European Environment and Health Committee

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Report on the 20th meeting of the European Environment and Health Committee Helsinki, Finland, 12-13 December 2005

with a focus on

CEHAPE Regional Priority Goal 4: "to reduce the risk of disease and disability arising from exposure to hazardous chemicals, physical agents and biological agents and to hazardous working environments during pregnancy, childhood and adolescence."

Dates to remember:

3rd meeting of the CEHAPE Task Force, Dublin, Ireland, 30 – 31 March 2006

21st meeting of the EEHC, Oslo, Norway, 15 – 16 May 2006

Both these meetings will focus on Regional Priority Goal 2, "to prevent and substantially reduce the health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children".

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1. Introduction

The 20th session of the European Environment and Health Committee (EEHC), convened in Helsinki, Finland, from 12 – 13 December 2005, was divided into two parts. The sessions on 12 December, in which all 52 Member States of the WHO European Region were invited to actively take part, focused on CEHAPE Regional Priority Goal 4 with an emphasis on the health impact of chemicals, radiation and occupational exposure. New scientific evidence was reviewed, followed by a review of the national and international policy response to these impacts. The next day was an operational session of the EEHC, to which non-member countries were welcome to attend as observers. The meeting was attended by 69 participants, including representatives of 35 Member States, representatives of the 7 intergovernmental and international organizations and the 4 civil society organizations and major groups which are EEHC members, as well as 6 guest speakers (Annex 1).

2. Opening remarks

Professor William Dab, Chairman of the EEHC, assisted by Mr Zaal Lomtadze, Vice-chair of the EEHC, opened the meeting and thanked the Finnish Environment Institute for hosting it. Mr Risto Aurola, from the Ministry of Social Affairs and Health in Finland, welcomed participants and outlined the work done in Finland on the national environment and health action plan (NEHAP) which was developed in 1997, followed by local action plans across the country. Finland had a low disease rate, the lowest incidence of maternal mortality in the world, and a good quality of environment. Monitoring was carried out on various aspects of the Children's Environment and Health Action Plan (CEHAPE) Regional Priority Goal (RPG) 4, including on persistent organic pollutants in lake sediments, organic compounds in fish and environmental contaminants in breast milk. A campaign of hand washing had reduced infection in child care centres, and a guide had been produced on healthy schools, including the importance of reducing exposure to mould. Protecting children from environmental hazards required cooperation across sectors.

3. Review of scientific evidence related to CEHAPE RPG 4

a) Hazardous chemicals

Professor Philippe Grandjean made the introductory address on hazardous chemicals, which he called a silent pandemic of developmental neurotoxicity. Chemicals were threatening the brain development of future generations, and the impact of chemicals on the human brain was being underestimated. There was only one chance to grow a brain, and it was the most important organ in regard to quality of life and economic activity. Gathering evidence in this area was bound by severe limitations: it had taken 18 years to generate the evidence on sub clinical mercury poisoning alone. However, huge gaps in evidence remained to be filled in. Over a thousand chemicals were thought to be neurotoxic in animal tests. There were also thousands of possible mixed exposures from different combinations. In the absence of evidence of their safety to the developing brain,

not enough was being done to protect children; indeed one testing protocol had been under review for six years. He outlined his recent research findings and research methodology. One in six children in the United States of America now had developmental disabilities, and the costs to society would be enormous. These disabilities were complex, but it would be prudent to control chemicals that are neurotoxic. An evidence-based approach was suitable for curative medicine but did not work in prevention: people would have to die before you could justify saving them. The European Union's REACH Strategy (see section 5 b) of this report for more information) was only a step in the right direction, and a change was needed in the burden of proof and in regard to the emphasis of testing for neurotoxicity. It may be necessary to say that if a chemical were toxic to the adult brain, it was also toxic to the developing brain, and its use should therefore be stopped. This could be done immediately to protect children from the multiple sources of exposure. It was important, however, not to leap into the use of an alternative, even worse chemical.

