



Better Health. Better Environment. Sustainable Choices.

Report of the eighth meeting of the European Environment and Health Task Force

**Bonn, Germany
20–21 March 2018**

Abstract

The Eighth meeting of the Environment and Health Task Force (EHTF), the first since the adoption of the Ostrava Declaration on Environment and Health, was convened at the WHO European Centre for Environment and Health, Bonn, Germany, on 20 and 21 March 2018. The purpose of the meeting was to support the work of the Member States in the development of their national portfolios for action in one or more of the seven priority areas of the Declaration. Member States discussed tools and approaches for each of the priority areas; possible methods for assessment and monitoring of the Ostrava commitments; and the indicators and data already available, including those of the monitoring and evaluation framework set up for the United Nations Sustainable Development Goals (SDGs). They elected a new Chair, co-Chairs and Bureau of the Task Force and approved the programme of work and budget for the European Health Process (EHP) Secretariat for 2018–2019.

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Abbreviations

CEP	UNECE Committee on Environmental Policy
EEYHC	European Environment and Health Youth Coalition
EHP	Environment and Health Process
EHTF	European Environment and Health Task Force
HCWH	Health Care Without Harm
HEAL	Health and Environment Alliance
HEAT	Health economic assessment tool
NEHAP	National environmental health action plan
SDG	Sustainable Development Goal
THE PEP	Transport, Health and Environment Pan-European Programme
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UNFCCC	United Nations Framework Convention on Climate Change

Opening of the meeting

1. The eighth meeting of the European Environment and Health Task Force (EHTF) took place at the United Nations Campus, Bonn, Germany, on 20–22 March 2018. The meeting was generously funded by the German Federal Ministry for the Environment, Nature Conservation and Nuclear Safety.
2. See Annex 1 for the scope and purpose of the meeting, Annex 2 for the programme of work and Annex 3 for the list of participants. A number of participants attended via videolink.
3. The meeting was formally opened by Mr Robert Thaler, Chair of the EHTF, who welcomed representatives of 35 Member States and 13 institutional stakeholders. The agenda and programme of work were adopted.
4. Dr Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, welcomed participants on behalf of the Regional Director. The present meeting, the first since the adoption of the Ostrava Declaration on Environment and Health in June 2017 and the first under the new institutional structure of the European Environment and Health Process (EHP), was intended to clarify Member States' commitments under the Declaration and assist them in the preparation of their national portfolios of environment and health action.

Setting the context for the development of the portfolios of action

5. Dr Srdan Matic, Coordinator, Environment and Health, WHO Regional Office for Europe, said that the meeting was intended to help Member States to transform the ambitious goals agreed at the Sixth Ministerial Conference on Environment and Health (Ostrava, Czech Republic, 13–15 June 2017) into specific actions to reduce the burden of disease due to environmental factors among their populations. The issue was a politically delicate one, since action might potentially impose restrictions on and bring extra costs for national economies and private business. However, the Ostrava Declaration had received strong political support and had been enthusiastically endorsed by Member States at the 67th session of the Regional Committee for Europe in September 2017.
6. Mr Nicholas Bonvoisin, Chief, Operational Activities and Review Section, Environment Division, United Nations Economic Commission for Europe (UNECE), said that, although the UNECE Committee on Environmental Policy (CEP) had decided against participating in a joint secretariat for the EHP for financial reasons, UNECE was still closely involved in the work of the Process, including through the Transport, Health and Environment Pan-European Programme (THE PEP), the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes and the Convention on Long-range Transboundary Air Pollution. The WHO Regional Office for Europe contributed to UNECE's activities, particularly the preparation of environmental performance reviews and strategic environmental assessments.
7. Mr Wondwosen K. Asnake, Policy and Partnership Coordinator, UN Environment, reported on the outcomes of the third United Nations Environment Assembly (Nairobi, Kenya, 4–6 December 2017). Among the resolutions adopted during the Assembly was resolution UNEP/EA.3/Res.4 specifically on environment and health, and others with health implications, including on air and water pollution and lead in paints. They were consistent with the commitments of the Ostrava Declaration and could contribute to the preparation of Member States' national portfolios of action.

8. He informed participants about the collaborative agreement signed by UN Environment and WHO in January 2018, which would focus on the following functions: joint communication and advocacy (including sustainable lifestyles); partnership and initiatives on environment, health and climate change; support for regional health and environment ministerial processes; capacity building, exchange of knowledge and best practices; research in and assessment of emerging environment and health issues; information-sharing and coordination between the public health and environmental communities; and support for monitoring and reporting on the relevant United Nations Sustainable Development Goals (SDGs). The thematic areas for the collaboration included air quality, climate change, water quality, biodiversity, chemicals and waste; antimicrobial resistance, animals and ecosystems, and food systems and nutrition. UN Environment placed particular emphasis on education for sustainable development and on action at regional and local (particularly city) level. The WHO European Region publication *Environment and health for European cities in the 21st century: making a difference*, to which UN Environment and UNECE had also contributed, provided valuable examples of good practice.

9. Dr Annette Prüss-Üstün, Department of Public Health, Environmental and Social Determinants of Health, WHO headquarters, addressing the meeting via videolink, drew attention to the current work to develop a WHO global strategy on health, environment and climate change. The draft strategy was intended to promote more effective upstream action to implement the health-related SDGs, concentrating on primary disease prevention, drivers of ill-health and intersectoral action; leadership and governance at the WHO level; the evidence base for action, with particular emphasis on policy and cost-effectiveness; advocacy and communication; and monitoring of activities – all with a strong country focus. The draft strategy would be considered by the regional committees in the autumn of 2018 and by the Executive Board at its 144th session in January 2019; the final draft would be submitted to the World Health Assembly for adoption at its 72nd session in May 2019.

10. The First Global Conference on Air Pollution and Health (Geneva, 30 October–1 November 2018) would bring together global, national and local partners to share knowledge and mobilize action for cleaner air and better health globally. The Conference would disseminate the latest research and discuss why it had proved so difficult to scale up scientific solutions. Other relevant initiatives included the BreatheLife global campaign for clean air and the Urban Health Initiative, which was currently at the pilot stage.

