



National workshop with
stakeholders to report back on the
assessment results of the
Environment and Health
Performance Review in Estonia

Workshop report

Tallinn, Estonia, 17–18 February 2009

ABSTRACT

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

Based on the review that took place in Estonia in February 2008, a report has been prepared giving an overview of the current environment and health situation, evaluating the strong and weak points of environmental and health system and services in Estonia and formulating recommendations for further actions.

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

Keywords

ENVIRONMENTAL HEALTH
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Introduction

Background

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

A first mission to evaluate the country situation in Estonia took place in February 2008 in collaboration with the WHO Country Office in Estonia and the focal point in the Ministry of Social Affairs. During this field visit, the WHO expert team met with more than 50 representatives from 26 institutions from various sectors involved in environment and health. Based on the review, a report was prepared to provide an overview of the current environment and health situation, evaluating the strong and weak points of the environment and health system and services in Estonia, and formulating recommendations on further action towards improvement.

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

Scope of the meeting

In response to the recommendations formulated through the EHPR, the WHO Regional Office for Europe, in collaboration with the Estonian Ministry of Social Affairs, convened a workshop in February 2009 to discuss how best to use the recommendations formulated in the report at national level. Participants at the workshop were asked to prioritize the actions needed, to discuss possible implementation mechanisms and to take responsibility for the implementation and monitoring of actions that were led by their sectors/departments. The workshop enabled structured discussions among the stakeholders from different sectors and helped to ensure ownership and common ground for the successful implementation of environment and health policy-making.

Based on the conclusions and recommendations of the EHPR presented in the first session, the national public health authorities presented the national expectations regarding the use of the review results. The discussions in plenary helped to define priorities for action especially in the application of management tools, and economic

and financial mechanisms, as well as intersectoral collaboration based on the EHPR report. Follow-up priorities and commitments made by the health authorities and all other sectors involved were endorsed during the final session of the workshop.

The workshop was attended by 19 national professionals from 9 institutions, representing various sectors involved in environment and health policy-making (the Ministry of Social Affairs, the Health Protection Inspectorate, the Labour Inspectorate, a nongovernmental organization (NGO), the Ministry of Environment, a private company involved in environment impact assessments, the Chemical Notification Centre, the Poison Information Centre and the Health Care Board).

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

Political context

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

The Ministerial Conference will review the status of implementation within WHO Member States in the European Region and try to evaluate whether the European Environment and Health Process is making a change to the health status of vulnerable populations. The overall report compiled from multiple EHPRs will contribute significantly to this review, which will also be based on the European Environment and Health Information System (ENHIS), the harmonized screening of environment and health policies, the web map and other tools. The information provided by ENHIS covers health issues related to environment, environmental issues affecting children's health, and actions aimed at reducing or preventing health risks. The policy screening tool will identify the extent to which environment and health policies explicitly address

population health and children's health by focusing on regulations directly related to preventing exposure, eliminating adverse health effects and creating opportunities for healthy lives. The Member States themselves submit information on the progress made in implementing the Budapest commitments and the national and children's environment and health action plans. The information is collected and updated in the web map.

Summary of the EHPR

The Estonian health system has clearly recognized the integral role of health promotion and disease prevention, in addition to that of the traditional health care services. Furthermore, the holistic approach to individual and population health is increasingly applied in everyday practice, but the current report clearly highlights areas for improvement.

The steward of the health system in Estonia is the Ministry of Social Affairs. As of 2008, the organizational structure in the health system comprised numerous actors, including various agencies under the Ministry of Social Affairs (e.g. the State Agency of Medicines, the Health Care Board, the National Institute for Health Development and the Health Protection Inspectorate); public independent bodies such as the Estonian Health Insurance Fund (EHIF); private primary health care units and (mainly publicly owned) hospitals under private regulation; and various NGOs and professional associations. In recent years, non-health sectors (e.g. transport, economy, agriculture and environment) have started to be more actively involved in health system activities because of the development and implementation of intersectoral public health strategies (e.g. on HIV/AIDS, cardiovascular disease prevention, and cancer prevention). Further (smaller) adjustments to regulations have also been implemented in order to harmonize national legislation with European Union (EU) legislation and to respond to emerging needs in health care. To bring the various initiatives under one umbrella and set a clear vision for the future, the long-term overall National Health Plan to 2020 covering the whole health system was launched a few years ago and approved by the Government in July 2008.

