



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Regional Committee for Europe

67th session

Budapest, Hungary, 11–14 September 2017

Provisional agenda item 5(b)

EUR/RC67/15

+EUR/RC67/Conf.Doc./8

1 August 2017

170705

ORIGINAL: ENGLISH

Improving environment and health in the context of Health 2020 and the 2030 Agenda for Sustainable Development: outcomes of the Sixth Ministerial Conference on Environment and Health

This document reports the outcomes of the Sixth Ministerial Conference on Environment and Health, held in Ostrava, Czech Republic, in June 2017, and the future strategic directions for the work of the WHO Regional Office for Europe on environment and health in the WHO European Region. It is accompanied by a draft resolution endorsing the Ostrava Declaration and its annexes, including the revised institutional arrangements for the European Environment and Health Process.

Contents

	page
Global and European contexts for action on environment and health.....	3
Sixth Ministerial Conference on Environment and Health: main outcomes	5
Added value of health sector engagement and opportunities for the engagement of other sectors.....	8
Strengthened role for the WHO Regional Office for Europe	9
References	10

Global and European contexts for action on environment and health

1. The most recent WHO study of the global burden of disease attributable to the environment estimates that in 2012, approximately 12.6 million deaths globally – 23% of all deaths – were attributable to environmental factors. In the same year, at least 1.4 million deaths – 16% of all deaths – in the WHO European Region were attributable to environmental factors that could have been prevented and/or eliminated. The greatest impacts of the environmental determinants of health in the European Region are related to noncommunicable diseases (NCDs), disabilities and chronic conditions, and unintentional injuries. There is also growing concern about the impact of climate change and biodiversity loss on changing patterns of existing and emerging communicable diseases.
2. Throughout the European Region, millions of people either lack the most basic sanitation and water supplies or are forced to use contaminated water supplies in homes, schools and health care facilities. The European Region is the only WHO region that did not achieve Millennium Development Goal 7, target 10, on sanitation. Millions of people continue to breathe contaminated air that threatens their health and longevity. Evidence shows that air pollution is the greatest environmental risk to health. WHO estimates that polluted air is responsible for the premature deaths of 7 million people globally and of 600 000 individuals in the European Region every year. It is estimated that climate change will cause an additional 250 000 deaths a year globally, with potential catastrophic public health, social and economic consequences. Sixty-seven Parties to the United Nations Framework Convention on Climate Change mention health as a priority area for adaptation in their intended nationally determined contributions to the Paris Agreement under the Framework Convention, adopted in December 2015 (1).
3. The environmental burden of disease carries considerable economic and social costs, consumes significant resources, prevents the attainment of optimal health and well-being and undermines societal and economic development. The WHO Regional Office for Europe estimated that the annual economic cost of premature deaths and diseases caused by air pollution in the European Region stood at US\$ 1.6 trillion in 2010¹. This, combined with the growing health impacts of climate change, chemical and physical agents, economic activity and waste generation, overuse of water and other natural resources, and unsustainable production and consumption patterns, suggests that the significance of these environmental factors is greater than previously thought.
4. There is a growing body of evidence crucial to understanding emerging and future challenges that shows the health of humanity and the health of the environment and the planet are intrinsically linked and that human activity is threatening to destabilize the Earth's key life-support systems (2). Changes to the Earth's natural systems pose a substantial threat to human health, well-being and security, and will become increasingly severe over time if no action is taken.

¹ Economic cost of the health impact of air pollution in Europe. Copenhagen: WHO Regional Office for Europe and Organisation for Economic Co-operation and Development; 2015 (<http://www.euro.who.int/en/media-centre/events/events/2015/04/ehp-mid-term-review/publications/economic-cost-of-the-health-impact-of-air-pollution-in-europe>).

5. Temporal and geographic scales further amplify the complexity of environmental determinants. These systems are interconnected and often manifest themselves elsewhere. For example, European consumption and production patterns impact not only the environment in Europe but also the global environment. The demand for raw materials and goods in the European Region frequently results in significant environmental degradation (and health effects) outside the Region. Environmental hazards (and opportunities to implement health equity) are concentrated in urbanized areas, where the majority of the population lives. There is also a significant transgenerational dimension to environmental issues: environmental degradation and pollution will have an impact on current and future generations, as is the case, for example, with the legacy of industrial contamination throughout Europe.

6. Three factors drive such changes to the Earth's natural systems: unsustainable consumption or overuse of resources (which, in turn, is closely linked to affluence and the inequitable distribution of wealth); population growth and demographic change (including geographic distribution, urbanization, migration, longevity and ageing); and available technologies that determine the effect of a given level of economic activity on the environment. Moreover, these factors interact, usually multiplying each other's impact on the environment, although appropriate, efficient and sustainable technologies could reduce such effects.