11. Other work at the global WHO level included the draft action plan for the platform to address the health effects of climate change in small island developing States, intended to develop means of climate change mitigation and improve resilience, initially for the small island States, which were most immediately and catastrophically vulnerable to climate change, but useful for all Member States. The final draft of the action plan would be submitted to the World Health Assembly for adoption at its 72nd session.

12. Participants welcomed the proposed activities and suggested that WHO headquarters should maintain close contact with the EHP in order to exchange expertise and experiences. One noted, however, that there was a need for greater engagement by the environment sector in the negotiations on the draft global strategy: many issues of concern to the EHP, including chemicals, waste management and water and sanitation, were not addressed in the draft. Representatives of the Regional Office said that European Member States would be able to make their views known through the EHP and the Regional Committee. Obtaining input from the environment sector was likely to prove more of a challenge, however: they encouraged Member States to promote exchanges of information between the health and environment sectors at national level, for instance through their health and environment focal points.

13. In relation to education on environment and health issues, a Member State representative said that more resources, especially financing, were needed to help governments to raise awareness at community level. WHO could organize activities and provide advice on fundraising.

14. UN Environment runs workshops at national level that are attended by representatives of ministries of education, e.g. in the Republic of Moldova. The UNECE environmental performance reviews show that educational initiatives do exist at national level, but that little financial or other support is forthcoming at the international level. In many cases, solutions to the problems exist; it is a question of converting theory into action and using the available resources more wisely. There is a need to communicate the cost-effectiveness of environment and health action – and the cost of inaction – to disparate target groups, from politicians and government officials to the general public. Communicating effectively on social media and combating fake news are further challenges.

15. Representatives of the Regional Office noted that, given the terms of the Ostrava Declaration, the Regional Office would focus primarily on the training of health professionals. Educational activities could be included under biennial collaborative agreements concluded between the Regional Office and individual Member States. Training to be offered by the Regional Office later in 2018 included a series of webinars on the AirQ+ software tool for health risk assessment of air pollution, the health economic assessment tool (HEAT) for walking and cycling and tools for environment and health impact assessment and assessment of the health damage and adaptation costs of climate change, developed in collaboration with the WHO Regions for Health Network. It was hoped that the information would be further disseminated at local level within countries.

What is a national portfolio of action on environment and health?

16. Dr Elizabet Paunovic, Head, WHO Regional Office for Europe, European Centre for Environment and Health, Bonn, introduced a panel discussion on existing policy mechanisms related to environment and health which could contribute to the development of national portfolios of action. Legally binding mechanisms included the International Health Regulations (2005) and the WHO Framework Convention on Tobacco Control at international level; the Protocol on Water and Health at the regional level; national constitutions and sectoral agreements on health, environment, transport, etc.; and many non-binding agreements at all levels, including the SDGs, the new Thirteenth General Programme of Work of WHO, Health 2020 and the Ostrava Declaration. Successful policy mechanisms could take many forms, but they all placed a strong focus on policy dialogue, situation analysis, strategic and operational planning, costing and budgeting, and monitoring and evaluation.

17. The panel members were: Ms Nino Giuashvili, Adviser, National Center for Disease Control and Public Health, Ministry of Labour, Health and Social Affairs of Georgia; Ms Isabella Karakis, Head, Environmental Epidemiology Department, Ministry of Health, Israel; Ms Orna Matzner, Senior Manager, Science and Research, Ministry of Environmental Protection, Israel; Ms Brigit Staatsen, Senior-Researcher Environment and Health, National Institute for Public Health and the Environment, Netherlands; Ms Biljana Filipovic Djusic, Assistant Minister for International Cooperation Ministry of Environmental Protection, Serbia; and Mr Dragan Gjorgjev, Policy Adviser, Institute of Public Health of the former Yugoslav Republic of Macedonia.

18. Environmental risks are responsible for 21% of the current disease burden in Georgia. The current national environmental health action plan (NEHAP), covering the period 2018–2023,

is awaiting adoption. It covers water and air quality, climate change mitigation, chemical safety and risk communication, and was prepared with the participation of nongovernmental organizations, academia and international partners (Italy, Poland and the United Kingdom of Great Britain and Northern Ireland, as part of a European Union “twinning” project). The indicators chosen for the NEHAP are aligned with the SDGs and Health 2020. Challenges include a lack of awareness of environmental health risks and a lack of trained human resources. A country-specific data-gathering exercise, such as a health impact assessment, would provide valuable evidence but is expensive to conduct.

19. In Israel, the commitments of the Ostrava Declaration and its predecessor, the Parma Declaration, are reflected in the national programme on environment and health, the draft strategic plan drawn up jointly by the ministries of environment and health, the national action plan to combat extreme weather events and the strategy on climate change and health. The draft strategic plan, covering a time scale of 5–10 years, was developed with the participation of nongovernmental organizations and academia and provides recommendations and indicates remaining gaps in knowledge as well as cost projections in 16 thematic areas. The Government communicates the importance of environment and health action by identifying needs and calculating risks through data gathered and analyses conducted by Government experts and academics. The action to be taken is then planned by relevant ministries and experts, with the collaboration of nongovernmental organizations. For example, the Clean Air Law of 2008 was drafted with the participation of multiple ministries, local authorities, industry, environmental organizations and academics. During the drafting process, the drafters reviewed similar legislation in other countries, prepared an inventory of pollutant emissions, and calculated the health and economic impact of air pollution under various scenarios.

20. Environmental factors account for approximately 6% of the disease burden in the Netherlands, although the figure varies widely between different areas of the country. Health considerations are automatically included in all environmental and spatial plans, and planners are trained to assess the likely health impacts of new developments. A new Environment and Planning Act is currently in preparation, which will replace 15 existing laws in the area of environment and planning. A strategy to promote walking is in preparation, complementing the existing strategy on cycling. The Government will focus on four specific areas of the Ostrava commitments: water quality, chemicals, active mobility and sustainable health systems. The “Green Deal” programme for health-care institutions aims to reduce energy use and waste production in health-care facilities and will be supplemented by an action plan.

