



## Children's Environment and Health Action Plan for Europe



## Introduction: background and rationale

1. We, the Ministers and Representatives of Member States in the European Region of the World Health Organization responsible for health and the environment, together with the WHO Regional Director for Europe and in the presence of the Commissioners for Health and the Environment of the European Commission, recognize that many European children today benefit from better nutrition, cleaner water, more effective preventive health measures and a higher standard of living than ever before and that, on the whole, the health of children in the 52 countries of the European Region shows continuous improvement. However, we understand that improvement is not homogeneous across the Region and within countries, and that the health of a substantial and increasing proportion of children is threatened by the consequences of poor environmental conditions, poverty, disruption of social protection and health systems, armed conflict and violence.
2. We recognize that children are entitled to grow and live in healthy environments, in the spirit of the Convention on the Rights of the Child of November 1989, then emphasized at the United Nations General Assembly Special Session on Children in May 2002 and at the World Summit on Sustainable Development (WSSD) in September 2002. We are well aware that protecting children's health and environment is crucial to the sustainable development of countries.
3. We recall the commitments made by the international community concerning a healthy environment for children, in particular the Declaration adopted at the Third Ministerial Conference on Environment and Health held in London in 1999, and especially its follow-up actions such as the WHO/United Nations Economic Commission for Europe (UNECE) Transport, Health and Environment Pan-European Programme (THE PEP), which places special emphasis on the vulnerability and needs of children in transport. We also recall the importance of the Environment Strategy for Countries of Eastern Europe, Caucasus and Central Asia with respect to the Environment and Health process, as a major result of the fifth Ministerial Conference "Environment for Europe" (Kiev, Ukraine, 2003). We commend the efforts of the European Commission (EC) to ensure a healthier environment for children through the development of an Action Plan 2004–2010, as a means of ensuring implementation of the EC Communication on the Environment and Health Strategy. We also commend the Declaration of the Ministers of Health of the Countries of the Commonwealth of Independent States on Environmental Health that was adopted in Cholpon-Ata, Kyrgyzstan, on 1 and 2 April 2004.
4. We are increasingly concerned about the effects on children's health of unsafe and unhealthy environments. We understand that developing organisms, especially during embryonic and fetal periods and early years of life, are often particularly susceptible, and may be more exposed than adults, to many environmental factors, such as polluted air, chemicals, contaminated and polluted water, food and soil, radiation risks, unhealthy housing, environmental noise, risks related to transport, and the consequences of armed conflict and environmental disasters. Boys and girls may also differ in susceptibility and be differently exposed to environmental factors. We realize that *all* children suffer from the consequences of polluted and unsafe environments but also that children living in the poorest countries and belonging to the most disadvantaged population groups are at the highest risk. Underdevelopment and poverty are strongly related to the burden of environmentally attributable disease, and this is even more true for children.

5. Finally, we recognize that children in particularly adverse conditions, such as poor and abandoned children, street children, children who are exploited or trafficked and those suffering from the consequences of armed conflict, are at highest risk of injuries, psychological trauma, acute and chronic infections and noncommunicable diseases, impaired growth and development, disability and death. Special emphasis should be placed on preventing these conditions and fighting their underlying causes.

6. We note that in the European Region, according to the Children's Environmental Burden of Disease study, about one third of the total burden of disease from birth to 18 years can be attributed to unsafe and unhealthy environments in the home and the broader community, resulting in significant social and economic costs.

- (a) Injuries alone represent the first cause of death in this age group and account, on average, for about one sixth of the total burden of death and disease, but this proportion can be as high as one third in some countries.
- (b) Exposure to contaminated water, air, food and soil can cause gastrointestinal and respiratory diseases, birth defects and neuro-developmental disorders, all of these accounting for another one sixth of the total burden of disease.
- (c) Safe and balanced nutrition is still an unmet need for too many children, and at the same time the prevalence of obesity and the risk of later development of metabolic disease, including diabetes, and cardiovascular disease are increasing as a consequence of both unhealthy diet and inadequate physical activity.
- (d) Finally, there is concern regarding the potential for long-term toxicity, including the carcinogenic, neurotoxic, immunotoxic, genotoxic, endocrine-disrupting and allergenic effects of many chemicals. We are particularly concerned about the effects of environmental tobacco smoke (ETS), persistent organic pollutants (POPs), heavy metals and physical agents (such as ultraviolet (UV) radiation, ionizing radiation and noise) that contaminate the environment and to which men and women of reproductive age as well as children may be exposed.