7. Effective upstream tackling of environmental determinants of health requires that the health sector revise its understanding of its role in cross-sectoral public health work in the context of a whole-of-government approach. The main guiding principles for health sector involvement have been globally agreed through a series of World Health Assembly resolutions adopted in past years to pave the way for the health sector's involvement in addressing climate change, air pollution and chemical safety and their influence on health. However, the lack of a WHO global strategy on environment and health (the most recent overarching strategy and action plans were adopted more than 20 years ago) creates the need for regional frameworks, such as the European Environment and Health Process (EHP). These also exist in other WHO regions, namely, the African Region, the South-East Asia Region and the Western Pacific Region.

8. The 2030 Agenda for Sustainable Development and Health 2020 strongly advocate addressing the social, environmental and economic conditions that determine health across the population in a changing environment. The social determinants of health, such as employment, working conditions, income, education, housing, social protection, universal health coverage and community and family living conditions, are governed by sectors across the whole of government. A whole-of-government approach is key to bridging these sectors and to orienting social, economic, housing, environmental and other policies towards protecting and improving health, well-being and health equity as essential objectives of the Sustainable Development Goals (SDGs) and as a measure of the sustainability and inclusiveness of societies.

9. The 2030 Agenda and Health 2020 are therefore the most appropriate global and regional policy frameworks to support action on environment and health. At the same time, their implementation constitutes a commitment undertaken by Member States, which needs to be upheld. Action on environment and health should support Member States in attaining the targets set by the 2030 Agenda and Health 2020.

Sixth Ministerial Conference on Environment and Health: main outcomes

10. The Sixth Ministerial Conference on Environment and Health took place in Ostrava on 13–15 June 2017 at the invitation of the Government of the Czech Republic, the Moravian-Silesian Region and the City of Ostrava. It was co-organized by the WHO Regional Office for Europe, the United Nations Economic Commission for Europe (UNECE) and the United Nations Environment Programme (UNEP).

11. The Conference was attended by 670 participants, including 350 delegates of 46 European and 2 non-European WHO Member States and representatives of stakeholders, such as the European Union, the European Commission, the European Environment Agency, the Joint Research Centre and the European Committee of the Regions; the Interparliamentary Assembly of the Member Nations of the Commonwealth of Independent States, regional environmental centres for central Asia and for central and eastern Europe; the United Nations Development Programme, UNECE and UNEP; and nongovernmental organizations from various sectors and young people's organizations. In addition, the Conference was attended by 200 observers from 24 Member States and guests, including numerous representatives of regions and cities from throughout the European Region.

12. The Member State delegations included 50 senior political officials – ambassadors, ministers, deputy ministers, state secretaries and chief medical or environmental officers. They were duly nominated by ministers of foreign affairs, health or environment and were authorized to negotiate and agree the Conference outcome documents.

13. For the first time in the history of the EHP, numerous representatives of regions and municipalities, including from the WHO Healthy Cities and Regions for Health networks and the European Committee of the Regions, attended the Conference, reflecting the emphasis placed on the paramount role of cities and subnational governments in addressing environment and health concerns.

14. The Conference also resulted in the re-engagement of the European Union as a valued stakeholder of the EHP.

15. The Conference adopted the Declaration of the Sixth Ministerial Conference on Environment and Health, together with its two annexes, namely, a compendium of possible actions to advance the implementation of the Declaration and revised institutional arrangements for the EHP. The European Environment and Health Task Force (EHTF), supported by its Ad Hoc Working Group, drafted the outcome documents. Two meetings of the EHTF, held in Vienna, Austria, on 29–30 November 2016 and in Copenhagen, Denmark, on 10–11 April 2017, provided the

forum for negotiating these documents. In addition, there were three web-based consultations on the draft outcome documents. Twenty-four Member States and stakeholder organizations provided feedback on the different versions of the documents throughout the consultation process. All comments and amendments were shared with all Member States and were considered and responded to throughout the negotiations. The Standing Committee of the WHO Regional Committee for Europe was consulted at its sessions in December 2016, March 2017 and May 2017. The UNECE Committee on Environmental Policy was consulted in January 2017. A final negotiation meeting took place prior to the Conference in Ostrava, Czech Republic, on 12 June 2017.

16. The Ministerial Conference defined the EHP as a mechanism for the attainment of selected goals and targets of the 2030 Agenda through the implementation of Health 2020 and the WHO resolutions and decisions related to health and the environment in the regional context (3–19).

