Dipl. Ing. Josef Pröll, was invited to the podium to deliver his welcome speech and to declare the meeting officially open. Dr Andrea Kdolsky, Federal Minister for Health, Family and Youth, Dr Susanne Weber-Mosdorf, WHO Assistant Director General, and Dr Nata Menabde, Deputy Regional Director, WHO Europe also delivered opening addresses. A keynote address by Dr Andrzej Rys on behalf of the European Commissioner for Health and Consumer Protection concluded the political part of the programme.

Keynote address by Andrzej Rys of DG Sanco

Dr Rys thanked WHO and Austria for organizing the meeting to discuss progress made since Budapest Conference. Socio-economic and Environmental Risk factors were important to the Commission and this is why DG Sanco had supported the European Environment and Health Process over the years. The Commission had its own EU action plan on Environment and Health but the Commission also addressed environment and health issues through community funding programmes and framework programmes for research. Health in all policies was important and was the theme of the meeting that had taken place in the presence of Dr Margaret Chan, Director General of WHO, the day before in Brussels. This would undoubtedly be the focus of future activities and direction.

The priorities listed in the EC Environment and Health Action Plan included:

- E&H information system (ENHIS);
- Outdoor and Indoor Air Quality, especially Environmental Tobacco Smoke and respiratory disorders. A green paper on smoke free environments was adopted by the Commission at the beginning of 2007 who also developed guidelines on ETS in line with the WHO Convention on Tobacco
- Electromagnetic fields (mobile phone, power lines etc.). There were council recommendations on this and the scientific committee has stressed the need of additional research in this field. Member States were being consulted on EMF at that moment in time.
- Extreme weather events, climate change related health impacts – a communication of the commission was to be adopted in 2008 in order to follow a coherent approach is currently under preparation. EuroHEAT has been acknowledged as a major outcome of the current cooperation between the Commission and WHO
- Nanotechnology and health. New research may be done in this area under 7th Framework Programme. Industry should place safe products on the market.

Session 1: Presenting the Evidence - New Insights into the Links between Health and the Environment

The introductory speaker was Professor Philippe Grandjean to present the latest evidence on the health impacts on children from chemicals followed by Professor R.K.Pachauri, Chairman of the Intergovernmental Panel on Climate Change.

In his address, Professor Grandjean spoke about children as monitors and targets of environmental risks. The toxic effect of chemicals was determined by toxicant's properties and the dose. Timing of the dose in relation to windows of vulnerability appeared also to be a determinant of toxic effects. Chemicals were known to impact on health of persons by affecting the reproductive organs (such as the quality of sperm). Increased risk of exposures could be seen in obese persons. Persons suffering from diabetes also seemed to be more susceptible to persistent pollutants of various kinds. Chemicals were known to affect lung development, the immune system and neurodevelopment (including the speed of electrical transmission in the brain which seemed to increase with exposure). Professor Grandjean's main message was that threshold values of chemicals are adjusted downwards in accordance to better scientific research and therefore it was important to ensure that better research was done in the fields of chemicals to continue to improve health. This was also important because of the time it took for policy and action to be implemented following the recognition of toxicity of the chemicals concerned. At present there were only 5 proven neurotoxins but there were at least 250 more known to be toxic and yet not recognized. We were therefore facing a silent epidemic. A new model for decision making in environmental health was needed including stakeholder involvement and precautionary actions, and the way forward could only be through expanding research and including developmental exposure in standard testing.

The keynote address of Professor Pachauri highlighted the activities being carried out by the International Protocol on Climate Change, and the related intergovernmental body. He explained that global mean temperatures were rising faster with time and that more heavy precipitation and more droughts were expected. Most of the increase in temperatures was a result of increasing greenhouse gas concentrations which was leading to cumulative glacier melting and flooding risks. There were also impacts on agriculture and crop responses (dependent on latitude) which were having impacts on food prices afflicting especially the poor. Health impacts from climate change included infectious diseases, mortality from floods, and malnutrition. As to the heat waves that took place in France, early warning systems could have saved many lives. Professor Pachauri advocated for health services to be better prepared and equipped to react immediately to impact from climate change. This should include promotional campaigns targeting the 40-60 years olds who are also at risk and are at the same time those that have to go out to help others. Projections for the future show that extremes in temperature will be more frequent and this problem has to be treated by reduction of emissions. The difficult part was that all of us needed to accept that lifestyle changes were required to ensure a reduction in emissions and these included changes in consumers' choice in buildings, reduction of car usage etc.

There were five interventions during this session, three by country delegation members (Denmark, Sweden and Hungary) and two by International Governmental Organizations (World Business Council for Sustainable Development and European Environment Agency). The main points made during the interventions were that all member states needed to pay special attention to endocrine disrupters and to protect vulnerable populations such as pregnant women from the effects. Mercury is also a great challenge. The new EU regulations on chemicals and endocrine disrupters would be helpful in this. Recommendations were made to prioritize this area even further in CEHAPE. A combination of actions such as legally binding instruments, and partnership programmes would be more effective along with provision of technical and financial

assistance to developing countries. A global instrument and global vision was important. With regards to climate change, there was a lot of work being done by the European Environment Agency but also by WHO, who were leaders in health indicators in this area. Prevention of melanomas by “sun safe” behaviour was also stressed.

Session 2: Reporting Back

This session was structured as a series of parallel sessions which addressed the four regional priority goals of the CEHAPE as well as the outcomes of the Budapest Declaration. The chairpersons of these sessions are listed in Annex II. In advance of the IMR, Member States had been invited to reporting back using templates to allow for uniform and comparable reporting. The emphasis of the reporting was on the lessons learnt through projects or actions implemented as a result of CEHAPE and the Declaration .

Delegations reported on all four regional priority goals of the Children’s Environment and Health Action Plan as well as the Budapest Declaration and reached the following common conclusions:

Clear identification of the magnitude and relative importance of the problems at stake was important to get started. It was important to be aware of “masked” problems such as hygiene and sanitation problems in countries with high access to safe water and sanitation. Investing in a good surveillance, monitoring and information system was a good basis for taking action. Research was required to identify current and emerging problems, as well as solutions. At the international level, it was particularly important to focus on the specific needs and problems of the EECCA and SEE countries.

Investing time in good planning was necessary to ensure successful implementation. At the planning stage, a choice of interventions or actions for reference was useful, but these were NOT always available. During the implementation stage, it was necessary to assess the effectiveness of interventions to ensure sustainability and more importantly to allow adjustment according to the new needs, challenges or priorities that arise. Prioritization was important as by focusing on a SMALL number of projects at one time which are action-oriented was more productive.

When planning project budgets, it was necessary to take into account the full cycle of project implementation including possible delays that could arise. Coordination had to be maintained throughout implementation of different actions at the national level, to ensure that resources were used efficiently. Incentives should be built into the process to encourage persons to commit to implementation.

Multisectoral approaches to problem solving were required and partners or sectors involved had to have clear well defined roles and responsibilities. If well coordinated, involvement of all stakeholders towards a common objective could be a useful tool and would be provide cost benefits. Clarifying the benefits for each sector, resulted in a more efficient multisectoral implementation of action

Political support and political will was needed and should be consistent to maintain commitment to action by all the sectors involved. Involvement of new stakeholders such as the medical professions, NGOs, youth and private sector was particularly stressed. Collaboration on an international level was important to ensure political will and commitment to sensitive or emerging issues. International collaboration facilitates the coordination and sharing of experiences, allowing countries to make more effective use of resources invested. Sub-regional

partnerships around common themes or issues was recognized as important and effective in implementing national policies

Children and youth had to be involved in determining their own future. Their contribution was important and support by appropriate educational methods would facilitate their involvement in decisions that affect them. This includes ongoing assistance and guidance from parents, teachers or caretakers.

Implementation of international agreements was not easy. It required effort from the member states but provided a useful framework for priority actions. It was recognized that regulatory frameworks work well only if applied to all stakeholders equally, and if equipped with good control mechanisms. Clever economic instruments were seen to be effective implementation tools.

The role of legislation and standards that are enforced as well as national and international commitments was acknowledged. On a national level it was necessary to take into account the opportunities for coordination at the national level that a legislative framework provided such as the EU Acquis. On an international level awareness of the diverse legal systems in different countries was important in identifying effective ways of implementing international commitments such as the water and health protocol.

