

REGIONAL OFFICE FOR Europe

First Meeting of the European Environment and Health Task Force (EHTF)

> Meeting report Bled, Slovenia 27–28 October 2011

ABSTRACT

The European Environment and Health Task Force (EHTF) held its first meeting in October 2011 in Slovenia. It reviewed and discussed developments since the Parma Conference and the proposed areas of joint action within its scope of work. These included policy, the evidence base, international commitments and emerging issues related to: energy and health, intersectoral work, sustainable development, prevention of noncommunicable diseases, inequalities, climate change, water, sanitation and asbestos.

EHTF members stressed the importance of developing a strong communication strategy, to strengthen the visibility and influence of the European environment and health process. They decided to strengthen their internal communication and collaboration, particularly as regards the development of indicators for reporting progress towards the Parma commitments to the mid-term high-level meeting in 2014 and the Sixth Ministerial Conference in 2016 and for inclusion among the targets and indicators of the new WHO European health policy framework Health 2020.

Keywords

ENVIRONMENTAL HEALTH ENVIRONMENTAL POLICY – trends CONGRESSES EUROPE

Address requests about publications of the WHO Regional Office for Europe to: Publications WHO Regional Office for Europe Scherfigsvej 8 DK-2100 Copenhagen Ø, Denmark Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (http://www.euro.who.int/pubrequest).

© World Health Organization 2012

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

Introduction
Major developments in environment and health and within the WHO Regional Office for Europe
Governance of the EHP2New topics of energy and health and noncommunicable diseases4Resources/capacity development5Drivers for action on environment and health5
Moving towards the Parma targets at national level
Water and health
Emerging environment and health issues7
Energy and health
Strengthening international partnerships for better environment and health governance in the Region and linkages with global and regional frameworks
Environment for Europe Process and Astana Conference outcomes
Breakup sessions
Supportive tools for monitoring and assessment
The way forward and closure
Annex 1 Scope and purpose
Annex 2 Programme
Annex 3 Slovenian statement to Rio+20 Compilation Document Bled, October 28, 2011
Annex 4 List of participants

Introduction

The European Environment and Health Task Force (EHTF) held its first meeting in Bled, Slovenia, on 27 and 28 October 2011. The Meeting was opened with speeches of welcome from Dr Dorijan Marusic, the Slovenian Minister of Health, and Dr Maria Neira, Director of the Protection of the Human Environment Department at WHO headquarters (see Annex 1 for the scope and purpose, Annex 2 for the programme and Annex 4 for the list of participants).

Environmental health is of great importance, particularly at this time of economic crisis, in view of the huge potential for reducing expenditure on health by preventing disease. Although 25% of disease worldwide is related to the environment, fewer than 5% of resources are allocated to prevention (Fig. 1). This dramatic imbalance needs to be corrected by greater investments in environmental health issues, which requires strong advocacy of primary prevention through disseminating and raising awareness of these data. The EHTF could take a strong role in influencing policy changes, notably in view of forthcoming international meetings such as those related to the preparations for the United Nations Conference on Sustainable Development (Rio+20) to be held in Rio de Janeiro, Brazil, in June 2012.

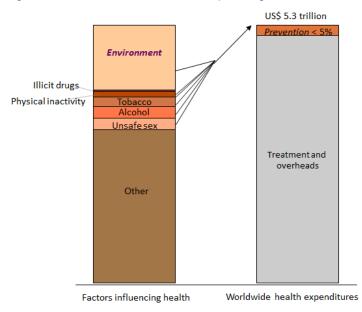


Fig. 1. Health determinants versus spending

Source: estimated from data from the Organisation for Economic Co-operation and Development, WHO and the Prevention Institute.

Dr Marusic recalled that Slovenia had actively engaged in and supported the European environment and health process (EHP) and WHO over the years. He highlighted his country's continuing commitment to the process and expressed his pleasure that Slovenia had been elected co-chairmanship of the European Environment and Health Ministerial Board (EHMB), emphasizing that "in light of the people's right to live in a healthy environment, it is clear that cooperation, exchange of experiences, the sharing of best practices, and the planning of joint actions are extremely important". In addition, the Minister outlined additional concerns relating to traffic, exercise, nutrition and chemicals, where Slovenia is attempting to make headway through the development of cycle paths, the promotion of healthy eating and the development of a chemicals safety strategy.

Dr Marusic proposed that Dr Krunoslav Capak of the Croatian National Institute of Public Health and a Member of the Standing Committee of the WHO Regional Committee for Europe should be elected as chairperson of the EHTF, and Alexander Nies, Deputy Director General of the German Ministry of Environment, Nature Protection and Nuclear Safety, as co-chairperson. No objections were received, they were duly elected and the agenda was adopted.

Major developments in environment and health and within the WHO Regional Office for Europe

Dr Matic (Coordinator for Environment and Health in the WHO Regional Office for Europe) gave a comprehensive overview of environment and health activities in the European Region. He reviewed the EHP and progress since the Fifth Ministerial Conference on Environment and Health held in Parma, Italy, in 2010, reminded participants of the five measurable targets and priorities for action decided at Parma, and described the reorganization of WHO's work in the area of the environment and health. There was a need to strengthen the general public understanding of environment and health issues and for greater cross-sectoral approaches. The role and responsibility of the EHTF and how it would operate in implementing the EHP needed to be clarified.

Dr Matic provided a synopsis of the agenda for the Meeting, setting the stage for the topics relating to the EHTF to be reviewed and discussed while conceptualizing environment and health priorities in Europe. These activities were requested by the EHMB in Paris 2011.

Members of the EHTF reflected on their first experiences of implementing the new institutional arrangements for the EHP, the outcomes of the first EHMB meeting, the draft rules of procedure for the EHTF and other issues relevant to the governance of the EHP.

Governance of the EHP

An institutional framework for the EHP for 2010–2016 formed part of the Parma Declaration on Environment and Health, adopted by participants in the Parma Conference. In addition to national environment and health mechanisms, the framework included a task force and a ministerial board, both serviced by a secretariat located at the WHO Regional Office for Europe. The EHMB held its first session in Paris on 4 and 5 May 2011. The EHTF was constituted through that meeting, and its chairperson and co-chairperson are, therefore, *ex officio* members of the EHMB.

In the Parma Declaration, Member States committed themselves to tackling a number of persisting or emerging environment and health problems. In order to match the need to support national action with the need to concentrate resources where they could provide the greatest added value, the secretariat had identified a number of possible priorities that had been accepted by the EHMB and that were reflected at this first meeting of the EHTF:

- to develop further the institutional framework and monitoring infrastructure (establishment of the EHTF and of mechanisms for involving young people and other stakeholders, and further development of the Environment and Health Information System ENHIS);
- to design tools and approaches to assess the positive links between attainment of environment and health objectives and development of the "green economy";
- to strengthen national capacities and develop tools for health and environment ministries to engage in national policy debates on energy, with full consideration of the implications of different policy options; and
- to leverage the links between the European EHP and other multilateral mechanisms for governing the environment and health.

The EHTF discussed several topics related to the governance of the EHP and implementation of the Parma commitment, in particular:

- the need for a common vision and unifying reference structure to support implementation;
- the importance of high productivity in the EHP;
- support for implementation at regional and national levels with clear national structures;
- the need to link the EHP to the sustainable development agenda;
- the importance of further developing intersectoral approaches that support the inclusion of environment and health in all governmental policies;
- the call for support in prioritization of activities;
- the identification and dissemination of good practices in different countries to serve as reference for national action.

The secretariat had prepared draft rules of procedure for the EHTF. Written comments on this draft had been received from two Member States prior to the Meeting and additional comments were received during the first session and compiled by the secretariat. In line with discussions, and taking into consideration comments and suggestions by a few Member States, a revised version was tabled the following day. Additional comments were then received from the floor. The final draft would be made available by the secretariat for online consultation.

