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**Europe**

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

**Meeting report**

**The Hague, the Netherlands**

**31 May – 1 June 2012**



**World Health  
Organization**

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REGIONAL OFFICE FOR **Europe**

**Report of the second extraordinary  
meeting of the European Environment  
and Health Task Force**

**The Hague, Netherlands**

**31 May – 1 June 2012**

## ABSTRACT

The European Environment and Health Task Force (EHTF) held its second (extraordinary) meeting in May/June 2012 at The Hague, Netherlands. The meeting's purpose was to define indicators to measure implementation of Member States' commitments under the Parma Declaration on Environment and Health. The Task Force achieved consensus that implementation of the Parma commitments is a higher priority, while monitoring should be a cost-effective means to support efficient implementation. It adopted a set of indicators, most of which rely on existing data. Two rounds of reporting via a policy survey would be conducted, in 2013 (before the Mid-term Review) and in 2015 (before the Sixth Ministerial Conference in 2016). The Task Force endorsed the proposed new indicators which would be assessed in a schools survey, and acknowledged WHO's efforts to develop a harmonized approach to human biomonitoring (HBM). The feasibility of including HBM data in reporting in 2013 would be further investigated.

### Keywords

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## **Introduction**

The European Environment and Health Task Force (EHTF) held its second (extraordinary) meeting at The Hague, Netherlands, on 31 May and 1 June 2012, at the kind invitation of the Government of the Netherlands. The meeting was attended by representatives of 36 Member States and a number of other partners. (See Annex 1 for the scope and purpose of the meeting, Annex 2 for the programme of work and Annex 4 for the list of participants.)

## **Opening, adoption of agenda and programme, nomination of co-chairs**

The meeting was opened with a speech of welcome by Mr Peter Torbijn, Acting Deputy Director-General for the Environment and International Affairs and Director, Directorate for Safety and Risks, Netherlands Ministry of Infrastructure and the Environment. The Parma Declaration on Environment and Health was a crucial step forward for health in Europe, said Mr Torbijn. Monitoring was a vital link in the policy cycle, showing the effectiveness of measures already taken and giving warning of potential problems. In order to manage the vast amount of information now available via the Internet, it was essential to keep the information collected as simple and relevant as possible, to collect basic information before more complex data and ensure that the information was collected on a “need-to-know” rather than a “nice-to-know” basis.

The Chairperson, Dr Krunoslav Capak of the Croatian National Institute of Public Health, a Member of the Standing Committee of the WHO Regional Committee for Europe, and the Co-Chair, Mr Alexander Nies, Head of Directorate of the German Federal Ministry of Environment, Nature Conservation and Nuclear Safety, continued in the posts to which they had been elected at the first meeting of the Task Force. Mr Peter de Leeuw, Senior Policy Adviser, Netherlands Ministry of Infrastructure and the Environment, was elected Rapporteur. The provisional agenda and programme of work were adopted.

Dr Srdan Matic, Coordinator, Environment and Health, WHO Regional Office for Europe, welcomed the participants and thanked the host country on behalf of WHO. He said that the extraordinary meeting had been convened for a single purpose: namely, to agree on a system of monitoring of the implementation of commitments under the Parma Declaration on Environment and Health, adopted by the Fifth Ministerial Conference on Environment and Health (Parma, Italy, 10-12 March 2010). Data on environment and health had been collected for over 20 years by the European Environment Agency (EEA), the United Nations Economic Commission for Europe (UNECE) and other agencies. However, the adoption of the Parma Declaration, which included five “timebound” commitments with deadlines for implementation, had made it necessary to review the collection of data, update existing indicators and define new ones to show the progress made in implementation in an efficient and cost-effective manner, in order to inform future policy decisions.

A number of technical meetings had been held to draw up a provisional list of indicators, which the Task Force had considered at its first meeting in October 2011. It had become clear that a further meeting would be required to finalize the indicators, hence the current meeting, generously hosted by the Government of the Netherlands. The Task Force should decide which of the Parma Declaration commitments required indicator-based monitoring, which new indicators were required, if any, and the best ways of obtaining data which would be comparable between countries. The specific methodologies to be employed would be decided later.

He drew attention to document EURO/EHTF 2 - 2.1 and its Annex 1, which formed the background material for the meeting.