Reliable information is necessary as a basis for communication and it may require update of monitoring and health surveillance systems in some countries. **Open and transparent communication with the public** is a key factor to successful action. Raising awareness of the population is important to ensure acceptance of the need for change in behaviours. 'Good stories' and case studies were particularly useful as part

Communication was important and key messages had to target all groups in the clearest possible manner. Health Promotion and Prevention messages were seen to be more effective if they targeted policies agreed to or requested by the public. Public awareness and communication campaigns were important and should make use of all forms of media. Models of good practice should be referred to. Schools were fertile ground for health promotion and preventive action. They were an effective setting to ensure child/youth involvement and also good communication potential in terms of "spreading the message"

Communication required a good basis of data. A national environment and health information system was important and should clearly address the needs of the users. It was important to ensure common elements between the countries. Continued effort and enthusiasm in building this tool on an international as well as a national level was a worthwhile venture.

The NIS and SEE countries were sub-regions with particular needs. It was important to promote sub-regional cooperation as this could ensure an increased implementation rate as could be seen by various examples of initiatives shared between regions such as the Nordic case studies.

Session 3: Learning from Experience

The chairpersons of the day were Professor David Harper (Ministry of Health UK) and Dr Lea Kauppi (Ministry of Environment, Finland). Professor Harper thanked the Austrian Ministry of Environment for the reception held the evening before. He went on to explain the programme of the day and encouraged the participants to actively participate in the discussions that would take

place later that day on the experiences and the lessons learned that were presented the day before by member states and international organizations.

Environment and Health Status and Actions

The first speaker was Dr Tuomo Karjalainen from DG Research followed by Dr Michal Krzyzanowski of WHO Regional Office for Europe.

Dr Tuomo Karjalainen explained that there were several directorates at DG Research dealing with environment besides the environment directorate and the health directorate. DG Research regularly funded projects on research for the development of policies. Projects funded by the directorate as part of the 5th framework programme included the one on endocrine disrupters. In the 6th framework, other issues such as air pollution, chemicals and their effects on human health, integrated Environment & Health impact assessments and the EMF project were amongst the projects funded. Health Priorities under Framework Action 6 included asthma and allergies, neuro-immune disorders, environmental causes of cancers and endocrine-disrupters. Framework Action 7 addressed methodological systems to analyse interactions between environment and health. Framework Action 8 was interested in emerging issues such as climate change, water pollution and health and nano-particles and health.

Dr Karjalainen went on to explain the Framework Programme 7 (FP7). The framework programme was of seven years duration and had a larger budget than previous programmes. Operating with a new structure, the main source of funding would go to collaborative research. Hence each project was required to have at least 3 partners. An 'investigator-driven' approach was being promoted. The budget was available for applicants outside the EU and DG Research was placing a special emphasis on projects dealing with issues at regional level. The first call for projects was published on the 1st December 2006 and all calls could be viewed on the website of FP7. Dr. Karjalainen concluded that there is a commitment to environmental health research and to collaborate with WHO, DG Sanco and DG Environment. Research ideas are welcome.

Dr. Michal Krzyzanowski presented the Environment and Health Status and Actions Assessment, a review of Environment and Health in Europe based on ENHIS project (indicators). The presentation clearly outlined inequalities in the Region with particular reference to water supply and the high injury rate, demonstrating that where policies were in place there was a lower rate in injuries. Dr Krzyzanowski demonstrated the differences throughout the region in obesity and lack of physical activity and also how exposure to air pollution was not decreasing. More than 50% of children in many countries are exposed to ETS at home. Lack of available data on air quality within the member states of the region was still a problem. On the other hand, the report indicated a decrease of exposure to persistent organic pollutants as well as to lead exposure.

Dr Krzyzanowski's presentation served to show the usefulness of a common indicator system as a tool for policy makers. An equally important tool was the Table of Actions which he went on to describe. This tool had been developed by WHO and the member states and was seen to be effective in translating policy to action. The collection of case studies was also mentioned.

Policy Instruments – have they made a difference

During this session, a number of panellists were called to the head table to discuss whether policy instruments were effective in addressing health impacts arising from environment. The panellists included Mr Gary McGrogan of 'Eurocities' representing governance at the local level, Dr Diana Hein from the environment ministry of North Rhine Westphalia, representing regional

policy makers, Professor Maria do Ceu Machado from the ministry of health of Portugal representing policy making at the Ministerial level and Dr Mihaly Kokeny a Hungarian Parliamentarian, representing policymakers at cabinet level. Also on the panel were Dr Francois Andre from the Belgian Federal Ministry of Health (Chairperson of the Transport, Health and Environment Pan- European programme, 'THE PEP'), Dr Thomas Kistemann (representing the binding policy instrument 'the Water and Health Protocol') as well as Dr David Stanners from European Environment Agency (to represent the importance of supporting policy making through data collection and analysis). Dr Franklin J. Apfel facilitated the session.

The panel was asked to comment on *whether legally binding and non legally binding instruments have made a difference*. In general, the panel felt that, regardless of its legal status, any type of instrument helped to push decisions through as it gave political backup and also became a common goal for various countries who could then share international and cross sectional experiences. These instruments were required for enforcement of local action and also for Civil Society to become involved through advocacy for that particular instrument. The Business community thrived on such instruments as the instruments provided a favourable environment for investment and were also important incentives.

One of the panellists felt that there was no wide spread use of the instruments through the countries and this was also reflected in the ENHIS report which showed that actions taken by the Member States across Eastern Europe may fail to work. The report highlighted how major issues like air quality were not improving at all and this indicated that there was a need for policy instruments to be more user friendly at local level. In the case of the Protocol on Water and Health, it was pointed out that the whole aim of having a legally binding instrument was to bring different groups together to discuss and find common solutions to a common problem that they were all forced to address.

When asked for *examples of instruments that are working or not working*, one member of the panel explained that instruments were seen to be effective according to how they were used, but we should not be trapped by them. The only difference was the enforcement aspect and it is precisely for this reason that discussions on whether to change Transport Health and Environment Pan European Programme (THE PEP) into a legally binding instrument had gone on for so long.

The Budapest Ministerial Conference was a good example of strong political commitment as this process had spearheaded action within countries. The example of Portugal was used to demonstrate that actions addressing children's health and environment issues as well as the national environment and health action plan were a result of this conference. Another panellist agreed that the whole WHO Environment and Health Process had helped to develop a common language between sectors and levels of governance. There was a growing awareness of environmental risks but since economic growth was a priority for cities, a lack of clean solutions resulted in elements working against each other. Moreover, another panellist clarified that though huge investments were made in the development of the EC waste water directive, the level of effectiveness in its implementation phase showed that the very high costs involved was a disadvantage. Countries varied in how they invested their resources in the implementation phase and hence the cost effectiveness of the waste water directive was doubtful.

When asked about *cross sectional collaboration and public awareness - was there an obvious conflict?* One panellist quoted the example of THE PEP and explained how all the three sectors (transport & health & environment) are involved in that process. The main issue for debate was whether a country wanted to implement through voluntary agreements or whether it preferred to be regulated. Another panellist explained that indicators had to be formulated to ensure that

targets were achieved and this was especially important due to the different structures at national level. Standards were also helpful for countries. The panel felt that encouraging cross sectional collaboration was not enough, as it required backing through an appropriate plan of action and adequate infrastructure to engage all stakeholders in the accomplishment of the task concerned. Civil servants had to be encouraged to work in an intersectoral manner, even though there were at times, conflicting interests. A common understanding of what had to be achieved was sometimes enough.

At this point, there were a number of interventions from the floor (six member states, one IGO and two NGOs). The speakers from the floor felt that legal instruments played an important role. France explained how important legal instruments had been in addressing environmental determinants of health in their country. The heat wave emergency plans in France were a clear example of the relevance of intersectoral collaboration. At the time, a huge effort was made to ensure a complex action plan was drawn up involving different ministries. This plan had focused on specific activities and appropriate information dissemination by all partners and when in July 2006, a new heat wave hit France, France experienced less heat related deaths. The intersectoral approach had resulted in 4000 less deaths. It was clear that intersectoral approach was important but it was necessary to analyse and learn from such approaches to continue to improve the methods of working together. A panellist commented that this was what 'Health in all policies' was about, but another panellist noted that policies needed to be more open to allow for assessment and criticism. There was need for better involvement of the Business Community as a new sector. Austria also strongly recommended the need for more legal instruments as governments had a limited number of instruments to use as incentives to raise resources required for implementation. Tax legislation and incentives have worked very well in that country.