The emphasis needed to be on implementation, which had both short- and medium-term timelines and objectives. This process and the formulation of the targets and commitments responded to Member States' needs to retain the necessary flexibility to adapt to national conditions in their definition of national targets and priorities for implementation. The EHTF could support the development of the agenda at the international level with a strong emphasis on implementation. It could also brainstorm and achieve consensus on concrete outcomes to increase ownership of the agenda, identify answers and solutions to issues, and contribute to the identification of new and innovative ways of advancing on issues.

Communication between the secretariat and the focal points needed to be stronger, particularly in relation to information about technical meetings and consultations. This was seen as important to ensure the greater engagement of focal persons and stronger ownership of the agenda by Member States.

A call for greater utilization of the high political profile of the EHMB and of the media in increasing the visibility of the EHP was well received by the EHTF, with the understanding that this would also have the potential to exert influence in the international arena.

Dr Matic clarified the complexities of the process leading to the appointment of the national focal points, which was concluded only shortly before the Meeting. He confirmed the commitment of the secretariat to ensure an effective flow of communication and invited Member States to support the secretariat in this task. The secretariat agreed to develop a strategy for the general public and the media to support and strengthen communication. In agreement with the EHTF, this would include: the provision of advisory and press releases on the content and outcomes of EHP meetings, dissemination of material on the work of the EHP, and provision of materials to countries prior to meetings/events to allow time for translation and presentation in the national media. The secretariat supported the suggestion by the EHTF that the role of the EHMB as an ambassador for the EHP should be emphasized. The EHTF supported the suggestion that EHMB members participating in international events should promote the EHP. In addition, the secretariat recognized and agreed to address problems to do with internal communication with focal persons, particularly in relation to sending out information about technical meetings and expert consultations in good time.

New topics of energy and health and noncommunicable diseases

An introductory presentation was made by Professor Wilfried Kreisel, co-editor of the WHO publication on energy and health that has been under preparation since the Fourth Ministerial Conference on Environment and Health in 2004 (to be finalized in 2012).

Several speakers emphasized the need to focus on the current Parma commitments and not to expand into additional areas, as the addition of more topics might hamper progress with and implementation of an already challenging agenda. Several focal persons agreed that the new topics were relevant but that it might be prudent to address them at a later stage. It was emphasized that the breadth of the Parma commitments would benefit from the identification of an overarching reference framework, which should provide a strategic and unifying vision for the issues to be addressed, thereby facilitating coherent implementation and overcoming the risk of piecemeal approaches. In addition, it was questioned whether WHO and the EHTF should be taking a role in energy and health and, if so, what this role should be.

Dr Matic acknowledged the concern that expanding the agenda could increase the challenges posed by implementation. The themes of energy and health and noncommunicable diseases are already included in the Parma agenda, and Member States are addressing these topics irrespective of the EHP. It could, therefore, be of strategic importance for the EHP to be involved, given the important and long-term health implications of decisions taken in policy domains such as energy. Dr Matic stressed the importance of supporting Member States by ensuring that the latest knowledge of health impacts is available to support discussions at national level in other sectors.

The outcome of this discussion was a decision to prepare an overarching reference framework presenting the evidence, which should provide a strategic and unifying vision for the issues that may need to be addressed by the EHP.

Resources/capacity development

Concerns were expressed over the need to ensure an effective use of resources to provide correct information and develop skills, a knowledge base and monitoring capacities in countries on specific technical areas such as intoxication from chemicals, poison control services and indoor air pollution, and on how to include changing demographic profiles in long-term planning. Two requests were made for specific technical support.

Drivers for action on environment and health

The EHTF presented several suggestions on existing mechanisms and opportunities to promote the health and environment agenda. These could be used to strengthen the implementation of and commitment to the EHP. They included:

- health arguments that could be used to support environmental policy developments (for example, as regards air pollution);
- evidence-based health arguments, particularly those relating to links between the environment and cancer, diabetes, obesity, etc., and the risk for reduced life expectancy that could be used to motivate politicians to support action;
- economic considerations and the long-term savings of primary prevention, which should be understood as an investment in the future and in well-being, and the strengthening of effective advocacy on this point;
- the use of the EHP as a tool for revitalizing environment and health issues where progress has slowed down, such as the question of indoor air pollution.

There is a need both to plan for the future and for understanding that an investment today shows results in future. The benefits provided by the EHP are clear, but it is necessary to advocate awareness of these benefits to all audiences, and in particular to highlight how investing in the EHP will result in increased longevity, make better use of natural resources, and bring about economic profits and greater health and well-being.

Knowledge is the basis for development. The sustainable development agenda is being driven by economic measures, which have their limitations. A stronger public health message should be attached to the agenda.

Moving towards the Parma targets at national level

The EHTF members addressed in their discussions "wicked problems" – issues deserving particular attention due to their persistence and the need to address them through changes in approach and political support.¹

¹ "Wicked problems" are usually those beyond the capacity of any one organization to understand or respond to. There is often disagreement about the causes of these problems and a lack of certainty about the best way to tackle them. They are also often characterized by chronic policy failure. A good example is the failure of successive governments in many countries to reduce health inequalities, despite political commitment and numerous efforts to do so (see *Strengthening public health capacities and services in Europe: a framework for action.* Copenhagen, WHO Regional Office for Europe, 2011 (EUR/RC61/10 + EUR/RC61/Conf.Doc./3) (http://www.euro.who.int /___data/ assets/pdf_file/0008/147914/wd10E_StrengtheningPublicHealth_111348.pdf, accessed 26 January 2012)).

Water and health

Mr Aertgeerts (secretariat) presented the challenges and opportunities in the area of water and sanitation, highlighting the possible role for the EHTF and the importance of being actionoriented and of making full use of existing tools and international instruments such as the Protocol on Water and Health, the Mediterranean Action Plan (MED POL), the Barcelona Convention, the Global Analysis and Assessment of Sanitation and Drinking-Water (GLAAS) and the WHO/United Nations Children's Organization Joint Monitoring Processes (JMP). There are many highly effective interventions that would, if implemented, have a major impact in addressing the heavy burden of disease still caused by inadequate access to water and sanitation. There were significant health benefits, particularly for children, of direct health interventions, with a focus on vaccine-preventable and neglected diseases. Targeted interventions for ensuring the basic human right to water and sanitation are needed.

Mr Aertgeerts suggested the creation of a sustainable *ad hoc* working group as the way forward to:

- support financially the work of the WHO monitoring programmes, particularly JMP, GLAAS and ENHIS;
- act as a link between the needs resulting from the Parma Declaration and other networks to which donors are already committed, such as those dealing with vaccine-preventable and neglected diseases (for example, the Global Alliance on Vaccine and Immunization);
- support ongoing efforts for vulnerable populations and small-scale supplies, notably by ensuring the distribution, use and translation of guidance materials.

The EHTF might wish to be engaged in monitoring access to water, as data are needed to establish goals, ratify the Protocol on Water and Health and follow up the available networks where there may also be the possibility of assistance with funding.

The Meeting supported:

- the need for quantity as well as quality of water;
- the role of good hygiene which, through primary prevention, would have a greater impact on health than vaccination and treatment programmes;
- completion of the ratification of the Protocol on Water and Health and its ability to support Member States to achieve clean water;
- the importance of ensuring greater integration of young people in projects related to improving access to water and sanitation.