17. In adopting the Declaration, Member States defined the EHP as a mechanism for the direct implementation of Health 2020, in particular under the fourth priority of the Declaration on building resilient communities and healthy environments, which is in line with achieving the SDGs. They also renewed their firm commitment to address the persistent and recurring gaps and needs in environment and health in the European Region through: the continued pursuit of the targets remaining from the Fifth Ministerial Conference on Environment and Health; enhanced and better coordinated implementation of existing commitments; capitalizing on the use of existing multilateral instruments such as the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes; and strengthening strategic partnerships with United Nations entities, European Union institutions and Member States at the national and subnational levels, as well as civil society. They committed to promoting coherence across all policy levels, from international to local, and to developing platforms to facilitate dialogue at the international, national and subnational levels of policy-making, fully recognizing the paramount importance of the urban environment as a setting in which health can be promoted and protected.

18. In particular, Member States committed to enhancing national implementation and action, through both domestic and international initiatives, in order to achieve visible and measurable progress in the European Region. To that end, they committed to developing national portfolios of actions on environment and health by the end of 2018 so as to implement the commitments made at the Fifth and Sixth Ministerial Conferences on Environment and Health. The portfolios will reflect national specificities, priorities, means and capacities in the choice of selected objectives and activities, drawing from the priorities identified at the Sixth Ministerial Conference and working in partnership towards:

- (a) improving indoor and outdoor air quality for all, as one of the most important environmental risk factors in the Region;
- (b) ensuring universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings, while promoting integrated management of water resources and reuse of safely treated wastewater, where appropriate;

- (c) minimizing the adverse effects of chemicals on human health and the environment;
- (d) preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites;
- (e) strengthening adaptive capacity and resilience to health risks related to climate and supporting measures to mitigate climate change and achieve health co-benefits in line with the Paris Agreement;
- (f) supporting the efforts of European cities and regions to become healthier and more inclusive, safe, resilient and sustainable; and
- (g) building the environmental sustainability of health systems and reducing their environmental impact.

19. To support the development of the national portfolios for action, Member States agreed on a compendium of possible actions to advance the implementation of the Ostrava Declaration, from which they could draw while developing their national portfolios. The compendium consists of selected measures that will potentially have the greatest impact on improving health, well-being and the environment across the European Region.

20. Member States adopted a monitoring system in order to monitor and report progress on the implementation of actions agreed at the Sixth Ministerial Conference. The monitoring system will be based, to the greatest extent possible, on the indicators for implementation of SDG targets committed to in Ostrava. This approach will minimize the reporting burden on Member States, thereby allowing for efficient use of resources and anchoring the Ministerial Conference commitments directly to the SDG implementation mechanism.

21. Member States also adopted new, streamlined, inclusive and resource-effective institutional arrangements for this intersectoral platform, which will provide strong guidance and engender increased engagement at higher policy-making levels of the health and environment sectors. The new arrangements will also give legitimacy to EHP work, the main elements of which are:

- (a) strengthened intersectoral coordination at the national level;
- (b) a strong, clear link to the governing bodies of WHO and UNECE;
- (c) a single coordinating body – the EHTF;² and
- (d) the establishment of two long-term working groups – one on health in climate change and one on collaboration among subnational and local authorities, Member States, relevant intergovernmental organizations and agencies and nongovernmental organizations.

² The EHTF will be the common platform for cooperation among Member States and stakeholders in performing national activities related to the implementation of the commitments undertaken at the Sixth Ministerial Conference on Environment and Health. The EHTF will consist of nominated representatives of Member States in the European Region and stakeholders, with provisions for other partners and observers and for the establishment of working groups, based on need. The EHTF will elect a Bureau, which will provide intersessional support to the EHTF chairperson and co-chairperson and steer the preparations of EHTF meetings.

22. The Sixth Ministerial Conference on Environment and Health was a major opportunity to adopt an updated and transformational environment and health agenda for the European Region. The revised framework gives fresh impetus to the EHP, strengthening and innovating public health policy development and implementation, with a focus on the implementation of ambitious yet achievable, measurable regionally agreed actions at the national and subnational levels, thereby maintaining its high relevance to Member States and their citizens.

23. Immediately preceding the Sixth Ministerial Conference, the Informal Regional Ministerial Consultation was convened by UNEP and the Ministry of the Environment of the Czech Republic to prepare for the third session of the United Nations Environment Assembly, which will be held in Nairobi, Kenya, in December 2017. In addition to that meeting, 16 side events, which addressed all priority thematic areas of the Conference, were organized by various partners and organizations. These offered a dynamic hub for groups of Member States, civil society, including young people and scientists to come together and interact informally, thereby greatly enriching the Conference and providing participants with a range of interesting events.

