



National workshop

Implementing the conclusions and recommendations of the Environment and Health Performance Review in Malta

Workshop report

Malta, 26-27 May 2009

ABSTRACT

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), the WHO Regional Office for Europe has initiated a project to give guidance on strengthening environment and health policy-making, planning preventive interventions, and ensuring service delivery and surveillance in the field of environment and health. Through detailed environment and health performance reviews the Regional Office is providing country-based analytical descriptions of the environment and health situation in Member States.

Based on the review that took place in Malta in March 2009, a report has been prepared giving an overview of the current environment and health situation, evaluating the strong and weak points of environmental and health system and services in Malta and formulating recommendations for further actions.

As a follow up to the review the World Health Organization convened a workshop with the objective to discuss how to best use the recommendations formulated in the report at national level. Participants at the workshop set priorities in the actions needed, discussed possible implementation mechanisms and took responsibility for the implementation and monitoring of actions that are under their direct responsibility.

Keywords

ENVIRONMENTAL HEALTH
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Introduction

Background

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), the WHO Regional Office for Europe initiated a project to ensure that environment and health policy-making focused more on the real needs of the Member States. This included providing country-specific advice for better planning of preventive interventions, and the tailoring of service delivery and surveillance in the field of environment and health to those needs. Through detailed environment and health performance reviews (EHPRs), the Regional Office is continuing to provide country-specific analytical descriptions of the environment and health situation in Member States. The major areas assessed through this process include the country's institutional set-up, the methods applied when setting policy and the legal framework that is available to enforce environment and health action. The capacity of the many sectors, partners and stakeholders to establish national inter-sectoral collaboration and the related tools and resources for ensuring action are also assessed.

A first mission to evaluate the country situation in Malta took place in March 2009 in collaboration with the Department for Environmental Health within the Division of Public Health Regulation, Ministry for Social Policy (Health), Malta. During this field visit, the WHO expert team met with 48 representatives from 18 institutions from various sectors involved in environment and health. Based on the review, a report was prepared to provide an overview of the current environment and health situation, evaluating the strengths and challenges of the environment and health system and services in Malta, and formulating recommendations on further action towards improvement.

The results of the EHPR will be used in the overall review of environment and health performance in the European Region, to be presented at the Fifth Ministerial Conference on Environment and Health (Italy, March 2010).

Scope of the meeting

In response to the recommendations formulated through the EHPR, the WHO Regional Office for Europe, in collaboration with the Department for Environmental Health of the Division of Public Health Regulation, Ministry for Social Policy, Malta, convened a workshop in May 2009 to discuss how best to use the recommendations formulated in the report at national level. Participants at the workshop were asked to prioritize the actions needed, to discuss possible implementation mechanisms and to take responsibility for the implementation and monitoring of actions that were led by their sectors/departments. The workshop enabled structured discussions among the stakeholders from different sectors and helped to ensure ownership and common ground for the successful implementation of environment and health policy-making. It also gave the opportunity to comment the conclusions and recommendations of the EHPR and to make last amendments to the report.

Based on the conclusions and recommendations of the EHPR presented in the first session of the workshop, the environment and health authorities presented their expectations regarding the use of the review results. The discussions in plenary helped to define priorities for action especially in the application of management tools, economic and financial mechanisms, as well as inter-sectoral collaboration based on the EHPR report. Follow-up priorities and commitments made by the health authorities and all other sectors involved were endorsed during the final session of the workshop.

The workshop was attended by 35 local professionals from 9 institutions, representing various sectors contributing to environment and health policy-making, including the Ministry for Social Policy, the Malta Environment and Planning Authority (MEPA), the Malta Standards Authority, the Ministry for Infrastructure, Transport and Communications, the Malta Resources Authority, the Ministry of Education, Culture, Youth and Sport, a representative of the Commissioner for Children and a nongovernmental organization (NGO).