21. Serbia is working towards implementation of the SDGs, the Ostrava commitments and the preparation of its national portfolio with political support from the Ministry of Environmental Protection and valuable practical support from the Regional Office and WHO country office. There is an emphasis on work at regional and local level, including collaboration with the 15 regional development agencies and with 60 municipalities. The South East Europe 2020 strategy of the Regional Cooperation Council will contribute to environment and health action, for instance by promoting sustainable transport. The country’s action plan on children’s health and environment, focusing particularly on air pollution, has not been implemented for financial reasons. Plans for the next two years include the optimum utilization of existing legislation to further the implementation of the Protocol on Water and Health, collaboration with THE PEP and the preparation of a national health and environmental action plan. Pre-accession funding provided by the European Union will be used to finance the activities.

22. In the former Yugoslav Republic of Macedonia, existing activities to implement Health 2020, covering public health planning, noncommunicable diseases, sexual and reproductive health, climate change mitigation and environmental determinants of health, are

now being adapted to the Ostrava commitments and the preparation of the country's national portfolio of action. The main priority is air pollution. Appropriate data are being collected and analysed, and indicators also compatible with SDG 3 are being defined. The national environment and health action plan, previously directed by an environmental health committee chaired by the Minister of Health, is now under the leadership of public health councils, initially created at local level. More input is required from sectors other than environment and health and from civil society: there is a lack of political commitment, with draft laws being delayed for long periods awaiting parliamentary and Government approval. The Regional Office could encourage the new Government to expedite the adoption of the new laws and could provide useful data on budgeting and costing of environment and health activities to demonstrate the cost-effectiveness of such activities.

23. In the general discussion that followed, participants noted that it might not be easy for Member States to create a single national policy to cover all the Ostrava commitments, since existing policies might already cover some of them. They emphasized the importance of monitoring and evaluation of activities and discussed how the SDG indicators might be integrated into environmental and health activities. In some areas (e.g. urban mobility) the SDG indicators could be improved upon. The flexibility of the national portfolios could help to secure funding, since ministries other than environment and health might be willing to fund projects that also met their own priorities, particularly if they were likely to produce short-term benefits which would yield political gains. However, the Regional Office should also encourage governments to ensure that draft legislation did not get delayed at the stage of adoption by parliament.

24. Representatives of the Regional Office said that it should now be easier to pursue national priorities in the implementation of the Ostrava Declaration. Member States could identify the most urgent actions under the seven priority areas of the Declaration and choose how to address them. The national portfolio could include existing policies or policy tools; it was intended to promote action that reduced the health impact of environmental factors without necessarily eliminating it altogether, as well as showing the impact of a failure to act when solutions were available. The SDG indicators were not always fully appropriate for environment and health action, since they primarily measured impact rather than process. Monitoring and evaluation under the Declaration were also intended to measure progress in the elimination of adverse risk factors and the potential cost of failure to act. More questions on those aspects could be included in Member States' annual reports.

How can we leverage existing platforms to support the development of national portfolios?

25. Mr Oliver Schmoll, Programme Manager, Water and Climate, WHO Regional Office for Europe, European Centre for Environment and Health, Bonn, introduced a panel discussion on existing platforms and instruments that could support the work of the EHP. In addition to THE PEP and the Protocol on Water and Health, both closely connected with the EHP, there was scope for collaboration with the WHO Healthy Cities Network, since municipalities often bore the responsibility for local decision-making on environment and health issues, and with the WHO Small Countries Initiative.

26. The panel members were: Ms Dagmar Huld Matthíasdóttir, Special Advisor, Ministry of Welfare, Reykjavík, Iceland; Ms Miriam Weber, Healthy Cities Coordinator, City of Utrecht, Netherlands; Mr Vadim Donchenko, Chair, THE PEP Steering Committee Bureau and Scientific and Research Institute of Motor Transport (NIAT), Moscow, Russian Federation;

Ms Ljiljana Jovanovic, Head of the National Working Group on the Protocol on Water and Health, Ministry of Health, Belgrade, Serbia.

27. The WHO Small Countries Initiative, launched in 2013, brings together eight Member States of the Region, each with a population of less than 1 million. It is coordinated by the WHO European Office for Investment for Health and Development in Venice, Italy, and promotes the sharing of experiences among the Member States. Its fifth high-level meeting in June 2018 would focus on water and climate change and thereby emphasizing several Ostrava priorities.

28. The WHO European Healthy Cities Network celebrates its 30th anniversary in 2018, culminating in the International Healthy Cities Conference (Belfast, United Kingdom of Great Britain and Northern Ireland, 1–4 October 2018) and the launch of Phase VII of the Network, which will focus on “happy, healthy cities”. It promotes holistic, health-in-all-policies approaches in local planning, education, housing, etc., with an emphasis on political commitment to policies extending beyond a single politician’s term of office. Cities can develop tools and resources for action at the local and regional level, particularly with evidence from health impact assessments and other WHO tools that can show the benefits and cost-effectiveness of appropriate action. The Network’s environment and health working group held its first meeting in March 2018, reflecting the developing collaboration between the Network and the EHP. It aims to set priorities at local level to contribute to the elaboration of national portfolios and the future activities of the EHTF, using the resources, local knowledge and political commitment of cities.

29. THE PEP is supporting countries in addressing the new challenges faced by the transport sector, including autonomous vehicles, shared mobility and sustainable urban transport planning. It disseminates best practices and research, promotes the positive aspects of non-motorized transport and facilitates training. There are currently some barriers to implementing environment and health measures in the transport sector: there is a lack of legally binding instruments and tools for assessing the effectiveness of the measures taken; environment and health criteria must be integrated into transport planning; planners and the general public need a greater awareness of the impact on environment and health of transport policies and of the financial implications of avoiding or postponing change; and action must be taken to influence the attitudes of car owners and the mass media.