24. The Conference also served as a platform to launch new reports and publications. These include:³

- (a) the background document “Environment and health in Europe: status and perspectives”;
- (b) a series of 11 fact sheets on environment and health priorities;
- (c) the publication *Environment and health for European cities in the 21st century: making a difference*; and
- (d) a special issue of the Regional Office journal, *Public Health Panorama*, with 12 original papers supplementing evidence and information on the areas of work addressed by the Ostrava Declaration.

Added value of health sector engagement and opportunities for the engagement of other sectors

25. Given the imperative of working across sectoral policy boundaries to attain health goals, the continued and strengthened engagement of the health sector in environment and health policy-making and implementation is paramount.

26. The new context provided by the 2030 Agenda and Health 2020 on the one hand, and new understanding of the complex links between environment and health on the other, stress the importance for ministries of health to develop interest in, commitment to and capacity for engaging with other sectors. This, in turn, will be instrumental in addressing major issues on global and regional health policy agendas, such as NCDs, demographic changes and issues related to migration and to closing the socioeconomic divide that results in differential and inequitable health outcomes for vulnerable groups of the population.

³ These documents are available on the WHO European Region website (<http://www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/documentation>).

27. The EHP provides strong, continuous legitimacy and the political mandate for health sector engagement in environment and health. It also serves as a platform through which several of the commitments undertaken in World Health Assembly and Regional Committee resolutions can be upheld, in particular by:

- (a) developing a sound understanding of the nature and magnitude of the issues at stake, including the uncertainty surrounding them and their economic implications;
- (b) advocating evidence-based and effective actions, raising environment and health issues on government agendas;
- (c) developing health systems that provide essential capacities to conduct assessments, monitor environment and health issues, and develop and implement norms and standards;
- (d) mainstreaming environment and health in national health policy, particularly as part of the implementation of the Health 2020 priority on creating resilient communities and supportive environments;
- (e) adopting measures that render health systems environmentally sustainable, thereby increasing efficiency in the use of the resources available to the health sector and minimizing the health sector's environmental impact; and
- (f) engaging in whole-of-government approaches and health-in-all policies, including by developing multisectoral partnerships at the subnational, national and international levels.

28. The outcomes of the Sixth Ministerial Conference and of the High-level Conference on Working Together for Better Health and Well-being, held in Paris, France, on 7–8 December 2016, provide new opportunities for exploring the added value to be gained by developing new partnerships that include the social and education sectors, which should assume the responsibility for implementing the commitments of the Fifth Ministerial Conference on Environment and Health in their respective domains. The education sector is particularly well placed to make an effective contribution to the existing environment and health agenda by providing safe, environmentally sustainable and healthy school and other educational settings that ensure safe water, sanitation, hygiene, air quality, healthy meals and opportunities for physical activity and for increased safety of active transport and other forms of mobility.

Strengthened role for the WHO Regional Office for Europe

29. In response to environmental health challenges, the Regional Office will continue its work, together with partners, using the EHP as a unique intersectoral platform for common action to protect and enhance human health and well-being. It will continue to play an important role by supporting Member States in meeting international commitments under the EHP and other processes that originate from the legally binding conventions and international instruments of relevance to the environment and health agenda. It will also support them in developing effective national and subnational policies for environment and health.

30. The Regional Office should further develop its strategic partnerships with United Nations entities, in particular UNECE and UNEP, European Union institutions,

international financial institutions, academia and civil society, in line with the WHO Framework of Engagement with Non-State Actors.

31. The Regional Office should use the whole spectrum of its core functions in international public health to advance health policies in other sectors, including the environment sector. It should also promote the environment agenda in the health sector, including by mainstreaming environment and health across relevant WHO programme areas.
32. The Regional Office should continue its work in two main directions, namely:
 - (a) the policy direction, by fully utilizing the EHP as a platform for catalysing and supporting action at the national level; and
 - (b) the technical direction, by providing scientific credibility, normative guidance, public health advice and technical expertise through work carried out by the WHO European Centre for Environment and Health, hosted in Bonn by the Government of the Federal Republic of Germany. The Centre was established at the request of Member States during the First Ministerial Conference on Environment and Health, held in Frankfurt, Germany, in 1989. Since that time, it has been the key technical resource for the European Region with regard to environment and health matters and should continue to be maintained and strengthened in order to adequately support implementation of the Ostrava Declaration and its follow-up.