Elimination of asbestos-related diseases in Europe

Professor Jorma Rantanen and Dr Rokho Kim (secretariat) presented an overview of asbestosrelated diseases, including evidence of the effects of asbestos on health, existing policy frameworks to address asbestos, and policy approaches from countries in replacing asbestos, remediating contamination and reducing the exposure of workers as well as of the public to asbestos. Approximately 20 Member States in the central and eastern part of the European Region had not banned asbestos. The discussion highlighted the need to develop capacity, particularly in: (i) diagnosing and reporting on mesothelioma, improving the assessment of the burden of asbestos-related diseases in Member States and the available evidence base, and promoting the roles of workers and consumers in pushing the agenda to ban asbestos; and (ii) continuous education in and promotion of the subject with the establishment of a contextual national programme in each country that would encourage prompt action rather than planning only on paper.

The Meeting suggested that measures should be taken to prevent any undue influence of the asbestos industries on national and international policy-making aiming at stopping exposure to asbestos, to support manufacturers of asbestos-containing materials in moving to substitutes, and to share experiences of asbestos remediation actions between the Member States.

Emerging environment and health issues

Energy and health

The health dimension needed to be taken into account in the continuing debates on energy policies in Europe. While the relationship between energy and health had long been a topic for consideration by WHO and in the EHP, the recent Fukushima nuclear catastrophe in Japan triggered by a devastating earthquake and ensuing tsunami had prompted a number of countries to revisit their long-term energy strategies.

Professor Kreisel presented the draft outline of the WHO publication on energy and health which analyses the impacts of different energy chains on health and identifies the strategies, policies and action in key economic sectors that are needed to maximize the health benefits for current and future generations. These policies are driven by two major global, regional and national goals: (i) the need for reliable, continuous and secure energy supplies in the household sector to ensure the provision of network energy for heating, cooling and cooking for European citizens, and (ii) the need to meet the targets for greenhouse gas emissions so as to ensure a limit of global warming of 2 °C above pre-industrial levels.

Professor Kreisel posed several questions to the EHTF, including on the approach and consultation process for the finalization of the document, and the development and support needs at European and national levels with regard to this important issue. He identified the main areas for follow-up, as well as strategies to meet health and environment goals in support of ministries of health and environment in relation to national energy policy debates, taking into account the health implications of different policy options.

Speakers highlighted areas that would require further reflection, particularly those relative to influencing policy, together with the need for an evidence base, tools and clarification of the role of ministries of health in influencing these policies. The need for a strategy and/or a unifying framework to approach this area was suggested, together with the development of a specific working group to identify the scope for this area. The use of current initiatives, such as energy security and efficiency in schools and the European road map for energy for 2050, was proposed for consideration and review so as to identify areas on which the EHTF could focus. Some EHTF members were concerned about the methodological mechanisms applied and a perceived generalization of results, particularly related to the need for consideration of energy use together with production-based analysis. More specifically, and related to the presentation, it was

emphasized that diverse natural and climatic conditions had to be taken into account, together with other variables, when comparing indicators among countries in the European Region and evaluating their performance.

The EHTF agreed that this was an important area and that its position within the broader scope of the Parma commitments and within activities already in place in relation to climate change needed to be explored further and utilized if possible.

A large body of evidence has been compiled since the Fourth Ministerial Conference on Environment and Health in Budapest in 2004, which needs to be completed and updated to complete the evidence review. This topic comes under Commitment Number 7 in the Declaration and is addressed under the first objective of the Regional Framework for Action on Climate Change. Additionally, specific key areas such as preparations for accidents and emergencies and the prevention of noncommunicable diseases would also be addressed within this topic. The review process and consultation should be rigorous so as to ensure that the evidence base of the document was right and that the report should provide a basis for national policy support.

The secretariat acknowledged the concerns of the Member States both in regard to the position of energy and health as a "new topic" and in regard to concerns relating to lack of strategy and tools. The topic had already been addressed at the Fourth Ministerial Conference on Environment and Health in Budapest in 2004 but had not progressed sufficiently, and it was felt important to raise this issue within the EHTF due to its political momentum, as well as to provide the EHTF with the opportunity of considering whether and to what extent members wished to be engaged with it.

The secretariat suggested that the EHTF should make recommendations on how the work could be developed and provide feedback on whether it should engage in a policy action (dialogue). The work ahead should consist of two distinct and separate steps. The first would address the need for data collection, analysis and a review process to ensure a solid scientific basis to support national debates on energy policies. The second would consist of deciding whether the EHP should be engaged in a policy action on this topic.

The EHTF agreed to complete the review of the evidence of energy and health as a means to provide evidence-based background in support of national policy debates. The draft WHO document on energy and health would be further developed through a broad consultation and expert review process.

Environmental determinants of noncommunicable diseases

Ms Racioppi (WHO European Centre for Environment and Health) highlighted the strong link between the Parma agenda and the prevention of noncommunicable diseases, as well as recent developments at regional and global levels which made an explicit link to the Parma Declaration and could provide a good unifying framework for the advocacy of multisectoral action on the environment and health. More specifically, Ms Racioppi elaborated on the following topics.

• The link between the environment and noncommunicable diseases is part of the Parma mandate as the Declaration made an explicit commitment for the European work on environment and health to address the burden of such diseases, in particular the extent to which that burden can be reduced through adequate policies in areas such as urban

development, transport, food safety and nutrition, and the living and working environments.

- Two major developments had taken place at global and regional levels highlighting the role of addressing environmental determinants.
 - Regionally, the WHO Regional Committee in September 2011 adopted the Action Plan for Implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2020. This also refers to the Parma Declaration and to the environment as a major determinant for noncommunicable diseases, and identifies some practical actions that Member States may wish to undertake to prevent noncommunicable diseases, such as promoting active mobility and promoting health in settings of daily life, particularly at the workplace and in schools.
 - Globally, the United Nations General Assembly adopted the Political Declaration of the High Level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases. This explicitly refers to the Parma Declaration and recognizes that effective noncommunicable disease prevention and control require leadership and multisectoral approaches for health at the government level, including, as appropriate, health in all policies and whole-of-government approaches across such sectors as health, education, energy, agriculture, sports, transport, communication, urban planning, environment, labour, employment, industry and trade, finance and social and economic development.
- There is growing evidence that measures for adaptation to and mitigation of climate change, particularly those which could result in a reduction of emissions of outdoor/ indoor air pollutants together with changes to urban design and transport patterns in favour of active mobility and public transport, can deliver reductions in cardiovascular and respiratory diseases, as well as cancer and diabetes, which are the priority conditions targeted by international action on noncommunicable diseases.
- The political momentum around noncommunicable diseases can provide a powerful advocacy argument to support much of the implementation of the Parma agenda, particularly with respect to intersectoral approaches and work in reducing air pollution, promoting healthy environmental settings for workers and children and supportive environments for physical activity, and addressing issues related to climate change. This can be a politically attractive, comprehensive and strategically aligned way of addressing a broad range of Parma-related issues, particularly in the work of the health sector.
- The EHTF may wish: (i) to provide feedback on national experiences in intercepting the noncommunicable diseases agenda to support the implementation of the Parma agenda and advocate stronger action for primary prevention of such diseases, and (ii) to suggest to the secretariat how to support national efforts and more effectively advocate the importance of addressing the environmental determinants of noncommunicable diseases in the international arena.

The discussion highlighted the importance of water and hygiene in the prevention of noncommunicable diseases, with reference to the theory that those born with cleaner water and having had less diarrhoea are less vulnerable to coronary heart diseases, and that stomach cancer related to *Helicobacter pylori* is also related to a lack of hygiene.

There is need for a greater focus on chemicals and noncommunicable diseases. The EHTF was informed about supportive initiatives, such as a letter to the United Nations General Assembly Special Session on noncommunicable diseases in 2011 from more than 100 scientists and nongovernmental organizations supporting the role of environmental protection in the prevention of noncommunicable diseases and the request of the European Parliament for factors in the environment (such as tobacco, alcohol, diet and physical activity) to be considered risk factors for noncommunicable diseases.