30. The Protocol on Water and Health is one of the few legally binding instruments in the field of health and environment, obliging States Parties to set targets for implementation related to water, sanitation and hygiene (WASH), monitor their progress and report every three years. The same targets may be included in a national portfolio of action in order to minimize the reporting burden on Member States, and are also aligned with the WASH-related SDGs. The current priorities of the Protocol include sanitation, equitable access to water and sanitation, water safety planning and WASH in health-care facilities and schools. Ms Jovanovic drew attention to the fifth Meeting of the Parties of the Protocol to take place in Belgrade, Serbia on 19–21 November 2019.

31. Participants noted that it might be necessary to adjust existing national targets to bring them into line with the binding targets under the Protocol on Water and Health. They welcomed the input from other WHO networks and asked about the best way to ensure collaboration between them and with the EHP.

32. Mr Bonvoisin drew attention to other UNECE instruments and documents that could be used to prepare countries’ national portfolios of action, namely the Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a

Transboundary Context (Espoo Convention), which was a legally binding instrument, and the Convention on Long-range Transboundary Air Pollution and the document Batumi Action for Cleaner Air, both cited in the Ostrava Declaration. Member States had already requested UNECE assistance in the preparation of their portfolios. There was ample scope for Member States to use existing processes rather than creating new ones. Mr Asnake noted that Member States could align their reporting on priorities such as air pollution, climate change and waste management with other frameworks such as the Basel, Rotterdam and Stockholm Conventions,¹ which all entailed mandatory reporting.

33. Dr Matic, summing up the discussion, commended the EHTF's success in bringing together a wide range of stakeholders, each with its own unique role and capacities, to discuss possible collaboration with the technical and normative assistance of the Regional Office. Not all Member States welcomed the constraints imposed by legally binding instruments: voluntary mechanisms such as THE PEP still had a valuable role to play. The Protocol on Water and Health was a legally binding resource useful for those States – 26 in number so far – which had acceded to it. Mr Thaler drew attention to the fifth high-level meeting of transport, health and environment ministers, scheduled to take place in Vienna, Austria on 21–24 October 2019.

Tools and mechanisms to support national portfolios of action on environment and health

34. Representatives of the Regional Office introduced a number of tools and mechanisms which could support Member States in the preparation of their national portfolios.

35. The European Health Information Gateway (<https://gateway.euro.who.int/en/>) is an information portal in both English and Russian intended for health professionals, researchers and the general public. One of the themes is “environment and health”, linking to approximately 350 items of evidence, data, policies and other information on a wide range of topics including air quality, climate change, cities, chemical safety, waste management, water and sanitation, health impact assessment and the EHP, presented in a structure that facilitates matching with the Ostrava priority areas. Indicators are currently provided by the European Health for All database. Member States are invited to send in further information:² the information will be added to the Gateway if WHO owns the copyright, and a link will be included for other information. In due course, the Regional Office expects to provide links to relevant information from ministries of environment and health in every Member State, development agencies, etc.

36. Mr Asnake drew attention to similar portals related to environmental information: InforMEA (<https://www.informe.org/en>) on multilateral environmental agreements and Environment Live (<https://environmentlive.unep.org/>), the online portal of UN Environment.

37. A panel of representatives of Member States and the Regional Office described country experiences of using WHO tools and mechanisms at national and local level. The panel members were: Ms Francesca Racioppi, WHO Regional Office for Europe (speaking on behalf of Mr Thaler, Austria); Mr Tamas Pandics, Director, National Public Health Institute, Hungary; Mr Samardin Aliev, Tajik Research Institute of Preventive Medicine, Tajikistan; Mr Mihail Kochubovski, Institute of Public Health, the former Yugoslav Republic of Macedonia.

¹ Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal; Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade; Stockholm Convention on Persistent Organic Pollutants.

² Send information to euceh@who.int.

38. The health economic assessment tool (HEAT) for cycling and walking is an online tool to estimate the value of reduced mortality resulting from regular cycling or walking, intended to facilitate evidence-based decision-making. The input data are simple (e.g. the number of people walking/cycling and the time or distance involved) and the resulting estimates are robust. The latest version, introduced in October 2017, also takes into account air pollution the risk of road traffic injuries, and changes to emissions of greenhouse gas. The tool has been used by universities and academic publishers and was used until recently as an official methodology for calculating costs associated with walking and cycling by the United Kingdom Department for Transport. In Austria, the tool was used during the preparation of the Master Plan for Cycling 2015–2025 because it showed the potential benefits of increased physical activity in economic terms. There was therefore a strong political incentive to encourage changes in policy. Because of the default values used by the tool, which are based on international methodologies and databases, however, users may prefer using their own data, when available. This may apply particularly to the economic default values used by the HEAT, since some countries need to use national official data when making economic assessments.

39. In Hungary, the use of the WHO AirQ+ software (<http://www.euro.who.int/en/health-topics/environment-and-health/air-quality/activities/airq-software-tool-for-health-risk-assessment-of-air-pollution>) to quantify the health effects of ambient air pollution provided evidence to convince decision-makers during the preparation of a new public health plan. Levels of atmospheric particulate matter (PM2.5) harmful to human health were demonstrated, using both national and subnational data. The next step is to develop a similar tool to measure indoor air quality in schools and other public places and, eventually, to provide health warnings for the public about particularly adverse air quality conditions.

40. In Tajikistan, the WHO European Centre for Environment and Health supported the development a field guide on water safety planning in small rural communities, based on a pilot project conducted in two villages in 2012. The guide would be useful for public health experts, particularly for the development of management skills, and for water providers, detailing the potential health risks and monitoring of water quality, as well as policy-makers, in order to develop a sense of ownership of water projects. Draft legislation aligned with the Protocol on Water and Health is now being prepared. Challenges faced by the project included a lack of appropriate experts and consultants, the need to engage stakeholders, identify local expertise in each of the settlements involved and conduct risk assessments, and the difficulty of scaling up the project to the national level.