7. We recognize that our understanding of the nature and the amount of health effects produced on developing organisms, from the prenatal period to adolescence, by exposure to environmental agents is still incomplete. However, the evidence we already have of the role played by several environmental factors in determining disease and injury in children, and in inducing effects that may become manifest only in adult life, makes it mandatory to commit ourselves to coordinated and sustained action now to protect children's health, today and for the future.

8. We realize that when there are knowledge gaps, more effort has to be put into research, to improve our knowledge of causal links, the nature and magnitude of effects and effective interventions. Simultaneously, not to delay the implementation of policies that may protect children's health and minimize the risk of severe and irreversible health effects, measures based on the precautionary principle should be applied, taking into account paragraph 17 in the Budapest Ministerial Declaration.

9. We recommend that effective action should be based on systematic reviews of interventions designed to prevent and reduce risk, whenever this information is available, and built on existing experience and best practices. Effective action also requires multisectoral approaches, such as those needed to ensure clean air, safe food and water, safe industrial

products and safe and supportive human settlements, and full information and involvement of communities, parents and young people themselves.

10. We recognize the need to focus our actions on health and environment priorities that are associated with a substantial disease burden in children and for which feasible and effective action is possible within a reasonable time frame. We therefore agree to aim at reducing the burden of disease caused by major environmental risk factors by committing ourselves to four Regional Priority Goals, through the implementation of a series of actions for each goal.

11. We recognize that effective actions fall within the responsibility of different ministries, as well as of subnational and local governments and agencies. Therefore we will advocate the implementation of the actions listed below within our decision-making bodies and their integration into existing long-term action plans.

## **Regional Priority Goals, actions and expected health outcomes**

12. We recognize that children's exposure to environmental hazards is influenced not only by the state of the physical environment but also by socioeconomic conditions and individual and group behaviour. Effective action for protecting children's health should therefore emphasize:

- primary prevention, i.e. policies, programmes and plans aimed at improving the state of the physical environment (air, water, soil, noise), in particular through the integration of children's needs into housing, transport, infrastructure and planning;
- equity, i.e. giving priority to protection of children at highest risk, and particularly of children who are neglected, abandoned, disabled, institutionalized or exploited, or who are suffering the consequences of armed conflict and forced migration, by improving access to preventive health and social protection services;
- poverty reduction, i.e. policies addressing the multidimensional aspects of poverty among children;
- health promotion, i.e. actions aimed at preventing and reducing exposures to environmental health hazards by adopting healthy lifestyles, achieving sustainable consumption patterns and helping to create healthy and enabling human settlements.

The above principles, together with the need to focus on the main causes of the environment-related burden of disease, will frame the contents of the four Regional Priority Goals.

**13. Regional Priority Goal I. We aim to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe and affordable water and adequate sanitation for all children.**

We aim to achieve this goal in accordance with the commitments made in the Millennium Development Goals and the WSSD Plan of Implementation by:

- (a) ensuring that all child care institutions and schools are provided with adequate safe water and basic sanitation, ensuring safe and affordable water and adequate sanitation infrastructure and service development and better implementation of the Protocol on Water

and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes;<sup>1</sup>

- (b) implementing national plans to increase the proportion of households with access to safe and affordable water and adequate sanitation, thereby ensuring that all children have access to clean water and sanitation by 2015;
- (c) raising awareness among the population, particularly caregivers, and ensuring the provision of education on basic hygiene.

**14. Regional Priority Goal II. We aim to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity, by promoting safe, secure and supportive human settlements for all children.**

We will address the overall mortality and morbidity due to external causes in children and adolescents by:

- (a) developing, implementing and enforcing strict child-specific measures that will better protect children and adolescents from injuries at and around their homes, playgrounds, schools and workplaces;
- (b) advocating the strengthened implementation of road safety measures, including adequate speed limits as well as education for drivers and children, and enforcement of the corresponding legislation (in particular the recommendations of the WHO world and European reports on road traffic injury prevention);
- (c) advocating, supporting and implementing child-friendly urban planning and development as well as sustainable transport planning and mobility management, by promoting cycling, walking and public transport, in order to provide safer and healthier mobility within the community;
- (d) providing and advocating safe and accessible facilities (including green areas, nature and playgrounds) for social interaction, play and sports for children and adolescents.

We aim to bring about a reduction in the prevalence of overweight and obesity by:

- (a) implementing health promotion activities in accordance with the WHO Global Strategy on Diet, Physical Activity and Health and the WHO Food and Nutrition Action Plan for the European Region of WHO for 2000–2005;<sup>2</sup>
- (b) promoting the benefits of physical activity in children's daily life by providing information and education, as well as pursuing opportunities for partnerships and synergies with other sectors with the aim of ensuring a child-friendly infrastructure.