The report shows that the main environment and health issues in Estonia include bathing water quality, access to public water supply and exposure to solid fuels. In addition to these specific environmental health risks, concerns also focus on structural aspects. The main problem raised during the review was which institution should be responsible for environment and health. Generally, the review has shown that environment and health seems not to have high institutional recognition.

Environment and health have been a topic under different departments of the Ministry of Social Affairs for a decade. Nevertheless, they have long been paid too little attention. The main focus has been on health care. The new National Health Plan and its chapter on environment and health show that more attention is now been given to environment and health. In addition, the Plan integrates health care and public health (including environmental health) in one system. By improving understanding of

environment and health at institutional level, improvements can be achieved in the population's health and quality of life.

There is also a need to improve knowledge on environment and health and increase the availability of human resources in the area of environment and health through capacity building. Unfortunately, this subject is less of a priority at the university level of education than in the past and this needs to be addressed.

Ever since the public health department was established, at least two people have been responsible for working on environment and health issues. However, lack of human and financial resources indirectly results in environment and health not being prioritized by the health sector. Other politically important health areas such as HIV/AIDS, drugs, alcohol and tobacco are prioritized by both society and the Government, resulting in most resources, and hence public and political attention, going to these topics.

Over the past three years, a special unit dealing with chemical safety has been established in the Public Health Department. In 2008, the unit was enlarged to cover a large variety of environment and health determinants with the aim of strengthening and improving coordination of environmental health topics in Estonia. There are now six chief specialists who deal with chemical safety and environmental health topics. The chief specialists are supervised by the Head of the Environmental Health and Chemical Safety Unit. Prioritization of chemical safety is a positive achievement for Estonia, and future plans include improving the risk management of all other relevant environment and risk factors.

Another positive development is the obligation of the Ministry of Social Affairs to review and comment on all legislation prepared by other sectors in order to build up the intersectoral approach. Nevertheless, there are still difficulties into putting this obligation into practice because of the lack of human resources. It would be very beneficial to have a specifically trained member of staff placed within the Ministry of Social Affairs for this purpose, to ensure that health aspects are adequately covered in other non-health policies.

There is also a clearly recognized need to make better use of existing institutions with established experience to better define the responsibilities of each sector and institution. In environment and health, the Health Protection Inspectorate could be empowered with new implementation responsibilities, mainly in the area of monitoring and data collection and the control of the implementation of guidelines/directives, while the Ministry of Social Affairs could focus more on strategic and policy planning.

Although environment and health are considered to be an integral part of public health in Estonia, there is no explicit strategy on environment and health. Nevertheless, environment and health are covered by a chapter of the new National Health Plan 2009–2020, and specific environment and health risks and determinants are covered by other specific programmes and strategies. Thus, the National Strategy for Prevention of Cardiovascular Diseases 2005–2020 addresses physical activity, food and nutrition, tobacco, and prevention of cardiovascular diseases by the health care sector. A second important health strategy in Estonia is the Cancer Prevention Strategy 2007–2015, which also addresses tobacco, alcohol consumption, nutrition and physical environment,

and promotes awareness-raising, screening and early detection, diagnosis, treatment and care. A third health strategy currently under development is the Injury Prevention Strategy.

Many institutions within the health sector are responsible for specific activities aimed at preventing ill-health resulting from environmental determinants. This leads to a challenging situation where, although many risk factors and issues are included in different programmes and strategies, there is a lack of coordination and hence no comprehensive overview of what exists, or what is being done in the area of environment and health. Furthermore, the environment and health terminology used by different stakeholders is sometimes controversial, resulting in the same word having different meanings in different regulations/strategies related to health and environment.

Of note is the new Environment Strategy adopted in 2005, which, unlike the 1997 Environment Strategy, contains a chapter focusing on the need to strengthen integrated activities related to environment and health.