41. In the former Yugoslav Republic of Macedonia, an economic analysis tool is in use to support climate change adaptation activities. It shows the costs associated with climate change and the cost-effectiveness of adaptation measures. An action plan to combat the adverse effects of heatwaves was developed in 2011; it was revised and supplemented by a similar plan to deal with very cold weather, in 2012. When a heatwave is forecast, the Ministry of Health is warned two or three days in advance and issues advice to physicians and the public as necessary, with priority being given to vulnerable groups and relevant groups of workers. Hospitals have been made more energy-efficient and equipped with air conditioning. The economic cost of deaths attributable to heatwaves and other effects of climate change has been estimated at 170 million dinars, while the cost of measures under the action plan is estimated at 2 million dinars – figures that can be used to convince decision-makers of the value of taking action.

42. Ms Tara Neville, Consultant, WHO headquarters, addressed the meeting by videolink. She described the Climate and Health Country Profile Project, managed jointly by WHO and the Secretariat of the United Nations Framework Convention on Climate Change (UNFCCC), which provided country-level evidence on the impact of climate change on health and the

progress in building climate-resilient health systems. Approximately 45 country profiles were already available, with 10 more in preparation. The country profiles were intended to document the co-benefits for health of action on climate change; each one was around eight pages long and visually appealing. The data were derived from WHO analyses, modelling from existing databases, country surveys and national peer-reviewed scientific literature. She also drew attention to a country survey on climate and health which had just been launched in the European Region, consisting of an online questionnaire with 25 questions covering leadership and governance, resilience to climate change, greenhouse gas emissions and health-sector participation in the activities of UNFCCC.

43. Ms Tiffany Hodgson, Programme Officer, UNFCCC acknowledged the valuable contribution of WHO's work to the national adaptation plans prepared by Member States under the Convention. The plans included technical guidelines on climate change adaptation and supplementary information, including health measures prepared with the support of WHO. The UNFCCC work programme covered a number of health topics, including geographical distribution of diseases, emerging and vector-borne diseases and the effects of climate change in the workplace. WHO and UNFCCC had presented information on the co-benefits for health of climate change action and opportunities for health investment at the 22nd session of the Conference of the Parties of UNFCCC (Marrakesh, Morocco, 7–18 November 2016). The two agencies had recently signed a memorandum of understanding on the measurement of the health benefits of climate change adaptation and mitigation measures.

44. Dr Vladimir Kendrovski, Technical Officer, Water and Climate, WHO Regional Office for Europe, European Centre for Environment and Health, Bonn, introduced a new tool, CaRBonH, planned to be launched at the meeting of the Working Group on Health in Climate Change of EHTF in June 2018. The tool would help Member States to visualize the health and economic benefits of climate change mitigation and would provide valuable arguments for sectors other than health when advocating for action. It would also help Member States to prepare their national portfolios of action.

45. Mr Tuomo Karjalainen, Directorate-General for Research and Innovation, European Commission, outlined a number of ways in which Member States might contribute to research in environment and health. The current priorities were the European Human Biomonitoring Initiative, which gathered data on chemical exposures from all 28 Member States of the European Union; the European Exposome Cluster, which monitored all exposures and potential health effects over an individual's lifetime; health promotion activities including the INter-sectoral Health Environment Research for InnovaTions (INHERIT) project; and the Urban Nature Atlas. Over the next two to three years, research would continue on human exposomes; screening for endocrine disruptors; and microplastics and human health. Funding was available for non-European-Union States associated with the Horizon 2020 project, and potentially for other non-members in the WHO European Region through cofunding mechanisms and the Marie Skłodowska-Curie Actions programme of the European Union. The next framework programme, FP9, would place a greater focus on societal issues and support implementation of the SDGs.

46. Participants welcomed the information about potential new sources of funding and of information on issues on which research is not always conducted at a national level. Dr Paunovic noted that, while WHO has been involved in some European Union projects, such as the Blue Health project, it often acts as a partner rather than as the lead agency, thereby limiting its ability to steer projects overall. However, a coordinating role would be time-consuming; WHO also has to abide by its own rules on conflicts of interest and links with the tobacco industry.

47. Dr Ivano Iavarone, Head, WHO Collaborating Centre for Environmental Health in Contaminated Sites, Rome, Italy, described WHO's work to mitigate the health effects of the over 350 000 sites contaminated by industrial chemicals in the Region. Contamination in such sites typically consisted of complex mixtures of multiple chemicals; the sites were often situated in or close to urban areas in a complex socioeconomic context marked by inequality. Current scientific knowledge was often based on earlier models which had not taken sustainability into account. Emissions from industrial activity were now much lower, but the overall health impact of contaminated sites was still unknown. Member States preparing their national portfolios of action in that area could make use of the Industrially Contaminated Sites and Health Network (ICSHNet – <https://www.icsynet.eu>), launched by the European intergovernmental framework European Cooperation in Science and Technology (COST) in 2015 to identify sites requiring decontamination, share research and best practices and strengthen country capacities. The Network had held its first summer school in Thessaloniki, Greece in 2017. The final plenary meeting of the project would take place in Rome, Italy in early 2019, aiming to produce guidance documents for health impact assessment and risk communication. The collection of high-quality, validated data and dissemination of the best methodologies would be crucial. In view of the commitments in the Ostrava Declaration, the 2018 plenary meeting of ICSHNet, which took place on 21–22 February in Bonn, produced a consensus statement on contaminated sites and health,¹ proposing, inter alia, several specific lines of work.

48. Participants commended the work of ICSHNet, particularly the summer school, and expressed the hope that WHO would continue work in the same area when the Network ceased operations, particularly in the still unregulated area of soil decontamination, which also had implications for food safety.

49. Ms Maja Milkowska, Health Care Without Harm (HCWH) Europe, described recent efforts to incorporate sustainability concerns and environmental awareness into educational curricula for the training of health professionals. Her organization conducted education for sustainability in 30 medical schools in 19 hospitals. Over 90% of the establishments were aware of sustainability issues, but only 40–45% were familiar with the Ostrava Declaration. Sustainability issues tended to be spread across the curriculum rather than constituting a separate subject. HCWH Europe recommended further additions to the evidence base, tailored communications and exchanges of best practice.