Cyprus commented that framework agreements were helpful when there was a certain amount of flexibility. The development of the CEHAPE in that country had adequately demonstrated that intersectoral collaboration could function when all actors focused on common objectives, but still with the freedom to adapt their actions to commitments already taken. Moreover, intersectoral collaboration was easier in projects that were funded externally. Armenia cautioned that there was the need for strong political will backed by appropriate capacity. Unfortunately in many cases though there was political will, this was not reflected in building of appropriate capacity for efficient implementation. This often led to problems within a country especially when ratification of legally binding instruments or implementation of non-legally binding ones was required. A panellist agreed that it was important to clarify the starting conditions so that countries could use the most appropriate actions, interventions or legal instruments suited to their needs. This was a difficulty actually faced by the countries in meeting the commitments of the water and health protocol. Another member state commented that the evaluation of the policy instruments was important, yet it was still lacking.

The Chairperson, Professor David Harper concluded this session by reiterating the strong messages brought out during the discussion. The legal nature of an instrument was not seen to be an important element in the picture but each country needed to judge their needs in a case by case fashion. There was the clear need for a good evidence base for policy making and also for the broadest stakeholder involvement from the start of the process. Political will was important and due to the complex challenges ahead, creative and evidence based solutions had to be found.

Lessons Learnt

For this part of the day's programme, Professor Harper invited the chairpersons of the parallel sessions held the day before in the session on reporting back, to join him at the head table. These included Ms Sabrina Bijlsma (Flemish MoE, Belgium), Dr Karin Knufmann-Happe (MoH

Germany), Dr Nina Cromnier (MoE Sweden), Dr Sabirjan Abdikarimov (MoH Kyrgyzstan), Dr Catherine Mir (MoH France), Dr Olga Sharapova, (MoH Russian Federation). A presentation by Dr Lucianne Licari of WHO Regional Office for Europe summarized the conclusions of the sessions after which the chairpersons as well as the delegates present in the hall were asked to make additional comments.

In general, the panellists felt that the experiences presented during the parallel sessions were useful examples and should be discussed in more detail. A multisectoral approach had been stressed throughout all the sessions and multiple benefits were seen in this approach. The Nordic case studies as well as the Dutch case studies were highlighted. It was stressed that there was a need for continuous improvement even in those countries where implementation was moving forward, and attention should be paid to ensuring new stakeholders were better involved, including municipalities, the medical profession and youth. Also there was need to study if legal instruments could be better used to achieve targets as well as other tools for policymaking such as economic instruments; taxations and sanctions to ensure compliance, as well as communication and multimedia tools for information and education. Policy makers needed more scientific evidence and data to enable them to draft better policies but it was important that these should be cost effective and ensure social gains. Health in all policies should be stressed. The panellists felt that there was need for more support for those countries which were in the worst situations in the region.

The interventions that followed referred to the need for ongoing assessment of the European situation. The ENHIS report was timely and useful but though it presented an actual picture at this point in time, it did not demonstrate the ongoing changes and the impacts that would arise from such changes in the Eastern European Countries. The 27 countries in the European Union were supported through the directives issued by the EU, but other countries had no such guidance and hence soft instruments such as the Conference Declarations were useful tools to achieve progress in Environment and Health.

The Russian Federation state shared how the children's Environment and health action plan had improved the health situation of children in their country. Since the Budapest conference, a large project on public health reform was initiated and had been supported through adequate financial resources for equipment and education. All improvements arising from these activities were the result of Budapest commitments. Kyrgyzstan talked about the importance of addressing water and sanitation in rural areas as well as transport accidents. There were good results, verified by monitoring tools but assistance and international cooperation was necessary in order to continue the implementation. The national plan had been developed but lacked financial resources for implementation. The Former Yugoslav Republic of Macedonia expressed concern at the gap between the western and eastern parts of Europe which was still increasing. The Budapest Declaration had clearly called for further support and focus on NIS and SEE countries but unfortunately, this support was still not well coordinated among the international institutions. Most of the activities at a national level were run by environmental professionals without a collaborative or systematic approach. This needed to change and together with the right technical and financial assistance, an improvement in the health system structure would allow better implementation of environment and health policies and commitments. Armenia called for strengthening of legislation and standards in the area of environment and health. However, it was important that general environmental conditions were addressed first in many parts of the Eastern European Countries before there could be successful implementation of child specific environment and health actions.

WHO Regional Office for Europe explained that the inequalities between different parts of the region were persistent. The situation was more visible due to the increased availability of

appropriate data and indicators which allowed discrepancies to be seen more clearly. WHO was responding to the needs of the countries but it was important that these needs continued to be expressed by the member states concerned through the institutional mechanisms of WHO such as the Biennial Collaborative Agreements. Moreover, countries needed to ensure that the actions that they implemented were the most cost effective and ongoing efforts were required to find the most effective ways of achieving targets. WHO activities could only be undertaken when environment and health was seen to be a priority by the country and this was not always the case as politicians still did not have a clear technical understanding of the relevance of environment risk factors to health. WHO needed to advocate with the member states at higher political levels, and through WHO operations in the countries, was striving to do so. WHO also provides examples of best practices and evidence.

Involving civil society: reporting back and future directions from NGO

This part of the day was organized by Civil Society members of EEHC and was presented in the form of a newscast. Each 'reporter' gave an overview of the problems still needing attention within each regional priority goal (RPG) as well as the actions that had already been taken to address them.

In the case of **RPG 1**, it was stressed that children in Europe were still dying of diarrhoea and methaemoglobinaemia (blue baby syndrome). Less people had access to safe water in rural areas even though there had been some improvements since the Budapest conference. However, the Water and Health Protocol still lacked funds to ensure its implementation and there were still problems in schools with sanitation. Financial Resources were required especially for the smaller communities and a legislative framework to transpose the WHO water guidelines into national legislation was necessary. Ministries should put safe school sanitation on their agenda.

In the case of **RPG II**, more political commitment to action was necessary even though multisectoral collaboration was growing. There was a need to increase capacity within countries to address child injury prevention. There were still a number of challenges for the future and unfortunately the current commitment and resources were not proportional to the size of the problems that still needed to be addressed. More strategies were required that needed to go beyond educational campaigns alone. To date, no country had implemented all the recommended good practice strategies to reduce child injury. Member states were being urged to continue to

- invest in injury prevention
- develop national child safety action plans
- adopt, implement and enforce what works
- enhance capacity to develop, implement and evaluate effective injury prevention strategies

When reporting on **RPG III**, it was encouraging to note that many more countries had implemented national smoke-free regulations, but there was still loss in life due to particulate matter. At least one person every hour was dying of asthma in Western Europe. Children living close to busy roads have 50% increased risk of respiratory illness. EECCA countries were in an even worse situation.

The focus of **RPG IV** was the REACH legislation but it was considered to be only a first step. Neurodevelopment tests needed to be included as part of REACH programme and more education on pesticides was necessary so that parents could actively prevent exposure of their children to persistent organic pollutants (POPs). Moreover the POPs stock pile needed to be controlled and safer alternatives for chemical products used by consumers was important.

Inequalities of burden of disease should be addressed, and health savings of reducing air pollution and economic cost of inaction should be underlined. There was a need to focus on children, particularly at the prenatal state.

Health in other policies. Taking stock and learning from experience

Ms Pascale Scapecchi of OECD delivered a presentation on the usefulness of economic instruments in the environment field. Her presentation focused on the economic valuation of environmental health risks to children, where children-specific values were needed. Ms Scapecchi informed the participants that there were 800.000 annual deaths due to air pollution every year. Valuing the costs of such an impact was important so as to ensure cost-effective environmental policies. This included paying attention to medical costs, costs of illness values and willingness to pay. In many cases, the health impacts were mainly preventable by implementing policies on air and on water, but there was need for better coordination between environmental and health policies. This required better regulatory frameworks, creation of special institutional frameworks, and clear definition of responsibilities of key players. During evaluation, it was important that there was coherence in the process applied across sectors involved. However this was not always possible since there were obstacles such as sectorial specialization, competing discourses, lack of coherence and consistency between sectors as well as lack of resources. Also application of economic evaluation tools was rather limited and uneven among OECD countries and different approaches were used. This resulted in a lack of economic studies.

