

Annex 1



Fourth Ministerial Conference on Environment and Health

Budapest, Hungary, 23–25 June 2004

EUR/04/5046267/4 Rev.2

14 June 2004

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ORIGINAL: ENGLISH

Provisional programme

Wednesday, 23 June 2004

8.00–9.00	Registration
9.00–10.30	Opening session
10.30–11.00	Coffee break
11.00–12.30	Session 1: (a) The environment and health situation in Europe – an assessment (agenda item 2(c)) (b) Implementing the London Declaration commitments – progress made (agenda item 2(b))
12.30–14.30	Lunch break
14.30–15.15	Session 2: Implementing the London Declaration commitments – progress made. Showcase of good examples (agenda item 2(b)) (<i>continued</i>)
15.15–16.30	Session 3: The impact and future of the Environment and Health process in Europe (agenda item 2(a))
16.30–17.00	Coffee break
17.00–17.15	Alan Pinter Award
17.15–18.30	Session 4: Housing and health (agenda item 4(a))
20.00	Official reception

Thursday, 24 June 2004

- 9.00–10.30 **Session 5: Tools for policy-making – Towards an environment and health information system to support environment and health decision-making across Europe** (agenda item 3(a))
- 10.30–11.00 Coffee break
- 11.00–12.30 **Session 6: Tools for policy-making – Dealing with uncertainty: how can the precautionary principle help protect the future of our children?** (agenda item 3(b))
- 12.30–14.30 Lunch break
- 14.30–14.45 **Address by Ms Margot Wallström, European Commissioner for the Environment**
- 14.45–16.00 **Session 7: Children’s Environment and Health Action Plan for Europe (CEHAPE)** (agenda item 5(a))
- 16.00–16.30 Coffee break
- 16.30–18.15 **Session 8: Special session between ministers and representatives of civil society on implementation of health and environmental policy: Effective policies, practical tools and functioning partnerships to protect our children’s health**
- 18.15–18.30 **Media awards**
- 20.00 Official reception

Friday, 25 June 2004

- 9.00–10.30 **Session 9: Extreme weather events and human health** (agenda item 4(c))
- 10.30–11.00 Coffee break
- 11.00–11.15 **Address by Mr Pavel Telička, Member of the European Commission**
- 11.15–12.30 **Session 10: Conference Declaration** (agenda item 5(b))
- 12.30–13.30 **Session 11: Adoption and signing of CEHAPE and Conference Declaration** (agenda item 5(c))
- 13.30–14.00 **Closure**

Annex 2



Fourth Ministerial Conference on Environment and Health

Budapest, Hungary, 23–25 June 2004



EUR/04/5046267/YD
24 June 2004
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YOUTH DECLARATION¹

Our health cannot be negotiated. It is a precondition of our personal development and happiness. Nobody should make money on the back of other people's ill health. We need and deserve a fundamental human right to a clean and healthy environment. We also need access to information and education to be able to most effectively take care of our health.

We realize that the development of mechanisms to protect and promote our environment and health does not come cheap, and requires appropriate investing. Moreover, we believe that people need greater understanding of the fact that the consequences of not investing now will result in greater human, financial and environmental costs in the future.

On the occasion of the Fourth Ministerial Conference on Environment and Health we raise demands in the following areas.

1. There is a lack of political will to create and agree upon **legally binding commitments** at this conference. Accordingly, we want:

- The Children's Environment and Health Action Plan for Europe (CEHAPE) to become a legally binding document at the next conference.
- The goals within this document and national Children's Environment and Health Action Plans (CEHAPs) to be supported by timelines and indicators.
- The Table of Actions to become part of CEHAPE and to be implemented.

2. There is a lack of political will to **implement previously agreed commitments**. Accordingly, we want:

- Countries to ratify and implement the Kyoto Protocol, Stockholm Convention and all other related international environment and health agreements.

3. We are very concerned that the population of the countries of Eastern Europe, the Caucasus and Central Asia (EECCA) **face severe environmental and health problems**. Accordingly, we want:

- Equal opportunities for all European citizens, so that everyone can live in a healthy environment.

- All young people to have access to free basic health care.
- A just and sufficient level of financial and technical support for the countries of EECCA to tackle the growing environment and health problems.

4. There is **not enough cooperation between environment and health** authorities, professionals and civil society. Accordingly, we want:

- More cooperation between these groups at local, national and international level.
- Better coordination between the “Environment for Europe” and the “Environment and Health” processes.
- Better and more transparent cooperation and coordination among activities of United Nations bodies and between international and intergovernmental organizations in Europe.

5. There is a **lack of a coherent and integrated** policy making. Accordingly, we want:

- Equal importance for environmental, social and economic issues.
- Governments to allocate more resources for environmental and health issues.

6. There is a lack of safeguards to compensate for the fact that **children, women and youth are more susceptible** to environmental and health risks. Accordingly, we want:

- Policies to protect these groups.
- Special protection for young people in disadvantaged situations.

7. We consider the following issues as *priority areas*:

a) **Food security, safety and quality.** Within this area we call for:

- The introduction of a moratorium on genetically modified organisms (GMOs).
- A reduction in the level of chemicals used within agricultural processes and food manufacturing and processing.
- Governments to develop and regularly monitor food quality and nutritional standards.
- Properly funded healthy meals for school children, particularly those from lower income backgrounds.
- An obligation on food-producing companies to indicate the effects of preservatives on people’s health.

b) **Air pollution and green spaces.** Within this area we call for:

- The mainstreaming and introduction of alternative forms of clean and sustainable transportation.
- The promotion of public transport and the necessary infrastructural support.
- An obligation on owners to install particle filter for diesel engines.
- The reduction of pollution from industries and energy production.
- An end to the transferring of unsustainable technologies to countries with transition economies.
- Investment in research and development to create new, clean and environmentally friendly technologies.
- The development of strategies to preserve a sufficient number of green spaces and parks in cities.

- The creation of designated areas for physical activity, provided that these do not adversely affect the number of available green spaces.

c) **Waste.** Within this area we call for:

- A reduction in waste production through more sustainable lifestyles.
- The provision of a sufficient number of recycling facilities.
- The prohibition of nuclear waste exportation and re-processing.
- Governments to ensure environmentally sound and socially just waste treatment including removal, separation and recycling.

d) **Access to clean water.** Within this area we call for:

- Access to clean water for everybody.
- The installation of up-to-date water treatment systems and sanitation.
- A reduction in wasteful water consumption.
- Special attention to be given to polluted ground water areas.

e) **Tobacco and alcohol.** Within this area we call for:

- A ban on all tobacco and alcohol advertising.
- A smoking ban in public places to be introduced in the long-term.
- Effective enforcement of legal age limits for the sale and consumption of tobacco and alcohol.

f) **Education.** Within this area we call for:

- The promotion of healthier nutrition.
- The provision of practical environmental education for children from a very young age, which would include an element of peer education.
- Better education about sustainable consumption patterns to be fully integrated into school curricula (in line with the aspirations of the United Nations Decade of Education for Sustainable Development, proclaimed in General Assembly resolution A/RES/57/254 of 2002) and public campaigns to make young people more conscious consumers.
- Public campaigns to discourage the use of alcohol and tobacco.
- Better prevention and health promotion programmes in schools that are relevant to and meet the needs of young people on alcohol, drugs and tobacco.
- Political will and resources from government to work to change our behaviour towards the environment, so as to encourage more global cooperation and innovate actions.
- Raising awareness about the state of the environment and its effects on human health.

