



Better Health. Better Environment. Sustainable Choices.

Report of the Sixth Ministerial Conference on Environment and Health

**Ostrava, Czech Republic
13–15 June 2017**



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**Sixth Ministerial Conference on
Environment and
Health**

**Ostrava, Czech Republic
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EURO/Ostrava2017/

Original: English

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Abstract

Almost 1.5 million deaths per year in the WHO European Region are attributable to environmental risks that could be avoided and/or eliminated. There is therefore an urgent need to continue and strengthen efforts to address the leading environmental determinants of ill-health, such as air pollution, inadequate water and sanitation services, hazardous chemicals, waste, contaminated sites and climate change. The Sixth Ministerial Conference on Environment and Health was convened in Ostrava, Czech Republic, on 13–15 June 2017 to review developments since the previous ministerial conference, held in Parma, Italy in 2010. In a series of keynote addresses, panel discussions and side events, participants explored the new policy environment created by the United Nations Sustainable Development Goals, emerging environmental threats to health, in particular those attributable to climate change, the responsibility to promote environmentally sustainable health systems and the need for collaboration with sectors beyond health and environment and engagement with cities and regions, young people and the general public. The Ministerial Conference adopted by acclamation the Ostrava Declaration on Environment and Health, in which Member States commit themselves to drawing up a tailored national portfolio for action in seven priority areas and endorse the new institutional arrangements for the European Environment and Health Process.

Keywords

ENVIRONMENTAL HEALTH

ENVIRONMENTAL POLICY – trends

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Acknowledgements

The meeting was generously hosted by the Government of the Czech Republic, the Government of the Moravian-Silesian Region and the City of Ostrava.

Abbreviations

HEAL	Health and Environment Alliance
ICT	information and communication technologies
PAHO	Pan American Health Organization
THE PEP	Transport, Health and Environment Pan-European Programme
UNDP	United Nations Development Programme
UNECE	United Nations Economic Commission for Europe
UN-Environment/UNEP	United Nations Environment Programme

Plenary 1: Opening of the Sixth Ministerial Conference on Environment and Health

1. The Sixth Ministerial Conference on Environment and Health took place in Ostrava, Czech Republic, on 13–15 June 2017, at the kind invitation of the Government of the Czech Republic, the Moravian-Silesian Region and the City of Ostrava. See Annex 1 for the scope and purpose of the meeting, Annex 2 for the programme of work, Annex 3 for the Ostrava Declaration adopted by acclamation at the end of the meeting and Annex 4 for the list of participants.

2. An Informal European Ministerial Consultation for the 2017 Environment Assembly (UNEA-3), jointly organized by the United Nations Environment Programme (UN-Environment) and the Ministry of Environment of the Czech Republic, occupied the morning of 13 June. A ministerial lunch for heads of delegations took place on 14 June. An extensive programme of side events was conducted on the morning of 13 June and continued during lunch breaks on 13 and 14 June.¹ A “Gallery of Solutions” showcased innovative ideas and best practices from Member States and other stakeholders.

3. The meeting was chaired by Mr Robert Thaler, Chair of the European Environment and Health Task Force, and by the following representatives of the host country: Ms Eva Gottvaldová, Deputy Minister, Ministry of Health; Mr Václav Kolaja, Deputy Minister, Ministry of Foreign Affairs; Mr Tom Philipp, Deputy Minister, Ministry of Health; Mr Lukas Pokorny, Head of International Organization Unit, Ministry of the Environment; Mr Radek Policar, Deputy Minister, Ministry of Health; and Mr Filip Vrlik, International Relations Department, Ministry of the Environment. Participants agreed that the meeting would be governed by the rules of procedure of the Task Force. The agenda and programme of work were adopted.

4. Following a performance by the Janáček Philharmonic Orchestra of Ostrava, Mr Thaler opened the meeting, welcomed all participants and thanked the Czech authorities for hosting the Ministerial Conference.

5. Mr Miloslav Ludvik, Minister of Health of the Czech Republic, welcomed all participants to Ostrava and briefly described his country’s many years of participation in the work of WHO and the WHO Healthy Cities Network.² The baselining, target setting and monitoring system established following the accession of the Czech Republic to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes had shown up gaps in the country’s infrastructure which it still needed to address. He wished participants every success in their deliberations.

6. Mr Richard Brabec, Minister of the Environment of the Czech Republic, described the industrial heritage of Ostrava. The most acute problem in the post-industrial age was air pollution, and it was a source of pride that legislation had been introduced in the Czech Republic in the previous three years to improve air quality, especially through the elimination of obsolete domestic heating systems. Improvements in transport, primarily in cities, had been accomplished with the help of European funds, including the introduction of low-level pollution zones and promotion of alternative-fuel vehicles. Europe was participating in a

¹ For details of the side events, see Annex 2 and www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/details-of-plenary-sessions.

² For the full text of the statement, see www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/documentation#342385.

technological revolution as it responded to environmental concerns; the present conference would have particular significance for the quality of life of present and future generations.

7. Mr Ibrahim Thiaw, Deputy Executive Director, UN Environment, said that Ostrava was the perfect place to host the present conference, not just because of its legacy of heavy industry, which had brought prosperity and pollution in equal measure, but because of the city's concerted efforts to move to a cleaner, healthier, but equally prosperous future. As cities such as Ostrava continued to grow, the impact of air pollution had led to the imposition of traffic restrictions in Paris and to London exceeding its air pollution limits for the whole year within the first five days of 2017. A problem previously associated with people living in rural parts of developing nations and burning wood or coal had become a threat for over 90% of the world population. Pollution and environmental degradation caused the deaths of up to 13 million people per year globally and yet, if tackled properly, those threats could be turned to the service of social and economic development.

8. Governments, businesses and consumers must no longer wait for evidence before eliminating chemicals with links to cancer, hormone disruption and other health problems. The efforts of European leaders had led to the ratification of the Minamata Convention on Mercury; however, although the effects of mercury poisoning had been discovered some 60 years earlier, mercury was still allowed to seep into soil, water and air from millions of tonnes of electronic waste illegally dumped each year. Waste plastic was polluting the oceans and entering the food chain, yet there was huge market potential for those willing to develop alternatives. The European Commission was planning to publish a strategy on plastics as part of its Circular Economy Action Plan by the end of 2017, a year that also marked the 30th anniversary of the Montreal Protocol on Substances that Deplete the Ozone Layer; in reversing the damage to the ozone layer, the Protocol had become the most successful joint effort seen among stakeholders. There was a need to work with the private sector and the legal community to develop better controls, quicker responses and innovative alternatives and to work with schools to educate the young people who would develop the chemicals, pharmaceuticals and consumer products of the future. Conference participants must work with their colleagues in ministries of transport, energy, employment and economy to help prevent deaths in years to come.

9. Mr Ivo Vondrák, Governor of the Moravian-Silesian Region, welcomed participants to what had once been the heart of a steel manufacturing region, where the steaming chimneys had been symbols of prosperity. The level of emissions had decreased to 4000 tonnes in 2015, but further work was required to reach zero emissions. The region was transforming its steelmaking and coalmining past, and the former industrial site on which the conference was being held was now a centre for culture and science. Smart technologies could be applied to waste management, management of a clean environment and public health. The present conference would examine how to tackle problems for the benefit of all.

10. Mr Tomáš Macura, Mayor of Ostrava, said that the historical heritage of Ostrava had provided a source of income for 250 years. The city was currently revitalizing brownfield sites. The ambition was to convert the Czech Republic into a country of green cities, and Ostrava, a candidate for European Green Capital 2020, had devoted 20% of its surface area to green spaces. The candidacy would provide motivation for Ostrava to speed up improvements to the quality of life in the city.

11. In a video address, His Serene Highness Prince Albert II of Monaco said that environment and health were crucial for society. It might be possible, thanks to the strengthening of the European regional dynamics, to save the health of present and future generations. A cross-cutting approach would be essential to achieve that aim. Monaco

supported the Paris Agreement on climate change and, through the Scientific Centre of Monaco, carried out oceanographic research and supported organizations responsible for the protection of marine life. The Scientific Centre had been designated as a WHO Collaborating Centre for Health and Sustainable Development. The European region was committed to combating the health effects of climate change and sustainable development of the oceans. He hoped that the Ministerial Conference would adopt an ambitious declaration that would intensify action to improve health and combat climate change.

12. Mr Marco Keiner, Director, Environment Division, United Nations Economic Commission for Europe (UNECE), expressed admiration for the transformation of the former industrial centre in which the conference was being held. UNECE had participated in regional environmental and health initiatives since 1994, and its increasing role included collaboration with WHO. The side events at the present conference, particularly those on water and sanitation, air pollution, and transport, health and environment, were of great interest. Much progress had been achieved and more would be accomplished through the 2030 Agenda for Sustainable Development and by working in concert, as the experience of the Transport, Health and Environment Pan-European Programme (THE PEP) and of the Protocol on Water and Health, had shown. UNECE looked forward to supporting colleagues in implementation of the outcomes of the conference.

13. Mr Thaler informed participants that the Task Force had met the previous evening and had agreed on the final text of the draft outcome documents, which would be submitted to the Ministerial Conference for its consideration on the final day.

14. Dr Zsuzsanna Jakab, WHO Regional Director for Europe, thanked the Czech hosts for arranging the Ministerial Conference in such a unique location.¹ Many things had changed since the Fifth Ministerial Conference in 2010. There was a growing realization that human activity was altering entire ecological systems and natural processes, including the climate, with the potential to jeopardize all human existence. New policy instruments had been adopted – the United Nations 2030 Agenda for Sustainable Development, the Health 2020 policy framework of the WHO European Region, and the New Urban Agenda, adopted by the United Nations Conference on Housing and Sustainable Urban Development (Habitat-III – Quito, Ecuador, 17–20 October 2016.).

15. Overall life expectancy and other key health and well-being indicators had improved markedly in the WHO European Region. A great deal had been done to reduce the risks arising from many environmental hazards, such as lead and asbestos. Nevertheless, at least 1.4 million premature deaths in the Region every year were attributable to environmental risk factors, especially air pollution, and 14 people every day died from diarrhoeal disease due to inadequate water supplies, sanitation and hygiene. Thus the declaration which Member States would be invited to adopt at the end of the present conference addressed both the unfinished business of the 20th century and the complex emerging issues of the 21st century. The declaration aimed to create partnerships and engage all relevant stakeholders to strengthen action, particularly at the national level. It recognized the need for each Member State to identify its own priorities and the action it must take to address them. It would create a more agile and streamlined institutional arrangements, with stronger links with the governing bodies of UNECE and the WHO Regional Office for Europe, in the interests of more effective implementation and monitoring of progress.

¹ For the full text of Dr Jakab's opening remarks, see www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/speeches-and-presentations/speech-opening-address-at-the-sixth-ministerial-conference-on-environment-and-health.

16. The draft declaration was the fruit of a comprehensive, inclusive and evidence-informed preparatory process, beginning with the High-level Mid-term Review of the European Environment and Health Process in Haifa, Israel in 2015 and continuing with a series of political negotiations and a thorough technical and policy review of the identified priority areas: air pollution; chemical safety; cities; climate change; environmentally sustainable health systems; water, sanitation and hygiene; and waste and contaminated sites. She commended the members of the Task Force, its Ad-hoc Working Group and the European Environment and Health Ministerial Board, and particularly the current Chair of the Task Force, Mr Thaler, for their sterling work in leading the process of negotiation, and called upon all participants in the Ministerial Conference to show support, commitment, enthusiasm and wisdom in the interests of meaningful change.

Plenary 2: Status of and perspectives on environment and health in Europe: pressures on and opportunities for improvement of health and well-being

17. Sir Andy Haines, Professor of Public Health and Primary Care, London School of Hygiene and Tropical Medicine, said that, as illustrated in a 2015 study published in *The Lancet*, the Anthropocene era marked a real change from the stable era of the Holocene in which the human species had flourished. Although acceleration in social and economic trends had brought improvements to human health, earth system trends showed that great costs had been borne by the environment in response to human pressures. As a result, humanity was operating at or beyond what could be termed the boundaries of a safe operating space. Heat and water stress, environmental degradation and pollution of oceans, fresh water and land could lead to reduced crop yields, and hence undernutrition, to territorial conflicts and altered infectious disease risk. A failure to adhere to the Paris Agreement on climate change could result in unmitigated emissions beyond the middle of the present century and to future warming of between four and five degrees Celsius, and potentially seven or eight degrees Celsius in some cities. In addition to the growing health threats of climate change, pollinator loss would contribute to a decrease in the availability of fruit and vegetables and a rise in noncommunicable diseases.

18. Policies that might address those challenges included reducing consumption and ceasing the use of toxic pollutants. Decoupling human progress from damage to the environment would be one of the great challenges in decades to come and would be achieved by improving governance and educating the public. Cities were engines of economic growth and would need to adapt, as Barcelona had done, becoming less dispersed, providing easy-to-use public transport systems and espousing sustainable mobility trends with reduced air pollution. Green spaces and natural, as opposed to synthetic, environments would improve people's mood, provide resilience to floods and reduce urban heat islands. A low-carbon economy would reduce fine particulate pollution and could save over 40 million lives by 2040. It had been a mistake to promote diesel cars and wood fuel. The environmental footprint of food production must also be improved and sustainable dietary patterns espoused, with a focus on fruit and vegetables. Environmentally sustainable health systems must reduce energy use and improve resilience to floods and disease outbreaks. As the world moved into an uncharted future, it could do much to support natural systems, guided by the United Nations Sustainable Development Goals.

Panel discussion

Panel members: Mr Michal Krzyzanowski, King's College London, United Kingdom of Great Britain and Northern Ireland (moderator); Mr Samardin Aliev, Tajik Research Institute of Preventive Medicine, Tajikistan; Mr Amiran Gamkrelidze, National Centre for Disease Control and Public Health, Georgia; Sir Andy Haines, London School of Hygiene and Tropical Medicine, United Kingdom; Ms Marike Kolossa-Gehring, Federal Environment Agency, Germany; Mr George Morris, University of Exeter, United Kingdom; Ms Sinaia Netanyahu, Ministry of Environmental Protection, Israel

19. Georgia is harmonizing its laws on health and the environment with those introduced by the European Union; it is improving health monitoring and engaging in health systems strengthening. The Government is working with the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety on chemical safety issues.

20. Monitoring of air quality in Haifa, Israel, a petrochemical centre with high levels of pollution, and the release of data on deaths attributable to air pollution under freedom of information laws have led to public pressure to reduce deaths due to poor air quality. Freedom of information laws have enabled citizens to question ministries and obtain data which have been used in the judicial system where the “polluter pays” principle applies. Air pollution data are released in real time and shared by the public on social media, enabling the public, in turn, to place pressure on the Government to fund stringent enforcement of regulations with respect to pollution and industry, clean transport, fuel and energy production. The Ministry of Environmental Protection is currently preparing a national plan for environmental health.

21. Since the early 1980s, Germany has gathered extensive experience in policy-making for human biomonitoring. Information on the exposure of the general population to mercury and to other current and emerging hazardous chemicals has been built up through survey questionnaires and a specimen bank. The Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety has worked with industry to develop new biomonitoring methods and to follow trends in the increase and decrease in exposure to certain chemicals: for instance, the specimen bank has enabled evaluation of exposure to glyphosate, a chemical used in pesticides and a significant number of other applications, based on the levels found in the urine of young adults. A broad range of media including television, newspapers and websites is used to disseminate information to the public.

22. Tajikistan faces a considerable risk of communicable, and especially waterborne, diseases, with more than 300 000 cases of typhoid fever in 1997. The country also has a large number of cases of malaria and is therefore working on climate issues, and the elimination of vector-borne diseases is a major focus. With the support of the Government of Germany and international organizations, Tajikistan has initiated projects to improve rural water supply and protect the environment from the effects of climate change and has carried out health impact assessments in the priority areas of communicable diseases, malnutrition, cardiac and respiratory diseases and maternal health. The Government is working on a national strategy and action plan to adapt to climate change.