In the discussion, representatives of Spain and the Russian Federation reported on recent studies, which confirmed their concern about the health impact of chemicals on children's health.

b) Radiation

Dr Michael Repacholi introduced this topic, which included ultraviolet (UV) radiation, ionizing radiation, electromagnetic fields and diagnostic imaging. Up to 80% of a person's lifetime exposure to UV was received before the age of 18. The WHO Global UV project Intersun had focused on educational programmes, sun beds and maintaining the balance between the need to be exposed to sufficient UV for vitamin D production and the need to be protected from high UV exposures that could lead to skin cancer and cataracts. A lot of information was now available, including fact sheets and a chapter in the recent handbook of children's environmental health. In some countries teenagers had become addicted to tanning from sun beds, to which a multi-million dollar industry was attached, but WHO recommended that children under 18 should not use sun beds.

Natural exposure to ionizing radiation came from radon, a daughter product of uranium. 10% of all lung cancer was caused by radon, yet radon spas were still very popular, in the mistaken belief that radon had health-giving properties. After the Chernobyl disaster, over 4 000 children got thyroid cancer from radioactive iodine emissions. These were children who had iodine-deficient diets. They had received the radiation exposure from radioactive iodine that was taken up by the thyroid through consumption of contaminated milk, vegetables and other food items produced locally. There was also a greater risk of other cancers for these children, particularly leukemia and some solid cancers, but this had not yet been observed in any scientific studies. The long-term consequences of the disaster are not yet fully known. There were no indications of any increase in malformations in children, which in any case would be unlikely from the doses received in utero. Infant mortality rates were very high in some areas but were high in both the clean and the contaminated areas. Given that a quarter of the overall population normally contracted cancer, it was difficult to determine any small increase in cancer that might

occur from radiation exposure from the Chernobyl accident. In addition, since the breakup of the Soviet Union, there had been a decrease in life expectancy, a deterioration in health care, increases in alcohol and drug abuse, and difficulties in obtaining reliable data. Also, the radiation doses received by the affected population were very small, which made reliable research more difficult.

Recently, increasing concern had been expressed by scientists about the abuse of diagnostic imaging. Many techniques were being used without proper consideration of the large radiation dose and possible long-term health impacts. It was recently reported that 3% of cancers in Japan were caused by CT scanning. In addition, the strengths of the static magnetic fields used in MRI had increased rapidly, so much so that research had been unable to produce results quick enough to ensure safety from these technologies. Ultrasound examinations were freely available to pregnant mothers, and many had them solely for the purpose of keeping a photo in the baby's album and not for any diagnostic purpose. Such abuse of this modality could not have any benefit, only detriment, given that ultrasound caused a mechanical vibration of the developing fetus. Diagnostic imaging should only be used when it was clinically indicated. A project to establish clinical guidelines for use of diagnostic imaging was now being considered by WHO.

Subsequent discussion touched on various topics, including halogen lights, for which glass was now mandatory to restrict UV radiation exposure from them. There was an ongoing need to phase out ozone-depleting agents since the ozone layer would take many years to recover, and air pollution was masking the health consequences of increased UV intensities because of ozone depletion. Children were more susceptible than adults to ionizing radiation: work was underway to study an accident that occurred in the Urals where radioactive materials were dumped into the water supplies. It was pointed out that mental retardation, a loss of a few IQ points, as a result of Chernobyl might not have been detected, and if the effects of lead and solvents etc were also included, the problem for those children might be greater than was realized.

c) Work and reproductive health

Dr Anna Clara Fanetti introduced this topic, focusing on fetal exposure to risk factors, particularly at work. Protection of not only the health of children, but also that of adults, should begin in fetal life. There was new evidence that many adult conditions including metabolic disorders, cancer and cardiovascular disease (which were the main causes of death in the population) were linked to conditions during the parent's pregnancy which lead to intra-uterine growth retardation and malformations. These could be caused by biological, chemical, physical and social factors. Historically, chemical hazards had been seen to have impacts in, for example, Minamata, Vietnam and the thalidomide episode, particularly in regard to congenital malformation. Factors such as alcohol, drugs, mother's diet and stress affected birth size, but there was also an association with exposure to pesticides or particulate matter, shift work and other working conditions. There was evidence of a link with cancer following fetal exposure to, for example, pesticides and fertilizers, and other estrogenic chemicals, (PCBs, phthalates and cadmium): the normal endocrine environment was disrupted. This was also associated