The meeting was supported by funds received by the WHO Regional Office for Europe from the European Commission (EC), Directorate General for Health and Consumers (DG SANCO), under Grant Agreement 2005156. The meeting to launch the report on the EHPR for Malta is also an integral part of the 2008–2009 Biennial Collaborative Agreement between the WHO Regional Office for Europe and the Government of Malta to support the development of environment and health.

Policy context

The Fifth Ministerial Conference on Environment and Health will take place in Parma, Italy in March 2010. The health impacts arising from key environmental risk factors form the basis of the regional priority goals of the Children's Environment and Health Action Plan for Europe (CEHAPE) adopted in Budapest and are still of major concern for children's health today. The plan includes priority actions to address health risks arising from key environmental risk factors such as: inadequate water and sanitation, unsafe home and recreational environments, lack of physical activity resulting from inappropriate spatial planning, indoor and outdoor air pollution, and chemical, biological and physical agents. To ensure ongoing commitment to implementation, the Fifth Conference on Environment and Health will maintain the political focus on children's health and environment issues and will set them specifically within the context of the impacts of globalization. Hence, it will prioritize emerging threats such as climate change and economic crises while ensuring a more cross-cutting approach to implementation in order to address socio-economic and gender inequities, increase the involvement of new stakeholders, and identify and assist with the specific needs of the countries of Eastern Europe, the Caucasus and central Asia (EECCA).

Summary of the EHPR

The main causes of death in Malta are cardiovascular diseases and cancers, followed by respiratory diseases, external causes and endocrine diseases. Life expectancy in Malta is high but nevertheless, mortality rates from some causes are higher than the EU average in some age groups.

The leading causes of death from unintentional injuries are falls, followed by traffic injuries, poisoning, drowning and fires. In addition Malta is characterized by an increasing prevalence of overweight and obesity which is the highest in Europe. An increased prevalence of childhood asthma has also been registered in Malta in recent years.

Urban outdoor air pollution, nitrate levels in groundwater, road traffic injuries and unintentional injuries are the main health and environment concerns in Malta. These environment and health priorities do match with the main complaints and concerns of the interviewed professional staff dealing with environment and health issues. Air pollution and waste are issues of concern often voiced by local councils, the public and the media.

While national averages of sulphur dioxide and nitrogen dioxide levels are below the EU annual threshold values, particulate matter (PM₁₀) and ozone levels are still high. Power stations use low sulphur fuels; however electricity generation is still largely dependent on the combustion of fossil fuels, contributing significantly to air pollution. The asthma prevalence in Malta is above the European average. The introduction of lead replacement petrol (LRP) has brought about a decline in concentrations of benzene and lead in ambient air.

Traffic is of high national concern, contributing not only to air and noise pollution but also increasing traffic accidents and insufficient physical activity. Malta ranges below the European average of levels of physical activity both in children and adults.

In regard to water and sanitation, Malta is characterized by a high percentage of population having access to a water supply at homes (both in urban and rural areas) and schools having access to a continuous safe water supply. Microbiological parameters of drinking water meet all requirements. Nitrates are still present in groundwater. In 2006 and 2007, in 9 out of 13 pumping stations used by the Water Service Corporation, nitrate levels were in excess of EU standards; the highest values reported reached 161mg/l.

In view of the water scarcity in the country, rainwater has not yet been fully exploited as an alternative water source for uses other than drinking and cooking.

Summarizing, the WHO estimates for the environmental burden of disease in Malta is around 14%. However, an overall improvement of the environment and health situation in the country could be observed in the recent years and many policies and priority areas

have been adopted, many of them related to EU accession requirements in 2004. For example, air quality and waste water management have improved while compliance with mandatory requirements for bathing water quality in coastal zones has also improved considerably between 2005 and 2007. Road traffic injuries have increasingly been recognized as a national priority and more efforts have been undertaken towards the promotion of healthy nutrition and physical activity. The promotion of a healthier lifestyle through physical activity (including cycling and walking) should be enhanced.

Children and adolescents are recognized as a priority in environmental and occupational health.