8. The following principles should be fundamental to national and international policy development in the area of health and environment:

1. Precautionary principle;
2. Polluter-pays principle; and
3. Environmental and health impact assessment.

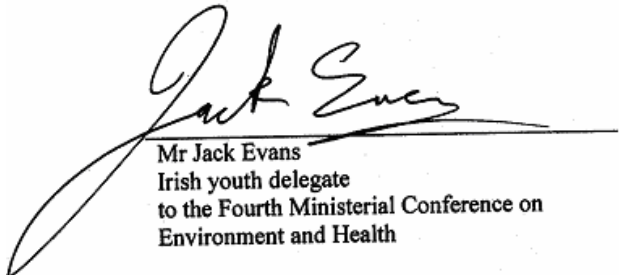
9. Young people have a fundamental role to play in the formulation of policy on health and environment, in related decision-making processes, and in the building of a healthier and more sustainable world. We

are already making real and positive change in our local communities, countries and internationally. We strive for innovative and successful solutions to global challenges by exchanging information, sharing best practices and by cross-cultural networking.

10. If young people are to continue to play this essential role, it is incumbent on all governments to support and harness our potential. Accordingly, we call for:

- National governments to involve a young person within their national delegation and provide funding to enable young people to fully participate in international processes and events.
- Funding to be made available to support youth-led initiatives on environment and health, and other follow-up activities.
- That young people are involved in the process of creating national CEHAPs, and in the implementation of the Table of actions.
- Youth to have a seat on the European Environment and Health Committee.
- Youth to participate in the International Coordination Committee on CEHAPE.
- WHO to begin a process of involvement of young people, similar to the United Nations Environment Programme's successful "Tunza" programme.

The conference has been talking about young people for more than a year. We demand that from now on ministers involve young people from the outset in the preparations for conferences such as this in the future, and also make a commitment to youth participation in the implementation and monitoring of national CEHAPs. Nevertheless, today's youth will grasp the opportunity for participation and cooperation presented to us by this conference, we will pursue this advantage to build a sustainable network among ourselves to monitor the implementation of CEHAPE within our own countries, and we will work in cooperation with governments to truly build a healthier and more sustainable future for everyone.



Mr Jack Evans
Irish youth delegate
to the Fourth Ministerial Conference on
Environment and Health

¹ In 2003 the European Environment and Health Committee (EEHC) requested a youth input into preparations for the Fourth Ministerial Conference on Environment and Health. The United Nations Environment Programme (UNEP), as a member of the EEHC, was requested to take the lead and use its existing youth and children network (UNEP Tunza) to develop a mechanism for young people to reflect on the Children's Environment and Health Action Plan for Europe (CEHAPE) and shape a youth perspective in the form of a youth statement.

Discussions were initiated among several European environment and health-based youth groups, which led to the holding of a UNEP-supported workshop (in March 2004) for young people to discuss the CEHAPE and other issues related to environment and health.

The outcome of the workshop was an agreement by the young people to prepare a declaration. A first draft of this declaration was produced. Further sharing and discussion of the draft was organized to include a broader network of young people in the Region, culminating in the Youth Parliament facilitated by the Ministry of Health, Social and Family Affairs of Hungary that took place on 22 and 23 June 2004. The Youth Declaration of that Parliament is the outcome of this participatory process.

The participants in the Youth Parliament included official youth delegates to the Ministerial Conference representing 19 countries, UNEP Tunza representing 22 countries, several Hungarian youth groups, and youth representatives from the Russian Federation and the United Kingdom.



Fourth Ministerial Conference on Environment and Health

Budapest, Hungary, 23–25 June 2004



Declaration

Preamble

1. We, the Ministers and Representatives of Member States in the European Region of the World Health Organization (WHO) responsible for health and the environment, together with the WHO Regional Director for Europe and in the presence of the Commissioners for Health and the Environment of the European Commission, have gathered in Budapest from 23 to 25 June 2004 for a meeting built on the foundations laid at the previous Environment and Health conferences held in Frankfurt (1989), Helsinki (1994) and London (1999), to ensure a healthy future for our children.
2. Noting the important contributions to recognition of the public health relevance of the links between children's health and the environment made by previous processes such as those leading to the Convention on the Rights of the Child, the Millennium Development Goals and the Plan of Implementation of the World Summit on Sustainable Development (WSSD), we are aware of the need to continue to implement these commitments in order to improve the conditions in which children in the European Region of WHO grow, live, learn, work and play.
3. Acknowledging the competence and leadership of WHO within the United Nations system in establishing guidelines and developing policies in the field of health and the environment and building upon the foundation and spirit of the Constitution of the World Health Organization,¹ we note with satisfaction that, since the beginning of the Environment and Health process in 1989, noticeable progress has been made in improving the state of health and the environment in Europe. We welcome the report entitled *Health and the environment in the WHO European Region: Situation and policy at the beginning of the 21st century*, prepared by WHO with support from the European Commission. However we are particularly concerned that, as different as it is from region to region, the burden of disease due to environmental hazards is continuing to have serious impacts on public health. We recognize that preventing ill health and injury is infinitely more desirable and cost-effective than trying to address the diseases. In such preventive and promotive efforts, special attention needs to be paid to the gender perspective and to rising economic disparities in the Region, with their concomitant effect on social environments.

From London and beyond

4. We recall the signing of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes² and, taking note of the fact that only 11 states had deposited instruments of ratification of the Protocol by April 2004, we urgently call upon the remaining Member States in the European Region and the European Union to ratify or accede to the Protocol and urge those Member States who signed the Protocol in London to ratify it as soon as possible, so that it can come into effect in 2004. We also recall the Millennium Development Goals, confirmed and supplemented by the WSSD Plan of Implementation, and renew our pledge to reach them. In particular, we confirm our commitment taken at global level to halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation. In this regard, we will develop and implement integrated water resource management plans, including sustainable water conservation.
- 5a. We recall the commitments we made in the London Charter on Transport, Environment and Health and acknowledge the establishment of the Transport, Health and Environment Pan-European Programme (THE PEP), which was submitted to WSSD. We commend the significant progress that has already been achieved by THE PEP and recognize the relevance of these initiatives to successful implementation of the

¹ The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld. Hlth. Org.*, 2, 100), and entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth and Thirty-ninth World Health Assemblies (resolutions WHA26.37, WHA29.38 and WHA39.6) came into force on 3 February 1977, 20 January 1984 and 11 July 1994 respectively.

² Turkey has reservations on this paragraph, since it is not a signatory to the Protocol.

Children's Environment and Health Action Plan for Europe (CEHAPE). We reaffirm the commitments we made to THE PEP, including the allocation of adequate resources for implementing the activities outlined in THE PEP workplan. We will continue our efforts to ensure adequate participation by newly independent states and south-eastern European countries; to strengthen, encourage and support more active involvement of the health sector in the process; and especially to integrate health arguments into the transport and environment agenda at national level.