Through an intervention that followed the presentation, Norway supported the statement that child specific standards were required which should be used in planning. Ideally these should include pre-born and fertility related standards. To date policymakers were still using adult values.

Following the presentation, a round table discussion on the relevance of addressing health in other policies took place. The members of the round table included stakeholders from different sectors - Mr Bjorn Erikson from ITUC on behalf of the trade unions, Mr Harald Egerer from UNEP representing the environment sector, Dr Gernot Klotz from WBCSD representing the Business sector, Ms Christina von Schweinichen from UNECE representing the Environment for Europe Process, Dr Mario Fruianu from the Ministry of Transport in the Netherlands representing the transport sector, and Mr Eamon Corcoran from the Department of Children's Health in the Ministry of Health Ireland, representing health sector.

The session was facilitated by Dr Franklin Apfel who asked the panel how to raise environment and health issues higher on the political agenda as well as in their particular area of work. One member of the roundtable explained how at a national level, only one government department leads the environment and health process and this makes the cooperation difficult. Moreover, politicians were ready to back policies that had an immediate impact as for example in the 'smoke free work environment' initiative. Another panellist stated that clear political commitments and strategic long term work was important and in the past years there had been a shift in attitude in policy makers around safety and health as well as sustainable development which resulted in trade unions following up on this.

Professor David Harper commented on the importance of public health risk assessment as a vital element for robust evidence, which together with the economic argument could provide synergies between the sectors. Another member commented on how business sector should be better involved though this sector which was sometimes perceived to be unreliable. The

Transport representative clarified that health arguments had always created a strong driving force resulting in small, but nevertheless important steps.

When asked about the early involvement of different sectors, it was stressed that UN was working with the private sector and in doing so, it is important to speak the same language. Having clear guidelines for working with the private sector was important. The representative of ITUC commented that the collaboration between UN agencies had only increased in the last years both at international as well as national level. Intersectoral collaboration was still not efficient enough in the area of occupational health as could be seen in the case of banning asbestos at the workplace. In this case, the lead ministry was the ministry of labour who then involved the ministry of environment to establish a ban but it had taken two years to establish and this was due to the lack of clear responsibility by the different ministries involved. Often there were real tensions between ministries and this was when a clear mandate by the ministries involved ensuring the intersectoral nature of the work, made all the difference.

Sweden referred to the situation in Europe after the Rio de Janeiro Conference. The national agenda 21 plan had been developed through an official mandate by the ministry of environment to cooperate and work with other sectors and ministries. Another member state also gave the example of successful intersectoral collaboration in the drafting of their national children's environment and health action plan which had taken place successfully thanks to the active involvement of each ministry and the decision by each sector to be responsible for two or three main actions after an official approval of the ministries concerned. Another member of a country delegation also mentioned that the country changed its entire legislation to make environmental policies a priority, and did so by including people. The intervention also highlighted the need for regional and local plans.

In his summary of the discussions Dr Apfel reiterated the importance of identifying somebody as a model/champion. It was necessary to focus on priorities including long term issues, but also for reaching out for "the low hanging fruits". Research was important to further develop the evidence base and examples were always helpful. The involvement of local communities was necessary. Ways to encourage action included clear guidelines and building in incentives in the process. NGO activities taking place at local level were important to advocate for changes that could not be advocated for by the policymakers themselves, but funds were needed for their work.

The Chairperson Dr Lea Kauppi, concluded this session by emphasizing the need to be pragmatic: strategies were needed but prioritization helped to ensure that all stakeholders could decide together on some concrete goals. Clear definition of responsibilities, time frames and reporting mechanisms were also important.

Renewing the commitment to act

The first speaker in this session was the outgoing chairperson of the European Environment and Health Committee, Professor William Dab followed by that of Mr Robert Thaler the outgoing Chairperson of the CEHAPE Task Force.

Professor Dab explained the structure, membership and responsibilities of the EEHC. The main responsibility had been to create a follow-up process and he was pleased to note that there had been increased activity and implementation after the Budapest Conference. A number of lessons had been learnt by the committee since it was reconstituted. These included the recognition of priority environment and health issues such as nanotechnologies, air pollution and the importance of focusing on high risk populations (such as children, elderly, people with chronic

diseases). Children would remain a high priority. Policy requirements had become clearer and the EEHC had made an effort to address them through the development and use of environment and health indicators and by influencing national decision making process, international steering mechanisms, methodological guidelines, and collaboration networks.

EEHC had faced a number of difficulties in their work. Many environment and health problems were not easily recognisable or visible and could be of complex nature which made the work of policymakers very difficult. Multi-sectorality continued to be important and was still an issue in some countries as was the cooperation between experts and decision makers. Health professionals had still not become adequately involved in the European Environment and Health Process. Ongoing operational guidance was needed by the countries and decision makers continued to look for assistance. It was encouraging to note that research in the area of environment and health as documented by the SPHERE project, had increased over the past 10 years.

Implementation was important and the WHO Table of Child Specific Actions provided an excellent tool for evidence based policy making. This led to the idea that the process should explore the issue of standardization looking towards the ISO standards as an example. It was feasible, in the chairperson's view, that the principles of ISO could easily be transferred to the process as a means of evaluating the impacts on a national level.

In conclusion, the EEHC had continued to advocate for improvement in health inequalities that arose from environmental exposures. All the actors needed action guidance. An international effort was necessary and it was important to recognize what role the EEHC and WHO would continue to play. France was currently advocating for a UN agency on environment and one might ask where the health sector would be in such a venture. Member States were asked to seriously consider requesting WHO to develop certification tools for policies on environmental health for the future.

Mr Robert Thaler spoke about the establishment of the CEHAPE task force at the Budapest Conference. The CEHAPE task force was guiding the work around the four regional priority goals in the CEHAPE by member states reporting on actions and inspiring each other. The national focal points were the base of the whole process. Mr Thaler spoke of the activity in the countries around the CEHAPE, emphasizing the number of member states implementing the CEHAPE just two years after Budapest. Member States clearly welcomed the task force as they felt that together with EEHC, it facilitated their implementation on a national level. The development of the web based country map had proven to be a good tool for reporting back by the countries.

Mr Thaler went on to speak of different processes and stakeholders that interacted with the CEHAPE. These included THE PEP. Youth involvement was a new idea, introduced at Budapest and very important for the Austrian government. Whilst thanking all those who assisted in this new venture through hosting meetings for youth or providing voluntary donations towards their activities (Norway, Ireland, Denmark and Austria), he recognized the difficulties and challenges involved in ensuring active youth involvement on a national level.

Mr Thaler spoke of the difficulties faced by CEHAPE on an international level – in some countries there was lack of political will and hence lack of finances due to the perception that environment and health was not a priority. This was made worse by competition between different sectors for the resources being allocated. Differences in the European region were still evident where sectors still needed to come together and where child specific data gaps were more obvious. Important stakeholders such as the local level were still not adequately involved.

In his conclusions, Mr Thaler presented ideas on the way forward. The focus on children's health should continue and any data gaps should be reduced. Early warning signals were becoming very important in the area of environment and health and new threats were emerging that needed to be addressed. Follow up on policy integration within the countries was important and needed better involvement of stakeholders such as NGOs and youth. The CEHAPE had proven to be a useful soft instrument for encouraging capacity building and EU policies but it required more sufficient resources to be allocated to its implementation on a national level, and this was the reason why Austria was actively seeking for it to become a legal strategy. He wished the CEHAPE future success and ended his presentation by appealing to all those present to keep the task force alive. We could embark upon a global approach, but the European process should not be weakened.

The co-Chairperson of the CEHAPE Task Force, Dr Hilary Walker, was invited to the podium to say a few additional words. Dr Walker reaffirmed that the CEHAPE Task Force had proven to be a useful tool for policy makers to discuss and exchange ideas and to learn from each other. She explained how at the first meeting the focal points had simply come to report on general activities but how, by the last meeting, the discussions had become more focused and the activity more intense. She felt it was a good sign that the CEHAPE Task Force had really made a difference to how policymakers were addressing their priorities in the field.

Dr Marc Danzon commented on the former speeches. His impression was that this long term process was functioning well and setting for progress. The idea of certification was good. He felt there was a need to concentrate on the operational part, transferring knowledge to action at the right speed, towards the right people, and with the right tools.