23. Important lessons were learned in Scotland when concern about levels of health inequality, particularly with respect to obesity, mental health, children's health and the environment, led the public authorities to conclude that issues must be framed in relation to a wider set of determinants than those usually employed in assessing environment and health, with more thought being given to governance, to breaking down policy “silos” and to finding ways for institutions to work together. A much broader set of evidence than that usually gleaned from randomized controlled trials was deemed necessary. Appropriate policies on

health and well-being can only be delivered by framing issues in terms of their impact on future generations.

24. In the ensuing discussion, participants noted that special attention should be paid to the health of children and emphasized that 23% of all deaths are linked to environmental factors. Despite relatively low levels in Switzerland, air pollution is still responsible for the deaths of 3000 people in that country every year. National and international action is needed to prepare for future challenges by introducing stringent regulations in the areas of air pollution, climate change, management of chemicals, water and sanitation. Investment is required in public train systems, rail freight, transport and clean energy. The rights of children are one of the biggest challenges in central Asia where, until the 1990s, children worked with hazardous chemicals. The Government of Georgia has banned child labour, and the Ministry of Health is working actively with other ministries to improve the living conditions and health of children.

25. Emphasis was placed on the need for reliable scientific information, such as that produced by the German Federal Environment Agency, in order to develop sound measures and provide recommendations to the population on how they could avoid some environment and health risks. Stakeholders from all sections of society must be included. The challenges of managing public health systems in transition were raised. Panel members drew attention to the PlaceStandard toolkit in Scotland,¹ a consultation process that allows residents to rate the places where they live in 14 categories, and the Well-being of Future Generations (Wales) Act 2015, under which new policies must be considered for their impact on future generations. Indoor and outdoor air quality is a priority area for Europe and specific action points are required in the Ostrava Declaration on the transition from fossil to renewable energy. Inequalities can only be reduced by empowering citizens, investing in health and environment literacy and acquiring comprehensive and comparable data to ensure that policies are effective across all target groups. Participants emphasized the importance of espousing the Sustainable Development Goals and using the indicators in monitoring results.

Plenary 3: Finishing the unfinished business: sound environmental policies as the most effective public health tool for a sustainable future in Europe

26. Mr Srdan Matic, Coordinator, Environment and Health, WHO Regional Office for Europe, described the main public health priorities which the Ministerial Conference sought to address: water, sanitation and hygiene; waste and contaminated sites; chemical safety; air quality; supporting cities and regions to become healthier and sustainable; environmentally sustainable health systems; and climate change. In the WHO European Region, 62 million people still lacked access to basic sanitation facilities, and almost the same number lacked access to piped drinking water in their homes. Fourteen deaths per day in the region were attributable to poor water, sanitation or hygiene conditions. Potential future issues included serious water shortages, particularly in the Member States bordering the Mediterranean Sea.

27. The issue of waste showed the inadequacy of past and current management methods, which had measurable consequences for health. In the European Economic Area alone, there remained at least 2.5 million contaminated sites, of which up to 350 000 required remediation. However, many States had reduced the amount of waste they sent to landfill, and Germany had banned the practice altogether.

¹ <https://placestandard.scot/>.

28. Globally, an estimated 1.3 million preventable deaths occurred every year as a result of exposure to hazardous chemicals. The effects of prenatal, early childhood and long-term exposure and exposure to complex mixes of chemicals were difficult to investigate, predict or prevent. Europe was not only a major consumer of chemicals, but a major producer and exporter to the rest of the world.

29. Air pollution, the single largest cause of preventable mortality from cardiovascular disease, was responsible for over 620 000 deaths in the Region every year. Although the technology used in household energy consumption, transport, industry and agriculture was becoming more and more environment-friendly, it could not keep pace with the constantly increasing demand.

30. Climate change was expected to cause over 250 000 additional deaths globally between 2030 and 2050, with an increasing frequency and severity of extreme weather events and the spread of migrating species, including those which were vectors of disease, to new parts of the world. Recent data collected by the WHO European Centre for Environment and Health indicated that, if the Member States of the Region achieved the targets of their intended nationally determined contributions under the Paris Agreement on climate change, a number of premature deaths estimated at between 128 000 and 138 000 could be avoided and health gains equivalent to 1–2% of the aggregate annual gross domestic product could be achieved by 2030.

31. To address the above-mentioned challenges, it would be essential to acknowledge the complexity of the relationship between environmental causes and adverse health effects, accounting for the external costs of negative determinants and exposures, and to complete the unfinished business of the Parma Declaration on Environment and Health, adopted at the previous Ministerial Conference, by continuing measures which were known to be effective while developing new approaches and technologies. Above all, success would require the courage to try new solutions and the confidence that such solutions were possible.

Panel discussion

Panel members: Mr Mihály Kökény, Graduate Institute of International and Development Studies, Switzerland (moderator); Ms Eugenia Dogliotti, Environment and Health Department, National Institute of Health, Italy; Mr Norbert Kurilla, Ministry of Environment, Slovakia; Mr Ado Lõhmus, Ministry of the Environment, Estonia; Ms Gina Radford, Department of Health, United Kingdom; Mr Ferenc Vicko, Ministry of Health, Serbia

32. The health sector must find ways of demonstrating the importance of health in measures to tackle climate change: the associated health problems, the economic benefits and other cobenefits for health and the ways in which the health sector can contribute to climate change efforts. The “someone else’s problem” of climate change must be reframed as “the problem of my/your health”. In England, the National Health Service has drawn up a sustainable development strategy and is studying the potential contribution that the health and social care sector, as a major employer, can make to climate change mitigation efforts.

33. In Italy, the “Land of Fires” scandal in the Naples region, in which large volumes of chemical and other waste were illegally dumped and burned, showed the need for policy measures, environmental monitoring, epidemiological studies of the health effects of multiple chemical exposures, clean-up measures using the best practices available and better communication between health professionals and the general public. The Government has introduced permanent epidemiological surveillance for people living near industrial sites.

34. Slovakia has succeeded in reducing air pollution in large waste combustion plants, but now needs to tackle medium-sized plants and local and residential heating systems, in an approach tailored to individual circumstances. Traffic restriction zones have been introduced and direct subsidies have been introduced for electric vehicles. New technology is not always required: it may be sufficient to enforce existing legislation properly.

35. In Estonia, although there is no specific strategy on chemical safety, chemicals are registered and new databases of toxic chemicals will shortly be established. It is important to inform consumers about the potentially hazardous chemicals used in the production of textiles, for example: it has been estimated that 3500 chemical substances are used in the manufacture of clothing, of which 2000 are not covered by the European Union Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) regulation.

36. Serbia acceded to the Protocol on Water and Health in 2013 and has focused its efforts on improving water supply, sanitation and hygiene in schools, especially in rural areas, and on improving small-scale water supply systems. The Government is seeking to enforce existing legislation, invest in infrastructure and encourage intersectoral collaboration. Regional networks are being established to share good practices.

37. Participants speaking from the floor called for ratification and more effective enforcement of existing instruments such as the Protocol on Water and Health. Closer cooperation is required at the regional level, for instance between Health 2020 and THE PEP, in order to avoid duplication of efforts. Multiple and complex exposures to chemicals are particularly difficult to investigate and address. The Ostrava declaration should include strong criteria for the control of pesticide use, in order to reduce children's exposure to endocrine-disrupting chemicals. Other measures, such as a complete ban on diesel-fuelled vehicles, were also suggested. France is experimenting with social pricing of water supplies. Tajikistan has introduced measures to upgrade village water supplies and improve the quality of inland water sources. Azerbaijan is working to improve the quality of the Caspian Sea and address the problem of waste contaminated with mercury. A representative of the Working Group on Health in Climate Change of the Task Force noted that climate change mitigation efforts could save lives and reduce costs for health systems and society as a whole, and called for more action to make health systems climate-neutral.

Plenary 4: Resilient communities in supportive urban environments

38. Mr Ivo Vondrák, Governor of the Moravian-Silesian Region, described the measures taken to improve the environment of the region, which was still an industrial centre. The main problem was air pollution. The regional authorities encouraged the replacement of solid-fuel heating systems with cleaner technologies, including natural gas, biomass and ground-source heat pumps. A number of buses powered by electricity were in use.

39. The regional authorities were working to reduce the region's dependence on coal mining and heavy industry by promoting information and communication technologies (ICT) and biomedical engineering, which would improve the environment and residents' quality of life and stem the exodus of workers to the capital, Prague, or other countries. The ICT infrastructure (high-speed broadband and public wifi) was being upgraded, and work had begun on a regional data analysis centre and a supercomputer project. Public transport was being improved through park-and-ride schemes, the installation of charging stations for electric and hydrogen-powered vehicles and improved traffic management. Efficiency measures, such as teleconsultations, remote health monitoring and electronic appointment booking systems were being introduced in the health system, as well as an information portal,

a single entry point for government and municipal services and electronic submission of documentation in the regional administration.

Panel discussion

Panel members: Ms Laurence Carmichael, WHO Collaborating Centre for Healthy Urban Environments (moderator); Mr Graham Alabaster, UN-Habitat; Mr Adam Banaszak, European Union Committee of the Regions; Mr Furio Honsell, WHO Regions for Health and Healthy Cities; Mr Günter Liebel, Head of Department, Federal Ministry of Agriculture, Forestry, Environment and Water Management, Austria; Ms Brigit Staatsen, National Institute for Public Health and Environment, Netherlands; Mr Ivo Vondrák, Governor of the Moravian-Silesian Region

40. The New Urban Agenda, adopted by the United Nations Conference on Housing and Sustainable Urban Development (Habitat-III – Quito, Ecuador, 17–20 October 2016) seeks to address the new challenges facing cities in a way which also furthers the Sustainable Development Goals. For the first time, health featured prominently on the agenda. Cities – ranging in size from megacities to small municipalities – have different needs and require different and tailored solutions. It is essential to understand the complex risks associated with various risk factors. The Sustainable Development Goals require States to collect data at the national level, but disaggregated regional and city-level data are also required: the data collected currently are often not sufficiently disaggregated to enable the risks faced by different parts of a city or different population groups to be accurately assessed.

41. By 2030, it is expected that 80% of the people of Europe will live in cities, where they are more likely to be exposed to high levels of air pollution and noise. The declaration must commit Member States to strong action on those issues and on climate change. Austria has a committed environmental policy, focusing on energy-saving, promotion of renewable energies, refurbishment of buildings and green mobility. The Austrian national initiative “klimaaktiv” was highlighted as a successful showcase for a national programme motivating and supporting cities. In order particularly to promote the development and implementation of mobility measures to reduce greenhouse gases and promote health, the ministerial “klimaaktiv mobil” programme provides tailor-made technical and financial support for cities, municipalities and regions, as well as companies, schools and youth initiatives, for the promotion of electric mobility based on renewable energy. There is a special financial incentive scheme for electric vehicles, organized jointly with the ministry of transport and vehicle importers, and incentives for the promotion of mobility management, active mobility (walking, cycling) and new mobility services. Austria will host the fifth high-level meeting of THE PEP in 2019, when it is hoped that the Pan-European Master Plan for Cycling Promotion will be adopted.

42. In order to improve health and the environment in cities, it is essential to foster collaboration between the international, national and city level, between different levels of administration and between sectors, including the private sector. Success depends on behaviour change: healthy and sustainable choices must be easy choices. Cities must be designed to improve mobility for disabled people and other vulnerable groups. In the Netherlands, innovative ideas are trialled in urban “living labs”. Cycling is promoted by providing safe cycling infrastructure and easy transfers to public transport.

43. Scientists and universities are essential partners in creating smarter cities and regions. In the Moravian-Silesian Region, a team of academics decides on the areas where research is required, including management of the environment in the post-mining era and new industries to replace mining and heavy engineering. A centre for industrial design and art will

open in 2018. Municipal and regional authorities are best placed to know what their region needs.

44. It is essential for cities and regions to increase their resilience to natural disasters such as floods or forest fires, many of them caused by the effects of climate change. Local authorities must be involved in national and Europe-wide planning to create an infrastructure which is resilient to disasters. Funding is available from the European Union, as well as from the United Nations Office for Disaster Risk Reduction in respect of activities to implement the Sendai Framework for Disaster Risk Reduction 2015–2030.

45. In order to tackle issues such as air pollution or noise, it is essential to gather reliable data: inviting citizens to contribute to data collection can increase participation and promote a sense of ownership. Current indicators do not pay sufficient attention to equity: poorer people cannot afford electric cars or efficient heating systems. Cities must plan for equity, for instance by providing public green spaces, building schools which children can reach on foot or designing buildings with green roofs and ground-source heating systems, although care must be taken to ensure that technological innovations do not leave vulnerable population groups even more excluded.

46. Dr Jakab noted that the distribution of responsibility between ministries was still not clear when it came to addressing problems which involved both health and environment, health and education or health and social policy. She stressed the importance of comprehensive monitoring and reliable disaggregated data. The Regional Office had recently signed a memorandum of understanding on collaboration with the European Union Committee of the Regions.

Plenary 5: Maximizing the benefits for people of international and national environment and health policies

47. Ms Piroška Östlin, Director of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, said that real changes in well-being could be introduced only if all aspects of health related to the environment were addressed, with the active participation of citizens. Ensuring safe and healthy working environments implied political responsibility, more transparency, just and equitable policy-making, community empowerment and social and environmental justice. Emphasis should be placed on participatory models of governance, using local knowledge and two-way communication between public health authorities and citizens. Governments must engage in sustainable development and greening of their economies. As set out in the Sustainable Development Goals, a clean environment and good health were basic human rights.

48. Despite the progress made in developing healthy cities, there was abundant evidence that health inequalities went hand in hand with social disadvantage, low income and unhealthy lifestyles. Environmental factors, including pollution, violated the right of children to adequate health: in middle-income countries in the WHO European Region, 30% of schools lacked clean water supplies and 40% lacked toilet facilities, thus compromising well-being, learning and human dignity. The Region possessed suitable tools to analyse and close the equity gap and provide equitable access to water and sanitation services for all members of the population. Local initiatives in urban planning, including providing adequate housing for more disadvantaged socioeconomic groups, made a significant contribution. Employment reduced the risk of living in low-quality housing: having a job was a buffer against inequality. Successful environmental equity interventions had been carried out in Serbia, in a waste management project which was part of a greening of the economy, and in Germany in

social urban development. The WHO European Centre for Environment and Health had issued an assessment report in 2012 on environmental health inequalities in Europe, which was currently being updated.

Panel discussion

Panel members: Ms Elizabet Paunovic, WHO European Centre for Environment and Health (moderator); Ms Manuela Franco, Ambassador of Portugal to the Czech Republic; Ms Genon Jensen, Health and Environment Alliance (HEAL); Mr Dejan Komatina, Regional Environmental Center for Central and Eastern Europe; Mr Tomáš Macura, Mayor of Ostrava; Mr Antonio Marques Pinto, European Environment and Health Youth Coalition; Mr Karsten Petersen, European Committee of the Regions; Mr Baskut Tuncak, United Nations Special Rapporteur on the implications for human rights of the environmentally sound management and disposal of hazardous substances and wastes

49. Human rights are universal: they can be exercised at the local, national and global level and they are a powerful driver of sustainability, especially for vulnerable and marginalized groups. Authorities must ensure that the appropriate mechanisms are in place to sustain the environment, health and justice. It is important to transpose the motto “think global, act local” into all actions, creating local solutions, for example, in the food and agriculture sectors. Local communities and businesses must be consulted and cooperation encouraged on environmental issues such as curbing air pollution. It is important to reflect on the role of regional authorities and European citizens’ rights in the field of environmental health: there must be a right to access documentation and to make complaints to an ombudsman. Cities and regions are pillars of the democratic process: they develop policies that affect urban planning and its physical impact on health and well-being. In addition to the protections offered by the European Convention for the Protection of Human Rights and Fundamental Freedoms, citizens must be covered by a high level of environmental protection, in accordance with the principles of sustainable development. Cross-border cooperation in health care can contribute to better access to services.