50. Dr Matic paid tribute to the valuable contribution of partners in the important but under-resourced area of sustainability education. He drew attention to two forthcoming conferences on health systems, namely the high-level regional meetings on “Health systems respond to noncommunicable diseases: experience in the European Region” (Sitges, Spain, 16–18 April 2018) and “Health systems for prosperity and solidarity: leaving no one behind” (Tallinn, Estonia, 13–14 June 2018). Dr Paunovic recalled the many WHO standards relating to health-care waste management, safe use of hypodermic needles, antiseptics and antimicrobial resistance.

Draft work plan for the EHTF for 2018-19 and resource needs

51. Dr Matic said that, in the 2016–2017 biennium, a budget of approximately \$22 million had been allocated for environment and health activities. Of that sum, it had been possible to mobilize approximately \$15 million, which had all been spent, with 62% being used at regional level and 38% at country level. Expenditure was divided into 60% salaries and 40% activities.

¹ See <https://www.icsynet.eu/news/cons-stat/>.

Almost \$990 000 had been spent on governance, almost all of it for the Sixth Ministerial Conference.

52. The donor landscape was changing, with less public funding available since the 2007/2008 financial crisis and more competitive bidding for funding. He thanked the Government of Germany for its continuing commitment. Projections for future biennia indicated a similar shortfall of \$6–7 million and a continuing dependence on voluntary contributions. The likely effect of the reform of WHO as a whole was difficult to predict. The Regional Office had asked for a lower budget for the 2018–2019 biennium, since the exceptional activities accompanying the Ostrava conference had been completed but, following considerable debate in the Executive Board and World Health Assembly, the budget space allocated to environment and health had been maintained at the same level.

53. The draft workplan for 2018–2019 provided for reporting to the Regional Committee for Europe and CEP. A more detailed report showing Member States' progress in preparing their national portfolios of action would be required in 2019. The draft workplan also provided for a meeting of the Working Group on Health in Climate Change and a second summer school in 2019; funding was available for both events. The summer school was intended as a flagship course for technical and higher-level national officials responsible for developing and assessing health and environment policies.

54. The next meeting of the EHTF was planned for March 2019, but as yet no funding was available. It was hoped that a Member State would agree to host and fund the meeting, at a cost of \$60 000–80 000. The Working Group on Cities could conveniently meet back-to-back with the WHO European Healthy Cities Network conference in Belfast, United Kingdom, in October 2018, but likewise no funding was yet available. Links with the European Committee of the Regions could be maintained at zero cost to WHO. The Bureau would meet face to face in the autumn of 2018 and virtually at other times.

55. Replying to questions, he said that the Regional Office would keep the EHTF informed of activities of other networks and forums and contribute to their activities as appropriate and in accordance with its workplan. Substantive reporting on health and environment activities would use the data already submitted by Member States to the United Nations using the SDG indicators. It would have automatic access to those data, so Member States need not submit them separately. A regional report on a priority theme would be prepared, likewise using data that were already available, including data from other United Nations agencies. The Bureau would develop a new communications strategy for the post-Ostrava period with the Working Group on Communications.

56. Ten Member States had already submitted answers to an EHP survey (see below), and he urged the rest to do so as soon as possible. That initial response would include the submission of copies of basic legislation: thereafter, only updates of new information would be required.

57. The EHTF adopted the workplan and budget for the EHP for 2018–2019 (EURO/EHTF8/1) and requested the Secretariat, in consultation with the Bureau, to continue work on the communications plan.

Monitoring framework for Ostrava Declaration implementation

58. Ms Racioppi described the results of a recent pilot study among Member States, describing their implementation of the Ostrava Declaration to date and identifying areas that might require technical assistance. Nine Member States had provided substantive answers to the 23 open and closed questions, while another had provided contact details only. Three of the nine had set up a new national portfolio or equivalent policy framework or programme, while four were using

existing bodies or mechanisms. Some were addressing all the Ostrava priorities, while others were focusing on specific ones, through activities such as workshops, policy development and health impact assessments. They considered that implementation of the national portfolios should be assessed using the SDG monitoring framework or by identifying specific indicators. The responding countries had found the survey easy to understand and answer: four countries had found the necessary information easily, while three had experienced difficulties. The most popular recommendations for areas to consider in the development of national portfolios were engagement of other sectors, e.g. agriculture, energy and transport, and greater participation by stakeholders, e.g. financial institutions, civil society and the private sector.

59. A number of Member States described their experiences to date of developing their national portfolios. The representative of Armenia stressed the need for a uniform reporting system to reduce the reporting burden on Member States. In the Czech Republic, the priorities are public awareness of the health effects of air pollution and asbestos and noise and light pollution in cities. In Lithuania, activities under the national portfolio are not confined to the health sector, but are also conducted by the Ministry of the Environment, for example. In Sweden, links are being established between the ministries of health, environment, transport and energy to identify common issues and possible actions and synergies. Challenges include the need for accepted definitions of key terms such as “public health” or “inequality” and for support for the joint activities at a high level. Comments from the floor included the suggestion for an additional survey question about any issues that were not covered by the Ostrava Declaration.

60. EHTF agreed in principle to use the survey, revised after feedback from members, as a basis for reporting on the development of the national portfolios for action.

61. Dr Paunovic described a number of SDG indicators that might also be useful for reporting on the Ostrava commitments. WHO was the custodian agency for the SDGs related to air pollution, including SDG target 3.9.1 on mortality related to air pollution, SDG target 11.6.2, on concentrations of particulate matter in the air and SDG target 7.1.2 on the use of clean fuels and technology. Data on those issues were collected by national statistical offices, and were also available from the WHO global burden of disease database. The WHO/UNICEF Joint Monitoring Programme for Water Supply, Sanitation and Hygiene (JMP) was the joint custodian agency for SDG 6 on water and sanitation, which likewise provided a number of useful indicators. Under SDG 3, the main goal related to health, target 3.9 on the reduction of deaths and illnesses due to hazardous chemicals and air, water and soil pollution and contamination was particularly relevant to the European Region.