The discussion also highlighted the need to present the benefits as well as the negative impacts of the environment, such as those provided by green spaces and other uses of the environment for recreational purposes (for example, "green" and "blue" gym) which promote both physical activity and mental well-being.

Environmental health and inequalities

WHO has developed a comprehensive assessment of environment and health inequalities in Europe in line with the Parma commitment which highlights the need to focus on vulnerable populations and inequalities in health. Ms Zurlyte (Lithuania) provided a country perspective on the assessment process. Greece objected to data presented portraying Greece as one of the countries not performing well in gender equity.

The secretariat confirmed its commitment to addressing health inequalities and vulnerable populations and announced that the assessment report will be published early in 2012. Following that, action could be taken on more detailed national environment and health inequality assessments, case study collections and intervention reviews, or policy-related work on national intersectoral collaboration to reduce such inequalities. The EHTF could provide guidance on further steps that could be undertaken by the secretariat as a follow-up to the completion of the review of available evidence on inequalities in environment and health to support policy action at the national level.

Strengthening international partnerships for better environment and health governance in the Region and linkages with global and regional frameworks

The session aimed to review linkages and synergies between the EHP and the main relevant global and regional processes and frameworks. Representatives of the United Nations Economic Council for Europe (UNECE), the United Nations Environment Programme (UNEP) and the European Environment Agency (EEA) presented the following short introductory statements to stimulate discussion.

Environment for Europe Process and Astana Conference outcomes

Ms Nino Sharashidze (UNECE) spoke about the Seventh "Environment for Europe" Ministerial Conference, held from 21 to 23 September in Astana, Kazakhstan. The Conference had: gathered 44 UNECE countries; discussed sustainable management of water resources and greening the economy as its main themes; provided the venue for launching two reports on *Europe's*

environment - an assessment of assessments and the Second assessment of transboundary rivers, lakes and groundwaters; and decided to establish a regular system of shared environmental information system across the UNECE region. In addition, the Pan-European Programme secretariat organized a side event and launched a brochure on green jobs in the transport sector.

Ms Sharashidze also described progress in achieving the Parma commitments through multilateral environmental agreements, in particular through the UNECE/WHO Regional Office for Europe Protocol on Water and Health and Protocol on Strategic Environmental Assessment. The latter entered into force in July 2010 and now has 23 Parties. Its governing body met for the first time in June 2011, when it adopted a workplan that foresees the involvement of WHO experts in a number of activities, from the development of guidance materials to the preparation of a format for national reporting on its implementation.

Sustainable development and health (Rio+20 process)

Mr Wondwosen Asnake (UNEP) described the preparatory steps for the Rio+20 summit and the involvement of young people in the process. Global developments in preparation for Rio+20 are focusing on two major issues: the institutional framework for sustainable development and the green economy in the context of sustainable development and eradication of poverty.

The objective of the conference is to secure renewed political commitment for sustainable development, assess progress to date and the remaining gaps in the implementation of the outcomes of the major summits on sustainable development, and address new and emerging challenges. In that context the two themes that have been identified for the conference have a lot to do with and contribute to the environment and health linkages being discussed under the European EHP.

Several consultations have been and are continuing to take place on ways and means to fix the fragmented and incoherent systems of governance that are not delivering on sustainable development goals, agreements, commitments and obligations. It was hoped that this process would lead to a strengthening of the system of governance to deliver on sustainable development goals and commitments.

There is also considerable debate and discussion relating to the green economy. It is self-evident that the current development paradigm has become unsustainable, is largely dependent on overconsumption of scarce resources, generates a lot of waste and pollution and continues to increase and create disparities and inequalities in society. This needs to be corrected and stakeholders are working hard and calling for concrete steps to address the gross misallocation of resources. An economic model is needed that contributes to human well-being and respects the availability of resources on the planet and environmental limits. The green economy is a vehicle for delivering sustainable development goals, including the eradication of poverty.

Mr Asnake reminded the Meeting that the deadline for submission of inputs from all stakeholders to serve as a basis for the preparation of the first "zero" draft of the outcome document was 1 November 2011, and urged stakeholders to submit inputs.

In the context of other regional processes, Mr Asnake mentioned UNEP's involvement and support for the Second Interministerial Conference on Health and Environment in Africa in 2010. The process is picking up speed and, considering the special role played by Europe in

phasing out substances and setting regional/global policies, the lessons learnt and experience gained through the EHP are benefiting other regions also. One such area is the work done by the Regional Office on asbestos; since asbestos is extensively used in Africa, the existing knowledge of phasing it out, introducing alternatives and/or remedying the way it is used would be beneficial to other regions.

Mr Asnake reported on the successful outcome of the 10th meeting of the Parties to the Convention on Control of Transboundary Movements of Hazardous Wastes, held from 17 to 21 October 2011 in Cartagena, Colombia.

Two new publications have appeared which are linked to support the involvement of young people in environment sustainability issues.

- A special supplement of the UNEP *Tunza* magazine on health and environment, entitled *Healthy people in a healthy environment*, highlights the right of every child to enjoyment of the highest attainable standard of health, and the inextricable link between human health and the health of the environment.
- A joint UNEP/United Nations Educational, Scientific and Cultural Organization YouthXchange guidebook on climate change provides the scientific, political, economic, social and cultural perspectives of climate change while looking at the causes and effects of climate change and the impact on, and response from, humans. The publication contains practical tips, suggested activities, case studies, best practices and web links for further information, and helps young people to develop the critical skills they need to address the challenges of climate change through their personal everyday choices and behaviour.

Last but not least, Mr Asnake commended WHO for its efforts to engage young people through the EHP, and echoed the youth delegates' enthusiasm to be part of it. He challenged the youth delegates to come up with concrete projects that they could work on in their schools, universities or communities. UNEP was ready to partner young people and to support and share its experience and ongoing work with them.

Dr Bettina Menne (WHO European Centre for Environment and Health) presented the work of WHO in the context of the preparations of Rio+20, highlighting the health dimension in the shift to the green economy, in particular:

- the relationship between health and sustainable development;
- the potential win-win of a green economy with a focus on human health and well-being, namely through healthy consumption and health-focused activities in other sectors such as active transport, renewable energy, green spaces and sustainable health care;
- the transformational process required through a health sector governance and health in all policies approach; these developments are reflected in a forthcoming United Nations interagency report *From transition to transformation: sustainable and inclusive development in Europe and central Asia.*

The Meeting agreed that the following activities and initiatives would be key to progress:

• encouragement for ratification of the Protocols on Water and Health and on Strategic Environment Assessment;

- a further look at the institutional framework for social development (Rio+20) and identification of achievements towards the relevant goals;
- an emphasis on quality rather than quantity of growth in the green economy, since the current development paradigm is unsustainable, with a focus on its social development and benefits;
- an increase in access to information and highlighting of the Aarhus Convention;
- establishment of health as a new fourth pillar of sustainable development, with advocacy by WHO in the United Nations and relevant international arenas;
- advocacy by Member States for health objectives with their ministries of environment, finance, foreign affairs, etc.

It was decided that the EHTF should be informed about all the developments and when input would be required, as well as whether a submission from this Meeting could be produced by 1 November, 2011.

Breakup sessions

The Meeting divided into three breakup sessions to discuss: (i) supportive tools for monitoring and assessment, (ii) governance, involving all stakeholders and other sectors, and (iii) implementation of the European Regional Framework for Action on Climate Change and Health. Feedback from the sessions included summaries of their outcomes and recommendations for endorsement by the EHTF.

Supportive tools for monitoring and assessment

Two presentations were made by the Regional Office: (i) Information and Intelligence on Environment and Health, and (ii) Supportive Tools for Monitoring and Assessment.