Despite an increasing recognition for health promotion and disease prevention, the main focus of the health sector is still on the provision of health care services. However, an increased budget allocation for specific topics, such as climate change, air quality and transport related activities, documents the increasing recognition of preventive issues.

In 2008, the Department of Environmental Health was set up as a specific entity within the Public Health Regulation Division in Ministry for Social Policy and is the main institution responsible for environment and health issues in Malta. The creation of this department has contributed positively to enhance the importance and visibility of environment and health concerns. This Department employs about 250 staff, including public health medicine specialists, environmental health officers, administrative and laboratory personnel.

Within the health sector more importance is currently being given to non-communicable diseases (NCD). NCD is now an integral part of health promotion, addressing for example not only nutrition but increasingly also physical activity. However, a lack of human and financial resources indirectly results in environment and health not being sufficiently prioritized by the health sector.

Although more money has been allocated for health screening, the general budget allocated to Health Promotion and Environmental Health did not increase. This happened as a result of the restructuring within the ministry which involved the division of the 'Public Health Department' into separate units dealing with Environmental Health and Disease Surveillance. The previous directorate responsible for Health Promotion is now the responsibility of the Health promotion and Disease Prevention Directorate. Environment and health still remains a niche in the political decision making processes. While the environment and environmental protection is becoming socially recognized, health costs due to environmental exposure are still not sufficiently recognized as an interdependent factor.

A recurrent problem mentioned by many professionals working in the field of environment and health is the difficulty in setting national priorities, as very often the focus is on the implementation of EU policies in fulfilment of EU requirements. A balance is needed between implementing the EU agenda while at the same time ensuring a focus on specific national priorities.

While environmental protection and management is principally the responsibility of the Malta Environment & Planning Authority (MEPA), in practice environmental issues are the remit of a large variety of different sectors, bodies and institutions. Better

coordination is needed between these various sectors, for example in transport and climate change issues. It was also noted that the number of staff currently working on environmental management within MEPA is not sufficient to cope with the various demands. Investment in human resources has been recommended in various expert reports on institutional capacity.

Many health promotion and disease prevention activities continue to be supported in collaboration with other sectors. For example the Education Division is currently giving greater importance to healthy nutrition, injury prevention and increased physical activity.

Local government is responsible for the implementation of environment and health measures, but often lack the necessary funds. There are many environmental NGOs in the country, but only one association dealing specifically with environment and health. The involvement of NGOs and youth in public consultation processes has increased in the recent years while public participation in questions of environmental health concerns is being steadily improved and promoted.

The Public Health Act focuses mainly on infectious diseases. A NCD strategy is currently being developed linking lifestyle factors to the environment. The main policy instrument for environment and health is the National Environment and Health Action Plan (NEHAP) that has been an influential tool for formulating and sharing responsibilities in environment and health. The current NEHAP 2006-2010 was recently formally approved by the health division.

Malta has ratified many multilateral environmental agreements; however EU and multilateral legislations and agreements do not always provide guidance for achieving the set targets.

All strategies drafted by an institution undergo a public consultation involving all sectors and ministries thereby showing a high degree of transparency and inter-ministerial collaboration. Nonetheless, inter-sectoral collaboration still largely relies on informal networking and unless covered by a mandatory processes, such as Strategic Environmental Assessment, varies between the different sectors. Overall, the development and approval of policies and strategies is a lengthy process and policy evaluation is lacking.

The compilation of data and information that enables the assessment of the environment and health situation in the country is now well established in Malta. Air quality and water monitoring data are available in real time on the web. A significant volume of data is collected, however improvements towards standardization of collection and collation mechanisms and procedures are needed. The review observed that there is currently no regular report on the health situation in Malta. The State of the Environment Report is published every three years while annually a report is published on selected environmental indicators. These reports include some relevant information on environment and health.

Environmental health issues could be better integrated in Environmental Impact Assessment (EIA) procedures. There is little formal training on EIA in the country and HIA is not sufficiently covered at policy level.