50. It is important to regulate chemicals, including pesticides, and to ensure that the relevant science is communicated to policy-makers. Policy-makers must be made aware of the health costs of endocrine-disrupting chemicals, for instance, and must adopt regulations to protect health: civil society organizations can run social media campaigns to communicate the relevant information to politicians and the public. The health impacts of energy choices must also be clear; coal power stations should continue to be phased out and a choice of new renewable energy sources made available. Young people are a dynamic source of innovation and they must be included as stakeholders at the national and international levels; meaningful mechanisms for youth participation must be established and national priorities and decision-making processes developed in line with the Parma Declaration.

51. National water management and sanitation services are a key achievement made possible by the engagement of the political authorities in Portugal. A regulator with complete independence from the Government regulates the supply and quality of drinking water and promotes equity in tariff-setting; consumers are consulted. Previous disparities between the water and electricity supplies provided for densely populated coastal regions and less populous inner regions have been eliminated. From a regional perspective, the Regional Environmental Center for Central and Eastern Europe promotes cooperation among governments, nongovernmental organizations, businesses and academics, tackling such topics as air quality, promoting sustainable lifestyles including in cities, climate change, water resource management and sustainable use of resources. The Center works with stakeholders,

including civil society groups, and recognizes the need to raise social awareness of the negative impacts of certain human activities; multistakeholder platforms are of particular value in that context, connecting the business sector, for instance, to nongovernmental organizations in order to provide financial support for activities. A number of tools can be used to integrate science into the approaches adopted.

52. Respect for the rights of the child must be taken into account in the development of any new laws on environment and health. Health professionals and academics, including gynaecologists, obstetricians and midwives, should be involved in the formulation of policies, for instance on reducing exposure to toxic chemicals and on social justice. Portugal has made great progress in providing services, such as water supplies, for vulnerable populations; it has introduced end-user surveys and protected pricing and also ensures that the cost of water is subsidized by regional and municipal authorities for the benefit of disadvantaged populations. While environmental health issues impact all age groups, children and youth are particularly affected since they have the least ability to control their surroundings. The European Environment and Health Youth Coalition trains youth workers and provides advice on improving water, sanitation and hygiene in schools, bearing in mind the specific needs of rural areas, on a national and local basis. Following concerns about air pollution, the municipal budget in Ostrava includes a special fund that pays for schoolchildren to spend two weeks in the fresh air in mountain regions each year.

53. In Denmark, significant public spending is devoted to implementation of the Sustainable Development Goals with a particular focus on reducing health inequalities; life expectancy has been found to vary by as much as 10 years within an eight-kilometre radius as a result of social, environmental and pollution factors. In central and eastern Europe, the accessibility of water supplies and sanitation, especially for ethnic minorities and poor populations, is an issue, with an increase in the poverty gap being experienced in recent decades; varying levels of access to education, employment and health and social care exist in these countries, although all are setting targets based on the Sustainable Development Goals.

Plenary 6: Global relevance and impact of environment and health policies in Europe

54. Ms Maria Neira, Director, Department of Public Health, Environmental and Social Determinants of Health, WHO headquarters, said that the world had reached a turning point in respect of the effects of environmental factors on human health. In 2014, 92% of the world population had lived in areas where the WHO air quality standards had not been met. A total of 41% of the world population relied on solid fuels for indoor heating, which contributed to the 4.3 million premature deaths per year caused by ambient air pollution. The urban population of the world grew by 60 million every year, and one in three urban residents lived in slums or other informal settlements.

55. Climate change threatened to jeopardize health and development achievements through desertification and the resulting food insecurity and lack of water, an increase in waterborne and foodborne disease and an increase in respiratory diseases due to dust. Other environmental risk factors included poor sanitation, with 1 billion people in the world still obliged to defecate in the open, exposure to hazardous chemicals, responsible for 3 million deaths and the loss of 43 million disability-adjusted life-years globally, and obesity and other lifestyle factors. A total of 12.6 million deaths per year, or 23% of all deaths worldwide, were linked to environmental factors.

56. The WHO European Region had made good progress in reducing health risks due to environmental factors, but many challenges remained. One major opportunity was offered by the Sustainable Development Goals, which emphasized collaboration between different sectors. WHO was the custodian agency for a number of targets under Goal 2 (end hunger), Goal 3 (good health and well-being), Goal 6 (clean water and sanitation), Goal 7 (affordable and clean energy) and Goal 11 (sustainable cities and communities). Intersectoral action would be essential to tackle air pollution and achieve the transition to healthier and more sustainable sources of energy. The health sector should lead by example, using chemicals rationally, designing low-carbon buildings and creating less waste.

57. Existing international treaties and conventions, such as the UNECE Convention on Long-range Transboundary Air Pollution, the UNECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters (Aarhus Convention) and the Minamata Convention, should be fully implemented, with a focus on the outcomes rather than the process. A global initiative on health, environment and climate change, involving WHO, UN-Environment, the World Meteorological Organization and Member States, had been launched at the twenty-second session of the Conference of the Parties to the United Nations Framework Convention on Climate Change (Marrakech, Morocco, 7–18 November 2016).

58. The urban environment was crucial: mayors had the authority and resources to promote intersectoral activities in areas such as nutrition, noncommunicable diseases, mental health care, transport and housing. Action on housing must be consistent with the aims of sustainable development. More attention should be paid to primary prevention, which had accounted for only 3% of global health expenditure in 2013.

Panel discussion

Panel members: Mr Roberto Bertollini, Senior Adviser, Ministry of Public Health, Qatar (moderator); Mr Jan Dusik, United Nations Development Programme (UNDP); Mr James Lu, Medical Health Officer, Vancouver Coastal Health Authority, Canada; Ms Maria Neira, WHO headquarters; Ms Agnes Soares da Silva, Adviser, Environmental Epidemiology, Pan American Health Organization (PAHO); Mr Hermenegildo Valle, Under-Secretary of Health, Philippines

59. In the Asia-Pacific region, an estimated 7 million premature deaths every year are associated with environmental risk factors, including natural disasters associated with extreme weather events. An Asia-Pacific regional forum in October 2016 adopted the Manila Declaration on Health and the Environment, in which 28 ministers from the region have pledged to share knowledge and funding and make health an issue considered by every sector. A regional task force was now collecting relevant data.

60. The WHO Region of the Americas is highly urbanized. The burden of disease is high but unequally distributed between social groups. Meetings between ministers of health and the environment, which have taken place since 1995, are less structured than in other regions and are mainly focused on completing the unfinished business of existing commitments, including child health, chemicals and mercury contamination. PAHO also maintains contacts with ministers of agriculture on issues such as antimicrobial resistance and the human-animal health interface. The Sustainable Development Goals will require intersectoral action on a wide scale and the creation of cross-cutting agendas.

61. Many issues affecting cities are relevant for all regions. It is essential to consider not only the physical environment, but also the social environment and social determinants of health.

In Canada, a group of experts has recommended that environmental impact assessments should include social, health and economic impacts as well as purely environmental issues, and involve all sectors including civil society. Data disaggregated to the level of individual city neighbourhoods have been used in urban policy planning, and data on people with asthma attending hospital emergency rooms have been correlated with reports of poor air quality. Although approaches used successfully in other regions may provide a useful example, the solutions adopted must be tailored to the region concerned and its specific objectives.

62. International agreements such as the Sustainable Development Goals, the Minamata Convention and the outcome documents of the United Nations Environmental Assemblies can provide useful pointers for action. However, the time required to negotiate multilateral environment agreements must not be underestimated; the Minamata Convention was 50 years in the making.

63. It is important to provide possible solutions and emphasize the positive cobenefits of climate change mitigation efforts: people are more likely to see the connections between poor air quality and adverse effects on their health than an abstract link between climate change and poor health. The ultimate aim is to prevent health problems through a healthier environment by creating alliances between stakeholders working on issues such as air pollution and chemical safety and by ensuring a consistent response from the health sector. City-level actors, including mayors and local health professionals, should be supported to produce good local health outcomes, address the needs of all population groups and monitor and evaluate progress. Consistent political commitment is crucial.

64. In the ensuing discussion, participants described the contribution of international agreements to their national environment and health projects, involving stakeholders from various sectors. The South-eastern Europe Health Network, meeting at the Fourth Health Ministerial Forum (Chisinau, Republic of Moldova, 3–4 April 2017), adopted the Chisinau Pledge 2017: Health, well-being and prosperity in south-eastern Europe by 2030 in the context of the Sustainable Development Goals. The Pledge aims to integrate health into the Goals and into wider development approaches; develop regional approaches to achieving better health, well-being, prosperity, equity and accountability in health; strengthen regional cooperation in public health in south-eastern Europe; and establish a platform for cross-border collaboration in public health services, including all-hazard preparedness and response and services for points of entry pursuant to the International Health Regulations (2005).

65. Dr Jakab noted that not all international agreements in the field of environment and health were legally binding: a legally binding instrument was more likely to be implemented. With a new Director-General of WHO now in place and the preparations for the Thirteenth General Programme of Work under way, it was essential to ensure that public health concerns took their rightful place among WHO's priorities and to fill the remaining gaps.

Plenary 7: Exploiting less and producing more: economy of environment, health and well-being

66. Ms Anja Leetz, Executive Director of Health Care Without Harm Europe, said her organization had worked for 20 years to reduce the environmental impact of the health sector, using health professionals as advocates for policy change, with a focus on a rights-based approach to health and the rights to environmental health and access to health care. In 2016, the organization had set up the Hippocrates Data Center which helped hospitals to evaluate the action they took to reduce their environmental footprint. Reducing water and air pollution

must be a primary focus: exposure to air pollution caused 600 000 premature deaths each year. “Chemical trespass” (the spread of hazardous chemicals in the environment due to practices such as aerial spraying of pesticides) must be combatted to reduce the burden on the unborn child and to prevent the pharmaceutical pollution transmitted through breast milk. Steps must also be taken to counter contamination with mercury, endocrine-disrupting chemicals (which affected male reproductive health) and persistent organic pollutants. Safe collection and replacement of dental amalgam was one example of action to protect future generations. A cost-benefit analysis of sustainable health systems should include the cost savings made as a result of sustainable production and the benefits of the circular economy. Savings made through green health policies at the local level could be redirected into health care and should be evaluated according to the currently overlooked criterion of mortality reduction.

Panel discussion

Panel members: Mr Hans Kluge, Division of Health Systems and Public Health, WHO Regional Office for Europe (moderator); Ms Luminita Ghita, Directorate of Green Economy, Climate Change and Sustainable Development, Romania; Mr Philippe Grandjean, University of South Denmark, Denmark; Mr Marco Keiner, UNECE; Ms Anja Leetz, Health Care Without Harm Europe; Mr David Stanners, European Environment Agency; Mr Gerd Trogemann, UNDP Istanbul Regional Hub

67. Panel members commented on the economic implications of environmental risks to health and sustainable production and consumption and on the potential of the circular economy for health and well-being. The circular economy was originally envisaged as a means of achieving efficiency rather than health benefits, yet it is broadly based on ecological principles and, if applied intelligently in areas such as energy or food production, can provide health and environmental benefits. The circular economy can be used in a systemic approach to reduce waste and create clean materials cycles. The effects of niche developments and actions at the individual level, such as banning smoking, can be multiplied to global effect. The introduction of an ombudsman for future generations under the Well-being of Future Generations (Wales) Act 2015 is an example of this principle. Since 2001, the Aarhus Convention has provided European citizens with the right to access information, to public participation and access to justice: they have a right to know about the pollution surrounding them. There is a need for more collaboration between environment agencies and health-care systems and a need to build bridges between policy “silos”. In the case of the Minamata Convention, for instance, it will take decades to eliminate mercury from the environment but, in the meantime, health-care professionals can advise people, and especially pregnant women, to avoid seafood or to eat it prudently so as not to expose themselves to high levels of mercury. If people can have access to health data on their exposure to mercury it will help to protect the IQ of future generations. Similar issues occur with chemicals resulting from environmental exposures to substances found in breast milk, which babies find difficult to eliminate.

68. There will need to be a transition to sustainable production and consumption and to “ecological economics”, a concept developed by the Romanian mathematician Nicholas Georgescu-Roegen in 1971. The regulation of food production is an important aspect of ensuring quality and the elimination of hazardous chemicals from the food chain. One of the outcomes of the Seventh Environment for Europe Ministerial Conference (Astana, Kazakhstan, 21–23 September 2011) was a detailed plan on greening the economy, an objective closely related to the Sustainable Development Goals. In addition to the management of waste and chemicals, there must be a focus on the well-being of cities, with a

commitment to create low-carbon transport infrastructure and low-carbon vehicles and to increase the efficiency of the transport system. Poverty eradication and achievement of the Sustainable Development Goals require strong governance, partnerships and skills; UNDP acts as the principal agency in cases where governments do not have sufficient capacity, providing a range of toolkits and guidance for policy-makers and facilitating multipartner finance to enable countries to make health gains and reduce their carbon footprint. Hospitals need help in managing medical waste and addressing their procurement strategies in order to become more sustainable. Greening of the economy and renewable energy have created jobs in some countries and are therefore a positive contribution to the circular economy. The circular economy can be further aided by preventing harmful chemicals from entering production, such as the legislation in Europe banning the phthalate bis(2-ethylhexyl) phthalate (DEHP); the process is further aided by searchable databases which identify prohibited chemicals and thus prevent their use or import.

69. Participants shared their experiences: a new hospital is being built in Monaco to high environmental standards in respect of lighting, power, biosafety and waste management and using environmentally-friendly materials. Monaco has made a commitment to achieve carbon neutrality by 2050. The Monaco Declaration adopted by the Second International Symposium on the Ocean in a High-CO₂ World (Monaco, 6–9 October 2008) called upon policy-makers to stabilize atmospheric carbon dioxide to a safe level. Policy-makers must take into account the costs of damage and inaction and explore the possibilities of sustainable production. Participants stressed the need for a paradigm shift and for closer work with ministers of finance and health insurance funds. Health systems can lead the way for other sectors in addressing their carbon footprint. Emphasis was placed on the shared aims of the Sustainable Development Goals, the introduction of joint ministerial plans on health and the environment as evidenced in Israel, improvements in environmental standards including elimination of harmful pesticides, enhancement of open and green spaces, stringent regulation and investment in wastewater facilities and new technologies.

70. Participants drew attention to the importance of the economy of the environment and the circular economy and to the outcomes of the first World Circular Economy Forum (Helsinki, Finland, 5–7 June 2017). Reference was made to the contribution of the WHO Regions for Health Network. Hidden exposure to persistent organic pollutants in packaging and their harmful effects, including on unborn children, must be combatted. A toxicity-free environment should be the aim and e-waste should be properly shipped and disposed of, so as not to jeopardize the health of future generations. There must be a recognition that the resources of the planet should not be used beyond its capacities. Young people wish to live in a world free from asbestos and endocrine disruptors, and protection of the environment must be extended to all, especially to the young, to girls and to people from diverse backgrounds, including refugees. Cooperation was highlighted as a key element in future processes, including collaboration between environment, health, education, energy and cultural sectors; it is also crucial for collaboration to extend across borders. There must be monitoring and evaluation of implementation of the Ostrava declaration, but duplication must be avoided by promoting synergies and recognizing existing initiatives. The place of the 2030 Agenda for Sustainable Development and the Sustainable Development Goals was highlighted: the leadership provided by the WHO Regional Office for Europe in the Environment and Health Process greatly assists Member States.