with impaired testes descent, a lower sperm count and testicular cancer. A similar mechanism had also been proposed for breast cancer. Pregnancy was usually only diagnosed 3 or 4 weeks after conception, so steps should be taken to prevent occupational exposure for all, or at least have areas where women seeking pregnancy could work. Although more research was needed, it was clear that occupational and environmental chemical exposure and occupational stressors should be reduced, and estrogen-like chemicals should be controlled.

In discussion, it was added that this exposure did not apply only to women: some disorders were also linked to the father's environment. Chemicals could alter the germ cells. Chemicals caused cardiovascular disease because they affected the nervous system, for example, organophosphates.

4. Youth involvement in international policy-making in environment and health

Mr Eamon Corcoran reported back on the meeting held in Dublin, 27 – 28 September 2005. He reminded the participants of the political context and the rationale for youth participation – it upheld young people's rights and legal responsibilities, improved services, enhanced democratic processes, promoted child protection and enhanced young people's skills. What was needed now was real "buy-in" to make it work. The meeting had agreed what they meant by meaningful youth participation: "young people taking part in making decisions that affect their lives, backed up by commitment, support and action from policy and decision-makers at all levels". The meeting had supported the idea of a pilot project of 6 – 8 countries to bring youth together to make their views known about environment and health matters and to elect youth representatives to the EEHC and CEHAPE Task Force. The meeting also proposed the preparation of a directory which would be a mapping exercise of which existing youth organizations were already doing work in this area; a leaflet on CEHAPE written with youth in mind; a collection of case studies in good practice regarding youth participation; and the further exploration of twinning and other information exchange tools. Seed and sustainable funding should be found. Children were not only our future: they were our present.

Ms Bente Moe reported on the Nordic/Baltic initiative to develop youth participation. The purpose was to implement CEHAPE and explore a good model for democratic youth representation, with the immediate goal of a representative group of young people mandating two youth delegates to attend the next EEHC and CEHAPE Task Force meetings, and establishing a democratic system for representation. This would be done initially by using existing networks such as the European Youth Forum, Tunza and the Baltic Youth Forum. A workshop was planned for March 2006, from which two mandated delegates would be nominated. National youth councils from the 10 Baltic countries covered under the Nordic/Baltic initiative would nominate participants from their member organizations. Norway had applied to the Nordic Council of Ministers for funding of US $62 500 for this, and other participating countries would need only to provide the travel and other costs for their own delegates. She invited other Member States to participate.

The youth delegates welcomed the workshop and the initiative. They reported on a meeting of Tunza that took place in India in October 2005, of which one of the outcomes had been a project on air pollution. A new Tunza youth advisory council had been elected. There had also been interest in sustainable consumption, the ozone layer and the precautionary principle. They wanted to map youth participation in a directory, and feed directly into the web-based tools. They were keen to be involved in a democratic process and to raise awareness on policy issues. Geographic diversity was important. The success of implementing national plans would depend on youth involvement.

5. National and international policy response to CEHAPE RPG 4

a) Report on 2nd meeting of the CEHAPE Task Force

Dr Hilary Walker, Co-chair of the CEHAPE Task Force, introduced this session by summarizing the report on the Task Force meeting held in Edinburgh on 20 – 21 October 2005, in which 43 countries had participated. The United Kingdom and Sweden had described their different approaches to preparing their national plan on children's health and environment, the European Commission had reported on progress with REACH, and participants had heard about progress on phthalates from Denmark and on the lead exposure of children in Kosovo, Serbia and Montenegro. There had also been reports on noise from Austria, extreme weather preparedness in Switzerland, and the situation in Belarus since Chernobyl. Various web-based tools were being developed and used successfully.