In conclusion, the EHPR showed that Malta is increasingly targeting health risks related to the environment through numerous preventive approaches and that overall, the environment and health situation in the country has improved in recent years. However, there is a need to further institutionalize environment and health policy-making and to ensure a more integrated and coordinated policy approach involving all relevant sectors. In some areas, monitoring can be further improved, and policy evaluation needs to be strengthened.

Developments at national level and national priorities

In their opening addresses, Mr John Attard Kingswell, Director of the Department for Environmental Health (Public Health Regulation Division) within the Ministry for Social Policy (Health, the Elderly and Community Care), and Ms Marie Briguglio, Assistant Director of the Environment Protection Directorate of MEPA gave an overview of the environment and health processes in Malta and underlined the latest developments and achievements in this area. The presentation by Dr Karen Vincenti, National CEHAP focal point, on the expectations of the environment and health sector with regard to the EHPR completed the introduction to this workshop.

Malta is characterized by a longstanding involvement in environment and health at European level. Malta has participated in the WHO intergovernmental meetings and Ministerial Conferences on Environment and Health since the first conference in Frankfurt in 1989. It has adopted the Helsinki declaration calling for NEHAPs, the London declaration and the Transport Health and Environment Pan European Programme which followed the Charter on Transport, Environment and Health, and finally has endorsed the Budapest commitments to strengthen preventive action towards the reduction of environmental health risks to children. Malta's first NEHAP was prepared in 1997 and updated in 2004 following an evaluation in 2002. A revised NEHAP and Summary of Actions was then prepared for the period 2006-2010. The ongoing environment and health process was assessed by the EHPR in 2009. In collaboration with WHO, the Department for Environmental Health organized a conference on the health effects of climate change in April 2009 which was well attended by participants from different sectors. Activities around climate change have also been organized on the occasion of the World Health Day 2008 on climate change.

Malta has appointed WHO national focal points for environmental health (representing health and environment sectors) and has set-up various inter-sectoral groups to deal with issues relevant to environment and health. The recently established Department for Environmental Health within the Public Health Regulation Division in the Ministry of Social Policy and the increased efforts for synergy with the EU requirements and commitments in the area of environment and health underline the increasing recognition of environment and health issues at national level. In spring 2009, a seminar on inter-sectoral working was organised in cooperation with WHO calling for a better use of a "*Health In All Policies*" approach.

The environment sector is also strengthening efforts towards environment and health. Health is being recognised as a key driving force for healthy environments. WHO has been a catalyst for increasing discussions on the close relationship between environment and health.

The environment sector has undergone a massive change in structure over the last 5 years. The transposition of more than 250 EU instruments into national legislation has led to the restructuring of existing institutions and to the creation of new structures and infrastructure such as MEPA, the Malta Standards Authority and Malta Resources Authority, ambient monitoring infrastructure and better management of waste sites, amongst others.

Environment and health are also more strongly recognized at parliamentary level getting strong support by the new Permanent Secretary for Health, the Elderly and Community Care. Possibilities are being explored for having a more formally recognised high-level working group with representatives from the health and the environment sector or the re-establishing of the inter-sectoral NEHAP committee.

Monitoring and reporting of the environmental situation in the country are more regular and systematic.

Based on the results of the EHPR, the priorities and next actions recommended for environmental health by the Ministry of Social Policy are the following:

- Finalize the EHPR report including the outstanding comments by the reviewed institutions;
- Consider and agree on further priority areas for Malta based on the recommendations;
- Integrate activities into and build on existing policies, action plans and strategies e.g. NEHAP;
- Establish an institutional framework for action;
- Involve new or so far not well represented stakeholders;
- Responsibility and commitment for implementation to be taken by all relevant sectors;
- Improve monitoring and evaluation mechanisms.

Work in plenary 1 – Discussion

The first plenary discussion addressed the results of the EHPR and the priorities to be added to the conclusions of the review. It had the aim of setting priorities for action at national level on environment and health management tools, economic and financial mechanisms, tools for action and inter-sectoral collaboration.