Plenary 8: Strengthening and accelerating progress: from commitments at the Sixth Ministerial Conference towards better health, environment and sustainable development

71. Mr Lukáš Ženatý of the Ministry of the Environment of the Czech Republic introduced the “Slezsko” project, a pioneering example of cross-border collaboration on environment and health risk assessment and management, implemented with the support of the World Bank and inspired by the first Ministerial Conference on Environment and Health in 1989. The project had run from 1991 to 1997 in North Moravia and the Katowice region of Poland. Based on the sharing of knowledge, skills and technologies, it had enabled identification and management of environmental and health risks and had involved 3.6 million Czech and Polish citizens. The areas examined had included air and surface-water pollution, drinking water, food contamination, occupational diseases and waste management. The main sources of risk were: air pollution caused by coal and heavy industry; contamination of surface water with sewage and industrial effluent; and food contaminated by heavy metals and polychlorinated biphenyls. In partnership with nongovernmental organizations, a working group had coordinated the collection of data, aided by scientists from the United States of America. The problem in managing identified risks had been resolved by working with specific partners on each issue: for instance, the project had worked with coke plants in Ostrava on emission risk reduction and with a company that produced cellulose on reducing surface water pollution. Work had been conducted with the owners of contaminated sites. In the second phase of the project, an information centre had been established to pool knowledge, data and experiences. Two volunteer agreements on coke production and one with a local oil refinery had been negotiated. The project had liaised with regional authorities and had founded an economics working group. Results had been achieved in the technical, scientific, methodological (including risk simulation models), Czech and Polish cooperation and political fields. The chosen methodology of comparative assessment had become a prime tool to solve environmental problems. The project had proposed a number of solutions to reduce health risks, achieving cooperation with regional stakeholders including public administrations and industry; all the proposed actions were being implemented by State authorities.

72. Mr Thaler introduced the draft outcome documents of the Sixth Ministerial Conference: the declaration and two annexes. The declaration had been negotiated in many focused debates at the meetings of the Task Force in Haifa, Skopje, Vienna, Copenhagen and Ostrava. It focused on seven priorities: improving air quality; access to safe drinking-water and sanitation; minimizing the adverse effects of chemicals; waste management; the health risks of climate change; healthy and sustainable cities and regions; and environmental sustainability of health systems. The compendium of suggested actions for implementation in Annex 1 of the draft was linked with the 2030 Agenda for Sustainable Development and the Paris Agreement on climate change. The suggested actions were based on technical consultations with Member States, but did not constitute an exhaustive list. Annex 2 of the draft provided a renewed institutional arrangements for the Environment and Health Process, in partnership with UNECE and UN Environment, with closer links to the governing bodies of UNECE and the WHO Regional Office for Europe and with the Environment and Health Task Force as the single body steering and supporting the implementation of the Ostrava commitments. He hoped that many Member States and stakeholders would actively support the future work of the Task Force.

73. Mr Thaler invited Member States to adopt the Ostrava Declaration and expressed the hope that strong and active support would be forthcoming for its implementation. He

emphasized three significant issues in taking the declaration forward: fostering a sense of urgency among stakeholders since, without action, the problems would only increase; making the best of challenges and thinking about them in a positive way, focussing on the environmental and health benefits for our citizens and on the economic potential of environmentally friendly innovations; and not succumbing to the fashion of thinking in “splendid isolation”, but promoting greater pan-European cooperation and partnership and making sustainable choices for health and the environment before it was too late.

Panel discussion

Panel members: Mr Jan Dusik, UNEP (moderator); Ms Sascha Gabizon, Women in Europe for a Common Future/ECO FORUM; Ms Jill Hanna, Directorate-General for Environment, European Commission; Mr Marco Keiner, UNECE; Mr Sergei Kraevoy, Deputy Minister of Health, Russian Federation; Mr Zbigniew Król, Under-Secretary of State, Ministry of Health, Poland

74. Panel members emphasized the need to include young people and broaden cooperation with civil society organizations focusing on youth and women’s health. Youth delegates outlined the role played by social entrepreneurship in reaching communities and the importance of local government support for social start-ups. Young people involved in civil society organizations in Albania are working with Roma communities, where the lack of toilet facilities at schools in rural areas prevents girls from attending school when they are menstruating. Another youth delegate highlighted the need to engage major stakeholders on environmental questions and on achieving financing for development and the need to ensure transparency and to avoid conflicts of interest in governments’ selection of civil society partners, an area in which the Aarhus Convention comes into play.

75. In the Russian Federation, there is a serious commitment to the principles of the declaration, and a national legislative base will be created in order to implement it. A number of State policies have already been adopted on chemical and biological safety in accordance with the Parma Declaration. A budget will be assigned for implementation of all seven priorities of the declaration. Decisions will be taken based on scientific data and scientific risk assessment in relation to chrysotile asbestos. In Poland, issues relating to health and the environment will be coordinated under one ministry: air pollution in cities will be tackled by focusing on ecomobility, with some 45 cities participating in schemes to create awareness of climate change and reduce harmful emissions. A national programme for public health focuses on the elimination of environmental hazards, aiming to create awareness among civil society and spreading public knowledge. Air pollution will be the first topic to be tackled and legislation will be introduced gradually in a strategic approach incorporating the Strategic Approach to International Chemicals Management policy framework to promote chemical safety.

76. The European Commission sees links between the Ostrava Declaration and the work of the European Union: health services and urban planning are the responsibility of Member States, but policies can be coordinated at the regional level. It is a welcome development that the issue of Roma rights has been raised. Contributions to implementing the declaration will come from practical solutions to climate change and from the circular economy. The European Commission Directorate-General for Research and Innovation has been working on the issues outlined in the draft declaration and comprehensive legislation has been introduced on air quality, waste management, water and chemical safety although implementation remains a problem: after five days at the beginning of January 2017, London had breached both European Union and WHO air pollution limits for the entire year. Implementation is

therefore crucial and it is important for civil society to become involved in combating State and individual breaches of the law. More than 10% of European Union spending will be devoted to health and the environment over the current seven-year period: governments must be persuaded to commit to spending more on elimination of pollution, and pressure must be brought to bear on countries that have not committed to developing national programmes for the elimination of asbestos-related disease or supporting the inclusion of chrysotile asbestos in Annex III of the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade. Governments can build on the “Save water, grow green!” and the Batumi Action for Cleaner Air (2016–2021) initiatives of the Seventh and Eighth Environment for Europe Ministerial Conferences.

77. In statements from the floor, the representative of Serbia emphasized that the Protocol on Water and Health was the “child” of the European Environment and Health Process. During the present conference, the Protocol had been broadly recognized as a powerful legal instrument for the protection of health and well-being, linking sustainable management of water resources with the prevention and control of water-related diseases. The Protocol had been a precursor of the Sustainable Development Goals, and had put the European region on the right track by promoting integration of policies, strong intersectoral cooperation and equity. It had been instrumental in pursuing the commitments made at the Fifth Ministerial Conference on Environment and Health related to water and sanitation, and was an effective instrument for translating the priorities of the Ostrava declaration into relevant national targets and supporting and monitoring their progressive realization. At the fourth session of the Meeting of the Parties to the Protocol (Geneva, 14–16 November 2016), Serbia had assumed the chairmanship. That step reflected Serbia’s full commitment and dedication to completing the unfinished environment and health agenda in Europe and responding to the diverse emerging challenges in water, sanitation and health. As the Chair of the Bureau, Serbia encouraged all countries that had not yet acceded to the Protocol to consider doing so. Serbia, together with the Bureau, stood ready to facilitate and support that process.

78. Other representatives noted that there are diverse regions and priorities within Europe and their ability to reach environment and health goals will be impacted by their financial and technical capabilities. Ministers for environment and health must seek to influence domestic legislation and pressure must be brought to encourage a more senior-level ministerial presence at conferences. Great strides have been made in recent years in agreeing chemicals conventions that are legally binding, but more focus is needed on capacity building, which requires money and expertise. Emphasis must be placed on twinning arrangements, with bilateral cooperation facilitated by WHO.

79. Dr Jakab said that the declaration and its annexes represented a dream and a long-term vision for the coming years. The declaration would be implemented in accordance with needs and priorities in different countries and the crucial issue was political commitment in order to move forward with a transformative agenda. The processes leading to the Ostrava Conference had been truly impressive, and lessons could be learned that would assist other intersectoral work on implementation of the Sustainable Development Goals. The excellent work of the WHO European Centre for Environment and Health had contributed greatly to the process, supported by the generosity of the Government of Germany. It was important that the organizational arrangements for environmental and health processes should be further streamlined and disseminated through the governing bodies of relevant international institutions. The themes must be drawn to the attention of political leaders and policy-makers; they provided an excellent opportunity to reach out to health ministers. The full engagement of civil society, young people and citizens in the regions was crucial to

successful implementation of the declaration. It was also important to reach out to the private sector, since it must necessarily be part of the solution.

Plenary 9: Adoption and signing of the Ostrava Declaration on Environment and Health

80. Participants considered the final draft of the Ostrava Declaration, finalized at an informal meeting of the Task Force immediately prior to the Ministerial Conference.

81. Ms Charlotte Marchandise-Franquet, Deputy Mayor of Rennes, France, and Ms Odile Mekel, Head of the Division of Health Data and Assessments, Health Care System, North-Rhine Westphalia Centre for Health, Germany, speaking on behalf of the WHO European Healthy Cities Network and the European Regions for Health Network, expressed the two networks' support for the declaration and emphasized the leading role of cities and regions in addressing and promoting the cobenefits to health and well-being from action to protect the environment. Cities and regions held a strong mandate for action: they were closest to the people and their input was crucial in decision-making at all levels. It was essential to reduce health inequalities by addressing the social, cultural, economic and environmental determinants of health and well-being, especially among vulnerable groups. More coherent policies and better governance were required at all levels: regions, cities and municipalities could help to create participatory governance processes that promoted empowerment and trust.

82. Greater respect for human rights was required in order to address health inequalities, create healthy urban places and inclusive cities and meet the specific health needs of rural populations. Advances in gender equality and promotion of the rights of lesbian, gay, bisexual, trans and intersex people and other vulnerable groups were fundamental to societal well-being, peace and sustainable development. The two networks would use their wealth of experience to contribute to the common vision of increasing the empowerment of people and communities, encouraging peer learning among cities and regions, sharing good practices, developing tools and policies and increasing the resilience of cities and regions faced with escalating environmental challenges.

83. Mr António Marques Pinto of the European Environment and Health Youth Coalition presented the Ostrava Youth Declaration 2017 and the accompanying Youth Commitment to Act, based on the Vienna Youth Position Paper, submitted to the sixth meeting of the Task Force (Vienna, Austria, 29–30 November 2016). Young people welcomed the leadership of governments, but urged them to rule prudently. The Youth Coalition had established a number of national platforms with their own plans and goals, creating a sound framework for future action and an unprecedented degree of accountability. In the Youth Declaration, young people welcomed the reaffirmation of Member States' commitments to improving water supplies, sanitation and air quality, reducing waste and pollution and strengthening resilience to climate change, and the new commitment to achieving environmental sustainability of health systems and increasing the sustainability and resilience of European cities.

84. He thanked the Chair and members of the Task Force for their support for participation by young people, and paid tribute to the youth delegates who had worked so tirelessly to advance the Youth Coalition's environment and health goals. However, much more could be done to strengthen youth involvement in the Environment and Health Process: he called upon Member States to provide practical support for youth participation by recognizing the national platforms as stakeholders, providing financial support and facilitating the meaningful participation of young people in decision-making processes. Young people should be

included in local and national task forces and involved in national decision-making and policy development related to environment, health mobility and transport. Ministries of health, environment, youth and education should collaborate to set up and strengthen formal and non-formal education programmes in relevant areas. The Youth Declaration was complemented by the Ostrava Youth Commitment to Act 2017, listing 33 commitments on the thematic areas addressed by the future declaration. An implementation plan would follow shortly.

85. Europe would not get another chance: time was scarce and the environment was changing rapidly, with frightening consequences for health. The younger generation could wait no longer for the policies which were necessary to address the current problems. Today's leaders could not solve those problems without strong collaboration, inclusivity, compromise and good governance. If they did not live up to the commitments of the declaration, they would be guilty of a moral as well as a political failure.

86. Mr Peter Keulers, Deputy Head of Mission, Embassy of the Netherlands to the Czech Republic, welcomed the strong links between the Environment and Health Process and the Sustainable Development Goals.¹ He expressed appreciation for the renewed focus on water and air quality, healthy cities, sustainable health systems and chemicals, including asbestos, which still caused hundreds of deaths every year in his country. It was important to stress the potential economic benefits of improvements in environment and health, including for health systems. The Netherlands – an industrialized, densely populated country vulnerable to flooding – sought to create a non-toxic environment for all residents through a safe-by-design approach for new products, processing, planning and development, in order to prevent pollution and phase out contamination in the circular economy. That could not be achieved by government action alone: it would require cooperation and partnership with local authorities, industry, academia, nongovernmental organizations and citizens. He expressed his country's full support for the declaration and its willingness to share its experiences with other Member States and partners.

87. Mr Amiran Gamkrelidze, Director-General, National Centre for Disease Control and Public Health, Georgia, expressed the commitment of his country, as the host of the Eighth Environment for Europe Ministerial Conference (Batumi, Georgia, 8–10 June 2016), to the Environment and Health Process and the draft declaration and called upon all Member States to adopt it.

88. Mr Axel Vorwerk, Deputy Director General and Head of Directorate IG II Environmental Health and Chemical Safety, Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Germany, emphasized the great diversity of the WHO European Region and the many changes in the political climate since the previous Ministerial Conference. He called for a greater emphasis on capacity building and bilateral "twinning" projects, in which the European Centre for Environment and Health in Bonn should play a key role.

89. Mr Daniel Meron, Ambassador of Israel to the Czech Republic, Ministry of Health of Israel, expressed his country's support for the draft declaration and called upon all Member States to adopt it.

¹ For the full text of the statement, see www.euro.who.int/en/media-centre/events/events/2017/06/sixth-ministerial-conference-on-environment-and-health/documentation#342385.

90. Mr Markus-Alexander Antonietti, Ambassador, Embassy of Switzerland, likewise expressed his country's support for the draft declaration.¹

91. The Ostrava Declaration on Health and Environment was adopted by acclamation and symbolically signed by Mr Kolaja and Dr Jakab. The text of the Declaration and its annexes is reproduced in Annex 3.

Closure of the Sixth Ministerial Conference on Environment and Health

92. Mr Thaler congratulated all delegations and participants on the adoption of the Declaration. However, the adoption was just the beginning: strong, forward-looking political will and committed action would be required to implement its provisions. He strongly recommended the active involvement of youth in that process.

93. Mr Dusik commended the city of Ostrava, the Moravian-Silesian Region and the Czech Government on the successful conclusion of the Ministerial Conference and welcomed the new, leaner institutional structure of the Process.

94. Mr Keiner said that much had changed in the world since the previous Ministerial Conference with the advent of new policy frameworks such as the Sustainable Development Goals. He pledged the support of UNECE for the work ahead.

95. Mr Macura thanked all participants for coming to Ostrava, which was applying for the role of European Green Capital in 2020. Mr Kolaja reiterated the commitment of the Czech Republic to cooperation at international level for more accurate identification of threats to public health due to environmental factors. International cooperation was vital for improving air quality and protecting groundwater supplies in Europe. His country's foreign policy was designed to promote implementation of the Sustainable Development Goals and provide effective foreign development assistance.