Dr Lea Kauppi brought the day to a close by stating that WHO should continue to guide the European Environment and Health Process and should continue to recommend the best possible way of implementation of commitments taken. There was a need for transfer of knowledge available into action. If a new Environment Agency was to be set up, it was up to the Member States to decide if this was feasible and how it would impact on the European Environment and Health Process as it was clear that till now the process had been quite successful. It was important to stop and see what had been achieved and where the process stood and how it could be improved in the future.

Session 4 - Looking Ahead

Co chairpersons of this session were Dr Jon Hilmar Iversen from the Ministry of Health of Norway and Mr Zaal Lomtadze from the Ministry of Environment of Georgia.

A bridge to the future– youth involvement in decision-making

The opening session was chaired by Mr Lomtadze who invited the official youth delegates to inform the participants of their activities since the Budapest conference. The youth delegates spoke about their role in the CEHAPE Task Force and the EEHC and explained how the involvement of youth in the international process had developed from Budapest through a series of meetings. They explained the work that they had done at the meetings and that their primary objective was to set up a youth network interested in environment and health issues and to produce youth friendly documents so as to advocate for change at a national level in a way that was more understandable for their age group. The youth went on to explain what they had done at the side event held in Vienna a day before the IMR started, emphasizing that their objective

had been to elect new delegates for the official committees of WHO and EC as well as to present a final version of the youth friendly action plan.

The Youth-friendly CEHAPE was a plan that drew upon the EU Environment and Health Action Plan and CEHAPE. It was divided into 6 parts and was a solution oriented document. It identified the most pressing environment and health issues seen through the eyes of the youth and also gave practical solutions. The emphasis of their plan was on better city planning and human settlements which should also include better, cheaper and more environment friendly modes of transportation (e.g. more bicycle paths). The international youth traffic patrol programme, car free zones and car free days were praised.

With reference to the EC Environment and Health Action Plan, the youth felt that the plan was closely related to CEHAPE and its actions could support the implementation of the CEHAPE. However, they found that the plan had emphasized too many problems and presented too few solutions. Of particular relevance was that youth were mentioned in the plan but had not been involved in its development and they encouraged the European Commission to integrate them into their meetings and not just into their plans.

In their conclusions, the youth proposed ways in which they felt they could be better involved in discussions and meetings at international and national policy making level. They wanted countries which had already started to involve them at national level to exchange experiences and communicate the experiences to other countries, especially neighbouring countries. They recommended that important documents were more easily understandable. They also recommended that the next CEHAPE Task Force meeting and EEHC should carefully discuss the youth friendly CEHAPE.

Other recommendations included that though many delegations had attended the IMR with youth as an official part of their delegation, more should be in a position to do that. More regular youth events are needed and a webpage was an important tool for the network to be able to deliver tangible outcomes. They encouraged different countries to use the youth friendly CEHAPE and adapt it to their country needs, starting by translating it into their own languages.

Their objectives and targets by the next ministerial conference included the creation of more national youth networks. They hope to have provided a number of schools with relevant user friendly literature that would help to raise awareness. They hoped to have a number of youth friendly action plans that were already being implemented and wished to be able to report that they had been increasingly involved in meetings and conferences.

The chair cited from the introduction of the youth friendly CEHAPE: "If it is about us, it should not be without us".

There were three countries which made interventions on youth participation and involvement. Malta spoke about how a council headed by a commissioner for children had been set up. The primary objective was to deal with and ensure that the youth participated in policy making. Youth were being involved in the implementation of the revised NEHAP, which was redrafted to ensure that child specific actions were implemented. Two workshops addressing child safety on the road and providing training for health professionals about youth involvement had already taken place.

Ireland explained how together with Norway it had been directly involved in promoting youth participation in the European Environment and Health Process. It hoped to continue to be involved with these activities in the preparations for 2009 Ministerial Conference. It was indeed

difficult to find ways of involving youth, but experience had shown them that it was important to make the effort. The youth-friendly action plan would support the implementation of the main CEHAPE, at national level within the countries. Sweden also explained how its National board of health and welfare in preparing a proposal for CEHAP had a workshop for young people, giving a lot of good suggestions.

Towards the Fifth Ministerial Conference on Environment and Health

This round table was made up of Mr Zaal Lomtadze (Georgia MoE), Dr Giuliana Gasparini (Director, MoE Italy), Mrs Rigmor Asrud (State Secretary of Health Norway), Mr David Gunnarsson (MoH Iceland), Professor William Dab, Mr Robert Thaler, and Dr Marc Danzon, WHO Regional Director. The session was facilitated by Dr Franklin Apfel together with youth delegates Evelina Preisegolavicinte, Mathias Esmann Poulsen, and Eric Katskowski. The panel was asked to introduce themselves and make some introductory statements about the impact of the European EH Process on implementation of policies.

Dr Gasparini commented that the long term vision of the process was important as the approach being taken was giving very important results. She recommended no changes other than to strengthen cooperation and the process itself. It may be important to identify more quantifiable targets for action and increase the cooperation between the countries. The current theme had proven to be successful and should continue to be the central theme of the process. However it may help to identify cross cutting topics to be discussed at the next conference in Rome 2009, such as climate change.

Dr Rigmor Asrud advocated with the participants to listen to youth and to implement the proposals on youth involvement. She agreed that climate change was an important issue as was social inequalities and that the process should continue to focus on implementing commitments from Budapest.

At this stage the youth delegates intervened and explained that for them to be more active, concrete steps had to be taken to ensure more appropriate youth involvement. These included more peer to peer contact. Youth were not an interest group and there were no financial gains from involving them as a stakeholder but they could help by presenting an innovative approach - sometimes naive, they were refreshing and always full of energy. They did need to be adequately equipped for what was expected of them and this required that they were appropriately equipped with tools and that they were given a chance to learn how to make presentations, write articles, and how to interact with the press. They also requested to learn more through observation and participation and while they appreciated being involved in the IMR, they felt the need to sit in more sessions and other important meetings.

Mr Gunnarsson explained that it was important for the European Environment and Health Process to stay focussed and to improve performance by concentrating on main items. Defining fewer goals may be better. With regards to youth involvement, he felt that they had identified the main priorities for the process to continue and had not requested much from the participants to ensure better involvement. It is most important to consider what the young people do at home, and they should have tools to teach people in their country how to behave responsibly.

Dr Marc Danzon agreed that it was important to see how the outcomes of a meeting actually transformed into action in the field. Sometimes this could take time as could be seen in the case of tobacco. Implementation meant that the right persons were equipped with the right tools and to ensure this, in accordance with the wish of the Director General, WHO Euro had to prioritize its work. Meetings and involvement of people are beneficial, but only if they result in a positive

impact on health and for this to happen, there had to be more attention to health in the environmental domain and more attention to environmental issues addressed by the health domain

Mr Robert Thaler felt that the success of a conference was that it was sustainable through the implementation phase. The Ministerial Conference in Budapest was a good example of this kind of sustainable process. The theme of children had proven to be a strong one and should be kept. It was important to keep the team working on CEHAPE. However cross-sectoral cooperation was a priority in the next phase. Health arguments were important for environmental policies. Youth were an asset to the process and sometimes were more credible than the adults.

Dr Apfel commented that the European Environment and Health Process was a long term one and evaluation of the results of this process through the reporting back that took place at the IMR was an important and unique event in its history. He felt that some more specific actions were necessary such as finding more ways to translate knowledge into action and also ensuring further involvement of young persons who could be a vehicle to transform these actions.

He went on to ask the panel **how they were going to take advantage of the youth in their respective national processes?** The youth delegates asked for reactions from the participants about the requests they had made for their future input into the process. They asked what tools member states thought they could provide to youth and also how member states felt about their future participation in plenary sessions of important meetings.

Dr Gasparrini mentioned the Aarhus Convention as an example of public participation in policy-making processes. The Environment and Health Process had to be applied at local level. Environment and health issues should be included in policies about young people and young people should be involved in delegations to ensure their participation in structuring these policies. In doing this, public participation would be strengthened by their presence. Norway intervened from the floor and explained how it had included a youth delegate as an official part of their delegation. They felt that this participation had to be insured at national level and in their country, young people were involved even at the local level. They recommended that youth should be included whenever international meetings or national meetings were organized but for this to be successful funding had to be provided for them.