In summary, environment and health issues are recognized by both the health and the environment sectors, but there is a clear need for a common strategic approach and better coordination among all the stakeholders and partners involved. The National Health Plan therefore provides a good opportunity to improve the planning and implementation of environment and health policies in Estonia.

An important achievement is the recognition of children as a national priority. This vulnerable group is referred to in the context of physical activity, nutrition, injury prevention, radiation and allergies, but also of care activities and policy development.

Estonia has progressed well in compiling data and information that enables assessment of the environment and health situation in the country. A significant volume of data has been collected but there is a need to standardize the collection and collation mechanisms and procedures. Monitoring is conducted by both health and environment authorities, without a clear link or correlation between the two. Also, the right of access to information is stipulated in the Public Information Act; however, although it is now a basic right in Estonia, this has not yet managed to instil a greater awareness of environmental risk factors in Estonian society. A national environmental health information system needs to be further developed and implemented, and knowledge of and the methodology for health impact assessment (HIA) improved. The health authorities, through the Ministry of Social Affairs and the Department of Public Health, should be more closely involved in the national and subregional implementation of the European Environment and Health Information System (ENHIS).

Indirectly, this links to the need for a change in legislation to strengthen health impact procedures within environmental impact assessment (EIA,) by improving the methodology for health impact assessments (HIAs) and integrating them effectively into EIA reports. Capacity building is required here to increase the number of HIA specialists and to ensure the provision of further training and education in this field.

Intersectoral collaboration in Estonia has become an institutionalized process, especially in developing national legislation and regulations. There are many different working

groups that meet in order to improve and enhance cooperation with other sectors. However, the EHPR shows that there is a need for better streamlining of responsibilities and representation of the different sectors. Estonia, being a small country, does not have enough human resources to ensure that all the different working groups at national level are appropriately followed up on. The work at local authority level is better organized, although it is predominantly dependent on interpersonal contacts between the institutions. The Review shows that there is similar successful cooperation at international level between key national institutions, as demonstrated by the cooperation that exists with other Baltic states and the Scandinavian countries.

Despite the improvement in intersectoral collaboration, there is still a lack of an appropriate “Health in All Policies” approach at national and local levels. There are only a few examples of good practice from recent years. This collaboration also seems to be fragmented, with different components of environment and health being dealt with individually, rather than through a fully integrated intersectoral approach to all environment and health issues. Health arguments are still not taken adequately into consideration by other sectors in their decision-making processes or when drafting regulations, and health costs and expenditures arising from inappropriate attention to environmental hazards are very seldom considered.

In conclusion, the EHPR shows that Estonia is increasingly targeting health risks related to the environment through numerous preventive approaches. However, there is a need to further institutionalize environment and health policy-making and to ensure a more integrated and coordinated policy approach involving all relevant sectors.

Chemical safety strategy and actions

The Review focused on the evaluation of the chemical safety strategies and actions. The National Environmental Health Action Plan of Estonia that was approved by the Government of Estonia on 15 June 1999 addressed environmental health and chemical safety. The Ministry of Social Affairs and its administrative area play a prominent role in both environmental health and chemical safety in the country.

The Chemicals Notification Centre (CNC) is well established and functions well. It is responsible for evaluating submissions from producers on the testing of biocides. In this regard, the Chemicals Notification Centre has to rely on expertise from abroad. Estonia has good cooperation and collaboration with the Baltic and the Scandinavian countries on chemicals work. Training and knowledge have been provided, notably on toxicology and for the establishment of the poison centre.

However, the newly established Poison Information Centre under the CNC needs strengthening with more trained personnel, especially if it is supposed to respond to the requests of medical personnel as well as of the public, 24 hours for 7 days a week. Toxicology training, including for medical doctors, and risk assessment need to be strengthened also. Data on exposure to hazardous chemicals are limited to the living and working environments. Health problems caused by chemicals are often not properly recorded by doctors. Symptoms and causes that may possibly be related to the environment are generally omitted.

