



Implementation of the conclusions and recommendations of the Environment and Health Performance Review in Slovakia

Workshop report
Bratislava, Slovakia, 2 April 2008



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ABSTRACT

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), WHO/Euro has initiated a project to give guidance for strengthening environment and health policy making, planning of preventive interventions, service delivery and surveillance in the field of environment and health. Through detailed Environment and Health Performance Reviews (EHPRs) WHO/Euro is providing country-based analytical description of the environmental situation in Member States.

Based on the review that took place in Slovakia in April 2007 a report has been prepared giving an overview of the current environment and health situation, evaluating strong and weak points of environmental and health system and services in Slovakia 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

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Introduction

Background

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), WHO/Euro has initiated a project to give guidance for strengthening environment and health policy making, planning of preventive interventions, service delivery and surveillance in the field of environment and health. Through detailed Environment and Health Performance Reviews (EHPRs) WHO/Euro is providing country-based analytical descriptions of the environmental situation in Member States. The major areas of this strategic analysis are the institutional set-up, the policy setting and legal framework, the degree and structural functioning of intersectoral collaboration and the available tools for action. This interdisciplinary assessment objectively examines the relevant policy and institutional framework that exists in Member States.

In April 2007 an evaluation mission took place in Slovakia. During this field visit the WHO team met 30 representatives from 17 institutions from various sectors involved in environment and health. Based on this review a report has been prepared giving an overview of the current environment and health situation, evaluating strong and weak points of environmental and health system and services in Slovakia and formulating recommendations for further actions.¹

The results of the EHPR will be used in the overall review of environment and health performance of the European Region to be presented at the 5th Ministerial Conference on Environment and Health (Rome, autumn 2009).

Scope of the meeting

In response to the recommendations formulated through the EHPR, the WHO Regional Office for Europe in collaboration with the Slovak Public Health Authority 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 were asked to set priorities in the actions needed, to discuss possible implementation mechanisms and to take responsibility for the implementation and monitoring of actions that are under their direct responsibility. The workshop facilitated discussion among the stakeholders from different sectors and helped to ensure ownership and common ground for the successful implementation of EH 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 towards the use of the review results. The work in parallel working groups enabled to define priorities for action on management tools, economic and financial mechanisms as well as on intersectoral collaboration based on the EHPR report. Follow up activities and commitments by the health authorities and all other sectors involved were set in the final session of the workshop.

The workshop comprised 43 national professionals from 13 institutions and representing various sectors involved in environment and health policy making. Dr Ivan Rovný, Director of the Public

¹ The report is available at: http://www.euro.who.int/envhealth/topics/20080714_1

Health Authority of the Slovak Republic, chaired the meeting and Dr Nathalie Röbbel, WHO Regional Office for Europe, was the rapporteur.

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).

Summary of the EHPR

The main environment and health issues in Slovakia include water, ambient air pollution, traffic injuries, considered from both a health and an environment angle, and chemicals.

An environment performance review conducted by the Organisation for Economic Co-operation and Development (OECD) in 2002 found that surface water quality had improved very little during the 1990s and that drinking water quality very often exceeded the limit values for heavy metals and ammonia. The EHPR showed that considerable improvements have been achieved in the years since then. Slovakia has an adequate improved water supply, both at urban and at rural level, and the low number of reported outbreaks of disease arising from drinking-water provides an indication of its quality.

But, aside from specific environmental health risks, there are concerns regarding structural aspects of environment and health policy-making. The current government programme stresses health care rather than public health and, consequently, environmental determinants of health have been given low priority in the country. Although environmental health threats are clearly addressed and recognized in political principles (the Government Manifesto, State Health Policy, etc.), there is still no structural approach to environmental health. This is reflected in the lack of specialized environmental health professionals and curricula, and in the limited institutional capacities and resources attributed to the environmental health sector. Environmental health falls under the responsibility of the Ministry of Health, through its Public Health Authority (PHA); however, the funds and personnel attributed to the relevant services are not sufficient to ensure implementation of all the necessary actions and measures. The lack of resources is one of the biggest challenges/problems in environment and health work in Slovakia.

In the report emphasis was put on the need for enforcement and compliance mechanisms linked to environmental regulations, and the need for greater transparency on tax exemptions. Although many efforts have been made in this area in the past years, economic instruments for environmental policies are a rather new issue in Slovakia. There is no comprehensive policy related to emissions from transport and the economic argument and health costs are not used for setting priorities.