Discussing the EHPR results

The EHPR and its results have helped to get an overview of the current environment and health situation in Malta and to confirm the current, and where deemed necessary,

trigger new, priority setting at national level. It has increased the knowledge on the work that is currently been done by sectors other than health, has made available information on the availability of data on the health situation to non-health sectors and has identified and confirmed gaps and areas of overlap. The review has also stressed the importance for (E)HIA and the need to further strengthen collaborative action across the different sectors.

However, it was felt that the EHPR missed some important areas and, in some areas was not exhaustive. Local councils and the agricultural sector have not sufficiently been covered by the report as it had not been possible to interview them during the assessment visit. It was felt that the summary of different viewpoints and perspectives gave an overview of the existing activities, responsibilities and shortcomings in the area of environment and health but in some cases it was felt that information collected and reported might have been biased by the personal view of the interviewees.

Participants agreed that, in addition to the recommendations made in the EHPR, other sectors besides the health sector need to be automatically informed on exceedances of relevant environmental pollutants (e.g. air quality). This will enable these other sectors, for example transport, to take appropriate actions.

The participants also clarified that besides air quality data, bathing water quality information is also available in real time on the web.

In addition, it was noted that two relevant boards were in the process of being formalized at national level:

- The proposed advisory board on air quality pending cabinet approval of a draft legal notice prepared by the Clean Air Consultative group requiring it to be set up;
- A law on the terms of reference of a beach management committee was approved and the committee will be set up shortly.

An update was provided on the Public Health Act. In its current format, the Act is considered to be an umbrella strategy ensuring that all relevant areas of public health are sufficiently covered and acknowledged. In contrary to the recommendation made by the EHPR to update the whole Act to better reflect environmental health, it was suggested that more appropriate legislation, i.e. Legal Notices are drawn up to ensure that health promotion and prevention from environmental threats are duly covered.

Overall, the report has been recognized to be a good starting point for setting priorities for action in the future.

WHO acknowledged the advanced state of reporting of MEPA in monitoring and reporting on the environment. However, it was stressed that specific environmental health reporting is required, the focus of which should be on those areas of the environment that are particularly relevant to health.

Priorities in environment and health

The following section summarizes the focused discussion of the working group on major environment and health topics, areas and issues that participants felt to be considered as priority areas.

Inter-sectoral cooperation / inter-ministerial committees

Environment and health falls under the responsibility of many different sectors and stakeholders. During the discussion the group convened that there is the need to further increase and institutionalize inter-sectoral work. Inter-ministerial committees are recognized as being efficient mechanisms in this regard. However, the work of these committees needs to be better organized and streamlined. It was discussed that WHO could share good examples of the work of inter-sectoral committees, for example those presented in a brochure developed in the framework of the Transport, Health and Environment Pan-European Programme (THE PEP) on *"Guidance on supportive institutional conditions for policy integration of transport, health and environment"*¹.

Accountability

During the discussion, it was pointed out that committees also have to be formally responsible for the activities under their mandate and that they need clear terms of reference with sufficient allocation of resources. Accountability needs to be ensured through systematic evaluating and reporting mechanisms.

Focus on children

The working group agreed that there is the need to better address the requirements of children. It has been recognized that a lot has already been done in this regard. However, there is the need of integrating children's' needs in the decision making process. Children should be at the centre of environmental and public health policies. One activity discussed was that youth should be invited to participate to the next ministerial conference as part of the Maltese delegation.

Obesity

Participants confirmed that there is the need to further increase public health efforts in addressing obesity. More attention has to be paid on the role of open spaces for children to play and also the quality and availability of infrastructure around buildings in order to enhance physical activity. The construction and maintenance of infrastructure for active transport, including safe and comfortable sidewalks and other spaces for walking as well as bike lanes should be prioritized.