5b. We invite THE PEP Steering Committee and its Bureau, together with intergovernmental and nongovernmental organizations, with the assistance of the WHO/United Nations Economic Commission for Europe (UNECE) Secretariat, to implement THE PEP plan of action by providing coordination, monitoring progress and undertaking appropriate actions to that effect, and we commit ourselves to supporting their endeavours.

6. We recognize the relevance of national environment and health action plans (NEHAPs) or equivalent initiatives throughout the Region as an effective mechanism for environment and health policy-making and commend the continuing efforts to implement and evaluate them. We commit ourselves to updating these plans as required, in the light of the outcomes of this Conference. We will ensure closer coordination with the European Commission's Environment and Health Strategy³ and its Action Plan 2004–2010, as well as with other action plans, programmes and strategies on the environment, health and sustainable development.

7a. We recognize the increasing evidence, as addressed in the European Climate Assessment and the Third Assessment Report of the Intergovernmental Panel on Climate Change (IPCC), regarding the role of human activities in contributing to climate change and we recognize the increasing short-term and long-term hazards posed to human health. In this context we recognize the importance of ratification and implementation of the Kyoto Protocol with the minimum of delay. Progress has been made since the London Conference in the exchange of information, research and capacity-building, on the basis of the Conference Declaration on the early human health effects of climate change and stratospheric ozone depletion. We acknowledge the contributions of the WHO European Centre for Environment and Health in this regard. However, significant work remains to be done in our efforts to identify, mitigate, prevent and adapt to the health impacts of climate change and other global environmental changes to the largest extent possible.

7b. We recognize that climate is already changing and that the intensity and frequency of extreme weather events, such as floods, heat-waves and cold spells, may change in the future. Recent extreme weather events caused serious health and social problems in Europe, particularly in urban areas. These events will continue to pose additional challenges to health risk management and to the reliability of the power supply and other infrastructure. This demands a proactive and multidisciplinary approach by governments, agencies and international organizations and improved interaction on all levels from local to international. Based on the working paper *Public health responses to extreme weather and climate events*, we decide to take action to reduce the current burden of disease due to extreme weather and climate events. We invite WHO, through its European Centre for Environment and Health, in collaboration with the World Meteorological Organization, the European Environment Agency (EEA) and other relevant organizations, to support these commitments and to coordinate international activities to this end. We agree to report on progress achieved at the intergovernmental meeting to be held by the end of 2007.

8. We welcome the efforts that the business community has made in improving its products and production processes in an attempt to reduce pollution and product-related negative impacts on children's health and the environment. We request the business community to continue and enhance this work, and thereby to contribute to the improvement of health, consumer protection and the environment in

³ *A European Environment and Health Strategy. Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee.* Brussels, Commission of the European Communities, 2003 (COM(2003) 338 final).

partnership with organizations, governments, local authorities, workers and trade unions, and nongovernmental organizations.

9. We welcome the progress made in introducing integrative models and good practices on healthy environment and safety management, in order to improve working conditions. We are concerned, however, that the burden of disease, accidents and disabilities associated with the occupational health environment is still too high. We are therefore committed to encouraging further industry and trade union cooperation in this area and to strengthening our efforts to further improve legal and administrative mechanisms, in cooperation with the authorities in charge, particularly with the aim of eliminating any type of child labour damaging children's health or welfare.

10. We recognize the need for high-quality and independent health and environment research as a precondition of evidence-based policy-making. We acknowledge the active role played by WHO, the European Commission and the European Science Foundation in reviewing the developments in health and environment research. Emphasis should also be placed on research into methodologies for developing guidelines and identifying best practices in the area of health and the environment. We support the need for high-quality research, as outlined in the European Commission's Environment and Health Strategy, including the health impacts of chemicals. We invite relevant institutions (including the European Commission) and Member States to give appropriate priority to health and environment research.

11a. We note that large quantities of chemicals are currently produced and marketed, with largely unknown effects on human health and the environment. They constitute a potential risk for the working population as well as for the general public. Decisive action should be taken without undue delay to overcome the gaps in knowledge about the effects of chemicals on human health and to achieve sustainable development in the chemical industry. The European Union's new chemicals policy (Registration, Evaluation and Authorization of Chemicals – REACH) will be of vital importance to all users of such chemicals, as REACH aims to provide the information necessary for taking adequate risk management actions aimed at preventing future threats to human health and the environment. We also call upon industry to enhance the collection of relevant information for risk assessment of large-tonnage substances.

11b. We renew our commitment to the decisions taken on chemicals at WSSD, aiming to achieve, by 2020, the use and production of chemicals in ways that lead to the minimization of significant adverse effects on human health and the environment. We support the work in the United Nations Environment Programme (UNEP) on heavy metals and the Strategic Approach to International Chemicals Management, within which special attention should be paid to children.

11c. More attention needs to be focused on the chemical composition of children's products and toys. Therefore we call on

- manufacturers to stop placing on the market products containing substances that have, or may have, adverse effects on children's health or on the environment;
- relevant responsible authorities to consider all legal measures addressing phthalates of concern, especially in such products made for small children; and
- industry and relevant authorities to evaluate the use and potential adverse effects of fragrances with a view to minimizing the use of sensitizing fragrances.

12. We recognize the importance of properly assessing the economic impacts of different levels of environmental degradation, in particular the direct and indirect costs incurred by society in addressing environment-related diseases. We invite WHO, the Organisation for Economic Co-operation and Development and the European Commission, together with other relevant international organizations, to further develop tools and guidelines to address these issues, in order to make reliable estimates that will support policy-making and help in priority-setting.

13. We recall the UNECE Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context⁴ adopted and signed at the Fifth Ministerial Conference “Environment for Europe” held in Kiev from 21 to 23 May 2003, that acknowledges the benefits to the health and well-being of present and future generations that will follow if the need to protect and improve people’s health is taken into account as an integral part of strategic environmental assessment. We commit ourselves to taking significant health effects into account in the assessment of strategic proposals under the Protocol.

14a. We recognize that the existing housing stock, the lifestyles of our population, the immediate environment of dwellings and the social conditions of the inhabitants should all be considered in developing healthy and sustainable housing policies. We also understand that many environmental exposures occurring in the indoor and outdoor environment are linked to inadequate housing conditions all over the Region. We take note of the Habitat Agenda endorsed at the United Nations Conference on Human Settlements (Istanbul, 3–14 June 1996) and the forthcoming programme of work of the United Nations Commission on Sustainable Development, which focuses on water, sanitation and human settlements (including sustainable urban planning and management, and hygiene in housing and living conditions).

14b. We are therefore committed, within the limits of our national mandates, to taking action to ensure that health and environmental dimensions are placed at the core of all housing policies (from housing construction and rehabilitation plans, programmes and policies to the use of adequate building materials) and that healthy conditions are ensured and maintained in the existing housing stock. We commit ourselves to contributing to the development and strengthening of housing policies that address the specific needs of the poor and the disadvantaged, especially regarding children.