## **Aim of the meeting: recap of Parma Declaration and the assessment of implementation of the commitments in a current policy and economical conditions context**

Dr Michal Krzyzanowski, Head of the WHO European Centre for Environment and Health, Bonn, Germany, said that the new indicators must be specific to the Parma Declaration commitments, scientifically sound and reliable and designed to promote appropriate policy action. The collection of data relating to the indicators should be feasible and cost-effective, making use of existing sources of data at national and/or European Union level wherever possible. Simple, cost-effective methodologies had been developed, which would enable Member States to collect harmonized, comparable data.

The proposed set of indicators consisted of the following: existing indicators already being used by the European Environment and Health Information System (ENHIS), but which might require adaptation; new indicators based on existing data, which could be collected by the Secretariat without additional effort by Member States; and new indicators based on a proposed survey of national environmental health policies. Where possible, the workload required for that survey has already been identified. Two further survey tools were proposed to cover areas where the information was not available or was not sufficiently harmonized: a survey to characterize pupils' exposure to environmental risk factors in schools and a human biomonitoring survey to characterize early-life exposure to environmental pollutants.

The expected outcome of the meeting was an agreement on a set of indicators for which data could be collected as inexpensively and cost-effectively as possible, and on recommendations for the harmonization of the methodologies to be used for future data collection efforts.

## **Review of monitoring needs related to implementation of Parma Declaration and of feasible approaches for efficient monitoring**

### **General discussion**

Mr Nies (Co-Chair) said that Member States' main concern should be to make tangible progress in the implementation of their commitments under the Parma Declaration: monitoring, although important, was a secondary aim. The Task Force should choose indicators which would promote implementation and provide persuasive evidence to put before policy-makers and the general public – in other words, emphasizing the policy dimension. It should also decide: which of the Parma Declaration commitments needed to be monitored for implementation using specific indicators; whether any new indicators were required; and, in view of the current financial constraints, whether Member States were prepared to commit to additional data-collection efforts or wished to use only indicators for which data were already available from existing sources. In short, the indicators should be monitored on a voluntary basis, make use of existing data to the extent possible, be necessary and meaningful in relation to the political process they are meant to serve, be applicable and synergic to other WHO activities and processes, and a timetable for further action should be agreed upon by the Task Force.

Most participants considered that all the Parma Declaration commitments were equally important, although some said that, since it would be difficult to collect data on all of them, priority should be given to the timebound commitments. The decision to collect data for a particular indicator should be entirely voluntary, and Member States should be accorded some flexibility in selecting indicators which are most relevant to their national situation. Wherever possible, the data should be disaggregated by age and gender to reflect social inequities. The work of different sectors, such as health, environment and transport, should be integrated wherever possible to maximize synergistic effects.

The meeting considered the list of indicators proposed in document EURO/EHTF 2 - 2.1 and its Annex 1, beginning with indicators for which data were already available, classified according to the Regional Priority Goals (RPGs) of the Children's Environment and Health Action Plan for Europe (CEHAPE) and reaffirmed in the Commitment to Act attached to the Parma Declaration. Eleven new indicators were also proposed, for which data would be collected through a schools survey and a human biomonitoring survey (see background document Table 1, "Indicators requiring new data collection").

### **RPG 1 – Ensuring public health by improving access to safe water and sanitation**

Mr Roger Aertgeerts, Programme Manager, Natural Resources - Water and Sanitation, WHO European Centre for Environment and Health, Bonn, introduced the proposed indicators for Regional Priority Goal 1. The indicators already existing in ENHIS deal with: the incidence of water-borne disease outbreaks; the quality of bathing waters (both marine and freshwater); access to piped water; and access to sanitation and wastewater treatment. It is important to continue monitoring access to water and sanitation, since accessibility has actually declined in

some parts of the Region. Reporting under the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes includes some aspects of policy, such as legal structures and enforcement procedures. The proposed new indicators cover the incidence of viral hepatitis A, which is a significant water-related disease, and a set of indicators of children's health in schools and kindergartens – access to improved sanitation facilities, use of hygienic practices and policies to improve hygiene. Investment in water and sanitation is a cost-effective response to national policy goals in many Member States and commitments to tackle child poverty. Monitoring is essential to ensure that limited public resources are used cost-effectively, guarantee accountability and promote informed advocacy by civil society. WHO could provide training and technical assistance in areas such as surveillance, and would endeavour to arrive at a consolidated approach in collaboration with Member States, which would use their existing methodologies to produce consistent and internationally comparable data.