96. Dr Jakab said that the Declaration – a voluntary commitment to make Europe a better place in which citizens would enjoy better health, better environments and be able to pursue sustainable choices – opened up a new phase of intersectoral collaboration.² She paid tribute to Mr Thaler, the Chair of the European Environment and Health Task Force, as well as the other members of the Task Force and its Ad-hoc Working Group and the Ministerial Board for their hard work in negotiating the Declaration, which would provide hope and inspiration for the work ahead. The Ministerial Conference had introduced a number of important innovations. It had transformed the Environment and Health Process into a platform for the implementation of the 2030 Agenda for Sustainable Development and Health 2020: however, the Process must also serve as a tool to engage other major sectors, such as agriculture, energy and transport, if real change was to be achieved. Other stakeholders – civil society, financial institutions and mechanisms, the private sector and other nontraditional partners – must likewise be involved.

97. The Process must address environment and health issues within the wider context of social processes, addressing injustice and inequity and considering the social as well as the physical resilience of communities. The strong link between the Process and the governing bodies of the WHO Regional Office for Europe and UNECE would ensure that the necessary

¹ For the full text of the statement, see www.euro.who.int/__data/assets/pdf_file/0005/343049/Statement-Mr-Markus-Alexander-Antonietti-Swiss-Ambassador-to-the-CZ.pdf?ua=1.

² For the full text of Dr Jakab's closing remarks, see www.euro.who.int/en/about-us/regional-director/speeches-and-presentations-by-year/2017/speech-closing-remarks-at-the-sixth-ministerial-conference-on-environment-and-health.

emphasis was placed on environment and health in the work of both agencies. The Ministerial Conference had brought the environment and health agenda closer to people and the places where they lived: the Process was committed to working with cities and regions to deliver change.

98. The Ministerial Conference had agreed on leaner and more effective institutional arrangements and strengthened collaboration with UNECE and UN-Environment, which would facilitate coordinated and coherent progress towards the Sustainable Development Goals. Member States had committed themselves to developing a national portfolio for action over the coming year in the seven priority areas, depending on their national circumstances. Now they must act persistently, decisively and with courage.

99. She expressed her appreciation for the generous and welcoming partnership and hospitality of the Czech Government, the authorities of the Moravian-Silesian Region and the City of Ostrava, and for the contribution of UNECE and UN-Environment, which would continue under the new institutional arrangements. She thanked all speakers, moderators, panellists and other participants, who had all made the Ministerial Conference such a success, and commended the hard work of her staff at the Regional Office and the WHO European Centre on Environment and Health and the local Czech staff.

100. Mr Thaler declared the Sixth Ministerial Conference on Environment and Health closed at 13:05 on 15 June 2017.

Annex 1. Scope and purpose

The ministerial conferences of the European Environment and Health Process provide a unique intersectoral policy platform bringing together relevant sectors and partners to shape policies and actions on environment and health, to support the implementation of effective evidence-based policies and to advance actions on environment, health and well-being in the WHO European Region.¹

Almost one and a half million deaths per year in the WHO European Region, equivalent to 16% of all deaths and of the total burden of disease, are caused by environmental risks that could be avoided and/or eliminated. There is therefore an urgent need to continue and strengthen the efforts to address the leading environmental determinants of ill-health, such as air pollution, inadequate water and sanitation services, hazardous chemicals, waste, contaminated sites and climate change. The budgetary constraints of Member States, socioeconomic and gender inequalities, extreme climate events, and increases in noncommunicable diseases, the ageing of the population and an unprecedented level of migration between and within countries in the Region exacerbate those challenges. The complex relationships between environmental, biological, demographic, economic, social and other factors call for improving the resilience of communities to the physical, natural and social pressures of the 21st century.

Participants in the Sixth Ministerial Conference will discuss new responses to these multiple challenges. The responses must take into account evidence demonstrating that preserving the integrity of the environment at the global level is essential to the survival of humankind. They should also recognize the cross-border nature of environmental challenges; the necessity to focus actions not only at the national level, but also at the subnational and city levels; the compelling importance of identifying the most vulnerable; and the need for good governance, which includes involving stakeholders and citizens.

By focusing on the creation of supportive environments and resilient communities – one of the pillars of the WHO European policy for health and well-being (Health 2020) – the Sixth Ministerial Conference aims to position the European Environment and Health Process as a platform for implementing selected and relevant environment and health goals and targets of the 2030 Sustainable Development Agenda in the European Region.

The Conference is organized by the WHO Regional Office for Europe in close partnership with the United Nations Economic Commission for Europe and the United Nations Environment Programme, and is generously hosted by the Government of the Czech Republic, the Moravian-Silesian Region and the City of Ostrava.

The European Environment and Health Task Force, supported by its Ad-hoc Working Group, served as the steering body for the preparation of this Conference. The priorities for the Sixth Ministerial Conference were identified and negotiated through a broad, inclusive consultation process initiated at the High-level Mid-term Review in Haifa, Israel, in 2015.

At the Conference, Member States will adopt a declaration negotiated through a broad, inclusive consultative process, which will include an action plan for its implementation and agreement on revised institutional arrangements for the European Environment and Health

¹ The First Ministerial Conference on Environment and Health was held in Frankfurt, Germany, in 1989, and was followed by conferences in Helsinki, Finland, in 1994, London, United Kingdom, in 1999, Budapest, Hungary, in 2004, and Parma, Italy, in 2010, where the first-ever time-bound targets on leading environment and health risk factors in Europe were adopted, together with a renewed institutional arrangements for the European Environment and Health Process.

Process after 2017.

In particular, the Sixth Ministerial Conference on Environment and Health aims to:

- take stock of the state of health and environment in Europe and of major trends and concerns of today and tomorrow;
- review progress and challenges in achieving the commitments taken at previous Conferences, renewing the commitment of Member States to attain the targets agreed in Parma in 2010;
- position the European Environment and Health Process as a platform for implementing the Agenda 2030 for Sustainable Development and for existing commitments and international obligations, such as relevant World Health Assembly and WHO Regional Committee resolutions, as well as strengthening synergies with multilateral environmental agreements and relevant policy platforms;
- inspire, support and expand actions, through the adoption of national portfolios for action by all Member States, which will address national environment and health priorities advised by a proposed set of evidence-based effective actions;
- adopt a renewed institutional arrangements for the European Environment and Health Process, strengthening links to WHO and UNECE governing bodies, enhancing collaboration between WHO, UNECE and UNEP, working closer with subnational and local authorities, and promoting whole-of-government and whole-of-society approaches.

Further information is available on the website of the Sixth Ministerial Conference on Environment and Health at www.euro.who.int/en/Ostrava2017.

Annex 2. Programme of the meeting

Monday, 12 June 2017

Arrival in Ostrava and hotel transfer from the airport and the train station

09:00-19:00

Registration at:

09:00-19:00 Mercure Ostrava Centre Hotel

15:00-19:00 Clarion Congress Hotel Ostrava

15:00-19:00 Park Inn Ostrava Hotel

15:00-19:00 Best Western Hotel Vista

17:00-19:00

Session of the European Environment and Health Task Force (**for Member States and official stakeholders only**)
- **location to be confirmed**

Tuesday, 13 June 2017

08:00-17:00

Registration at:

Hotel Mercure (08:00-11:30), Ostrava City Hall (08:00-10:00), Old Brick House (8:00-11:00) and Multifunctional Auditorium GONG (09:00-17:00)

09:00-12:00

Informal European Ministerial Consultation for the 2017 Environment Assembly (UNEA-3) (**Old Brick House 3: Dance Hall**) in English and Russian

09:00-11:30

Side events

SE1 Cities and regions: building environmental and social resilience in the context of the global environmental changes

(Ostrava City Hall) *English only*

SE2 Health sector's role in addressing the environmental determinants (Ostrava City Hall) *English only*

09:00-10:15

Side events

SE3 Citizens and the health community - stakeholders for better health and better air (Old Brick House 1: Day Club) *English only*

SE4 Climate change adaptation and mitigation for European cities (Old Brick House 2: Music Club) *English only*

SE5 Protecting children from exposure to harmful chemicals to avoid irreversible damage (Science and Technology Centre: Cinema) *English only*

SE6 New science to understand the impact of environment on health: exposome (Science and Technology Centre: Science Theatre) *English only*

10:30-11:45

Side events

SE7 Water, sanitation, hygiene and health: closing the equity gap (Old Brick House 1: Day Club) *English only*

SE8 Informing and evaluating policies for chemical safety: HBM4EU, the human biomonitoring initiative in the European Union (Old Brick House 2: Music Club) *English only*

	SE9 Environmental noise – the underestimated public health problem (Science and Technology Centre: Cinema) <i>English only</i>
	SE10 Success and challenges of youth participation in the European Environment and Health Process: from Parma to Ostrava and beyond (Science and Technology Centre: Science Theatre) <i>English only</i>
10:00-11:15	SE11 Impact of industrially contaminated sites on human populations - a global environmental health priority (GONG: Lounge room) <i>English only</i>
12:00-12:40	Press conference
12:00-13:00	<i>Welcome lunch (GONG)</i>
13:00-14:30	Plenary session 1 Opening of the Sixth Ministerial Conference
14:30-15:00	<i>Coffee break</i>
15:00-16:30	Plenary session 2 Status of and perspectives on environment and health in Europe: pressures on and opportunities for improvement of health and well-being
16:30-18:00	Plenary session 3 Finishing the unfinished business: sound environmental policies as the most effective public health tool for a sustainable future in Europe
18:00-20:00	<i>Transfers from Conference to hotels and to the reception venue</i>
20:00	<i>Evening reception hosted by the Czech Republic at the Silesian Ostrava Castle (www.czechtourism.com/c/ostrava-slezskoostravsky-castle/)</i>
<u>Wednesday, 14 June 2017</u>	
08:00-08:30	<i>Transfers to the Conference venue</i>
08:00-17:00	Registration (GONG)
09:00-10:30	Plenary session 4 Resilient communities in supportive urban environments
10:30-11:00	<i>Coffee break</i>
11:00-12:30	Plenary session 5 Maximizing the benefits for people of international and national environment and health policies
12:30-14:30	<i>Lunch break</i> <i>Ministerial lunch for heads of delegations</i>
13:00-14:15	Side events SE12 Scaling up active mobility in Europe: the Transport, Health and Environment Pan-European Programme from Paris 2014 to Vienna 2019 (Old Brick House 1: Day Club) <i>English only</i> SE13 Cleaner air - healthier life (Old Brick House 2: Music Club) <i>English only</i> SE14 Advancing the elimination of asbestos-related diseases (Old Brick House 3: Dance Hall) <i>English and</i>

*Russian***SE15 Health at the heart of the urban development strategy***(Science and Technology Centre: Cinema) English only***SE16 Towards environmentally sustainable health systems: harnessing the benefits of sustainability for better health** *(Science and Technology Centre: Science Theatre) English only***14:30-16:00****Plenary session 6****Global relevance and impact of environment and health policies in Europe****16:00-16:30***Coffee break***16:30-18:00****Plenary session 7****Exploiting less and producing more: economy of environment, health and well-being****18:00-20:00***Transfers from Conference to hotels and to the reception venue***20:00***Evening reception hosted by the WHO Regional Office for Europe at the Trojhalí Karolina (<http://trojhali.cz/en>)***Thursday, 15 June 2017****08:00-08:30***Transfers to Conference venue***08:00-12:00****Registration (GONG)****09:00-10:30****Plenary session 8****Strengthening and accelerating progress: from commitments at the Sixth Ministerial Conference towards better health, environment and sustainable development****10:30-11:30***Coffee break***11:30-13:30****Plenary session 9****Closing of the Sixth Ministerial Conference: adoption and signing of the Ostrava Declaration on Environment and Health****13:30-15:30***Lunch reception hosted by the Foreign Minister of the Czech Republic***15:30-17:00***Transfers from Conference to hotels, airport and train station*

Annex 3. Ostrava Declaration

DECLARATION OF THE SIXTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

In the WHO European Region, environmental factors that could be avoided and/or eliminated cause 1.4 million deaths per year. The major health impacts of environmental determinants in the Region are related to noncommunicable diseases, disabilities and unintentional injuries, with growing concern about the impact of climate change and biodiversity loss on changing patterns of existing and emerging communicable diseases, and about adverse reproductive outcomes. Addressing the existing and emerging challenges requires additional, strong joint action.

We, the ministers and representatives of Member States in the European Region of the World Health Organization (WHO) responsible for health and the environment, with the WHO Regional Director for Europe, in the presence of the Regional Director for Europe of the United Nations Environment Programme (UNEP) and of high-level representatives of the United Nations Economic Commission for Europe (UNECE) and of the European Union, other United Nations and intergovernmental organizations and nongovernmental organizations

Have come together at the Sixth Ministerial Conference on Environment and Health – generously hosted by the Czech Republic, jointly organized by the WHO Regional Office for Europe, UNECE and UNEP, and held on 13–15 June 2017 in Ostrava, Czech Republic – to shape future common actions to decrease the burden of diseases caused by environmental factors for current and the future generations and to promote synergies between our two sectors and stakeholders as the key to achieving health and well-being objectives of the United Nations 2030 Agenda for Sustainable Development.

We:

1. *Recognize* that the 2030 Agenda for Sustainable Development highlights critical and inseparable links between development, environment, human health and well-being, and the economy as central to the attainment of a wide range of human rights, including: the rights to life; the enjoyment of the highest attainable standard of physical and mental health; an adequate standard of living; safe food, drinking-water and sanitation; safety; and clean soil, waters and air, which are key to promoting just, peaceful, inclusive and prosperous societies today and in the future;
2. *Acknowledge* that sound environment and health policies have greatly contributed to the overall increase in life expectancy and well-being in the WHO European Region over the past decades, and that health gains are among the most socially and economically desirable benefits of adequate environmental protection;
3. *Note with concern* that environmental degradation and pollution, climate change, exposure to harmful chemicals and the destabilization of ecosystems threaten the right to health, and disproportionately affect socially disadvantaged and vulnerable population groups, thereby exacerbating inequalities;
4. *Recognize* the health benefits of addressing climate change, and support the Paris Agreement in its acknowledgment of the importance of the right to health in the actions to be taken to address climate change;

5. *Emphasize* that every government and public authority at all levels of governance shares the common responsibility for safeguarding the global environment through intersectoral collaboration and citizens' participation, and for promoting and protecting human health for all from environmental hazards across generations and in all policies. For this reason, governments and public authorities should be aware that their decisions, actions and operations may affect environment and human health, both within and across the borders of each country;
6. *Recognize* that the 2030 Agenda for Sustainable Development and Health 2020, the European policy for health and well-being, commit us to coherent multisectoral strategies that emphasize system-wide and equitable preventive policies to improve environmental health conditions, and keep in mind the consequences for the social determinants of health, particularly amongst the least privileged in the Region;
7. *Reaffirm* the European Charter on Environment and Health of 1989, the principles laid down therein, and our decisions from previous ministerial conferences;
8. *Note with concern that* the three time-bound targets for 2015 and two targets for 2020 from the Fifth Ministerial Conference on Environment and Health have yet to be achieved;
- 9. We therefore resolve:**
 - a. to protect and promote the health and well-being of all our people and to prevent premature deaths, diseases and inequalities related to environmental pollution and degradation;
 - b. to consider equity, social inclusion and gender equality in our policies on the environment and health, also with respect to access to natural resources and to the benefits of ecosystems;
 - c. to advocate the health benefits of sustainable production and consumption, a transition from fossil to renewable energy in an appropriate time frame, the use of clean and safe technologies, and a shift to low-emission and energy-efficient transport and mobility integrated with urban and spatial planning;
 - d. to work towards communities, infrastructures and health systems that are resilient, particularly to climate change;
 - e. to strive to fulfil the vision of a healthy planet and healthy people through our work in the WHO European Region, by working in partnership with all relevant sectors and stakeholders;
 - f. to strengthen the implementation of our existing international obligations and voluntary commitments related to promoting our environment and health agenda;
 - g. to maintain and further develop adequate mechanisms to gather and analyse relevant evidence on health and environment as a basis for our decisions, taking into account the precautionary principle;
 - h. to actively support open, transparent and relevant research on established and emerging environment and health risks in order to strengthen the evidence-base to guide policy-making and preventive action.