WHO presented the outcomes of the 2010 and 2011 technical expert consultations on monitoring the Parma commitments, as well as the proposed list of new indicators which are suggested for use in reporting back to the high-level mid-term meeting in 2014 and to the Sixth Ministerial Conference in 2016. These indicators should also be included in the list of targets and indicators for the new European health policy framework, Health 2020.

Key points from the session included the following.

- More consultations would be needed prior to endorsement of the final set of indicators for monitoring the implementation of the Parma commitments, which had been prepared by technical experts of the Member States, including consultations related to:
 - the use of indicators as tools for implementation and reporting progress;
 - connection to national environment and health strategies and action plans;
 - the use of a multisectoral approach and cooperation with civil society, especially with youth organizations;
 - a time-line for implementation related to Member States' budget allocations;

- broad versus specific indicators, with presentation of wide-ranging wishes and generally reflecting the Eur-A, -B and -C zones.
- There should be more consultation on the proposed indicators and procedures at national level, bearing in mind that:
 - the choice of indicators implicitly defines the priorities of the Parma Declaration to be followed in national environment and health action;
 - the development and implementation of the indicators are useful for national policies and selection of indicators on the national level;
 - there is a need to create conditions for new data generation based on harmonized methodology and financial support from, for example, the Regional Office, the European Union Directorate-General for Health and Consumers and national resources, and through bilateral cooperation and twinning;
 - it is important that national focal points should be involved in content and procedure;
 - there is a need to prepare an open forum (such as a WHO website) for expert consultation on supportive tools for monitoring and assessing the Parma commitments.
- Discussion of monitoring versus supporting implementation threw up the view that there was an imbalance between efforts to monitor the Parma commitments and work on implementing them, and that WHO should focus more of its efforts on implementation. Alternatively, since both monitoring and implementation are needed, they should be more closely linked. Member States have an obligation to ensure that the Parma commitments are implemented. Monitoring is necessary so as to find out where strengthening is required.

Since discussion of several of the above points during the preparatory meetings had indicated that some of the indicators would not be feasible for all countries, it was suggested that individual Member States should select and implement those of the proposed indicators that would be most useful for national policy-making.

Initiatives and suggestions proposed during the interventions included: an offer from Denmark of two experts to give advice on biomonitoring of mercury (although Denmark also proposed consideration of biomonitoring of substances that are not yet regulated); the development of pilot projects with subsequent full-scale implementation, taking into account lessons learned; the adoption by the Slovenian Government of a policy for environment and health for children which will see the goals and actions supported by the indicators; and the need for greater consideration of inter-policy interaction.

It was agreed to defer a decision on adoption of the indicators and that a specific meeting to discuss the proposed indicators needs to be arranged.

Governance, involving all stakeholders and other sectors

The session discussed the role of young people in the EHP and took note of the conclusions of the pre-meeting held by youth representatives on 26 October in Bled. In particular, the discussion focused on the positive active role that can be played by young people in national processes, with analyses of positive examples from Austria, Romania and Slovenia where young people are already actively involved in their national EHPs. It also touched on the main challenges in terms of capacities to engage effectively in policy debates at national and international level, including a lack of resources to facilitate the engagement of young people, as well as cultural barriers. Finally, the possible way forward at national and international levels was considered.

At national level:

- collaboration between national focal points and young people and commitment to the inclusion of young people should be encouraged;
- the responsibilities of young people in national processes should be agreed and clarified (for example, in awareness-raising);
- capacity-building on technical and political and institutional processes to increase the contribution of young people to the EHP should be provided;
- "youth-friendly language" should be developed to facilitate the engagement of young people in different topics;
- consultation and coordination among youth organizations should be facilitated at national level.

At the international level, the Environment and Health Youth Network could play a useful supportive and coordinating role, thereby empowering young people in their actions at national level. In particular, the Network could get engaged in the development of tools to support young people in national processes, including networking (meetings and social networks), capacity-building (workshops, training packages), coordination (database of youth projects and activities) and good practices (case studies of successful examples of involvement of young people).

Participants were very supportive of the current youth involvement in the EHP and expressed a wish for greater engagement with young people in the process. The youth representatives raised a concern over the complexity of the documentation not just for young people, but for everyone, which the secretariat will take into consideration. The engagement of young people in the EHP is a low-cost input for a future high outcome for Member States.

Implementation of the European Regional Framework for Action on Climate Change and Health

The session aimed to review progress towards the implementation of the European Framework for Action endorsed in Parma, developments since March 2010 and the challenges for further implementation. Discussion focused on:

- activities implemented since the Parma Conference in regard to the Parma Implementation Group on Climate Change, and the future of the climate change and health task force within the renewed commitment;
- a questionnaire for country profiles;
- communication and awareness-raising;
- further networking and required developments;
- technical needs.

The following suggestions were made for presentation to the plenary meeting.

The Parma Implementation Working Group on Climate Change and Health:

- should continue the work of the climate change and health task force, but reinvigorated;
- should run under the environment and health focal points; invitations should be sent for the first meeting, proposed for 4–6 June 2012 in Bonn, Germany, to be convened by the EHMB;
- requires stronger leadership, particularly with regard to topics specified in the Sixty-First World Health Assembly and the six commitments to act specified in the Parma Declaration;
- should be guided in implementation of the six Parma commitments to act by the details in the European Regional Framework for Action;
- should work in as carbon-neutral a way as possible and all information to the Group should be copied to all members of the EHTF.

Several countries described difficulties they were having in implementing the topic, because of its complex and intersectoral nature.

It was suggested that a modified *questionnaire* should be sent out, with the aim of producing information about implementation and identifying barriers, as well as refining the country profiles and acting as an information resource.² With the help of the Working Group, the questionnaire will be revised so that its content follows the six key points of the Parma Commitment to Act. The modified questionnaire should also be translated into Russian for distribution in December 2011/January 2012.

Once again, several countries have had difficulties as the questionnaire needs to be shared with all government departments to be properly filled in.

Communication and awareness-raising in relation to climate change identifies the need for immediate action through the use of recognized bodies and events (such as the United Nations Framework Convention on Climate Change and Rio+20), nongovernmental organizations and youth and social networking sites. The European Environment Agency, WHO, the EU and others should produce information about progress on setting up a clearing-house or information platform and flag up important initiatives to the EHTF/WHO. It is also important to make information available on links between the overall initiatives and ongoing projects such as the European Union's Climate-TRAP project.³

It is important that all members of the Working Group and the EHTF were informed about the development of WHO's contribution to the information platform and its content, and that the prototype of the EU/EA clearing-house should be presented once it is available.

The youth network proposed that more innovative communication tools, such as Twitter and Facebook, should be used and networking with students and university networks extended.

² Climate change country work [web site]. Copenhagen, WHO Regional Office for Europe, 2012 (http://www.euro. who.int/en/what-we-do/health-topics/environment-and-health/Climate-change/country-work/, accessed 31 January 2012).

³ Climate-TRAP [web site]. Brussels, European Union, 2012 (www.climatetrap.eu, accessed 31 January 2012).

The nongovernmental organizations highlighted developments related to the United Nations Climate Change Conference in 2011 in Durban, and the development of a summit on climate change and health. They emphasized a stronger need for WHO outreach and communication on the six action points of the commitment to act.

Finally, countries' *technical needs* were discussed and technical support requested from WHO and other partners in relation to:

- tools to guide vulnerability and adaptation assessments;
- simple information on climate change and health;
- health adaptation tools and how to incorporate health in multisectoral adaptation plans;
- an economic damage and adaptation costs tool;
- training material for environment and health professionals.