Slovakia has made progress on compilation of and access to environment information. The right of access to information is stipulated in the Slovak Constitution. Environmental hazards are identified and monitored by the Slovak Environmental Agency at the request of the Ministry of Environment and in cooperation with various other bodies, including health institutions such as the PHA. Health data are collected at district level and these data are processed by the National Health Information Centre at national level. Although a significant volume of data has been collected, there is a need to standardize the collection mechanisms and processing procedures. Monitoring is conducted from a health or an environment perspective and there tends to be a lack of linkage between the two. Although access to information about environmental conditions and the health status of the population is a basic right in Slovakia, there is still little awareness of environmental risk factors in 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 Slovak Environment Agency should be more closely involved in the subregional implementation of the European Environment and Health Information System (ENHIS).

In Slovakia, there is no specific, independent, over-departmental authority in charge of environment and health assessment and action. At present this task is carried out by the Public

Health Authority of the Slovak Republic which falls under the responsibility of the Ministry of Health. The financial and personal resources of PHA are not sufficient for it to assume clear leadership.

Slovakia has made significant progress in developing an intersectoral approach in environment and health policy-making. Indeed, intersectorality is an institutionalized process in developing national legislations and regulations. The third phase of the National Environment and Health Action Plan, adopted in 2006, has been successfully implemented and is an example of an effective tool for establishing a general framework of environmental health priorities. Nevertheless, although cooperation between different sectors has substantially improved, there is still not a real “health in all policies” approach. The sectors tend to deal with each component of environment and health individually, rather than adopting a truly intersectoral approach. Health arguments are not taken into consideration by other sectors in their decision-making processes or when drafting regulations. Health costs as a consequence of exposure to environmental hazards are very seldom taken into consideration.

Developments at national level

The developments achieved at national level since the implementation of the EHPR in April 2007 and the national expectations and commitments for the environment and health process were presented by Dr Daniel Klačko, Deputy Minister of Health, and Dr Ivan Rovny, Chief Hygienist of the Public Health Authority of the Slovak Republic.

Since the implementation of the EHPR in April 2007 some important developments took place at national level in the area of public health. On the 1st of September 2007 the Act 355/2007 Coll. on Protection, Support and Development of Public Health and on the amendment and supplement to certain acts regulating the obligation to carry out health impact assessment at national and regional level was adopted. This obligation will enter into force in 2010. This legislation foresees a strong involvement of the Public Health Authorities at regional and national level which will be responsible for certifying the assessments.

Efforts have been made to enhance the information of the civil society on health risks. According to the requirements of the EU a more systematic approach has been followed in communicating with the civil society, emphasis in regard was put on nutrition and healthy lifestyle.

Overall the representatives of the health sector felt that the EHPR and the formulated conclusions and recommendations are 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. The results of the EHPR would be discussed during a meeting of the regional public health hygienist in order to further implement the recommendations at regional and local level.

Work in small groups

To set priorities for action at national level on environment and health management tools, economic and financial mechanisms as well as on intersectoral collaboration the working group was divided into two subgroups for more detailed and focussed discussion and formulation of specific recommendations.

Group 1

The group recommended two major priority areas to be addressed by environment and health professionals and by sectors related to environment and health for follow up activities on the EHPR.

Data collection / data management

The group agreed on the need of harmonizing data collection methodologies between different institutions and sectors. An appropriate data management structure would have to be established. The group concluded that there is a large amount of data collected by various sectors, however there is no regular exchange of information, no common approach to data collection and an insufficient availability of the data.

The group recommended that the data harmonization should be steered by an intersectoral task force.

Additionally, health and environment data are not interlinked. The data are 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.

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

The group agreed on the need to strengthen the level of information of the civil society on environment and health risks. Environment and health professionals need adequate training on how to effectively communicate on the risks towards exposure to environmental factors and on the need of preventive behaviour. Emphasis has been put here on the need of ensuring that training is guaranteed both at national and at local level.

The group specified that beside environment and health professionals also national journalists and media representatives should receive better training on how to communicate about environment and health issues. It was felt that training in regard would result in a better awareness in the population about environment and health risks.

Group 2

Three priorities were identified by group number two.

Improved knowledge on financing mechanisms / Multi-source financing

During the discussions it was pointed out that there is not enough information on the possible sources of funding to support environment and health activities/programmes/initiatives. There is the need of increasing the knowledge about existing funding schemes at international/national/regional level. Information and training is also required on how to best apply for these funds (methodology for project formulation etc.).