**15. Regional Priority Goal III. We aim to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks, in order to ensure that children can live in an environment with clean air.**

---

<sup>1</sup> Turkey has reservations on this paragraph since it is not a signatory to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes or to its Protocol on Water and Health.

<sup>2</sup> Endorsed by the WHO Regional Committee for Europe in 2000 (resolution EUR/RC50/R8).

We aim to achieve a substantial reduction in the morbidity and mortality from acute and chronic respiratory disorders in children and adolescents by:

- (a) developing indoor air quality strategies that take into account the specific needs of children;
- (b) implementing the Framework Convention on Tobacco Control, by legislative measures, through the drafting and enforcement of the necessary regulations and by setting up health promotion programmes that will reduce smoking prevalence and the exposure of pregnant women and children to environmental tobacco smoke;
- (c) improving access of households to healthier and safer heating and cooking systems as well as cleaner fuel;
- (d) applying and enforcing regulations to improve indoor air quality, especially in housing, child care centres and schools, with particular reference to construction and furnishing materials;
- (e) reducing emissions of outdoor air pollutants from transport-related, industrial and other sources through appropriate legislation and regulatory measures which ensure that air quality standards such as those developed under EU legislation take into account the values set by the WHO air quality guidelines for Europe.<sup>3</sup> In particular we call upon car manufacturers to equip new diesel motor vehicles with particle filters or other appropriate technologies in order to drastically reduce emissions of particles, and to that effect we will continue to develop legislative and regulatory measures as well as economic incentives.

**16. Regional Priority Goal IV. We commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence.**

We will aim to reduce the proportion of children with birth defects, mental retardation and developmental disorders, and to decrease the incidence of melanoma and non-melanoma skin cancer in later life and other childhood cancers by:

- (a) passing and enforcing legislation and regulations and implementing national and international conventions and programmes to:
  - i. reduce exposure of children and pregnant women to hazardous chemical, physical and biological agents to levels that do not produce harmful effects on children's health;
  - ii. protect children from exposure to harmful noise (such as aircraft noise) at home and at school;
  - iii. ensure appropriate information on and/or testing for effects on the health of developing organisms of chemicals, products and technologies before their marketing and release into the environment;
  - iv. ensure the safe collection, storage, transportation, recovery, disposal and destruction of non-hazardous and hazardous waste, with particular attention to toxic waste;
  - v. monitor in a harmonized way the exposure of children, as well as men and women of reproductive age, to hazardous chemical, physical and biological agents;

---

<sup>3</sup> *Air quality guidelines for Europe, second edition*. Copenhagen, WHO Regional Office for Europe, 2000 (WHO Regional Publications, European Series, No. 91).

- vi. ensure that the Stockholm Convention on Persistent Organic Pollutants, the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal and the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade are applied;
- (b) implementing policies to raise awareness and endeavour to ensure reduction of exposure to UV radiation, particularly in children and adolescents;
- (c) promoting programmes, including those for the adequate dissemination of information to the public, that will prevent and minimize the consequences of natural disasters and major industrial and nuclear accidents such as Chernobyl and that take into consideration the needs of children and people of reproductive age.

We commit ourselves to advocating the elimination of the worst forms of child labour by applying International Labour Organization (ILO) Convention 182.<sup>4</sup>

## **International collaboration**

17. To effectively pursue the four priority goals, we, the Ministers, recognize the need to commit our governments to increased intercountry collaboration and solidarity, in order to support the efforts of countries whose children bear the greatest part of the environmental burden and that may need additional, technical and financial support to act effectively.

18. We recognize the need for assistance from international organizations. We invite WHO and the European Commission, as well as the United Nations Environment Programme, UNECE, the United Nations Children's Fund, the Organisation for Economic Co-operation and Development (OECD), the World Bank, the European Environment Agency (EEA), ILO, and the regional environmental centres, as well as other international and nongovernmental organizations, to promote and strengthen international collaboration among themselves on common priority issues and to identify new partners for the future of the Environment and Health process.

19. We, the Ministers, ask that such collaboration should ensure implementation of the CEHAPE by:

- (a) ensuring coordination between, and technical support for, countries and facilitating the identification of financial resources, particularly for those countries most in need;
- (b) developing and providing training opportunities and materials and promoting the incorporation of child health and environment issues in the training curricula of child and adolescent health professionals;
- (c) supporting evaluation of the social and economic costs and benefits of action and inaction, taking into account children's particular needs. In doing so, the internalization of externalities in cost-benefit analyses will be advocated, in order to facilitate policy development;
- (d) ensuring the exchange of information, experience and best practices on relevant existing and effective health and environmental measures and their implementation;
- (e) identifying partners and funding sources for collaborative research and development;

---

<sup>4</sup> Monaco has reservations on this paragraph, since it is not a member of the International Labour Organization.