One important factor in avoiding risks from infectious, chemical and biological factors is the International Health Regulations (IHR). Like other countries, Estonia adopted the IHR in 2005 and they came into force in 2007. There is a draft translation into Estonian, but this has not yet been officially approved. However, first results show that Estonia has performed well in selected areas and progress has been good compared to other EU countries. Further, an interministerial commission to draw up the IHR implementation plan for 2009 was convened in the middle of 2008. However, there is a clear need for further technical guidance, training of staff at national level and simulation exercises on implementing the IHR in the country.

Developments at national level and national priorities

In her opening address to the workshop, Ms Maret Maripuu, Minister of Social Affairs of Estonia, referred to the current economic down turn and the increasing need to make wise decisions and choices both in society and at individual level. Noting that the greatest asset of any population is the health of the people, she underlined the importance of strengthening efforts to avoid ill-health in the population and decrease the need for cure. Health goals have to be strengthened in the current difficult economic situation. All sectors have to assume their responsibilities and take into account the potential impact of their actions on health. Reference was made to the Tallinn Charter signed in 2008, underlining that addressing health and health systems mean more than just providing health care.

The National Health Plan for Estonia has the ambitious goal of raising life expectancy by several years and increasing the number of people leading a healthy life. Living, working and school environments have been recognized as key starting points for health. In addition to other ministries, the Ministry of Education and Science has a clear role to play in increasing awareness of health risk factors and healthy lifestyles.

The focus put on the review of the environment and health and chemical safety situation in the country was a good starting point for setting priorities for actions for the years to come.

Since the implementation of the EHPR in February 2008, some important developments have taken place at national level in the area of public health. The development and adoption of the 2010–2013 action plan for the implementation of the National Health Plan and the inclusion of a specific chapter on environment and health is a milestone for environment and health policy-making. The environment and health chapter has been drawn up by a working group responsible for defining main problems to provide guidance and key directions. However, environment and health is also covered by other strategic objectives in the Plan, such as safe child development, healthy lifestyles, and social cohesion and equal opportunities.

However, despite that positive development, the focus of the national health system development is still on health service delivery and primary health care. But health protection and prevention are increasingly recognized as integral parts of the health system.

The current negative economic situation means that both the private and the public sectors have to find new ways of solving problems and cooperating. New strategic goals are needed. In environment and health, that could lead to strong and beneficial cooperation with various sectors and stakeholder.

The priorities and necessary actions for public health set by the Ministry of Social Affairs included:

- raising awareness of different target groups and on risk mitigation measures;
- improving information systems related to health risks and information management;
- improving national preparedness for epidemics of infectious diseases;
- improving occupational risk assessments;
- improving occupational health services.

Overall, the representatives of the health sector felt that the EHPR and its conclusions and recommendations were a very useful tool for assessing the environment and health situation in the country. Based on the discussions of the working group, priorities needed to be set.

Work in plenary – Discussion

The plenary discussion addressed the results of the EHPR and national developments and priorities. It had the aim of setting priorities for action at national level on environment and health management tools, economic and financial mechanisms, tools for action and intersectoral collaboration.

Priorities to be added to the EHPR results

The group agreed that some additional risk factors and key areas had not been sufficiently addressed in the EHPR and should therefore be included in future discussions and possible actions suggested.

The four major additional risk factors to be addressed were: indoor air, radon, ultraviolet (UV) radiation, and noise and vibrations.

- Indoor air was discussed in the light of energy-efficiency principles and measures for the improved insulation of buildings.
- Radon was still considered to be a problem, particularly in school buildings in some regions, and there is a need for a more intersectoral approach to radon prevention and mitigation.
- The increase in skin cancers linked to unsafe sunbathing habits and the increasing use of sun beds requires more attention to data collection, awareness-raising and improved legislative measures to regulate the use of sun beds.

- More emphasis should be put on noise monitoring and regulation. Although noise monitoring through maps prepared and sent to the EC according to the European Directive did exist, noise prevention was still not sufficiently ensured in building codes and their implementation. New buildings were often not built in accordance with insulation requirements.

Additional priority areas that should be addressed by environment and health professionals were: the impact of the environment on mental health and the influence of the built environment/landscape protection on health.