14c. We call for initiatives and programmes aimed at providing national and local authorities all over the Region with guidance for integrating health and environment concerns into housing policies. We urge WHO and the European Commission, together with other relevant international organizations, to work to this end within their respective mandates. We commit ourselves to promoting and cooperating with the vast number of authorities involved at all levels of government in developing policies and regulations in the field of housing and the built environment, thereby ensuring that prevention of disease and promotion of good health are taken into account to the maximum extent possible.

15. We recall the decisions and Type II initiatives taken on energy at the 26th Summit Meeting of the leaders of eight major industrialized economies (G8) in Okinawa, Japan in July 2000, the decisions taken on energy at WSSD, as well as the Type II initiatives launched during and after the summit meeting in Johannesburg in September 2002 and the Fifth Ministerial Conference “Environment for Europe” in Kiev, Ukraine in May 2003. We will continue to advocate that every household in the European Region should have access to reliable, efficient and affordable energy services for basic activities of daily life. We will encourage the sustainable and appropriate use of renewable energy (such as hydropower, biomass, wind and solar energy). We will further strengthen our efforts and collaborate with other relevant sectors to reduce the health risks from energy generation, transmission and distribution. We recommend that WHO and other relevant organizations, within the limits of their competence, follow up developments on these matters, monitor progress in reducing the burden of disease and report back to the intergovernmental meeting to be held by the end of 2007.

Tools for policy-making

16a. We reaffirm the need for an environment and health information system (EHIS) as an essential tool to support policy-making in this field, allowing priorities to be set on the basis of evidence, enhancing access to information and facilitating communication with the public. We recognize that a well designed EHIS will facilitate comparisons between countries and regions and will streamline national and

⁴ Turkey has reservations on this paragraph since it is not a signatory to the Convention on Environmental Impact Assessment in a Transboundary Context.

international reporting, while ensuring effective use of resources, increasing the consistency of various assessments and avoiding duplication.

16b. We commend the work done by the WHO Regional Office for Europe, the European Commission and EEA, providing the methodological background for a core set of environment and health indicators linked with assessment and reporting mechanisms.

16c. The environment and health information system should:

- help identify and prioritize the environmental health problems that are widespread in countries of the Region and facilitate prompt assessment and management of emergencies;
- make it possible to monitor the effect of actions taken;
- ensure timely access to information and contribute to building advocacy, communication and education strategies;
- use standardized methodologies for data collection, processing and dissemination, allowing interregional and intercountry comparisons and time trend analyses;
- be based initially on existing information and be further developed progressively on the basis of scientific rationale, policy needs and feasibility, while ensuring the streamlining of reporting;
- integrate system elements such as data from monitoring and statistics, health as well as sustainable development indicators, and assessment and reporting, including information about relevant policies, actions and projects.

16d. We endorse the initiation of a framework plan to develop EHIS, including the following actions:

- set up national and international decision-making processes for the selection and approval of system elements;
- establish an international steering mechanism based on the network of country representatives and key international bodies, assuring planning, coordination and assessment of the programme and reporting to the intergovernmental conference in 2007;
- develop and update methodological guidelines as necessary and carry out capacity-building as well as training initiatives for personnel in charge;
- establish a network based on collaboration between local, national and international bodies, to share information and expertise, building on existing organizational and technical infrastructure.

16e. We reaffirm the need for and commit ourselves to elaborating the framework plan to develop EHIS, including the setting up of a network. We invite WHO and the European Commission, together with other relevant organizations and institutions, including EEA, UNECE and UNEP, in accordance with their respective mandates, to join us in developing the pan-European EHIS. We encourage these organizations to contribute as appropriate to the development of EHIS. We will stimulate intersectoral and interagency collaboration in our countries (beyond the health and environment sectors) to support the pan-European EHIS. We request WHO, EEA and the European Commission to elaborate elements of the shared information system and, in particular, to further develop and manage the environment and health indicators, related data sets and the shared information infrastructure. We will report back on progress made to the intergovernmental meeting to be held by the end of 2007.

17a. We understand that protecting public health and the environment requires foresight, transparency and the meaningful democratic involvement of stakeholders in decision-making processes. We recognize that delay in addressing a suspected health threat can have public health consequences. This is particularly important when considering the special vulnerability of children to some environmental threats. However, we often face uncertainties in our scientific knowledge of the environmental risks to health. We recognize the fundamental value, in the context of environmental policy-making, of the Rio Declaration on Environment and Development of 1992, which says that “where there are threats of

serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation” and of the European Commission’s 2000 Communication on the Precautionary Principle (COM(2000)1 final). We reaffirm the importance of the precautionary principle as a risk management tool, and we therefore recommend that it should be applied where the possibility of serious or irreversible damage to health or the environment has been identified and where scientific evaluation, based on available data, proves inconclusive for assessing the existence of risk and its level but is deemed to be sufficient to warrant passing from inactivity to policy alternatives.

17b. We welcome the work done in WHO on the precautionary principle and more generally on precautionary considerations. We acknowledge the WHO document *Dealing with uncertainty – how can the precautionary principle help protect the future of our children?* The proposed approach in the WHO document has relevance to the whole risk assessment, management and communication process, and can be based on simple steps and policy actions such as:

- improving and expanding the range of scientific tools;
- increasing the transparency of decision-making, expanding the range of stakeholders and legitimate factors involved in decision-making processes;
- increasing our ability to identify early warnings of risks;
- establishing research and education programmes to address gaps in knowledge;
- developing and implementing safer and cleaner production and sustainable consumption patterns.

17c. We call upon WHO to ensure that guidelines are developed with the aim of balancing the distribution of benefits and costs of environmental health measures and weighing up the health improvements and other benefits against anticipated costs, as well as possible legal constraints and impediments to free trade.

18a. We affirm the importance of and need for communication with the public at large on environment and health, particularly where the interests of children and other vulnerable groups are involved. We equally emphasize the importance of the participation of children and the need for their inclusion in activities concerning the health and environment of children. We invite international organizations to help address this issue, including through support for meeting the commitments of the Århus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters⁵, with the development of guidelines on risk communication as an important tool for bringing environmental health considerations to the attention of different sectors and for heightening public awareness.

18b. We understand that the training and information received by environment and health professionals and decision-makers need to incorporate modern knowledge, methods and concepts on health and the environment more than they have done to date. We stress the need to reflect these challenges in the future education and training of all medical professionals, especially in the light of the progressive harmonization of medical education. We also acknowledge the need for other professionals to receive adequate information on health and environment issues and on the interaction between each sector and this domain. We also encourage the production and dissemination, through appropriate mechanisms, of written and audiovisual materials that will be useful as learning tools, especially with reference to children.

18c. We call upon WHO, in collaboration with other stakeholders, to provide guidelines for advocacy, information, education and communication on health and the environment, particularly regarding children, and to establish a network of environment and health-oriented contacts so as to ensure that the general public always has access to reliable and helpful information.

⁵ Turkey has reservations on this paragraph, since it is not signatory to the Århus Convention.