In the ensuing discussion, participants highlighted the lack of shared information on national safe water policies. Some questioned whether incidence of hepatitis A is a good proxy indicator for water related diseases, since incidence has declined sharply as a result of vaccination campaigns in most Member States.

## **RPG 2 – Addressing obesity and injuries through safe environment, physical activity and healthy diet**

Ms Francesca Racioppi, Senior Policy and Programme Advisor, Governance and Multisectoral Partnerships, Environment and Health, WHO Regional Office for Europe, said that environmental modifications such as the provision of play areas and safe cycling routes to schools could help to encourage physical activity and mitigate the serious problem of obesity and overweight. However, action was also necessary to counter the associated risk of injury, which is a leading cause of death in children. With respect to the Parma Declaration commitment to implementing relevant elements of the Amsterdam Declaration of the Third High-Level Meeting of the Transport Health and Environment Pan-European Programme (THE PEP), it was proposed to build on the monitoring system, based on a simple policy-oriented online survey adopted by THE PEP Steering Committee and completed annually. With respect to the Parma Declaration commitment to take account of the needs of children in housing, health-care institutions and transport systems, monitoring needs could be met by the proposed schools survey. The timebound Parma Declaration commitment relating to the promotion of walking and cycling to school and the provision of play spaces, as well as injury prevention, was already covered by existing ENHIS indicators. Data on road traffic injuries and other unintentional injuries among children and young people were available from the WHO Mortality Database. Data on obesity could be compiled from the WHO European database on nutrition, obesity and physical activity (NOPA). The Health Behaviour in School-aged Children (HBSC) survey, conducted every four years, also provided a great deal of valuable data. The proposed new indicators would measure access to public green/open spaces, defined by the percentage of the urban population living within 300 metres of such a space; the proportion of children going to and from school by specified modes of transportation; and policies to prevent child injuries.

Some participants considered that the indicator on modes of transportation was too indirect – for example, it did not accurately reflect a child's actual level of physical activity. Others suggested that the time required to reach a recreational space was a better indicator than the distance

involved. Members of the Secretariat noted that data on modes of transportation were highly relevant, as time spent by children in active mobility may contribute a significant share of the daily amount of recommended physical activity in children. Regarding the distance from green/open spaces, data were more readily and cost-effectively available (e.g. from existing land use maps); other data would have to be collected specially.

### **RPG 3 – Preventing disease through improved outdoor and indoor air quality**

Dr Elizabet Paunovic, Programme Manager, Environmental Exposures and Risks, WHO European Centre for Environment and Health, Bonn, briefly described the Parma Declaration commitments related to reducing incidence of respiratory diseases, development of cross-sectoral policies to reduce indoor pollution and the promotion of a healthy indoor environment in children's facilities. The emphasis is now on public buildings, which are easier to regulate and monitor than private homes. Data for a number of indicators, including particulate matter (PM<sub>10</sub>), are already collected through ENHIS, showing large differences between countries and little indication of improvement over time in the last decade. The proposed new indicators cover policies to improve air quality in schools, assess children's smoking behaviours in schools and in school grounds and reduce smoking in schools (smoking-related data could be collected through the Global Youth Tobacco Survey). Three new indicators were included in the proposed schools survey: exposure to mould and dampness; ventilation; and indoor air quality in classrooms. WHO had developed standardized methodologies for the latter three indicators to ensure comparability of data from different Member States.

In the ensuing discussion, the representative of the Regional Environment Center for Central and Eastern Europe (REC) drew attention to the School Environment and Respiratory Health of Children (SEARCH) project, operating mainly in eastern Europe and central Asia, which had accumulated relevant and valuable experience related to indoor air quality in schools.