62. At the European level, two further monitoring and reporting frameworks might be of relevance. The European Environment Information and Observation Network (Eionet), a partnership between the Member States of the European Economic Area and cooperating partners, collected data on a number of relevant issues, including industrial emissions and water quality, which were available to WHO. The European Pollutant Release and Transfer Register (E-PRTR) provided easily accessible key environmental data from industrial facilities in EU Member States and others in the Region, with some mandatory reporting requirements.

63. A large volume of data was thus available for use by Member States when reporting on their Ostrava commitments, which should help to avoid a major additional reporting burden.

Elections of the Bureau

64. The EHTF elected members of the Bureau from the following countries: Armenia (Ministry of Health), Austria (Federal Ministry for Sustainability and Tourism), Israel (Ministry of Health), Netherlands (Ministry of Infrastructure and Water Management), Republic of

Moldova (Ministry of Healthcare), Serbia (Ministry of Environmental Protection), Ukraine (Ministry of Health) and United Kingdom (Department of Health and Social Care). The EHP stakeholders nominated as their representatives the Health and Environment Alliance (HEAL) and the European Environment and Health Youth Coalition (EEHYC), in addition to the permanent stakeholder members, UNECE and UN Environment. The EHTF accepted the request of HCWH Europe to become an official stakeholder of the EHTF.

65. Dr Nune Bakunts of Armenia was elected as the new Chair of the EHTF, representing the health constituency, and Ms Biljana Filipovic from Serbia and Ms Brigit Staatsen from the Netherlands as Co-Chairs, representing the environment constituency.

Any other business, summary of decisions and closure of the meeting

66. A representative of the European Environment and Health Youth Coalition (EEHYC) thanked the EHTF for its continued support for youth participation. The coalition operated through nine national platforms which ensured a high degree of national accountability. It had prepared a welcome package with featured case studies in order to increase its visibility. The EEHYC would continue to participate in EHTF activities.

67. A representative of Italy reported back on the activities related to environment and health of the G7 group of industrialized nations under the presidency of Italy in 2017. The G7 had adopted the Milan Health Ministers' Communiqué, which placed the consumption of resources, climate change, environmental degradation and antimicrobial resistance at the centre of health policies, in line with the objectives of the 2030 Agenda for Sustainable Development, committing all policy-makers to taking action in collaboration with other sectors to protect human health and ecosystems from the threat of climate change and environmental pollution. Other priorities included surveillance of infectious diseases and their vectors, surveillance of climate and environmental factors and safeguarding of water resources. The Italian Ministry of Health had financed a project on the health effects of climate change, in line with the "Planetary Health" vision promoted by the medical journal *The Lancet* and the Rockefeller Foundation which had led to the elaboration of the first Climate and Health Country Profile for Italy.

68. Ms Mirjana Milic, representative of the United Nations Development Programme (UNDP) drew attention to a forthcoming meeting in Manila, Philippines, bringing Member States and the private sector together to discuss sustainability, water, energy, gender and equity. Ms Staatsen noted that the Green Deal policy in the Netherlands was intended to support sustainable economic growth by stimulating sustainable innovation, including partnerships with the private sector.

69. The EHTF agreed that the decisions of the meeting would be circulated and adopted electronically.

70. Participants warmly thanked Mr Thaler for his outstanding leadership of and support for the EHTF throughout the preparations for the Ostrava conference, and expressed their good wishes to Dr Paunovic for her forthcoming retirement. Dr Bakunts thanked participants for the constructive discussions and the Secretariat for the preparation of the meeting, and declared the meeting closed.

Annex 1. Scope and purpose

The eighth meeting of the EHTF and the first one in follow up to the Sixth Ministerial Conference on Environment and Health, which took place in Ostrava, Czech Republic, 13–15 June 2017, is convened to support the Member States in the implementation of the commitments from the Ostrava Declaration.¹

Background

In June 2017, fifty-three Member States of the WHO European Region assembled at the Sixth Ministerial Conference on Environment and Health in Ostrava, Czech Republic. The main outcome of the Conference was the adoption of the Ministerial Declaration – the Ostrava Declaration – with the key commitment for all Member States to attain visible, measurable and equitable progress in environment and health in the WHO European Region by enhancing national implementation and action, both domestically and internationally, which is paramount for effective advancement on health and environment. To this effect, Member States committed to develop national portfolios of actions on environment and health by the end of 2018 to implement the commitments of the Parma Conference and the Ostrava Conference. The main purpose of the portfolios, which reflect national specificities, priorities, means and capacities in the choice of selected objectives and activities, is to ensure that Member States have well-coordinated, comprehensive and coherent strategies and policies to address the persistent burden of diseases attributable to environmental determinants. (Annex 1 of the Ostrava Declaration).

Objective

This meeting of the Task Force is convened to kick-off and support the work of the Member States on the development of national portfolios of action on environment and health.

Annex 2 of the Ostrava Declaration² established the new governance of the European Environment and Health Process and all Member States have officially nominated focal points from their Ministries of Health and of Environment by the end of 2017. The focal points are responsible for initiating and coordinating country actions leading to the establishment or/and improvement of already existing environment and health portfolios of action at the national level.

Moreover, 26 Member States included health and environment and the follow up to the Ostrava Declaration in the Biannual collaborative agreements with WHO for 2018-19 and this meeting would also be of direct support to the country-level work in the coming biennium.

To facilitate the work of the national focal points, the meeting will focus on providing an orientation to the resources and technical support available across the seven priority areas and related actions in Annex 1. The meeting will also be presented with some inspiring examples

¹ <http://www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/documentation/declaration-of-the-sixth-ministerial-conference-on-environment-and-health/annex-1.-compendium-of-possible-actions-to-advance-the-implementation-of-the-ostlava-declaration>

² <http://www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/documentation/declaration-of-the-sixth-ministerial-conference-on-environment-and-health/annex-2.-institutional-arrangements-for-the-european-environment-and-health-process>

of different country approaches already applied.