Main environment and health problems in Estonia

The following section summarizes the working group discussions on major environment and health topics, areas and issues. The order does not reflect any ranking according to importance.

Role of the Chemical Safety Committee

In view of the priority role of chemical safety in the country, the EHPR had recommended that the role and legal status of the Chemical Safety Committee should be further institutionalized. In this regard, it was clarified that the Committee acted formally according to Estonian law. Although the Committee did not have any decision-making authority, it did have the responsibility and authority to make recommendations to the Government on all major chemical safety issues, policies and laws.

Nevertheless, the participants agreed on the need to further clarify the mandate and added value of the Committee in order to ensure its more strategic position within the future Health Board. Its strategic and planning role could give additional strength to all the smaller committees, working groups or centres dependent on it, and needed to be better defined.

Poison Information Centre

A positive development observed in the EHPR was the establishment of the Estonian Poison Information Centre (PIC). However, the Centre seemed to be having difficulties in accessing relevant information and disseminating it to the public, thus creating an additional burden for its limited human resources.

In this regard, the working group agreed on the need to make use of governmental decrees and channels regulating the sharing of information between different institutions. For example, imported goods were licensed by the competent national authorities. The list of products should automatically be shared with the PIC to ensure that its registers were up-to-date.

Furthermore, the PIC needed a clear mandate recognized and endorsed by the decision-making bodies. For example, the Chemical Safety Committee could make use of its authority to recommend that the PIC be mandated with the necessary functions and resources to deliver its objectives.

Environment and health or environmental health?

The group discussed the existence of different terms qualifying environment and health management. It was underlined that the EHPR used the terminology “environment and health” in order to avoid any possible preconceptions and to ensure a clear and broad definition of the area of work. It was suggested that, whatever term Estonian professionals decided to use, they needed to ensure that it was understood in the same way by all partners and did not exclude any sector.

Environment and health indicators

The necessity to ensure a better understanding and use of the environment and health information system and to strengthen its application at national level was emphasized. The ENHIS methodology was discussed as one possible methodology to be applied at regional level, providing policy-makers with relevant data on environment and health priorities and ensuring consistent monitoring over time of the environment and health situation.

Data collection/information management

The group agreed on the need to harmonize data (including statistics, studies and evaluations) collection methodologies between different institutions and sectors. An appropriate information management structure would have to be established. The group concluded that there was a large amount of data collected by various sectors but no regular exchange of information, no common approach to data collection and insufficient availability of the data.

Additionally, health and environment data were not interlinked and were therefore not systematically used for setting priorities in environment and health policy-making. In this regard, the group pointed out the necessity to make better use of the environment and health information system and to strengthen its application at national level. An option would be to collect and publish all relevant information available on the Internet on single web pages (e.g. www.tervis.ee, which already included a lot of public health information).

Involvement of NGOs

The group discussed in depth the need to strengthen collaboration with NGOs: they could be very useful in disseminating information to the public but could also support the decision-making process with technical and scientific expertise. Participants agreed that NGOs should be more systematically involved in thematic and advisory working groups in the field of environment and health. Use should be made of their wider national and international networks. It was suggested that national Estonian NGOs should make better use of existing European NGO networks in the field of environment and health, like the Health and Environment Alliance and the European ECO Forum.

Improved communication skills in environment and health/Raising awareness of environment and health in civil society

The group agreed on the need to improve the level of information available to civil society on environment and health risks. On the one hand, environment and health

professionals needed adequate training in effectively communicating the risks of exposure to environmental factors and the need for preventive behaviour. The group specified that, in addition to environment and health professionals, national journalists and media representatives should also receive better training on communicating environment and health issues. It was felt that such training would result in better awareness in the population of environment and health risks. Emphasis was put on the need to ensure guaranteed training at both national and local levels. Communication to the public could be achieved using very different media and ways of communication. Because of the “information overload” to which the population were exposed, alternative and “creative” communications techniques like songs, children’s comics etc. should be explored. Communication should be coordinated between the different sectors in order to ensure a common approach and careful use of funds.