Children's Environment and Health Action Plan for Europe

19a. We commend the increasing efforts made by WHO to ensure a healthier future for our children, including the establishment of a "Healthy Environments for Children Alliance", and in particular those made by the WHO Regional Office for Europe in reviewing existing knowledge on the relationship between children's health and the main environmental exposures, as well as in making a first attempt to assess the burden of disease that is attributable to environmental hazards among European children. We also recognize the efforts made by the European Commission to address the most important environmental hazards for children through the drafting and enforcement of new strategies and legislation, particularly in the area of children's health and environment.

19b. We adopt the Children's Environment and Health Action Plan for Europe (CEHAPE) and reaffirm our commitment to attaining the Regional Priority Goals referred to in the CEHAPE. We will ensure that the comprehensive policies described in those documents are effectively implemented on a national basis. In doing this, we will refer to and be guided by the Table of child-specific actions on environment and health for possible inclusion in national plans that has been developed by WHO with contributions from Member States, intergovernmental organizations, international agencies and nongovernmental organizations. We commit ourselves to reporting back on progress towards these goals at the intergovernmental meeting convened by WHO by the end of 2007 and at the next European Ministerial Conference on Environment and Health to be held in 2009. Following this review, we agree to discuss the possibility of the future development of this instrument.

19c. We recognize that the CEHAPE and the European Commission's Action Plan 2004–2010, derived from the European Environment and Health Strategy, are major steps towards ensuring that our common concerns about the future of our children are addressed with their active participation and with urgency. We call for further integration of the two plans, in order to implement them more efficiently.

Particular needs of newly independent states and countries of south-eastern Europe

20a. We note the closer cooperation on health and environment issues between the ministries of health in countries that are members of the Commonwealth of Independent States. In particular, we welcome the initiative taken by the ministers of health to develop a subregional plan for concerted international action. We acknowledge the efforts made to produce the Environment Strategy for Countries of Eastern Europe, Caucasus and Central Asia (Environmental Partnerships in the UNECE Region) and recognize the importance of measures targeted at attaining the goals of the Environment Strategy.

20b. We are, however, concerned at the findings of Part II of the report entitled *Health and the environment in the WHO European Region: Situation and policy at the beginning of the 21st century* which show that many areas still have made little progress in controlling and containing health hazards arising from the environment. We commit ourselves to further strengthening our collaboration in order to support actions aimed at improving the environment and health situation in the Commonwealth of Independent States, as well as in other areas needing particular attention, such as the countries of south-eastern Europe.

20c. We invite WHO and the European Commission, together with UNECE, UNEP, regional environment centers and international donors, to establish effective mechanisms for coordinating technical and financial assistance to the newly independent states and countries of south-eastern Europe, in order to stimulate legislative and institutional reforms, strengthen countries' capacities and effectively reduce exposures to environmental hazards and their health impacts throughout the whole European Region of WHO. We commit ourselves to supporting partnerships and other initiatives in the Region, such as the component for countries of eastern Europe, Caucasus and central Asia (EECCA) of the European Union's Water for Life Initiative.

20d. We invite the WHO Regional Office for Europe to support the initiative of the newly independent states and some countries of south-eastern Europe to reform and upgrade their sanitary/epidemiological services and set up public health systems. We recognize that this reform will make a substantial contribution to implementation of the Budapest Declaration and will facilitate further development of the Environment and Health process.

The future of the Environment and Health process in Europe

21a. We welcome the findings of Part III of the report on *Health and the environment in the WHO European Region: Situation and policy at the beginning of the 21st century* and in particular we note with satisfaction that this process has had a positive influence on European environment and health activities. We acknowledge the role played by ministerial conferences and international workshops and appreciate the opportunities for the exchange of information and the establishment of multilateral partnerships, which help us to meet our international commitments. Taking this into account, we support the recommendations made in the report and aim to exploit to the full the potential of the Environment and Health process in Europe.

21b. We agree to meet again at a fifth European ministerial conference on environment and health to be held in 2009. We invite WHO to convene an intergovernmental meeting to carry out a midterm review of the process by the end of 2007. We recognize that such a follow-up mechanism requires human and financial resources to ensure its sustainability. We will do our utmost to provide the available human and financial resources to comply with this schedule of events, to ensure adequate reporting back on the main policy outcomes of the Conference and to strengthen our collaboration and synergy.

21c. We are concerned that, nearly two years after WSSD in Johannesburg, health aspects are still not well integrated into international and national initiatives, strategies and action plans on sustainable development. We will make full use of our national commissions for sustainable development to achieve the goals of WSSD, to integrate health into sustainable development, to collaborate further with other sectors and to provide assistance and build capacity to deal with the health aspects of sustainable development.

21d. We also recognize the need to collaborate with the Environment for Europe process, bearing in mind the Declaration of the Fifth Ministerial Conference "Environment for Europe" (Kiev, 2003) and agree that the Environment and Health process in Europe should continue to take into careful consideration the recommendations made by other high-level international processes dealing with environment and health in the Region.

21e. We invite WHO and the European Commission to consolidate and expand their cooperation on meeting the commitments summarized in this Declaration, by carrying out their respective roles and mandates and making efficient use of existing human and financial resources.

The role of the WHO European Centre for Environment and Health

22a. We have noted that, since the establishment of the WHO European Centre for Environment and Health (ECEH) recommended at the First Ministerial Conference on Environment and Health held in Frankfurt in 1989, environment and health has attracted increasing interest from policy-makers and the scientific community. We renew our thanks to the governments of Italy and Germany for the financial support they offer to WHO by hosting the two offices that make up ECEH. We appreciate the high quality of the scientific work being produced by ECEH and the initiatives that have arisen in the field of environment and health through its establishment.

22b. We are further encouraged by the opportunities provided by this Centre to meet the needs of Member States in an efficient way, by being more accessible to the States they serve and understanding their cultural and legal needs. We also recognize that the Centre offers more direct access to the services provided by the WHO Regional Office within the European Region.

22c. We therefore recommend that the WHO European Centre for Environment and Health should continue to provide Member States with evidence to support policy-making in environment and health. We call upon other Member States to join Italy and Germany in providing support for the activities of ECEH. We further invite the European Commission and other organizations to make full use of this centre of excellence and the technical services it offers, to ensure that all existing scientific evidence is taken into account when legislation is drawn up and standards are set. We invite WHO to continue adjusting its expertise in environmental health to the changing needs of the Region.

The role of the European Environment and Health Committee

23a. We acknowledge the significant role played by the European Environment and Health Committee (EEHC) in establishing international partnerships in the field of environment and health and in providing contributions and advice during the preparations for this conference.

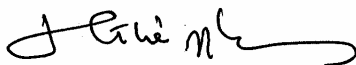
23b. We agree to extend the mandate of EEHC by another five years, to provide advice until the next conference according to the terms of reference outlined in the working paper *The future of the Environment and Health process in Europe*. We request that the number of Member States represented on EEHC should be increased to 10, to ensure adequate geographical representation. We also request that EEHC should continue its activities in accordance with an output-based workplan and report annually to the WHO Regional Committee for Europe and to the UNECE Committee on Environmental Policy on the progress made. We invite WHO to continue to act as the secretariat of EEHC and to convene its first meeting before the end of 2004, as well as to ensure proper involvement of Member States which are not members of EEHC.