Specific objectives and outputs

To kick off and support the work on national portfolios of action, by:

- presenting and discussing tools and approaches for each of the seven priority areas identified in Annex 1 of the Ostrava Declaration;
- presenting successful country examples of national multisectoral collaboration and coherent policy making on environment and health, and promoting a peer-to-peer exchange of experiences and knowledge;
- agreeing on how the progress on Ostrava commitments will be assessed and monitored;
- reviewing what technical assistance is needed from WHO and on a bilateral level to support the Member States in developing portfolios and strengthening national coordination on environment and health;
- introducing the new Task Force to its tasks according to the adopted Ostrava Declaration, by agreeing on the programme of work of the Task Force and electing its Bureau;
- presenting and endorsing the programme of work and budget for the EHP secretariat for 2018-19.

Annex 2. Programme of the meeting

Tuesday, 20 March 2018

09:00 – 09:30 **Registration**

09:30 – 10:30 **Session 1 - Opening of the meeting**

The meeting will be opened by Mr Robert Thaler, EHTF Chair, and Dr Piroška Östlin, WHO/Europe Director of the Division of Policy and Governance for Health and Wellbeing.

Scope and Purpose of the meeting will be introduced by Dr Srdan Matic, WHO/Europe Coordinator for Environment and Health.

EHTF will adopt the agenda and programme of the meeting.

A brief introduction to the new institutional arrangements will be made and nominations for the Bureau will be introduced. The discussion of the nominations will take place in the last session of the day.

Relevant documents:

EURO/EHTF8/1 List of documents

EURO/EHTF8/2 Scope and Purpose

EURO/EHTF8/3 Provisional Programme

EURO/EHTF8/8 Nominations for the EHTF Bureau

EURO/EHTF8/10 Ostrava Declaration

10:30 – 11:00 **Refreshments**

11:00 – 13:00 **Session 2 - Setting the context for the development of the portfolios of action**

EHTF will be informed about the broader context relevant for national policy developments in follow up to the Ostrava Declaration, including the outcomes of the Sixty-seventh WHO Regional Committee for Europe in September 2017, the 23rd session of the UNECE Committee for Environmental Policy in November 2017 and at the third United Nations Environment Assembly in December 2017.

In addition, EHTF will be informed about other relevant global initiatives, such as the work on the development of a Global WHO Strategy on Climate Change, Environment and Health, the Special Initiative on Climate Change and Health in Small Island Developing States and the preparations for the first global WHO conference on air quality and health in October 2018.

Relevant documents:

EURO/EHTF8/13 WHO RC Resolution EUR/RC67/R4

EURO/EHTF8/14 WHO/EB142/12 Health, environment and climate change – Report by the WHO Director General

EURO/EHTF8/15 Decision EB142(5) Health, Environment and Climate Change

EURO/EHTF8/16 UNEA3 Resolution Environment and Health

- 13:00 – 14:00 **Lunch**
- 14:00 – 15:30 **Session 3 - What is a national portfolio of action on environment and health?**
- There are different types of national policy documents that can serve as platforms for national portfolios of action. They can be either self-standing policy frameworks and implementation tools or a coherent and coordinated part of a wider national policy framework addressing health, environment and other development and sectoral goals.
- In this session, different types of already existing processes and experiences in developing national portfolios of action on environment and health will be presented by Member States and further discussed.
- 15:30 – 16:00 **Refreshments**
- 16:00 – 17:30 **Session 4 – How can we leverage existing platforms to support the development of national portfolios?**
- This session aims to present already existing multilateral frameworks and platforms for action in the areas relevant for the implementation of the Annex 1 of the Ostrava Declaration. It will provide opportunities to discuss how Member States can leverage these platforms to identify priorities and undertake coherent actions in improving human health through improved environment.
- 17:30 – 18:00 **Session 5 - Elections of the Bureau**
- The Task Force will review the list of nominated candidates for the Bureau of the EHTF and elect its members
- Relevant documents:*
- EURO/EHTF8/8 Nominations for the EHTF Bureau*

Wednesday, 21 March 2018

- 09:00 – 10:45 **Session 6 – Tools and mechanisms to support national portfolios of action on environment and health**
- This session aims to introduce different tools, including a new Toolkit, that can be used in developing and implementing national portfolios of action or identifying priority areas.
- In addition, EHTF will be informed about different forms of bilateral collaboration between WHO and Member States supporting the development of the national portfolios of action or their elements
- Relevant documents:*
- EURO/EHTF8/11 Toolkit to support the development of national portfolios of action on environment and health*
- 10:45 – 11:00 **Refreshments**

- 11:00 – 12:00 **Session 7 – Supporting the development of national portfolios of action on environment and health - continuation**
- This session will continue to address the wide range of possibilities and opportunities through different projects, partnerships and cooperations including at sub-regional level.
- 12:00 – 13:00 **Session 8 - Draft work plan for the EHTF for 2018-19 and resource needs**
- The Task Force will review and adopt the work plan for the Environment and Health Process for 2018- 2019 and review the related resource needs.
- Relevant documents:
- EURO/EHTF8/6 Draft programme of work for the EHTF for 2018-19*
- EURO/EHTF8/7 Overview of resources to support the European Environment and Health Process*
- 13:00 – 14:00 **Lunch**
- 14:00 – 15:30 **Session 9 - Monitoring framework for Ostrava Declaration implementation**
- As agreed in the Declaration and in the ensuing WHO Resolution, the European Environment and Health Process will rely on the Global indicator framework established under the 2030 Sustainable Development Agenda, including the voluntary national reviews, as the primary source of information to monitor the progress towards implementing Ostrava Declaration commitments, as well as further international reporting schemes already established.
- In this session, the secretariat will present the results of a pilot survey on existing mechanisms related to the development of the portfolios of action, tested by Member States on a voluntary basis. In addition, an overview of SDG indicators and EU reporting mechanisms relevant to the Ostrava Declaration will be presented, as a starting point for a discussion on monitoring and reporting on the implementation of the Ostrava commitments.
- Relevant documents:
- EURO/EHTF8/5 Draft template for reporting on progress in implementing Ostrava Declaration*
- 15:30 – 16:00 **Session 10 - Any other business, summary of decision and closure of the meeting**

Annex 3. List of participants

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