Increase research in environment and health

The group agreed that there is the need to increase and better target research on environment and health. The current national research is not sufficient for enabling an

¹ <http://www.unece.org/thepep/en/publications/WorkingTogether.Guidance.en.pdf>

exhaustive assessment of the environment and health situation in the country. This is not only related to limited capacity for research but also to the lack of dedicated financial and human resources.

Work in parallel working groups

To set priorities for action at national level on environment and health the workshop was divided into two subgroups for more detailed and focussed discussion and formulation of specific recommendations. Group 1 focussed on Regional Priority Goals I (water and sanitation) and IV (physical, chemical and biological factors and occupational health), while group 2 focussed on Regional Priority Goals II (injuries and physical activity) and III (air quality). Based on the conclusions and recommendations of the EHPR, the main aims of the working groups were:

- ✓ to discuss the integration of population / children's health concerns in other sector policies (environment, transport, education etc.);
- ✓ to discuss whether other sectors' policies are accountable for health consequences; and
- ✓ to focus on necessary tools/systems/organization mechanisms that could be covered by the different sectors.

The questions to be answered in order to formulate recommendations for future action were the following:

- Is there an adequate policy framework?
- Are organizational mechanisms in place?
- Is there the necessary capacity?
- Are there enough information & research results?

Group 1

The group's discussion focussed around the priority areas of water and sanitation and physical, chemical and biological factors and occupational health. Main areas of discussion were water safety, food safety and heavy metals. Also rainwater usage and bio-monitoring have been touched upon in this group. The discussion can be summarized as follows:

1) Water safety

- a. Potable water: The group agreed that in Malta there are no major problems with water safety and that potable water is safe.
- b. Water for other uses: The group discussed the availability of other sources of water for the daily use in dwellings and legislation concerning these. The use of rainwater for a wider range of secondary uses was discussed. It was noted that legislation establishes requirements for construction of rainwater cisterns. A discussion on the need for wells

ensued. Guidelines should be issued to the public advocating the proper use of well water.

- c. Bathing water: The group agreed that bathing water quality has improved over the past years. Monitoring of bathing water and the eventual closure of bathing sites lies within the remit of the Department for Environmental Health.
- d. Pools: It is up to the owner of pools to ensure that pools are checked regularly. The environmental inspectorate double-checks regularly the inspections. No major problems with the water quality in pools have been detected in the recent years. With the increasing occurrence of jellyfish and the rumours of Portuguese Man of War in Malta's coastal waters, the use of swimming pools is expected to increase this summer.

2) Food safety

- a. Genetically Modified Organisms in food are monitored by the Department for Environmental Health.
- b. Pesticides in vegetables are monitored by the Market Surveillance Unit of the Malta Standards Authority that also monitors pesticides in boreholes. In their annual report the water service authority reports on organochlorides and pesticides.
- c. There is need for a bio-monitoring programme. This has not yet been set up due to limitation of resources.

3) Heavy metals

- a. Monitoring of heavy metals in air falls under the responsibility of MEPA.
- b. Monitoring of heavy metals in water and of mercury, cadmium and lead in fish falls under the responsibility of the Department for Environmental Health.
- c. However not all this data is available to the public.

The group agreed on following recommendations for future action:

- 1) One entity should have the overall leadership and coordinating role of addressing environment health. Ideally it should be a public health body. Health should be the final aim for the monitoring of all air pollutants, pesticides, etc.: Much work is being done by various entities but in a fragmented and uncoordinated manner.
- 2) Environmental Health Information System. A lot of data is being collected but not published. Some of the data remains unknown to other stakeholders.

Published data is not easily located in one area or on one website. All data that is collected by different stakeholders and is useful to health should be translated into information by the relevant stakeholders and this information should be made available through an Environmental Health Information System.

Group 2

This group mainly focussed the discussion around physical activity and transport. Two priority areas were identified by the group and several recommendations were formulated.