b) Chemicals

Mr Jack de Bruijn summarized the need for and the status of the new European Union strategy on the Registration, Evaluation and Authorization of Chemicals (REACH), expected to receive political endorsement at Council the next day. REACH was due to come into force in April 2007. Its key elements were registration by industry of manufactured/imported chemical substances, increased information and communication throughout the supply chain, evaluation of some registered substances and authorization for substances of very high concern. The new European Chemicals Agency would manage the system. In the interim, a range of implementation projects had been set up, describing, among others, the different REACH processes, developing intelligent testing strategies and producing guidance for industry on how to carry out their chemical safety assessments under REACH. The information given by industry was to facilitate assessment and to determine how the chemicals could be used safely and whether the risks were being adequately controlled. The downstream user was important, as information was supposed to travel down the supply chain and up it too, setting up a dialogue.

Mr Tony Musu stressed that chemicals made a major contribution to the economy of the European Union - 586 billion euros in 2004 and 1.7 billion workers with many more in associated sectors. However, this took a toll on their health: some 16% of workers

handled hazardous chemicals and 22% breathed in toxic vapours. One in three occupational diseases, particularly skin and respiratory diseases, were related to chemical exposures. REACH was introduced to increase the level of protection and enhance the competence of the chemical industry. It was important for workers' health, as current legislation and protection does not work well, as data were missing. REACH would generate this data and would remind employers of their obligations. Safety data sheets and labeling would be improved and it was hoped that a substitution policy would be pushed. A recent study from Sheffield University, in the United Kingdom, confirmed that occupational diseases caused by chemicals were an important problem. If REACH were enforced, 50 000 cases of respiratory disease and 40 000 cases of skin disease, would be avoided. The savings in, for example, social security costs and gain in productivity, would be 3.5 billion euros over 10 years and 91 billion euros over 30 years. The study had not covered cancer, so these figures were not the total occupational disease burden. In comparison, the costs of REACH were estimated at 3 – 5 billion euros. The success of REACH depended on the data and the dialogue. If it worked, it would improve workers' health and promote innovative competitiveness.

Mr Colin Humphris focused on the responsibility of industry. Leading companies had made clear statements on harm to the environment or users, stressing that safety of operations and use of products were one. Innovation was also important, as was business that turned ideas into wealth and jobs. Business needed an efficient use of capital and a return on capital. Ethical business governance was important as the free market had boundaries which were set by society and should be respected. Chemicals regulation had to be risk-based and prioritized. All chemicals, both natural and synthetic, were potentially hazardous. A clear registration process was key and it was recognized that an authorization and review process was needed. However, creative mechanisms had to be found to protect intellectual property. Mixtures and multicausal effects needed different paradigms for risk assessment, particularly as people had longer working lives. Precaution needed to be codified, so that it was clear on what basis investment could be made or action or inaction justified. Good monitoring systems were often lacking in Europe and Cefic was investing in biomonitoring and biomarking: it had a responsible care programme and was keen to engage in CEHAPE. It recognized the need for better methodologies on testing for neurodevelopment effects. A major meeting had been held in Brussels on 7 November 2005, which led to a joint declaration by industry and the European Commission to promote and accelerate new approaches which would offer the opportunity to refine, reduce or replace animals in safety assessment in order to more quickly and more reliably identify substances of most concern.

In the subsequent discussion, the ECO Forum delegate informed the meeting that the Strategic Approach to International Chemicals Management (SAICM) whose goal was to minimize the harmful effects of chemicals, was due to complete its negotiations in Dubai in February 2006. It would hopefully bring forward the fast-track processing of chemicals assessment. It was important that the countries of Eastern Europe, the Caucasus and central Asia (EECCA), who did not have REACH, have a strategy to protect their citizens and assist their industry whose exports would in any case be affected by REACH requirements. The EEHC should look at how it could provide support. She also reminded

participants of the substances to which children are daily exposed by revealing the diverse contents of a shopping bag from a local supermarket containing nonstick frying pans, perfumed candles, cleaning agents, a teddy bear treated with flame retardants and grapes with pesticide residues. It was pointed out in discussion that some care is needed in thinking through the overall risk consequences of jumping to conclusions about substitutes.