Involvement of medical doctors in environment and health

The discussion showed that medical doctors (especially family doctors and occupational health doctors) are not much involved in preventive activities and do not have sufficient knowledge or interest in environment and health issues. The discussions underlined the need to further strengthen the role of medical doctors in prevention by establishing obligatory environment and health courses during medical studies.

Involvement and support of local communities

Local communities are often in charge of implementing policies and programmes, and responsible for monitoring, performing EIAs, etc. However, they often lack financial and human resources, as well as training and expertise. They need better knowledge of environment and health problems and mitigation measures, targeted training sessions for regional sub-areas, and to be involved at an early stage in expert and consultation groups.

Built environment

The working group agreed on the need to better address the built environment and spatial planning in relation to their health effects. Accessibility for disabled persons was subject to regulations in the case of public buildings but not of private buildings (including residential apartment buildings). In those areas where a regulatory framework exists, it requires more appropriate dissemination.

There is a lack of any health perspective in the urban planning of city districts (schools are often located in noisy and polluted areas, green spaces are built on, etc.). First attempts had been made by the Health Protection Inspectorate to amend the existing regulations but additional efforts are still needed.

Improved knowledge of financing mechanisms/Multi-source financing

The lack of information on possible sources of funding to support environment and health activities/programmes/initiatives was highlighted, as was the need for more knowledge of existing funding schemes at international/national/regional levels. Information and training is needed on how best to apply for these funds (methodology for project formulation, etc.).

Funding sources for environment and health activities in the health sector should be expanded to other existing national funding schemes.

Environment impact assessment/Health impact assessment

Greater capacity is needed in HIA performance and methodology within environment impact assessment. EIA experts does not have enough skills and training to include health in the assessment. There is also a need for HIA guidelines based on existing legislation and international experience.

Environment and health working groups ensuring intersectoral collaboration and communication

Environment and health falls under the responsibility of many different sectors and stakeholders. The group agreed that each sector was working independently, with little exchange of information and communication. Estonia has a huge number of ongoing programmes, with some duplication. There should be more systematic exchange of information and a coordinated approach in decision-making. The participants thus agreed to establish an informal working group on environment and health consisting of representatives of various sectors, including NGOs and local communities. Many interdisciplinary working groups already exist, but focused on specific topics (e.g. the working groups on noise and water under the Health Protection Inspectorate).

Conclusions and recommendations

Based on the discussions, the working group identified and agreed on a number of key priority areas for future action:

- more systematic intersectoral collaboration;
- the inclusion of more and new sectors (e.g. landscape protection and the Ministry of Interior) in environment and health policy- and decision-making;
- support for environment and health activities at local level;
- strengthened communication of environmental health risks to the public and greater involvement of journalists;
- data management and information gathering and dissemination within and across sectors;
- wider and nonfragmented use of funding opportunities (international funding opportunities, funding opportunities within other sectors, etc.), and increased performance and use of economic evaluations, cost benefit analysis, etc.;
- improved training for medical doctors in environment and health through changes to medical curricula;
- integration of different sectors in EIA and improved capacities in HIA performance and methodology within EIA;
- greater collaboration at international level in order to build up international partnerships.

Some key environmental health risks were also identified for further prioritization:

- indoor and ambient air
- water and sanitation
- unintentional injuries
- chemicals
- noise and vibration
- radon and
- UV radiation.

In order to ensure that environment and health activities and programmes are continuously addressed, harmonized and shared among different institutions and sectors, the group has recommended the establishment of a working group on environment and health. The recommendation, detailed below, was endorsed by all sectors present.