- 1) While there is a variety of different policies in place or under development that address different areas of transport planning and policy, it was felt that the overall policy framework is still too weak to effectively counteract the high car dependence. While it was underlined that substantial reforms and improvements are underway or foreseen, particularly with regard to public transport, a discussion ensued regarding the need for a more comprehensive strategy to enhance the impacts of the different strategies.
- 2) While physical activity and sport promotion has been increasing over the last years, the possibilities for inter-sectoral approaches through the promotion of active transport has not yet been used often.
 - a. There is the need for creating and improving infrastructure for enhancing physical activity. Efforts are currently being made to improve the availability of gyms and sport centres, but more efforts have to be made in order to increase the quality of the roads, side walks and bicycle lanes, thus ensuring the safety of pedestrians and cyclists.
 - b. The use of “good examples” should be further developed. Local councils promoting the use of local parks and walking buses initiatives should share their experiences while other municipalities should make better use of existing tools and experiences. Government agencies should set the good example by institutionalizing the reduction of car use and an increased use of walking, cycling, car pooling and public transportation. However, educating youngsters to ride bikes on main and secondary roads should occur prior to the introduction of this scheme.
 - c. Adequate infrastructure is needed to provide alternatives to private cars (e.g better public transport system, pavements and pedestrian routes for walking and cycling).
 - d. The population needs to be better motivated and involved. A change in behaviour cannot be reached only by the provision of adequate infrastructure but also by a change in culture.

- e. Fiscal measures already promote the use of non-conventional fuels such as biofuels and autogas (Liquefied Petroleum Gas). These two fuels may be mixed in the right quantities with conventional ones thus reducing the transportation fuel bill.
- f. Incentives to cycle or walk to work should be introduced by enterprises and employers, including the public administration
- g. Improved communication at local level on the existing responsibilities for the infrastructure would also increase possibilities for action and the level of responsibility and accountability.

The group agreed that initiatives promoting walking and cycling and the use of public transport should be long term programmes. Advocacy and awareness raising activities should be done at local level and policies should involve all relevant stakeholders rather than being driven by one sector alone.

It was also noted that existing policies not always seem to be well known beyond those directly responsible for them, despite a comprehensive consultation process during their development. In this regard it was concluded that there is a need to better formalize collaboration between the relevant sectors and for this purpose to make better use of existing inter-sectoral working groups.

Work in plenary 2 – Discussion

The plenary discussions addressed the results achieved in the working groups on setting priority for action and the general approach to follow in future in the context of the implementation of the NEHAP.

All working group members agreed on the conclusions reached by the two working groups. The group recommended structural requirements for fulfilling the priorities formulated in the working groups.

In addition, the use of the “*health argument*” in other sectoral policies (e.g. environment, transport, energy) should be further promoted. Although the causal link is being recognized at national level, the various sectors do not explicitly address health in their policies. A *Health in All Policies* approach needs to be further developed while health should be placed on the national agenda in all policy areas.

It was generally felt that there is a need to strengthen the inter-ministerial cooperation. Different possible approaches have been discussed:

- 1) Re-instate the inter-ministerial committee on environment and health;
- 2) Use other existing committees (e.g. MEPA board, Malta EU Steering and Action Committee, informal management committee of the Department for

Environmental Health and Environmental Protection Directorate within MEPA, National Commission for Sustainable Development);

- 3) Define clear terms of reference for the work needed in order to identify the best mechanism to give more power to advocate for environment and health priorities in other sectors and other existing committees;
- 4) Enlarge the informal meetings between the environmental health department and MEPA to other sectors for discussing ad hoc priorities;
- 5) Continue to use the NEHAP as the structural basis for all environment and health programmes and activities.

The participants agreed that there is a need to better define what has to be done in environmental health in order to use the available resources optimally. A SWOT analysis of existing inter-ministerial working groups and committees would be a valuable basis to determine available financial, human and institutional resources and utilise these efficiently. Priority has also to be given to involving other stakeholders and sectors that until now have not sufficiently been part of the environment and health process.