23c. We invite the WHO Regional Committee for Europe, the UNECE Committee on Environmental Policy and their respective secretariats to consider this Declaration and the recommendations made therein, and to ensure that priority is given to activities and programmes in the area of health and the environment.

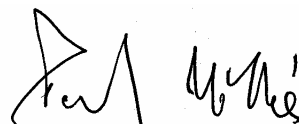
23d. We call on WHO to take the necessary steps to ensure that the Environment and Health process in Europe is fully supported and that priority is given to activities and programmes designed to fulfil the requirements of this Declaration.

23e. We expect WHO, in cooperation with UNEP, to take the necessary steps to ensure adequate coverage of an environment and health process on a global scale.

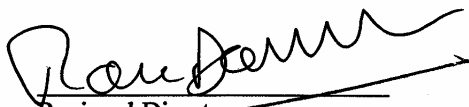
We the undersigned, on behalf of all the Ministers of Health and Environment in the European Region of WHO, together with the WHO Regional Director for Europe and in the presence of the Commissioners for Health and the Environment of the European Commission, reaffirm the commitments undertaken by previous conferences and pledge to continue to support the initiatives outlined above. We hereby fully adopt the commitments made in this Declaration.



Minister of Health, Social and
Family Affairs, Hungary
Co-president of the Fourth Ministerial
Conference on Environment and Health



Minister of Environment and Water,
Hungary
Co-president of the Fourth Ministerial
Conference on Environment and Health



Regional Director,
WHO Regional Office for Europe

Annex 4



Fourth Ministerial Conference on Environment and Health

Budapest, Hungary, 23–25 June 2004



Children's Environment and Health Action Plan for Europe

EUR/04/5046267/7

25 June 2004

ORIGINAL: English

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Introduction: background and rationale

1. We, the Ministers and Representatives of Member States in the European Region of the World Health Organization responsible for health and the environment, together with the WHO Regional Director for Europe and in the presence of the Commissioners for Health and the Environment of the European Commission, recognize that many European children today benefit from better nutrition, cleaner water, more effective preventive health measures and a higher standard of living than ever before and that, on the whole, the health of children in the 52 countries of the European Region shows continuous improvement. However, we understand that improvement is not homogeneous across the Region and within countries, and that the health of a substantial and increasing proportion of children is threatened by the consequences of poor environmental conditions, poverty, disruption of social protection and health systems, armed conflict and violence.
2. We recognize that children are entitled to grow and live in healthy environments, in the spirit of the Convention on the Rights of the Child of November 1989, then emphasized at the United Nations General Assembly Special Session on Children in May 2002 and at the World Summit on Sustainable Development (WSSD) in September 2002. We are well aware that protecting children's health and environment is crucial to the sustainable development of countries.
3. We recall the commitments made by the international community concerning a healthy environment for children, in particular the Declaration adopted at the Third Ministerial Conference on Environment and Health held in London in 1999, and especially its follow-up actions such as the WHO/United Nations Economic Commission for Europe (UNECE) Transport, Health and Environment Pan-European Programme (THE PEP), which places special emphasis on the vulnerability and needs of children in transport. We also recall the importance of the Environment Strategy for Countries of Eastern Europe, Caucasus and Central Asia with respect to the Environment and Health process, as a major result of the fifth Ministerial Conference "Environment for Europe" (Kiev, Ukraine, 2003). We commend the efforts of the European Commission (EC) to ensure a healthier environment for children through the development of an Action Plan 2004–2010, as a means of ensuring implementation of the EC Communication on the Environment and Health Strategy. We also commend the Declaration of the Ministers of Health of the Countries of the Commonwealth of Independent States on Environmental Health that was adopted in Cholpon-Ata, Kyrgyzstan, on 1 and 2 April 2004.
4. We are increasingly concerned about the effects on children's health of unsafe and unhealthy environments. We understand that developing organisms, especially during embryonic and fetal periods and early years of life, are often particularly susceptible, and may be more exposed than adults, to many environmental factors, such as polluted air, chemicals, contaminated and polluted water, food and soil, radiation risks, unhealthy housing, environmental noise, risks related to transport, and the consequences of armed conflict and environmental disasters. Boys and girls may also differ in susceptibility and be differently exposed to environmental factors. We realize that *all* children suffer from the consequences of polluted and unsafe environments but also that children living in the poorest countries and belonging to the most disadvantaged population groups are at the highest risk. Underdevelopment and poverty are strongly related to the burden of environmentally attributable disease, and this is even more true for children.
5. Finally, we recognize that children in particularly adverse conditions, such as poor and abandoned children, street children, children who are exploited or trafficked and those suffering from the consequences of armed conflict, are at highest risk of injuries, psychological trauma, acute and chronic infections and noncommunicable diseases, impaired growth and development, disability and death. Special emphasis should be placed on preventing these conditions and fighting their underlying causes.
6. We note that in the European Region, according to the Children's Environmental Burden of Disease study, about one third of the total burden of disease from birth to 18 years can be attributed to unsafe and unhealthy environments in the home and the broader community, resulting in significant social and economic costs.

- (a) Injuries alone represent the first cause of death in this age group and account, on average, for about one sixth of the total burden of death and disease, but this proportion can be as high as one third in some countries.
- (b) Exposure to contaminated water, air, food and soil can cause gastrointestinal and respiratory diseases, birth defects and neuro-developmental disorders, all of these accounting for another one sixth of the total burden of disease.
- (c) Safe and balanced nutrition is still an unmet need for too many children, and at the same time the prevalence of obesity and the risk of later development of metabolic disease, including diabetes, and cardiovascular disease are increasing as a consequence of both unhealthy diet and inadequate physical activity.
- (d) Finally, there is concern regarding the potential for long-term toxicity, including the carcinogenic, neurotoxic, immunotoxic, genotoxic, endocrine-disrupting and allergenic effects of many chemicals. We are particularly concerned about the effects of environmental tobacco smoke (ETS), persistent organic pollutants (POPs), heavy metals and physical agents (such as ultraviolet (UV) radiation, ionizing radiation and noise) that contaminate the environment and to which men and women of reproductive age as well as children may be exposed.

7. We recognize that our understanding of the nature and the amount of health effects produced on developing organisms, from the prenatal period to adolescence, by exposure to environmental agents is still incomplete. However, the evidence we already have of the role played by several environmental factors in determining disease and injury in children, and in inducing effects that may become manifest only in adult life, makes it mandatory to commit ourselves to coordinated and sustained action now to protect children's health, today and for the future.

8. We realize that when there are knowledge gaps, more effort has to be put into research, to improve our knowledge of causal links, the nature and magnitude of effects and effective interventions. Simultaneously, not to delay the implementation of policies that may protect children's health and minimize the risk of severe and irreversible health effects, measures based on the precautionary principle should be applied, taking into account paragraph 17 in the Budapest Ministerial Declaration.

9. We recommend that effective action should be based on systematic reviews of interventions designed to prevent and reduce risk, whenever this information is available, and built on existing experience and best practices. Effective action also requires multisectoral approaches, such as those needed to ensure clean air, safe food and water, safe industrial products and safe and supportive human settlements, and full information and involvement of communities, parents and young people themselves.