Mr Gunnarsson commented that young people usually ask the right questions. They always wanted clear solutions and directions on how they could proceed? Specific goals were therefore necessary for young persons and materials to teach them needed to be youth friendly. There were also advantages in involving young people in such processes as it had been noted in the past that very often, it was the children that motivated their parents towards required changes in lifestyles.

Mr Zaal Lomtadze explained that young people organized themselves very easily especially in NGO groups and this was not possible at governmental level. They had a better knowledge in new technologies, including building web-sites, and they were important to ensure change. They often came up with new ideas and proposals which were usually done without government influence and hence without bias. With regards to the priorities for the future, it was important to address inequalities that still existed in the Region.

Professor Dab explained that without the London conference there would have been no NEHAP in France. These international conferences may be heavy but very important. In France, there was a lack of participation in the national process by medical doctors and it was important that a curriculum on Environment and Health became part of their training. WHO could provide assistance in that. Professor Dab agreed that there was a need to build tools for young people and

to assess their own environmental risks; this should be done also at school level. It would also be helpful to ask WHO to sensitize the ministries of Education to environmental and health issues.

Dr Marc Danzon replied that he felt it was important not to segregate society into age groups. Communication tools were important and relevant for all stakeholders. Youth involvement in decision making is a right approach and it was up to youth to be provocative and to push adults to ensure their representation in important discussions. However, youth had to understand that they would be more effective if they continued to be who they were and not to try to be like adults. Youth should start early in organizations. He assured the youth present that he would personally write to the government hosting the next conference in Rome 2009 to ask for the youth participation, specifically as official members of the delegations.

Dr Apfel asked the panel to **comment further about inequities across the region. What did they intend to do about that?** Mr Zaal Lomtadze explained that compared to the Western part of the region, the Eastern part still had many pressing needs and little national resources. Internal decisions and actions were needed, but they had to be backed up by an international presence and international pressure as this ensured change. The example of the Kiev ministerial conference where there was acceptance of the EECCA strategy, proved this. Assistance from international donor community and their presence to help set priorities was therefore an option, but **would legally binding mechanisms help or be a solution?** Dr Apfel asked.

Dr Marc Danzon explained how in one domain it may work as was seen in tobacco, but not in others. If the countries did not think it was relevant or did not want binding instruments then this was of no use. Tools had to be provided to countries to ensure their own change. Soft instruments such as the Environment and Health Process were important but if binding instruments were really necessary it was the member states that needed to ensure they were drafted such as in the area of chemical safety. This was where WHO could assist by providing the best possible guidance, technical guidelines and to assess the situation within the countries concerned.

Norway reminded the participants that inequalities also existed in the countries and not only across the region. They had recently presented a white paper to their parliament on the issue of inequalities. Mandatory tools such as legislation should be used but were not the way forward to ensuring public health. Professor Dab proposed that the next conference should work on harmonizing of objectives prepared by the countries, and evidence based preventive actions and systematic use of HIA of public decisions should be used.

Mr Robert Thaler said that binding instruments were needed for some areas, since while there was also a need for flexibility among the countries, setting objectives was necessary.

Cyprus spoke about the importance of involving education sector. To ensure this an environment and health module had been introduced in the curriculum at university. They saw this as a long term investment. Moreover to ensure implementation of their national CEHAP, they had organized a training course for postgraduate students on environment and health. To ensure cross-sectoral collaboration, they had been careful to include cross-sectoral objectives in their national plan and were using a mixture of mandatory and non mandatory tools in the process of implementation. Belgium spoke of the experience of THE PEP where synergies between processes had to be ensured without creating something new. THE PEP was also looking towards better involvement of youth.

The Business representative asked for involvement of stakeholders earlier on in international processes, and mentioned that WHO had a role in establishing evidence base.

ITUC expressed concern about the increasing gap between the eastern and western countries and requested that the next ministerial conference should focus on narrowing the gap. Civil Society called for more funding towards the European Environment and Health Process and for member states to discuss changing sections of the CEHAPE into a legal instrument. However, DG Sanco felt that legislation was not the way forward but it was the political will that was instrumental to driving change. Prioritization on inequalities in the Region was important but it also had to be addressed within the countries as well as on an international level. NGO Environment representative asked for better priority setting and funding. As examples indicators and children's health in schools and kindergartens should be binding.

Dr Marc Danzon explained that legally binding instruments can have different forms and so this needed to be better explored. At the country level, legal instruments that protect the population were more important. Dr Danzon was not interested in the development of a binding convention at WHO level. The driving force of the process and its resultant success depended on the involvement of different sectors, and players from different ministries, but also professionals. Industry was an important player and WHO was happy to engage in common action with industry when the actions were focused on improving the health of the population.

Dr Gasparrini agreed with narrowing the gap for the next conference. One should strengthen the presence of health in existing instruments, like the EECCA strategy as an example. Funding was important but one should not only increase funding but also have specific funds for the activities that are helpful for this kind of process and this could be identified in the next conference.

Mr Gunnarsson felt that the international health regulations could be of use as these were legally binding instruments. The greatest strength of WHO was that it could influence public opinion and not its legal function. Inequalities could also be addressed by stepping up on Environment and Health education in universities, schools especially in the curricula of medical doctors.

Keynote address by Ms Chantal Bruetschy of DG Environment

After thanking WHO for the work carried out in the last years, Ms Bruetschy explained that with the adoption of the action plan and the Budapest Conference, environment and health issues had been prioritized. The commission on its part had achieved some progress since 2004. Environmental legislation continued to be health driven. The action plan stressed the needs of communication and evidence base and the use of the indicators. The EC action plan had stressed the importance of collaboration between DG research, DG environment and DG Sanco and various research activities were prioritized thanks to this collaboration. This included:

- The pilot project on bio-monitoring: (no guarantee for selection and co-funding by countries was necessary).
- The development of economic arguments
- The health impacts from climate change

Ms Bruetschy stressed the importance of actors at different levels who needed to be included in the process. This included the local level. Emphasis would continue on the implementation of the action plan with a focus on air, water and pesticides. The Commission was also paying attention to the dissemination of very concrete information as this was what led to concrete actions. DG Environment was committed to continued collaboration with all partners and stakeholders in these ventures.

Dr Jon Hilmar Iversen as Chairman of the session thanked Ms Bruetschy and invited Dr Roberto Bertollini, Director of the Special Programme on Health and Environment to deliver his presentation. Dr. Bertollini spoke about the new emerging risks, the improved knowledge that WHO had gathered in the area of Environment and Health, the improved political context and the impacts of the European Environment and Health Process itself. He explained the next steps and possible themes for the next Ministerial Conference. Dr Bertollini felt that it was important to revisit the commitments taken by the process over the years, to reconfirm and strengthen them. Evaluation of interventions made was crucial as was the ongoing development of tools for risk management. Effective use of existing legal instruments was important before embarking on drafting new legislation and as always, it was important to engage other sectors including local communities.

There were 31 interventions following this presentation, six of which were from IGOs and Civil Society:

Germany, on behalf of all EU member states, praised the IMR as an opportunity for taking stock of where the European Environment and Health Process stood. Since the Budapest Ministerial Conference, great achievements had taken place. It was now important to use the time until 2009 to identify areas where additional efforts were necessary. It was too early to identify the topic for the next conference but it was necessary to identify the next steps of the process in the EEHC and CEHAPE. Germany and EU member states felt that the European Environment and Health Process should go on beyond 2009, and environment and health should be on top of the political agenda.

The **German delegation** encouraged the involvement of more sectors and more prevention to protect human health. NGOs and youth should continue to be present as stakeholders. The Environment sector was an important player as environmental protection was also a means of prevention. Health protecting measures within the environment sector should be stressed. The German delegation supported the intervention of Dr Marc Danzon who had asked for more health in environment and vice versa. The next conference should cover the whole environment setting (air, water, chemicals) but it should also address other issues such as decreasing the gap between the western and eastern parts of the region. In the next 2 years, activities should carefully focus on the organization of the next ministerial conference but also beyond that and it was important for WHO to give a clear indication on the future of the process after 2009.

Armenia encouraged WHO to play a more active role in the collaboration with other agencies and local level within the member states. Legal instruments may be one option but what was important was to ensure the environment and health sectors continued to work together. The particular needs of NIS countries needed to be better addressed. The European Environment and Health Process should be kept alive.