### **RPG 4 – Preventing diseases arising from chemical, biological and physical environments**

Dr Marco Martuzzi, Programme Manager, Environmental Health, Risk Assessment and Management, WHO European Centre for Environment and Health, Bonn, outlined the indicators for which data were already being collected under ENHIS, namely persistent organic pollutants (POPs) in human milk, children's exposure to chemical hazards in food and levels of lead in children's blood. These data allowed comparisons to be made within and between countries and indicated possible policy responses, although the information available was not always complete. He then introduced the proposed new indicators: exposure to noise and policies to eliminate asbestos-related disease. Dr. Martuzzi also briefly mentioned proposed new indicators which are based on human biomonitoring: early-life exposure to mercury and brominated flame retardants in human milk. (More information on biomonitoring-based indicators for RPG 4 is included in the proposed biomonitoring activities, which were discussed later in the meeting.)

Participants stressed the importance of monitoring asbestos-related diseases, noise and endocrine-disrupting chemicals. Dr Krzyzanowski drew attention to the proposed indicator on

brominated flame retardants in human milk: data for this indicator are collected under the WHO/United Nations Environment Programme survey of POPs in human milk, although only four Member States in the Region participated in the most recent round of the survey.

## **Climate change**

Dr Bettina Menne, Programme Manager, Climate Change, Sustainable Development and Green Health Services, WHO European Centre for Environment and Health, Bonn, noted that the Parma Declaration contains no time-bound targets related to climate change, and there are no existing ENHIS indicators which specifically address the health impacts of climate change. Many Member States have reported data relevant to the Commitment to Act to WHO, EEA and the Secretariat of the United Nations Framework Convention on Climate Change. The proposed indicators, based on the six action points described in the Commitment to Act, are related to the following: exposure to and mortality due to heat waves; policies to prevent heat-related health effects; policies to prevent infectious diseases; population exposure to actual floods and vulnerability to floods; policies to ensure security and safety of water supplies; and incidence of Lyme disease, which is spreading further north in the Region. She gave details of a pilot study of excess mortality associated with heat waves in Budapest, Hungary, using daily mortality statistics. No indicators had yet been proposed for the commitment to increase the health sector's contribution to reducing greenhouse gas emissions. She called upon Member States to inform the Secretariat of any data in their possession related to issues such as vulnerability to flooding of certain population groups or incidence of Lyme disease. The Secretariat proposed to pilot-test those indicators for which sound methodologies were available and to convene an expert workshop to draw up targets for the future. She also informed of a forthcoming meeting on health and climate change to be held in Bonn.

The representative of EEA said that the Agency had published a report on human vulnerability to the effects of climate change, which was now being revised to reflect the effects of heat waves and flooding. She appealed to Member States to provide additional data from national research, since it was difficult for international agencies working at the European level to obtain data such as daily death counts.

Participants noted that the work on indicators related to climate change was less advanced than the work related to other Parma Declaration commitments. Dr Krzyzanowski emphasized the difficulty of obtaining reliable and comparable data on exposure to and health effects of events such as floods or heat waves.

## **Identification of policy and environmental health indicators based on existing data collection systems**

Participants took note of the indicators proposed by the Secretariat in document EURO/EHTF 2 - 2.1, and stated that they did not wish to add any new indicators to the list. Some participants suggested that a survey should be conducted to determine the indicators for which a large number of Member States already collected data, or would be willing to do so in future.

## **Discussion on activities which could improve the monitoring based on voluntary collection of additional data**

Representatives of the Secretariat introduced the three proposed surveys which would generate data for the new indicators – a policy survey, which would collect existing data on national policies, a schools survey and a biomonitoring survey (the latter two of which would involve new data collection). Dr Matic clarified that the policy survey would consist of a simple email or Web-based questionnaire which would be completed by Focal Points. The Secretariat, in collaboration with the representatives of Greece, Lithuania and Slovenia, would revise the list of questions developed by WHO by the end of summer 2012, and the draft questionnaire would then be circulated to all Member States for their comments. The representative of REC noted the crucial role of Focal Points in motivating other government agencies to provide the required information.

Dr Paunovic introduced the proposed schools survey. This survey would use a randomized cluster design, and provide data for the proposed new indicators on: access to properly maintained sanitation facilities in schools; children's hygiene practices; proportion of children commuting to school by various modes of transportation; proportion of children smoking on school premises; ventilation in classrooms; exposure to mould and dampness in schools; and exposure to selected indoor air pollutants, such as NO<sub>2</sub>, formaldehyde and benzene (the latter being optional) in classrooms. The survey methodology developed by WHO involves inspection visits, monitoring (using equipment leased or purchased through WHO) and a questionnaire. The total estimated amount of time for data collection is 2-3 person-days per school. The survey would be conducted every five years. It has already been piloted in Albania and Croatia in December 2011 – April 2012, and further pilot testing is planned for the autumn and winter of 2012/2013. The full survey is planned to begin in 2013/2014.