References⁴

- (1) Synthesis report on the aggregate effect of the intended nationally determined contributions. Bonn: United Nations Framework Convention on Climate Change; 2015 (FCCC/CP/2015/7; http://unfccc.int/documentation/documents/advanced_search/items/6911.php?preref=600008675).
- (2) Whitmee S, Haines A, Beyrer C, Boltz F, Capon AG, de Souza Dias BF et al. Safeguarding human health in the Anthropocene epoch: report of The Rockefeller Foundation–Lancet Commission on planetary health. *Lancet*. 2015;386(10007): 1973–2028 (<http://www.thelancet.com/commissions/planetary-health>).
- (3) Resolution WHA58.3. Revision of the International Health Regulations (covering chemical and radiation safety). In: Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005. Resolutions and decisions, Annex. Geneva: World Health Organization; 2005 (WHA58.3).
- (4) Resolution WHA58.22. Cancer prevention and control (covering chemical safety). In: Fifty-eighth World Health Assembly, Geneva, 16–25 May 2005. Resolutions and decisions, Annex. Geneva: World Health Organization; 2005 (WHA58.22).
- (5) Resolution WHA59.15. Strategic Approach to International Chemicals Management. In: Fifty-ninth World Health Assembly, Geneva, 22–27 May 2006.

⁴ All references accessed on 19 July 2017.

Resolutions and decisions, annexes. Geneva: World Health Organization; 2006 (WHA59.15).

- (6) Resolution WHA60.26. Workers' health: global plan of action. In: Sixtieth World Health Assembly, Geneva, 14–23 May 2007. Resolutions and decisions, annexes. Geneva: World Health Organization; 2007 (WHA60.26).
- (7) Resolution WHA61.19. Climate change and health. In: Sixty-first World Health Assembly, Geneva, 19–24 May 2008. Resolutions and decisions, annexes. Geneva: World Health Organization; 2008 (WHA61.19).
- (8) Resolution WHA63.25. Improvement of health through safe and environmentally sound waste management. In: Sixty-third World Health Assembly, Geneva, 17–21 May 2010. Resolutions and decisions, annexes. Geneva: World Health Organization; 2010 (WHA63.25).
- (9) Resolution WHA63.26. Improvement of health through sound management of obsolete pesticides and other obsolete chemicals. In: Sixty-third World Health Assembly, Geneva, 17–21 May 2010. Resolutions and decisions, annexes. Geneva: World Health Organization; 2010 (WHA63.26).
- (10) WHO Regional Committee for Europe resolution EUR/RC60/R7 on the future of the European environment and health process (covering several thematic areas and setting Region-specific targets). Copenhagen: WHO Regional Office for Europe; 2010 (EUR/RC60/R7).
- (11) Resolution WHA64.24. Drinking-water, sanitation and health. In: Sixty-fourth World Health Assembly, Geneva, 16–24 May 2011. Resolutions and decisions, annexes. Geneva: World Health Organization; 2011 (WHA64.24).
- (12) Resolution WHA66.10. Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (covering occupational health and air pollution). In: Sixty-sixth World Health Assembly, Geneva, 20–27 May 2013. Resolutions and decisions, annexes. Geneva: World Health Organization; 2013 (WHA66.10).
- (13) Resolution WHA66.11. Health in the post-2015 development agenda. In: Sixty-sixth World Health Assembly, Geneva, 20–27 May 2013. Resolutions and decisions, annexes. Geneva: World Health Organization; 2013 (WHA66.11).
- (14) Resolution WHA67.11. Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention. In: Sixty-seventh World Health Assembly, Geneva, 19–24 May 2014. Resolutions and decisions, annexes. Geneva: World Health Organization; 2014 (WHA67.11).
- (15) Resolution WHA67.14. Health in the post-2015 development agenda (covering multisectoral action to address the environmental determinants of health). In: Sixty-seventh World Health Assembly, Geneva, 19–24 May 2014. Resolutions and decisions, annexes. Geneva: World Health Organization; 2014 (WHA67.14).

- (16) Resolution WHA68.8. Health and the environment: addressing the health impact of air pollution. In: Sixty-eighth World Health Assembly, Geneva, 18–26 May 2015. Resolutions and decisions, annexes. Geneva: World Health Organization; 2015 (WHA68.8).
- (17) Resolution WHA69.4. The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond. In: Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016. Resolutions. Geneva: World Health Organization; 2016 (WHA69.4).
- (18) Resolution WHA69.11. Health in the 2030 Agenda for Sustainable Development (covering multisectoral approach to the SDGs). In: Sixty-ninth World Health Assembly, Geneva, 23–28 May 2016. Resolutions. Geneva: World Health Organization; 2016 (WHA69.11).
- (19) Decision WHA69(11). Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution. In: Decisions and list of resolutions. Geneva: World Health Organization; 2016 (A69/DIV./3).

= = =