10. We will use the European environment and health process as an established intersectoral and inclusive process and platform for the implementation of the 2030 Agenda for Sustainable Development and for contributions to the strategic planning, coordination, implementation, monitoring and reporting of progress made towards the objectives of this Declaration.
11. In particular, while strengthening the public health functions of the health systems, we will expand our capacities to work across all sectors, levels of government and stakeholders to reduce environment-related health risks for our citizens, and will promote public participation, and access to information and justice on environment and health.
12. Through enhancing national implementation, we will strive to make a difference for our citizens. To this effect, we will develop national portfolios of actions on environment and health by the end of 2018, as stand-alone policy documents or parts of others, respecting differences in countries' circumstances, needs, priorities and capacities. These portfolios will draw on Annex 1 to this Declaration, which is a compendium of possible actions to facilitate its implementation, focusing on the following areas:
 - a. improving indoor and outdoor air quality for all, as one of the most important environmental risk factors in the Region, through actions to meet the values of the WHO air quality guidelines in a continuous process of improvement;
 - b. ensuring universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings, while promoting integrated management of water resources and reuse of safely treated wastewater, where appropriate;
 - c. minimizing the adverse effects of chemicals on human health and the environment by: replacing hazardous chemicals with safer alternatives, including non-chemical ones; reducing the exposure of vulnerable groups to hazardous chemicals, particularly during the early stages of human development; strengthening capacities for risk assessment and research to secure a better understanding of human exposure to chemicals and the associated burden of disease; and applying the precautionary principle where appropriate;
 - d. preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites, by advancing towards the elimination of uncontrolled and illegal waste disposal and trafficking, and sound management of waste and contaminated sites in the context of transition to a circular economy;
 - e. strengthening adaptive capacity and resilience to health risks related to climate change and supporting measures to mitigate climate change and achieve health cobenefits in line with the Paris Agreement;
 - f. supporting the efforts of European cities and regions to become healthier and more inclusive, safe, resilient and sustainable through an integrated, smart and health-promoting approach to urban and spatial planning, mobility management, the implementation of effective and coherent policies across multiple levels of governance, stronger accountability mechanisms and the exchange of experience and best practices in line with the shared vision established by the New Urban Agenda;

- g. building the environmental sustainability of health systems, and reducing their environmental impacts through such means as efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their life-cycle and reduced pollution through safely managed waste and wastewater, without prejudice to the sanitary mission of health services.
13. Through our national portfolios for action, we will also pursue, until their achievement, the five time-bound targets of the Fifth Ministerial Conference on Environment and Health on: ensuring tobacco smoke-free environments for children, developing national programmes to eliminate asbestos-related diseases, and identifying the risks posed by exposures to harmful substances and preparations and eliminating them as far as possible by 2015; and addressing water, sanitation and hygiene in settings used by children, and safe environments that support physical activity of children by 2020.
14. To address those priorities effectively, we will:
 - a. engage in national implementation, sharing knowledge and providing a platform for collaboration and communication;
 - b. mobilize resources and build or pool capacities, which may include bilateral or multilateral international collaboration;
 - c. promote policy coherence and convergence between the European environment and health process, the “Environment for Europe” process, UNEP, the governing bodies of the relevant multilateral agreements on environment and health, and intersectoral programmes, processes and policies;
 - d. advance the implementation of existing commitments and instruments, particularly those resulting from the European environment and health process (the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes, and the Transport, Health and Environment Pan-European Programme – THE PEP), relevant resolutions of the World Health Assembly and WHO Regional Committee for Europe, and conventions and related instruments jointly implemented by environment and health sectors;
 - e. strengthen the knowledge and capacity of health and environment professionals for health impact assessment through further education and training;
 - f. increase the role of formal and informal education in the public’s understanding of complex environment and health issues and effective measures to address them;
 - g. continue and expand key strategic and institutional partnerships, while ensuring the appropriate participation of all relevant intergovernmental and non-State actors;
 - h. encourage the European Environment and Health Youth Coalition (EEHYC) to continue being an active partner in the European environment and health process, and commit ourselves to supporting the creation of national youth platforms in our countries and continuing to work with the EEHYC.
15. We will measure and report on progress towards the implementation of our commitments using national reporting on the achievement of the Sustainable Development Goals and their targets.

16. To sustain the European environment and health process, we will support and participate in the institutional arrangements that are necessary for the realization of the commitments of this Declaration, which are elaborated in Annex 2.
17. We call upon the governing bodies of WHO and UNECE to support these commitments, including by making every effort to mobilize the necessary resources.
18. We resolve to support the attainment of our commitments at the national and international levels, and the work of the WHO Regional Office for Europe and UNECE in environment and health, in close collaboration with UNEP, according to our financial means and budgetary possibilities.

Signed on 15 June 2017 in Ostrava, Czech Republic:

Lubomír Zaorálek

Minister of Foreign Affairs

Czech Republic

Dr Zsuzsanna Jakab

Regional Director

WHO Regional Office for Europe

Annex 1.

Compendium of possible actions to advance the implementation of the Ostrava Declaration**Introduction**

1. Member States of the WHO European Region committed to strengthen and advance actions towards improving the environment and health at international, national and subnational levels through the Declaration of the Sixth Ministerial Conference on Environment and Health, held in Ostrava, Czech Republic, on 13–15 June 2017. This document is provided as guidance to Member States to support the development of national portfolios for action. To that effect, it highlights the importance of the themes addressed by the Declaration, presents the objectives to be attained with respect to these priorities and proposes actions to achieve them.
2. The actions also include those to pursue the commitments taken at the Fifth Ministerial Conference on Environment and Health held in Parma, Italy, in 2010. In particular, they support the achievement of the five time-bound targets of the Parma Conference: ensuring tobacco smoke-free environments for children; developing national programmes for the elimination of asbestos-related diseases; identifying and eliminating the risks posed by exposures to harmful substances and preparations as far as possible by 2015; addressing water, sanitation and hygiene in children's settings; and providing safe environments that support children's physical activity by 2020.
3. The compendium of action fully takes into account that:
 - (a) much progress could be achieved by focusing on strengthening the implementation of the many commitments that have already been taken by Member States in other relevant fora (see Appendix 1);
 - (b) working through the European Environment and Health Process, Member States can make sustained progress in achieving a number of selected targets of the Sustainable Development Goals (SDGs), as well as in implementing Health 2020, particularly with respect to “Creating supportive environments and resilient communities” and “Improving health for all and reducing health inequalities”;
 - (c) any action should:
 - i. make appropriate use of intersectoral mechanisms and be harmonized across the respective sectors involved;
 - ii. consider the distribution of impacts across the population and avoid equity-related side effects;
 - iii. apply health and environmental impact assessments and economic tools to better integrate health aspects in decision-making;
 - iv. take into account the priorities and needs of the most vulnerable population groups, as well as the disparities which may exist between rural and urban areas; and
 - v. forecast and evaluate health consequences and potential economic benefits and costs;
 - (d) much progress could be accelerated and sustained by enhancing interdisciplinary research and supporting the transition to a green and circular economy as a guiding new political and economic framework; and

- (e) transparency and effective public participation in decision-making on matters related to environment and health should be promoted throughout the implementation of all actions as critical preconditions for successful implementation of the Declaration.

Enhancing action on environment and health at the national level – developing national portfolios for action

4. Enhancing national implementation and action, both domestically and internationally, is of paramount importance to making visible, measurable and equitable progress in the WHO European Region. To this effect, Member States will develop national portfolios of actions on environment and health by the end of 2018 to implement the commitments of the Parma Conference and the Ostrava Conference. The main purpose of the portfolios, which reflect national specificities, priorities, means and capacities in the choice of selected objectives and activities, is to ensure that Member States have well coordinated, comprehensive and coherent strategies and policies to address the persistent burden of diseases attributable to environmental determinants. While developing national portfolios, youth involvement should be an important element.
5. Member States already address this burden of disease through a broad range of policies and actions at national and local levels (and often at international levels as in the case of the European Union), which are developed, adopted and implemented according to their constitutional and legislative arrangements. The national portfolios are not meant to substitute existing frameworks and policies, but to:
 - (a) close the gaps in areas which are not adequately or sufficiently addressed;
 - (b) create policy coherence among plans and actions which would benefit from a greater synergy with other relevant policies and actions;
 - (c) align environment and health policies and actions with the 2030 Agenda for Sustainable Development and address its complexity;
 - (d) strengthen systems approaches in the area of health and environment; and
 - (e) sufficiently scale up targets and actions so that they initiate measurable improvements in health and well-being in relation to the environment within a foreseeable time.
6. Member States may use the objectives and actions proposed in this document to guide both national actions and their investments in other countries within the Region in the relevant areas. They might develop these actions and investments in line with the Pan-European Strategic Framework for Greening the Economy and as voluntary commitments under the Batumi Initiative on Green Economy¹ to provide further political support.
7. Progress in the implementation of the actions in this compendium will be assessed within the European Environment and Health Process using the same indicators that Member States use to report on the implementation of SDG targets, to which the commitments taken at the Ostrava Conference intend to contribute. This approach will minimize the reporting burden on the Member States, allow for an efficient use of resources and anchor the Ostrava Conference commitments directly to the SDG implementation mechanism.

¹ Batumi Initiative on Green Economy (BIG-E) [website]. Geneva: UNECE; 2017 (www.unece.org/environmental-policy/environment-for-europe/initiatives/big-e.html, accessed 22 May 2017).

a. Improving indoor and outdoor air quality for all

Why air quality matters

8. While knowledge of the health impacts of exposure to ambient and indoor air pollution has already driven environmental and public health policy actions, air pollution remains the single most important environmental health risk factor. Moreover, the evidence is further expanding on additional health effects, including adverse birth outcomes, negative impacts on neurodevelopment and cognitive functions, asthma in children, and some chronic diseases.
9. Every year, ambient (outdoor) air pollution causes nearly 500 000 premature deaths in the Region. Household (indoor) air pollution from solid fuel combustion for heating and cooking is responsible for nearly 120 000 premature deaths in the Region and a disproportionate disease burden in certain regions and less affluent parts of society, thus increasing inequalities. WHO estimated that the economic cost of the health impact of air pollution was US\$ 1.6 trillion in 2010.
10. In European cities that monitor air pollution (1791 cities in 42 countries), annual urban levels of particulate matter with a diameter of 10 micrometres or less (PM10) generally exceed the WHO guidelines value (mean annual level of 20 $\mu\text{g}/\text{m}^3$). The average annual level in cities in European high-income countries is 25 $\mu\text{g}/\text{m}^3$, whereas it is 55 $\mu\text{g}/\text{m}^3$ in cities in European low- and middle-income countries.
11. This enormous adverse health impact of poor air quality calls for urgently enhancing collaboration towards addressing both indoor and outdoor air pollution, leveraging World Health Assembly resolution WHA68.8 on “Health and the environment: addressing the health impacts of air pollution” and its road map, as well as the WHO Framework Convention on Tobacco Control – a key instrument to achieve the Parma Declaration target of ensuring tobacco smoke-free environments for children.
12. The efforts undertaken under the United Nations Economic Commission for Europe (UNECE) Long-range Transboundary Air Pollution Convention (since 1979) and the 20 years of activities of the Joint Task Force on the Health Aspects of Air Pollution have contributed largely to mitigating air pollution in the Region. Initiatives such as the Batumi Action for Cleaner Air¹ create a framework for Member States to commit to ambitious actions to combat air pollution in the areas of monitoring, national action programmes, public awareness, capacity building and policy.

Overall objective

Improve outdoor and indoor air quality as one of the most important environmental risk factors in the Region through actions towards meeting the WHO air quality guideline values in a continuous process of improvement.

Actions

- Develop, in line with the Batumi Action for Cleaner Air and World Health Assembly resolution WHA68.8, comprehensive national and local strategies and actions that reduce air pollution, people’s exposure to it and its health impacts with the engagement of the environment, health and other relevant sectors.

¹ Batumi Action for Cleaner Air (BACA) [website]. Geneva: UNECE; 2016 (www.unece.org/environmentalpolicy/environment-for-europe/initiatives/baca.html, accessed 22 May 2017).

- Encourage the implementation of the UNECE Convention on Long-range Transboundary Air Pollution and promote ratification and implementation of its relevant protocols to bring about further improvements in air quality and health across the Region.
- Develop and strengthen cross-sectoral and multistakeholder cooperation on air quality improvement at national and regional levels, including on sharing of monitoring data.
- Ensure that public health and environment authorities take a leading role in raising public awareness of issues related to air quality and health, including through collaboration with stakeholders through appropriate communication, dissemination and advocacy activities.
- Improve air quality monitoring at national and local levels, linking it to health surveillance and data management for diseases related to air pollution using harmonized data collection for health impact assessment.
- Develop and/or strengthen a national emission inventory and monitoring system to collect data on air pollutants emitted by various sources.
- Provide training opportunities and facilitate research on air quality and health, and develop tools and guidance targeting public health, environment and other authorities at national and local levels to encourage actions to address air pollution through evidence-based policy-making;
- Reduce indoor air pollution caused by, inter alia, cooking, heating, tobacco smoke, inadequate ventilation, mould and chemicals in indoor air. This reduction should be achieved by promoting and applying clean energy, appropriate ventilation, measures described in the WHO Framework Convention on Tobacco Control and other appropriate actions.
- When taking national and local actions on improving indoor and ambient air quality, pay special attention to vulnerable populations including children, youth, women and the chronically ill.
- Take into account the WHO air quality guidelines and indoor air quality guidelines in the policy-making process, including in the development or updating of national air quality standards and air quality management policies.

b. Ensuring universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings

Why water, sanitation and hygiene matter

13. Achieving universal and equitable access to sufficient amounts of safely managed drinking-water and sanitation remains a priority in the Region. Every day, 14 people die of diarrhoeal disease due to inadequate water, sanitation and hygiene (WASH). Water-related disease outbreaks are a common occurrence in the Region, bearing significant economic costs. It is unacceptable that millions of people in the Region still lack access to safe WASH services. While access has noticeably increased since the Parma Conference (2010), to date 14 million people do not use a basic drinking-water source and more than 62 million people lack a basic sanitation facility on premises. A significant share of wastewater is discharged into the environment without treatment, affecting human health, the environment and the economy. There are notable disparities between rural and urban areas, poor and rich communities, and disadvantaged and general populations. Many nonhousehold settings, specifically schools and hospitals, are without safe drinking-water, soap and functional toilets; this impacts dignity, well-being, healthy learning and quality of health care. The Protocol on Water and Health adopted at the Third Ministerial Conference for Environment and Health (London, United Kingdom, 1999), has been recognized as the key instrument in the Region to translate and operationalize progressive implementation of the WASH-related commitments of the Parma

and Ostrava declarations, as well as SDG 3 and SDG 6, by offering a policy tool to countries in pursuing their national water, sanitation and health agendas and promoting a whole-of-government approach and coordinated action among different sectors.

14. There is a need to strive to ensure universal and equitable access to affordable and safely managed WASH services. At the same time, it is necessary to ensure resilience to emerging and future challenges originating from water overuse, pollution and climate change by expanding our focus to include integrated approaches to the sustainable management of water resources. This includes paying attention to water efficiency and safe management of wastewater discharge and/or reuse to protect public health and the environment.
15. There is public health concern regarding the emergence of antimicrobial resistance (AMR), including from the release of antimicrobial residues and resistant bacteria in sewage that passes into the environment (i.e. water and soil) as sewage treatment systems are often not fully functional or do not use appropriate technologies.