Conclusions and recommendations

Dr. Kenneth Grech, Permanent Secretary for Health, the Elderly and Community Care concluded the meeting by stressing the full support at political level for the environment and health process. On behalf of the Ministry of Social Policy, he officially endorsed the NEHAP and the EHPR report with its conclusions and recommendations.

Dr. Grech suggested the following possible options for a way forward and ensured his support in regard:

- 1) a) To reinstate the inter-ministerial committee as discussed in plenary or b) The Department of Environmental Health and MEPA to take the full leadership in the environment and health process and to advocate for a better incorporation of the issues by other relevant sectors;
- 2) Strengthen the Department of Environmental Health;
- 3) Use other existing committees for advocating environment and health priorities;
- 4) Encourage heads and directors of other agencies to take a stronger ownership of environment and health activities and to be more accountable for such activities.

Based on the discussions, the Permanent Secretary and participants identified and agreed on a number of key priority areas for future action:

- 1) The Department of Environmental Health and MEPA will hold an urgent high-level meeting in order to discuss the way forward how to best ensure the involvement and cooperation of other relevant sectors and stakeholders;
- 2) Based on the discussions held in the working groups it was agreed that a number of specific activities and programmes concern specific agencies and departments and it is primarily their responsibility to ensure their implementation and follow up;
- 3) The health sector will increase efforts whereby environment and health priorities are taken into account in other policies; this has to be followed up at high political level and the Permanent Secretary committed to take up this issue with ministers of other sectors, as needed.

Dr.K.Grech and the participants also thanked the Department for Environment and Health for the efficient organization of the EHPR and the workshop as well as WHO for the support and input into this important discussion.

Annex 1: List of participants

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World Health Organization Regional Office for Europe

Dafina Dalbokova

Sonja Kahlmeier

Annex 2: Programme

Tuesday, 26 May 2009

09:00 – 09:30	Registration
09:30 – 09:45	Opening addresses by John Attard Kingswell, Director for Environmental Health (Public Health Regulation Division) Marie Briguglio, Assistant Director Environment Protection, MEPA
09:45 - 10:00	Explanation and adoption of programme of the workshop Dafina Dalbokova
10:00 – 10:30	Introduction to the main results of the Environment and Health Performance Review Sonja Kahlmeier
10:30 – 11:00	Plenary discussion – Questions and answers
11:00 – 11:15	Coffee break
11:15 – 11:30	Outcome of the EHPR: national context, expectations and perception Karen Vincenti
11:30 – 12:20	Plenary discussion – Questions and answers
12:20 – 12:30	Explanation of the work in parallel working groups Dafina Dalbokova
12:30 – 13:30	Lunch break
13:30 – 15:00	Setting priorities for action - Parallel sessions Working group 1: RPG I (water and sanitation) and IV (physical, chemical and biological factors and occupational health) Working group 2: RPG II (injuries and physical activity) and III (air quality) Facilitators: Sonja Kahlmeier Dafina Dalbokova

Wednesday, 27 May 2009

- 08:30 – 08:45 **Opening session of day 2 and summary of day 1**
- 08:45 – 09:15 **Reporting back from the working groups**
Presentations by chairpersons / rapporteurs of the working groups
- 09:15 – 10:00 **Plenary discussion - Recommendations for action and responsibilities of the sectors involved**
- Facilitators:
Dafina Dalbokova
Sonja Kahlmeier
Karen Vincenti
Marguerite Camilleri (MEPA)
- 10:00 – 10:30 **Coffee break**
- 10:30 – 11:30 **Plenary discussion (cont.) - Overarching issues and the general approach (cross-sectorality, financing, etc.) that may affect implementation of NEHAP**
- Facilitators:
Dafina Dalbokova
Sonja Kahlmeier
Karen Vincenti
Marguerite Camilleri
- 11:30 - 12:00 **Follow-up actions: setting a national agenda**
John Attard Kingswell, Director for Environmental Health
(Public Health Regulation Division)
- 12:00 **Closure of meeting**
Kenneth Grech, Permanent Secretary (Health, the Elderly & Community Care)