Some representatives contributed their views and experiences. For one country the frustration was the fact that since 1919, guidelines had existed to regulate work hazards but they had not been followed and more recent laws were not being implemented, resulting in daily exposure of children. Concern was expressed that under REACH, industry would be taking the decisions on further research. However, it was also noted that under REACH, the burden of proof is with industry which will have to justify its assessment of risk. Hazard assessment included some judgments and Member States would need to make their own as well. Although REACH was just beginning it would provide a useful framework and had to be made to work.

The REACH approach of "no data, no market" was welcomed, as was the idea of simplified methodology and standardized protocols to be used by the Member States. It was good to have a harmonized liability, or unregulated companies would benefit. On ozone, environmental inspectorates had recently searched European harbours and found that over 50% of ozone-containing products were being exported.

There was concern from civil society organizations that at the moment it was not possible to get basic information on products such as detergents and cosmetics. Information was not enough: it had taken a decade to get the International Programme on Chemical Safety (IPCS) to produce safety cards on 2 000 substances, and in that time had their hazardous impact been reduced? In discussion, it was noted that new approaches may be needed. Another issue of concern was enforcement, which was not in the REACH regulations: this was a matter of national authorities and a European enforcement forum would also be set up. For industry, compliance would be the main focus. For industry, REACH would be an opportunity to tidy up, as they currently have to comply with some 40 directly relevant pieces of existing regulations. Concern was expressed about progress in countries outside the EU. It was pointed out that SAICM would be a voluntary political commitment with no legal force, but that the risks in the ECCA countries was more those of consumption than production.

An epidemiological response could be a big retrospective mortality study inside the chemical industry to establish the mortality pattern. This would not be impossible to do through a standardized simple protocol in the Member States. A review would be useful, with substances known to be neurotoxic in adults as a priority. Since the scientific evidence could not be available for ten to 20 years, a prudent approach should be adopted and work in partnership should be undertaken.

c) Radiation

Dr Hilary Walker described experience in the United Kingdom where a precautionary approach was being adopted. Following the Black Report in 1985 which looked into clusters of childhood disease, particularly leukemia, around nuclear installations, a committee had been set up on medical aspects of radiation in the environment, which had since issued ten reports and statements, six of them on childhood disease. No proof had been found on a link between nuclear workers and childhood leukemia. A Health Protection Authority report had recently examined doses of radionuclide on the fetus. Information on this and services to the public could be found at http://www.hpa.org.uk/radiation/default.htm On non-ionizing radiation, the Stewart report, *Mobile Phones and Health: A report from the Independent Expert Group on Mobile Phones*, had in 2000 recommended a precautionary approach to the use of mobile phones by children ("Use mobiles for essential use, keep the calls short!") and another report had been issued in 2004. There was currently a very active stakeholder advisory group meeting on electromagnetic frequency (such as power lines), which had brought together people who were normally in opposition, and this group would be making recommendations soon. (See their website at http://www.rkpartnership.co.uk/sage/) This strategy was recommended. The other key body had been the interdepartmental steering group working on environment and health.

In discussion, it was noted that there was a high level of public concern in this area. It was added that the evidence of a link between low frequency electromagnetic fields (EMF) and leukemia was in progress. Although the epidemiology shows a link, the mechanism still had not been identified. A lot of work had been done on EMF but sometimes it was not easy for governments to give advice because the research (e.g. on text messaging) had simply not been done. Positive advice worked better than negative warnings. People feared what they didn't know more than what they did know and were familiar with, for example, on which their lifestyles depended. Young people particularly needed to know and understand more about the risks. It was pointed out that international action had been taken on ozone before the damage it caused had been scientifically proven. Some countries were already using "win-win" measures, such as burying high voltage cables underground, so that people did not have to live underneath them.