Overall objective

Ensure universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings by:

- *providing sufficient amounts of safely managed drinking-water, ensuring safely managed sanitation from collection to disposal or reuse of wastewater, and sustaining the availability and quality of freshwater resources, especially in regions that experience water stress, high-usage patterns and competing demands accelerated by the consequences of climate change; and*
- *achieving Parma Conference commitments on water, sanitation and hygiene to provide each child with access to safe drinking-water, sanitation and hygiene at home and in all settings where they live, learn and play, such as schools and health care facilities.*

Actions

- Ratify or accede to the Protocol on Water and Health to strengthen national action towards progressively reaching regional and global commitments for WASH and health, including the formulation of national priority targets and implementation plans.
- Pursue the overall objective by:
 - o adopting the water safety plan (WSP) approach in policies and regulations as a public health benchmark for the provision of safe drinking-water, and by developing a national road map towards scaling up WSPs in practice;
 - o reducing discharge of untreated wastewater into the environment and increasing the efficiency and capacity of existing wastewater treatment facilities;
 - o adopting the sanitation safety plan (SSP) approach in policies and regulations as a means to systematically manage health risks along the entire sanitation chain to ensure safe disposal or reuse of human waste, and by developing a national road map towards scaling up SSPs in practice;
 - o promoting sustainable approaches to water resource management, including the efficient use of water (for example, in agriculture, industry) and the consideration of safe reuse of wastewater through the adoption of SSPs;
 - o closing persisting gaps in providing access to basic water and sanitation services through effective and sustainable financing to deliver and sustain WASH infrastructures and services through tracking WASH financing for improved budgeting, forecasting, spending needs and forward-looking decisions on resource allocation;

- o promoting universal and equitable access to WASH services through the application of The Equitable Access Score-card to establish a baseline, set targets and develop action plans towards progressively closing prevailing equity gaps;
- o ensuring and sustaining the provision of adequate WASH services in schools and health care facilities through systematic situation assessments and by setting national targets and action plans towards progressively attaining universal and sustainable WASH services in schools and health care facilities and, to this end, strengthening partnership and collaboration with the education sector and youth organizations;
- o building climate-resilient WASH services that are responsive to the effects of climate change impacting variability, availability and quality of freshwater resources, as well as to extreme weather events (i.e. droughts, torrential rains and floods);
- o ensuring that action plans on AMR address safe water and sanitation in health care facilities and reduce the discharge of untreated wastewater from municipal sewerage, hospital effluents, antimicrobial manufacturing facilities and animal manure; and
- o reducing the number of deaths and the number of people affected by water-related disasters by strengthening disaster risk governance, increasing disaster preparedness for response and ensuring effective response and recovery, including through integrating disaster risk reduction into development and investment measures.

c. Minimizing the adverse effects of chemicals on human health and the environment

Why chemical safety matters

16. Given the growing evidence of the health effects of exposure to hazardous chemicals, especially at vulnerable life stages, as well as the burden of diseases from those exposures, further efforts should be made to effectively protect people from the negative health impacts of chemicals, including those currently used in consumer products. These efforts should take into account the accumulating evidence on the ability of chemicals to affect organisms during early life and to have lifelong impacts on health and the risk of disease; the adverse health impacts of chronic low-dose exposures; and the complex effects of exposures to multiple chemicals.
17. There is a need to strengthen efforts towards achieving the Parma Declaration targets to develop national programmes to eliminate asbestos-related diseases in line with WHO and International Labour Organization guidance, and to protect each child from the risks posed by exposure to harmful substances and preparations, focusing on pregnant and breast-feeding women and places where children live, learn and play.
18. The development and implementation of advanced policies and legislation on chemical safety in all Member States of the Region is understood as the core regional priority for the health sector towards the 2020 goal of sound management of chemicals and related goals of the 2030 Agenda for Sustainable Development. In addition, research and development of further capacities for biomonitoring will be essential to understand the links between exposures to chemicals and their health effects through interactions with human physiology.
19. The implementation of the International Health Regulations (IHR) (2005) in relation to chemical (and radionuclear) hazards of public health concern remains an important international legally binding obligation of all WHO European Member States.

Overall objective

Minimize and/or avoid the adverse effects of chemicals on human health and the environment through sound management of chemicals by:

- *substituting hazardous chemicals with safer alternatives;*
- *reducing exposures to hazardous chemicals throughout their life cycle, especially of vulnerable groups and those at the most vulnerable life stages;*
- *better monitoring exposures to hazardous chemicals and undertaking research to improve the understanding of human exposures to chemicals and the associated burden of disease and, in particular, for risk assessment;*
- *applying the precautionary approach in policy-making and regulations; and*
- *ensuring the engagement of the health sector in the sound management of chemicals, including through strengthened partnerships of state and non-state stakeholders.*

Actions

- Develop national policies and actions to protect vulnerable population groups from the adverse impacts of chemicals in the environment and workplaces.
- Ensure capacities to prevent and respond to acute exposure to hazardous chemicals and products, including strengthening the role of poison control centres and promoting their networking and exchange of best practices.
- Promote the use of human biomonitoring as a public health policy tool and support efforts to generate comparable human biomonitoring data to allow international assessments.
- Develop and implement national and international policies to encourage substitution of hazardous chemicals for safer alternatives and use technologies minimizing pollution and production of hazardous wastes, including in the health sector.
- Establish new and strengthen existing relevant multisectoral and multistakeholder instruments to strengthen partnerships to coordinate actions and raise awareness among stakeholders and the general public.
- Provide relevant information to all partners about the health effects of chemicals and effective actions to prevent them, including in the context of international trade.
- Ensure synergy and active participation in the implementation of the Strategic Approach to International Chemicals Management (SAICM), including its health strategy, the WHO road map to enhance the health sector's engagement in the SAICM towards the 2020 goal and beyond, and relevant multilateral legally binding agreements.
- Ensure core capacities and strengthen mechanisms for effective response to chemical accidents within the framework of the IHR (2005) and of the Convention on the Transboundary Effects of Industrial Accidents;
- Promote international collaboration in scientific research on the assessment of the health effects and impacts of persistent organic pollutants, nanomaterials, endocrine disruptors and other emerging chemicals of concern and their alternatives.

d. Preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites

Why waste and contaminated sites matter

20. Waste production, management and disposal activities have the potential to adversely impact the environment and human health through direct contamination and exposures to a host of hazardous agents. Environmental integrity and human well-being can also be seriously affected by the mere presence of waste, for example via deterioration of the landscape, odours and contact-related hazards. Waste policies and strategies should also be seen in the broad context of sustainability, as they influence use and consumption of finite material resources, use of land, and energy production.
21. Waste disposal, management and trafficking and contaminated sites can cause important health effects and costs for current and future generations, environmental injustice and social inequalities.
22. When the entire waste system is properly managed and state-of-the-art technologies are deployed, negative health impacts are minimized, although not fully eliminated. Of much greater concern are the activities that are poorly controlled, involve outdated technologies or – worse – involve informal disposal such as open-air burning or the illegal transportation or disposal of waste and hazardous waste. Such activities are often documented, but the extent of the problem and its health impacts are not well understood.
23. Additionally, there are more than 1.5 million contaminated sites in the Region. This partly represents the pollution legacy of industrial development in the Region that still needs to be addressed, and its health and environmental impacts that need to be reduced and/or eliminated.

Overall objective

Prevent and eliminate the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites by:

- *eliminating uncontrolled and illegal waste disposal and trafficking;*
- *preventing and eliminating potential adverse health impacts from waste management practices and contaminated sites;*
- *supporting the transition to a circular economy using the waste hierarchy as a guiding framework to reduce and phase out waste production and its adverse health impacts through reduction of the impact of substances of greatest concern; and*
- *improve management of medical and pharmaceutical waste to reduce risks.*

Actions

- Assess the extent of the most important waste management activities, compile a national inventory of contaminated sites and their likely emissions and human exposures, promote monitoring, and develop a response action plan.
- Identify priority sites for remediation/phasing out based on health impacts, starting from national inventories of landfills, obsolete waste facilities and contaminated sites.
- Adopt regulatory mechanisms implementing the polluter-pays principle and extended producer responsibility.

- Enhance the capacity of law enforcement systems to identify and take legal action on illegal and criminal generation, management, disposal and trafficking of waste.
- Ensure that discontinued landfills are rehabilitated in line with the best available technologies and ensure that active landfills are safely operated.
- Include the informal sector when building capacity for the transition to safe waste management.
- Engage the health sector in the development of policies related to waste management at national and subnational levels, especially hazardous waste management.
- Enhance capacities at national and subnational levels to assess impacts and manage risks to health from waste, contaminated sites and improperly recycled materials.
- Support and develop partnerships to promote the exchange of experience, the strengthening of capacities and the uptake of the best available technologies.
- Promote exchange of best practices, including local and pragmatic approaches to preventing contamination from hazardous substances in the circular use of resources.
- Create or strengthen specific training to ensure the safe management of medical waste.
- Increase public awareness of the importance of sustainable waste management, circular economies and responsible consumption, including through education initiatives addressing children and youth and targeted communication.

e. Strengthening adaptive capacity and resilience to climate change-related health risks and supporting measures to mitigate climate change and achieve health cobenefits in line with the Paris Agreement

Why climate change matters

24. Climate change already contributes significantly to the global burden of disease and its health effects are projected to increase in all countries and regions. Throughout the 21st century, governmental and societal choices on reducing greenhouse gas emissions (mitigation) and preparing for and managing the current and projected consequences of a changing climate (adaptation) will affect the health and well-being of all people. It is crucial that those choices and related measures are decisive and based on the best available evidence.
25. Under the Paris Agreement,¹ WHO European Member States committed to a substantial reduction in greenhouse gas emissions until 2030 compared to 1990 levels. Measures to reduce greenhouse gas emissions can improve population health immediately and directly through reduced air pollution and increased physical activity, among other mechanisms. The cost savings from health cobenefits are potentially large.
26. Achieving national commitments to reduce greenhouse gas emissions will require health systems to address their own sectoral greenhouse gas emissions. Health systems can take a leadership role in showing the importance of emission reductions for future generations.
27. Several European Member States have developed national climate change vulnerability, impact and adaptation assessments. These assessments provide evidence for the development of national adaptation strategies and regular national communications to the United Nations

¹ The Paris Agreement states that “Parties [to the UNFCCC] should, when taking action to address climate change, respect, promote and consider ... the right to health”. (Adoption of the Paris Agreement. Paris: UNFCCC; 2015 (<https://unfccc.int/resource/docs/2015/cop21/eng/109.pdf>, accessed 22 May 2017).)

Framework Convention on Climate Change (UNFCCC), among others. They can also highlight the need for prevention of specific risks, such as heat waves or emerging infectious diseases.

Overall objective

Strengthen adaptive capacity and resilience to climate change-related health risks and support measures to mitigate climate change and achieve health cobenefits in line with the Paris Agreement.

Actions

- Develop and implement a national strategy or action plan for public health adaptation to climate change as an independent policy or within wider national adaptation policies, as well as natural disaster risk reduction policies.
- Assess climate change risks to health in relevant national policies, strategies and plans.
- Include, on a voluntary basis, health considerations within Member States' commitments to the United Nations Framework Convention on Climate Change.
- Consider climate change adaptation and mitigation in the development of specific environment and health policies, such as those on air quality, water and sanitation, and others, bearing in mind that the cornerstones of adaptation are proper health protection infrastructure and housing standards.
- Strengthen natural risk reduction policies and early-warning surveillance and preparedness systems for extreme weather events and climate-sensitive disease outbreaks.
- Develop information, tools and methodologies to support authorities and the public to increase their resilience against extreme weather and climate health risks.
- Include the health aspects of climate change in education curricula, non-formal education and workforce continuing professional education.
- Scale up public communication and awareness-raising campaigns on climate change and health.
- Conduct or update national health vulnerability, impact and adaptation assessments of climate change.
- Support research on the effectiveness, cost and economic implications of climate change and health interventions, with a particular focus on mutual cobenefits.

f. Supporting the efforts of European cities and regions to become healthier, more inclusive, safer, resilient and sustainable

Why the urban environment matters

28. More than 80% of Europeans are expected to live in urban areas by 2030, and at the same time the population is ageing rapidly and immigration is increasing. Integrated urban policies are key to the promotion and protection of health and well-being, and in dealing with environmental threats caused by a complex array of exposures and mechanisms.
29. The New Urban Agenda adopted at Habitat III, the United Nations Conference on Housing and Sustainable Urban Development (Quito, Ecuador, 2016), re-emphasizes the critical role cities play in achieving sustainable development, reiterating the commitment to the interlinked social, economic and environmental principles and rethinking the way we build, manage and live in cities. The New Urban Agenda recognizes that while national governments play a leading role in the definition and implementation of inclusive and effective urban policies and legislation for

sustainable urban development, subnational and local governments as well as civil society and other relevant stakeholders have an equally important contribution to make.

30. In cities, inequalities in environmental exposures and general quality of life can be enhanced or reduced depending on the adoption of a broad range of policies, particularly those related to housing, land use, transport and green spaces; to the supply of basic services such as water, sanitation, energy and municipal waste management; and to climate change adaptation and mitigation. These have a direct impact on the quality of water and air, on noise, and on the risk of exposures to dangerous chemicals. Environment-related policies closely interact with policies addressing education, employment, social security and welfare, health care services, leisure and public security. Together, environmental and social policies impact on socioeconomic inequalities, the magnitude of exposure to environmental risks, and the well-being and prosperity of citizens.
31. In addition, cities play a pivotal role in steering the transition towards a low-carbon society, the uptake of cleaner technologies and shifts towards renewable energy sources. At the same time, their resilience to extreme weather events related to climate change needs to be increased. Cities will also be central to the implementation of the 2030 Agenda for Sustainable Development and its SDGs, including and beyond SDG 11: “Make cities and human settlements inclusive, safe, resilient and sustainable”.
32. Recognizing the distribution of responsibilities among national and subnational levels of government, collaboration with cities needs to be strengthened to support and promote more inclusive, safe, resilient, ecological and sustainable urban development. This implies ensuring policy coherence across all levels of government; protecting and promoting the environment, health and well-being; increasing the capacities of subnational levels of government to effectively discharge their new responsibilities with respect to environment and health aspects; and achieving environmental justice. This also requires the engagement of health authorities in the different levels of sectoral planning processes.
33. Towards this goal, the European Environment and Health Process will provide a mechanism to support the policy planning and implementation at the subnational level, bringing the benefits of our work closer to the people and augmenting the impact of our efforts.
34. Specifically, in the context of urbanization trends and infrastructure investments, in line with the New Urban Agenda, consideration and attention should be given to the two areas of greatest impact and concern: (a) healthy and sustainable urban planning as the primary tool to ensure local quality of life and equitable access to environmental resources, such as green spaces, public services or healthy housing, and (b) transport and mobility as important determinants of health and well-being.

Overall objective

Support the efforts of local communities – European cities and regions – to become healthier, more inclusive, safer, resilient and sustainable through an integrated, smart and health-promoting approach to urban and spatial planning, mobility management, implementation of effective and coherent policies across multiple levels of governance, strengthened accountability mechanisms and the exchange of experiences and best practices in line with the shared vision established by the New Urban Agenda.

Actions

- Integrate health, environmental and equity targets into housing, land use, urban, regional, transport and infrastructure strategies, plans and policies.