She went on to introduce the proposed biomonitoring survey. A number of challenges have been encountered in the choice and development of bioindicators, including the wide scope of commitments in the Parma Declaration covering carcinogens, mutagens, endocrine-disrupting chemicals and developmental toxicants. The Commitment to Act also identifies pregnant women as a target group, recognizing vulnerability to chemical insults during prenatal development. There is also a potential for characterizing exposure in people living in industrially polluted areas (exposure hot spots), which would comply with requests from Member States to provide assistance in characterizing heavily exposed groups. She described a proposed biomonitoring survey of mercury in maternal scalp hair as a proxy for prenatal exposure. Other proposed bioindicators included early-life exposure to cadmium, exposure to non-persistent organic pollutants in areas contaminated by the petrochemical industry, and cotinine levels in urine as an indicator of tobacco smoking or exposure to secondhand smoke.

Replying to points raised by participants in relation to the schools survey, she said that, although the cost of some items of monitoring equipment was significant, they could be used repeatedly, thus reducing the cost per school visit. Relevant data on smoking in schools may also be obtained from the Global Youth Tobacco Survey and the monitoring of the WHO Framework Convention on Tobacco Control (WHO FCTC). Experience has shown that young people usually give an accurate picture of their smoking practices in these anonymous surveys. In relation to the biomonitoring survey, she said that a forthcoming Web-based questionnaire on chemical safety

and an expert meeting to be held in October 2012 would help to clarify the strategic direction of WHO's activities in chemical safety over the next five years.

Participants were broadly supportive of the proposed schools survey. The representatives of Estonia, Lithuania, Latvia, Serbia and Slovakia expressed an interest in participating in further pilot testing of the schools survey. The representative of Poland recalled that the HBSC survey includes relevant indicators on smoking in schools and travel to school, among others. The representative of the European Commission Directorate-General for Research and Innovation drew attention to a forthcoming project in which subjects would wear personal exposure monitors to measure their exposure to air pollution. Meeting participants also discussed the proposed human biomonitoring survey. It was stressed that this survey is at an earlier stage of development than the school survey. Further method development is necessary before the proposed human biomonitoring survey can be presented for review and approval. The representative of Poland also noted that birth cohort studies, such as the CHICOS project, could be potential sources of data for some indicators, such as early-life exposure to mercury.

Two youth delegates from the WHO CEHAPE International Youth Network presented the results of research projects conducted by young people in Romania (volatile organic compounds) and Serbia (concentration of CO<sub>2</sub> in a dentistry school lecture theatre). Young people are a cost-effective resource for Member States wishing to conduct surveys or take measurements, particularly in schools. Provided that the methodologies used are harmonized and consistent with WHO recommendations and the young scientists are rigorously supervised by qualified researchers, their data could make a valuable contribution to international databases.

Participants commended the youth delegates for their lively and enthusiastic presentations, and called upon them to define their own proposals for research. It was remarked that it remains to be clarified how the Parma Commitment to promote youth participation could be monitored.

## **Recommendations on monitoring the implementation of Parma Declaration commitments**

Mr Peter de Leeuw, Rapporteur, introduced the main conclusions of the meeting, which were slightly amended following remarks from the floor and then adopted by consensus. The main conclusions are reproduced in Annex 3.

## **Follow-up actions and way forward towards reporting to the Intergovernmental Mid-term Review meeting**

The Secretariat undertook to circulate a draft list of indicators for Member States' comments by November 2012. The policy survey would be conducted in 2013 and reported to the Intergovernmental Mid-term Review Meeting, and repeated in 2015. The final results would be submitted to the Sixth Ministerial Conference in 2016. The schools survey would be incorporated into Member States' reporting activities for 2013-2014. The next meeting of the

Task Force, dealing with progress on the indicators and the new ENHIS IT platform, would take place in early 2013.

## **AOB and closure of meeting**

Dr Matic thanked the Government of the Netherlands for hosting the meeting, and thanked all Member States for their contribution to the proceedings. The Chairperson and Co-Chair and many WHO colleagues had worked for months behind the scenes to prepare for the meeting. He paid tribute to Dr Krzyzanowski and Mr Aertgeerts, both of whom would retire from their posts shortly.