Greece agreed with the intervention made by the German delegation. More information, clarifying the next steps for the ministerial conference was required but also more information about the future of the process after 2009. There was an ongoing need to use the EEHC and CEHAPE to exchange views and assess the gaps and bottlenecks, to evaluate the lessons learned, and to orientate the next actions. Closer cooperation with other sectors including youth and NGOs was encouraged. Strengthening public awareness was important to ensure implementation on the national front through justified actions. It was also important to explore possibilities of collaboration at sub regional level and to exchange tools and practices.

Ireland agreed with the intervention made by the German delegation and supported the continuation of the process after 2009. Commitments were being implemented thanks to the

practical tools disseminated since Budapest. The Irish were committed to providing ongoing support of the Environment and Health Process. Ireland was however concerned that in the WHO Regional Office for Europe, Environment and Health was slipping down the agenda. It was therefore useful if the Regional Director could give some indication of the future direction of this area, as clarity on this was required before leaving the meeting.

Kyrgyzstan emphasized the importance of priority setting. Much has been fulfilled since Budapest and WHO had an important role to play to ensure sub-regional cooperation and sharing of resources. Harmonization of the analysis indicators in the region and concrete international standards would continue to assist the countries in implementing their commitments.

Uzbekistan explained how, since 2004, they were trying to fulfil the commitments they took at the conference on a national level. They felt that it was important for the process to continue beyond the Rome Ministerial Conference.

Poland also requested that the continuation of the Environment and Health process be ensured. Key priorities had to be set out and as one of these priorities, WHO needed to decide how it would deal with the inequalities in the region. Indicators would need to be improved and tools for policy makers developed. They expressed thanks to the European Centre on Environment and Health for the indicators produced and agreed with Dr Danzon that there was a need to see more health in environment and more environment and health. A stronger ecological approach to health protection was required.

Belgium agreed with the intervention made by Germany. The European Environment and Health process was a useful tool to address long term issues. The focus on children had to be maintained and also strengthened and new areas for the next conferences could be transport, housing as well as the further studies on the benefits of action versus the costs of inaction. Concepts such as health in all policies have to be strengthened. The conclusion of the Finnish presidency could provide good guidance on how to involve many sectors and collaboration between WHO and EU process was encouraged. Scientific guidance should help to streamline the political direction. With regards to the development of a legally binding instrument, Belgium would support such an initiative possibly through a protocol that could include items like inequalities; The UN convention on the Rights of the Child was a possible entry point. A higher and more global political commitment might be useful in the long term but there was the risk that environment and health would lose its strength in the European region if the process had to become more global. Increased synergies with other processes including the EC strategy and the action plan, was encouraged.

Sweden also felt it was important for the process to continue after 2009. However the process should remain focused on children. The importance of youth involvement needed to be documented and included in the draft conclusions and Sweden encouraged the development of a tool to support appropriate education measures to increase the ability of youth to be part of the national and international process. Sweden also requested that the draft conclusions of the meeting were drafted and circulated for comments.

Cyprus thanked WHO for all their efforts in the past months and stressed that it was necessary to continue the European Environment and Health Process. The next Ministerial conference should continue to focus on children but more integration of activities done by WHO, EU and other international organizations was necessary to avoid duplication. Integration at international level and identification of international economic donors was important for the process. Risk management was an important issue and Cyprus supported it as a theme for the next conference. Precautionary principle in all levels of governance was also important.

France expressed support to WHO and its ongoing assistance in the development of national environmental and health plans. Indicators were useful. Environment and health was at the top of the government discussions in France.

Denmark continued to be committed to the process and would actively participate in preparation for the Rome Ministerial conference and beyond. The conclusions of the IMR should help to set the preparation required for Rome, though it was too early to set the theme. Focusing on the work done around inequality in the region was supported. Vulnerable groups other than children, needed to be included.

Norway encouraged continuation of the European Environment and Health Process and also agreed with Denmark that other vulnerable groups needed to be addressed. Climate change and social inequalities were important issues for the next conference and active youth involvement should continue. Norway was committed to strengthening this involvement.

Bulgaria encouraged the continuation of the European Environment and Health Process after 2009 under the WHO leadership as it was clear that the regional priority goals could not be implemented in just 4 years. Special efforts were required to ensure the timely involvement of non health sectors and new scientific tools should be developed to continue to assist the countries in the implementation process. The Bulgarian Delegation supported the proposal by Prof Dab to create a certification process. Moreover, there was need to shift away from a uni-causal modality in risk assessment procedures and shift to a multi causal risk assessment methodology.

Austria supported the intervention made by the German presidency. Health was the bridge between the ecological and human sectors and children were an important group to address. They agreed with the suggestion made by Belgium to address the cost of inaction and encouraged ongoing cooperation with EU and WHO. Austria supported the upgrading of the CEHAPE to a legal instrument and appealed for resources to be provided by the Member States as well as by WHO. The involvement of the local level had to be strengthened.

Czech Republic also supported the continuation of the European Environment and Health process, with a focus on children's health. The local dimension needed to be prioritized with more involvement of the local authorities. Czech Republic also requested this to be inserted as a draft conclusion of the meeting.

Portugal stressed the importance of the series of four ministerial conferences. They praised the comprehensive monitoring system created on the basis of the indicators and encouraged further synergies between all sectors that should continue beyond 2009. An integrative approach, multi sectoral, and based on evidence should continue. Youth should be integrated further into the process.

Italy recommended that for the next conference, emerging issues should be taken into consideration (i.e. climate change). Coordination with other mechanisms, such as EU and involvement of the public at large should also be taken into consideration. The public should not only be informed but should participate actively in decision making processes. Youth should participate.

Slovakia thanked WHO for its assistance and work. Protection of children's health required ongoing efforts. A high level of sustainability of the process had to be ensured. The CEHAPE was a good instrument for the countries.

European Commission thanked EU member states for their engagement and support in the European Process on Environment and Health. The EU continued to support the process including the youth involvement. Past achievements were difficult to quantify but it was important that this was done by 2009. Integration of environment and health and also of other sectors had been achieved through this process and it was therefore important for it to continue beyond 2009 under the leadership of WHO.

Finland committed to continue supporting the Environment and Health process, but stressed the need for more concrete cooperation between the sectors (HIA, EIA). Cost of inaction should be assessed. More attention should be paid to social impacts. Implementation of the CEHAPE at national level is very important and required strengthening solidarity between countries. Twinning projects in the Region should be encouraged.

Armenia took the floor again to request that the ongoing discussion be reflected in the concluding document. It was clear that the process had resulted in many achievements.

Tajikistan explained that WHO support in the country had started 20 years ago. Collaboration with environmental protection has increased over time thanks to the process. National legislation is not ready to fulfil the harmonization of the legislative acts for financial reasons and hence adding more legal instruments may not be the solution. However, cooperation within sub regions would be helpful. In their country there was still need to improve ecological legislation. They expressed ongoing support to the process, including the theme on children.

Spain supported the focus on CEHAPE till 2009 and beyond. ENHIS was proving to be a useful tool and should be strengthened further. There was still a lack of evidence of actions and therefore in the next meetings, it was important to focus on the evaluation of the impact of rare events.

The Former Yugoslav Republic of Macedonia had been following the process for many years. Continuity of the process was important and “The future of our children” should still be part of the title. Stakeholders at all levels of governance should be included in the process and WHO should continue to provide a harmonizing role between the sectors. There should be worked further on conclusions after this conference.

NGO – HEAL recommended that the theme of children be kept till 2009. They supported the process beyond 2009. This process meant a lot to NGOs. It was important that action by the environment sector should be taken to reduce the stress on the health care systems. The next conference should concentrate more on inequalities and should provide more support to youth involvement.

WBCSD supported the process. It recommended that all member states should take up their responsibilities for the future. Early involvement of stakeholders was important and when prioritization for 2009 took place it should be evidence-based.

ITUC strongly supported the process. They reiterated that there was a widening gap between the countries and that this was a question of solidarity, between the countries and within the country. Common indicators among the European Region in order to monitor progress and to keep an eye on inequalities should continue to be developed. ITUC also recommended that the draft conclusions of the meeting should include this suggestion and be circulated.

Regional Environment Centre (REC) recommended more focus on sub regions. Capacity building was important and an assessment of the progress should include better analysis of the sub regions.