A very large study was being carried out in 13 countries by the International Agency for Research on Cancer, the results of which were due in six months. There was concern about mobile phones and head and neck cancers, but as the phone had only been in use for 15 years and the latency period could be longer, conclusive results would be difficult. Behavioural studies were also needed on the effects of exposure to television, etc. However, technology was developing all the time and the radiation was much less than hitherto. WHO was convening a meeting in December 2005 on developing guidelines on applying the precautionary principle.

d) Work and reproductive health

Professor Nikolai Izmirov outlined the serious concerns in his country, and summarized some Russian research. A healthy population was a national priority and human reproduction was crucial to the future. 40% fewer babies were born in 2004 than in 1985. This was accompanied by poor quality of health among newborn babies, high death rates and morbidity and increased frequency of pregnancy complications, parent and child death and reproductive health problems of adults. The most dangerous influence on reproductive health was the effects of toxic chemical substances. It was estimated that 1.7 million women were working in harmful conditions and that affected their reproductive health. Men's fertility was also being affected. Research conducted in Moscow had shown that newborn morbidity depended on the degree of pollution in which their mothers lived. In the polluted areas, 10% of the babies with birth defects had genital anomalies, the majority in boys, 40% had disorders of the muscoskeletal system, and 20% had problems with their blood circulation system. He proposed that the International Commission on Occupational Health and WHO took measures that fully recognized the importance of reproductive health hazards, and the risks to children whose parents were exposed in their working and living environment, taking Russian research into account and including stress, electromagnetic fields, genetics in toxicology, the burden of disease, and recorded incidents and dangerous occurrences.

In the following discussion it was noted that collaboration between scientists, industry and policymakers was needed since demographics were changing, fewer children were being born, people were increasingly infertile and there was concern about birth defects. In some countries, labour laws were being relaxed, pregnancy was not encouraged and maternity leave was short. In small businesses with no resources, the legislation was not complied with, women were working night shifts, with chemicals etc, and the law was not being implemented. The result was disabled children. As Russia and the Commonwealth of Independent States entered the World Trade Organization and countries became more affluent, some harmonization was needed taking into account the current economic background. Occupational health would be on the agenda of the WHO Regional Committee in 2007.

It was important to reach working parents so that they were aware of how to protect themselves from these risks. Implementation and enforcement were also priorities: a recent research project looking at 50 companies in France found that the regulations on carcinogenic exposure were widely flouted.

In drawing the discussion to a close, the EEHC Vice-chair noted the retreat in protective regulation and that it was an important time in environment and health. There were many complaints about lack of resources, but it was often the political will to set priorities that was lacking, not so much the resources themselves or even the scientific evidence on which to base policies. The public should be informed of this so that they could press for change, for government found it hard to reform itself.

6. CEHAPE Task Force and its recommendations to the EEHC

Mr Robert Thaler, Chair of the CEHAPE Task Force, reported back on the political aspects of its meeting in Edinburgh, 20 – 21 October 2005, attended by 56 environment and health focal points whose growing involvement he welcomed. Many Member States were now developing CEHAPs or reviewing their NEHAPs, despite having to tackle shortfalls in political will, technical expertise, resources, cooperation, power and visibility, and competition from other priorities. It had been agreed that it was important to demonstrate the added value of CEHAPE, and to set up close working with at least one other ministry. The local level was also an important point of entry, and international cooperation would also make a difference. WHO had been asked to follow-up with Member States who had not yet appointed focal points and consider including other ministries (e.g. housing) for the intergovernmental meeting in 2007. Case studies should be disseminated widely and technical support provided to countries on implementing national plans. It was also proposed that evidence should be collected on the financial impact of not reducing environmental risk factors for children. Regarding funding for operational costings, support had already been pledged from Austria for a fulltime CEHAPE help desk and from Ireland for phase two of the review of children's environment and heath legislation and for hosting the next CEHAPE Task Force meeting, to be held in March 2006. Support was still needed for the development of the guidelines on advocacy, information education and communication , the collection of case studies on good practice in youth involvement, studies on economic impacts of children's health and environment and hosting subregional meetings, as well as the requests from the meeting on youth participation, outlined earlier in the meeting. This should all be considered by the EEHC.

The representative of Ireland informed the meeting that the next meeting of the CEHAPE Task Force would be held in Dublin on 30 – 31 March 2006.