10. We recognize the need to focus our actions on health and environment priorities that are associated with a substantial disease burden in children and for which feasible and effective action is possible within a reasonable time frame. We therefore agree to aim at reducing the burden of disease caused by major environmental risk factors by committing ourselves to four Regional Priority Goals, through the implementation of a series of actions for each goal.

11. We recognize that effective actions fall within the responsibility of different ministries, as well as of subnational and local governments and agencies. Therefore we will advocate the implementation of the actions listed below within our decision-making bodies and their integration into existing long-term action plans.

Regional Priority Goals, actions and expected health outcomes

12. We recognize that children's exposure to environmental hazards is influenced not only by the state of the physical environment but also by socioeconomic conditions and individual and group behaviour. Effective action for protecting children's health should therefore emphasize:

- primary prevention, i.e. policies, programmes and plans aimed at improving the state of the physical environment (air, water, soil, noise), in particular through the integration of children's needs into housing, transport, infrastructure and planning;
- equity, i.e. giving priority to protection of children at highest risk, and particularly of children who are neglected, abandoned, disabled, institutionalized or exploited, or who are suffering the consequences of armed conflict and forced migration, by improving access to preventive health and social protection services;
- poverty reduction, i.e. policies addressing the multidimensional aspects of poverty among children;
- health promotion, i.e. actions aimed at preventing and reducing exposures to environmental health hazards by adopting healthy lifestyles, achieving sustainable consumption patterns and helping to create healthy and enabling human settlements.

The above principles, together with the need to focus on the main causes of the environment-related burden of disease, will frame the contents of the four Regional Priority Goals.

13. Regional Priority Goal I. We aim to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe and affordable water and adequate sanitation for all children.

We aim to achieve this goal in accordance with the commitments made in the Millennium Development Goals and the WSSD Plan of Implementation by:

- (a) ensuring that all child care institutions and schools are provided with adequate safe water and basic sanitation, ensuring safe and affordable water and adequate sanitation infrastructure and service development and better implementation of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes;¹
- (b) implementing national plans to increase the proportion of households with access to safe and affordable water and adequate sanitation, thereby ensuring that all children have access to clean water and sanitation by 2015;
- (c) raising awareness among the population, particularly caregivers, and ensuring the provision of education on basic hygiene.

14. Regional Priority Goal II. We aim to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children.

We will address the overall mortality and morbidity due to external causes in children and adolescents by:

- (a) developing, implementing and enforcing strict child-specific measures that will better protect children and adolescents from injuries at and around their homes, playgrounds, schools and workplaces;
- (b) advocating the strengthened implementation of road safety measures, including adequate speed limits as well as education for drivers and children, and enforcement of the corresponding legislation (in particular the recommendations of the WHO world and European reports on road traffic injury prevention);
- (c) advocating, supporting and implementing child-friendly urban planning and development as well as sustainable transport planning and mobility management, by promoting cycling, walking and public transport, in order to provide safer and healthier mobility within the community;

¹ Turkey has reservations on this paragraph since it is not a signatory to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes or to its Protocol on Water and Health.

- (d) providing and advocating safe and accessible facilities (including green areas, nature and playgrounds) for social interaction, play and sports for children and adolescents.

We aim to bring about a reduction in the prevalence of overweight and obesity by:

- (a) implementing health promotion activities in accordance with the WHO Global Strategy on Diet, Physical Activity and Health and the WHO Food and Nutrition Action Plan for the European Region of WHO for 2000–2005;²
- (b) promoting the benefits of physical activity in children's daily life by providing information and education, as well as pursuing opportunities for partnerships and synergies with other sectors with the aim of ensuring a child-friendly infrastructure.

15. Regional Priority Goal III. We aim to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air.

We aim to achieve a substantial reduction in the morbidity and mortality from acute and chronic respiratory disorders in children and adolescents by:

- (a) developing indoor air quality strategies that take into account the specific needs of children;
- (b) implementing the Framework Convention on Tobacco Control, by legislative measures, through the drafting and enforcement of the necessary regulations and by setting up health promotion programmes that will reduce smoking prevalence and the exposure of pregnant women and children to environmental tobacco smoke;
- (c) improving access of households to healthier and safer heating and cooking systems as well as cleaner fuel;
- (d) applying and enforcing regulations to improve indoor air quality, especially in housing, child care centres and schools, with particular reference to construction and furnishing materials;
- (e) reducing emissions of outdoor air pollutants from transport-related, industrial and other sources through appropriate legislation and regulatory measures which ensure that air quality standards such as those developed under EU legislation take into account the values set by the WHO air quality guidelines for Europe.³ In particular we call upon car manufacturers to equip new diesel motor vehicles with particle filters or other appropriate technologies in order to drastically reduce emissions of particles, and to that effect we will continue to develop legislative and regulatory measures as well as economic incentives.

16. Regional Priority Goal IV. We commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence.

We will aim to reduce the proportion of children with birth defects, mental retardation and developmental disorders, and to decrease the incidence of melanoma and non-melanoma skin cancer in later life and other childhood cancers by:

- (a) passing and enforcing legislation and regulations and implementing national and international conventions and programmes to:

² Endorsed by the WHO Regional Committee for Europe in 2000 (resolution EUR/RC50/R8).

³ *Air quality guidelines for Europe, second edition*. Copenhagen, WHO Regional Office for Europe, 2000 (WHO Regional Publications, European Series, No. 91).

- i. reduce exposure of children and pregnant women to hazardous chemical, physical and biological agents to levels that do not produce harmful effects on children's health;
 - ii. protect children from exposure to harmful noise (such as aircraft noise) at home and at school;
 - iii. ensure appropriate information on and/or testing for effects on the health of developing organisms of chemicals, products and technologies before their marketing and release into the environment;
 - iv. ensure the safe collection, storage, transportation, recovery, disposal and destruction of non-hazardous and hazardous waste, with particular attention to toxic waste;
 - v. monitor in a harmonized way the exposure of children, as well as men and women of reproductive age, to hazardous chemical, physical and biological agents;
 - vi. ensure that the Stockholm Convention on Persistent Organic Pollutants, the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal and the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade are applied;
- (b) implementing policies to raise awareness and endeavour to ensure reduction of exposure to UV radiation, particularly in children and adolescents;
- (c) promoting programmes, including those for the adequate dissemination of information to the public, that will prevent and minimize the consequences of natural disasters and major industrial and nuclear accidents such as Chernobyl and that take into consideration the needs of children and people of reproductive age.

We commit ourselves to advocating the elimination of the worst forms of child labour by applying International Labour Organization (ILO) Convention 182.⁴

International collaboration

17. To effectively pursue the four priority goals, we, the Ministers, recognize the need to commit our governments to increased intercountry collaboration and solidarity, in order to support the efforts of countries whose children bear the greatest part of the environmental burden and that may need additional, technical and financial support to act effectively.

18. We recognize the need for assistance from international organizations. We invite WHO and the European Commission, as well as the United Nations Environment Programme, UNECE, the United Nations Children's Fund, the Organisation for Economic Co-operation and Development (OECD), the World Bank, the European Environment Agency (EEA), ILO, and the regional environmental centres, as well as other international and nongovernmental organizations, to promote and strengthen international collaboration among themselves on common priority issues and to identify new partners for the future of the Environment and Health process.