The Chairperson declared the meeting closed at 14:55 on 1 June 2012.

## ANNEX 1. SCOPE AND PURPOSE

The Parma Declaration adopted at the 5th Ministerial Conference on Environment and Health in 2010 calls for the intensification of actions by the Member States of the WHO European Region to reduce public health impacts of specific environmental risk factors. For the first time, several key EH policy commitments have specific time targets for their implementation. The Parma Declaration also reaffirms the support to the development of the European Environment and Health Information System (ENHIS) and calls on the WHO Regional Office for Europe to assist Member States with the development of internationally comparable indicators.

The 60<sup>th</sup> Session of WHO Regional Committee for Europe (Moscow, September 2010) directed WHO Europe to support Member States in their efforts to implement Parma commitments. The resolution EUR/RC60/R7 of the Regional Committee urged Member States to pay particular attention to achieving the five measurable targets set out in the Parma Declaration on Environment and Health.

To implement these decisions, the WHO European Centre for Environment and Health, supported by experts from most of the Member States, reviewed and evaluated the existing ENHIS indicators, identified data gaps and proposed new indicators as well as monitoring and assessment tools in order to enable efficient monitoring of the implementation of Parma Declaration commitments.

At its first meeting in October 2011, EHTF discussed the proposed tools for monitoring and assessment. It agreed to defer a decision on adoption of the indicators and that a specific meeting needs to be arranged to discuss from a policy-making point of view the proposed indicators. Following this recommendation, this extraordinary EHTF meeting is convened under Rule 5 of the EHTF Rules of Procedure. Its specific purpose is to:

- review monitoring needs related to the commitments of Parma Declaration considering policy relevance, feasibility and efficiency of the monitoring;
- recommend the minimum set of indicators to be included in the monitoring, focusing on those based on existing information, in particular that included in international data bases and reporting systems;
- discuss potential options for further development of monitoring based on additional, voluntary data collection using internationally harmonized methodologies and useful in support of implementation of national activities, considering activities on the country level and WHO support;
- agree on the follow-up actions necessary to assure efficient reporting to the Intergovernmental Mid-term Review meeting in 2014.

## ANNEX 2. PROGRAMME

<b>Thursday, 31 May 2012</b>	
9:00	Registration of participants
10:00	<b>Opening session</b> <i>Chair: Krunoslav Capak, EHTF Chair; Alexander Nies, EHTF Co-chair</i>
	- Opening/welcome notes
	WHO
	Ministry of Infrastructure and the Environment, The Netherlands
	- Adoption of the agenda and programme
10:30	<b>Objectives of the meeting: recap of Parma Declaration and the assessment of implementation of the commitments in a current policy and economical conditions context</b>
-	- Introductory presentations (WHO)
11:00	<b>Review of monitoring needs related to implementation of the Parma Declaration and of feasible approaches to efficient monitoring.</b> Regional Priority Goal (RPG) 1 - Ensuring public health by improving access to safe water and sanitation
	- Introduction
	- Discussion
12:00	Lunch break
13:00	<b>Review of monitoring needs related to implementation of the Parma Declaration and of feasible approaches to efficient monitoring.</b> RPG 2 - Addressing obesity and injuries through safe environment, physical activity and healthy diet
	- Introduction
	- Discussion
13:45	<b>Review of monitoring needs related to implementation of the Parma Declaration and of feasible approaches to efficient monitoring.</b> RPG 3 - Preventing disease through improved outdoor and indoor air quality
	- Introduction
	- Discussion
14:30	<b>Review of monitoring needs related to implementation of the Parma Declaration and of feasible approaches to efficient monitoring.</b> RPG 4 - Preventing diseases arising from chemical, biological and physical environments
	- Introduction
	- Discussion
15:15	Coffee break
15:45	<b>Review of monitoring needs related to implementation of the Parma Declaration and of feasible approaches to efficient monitoring:</b> Protecting health and the environment from climate change
	- Introduction
	- Discussion
16:45	General discussion on the approaches and data needs for the monitoring related to Parma commitments
17:30	Summary and closure of day 1
19:00	<i>Dinner hosted by the Ministry of Health (address: The Boomerang Beach, Zwarte Pad 63, 2586 JK Scheveningen)</i>