WHO announced that it would initiate a project in 2006, with support from the United States, on the costs and benefits of environmental hazards for children, focusing on injuries, noise and traffic-related air pollution. The project aimed to develop methodologies and case studies and to hold an international workshop, for which resources were needed. Five Member States were sought to join in for the case studies. Other organizations were also sought to join in for example, the European Environment Agency (EEA) and the Organisation for Economic Cooperation and Development (OECD).

In the discussion that followed, WHO was asked to circulate a description of the economic project mentioned above so that it would be easier to see where contributions could be made. The economic case certainly had to be made, so that policies could be based on sound data and the ministries who were not participating would be persuaded to act. Intersectoral cooperation was hard to achieve in some countries, and those ministries or institutes advocating CEHAPs were not always those mandated to act or to implement. There were several requests for subregional cooperation, perhaps through a meeting, to increase government commitment, collect case studies and see concrete results. Transfer

of skills and experience can be made from country to country, and the Regional Environmental Centre which had run a three-year project doing this, offered to host a meeting where such transfer could take place in central and eastern European countries.

At the national level, political commitment would be encouraged by very visible stakeholder involvement at the national level; perhaps a letter could go out encouraging such meetings to take place. The European Public Health Association's European Environment Network website would publicize such meetings: the same organization had held an NGO workshop on CEHAPE in Bulgaria with participation from neighbouring countries and the media attending had said that economic arguments would help the issue to get a higher profile. Another workshop was planned for Croatia. The WHO Regional Office for Europe had started to hold workshops on developing national CEHAPs in individual Member States and these would continue, within funding constraints, involving the ministries and other stakeholders across sectors.

Various suggestions were made about raising CEHAPE in other fora: it was suggested that the profile of children's environment and health could be raised by linking it more to children's human rights and to Ombudspersons for children, which some countries already had. It was also proposed that contact be made with the International Labour Office to discuss collaboration: CEHAPE could have a profile at their annual meeting. It was also proposed that CEHAPE be raised at the general stakeholder forum in the chemical industry in the United Kingdom: such opportunities should be explored and taken.

A representative of WHO summarized the progress so far of the review of children's environmental health legislation. The first phase had been carried out with the help of Health Canada, extracting from 23 OECD Member States their existing soft and hard law on protecting children from environmental threats. This was to support Paragraph 19B of the Budapest Conference Declaration which discussed the possibility of a legal instrument. The EEHC could use the project's findings when the issue was discussed at the intergovernmental midterm review in 2007.

Underlining the crucial stakes related to this issue, the Chair concluded by remarking that the Budapest Conference commitments were large and needed to be prioritized for each Regional Priority Goal, so that all governments embarked on implementation, otherwise it would seriously weaken the 2007 intergovernmental meeting. Visits to countries would help their implementation. The EEHC had a type of audit function here.

7. Environment and Health Information System – development and progress

A report was given by WHO on the Environment and Health Information System (EHIS) in the European Union, on which WHO had first started technical work in 1999. Following on the Budapest Conference recommendations, WHO has organized the work along two strands: working on technical elements of the system (methodology of environment and health indicators, data retrieval and processing, use for health impact

assessment and reporting), as well as on the intensification of the involvement of Member States in the system development and implementation.

Technical work continued on ENHIS. ENHIS (Establishment of environment and health information system supporting policy-making in Europe, 2005/07) is the framework of the projects coordinated by WHO and co-sponsored by EC DG-Sanco and implemented in formal collaboration with partner institutions from 18 Member States. In 2005, the project prepared and tested the methodology of evaluation of information needs of policies, developed the methods to retrieve data on core set of indicators defined in earlier phases of the work (in ECOEHIS project), and included development of (30) new indicators addressing children and the CEHAPE RPGs. The system assumes that, whenever possible, existing data will be used and no new data collection would be requested. Member States were being asked not to collect new information but to pool what they already collected. Methodological guidelines had been produced. The information would be collected for 2007 and would eventually constitute an environment and health database and enable monitoring of the success of CEHAPE. The project also includes development and testing methods for health impact assessment. The report from the first year of the project is available from WHO on request.