The way forward and closure

The Slovenian representatives brought to the attention of the EHTF a draft statement that they were considering for submission as a contribution from the Slovenian Government to the Zero Draft of the Outcome Document for the Rio+20, open for online public consultation (Annex 3).

The EHTF agreed that the proposed Slovenian statement would be an excellent opportunity to get health on to the Rio+20 agenda. They also agreed to discuss the possibilities for their governments to respond positively to the Slovenian invitation to associate themselves with the statement, which was to be submitted by 31 October 2011.

The secretariat summed up the Meeting and its recommendations, decisions and next steps which are reflected in this document. Alexander Nies presented the co-chairperson's conclusions and considerations of aspects where the roles of the secretariat and EHTF members needed to be further clarified. Specific proposals for action, which were welcomed in general by the EHTF although not debated in detail or formally adopted because of time constraints, included:

- Distribution through the national focal points of all information relevant to the Environment and Health field by the Secretariat;
- Development of short and focussed policy oriented papers to facilitate dissemination and uptake into national policy debated of complex technical reports and research results by the Secretariat;
- Development, by the end of the year, of a joint proposal of the Chair, Co-chair and Secretariat for the plan of work between consecutive sessions of the Task Force;
- Drafting, by the end of the year, of two short papers with a clear and practical description of the specific and complementary tasks/functions/roles of EEHMB and EEHTF by the Secretariat;
- Support to the establishment of a Youth network, the appointment of youth representatives in all countries, their "meaningful involvement" in the process at national and international level and their participation as observers in the EEHMB;

- Development of a report on MSs progress in the implementation of a youth network for the next EEHMB meeting;
- Maintenance of a proper balance between Parma implementation and addressing emerging and new issues (e.g. Energy and Health); secretariat proposal to inform next EFTH meeting, including relative secretariat resource assignment;
- Request to the EEHMB to provide guidelines for intersectorial work on the national level
- Development of a communication strategy by the secretariat by the end of March 2012

A call was made to Member States from the secretariat for financial support of the EHP and its secretariat, as well as for hosting the EHMB and EHTF meetings in 2012.

Annex 1

SCOPE AND PURPOSE

The Fifth Ministerial Conference on Environment and Health held in Parma, Italy, in 2010 decided to create the EHTF, which is the leading international body for implementation and monitoring the EHP. The EHTF will:

- provide a forum for exchange of technical experience and knowledge through discussion and exchange of good practice;
- regularly review scientific evidence with the support of WHO, UNECE, UNEP and other relevant institutions in order to encourage Member States to update, modify or strengthen existing policies, as appropriate;
- facilitate collaboration among relevant sectors, partners and stakeholders, including intergovernmental and nongovernmental organizations, trade unions, the business community, young people, technical agencies and international financial institutions;
- promote specific initiatives on emerging issues;
- establish *ad hoc* working groups, task forces and other bodies, as necessary, on a temporary basis to address specific needs and issues;
- collaborate closely with the EHMB.

The first meeting of the EHTF will gather leading officials from the national implementation mechanisms and structures of the Member States in the WHO European Region, nominated at national level as focal points for the EHP, as well as representatives of international organizations participating in the EHP. Following the election of two co-chairpersons, the meeting will discuss the relevant aspects of European environment and health governance and will discuss and endorse specific action following up the Parma Conference commitments.

The specific objectives of the meeting are:

- 1. to discuss relevant aspects of European environment and health governance, including:
 - a. reaching an agreement on the scope and operationalization of the work of the EHTF;
 - b. reviewing developments since the Parma Conference;
 - c. sharing experiences on intersectoral coordination and collaboration at national level;
 - d. reviewing and making recommendations on linkages and synergies between the EHP and relevant international processes, such as Environment for Europe and multilateral environmental agreements relevant to health;
 - e. involving stakeholders, such as nongovernmental organizations, young people, the private sector and academia, who are important partners for the EHP;
- 2. to discuss and endorse specific action following up the Parma Conference commitments, including:

- a. setting priorities, a framework and tools for monitoring progress in the implementation of the Parma commitments;
- b. considering emerging and new issues relevant and amenable to support through the EHP (such as energy and health, the environment, and noncommunicable diseases;
- c. amplifying the impact of the Parma follow-up by linking visibly to other regional (the Environment for Europe Conference in Astana, the WHO European Region Health 2020 policy and so on) and global processes (including Rio+20 and the Millennium Development Goals);
- d. addressing "wicked problems" in environment and health in Europe, such as the elimination of asbestos-related diseases.

Annex 2

PROGRAMME

THURSDAY, 27 OCTOBER 2011

Registration

Opening and welcome, election of the EHTF chairperson and co-chairperson, adoption of the agenda

A year and half from the Parma Conference: major developments in environment and health and within the WHO Regional Office for Europe

Session I	Coming back together: implementing the renewed EHP
Session II	Moving towards the Parma targets at the national level. Selected topics: water and health, elimination of asbestos-related diseases, and monitoring of environment and health in Europe
Session III	Emerging environment and health issues
Breakup session A Breakup session B Breakup session C	Supportive tools for monitoring and assessment Governance – involving all stakeholders and other sectors Implementation of the European Regional Framework for Action on Climate Change and Health

FRIDAY 28 OCTOBER 2011

Session IV	Strengthening international partnerships for better EH governance in the Region and linkages with global and regional frameworks
Session V	Reports from the breakup sessions
Session VI	The way forward and closure

First Meeting of the European Environment and Health Task Force page 22

Annex 3

SLOVENIAN STATEMENT TO RIO+20 COMPILATION DOCUMENT BLED, OCTOBER 28, 2011

Inspired by the 1^{st} Meeting of the European Environment and Health Task Force, held in Bled, Slovenia from 27-28 October 2011, where the implementation of the Parma Declaration has been discussed, by reviewing and making recommendations on linkage and synergies between the European Environmental Health Process and relevant international processes, Slovenia proposes statement to the Rio + 20 Compilation Document.

- 1. Development, health and environment are closely related. What is good for health is good for environment and what is good for environment is in many cases good for health. Health supporting environment is essential for sustainable development. Health should be understood in a broader sense as a state of complete physical, mental, and social well-being and not merely the absence of disease and infirmity (WHO definition), and spiritual state, including human dignity, should be taken into account.
- 2. Since Rio 1992 sustainable development has three pillars: economy, environment and social wellbeing. We recommend to put health as a fourth separate pillar of sustainable development.
- 3. Investing in the environment and humans as part of the nature will result in good health of people.
- 4. Previous economic crises have been solved at the expense of environmental resources. However, we have approached a limit where further exploitation of the planetary resources may destroy the planet. We believe a change in paradigm of sustainable development is urgent, by taking human health and environment into account.
- 5. Sustainable development is all about taking responsible decisions in long-term perspective. In the long-term perspective, the priorities and goals from energetic, traffic, economic, social, health and environment activities and policies aim at the same direction.
- 6. Scientists, policy makers and politicians are responsible for their decisions and their influence to the environment, health and sustainable growth for all categories of human population.
- 7. The wealth generated by scientific and technological achievements should be distributed to reduce inequalities and not merely produce such economic growth that makes better off only 5% of the richest. Green economy has a long-term perspective; it is a multisectoral, whole-of-government task that exceeds the consumer society. Instead of Gross Domestic Product, the indicators of public health, environment and green economy (ecological footprint, human development index etc.) will be primarily used as a measure of progress.
- 8. We call for creating a sustainable-consuming society, a society in which technological achievements will be used to protect the natural resources and the environment taking in account its physical limitations and where health, ethical and moral values including human rights and unique value of each person would be seen as fundamental guidance for the future of the mankind.