19. We, the Ministers, ask that such collaboration should ensure implementation of the CEHAPE by:

- (a) ensuring coordination between, and technical support for, countries and facilitating the identification of financial resources, particularly for those countries most in need;
- (b) developing and providing training opportunities and materials and promoting the incorporation of child health and environment issues in the training curricula of child and adolescent health professionals;

⁴ Monaco has reservations on this paragraph, since it is not a member of the International Labour Organization.

- (c) supporting evaluation of the social and economic costs and benefits of action and inaction, taking into account children's particular needs. In doing so, the internalization of externalities in cost-benefit analyses will be advocated, in order to facilitate policy development;
- (d) ensuring the exchange of information, experience and best practices on relevant existing and effective health and environmental measures and their implementation;
- (e) identifying partners and funding sources for collaborative research and development;
- (f) developing child participation models.

20. We invite WHO to develop, collect and disseminate information on evidence-based interventions and methodologies for use in child-focused health impact assessments incorporating a clear gender perspective. We also request that WHO should develop guidelines and tools on advocacy, information, education and communication, to ensure the appropriate dissemination of information by countries. We request that WHO and EEA collaborate with other United Nations organizations, the European Commission and OECD on the further development of a coherent environment and health indicator system which includes child-specific effects, exposures and actions.

National children's environment and health action plans

21. We, the Ministers, commit ourselves to developing and starting to implement national children's environment and health action plans by 2007 at the latest. To ensure this, we will make best use of existing programmes, such as national environment and health action plans (NEHAPs), or develop new child-specific plans. These should include an assessment of the environmental and health impacts on children, an evaluation of the economic impact and the setting of quantitative targets, as well as the suitably phased implementation of actions.

22. We will include child-specific actions in the national plans, which will ensure attainment of the four Regional Priority Goals and of any other goal which responds to national or subnational needs. In doing this, we will refer to and be guided by the Table of child-specific actions on environment and health for possible inclusion in national plans that has been developed by WHO with the contributions of Member States, international agencies and nongovernmental organizations (NGOs). We will use and further develop this evolving tool as a menu of possible actions, from which Member States and subnational authorities can identify the appropriate combination of actions to be included in their national plans.

23. To ensure the development and implementation of national children's environment and health action plans, we commit ourselves to using and adapting existing national bodies on environment and health or to establishing new mechanisms that will involve all relevant stakeholders, including the corporate sector, trade unions, child-focused NGOs and parents', children's and youth organizations.

24. We acknowledge the lessons learned from existing policies and interventions and recognize that effective action to protect children's health from environmental threats requires firm political commitment and close collaboration between health and environment authorities, as well as cooperation with other sectors such as finance, transport, education and culture, energy, urban and rural planning, labour and social services.

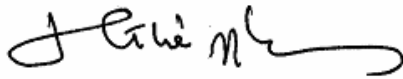
25. We will strengthen the professional capacity of the health and environment sectors by promoting the incorporation of children's environmental health issues into curricula and continuing education programmes of professionals in all cross-cutting sectors, particularly environmental health professionals, environmental specialists, land-use planners, public health officers, family doctors, paediatricians and paramedics. We will make use of a strategy on advocacy, information, education and communication that will ensure adequate dissemination of information with the support of, and in collaboration with, WHO and relevant organizations, including NGOs.

26. We recognize that we need harmonized and comparable monitoring systems, in order to provide policy-relevant information for setting priorities and evaluating the effectiveness of environment and health policies. We will ensure that our existing monitoring systems facilitate the collection of data by using valid and comparable child-specific health and environment indicators to allow for national monitoring of children's action plans and for intercountry comparison at the international level. We will collaborate with WHO, the European Commission, EEA and other relevant organizations to this end.

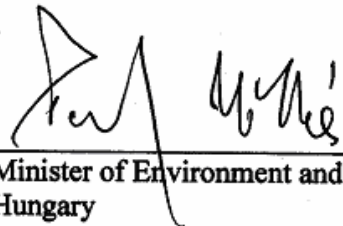
27. We commit ourselves to reporting back to WHO on the development of national children's environment and health action plans and the implementation of actions addressing national priorities and Regional Priority Goals at the midterm review intergovernmental meeting to be held by the end of 2007, as well as to reporting back to the Fifth European Ministerial Conference on Environment and Health in 2009.

28. We call upon WHO, and we ourselves undertake, to ensure an adequate follow-up mechanism to the CEHAPE. To this end we invite the European Environment and Health Committee to establish a CEHAPE task force with the participation of Member States, international organizations and NGOs, in order to facilitate and stimulate implementation of the CEHAPE, with particular attention paid to the sharing of best practices and the dissemination of information and experiences among the Member States.

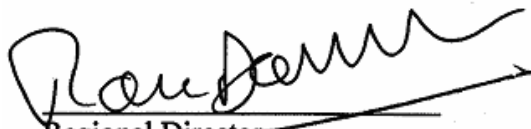
We, the undersigned, on behalf of all the Ministers of Health and the Environment, together with the WHO Regional Director for Europe and in the presence of the European Commissioners for Health and the Environment, gathered here in Budapest on 25 June 2004, pledge to continue to support the initiatives outlined above. We hereby fully adopt the commitments made in this document.



**Minister of Health, Social and
Family Affairs, Hungary**
**Co-president of the Fourth Ministerial
Conference on Environment and Health**



**Minister of Environment and Water,
Hungary**
**Co-president of the Fourth Ministerial
Conference on Environment and Health**



**Regional Director,
WHO Regional Office for Europe**

Annex 5



**BUDAPEST CONFERENCE ON ENVIRONMENT AND HEALTH
EUROPEAN COMMISSION DECLARATION**

The European Commission welcomes the political impetus created by the Ministerial Conference on Environment and Health that was held in Budapest on 23-25 June 2004.

The Conference Declaration sets out a valuable road map for future action and records the commitments made on all conference topics, including Children's Environment and Health Action Plan for Europe (CEHAPE), various tools for policy-making and the future development of the WHO's Environment and Health process in Europe.

The CEHAPE in particular is an important document which lays the foundation for developing comprehensive policies to improve the health of young people across our continent, bringing together environment and health policy in an effective way.

The European Commission shares the Conference's desire to secure a healthier future for Europe's children. The Commission is committed to working actively with its Member States and with international organisations, in particular the World Health Organization, to achieve the goals set out in these two documents.

In 2003 the Commission adopted its European Environment and Health Strategy⁵ which is now being followed up with the EU Action Plan on Environment and Health⁶. The CEHAPE and the Ministerial Declaration provide both input and impetus for the actions at EU level. Synergies between these EU-level actions and the actions arising from the Budapest conference should be fully exploited. The Commission will work in close cooperation with the WHO and the EU Member States to ensure that this happens.

Signed on behalf of the European Commission


Margot Wallström

Budapest, 25 June 2004


Pavel Telička

⁵ COM (2003) 338 final of 11.6.2003

⁶ COM (2004) 416 final of 9.6.2004