The EEHC member of Norway reported on its work on methods to determine the information needs of policies (work package 1), which identified current policies and monitored them, with a focus on children. 12 environmental health policies had been selected, and policies, standards, and regulations examined. The question was asked whether exposure and risk reduction could be quantified, what the scientific basis for the policies was, and whether they were working. 30 comprehensive answers were obtained. The result was a good review, albeit the gaps had not been identified. A representative of Sweden also reported that it had been involved in supporting the creation and evaluation of the national information structure in Estonia and Latvia, and reported back on its progress.

The ensuing discussion concluded that the report should be presented again at the next EEHC for approval, by which time the 30 indicators could be communicated. A European Commission report on indicators was due in four weeks. The process was complex, combining as it did reporting for the Budapest Conference commitments and the EU's Environment and Health Action Plan. Concrete indicators were needed. It would take years to assess health impacts and pragmatism was important.

The Chair and several other members of the EEHC expressed their interest in visiting the Bonn Office to discuss the development of the information system.

8. The communication strategy of the EEHC - progress and plans

The Secretariat summarized the paper on the progress of the strategy so far, carried out with other colleagues in the Information Outreach Unit. The press material, press conferences, press briefings, peer-reviewed articles, web sites and information material linked to the RPGs had achieved wide coverage, and the web map was developing in an

interesting and useful way. Participants were urged to keep sending information for their "own" pages, and to develop their own websites where appropriate, to keep the process transparent. This would be further developed in 2006, adding a media workshop so that the foundations for the 2007 intergovernmental mid term review could be laid among members of the press.

Members of the EEHC welcomed the activities. The environment and health media guide produced by the European Environment Network of the European Public Health Association was now available in French, German, Russian, and Spanish and the EEN had now carried out three media training courses with NGOs. It would add extra strength to the EEHC if it joined with or publicized media activities of its member organizations, (e.g. UNEP), or used organs such as youth newspapers or MTV, and this would be welcomed.

The communication strategy was endorsed. A successful press conference had been held in collaboration with the host country, Finland, on the first day of the EEHC.

9. EEHC meetings of 2006, and the 2007 intergovernmental midterm review

The 21st EEHC meeting would convene in Oslo, Norway, on 15-16 May 2006. Day 1 of the meeting would focus on CEHAPE Regional Priority Goal 2 on preventing and substantially reducing the health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children. Day 2 would cover the policy outcomes of the 3rd CEHAPE Task Force meeting, reporting on developments of the environment and health information system, and planning for the intergovernmental midterm review of 2007.

It was pointed out that countries' reports back on implementation rarely included mention of involvement of NGOs, business and trade unions in implementation, and it was agreed that this should be raised and addressed at the 21st meeting.

The 22nd EEHC meeting would cover CEHAPE Regional Priority Goal 1 - preventing and significantly reducing the morbidity and mortality arising from gastrointestinal disorders and other health effects, ensuring that adequate measures are taken to improve access to safe and affordable water and adequate sanitation for all children. Dates and a venue were still to be established, and members were invited to consider hosting this event.

In addition, consideration could be given to using the EEHC meetings to bring together subregional groupings of countries on the topic.

Regarding the intergovernmental midterm review of 2007, suggestions for the agenda included: identifying success stories where progress had been achieved in addressing the priority issues of the Budapest Conference; looking at how civil society was being involved in the implementation efforts in countries; identifying topics of continuing concern and reporting by countries on their implementation efforts. The reporting

mechanism needed to be decided, and options would be brought forward by the Secretariat at the EEHC meeting in Oslo. Consideration could also be given to organizing a back-to-back meeting of NGOs at the 2007 intergovernmental midterm review. In addition, attention should be paid to the topics and expected outcomes of the Sixth Ministerial Conference "Environment for Europe", which takes place in autumn 2007.

10. Budget requirements of the EEHC

The Secretariat presented the estimated budget for 2006, and members were asked to consider providing the necessary resources to enable the core activities to be carried out.

11. Closure

The Chair thanked the participants for a productive meeting and looked forward to seeing them in Oslo in May 2006.

Annex 1

List of participants

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