Annex 4

LIST OF PARTICIPANTS

Albania

Ms Eralda Mariani, Public Health Specialist, Unit of Hygiene and Epidemiology, Department of Public Health, Ministry of Health, Tirana

Dr Iris Saliaga, Rr Muhamet Gjollesha, Tirana (Youth delegate)

Armenia

Dr Nune Bakunts, Head of Division, Legal Instruments & Documentation Flow Management, State Hygiene & Anti-Epidemic Inspectorate, Ministry of Health, Yerevan

Mr Artak Khachatryan, Head of Inventory Division, Waste Research Centre, Ministry of Nature Protection, Yerevan

Austria

Mrs Lydia Etzlstorfer, Jugend-Umwelt-Plattform, Vienna (Youth delegate)

Ms Cosima Pilz, Austrian CEHAPE Coordinator, Styrian Centre of Environmental Education, Ministry of Environment, Graz

Ms Margret Rattay, Vienna (Youth delegate)

Mr Robert Thaler, Head of Department, Division V/5 - Transport, Mobility, Human Settlement and Noise, Federal Ministry of Agriculture, Forestry, Environment & Water Management, Vienna

Azerbaijan

Mr Rashad Allahverdiyev, Adviser, Division for International Cooperation, Ministry of Ecology and Natural Resources, Baku

Mr Zaur Ibrahimov, Expert in the Department of International Relations, Azerbaijan Student Youth Organizations Union, Baku (*Youth delegate*)

Belgium

Martine Delhaye, Secrétariat Permanent de la Cellule Nationale Environnement et Santé, FPS Health, Food Chain Safety and Environment, Eurostation, Brussels

Mr Fabrice Thielen, Président de la Cellule Nationale Environnement et Santé, FPS Health, Food Chain Safety and Environment, Eurostation, Brussels First Meeting of the European Environment and Health Task Force page 24

Bosnia and Herzegovina

Mr Emil Balavac, Commissioner, Commission for Coordination of Youth Issues in Bosnia and Herzegovina (*Youth delegate*)

Ms Sabina Sahman Salihbegovic, Senior Associate, Department for Health, Ministry of Civil Affairs of Bosnia and Herzegovina, Sarajevo

Croatia

Dr Krunoslav Capak, Deputy Director, Environmental Health Ecology Service, Croatian National Institute of Public Health, Zagreb

Czech Republic

Dr Ruzena Kubinova, Deputy Director, National Institute of Public Health, Prague

Cyprus

Dr Andromachi Katsonouri, First Class Chemist, State General Laboratory, Nicosia

Denmark

Dr Lis Marie Keiding, Specialised Medical Officer, Structural Prevention and Health, National Board of Health, Copenhagen

Ms Dorte B Lerche, Technical Adviser, Environmental Protection Agency, Chemicals, Ministry of the Environment, Copenhagen

Estonia

Mrs Kristina Aare, CEHAPE and SFSP (Students for Smarter Planet), Narva (Youth delegate)

Ms Jelena Tomasova, Deputy Director General, Health Board, Tallinn

Finland

Dr Mikko Paunio, Ministerial Counsellor, Health/Medical Affairs, Ministry of Social Affairs and Health

France

Mr Charles Saout, Deputy Director, Sub-directorate of Prevention of Risks linked to Environment and Food, Ministry of Labour and Health, Paris

Ivan Pascaud, CEHAPE Youth Network, Appel de la Jeunesse, Paris (Youth delegate)

Pierre Monnier, CEHAPE Youth Network, Appel de la Jeunesse, Paris (Youth delegate)

Ms Morgane Thierry-Mieg, Life Sciences Engineer and Toxicologist, Appel de la Jeunesse, Paris (*Youth delegate*)

Georgia

Ms Nino Giuashvili, Head, Noncommunicable Diseases and Environment and Health, National Center for Disease Control and Public Health, Ministry of Labour, Health and Social Affairs, Tbilisi

Mrs Tamar Maghlakelidze, Deputy Head of the Department, Environmental Pollution Monitoring Department, National Environmental Agency, Ministry of Environment, Tbilisi

Ms Marika Tsereteli, WHO CEHAPE Youth Network, Institute of Public Health, Tbilisi (Youth delegate)

Germany

Mr Alexander Nies, Head of Directorate, Federal Ministry for the Environment, Robert-Schuman-Platz 3, Bonn

Dr Ute Winkler, Head of Division G22, Basic Issues of Prevention, Self-help and Environmental Health Protection, Federal Ministry of Health, Berlin

Dr Birgit Wolz, Head of Division IG II 2, Environment and Health, Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Bonn

Greece

Dr Athena Mourmouris, Director General, Urbanis, Ministry of Environment, Energy and Climate Change, Athens

Hungary

Dr Tamás Pándics, National Institute of Environmental Health, Budapest

Ireland

Ms Siobhan McEvoy, Chief Environmental Health Officer, Environmental Health Unit, Department of Health and Children, Dublin

Israel

Dr Isabella Karakis, Environmental Epidemiologist, Ministry of Health, Jerusalem

Italy

Mr Massimo Cozzone, Senior Officer, Department for Environmental Research and Development, Ministry for the Environment, Land and Sea, Rome

Kyrgyzstan

Ms Bubuzhan Arykbaeva, Head of Sanitary Department, Alamudun regional centre of state sanitary epidemiological surveillance, Alamudun region, Lebedinovka village, Energy town, Bishkek

Lithuania

Ms Ingrida Zurlyte, Deputy Director, Centre of Health Promotion and Disease Prevention, Vilnius

First Meeting of the European Environment and Health Task Force page 26

Luxembourg

Mr Ralph Baden, Ingénieur spécialisé en matériaux, Division de la Santé au Travail, Direction de la Santé, Luxembourg

Malta

Ms Lara Cassar, Balzan (Youth delegate)

Ms Ramona Camilleri, Mosta (Youth delegate)

Mr John Attard-Kingswell, Director Environmental Health, Directorate General, Public Health Regulation, Ministry for Health, the Elderly and Community Care, Msida

Montenegro

Dr Borko Bajic, Physician, Centre for Health Ecology, Institute of Public Health, Str. Dzona Dzeksona bb, Podgorica

Mr Vladimir Rakocevic, WHO CEHAPE Youth Network, Bijelo Polje (Youth delegate)

Netherlands

Mr Tom van Teunerbroek, Policy Adviser, Ministry of Infrastructure and the Environment, The Hague

Mr Arthur van Iersel, Senior Policy Officer, Ministry of Health, Welfare and Sport, Public Health Department, The Hague

Norway

Mrs Hilde Moe, Senior Adviser, Department of Regional Planning, Ministry of Environment, Oslo

Ms Vigdis Rønning, Specialist Director, Department of Public Health, Ministry of Health and Care Services, Oslo

Poland

Professor Wojciech Hanke, Environmental Epidemiology, Nofer Institute of Occupational Medicine, National Focal Point for EHP, Ministry of Health, Lodz

Portugal

Dr Regina Maria Madail Vilão, Director, Department for Environmental Strategies and Policies, Portuguese Environment Agency, Zambujal, Amadora

Republic of Moldova

Dr Ion Salaru, First Deputy Director, National Centre of Public Health, Chisinau

Romania

Mrs Natalia Ciobanu, WHO CEHAPE Youth Network, Suceava (Youth delegate)

Ms Petra Szavics, Personal Counsellor to the Minister, Ministry of Environment and Forest, Bucharest

Russian Federation

Mrs Irina Ilchenko, Head Laboratory, Scientific Research Institute of Public Health and Health Management, 1st Moscow State Medical University, Moscow

Serbia

Mr Danilo Arsenijevic, WHO CEHAPE international youth delegate, Belgrade (Youth delegate)

Mrs Biljana Filipovic, Senior Adviser for International Cooperation, Department for EU Integration, International Cooperation and Projects, Ministry of Environment, Mining and Spatial Planning, Belgrade