- Provide equitable access to the natural and built environments, including green spaces, healthy housing and basic services.
- Provide mechanisms for the participation of citizens, including young people, in related policy- and decision-making processes, including in health impact assessments and the integration of health in environmental assessments, for example, of spatial, land use and transport policies and plans.
- Include information on health and equity impacts of environmental policies and infrastructural decisions in relevant higher-education curricula for professions involved in urban planning and infrastructure developments, public administration and public health services.
- Support the implementation of the New Urban Agenda, and align urban development processes to meet the commitments made on equity and sustainability with regard to urban development.
- Identify and support representatives of subnational and local authorities participating in the national coordination mechanisms on environment and health.
- Reduce exposure to excessive noise from transport and other sources – which causes a disease burden that is second only to air pollution among the environment-related causes in Europe – through noise mitigation measures and by addressing noise at source, thus moving closer to the WHO guideline values.
- Strengthen the cooperation in and enhance the implementation mechanisms of the Transport, Health and Environment Pan-European Programme (THE PEP) to develop and implement environmentally friendly and health-promoting transport policies.
- Support and participate in the development and implementation of the THE PEP Pan-European Master Plan for Cycling Promotion (to be adopted in 2019) as an important step towards promoting cycling at pan-European, national and subnational levels.
- Develop and implement coherent national and local policies for healthy, active mobility focused on cycling and walking, connecting them with accessible and affordable public transport and integrating their needs into land use and transport planning, infrastructure development and the design of public space.
- Assess the health and environmental impacts of transport infrastructures and new technologies, such as autonomous vehicles.
- Promote the decarbonization of transport through the transition to renewable energy, zero- and low-emission vehicles and environmentally friendly transport modes, such as active mobility, public transport, eco-driving, electric mobility and mobility management.
- Develop and disseminate the evidence on the environmental, health and economic benefits of decarbonizing transport and adopting environmentally friendly and healthy mobility to raise awareness among policy-makers, stakeholders and citizens.

g. Building the environmental sustainability of health systems and reducing their environmental impact

Why environmentally sustainable health systems matter

35. Health systems are fundamental to achieving and maintaining societal health and welfare. They are also important factors for development and economic growth. They represent a large share of the economy and employ a significant workforce. However, due to the health sector's size and the processes involved in its operations, as a whole it consumes considerable amounts of energy and resources and produces major streams of pollution, carbon emissions and waste.

36. Ensuring the environmental sustainability and reducing the environmental footprint of the health systems throughout the Region remain important objectives and responsibilities of Member States. Towards these goals, health systems should assess and improve their environmental performance and efficiency in the use of resources. This will contribute to global mitigation goals and adaptation to climate risks while also enhancing their overall sustainability and resilience.
37. Several environmental sustainability interventions in health systems can support the tackling of upstream determinants of health; provide benefits for patients, providers and the health workforce; support health systems' core functions; decrease environmental health risks; and help reduce costs and increase health systems resilience.
38. The European Environment and Health Process, as an intersectoral platform that includes WHO (the most relevant specialized agency of the United Nations leading the health sector globally), is uniquely positioned to lead and promote the environmental agenda within the health sector.

Overall objective

Build the environmental sustainability of health systems, and reduce their environmental impact through, inter alia, efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their life cycle, and reduced pollution through safely managed waste and wastewater, without prejudice to the primary mission of health systems to promote, restore or maintain health.

Actions

- Develop and implement national plans to achieve environmentally sustainable health systems, taking into account the national institutional settings regulating the delegation of authority and responsibility between national and subnational levels of government.
- Develop and implement a set of measurable targets and goals for the health sector and publish evaluation results regularly.
- Promote actions that ensure energy and resource efficiency in health systems, including sustainable procurement practices, use of renewable energy and intelligent mobility management.
- Enhance implementation of this objective through closer cooperation between the health and environment sectors and other relevant actors and organizations.

Appendix 1. Overview of international commitments of relevance to the European Environment and Health Process

Air quality

- Convention on Long-range Transboundary Air Pollution (1979)
- WHO Framework Convention on Tobacco Control (2003)
- WHA68.8: Health and the environment: addressing the health impact of air pollution (2015)
- WHA69.18: Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution (2016)

Water and sanitation

- Convention on the Protection and Use of Transboundary Watercourses and International Lakes (1992)

- Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes (1999)
- WHA64.24: Drinking-water, sanitation and health (2011)

Chemical safety and waste

- Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (1989)
- Convention on the Transboundary Effects of Industrial Accidents (1992)
- Vienna Convention on Nuclear Safety (1994)
- Vienna Joint Convention on the Safety of Spent Fuel Management and on the Safety of Radioactive Waste Management (1997)
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (1998)
- Stockholm Convention on Persistent Organic Pollutants (2001)
- Protocol on Pollutant Release and Transfer Registers (2003)
- WHA58.3: Revision of the International Health Regulations (chemical and radiation safety) (2005)
- WHA58.22: Cancer prevention and control (chemical safety) (2005)
- WHA59.15: Strategic approach to international chemicals management (2006)
- Strategic Approach to International Chemicals Management (2006)
- WHA60.26: Workers' health: global plan of action (2007)
- WHA63.25: Improvement of health through safe and environmentally sound waste management (2010)
- WHA63.26: Improvement of health through sound management of obsolete pesticides and other obsolete chemicals (2010)
- Minamata Convention on Mercury (2013)
- WHA67.11: Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention (2014)
- WHA68.7: Global Action Plan on Antimicrobial Resistance (2015) (Food and Agriculture Organization of the United Nations resolution 4/2015 and World Organisation for Animal Health resolution 26/2015)
- A/RES/71/3: Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance (2016)
- WHA69.4: The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond (2016)

Climate change

- United Nations Framework Convention on Climate Change (1992)
- WHA61.19: Climate change and health (2009)
- Paris Agreement under the Framework Convention on Climate Change (2015)
- WHA70.16: Global vector control response: an integrated approach for the control of vector-borne diseases (2017)

Urban environment and health

- Transport, Health and Environment Pan-European Programme (2002)
- New Urban Agenda (2016)

Cross-cutting issues

- Espoo Convention on Environmental Impact Assessment in a Transboundary Context (1991)
- Aarhus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Issues (1998)

- EUR/RC49/R4: Environment and health (1999)
- Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context (2003)
- EUR/RC54/R3: Environment and health (2004)
- International Health Regulations (2005)
- EUR/RC60/R7: The future of the European environment and health process (2010)
- A/RES/66/2: Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011)
- Health 2020. A European policy framework and strategy for the 21st century (2013)
- WHA66.10: Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (occupational health and air pollution) (2013)
- WHA66.11: Health in the post-2015 development agenda (2013)
- WHA67.14: Health in the post-2015 development agenda (multisectoral action to address environmental determinants of health) (2014)
- A/RES/70/1: Transforming our world: the 2030 Agenda for Sustainable Development (2015)
- WHA69.11: Health in the 2030 Agenda for Sustainable Development (multisectoral approach to the Sustainable Development Goals) (2016)

Annex 2.

Institutional arrangements for the European Environment and Health Process

I. Introduction

1. The European Environment and Health Process (EHP) is a regional intersectoral process and platform for the development and implementation of policies advancing environment, health and well-being in the WHO European Region.
2. To ensure the achievement of the objectives of and effectively address the priorities set at the Sixth Ministerial Conference on Environment and Health, held on 13–15 June 2017 in Ostrava, Czech Republic, the institutional arrangements of the EHP are established and governed by Member States through the ministerial conferences on environmental and health and steered by them through the WHO Regional Committee for Europe and the United Nations Economic Commission for Europe (UNECE) Committee on Environmental Policy.
3. These arrangements are put in place in order:
 - a. to ensure appropriate coordination of actions to implement commitments;
 - b. to monitor the status of the environment and health and the effectiveness of relevant policies; and
 - c. to enable effective communication and collaboration among the Member States, and stakeholders, working together towards the agreed priorities.
4. These arrangements will continue towards the Seventh Ministerial Conference on Environment and Health, which should not be convened before 2023 or later than 2025.

II. National coordinating mechanisms

5. Each Member State will, within its own constitutional framework, establish a new mechanism or body, or designate an existing one, that will provide coordination between the health, environment and other relevant sectors and across different levels of national governance, to ensure effective implementation of the EHP commitments, sharing of information, facilitation of the participation of each Member State in EHP activities and in general the advancement of the environment and health agenda nationally.
6. The national coordination mechanism should also ensure the participation of all relevant stakeholders, including representatives of different levels of government, as well as civil society and nongovernmental organizations, including those for young people, according to the national context.

III. Members and stakeholders of EHP

7. The Members of EHP are the Member States in the WHO European Region.¹

¹ In 2017, the Region includes 53 Member States: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, the Czech Republic, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, the Netherlands, Norway, Poland, Portugal, the Republic of Moldova, Romania, the Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, the United Kingdom of Great Britain and Northern Ireland and Uzbekistan.

8. The stakeholders of EHP are United Nations bodies and organizations and other intergovernmental organizations, including the European Union, that so wish. Non-State actors that have a continuous, long-lasting, direct interest in and relevance to advancing the agenda of EHP in the WHO European Region, in line with the WHO Framework of Engagement with Non-State Actors, may also be stakeholders. Recognized stakeholders are listed in Table 1. The Environment and Health Task Force will decide on the status of other stakeholders of EHP.

IV. Observers of EHP

9. Observers are other WHO Member States outside the WHO European Region. Other potential observers may be invited to participate in the activities related to EHP, as agreed by the Environment and Health Task Force Bureau.
10. The status of observer is also granted to the UNECE Member States that are not Member States in the WHO European Region¹ and to any entity in the Region with WHO observer status.²

V. EHP focal points

11. Members and stakeholders are represented by focal points, who will represent and speak on behalf of the government of the nominating Member State or stakeholder, and who will be the primary points of communication between the EHP Secretariat and the Member State or stakeholder.
12. Member States are encouraged to appoint one focal point from the health sector and one from the environment sector. These focal points would be officials at the strategic policy and/or high technical level. Nominations should be regularly updated and communicated to the EHP Secretariat in writing without delay, and will come into force upon receipt by the EHP Secretariat.
13. If there are more than one focal point per country or stakeholder, they will share the responsibility of representing the nominating Member State or stakeholder and will be treated equally and as one delegation.

VI. The European Environment and Health Task Force

14. The EHP operates through the European Environment and Health Task Force (EHTF).
15. EHP Members and stakeholders are members of EHTF and participate in its work, represented by the focal points described in section V.
16. EHTF steers and supports the implementation of the commitments by:
 - a. facilitating collaboration among sectors, partners and stakeholders;
 - b. providing fora for the exchange of technical expertise and knowledge;
 - c. taking account of scientific evidence in the review of policies;
 - d. promoting collaboration with the governing bodies and secretariats of relevant multilateral environment and health agreements and policy platforms;

¹ In 2017, these countries are: Canada, Liechtenstein and the United States of America.

² In 2017, this is the Holy See.

- e. taking account of emerging environment and health issues, and advising on policy directions to be taken to address them;
 - f. identifying financial resources for implementation;
 - g. adopting and amending, as needed, its own rules of procedure;
 - h. reporting annually on the progress and achievements of EHP to the WHO Regional Committee for Europe and to the UNECE Committee on Environmental Policy; and
 - i. facilitating participation by young people's organizations.
17. EHTF prepares the next ministerial conference.
18. EHTF will meet at least annually.
19. At least one of the meetings of EHTF taking place between two ministerial conferences will be a high-level meeting with the participation of senior government officials. To facilitate their participation, consideration will be given to the possibility of holding these high-level meetings back to back to other high-level events, such as the "Environment for Europe" ministerial conferences or meetings of relevant WHO and UNECE governing bodies.
20. EHTF will be chaired by a chairperson and a co-chairperson, one from the health sector and one from the environment sector, elected at EHTF's first meeting. The duration of the chairperson's and the co-chairperson's term is one (1) year or until a new chairperson and co-chairperson have been elected at the EHTF meeting following the completion of this one-year period. To ensure continuity, the co-chairperson will become the chairperson at the end of his or her one-year term of office, and a new co-chairperson will be elected. The chairperson, co-chairperson and the previous chairperson will be ex-officio members of the EHTF Bureau.
21. To support the implementation of the commitments made at the Sixth Ministerial Conference on Environment and Health, EHTF may establish working groups with a specific mandate given by EHTF and based on nominations received from Member States and stakeholders. This includes in particular:
- a. the Working Group on Health in Climate Change (HIC), which will facilitate dialogue among Member States in the WHO European Region and other stakeholders, as well as communication and implementation of commitments to protect health from the adverse effects of climate change; and
 - b. the working group for collaboration among subnational and local authorities, Member States, relevant intergovernmental organizations and agencies and nongovernmental organizations, which will advance the implementation of the commitments made at the Sixth Ministerial Conference at the subnational level by facilitating the exchange of knowledge and experience, promoting the development of partnerships and enhancing policy coherence and synergy.

VII. The EHTF Bureau

22. EHTF will elect a Bureau that will support its chairperson and co-chairperson between meetings and steer the preparations for EHTF meetings, including the high-level meetings of EHP.

- a. The Bureau formulates an intersessional work plan to guide the work of the EHP Secretariat between the meetings of EHTF. The intersessional work plan will include a resource plan for its implementation, providing an estimate of the financial needs to be met, based on a proposal prepared by the Secretariat.
23. The EHTF Bureau will consist of:
- a. representatives of eight Member States elected by EHTF, including the EHTF chairperson, co-chairperson and immediate past chairperson;
 - b. one representative each of UNECE, the United Nations Environment Programme (UNEP) and WHO;
 - c. two representatives of the stakeholders listed in III.8 other than those listed above, agreed among the stakeholders themselves.
24. The mandate of the EHTF Bureau members is three (3) years. Representatives of Member States can be elected to the EHTF Bureau for a maximum of two consecutive mandates.
25. The EHTF Bureau is led by the chairperson and co-chairperson of the EHTF.
26. The EHTF Bureau operates in line with the EHTF rules of procedure to the extent that they are applicable. All EHTF members will be informed of Bureau meetings, and will have the opportunity to participate if they wish.
27. The EHTF Bureau will meet in person at least once per year and will otherwise work mostly through remote connections.

VIII. EHP Secretariat¹

28. Member States invite the WHO Regional Office for Europe to continue to provide Secretariat services to the EHP. They also invite the WHO Regional Committee for Europe and the UNECE Executive Committee, through the Committee on Environmental Policy, to consider establishing a joint EHP Secretariat, supported by adequate human and financial resources. The Secretariat will closely collaborate with UNEP through its Europe office.

IX. Transitional arrangements

29. The institutional arrangements for EHP will be submitted for review and decision to the WHO Regional Committee for Europe and the UNECE Committee on Environment Policy in 2017.
30. These institutional arrangements will come into force on 1 January 2018 and will replace the institutional arrangements agreed at the Fifth Ministerial Conference on Environment and Health in 2010.
31. The EHP Secretariat will request nominations of focal points no later than the end of 2017, and the Members and stakeholders should nominate their focal points within three months, in line with this Annex.
32. The first meeting of EHTF will be convened no later than one (1) year after the Sixth Ministerial Conference on Environment and Health. The chairperson and co-chairperson

¹ In the event that WHO and UNECE provide a joint secretariat, the status of UNECE as a member of the Task Force and the Bureau will be revisited.

of the EHTF will be interim chairperson and co-chairperson of the renewed EHTF until its first meeting in 2018, and the election of the new chairperson and co-chairperson.

Table 1. Stakeholders of EHP, 2017

Type	Stakeholders
a. United Nations	UNECE; UNEP, represented by its Europe office; the United Nations Framework Convention on Climate Change; WHO; the World Meteorological Organization; the United Nations Development Programme
b. Intergovernmental and international organizations, conventions and platforms	The Organisation for Economic Co-operation and Development (OECD); the Regional Environmental Center for Central and Eastern Europe (REC); the Transport, Health and Environment Pan-European Programme (THE PEP) and the Protocol on Water and Health, represented by their chairpersons
c. European Union (EU)	Represented by the European Commission
d. Nongovernmental organizations and civil society representatives	European Ecoforum; the Health and Environment Alliance (HEAL); the European Environment and Health Youth Coalition (EEHYC)
e. Other	The International Society for Environmental Epidemiology (ISEE); the WHO European Healthy Cities Network and Regions for Health Network; and representatives of other subnational levels of government, to be nominated by networks active in the European Region

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Original: English