European Academy For Environment Medicine recommended more focus on education. A questionnaire had been sent out to the ministries of education in Europe asking for who is providing this kind of education. There was a need for doctors to recognize illnesses that were environment-related and this type of clinical experience had to be taught. Only two countries were actually teaching clinical environmental medicine. There was a need for harmonizing the education curriculum in Europe. They therefore recommended further emphasis on continuing medical education in the field of environmental medicine, theory and practice for the next ministerial conference.

Dr Marc Danzon replied to all the interventions by stating that the process would continue until Rome 2009, for as long as he remained regional director of WHO. He reassured those present that in WHO Euro, work on environment and health would continue and he emphasized that WHO would continue to gather evidence to link health in environment and environment in health. Equity within the region had to be achieved and he would ensure that the emphasis in WHO would be to prioritize assistance to those who needed it most. Member States also needed to show their solidarity with one another but also within their own countries. Dr Danzon felt that this discussion on whether Environment and Health should be a priority of WHO should be continued at Regional Committee. It was clear that a lot of good work had been done such as that of the indicators, but more evidence was required on the impacts of this work. Concise documents were necessary that would translate evidence collected into policy making tools.

Dr Danzon went on to explain that the process itself had to set priorities. Not everything could be addressed. Children's health, climate change, chemicals were all important but there was need to look also at other sectors, education, industrial sector, trade sector, the trade union sector. Dr Danzon stressed that it was important to study the burden of disease of European population. Relations with Civil Society were important to WHO and this was why Regional Committee included a separate session on technical briefings covered by civil society. Youth involvement was also important but it was up to the youth themselves to identify how they wanted to be involved.

Dr Danzon stated that environment and health would continue after Budapest, but the format and how this would carry on had to be discussed further before the Rome conference. The continuation of the European Environment and Health process was not the same issue as *how* it would continue. What was important was that the goals are achieved and the goals to be achieved were within the Member States.

Session 5: Closure of the meeting

Mr Gunter Liebel, Director General of MoE, Austria assumed the chairmanship of the closing session. He referred the delegates to a paper that had been distributed earlier by the secretariat which included draft conclusions of the meeting and as comments on this paper had already been made, he encouraged further written comments to be sent to the secretariat.

There were three interventions at this stage. **Italy** reiterated its intention to host the next Ministerial Conference in 2009 and welcomed everyone to that meeting. **Denmark** and **ITUC** requested that the draft conclusions be circulated for final comments to all participating delegations. Dr Roberto Bertollini agreed to finalize and circulate the document 'Conclusions and recommendations of the meeting' and to circulate by e-mail to participants of the IMR.

The Director General of MoH, Austria Mr Gunter Liebel summarised that there was a clear desire expressed by the countries to continue to focus on children. The presentations had clearly demonstrated that a lot had been done, but also that there were still problems in some areas. A multi-stakeholder approach and involvement of youth was encouraged. The youth had shown they wanted to participate. The countries had expressed that they wanted the process to continue 2009 and beyond. **Austria** appealed for ongoing financial support to implementation of commitments. The IMR had successfully proven that the process on Environment and Health was on the right track.

Mr Gunter Liebel concluded by thanking the Regional Director and all the delegations for their active involvement, including all the chairpersons and the rapporteur who had offered their services during the meeting. He thanked all Austrian members of staff and WHO staff who had contributed to the success of the meeting. The meeting was officially declared closed.

Annex I



Intergovernmental Midterm Review (IMR) of the implementation of Budapest Declaration

13-15 June 2007, Vienna, Austria

EUR/5067866/5 Rev 4
31 May 2007
ORIGINAL: ENGLISH

Intergovernmental Midterm Review Provisional Programme

Wednesday, 13 June 2007

- | | |
|---------------|--|
| 8.00 – 9.00 | Registration |
| 9.00 – 10.00 | Opening session

Addresses by
Dr Marc Danzon, Regional Director, WHO

Mr Josef Pröll, Federal Minister of Agriculture, Forestry,
Environment and Water Management, Austria

Dr Andrea Kdolsky, Federal Minister for Health, Family and
Youth, Austria

Dr Susanne Weber-Mosdorf, Assistant Director General,
WHO

Election of Officers
Approval and adoption of Provisional Agenda |
| 10.00 – 10.30 | Keynote Address
Dr Andrzej Ryś
Director, Public Health and Risk Assessment Directorate,
DG Health and Consumer Protection, European Commission |
| 10.30 – 11.00 | NGO Best Practice Award |

11.00 – 11.30	COFFEE BREAK
SESSION 1	PRESENTING THE EVIDENCE: New insights into the Links between Health and Environment
11.30 – 12.30	Presentations by i. Professor Philippe Grandjean. ii. Professor Rajendra K. Pachauri. Chairman, Intergovernmental Panel on Climate Change
SESSION 2	REPORTING BACK
12.30 – 13.30	Implementing Budapest Commitments (CEHAPE) – Member States and other Stakeholders Report Parallel Sessions on Regional Priority Goals I and II, III and IV
13.30 – 14.30	LUNCH BREAK
14.30 – 16.00	Implementing Budapest Commitments (CEHAPE) – Member States and other Stakeholders Report (contd.) Parallel Sessions on Regional Priority Goals I and II, III and IV
16.00 – 16.30	COFFEE BREAK
16.30 – 18.00	Implementing Budapest Commitments (Declaration) – Member States and other Stakeholders Report Parallel Sessions on the Budapest Declaration
20.00	OFFICIAL RECEPTION

Thursday, 14 June 2007

SESSION 3	LEARNING FROM EXPERIENCE
9.00 – 9.45	Environment and Health Status and Actions
9.45 – 11.00	Policy Instruments – have they made a difference? A Panel discussion
11.00 – 11.30	COFFEE BREAK
11.30 – 13:00	Lessons Learnt Reporting back from parallel sessions
13.00 – 14.00	LUNCH BREAK
14.00 – 14.45	Involving civil society Reporting back and future directions from NGOs
14.45 – 16.00	Health in other policies. Taking stock and learning from experience A Multi-stakeholder roundtable.
16.00 – 16.30	COFFEE BREAK
16.30 – 17.30	Renewing the Commitment to Act
20.00	OFFICIAL RECEPTION

Friday, 15 June 2007

SESSION 4	LOOKING AHEAD
9.00 – 9.30	A bridge to the future - Youth involvement in decision-making
9.30 – 10.00	Keynote address Ms Chantal Bruetschy Head of Unit, DG Environment, European Commission
10.00 – 11.00	Towards the Fifth Ministerial Conference on Environment and Health A Ministerial Roundtable
11:00 – 11.30	COFFEE BREAK
11.30 – 13.30	Towards the Fifth Ministerial Conference on Environment and Health. Discussion in plenary on Agenda of the Fifth Ministerial Conference on Environment and Health
SESSION 5	CLOSURE OF MEETING
13.30 – 14.00	Recommendations and conclusions of the meeting
14.00	CLOSURE of meeting

Annex II

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Co-Presidents Mr Josef Proll Federal Minister of Agriculture, Forestry, Environment and Water Management, Austria

Dr Andrea Kdolsky. Federal Minister for Health, Family and Youth, Austria

Rapporteur Dr Liz Keiding, Denmark

For Session 2a - Parallel sessions starting at 12:30

RPG 1&2: Ms Sabrina Bijlsma, Flemish Ministry of Environment, Belgium

RPG 3&4: Dr Karin Knufmann-Happe, Germany MoH

Session 2b - Parallel sessions starting at 14.30

RPG 1&2 Ms Nina Cromnier. Ministry of Environment, Sweden

RPG 3&4 Dr Sabirjan Abdikarimov. Kyrgyzstan MOH

Session 2c - Parallel sessions starting at 16:30

Declaration Ms Catherine Mir. France MOH

Declaration Dr Olga Sharapova. Russian Federation MoH

Session 3 - Learning from Experience

Chairpersons: Dr Lea Kauppi, MoE Finland
Profesor David Harper. MoH UK

Session 4 - Looking Ahead

Chairpersons: Dr Jon Hilmar Iverson. MoH Norway
Mr Zaal Lomtadze. MoE Georgia
Mr Robert Thaler. MoE Austria

Session 5 - Closing session

Chairpersons : Mr Günter Liebel (Director General MoE Austria),
Dr Robert Schlögel (Director General, MoH Austria),
Dr Marc Danzon WHO Regional Director



Intergovernmental Midterm Review (IMR)

**EUR/5067866
11 October 2007**

Vienna, Austria, 13 - 15 June 2007

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