In addition, it was discussed that funding sources for environment and health activities in the health sector should be expanded to other existing national funding schemes, like lottery money etc.

Environment impact assessment / Health impact assessment

In view of the adopted legislation on health impact assessment there is the need to improve capacities in HIA performance and methodology. The group members outlined that support from WHO would be very welcomed in regard. It was pointed out that the experience gained by the environment sector in the performance of EIA would be beneficial in the training process.

Environment and Health Information System

As group one, the necessity to make better use of the environment and health information system and to strengthen its application at national level has been stressed by the members of the group. The ENHIS methodology should be applied at regional level providing policy makers with relevant data on environment and health priorities.

Discussion

The plenary discussion addressed the results achieved in the working groups on setting priorities for action.

The discussions were introduced by a presentation by WHO on selected examples of approaches that could support the implementation of the recommendations formulated by the EHPR. The focus of the presentation was on tools to strengthen intersectoral collaboration and capacity building in the field of environment and health. The approaches presented were: training of physicians, training with multiple sector representatives for intersectoral-awareness raising, incorporation of children's health and environment topic into annual meetings of medical associations, working groups on children's health and environment at regional level and integration of environment and health topics into university curricula. Selected examples from member states underlined the feasibility of the actions. Tools developed by WHO to support the activities were also presented. Training modules in power point presentation format including teacher's notes, the CEHAPE table of child specific actions, encouraging intersectoral work and the paediatric "green page", an instrument which can be used by physicians to collect information on environmental health risks to children, were among the useful tools presented.

All working group members agreed on the conclusions reached by the two working groups. The group recommended the use, where available, of existing capacities and mechanisms for implementing the priorities and not to set up new committees or mechanisms.

One additional priority emerged from the discussions in plenary. The participants agreed that there is a need to strengthen the knowledge and capacities of paediatricians and general practitioners in environment and health risks. Physicians training in environment and health during their university education and also during post graduate education should be strengthened. As physicians are the main interface with the public in prevention of disease and injury, their critical role should be further promoted and strengthened.

Conclusions and recommendations

Based on the priorities defined by the two parallel working sessions and the discussions held during plenary the following 4 steps were recommended by the working group and endorsed by all sectors present:

1. In order to harmonize the data collection procedures and methodologies it has been suggested that, instead of creating a new multidisciplinary committee, the newly re-established high level intersectoral committee for health promotion coordinated by the Ministry of Health would be given the task to define the data collection procedures, standards and responsibilities. In this regard the committee should be supported by the expert opinion of the NEHAP group.
2. In regard to environment and health information system, the translated ENHIS has been published on the website of the Slovak Public Health Authority.² Commitments were taken to further develop the ENHIS at national level by using sub-regional data. The commitment was taken by the Public Health Authority to draft a project / programme for implementation of ENHIS at sub-national level.
3. For the training in communication on environment and health risks to public health professionals the working group and the representatives of the health authorities have agreed to use existing capacities of the public health authority. The training should be extended to professionals of other sectors. The public health authority has a communication department that could organize relevant training sessions and workshops. Support by WHO through the health and environment communication programme should be further explored.
The public health authorities suggested to draft a proposal for including special communication training activities on environment and health in the medical curriculum.
4. For improving knowledge in HIA performance and methodology, the Public Health Authority committed to organize a workshop and sought for support from WHO and from international experts. It has been agreed that this workshop should be opened to the participation of professionals from other sectors and that representatives from the ministry of environment, who have gained experience in the implementation of environment impact assessment, would share their knowledge.
WHO committed to support the training by providing tools and advice on methods for integrated impact assessment. It will support to set the agenda of the workshop and in cooperation with national and international experts will run the training workshop.
In the framework of the further development of the methodology on the existing environment and health impact assessment the ministry of environment committed to further integrate the health impact component.
Further, the Ministry of Construction will further discuss the inclusion of the health component in the evaluation of spatial planning / construction / regional development projects. A new act on construction is under preparation and the health component should be integrated.

² The translated factsheet are available at: http://www.uvzsr.sk/priloha.html/592280/3/enhis_sk_august.pdf?html=1

5. The need for training of paediatricians and general practitioners in environment and health has been identified as a priority. However, no concrete activities have been formulated. Efforts should be made to identify concrete next steps. WHO has been asked to provide support through capacity building activities and concrete children's health and environment technical assistance.

Annex 1

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