(f) developing child participation models.

20. We invite WHO to develop, collect and disseminate information on evidence-based interventions and methodologies for use in child-focused health impact assessments incorporating a clear gender perspective. We also request that WHO should develop guidelines and tools on advocacy, information, education and communication, to ensure the appropriate dissemination of information by countries. We request that WHO and EEA collaborate with other United Nations organizations, the European Commission and OECD on the further development of a coherent environment and health indicator system which includes child-specific effects, exposures and actions.

## **National children's environment and health action plans**

21. We, the Ministers, commit ourselves to developing and starting to implement national children's environment and health action plans by 2007 at the latest. To ensure this, we will make best use of existing programmes, such as national environment and health action plans (NEHAPs), or develop new child-specific plans. These should include an assessment of the environmental and health impacts on children, an evaluation of the economic impact and the setting of quantitative targets, as well as the suitably phased implementation of actions.

22. We will include child-specific actions in the national plans, which will ensure attainment of the four Regional Priority Goals and of any other goal which responds to national or subnational needs. In doing this, we will refer to and be guided by the Table of child-specific actions on environment and health for possible inclusion in national plans that has been developed by WHO with the contributions of Member States, international agencies and nongovernmental organizations (NGOs). We will use and further develop this evolving tool as a menu of possible actions, from which Member States and subnational authorities can identify the appropriate combination of actions to be included in their national plans.

23. To ensure the development and implementation of national children's environment and health action plans, we commit ourselves to using and adapting existing national bodies on environment and health or to establishing new mechanisms that will involve all relevant stakeholders, including the corporate sector, trade unions, child-focused NGOs and parents', children's and youth organizations.

24. We acknowledge the lessons learned from existing policies and interventions and recognize that effective action to protect children's health from environmental threats requires firm political commitment and close collaboration between health and environment authorities, as well as cooperation with other sectors such as finance, transport, education and culture, energy, urban and rural planning, labour and social services.

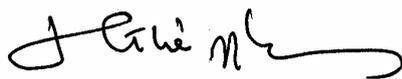
25. We will strengthen the professional capacity of the health and environment sectors by promoting the incorporation of children's environmental health issues into curricula and continuing education programmes of professionals in all cross-cutting sectors, particularly environmental health professionals, environmental specialists, land-use planners, public health officers, family doctors, paediatricians and paramedics. We will make use of a strategy on advocacy, information, education and communication that will ensure adequate dissemination of information with the support of, and in collaboration with, WHO and relevant organizations, including NGOs.

26. We recognize that we need harmonized and comparable monitoring systems, in order to provide policy-relevant information for setting priorities and evaluating the effectiveness of environment and health policies. We will ensure that our existing monitoring systems facilitate the collection of data by using valid and comparable child-specific health and environment indicators to allow for national monitoring of children's action plans and for intercountry comparison at the international level. We will collaborate with WHO, the European Commission, EEA and other relevant organizations to this end.

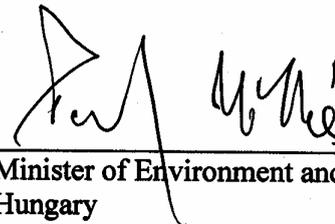
27. We commit ourselves to reporting back to WHO on the development of national children's environment and health action plans and the implementation of actions addressing national priorities and Regional Priority Goals at the midterm review intergovernmental meeting to be held by the end of 2007, as well as to reporting back to the Fifth European Ministerial Conference on Environment and Health in 2009.

28. We call upon WHO, and we ourselves undertake, to ensure an adequate follow-up mechanism to the CEHAPE. To this end we invite the European Environment and Health Committee to establish a CEHAPE task force with the participation of Member States, international organizations and NGOs, in order to facilitate and stimulate implementation of the CEHAPE, with particular attention paid to the sharing of best practices and the dissemination of information and experiences among the Member States.

We, the undersigned, on behalf of all the Ministers of Health and the Environment, together with the WHO Regional Director for Europe and in the presence of the European Commissioners for Health and the Environment, gathered here in Budapest on 25 June 2004, pledge to continue to support the initiatives outlined above. We hereby fully adopt the commitments made in this document.



**Minister of Health, Social and  
Family Affairs, Hungary**  
**Co-president of the Fourth Ministerial  
Conference on Environment and Health**



**Minister of Environment and Water,  
Hungary**  
**Co-president of the Fourth Ministerial  
Conference on Environment and Health**



**Regional Director,  
WHO Regional Office for Europe**