Proposed working group on environment and health

- The main objective and task of the working group is to ensure that all relevant sectors are involved in environment and health activities, programmes, etc. The meetings will serve as a platform for exchanging information on ongoing programmes and activities, funding possibilities, monitoring systems, etc. It will ensure that networks are built up and maintained.
- The first meeting will enable the participants to draft their own terms of reference, to discuss additional partners/sectors to be involved and to set a timeline for action. Should there be the need to discuss specific environment and health issues, subgroups of the working group could organize thematic meetings (e.g. on EIA and HIA).
- The participants agreed that the first meeting of the working group would take place in April 2009.
- The first meeting will be organized by the Ministry of Social Affairs. The participants will then decide whether the following meetings will be organized in turn by all participating sectors. This approach would decrease the workload on the staff of the Ministry of Social Affairs but, most importantly, would ensure joint responsibility and accountability in environment and health issues of all sectors involved.
- Participants committed themselves to meeting on a regular and long-term basis.
- All participants emphasized the need to involve representatives of local communities from the first meeting of the environment and health working group.
- The WHO Regional Office for Europe committed itself to finalizing the minutes of the current workshop and the publication of the EHPR report for the first meeting of the working group in April 2009. In addition, the participants would be

provided with the WHO Regional Office for Europe publication, “An international concordance on selected concepts – Environment and Health terms”.

- Regarding further developments in environment and health in Estonia, WHO proposed reviewing the environment and health sector performance and the implementation of current recommendations in 2011 or later. WHO was also prepared to agree on specific topics on which it could provide directly assistance or/and facilitate international collaboration and, through the WHO Country Office in Estonia, be constantly available to respond to requests and needs from the national authorities.

Annex 1

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Enda Veskimäe
Chemicals Notification Centre

Ive Vikström
Health Care Board

World Health Organization Regional Office for Europe

Nida Besbelli, Temporary Adviser

Jarno Habicht

Agris Koppel

Lucianne Licari

Nathalie Röbbel, Temporary Adviser

Annex 2

PROGRAMME

Tuesday, 17 February 2009

- 08:30 – 9:00 **Registration**
- 9:00 – 9:15 **Opening addresses and explanation and adoption of the programme**
Maret Maripuu, Minister of Social Affairs
Jarno Habicht, Head of WHO Country Office in Estonia
- 9:15 – 9:45 **The European Environment and Health Process – assessing country performance**
Lucianne Licari, Regional Adviser, WHO Euro
- 9:45 – 11:15 **Introduction of the main results of the Environment and Health Performance and Chemical Safety Review in Estonia**
Nida Besbelli, WHO Temporary Adviser
Nathalie Röbbel, WHO Temporary Adviser
- 11:15 – 11:30 **COFFEE BREAK**
- 11:30 – 12:30 **Plenary discussion**
Facilitators:
Nida Besbelli
Lucianne Licari
Nathalie Röbbel
- 12:30 – 13:30 **LUNCH BREAK**
- 13:30 – 14:30 **Outcome of the Environment and Health Performance Review: national context, expectations and perspectives**
Heli Laarmann, Environmental Health and Chemical Safety Unit, Department of Public Health, Ministry of Social Affairs, Estonia
- 14:30 – 16:00 **Plenary discussion: What are the main EH problems in Estonia?**
Facilitators:
Nida Besbelli
Heli Laarmann
Lucianne Licari
Nathalie Röbbel

- 16:00 – 16:15 COFFEE BREAK
- 16:15 – 16:30 **Future strategies and developments in Environment and Health according to the Estonian National Health Plan 2009-2020**
Heli Laarmann
- 16:30 – 17:20 **Plenary discussion**
Facilitators:
Nida Besbelli
Heli Laarmann
Lucianne Licari
Nathalie Röbbel
- 17:20 – 17:30 **Closure of the first day**

Wednesday, 18 February 2009

- 9:15 – 9:30 **Opening of the second day and summary of the first day**
Facilitators:
Nida Besbelli
Heli Laarmann
Lucianne Licari
Nathalie Röbbel
- 9:30 – 11:00 **Setting priorities for action – Parallel Sessions**
Working groups around RPG I-IV
Facilitators:
Nida Besbelli
Agris Koppel
Heli Laarmann
Lucianne Licari
Nathalie Röbbel
- 11:00 – 11:15 COFFEE BREAK
- 11:15 – 11:45 **Reporting back from the working groups**
Presentations by Chairpersons/Rapporteurs of the working groups
- 11.45 – 13:15 **Follow-up actions: setting a national agenda – Discussion in Plenary**
Facilitator:
Heli Laarmann
- 13:15 – 13:30 **Next Steps and Closure of the meeting**