<b>Friday, 1 June 2012</b>	
9:00	<b>Identification of policy and environmental health indicators based on existing data</b>
	- Introduction and summary of day 1 discussion
	- Discussion and agreement on the set of indicators to be implemented
10:30	Coffee break
11:00	<b>Activities which could improve the monitoring based on voluntary collection of additional data</b>
	<ul style="list-style-type: none"> <li>• RPG 1 (ii), RPG2 (iv) and RPG3 (iii) commitments to reduce exposure to environmental hazards in children's facilities: proposed new survey in schools, and results of pilot surveys</li> </ul>
	- Introduction
	- Discussion
	RPG 4 (ii) and (iii) commitments to reduce early-life exposure to chemicals, and Section D, commitment 11 to develop consistent and rational approach to human biomonitoring: proposed biomonitoring-based surveys in general population and exposure hot spots
	- Introduction
	- Discussion
12:30	Lunch break
13:30	<b>Conclusions and recommendations on monitoring the implementation of Parma Declaration commitments</b>
14:15	<b>Follow-up actions and way forward towards reporting to the Intergovernmental Mid-term Review Meeting</b>
15:00	Closure of the meeting

## ANNEX 3. MAIN CONCLUSIONS OF THE MEETING

### GENERAL ASPECTS

1. The TF achieved consensus that:
  - a. implementation of the Parma commitments is the highest priority; monitoring is a means to facilitate the implementation;
  - b. monitoring should be as parsimonious and cost-effective as possible, using existing data sources as much as possible.

### NEW INDICATORS BASED ON EXISTING DATA/POLICY SURVEYS

2. The TF achieved **consensus** on:
  - a. **reporting on selected Parma commitments**, as listed in Table 1 of the background document (some possible changes/adjustments in some of the proposed indicators to be addressed separately by the Secretariat);
  - b. the proposed **new indicators using existing data sources** listed in Table 1, as they are available at no additional reporting effort in the majority of MSs and are left to voluntary reporting by MSs;
  - c. reporting is voluntary (i.e. noncompulsory), but there should be an effort to maximize the availability of information, depending on feasibility;
  - d. there will be no additional indicators beyond those listed in Table 1 without approval by the TF, e.g. through electronic consultation.
3. SLO, LTU, GRE volunteered to work with the Secretariat to support the development of a policy survey, based on a pilot version provided by the Secretariat (timing: late summer 2012).
4. All countries will have access to the pilot questionnaire for comments and information.
5. There will be two rounds on reporting through the policy survey, in 2013 (for the Mid-term Review) and 2015 (ahead of the Ministerial Conference).
6. Secretariat will:
  - a. provide an overview of availability of data for all indicators by country, to be then further checked nationally, and discussed in October 2012 at a technical meeting on information systems, and reported back to the next TF meeting;
  - b. assess in consultation with MSs their intention to invest in further monitoring efforts;
  - c. summarize the proposals for amendments to existing indicators as emerged from the discussions (e.g. on water, climate change, etc.);
  - d. work in collaboration with Eurostat, to include an inequality dimension in some of the existing indicators (e.g. by stratifying by gender, rural/urban residence, income), subject to feasibility.

### NEW INDICATORS BASED ON SCHOOL SURVEYS AND BIOMONITORING:

7. The TF achieved **consensus** on:
  - a. using the proposed schools survey and further extending its pilot testing on a voluntary basis;
  - b. considering the active engagement of youth in performing the school surveys, with appropriate coaching and linking to competent institutions;
  - c. including the schools survey in countries that volunteered to conduct it, as part of their reporting, if feasible, in late 2013;

- d. assessing feasibility of including biomonitoring on an experimental basis as part of the reporting on 2014, based on further consultation between the Secretariat and MSs.
8. ALB, CRO piloted the school survey. ALB intends to implement the full-scale study.
  9. EST, LTU, LVA, SER, SKA expressed their interest to participate in the further pilot testing of the school survey.
  10. Secretariat to explore opportunities to collect some of the information through the next HBSC survey (e.g. optional modules on tobacco and mobility to/from school).
  11. Youth invited to propose indicator(s) to report on their participation in the Parma process.

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