Ms Marija Jevtic, Minister Assistant, Sector for Public Health and Sanitary Inspection, Ministry of Health, Belgrade

Slovenia

Mrs Sara Berglez, Vice-President for Sustainable Development, National Youth Council of Slovenia, Radlje ob Dravi

Dr Marta Ciraj, Secretary, EU Affairs and International Relations Office, Ministry of Health, Ljubljana

Ms Natasa Kovac, Senior Adviser, Slovenian Environment Agency, Ljubljana

Ms Natasa Kozamernik, Undersecretary, EU Affairs and International Relations Office, Ministry of Health, Ljubljana

Mrs Urska Kusar, Senior Adviser, Slovenian Environment Agency, Ljubljana

Dr Sonja Jeraw, National Institute of Public Health, Ljubljana

Dr Dorijan Marusic, Minister of Health, Ministry of Health, Ljubljana

Dr Peter Otorepec, National Institute of Public Health, Ljubljana

Mr Jan Peloza, President, Youth Association No Excuse Slovenia, Ljubljana (Youth delegate)

Dr Lucija Perharič, Consultant Physician Toxicologist, National Institute for Public Health, Ljubljana

Mr Jelko Urbancic, Secretary, Slovenian Environment Agency, Ljubljana

Ms Pia Vracko, Assistant, National Institute for Public Health, Ljubljana

Spain

Dr Mario Cardaba, Medical Officer, Ministry of Health, Social Policy and Equality, Madrid

First Meeting of the European Environment and Health Task Force page 28

Sweden

Dr Karin Björklund, Programme Officer, National Board of Health and Welfare, Stockholm

Mr Jerker Forssell, Head of Section, Ministry of Environment, Stockholm

Tajikistan

Ms Zarina Alieva, Epidemiologist, Dushanbe (Youth delegate)

Dr Kholik Nazarov, Head, Sanitary Epidemiology Centre of Sino district, Dushanbe

The former Yugoslav Republic of Macedonia

Mr Dragan Gjorgjev, Policy Adviser, Environment and Health Focal Point, Institute for Public Health, Ministry of Health, Skopje

Mrs Martina Karatrajkova, CEHAPE youth network, Ministry of Health, Veles (Youth delegate)

Turkey

Ms Betül Uralcan, CEHAPE Youth Network, Istanbul (Youth delegate)

Turkemenistan

Mrs Shirin Rejepova, Chief Specialist, State Sanitation-Epidemiologic Service, Ministry of Health and Medical Industry of Turkmenistan, Ashgabat

Ukraine

Professor Nadia Polka, Deputy Director, State Enterprise "O.M. Marzeev Institute of Hygiene and Medical Ecology", Kiev

Mr Oleg Shevchenko, Head, European Integration Division, Department for International Cooperation, Ministry of Ecology and Natural Resource, Kiev

United Kingdom

Dr Louise Newport, Scientific Policy Manager, Health Protection – Legislation and Environmental Hazards, Department of Health, London

Uzbekistan

Ms Gulshen Bensitova, Senior Specialist, Department for Economy and Nature Use Management, State Committee for Nature Protection, Tashkent

Mr Komil Mukhamedov, Leading Specialist, Principal Sanitary Epidemiologic Directorate, Ministry of Health, Tashkent

Representatives of Intergovernmental Bodies and International Organizations

Eco Forum

Mrs Sascha Gabizon, EHC member, Director, Women in Europe for a Common Future and European ECO-FORUM, Utrecht, Netherlands

European Commission

Ms Natacha Grenier, Policy Officer, Directorate-General for Consumer Affairs, Luxembourg

European Environment Agency

Mr Peter Paert, Seconded expert, Copenhagen, Denmark

Health and Environment Alliance

Ms Genon Jensen, EHC member, Executive Director, Belgium

International Youth Network

Ms Alina Bezhenar, WHO CEHAPE International Youth Representative, Moscow, Russian Federation

Ms Jovana Dodos, WHO CEHAPE International Youth Delegate, Belgrade, Serbia

Regional Environmental Centre for Central and Eastern Europe

Dr Eva Csobod, Director, Environment & Health Topic Leader, Country Office Hungary, Regional Environmental Centre for Central and Eastern Europe, Szentendre, Hungary

United Nations Development Programme

Dr Christoph Hamelmann, Regional Practice Leader HIV, Health and Development Europe and Central Asia, Bratislava, Slovakia

United Nations Economic Commission for Europe

Ms Nino Sharashidze, Environmental Affairs Officer, Transport, Health and Environment, Pan-European Programme (PEP), Environment Division, Geneva, Switzerland

United Nations Environment Programme

Mr Wondwosen Asnake Kibret, Regional Coordinator, Chatelaine, Geneva, Switzerland

Temporary Advisers

Professor Charles Vyvyan Howard, Centre for Molecular Biosciences, University of Ulster, United Kingdom of Great Britain and Northern Ireland

Professor Jorma Rantanen, International Commission on Occupational Health, c/o Finnish Institute of Occupational Health, Helsinki, Finland

Professor Wilfred Kreisel, St Genis-Pouilly, France

First Meeting of the European Environment and Health Task Force page 30

World Health Organization

WHO Headquarters

Dr Maria Purificacion Neira, Director, Protection of the Human Environment

Regional Office for Europe

Dr Roger Aertgeerts, Programme Manager, Water and Sanitation, WHO European Centre for Environment and Health, Rome, Italy

Ms Marija Andjelkovic, Administrative Assistant, WHO Country Office in Slovenia, Ljubljana, Slovenia

Mr Matthias Braubach, Technical Officer, Living Environment & Health, WHO European Centre for Environment and Health, Bonn, Germany

Dr Andrey Egorov, Manager, Environment and Health Information Systems, WHO European Centre for Environment and Health, Bonn, Germany

Mrs Marina Hansen, Programme Assistant, Environment and Health, Copenhagen, Denmark

Dr Marijan Ivanusa, Head of WHO Country Office, Slovenia

Ms Galina Kaern, Administrative Assistant, Environment and Health, Copenhagen, Denmark

Dr Rokho Kim, Manager, Occupational Health, and Scientist, Noise, WHO European Centre for Environment and Health, Bonn, Germany

Mr Marco Martuzzi, Programme Manager, Environmental health, risk assessment and management, WHO European Centre for Environment and health, Rome, Italy

Mr Srdan Matic, Coordinator, Environment and Health, Copenhagen, Denmark

Mrs Geraldine McWeeney, Technical Officer SE, Environment and Health, WHO Country Office Serbia, Belgrade, Serbia

Dr Bettina Menne, Programme Manager, Climate change, greening health service and sustainable development, WHO European Centre for Environment and Health, Rome, Italy

Ms Francesca Racioppi, Scientist and Head of Office, WHO European Centre for Environment and Health, Rome, Italy

Mr Christian Schweizer, Technical Officer, Transport and Health, WHO European Centre for Environment and Health, Rome, Italy

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

Member States

Albania Andorra Armenia Austria Azerbaijan Belarus Belgium Bosnia and Herzegovina Bulgaria Croatia Cyprus **Czech Republic** Denmark Estonia Finland France Georgia Germany Greece Hungary Iceland Ireland Israel Italy Kazakhstan Kyrgyzstan Latvia Lithuania Luxembourg Malta Monaco Montenegro Netherlands Norway Poland Portugal Republic of Moldova Romania **Russian Federation** San Marino Serbia Slovakia Slovenia Spain Sweden Switzerland Tajikistan The former Yugoslav Republic of Macedonia Turkey Turkmenistan Ukraine United Kingdom Uzbekistan

World Health Organization Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Tel.: +45 39 17 17. Fax: +45 39 17 18 18. E-mail: contact@euro.who.int Web site: www.euro.who.int