WHY?
World Health Youth Environment and Health Communication Network

Report
Media Workshop
Madrid, 20–21 October 2008

Edited by: Cristiana Salvi, WHO Regional Office for Europe
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ABSTRACT

Young journalists from across the European Region gathered for the first media workshop of the World Health Youth (WHY) Environment and Health Communication Network in Madrid, Spain, 20-21 October 2008. The workshop was organized to coincide with two key meetings in the process towards the Fifth Ministerial Conference on Environment and Health in Italy 2010: the International Public Health Symposium and the Second High-Level Meeting.

The workshop aimed to initiate a process of capacity development that would enhance quality and quantity of media reporting on environment and health issues across the European Region and build a sustainable communication network that could track and report on commitments made into the future.

The workshop debated the role of the journalist as intermediary between scientists, policy-makers and the public. Speakers from different sectors provided their perspectives and stressed the importance of being sceptical, but not biased, and consulting multiple sources. Senior journalists facilitated the work and provided recommendations for effective investigative journalistic research and reporting.

Highlights and key messages of the European environment and health process and its priorities were provided. WHO/Europe representatives provided a detailed overview of the background and latest developments in agreed Regional Priority Goals (RPGs) and other topics to be discussed at the Fifth Ministerial Conference.

In preparation for the Fifth Ministerial Conference, the journalists actively participated in defining the terms of a Young Journalists Environment and Health Media Award competition.

Participants highly valued the workshop and the establishment of the WHY network.

KEYWORDS

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*Cristiana Salvi and Franklin Apfel*
Background

Communication as a determinant of health and the key role of journalists in shaping peoples’ and policy-makers’ environmental and health perceptions, behaviours and choices across the WHO European Region have been acknowledged and emphasized from the very first European Ministerial Conference on Environment and Health in Frankfurt in 1989. For this reason, a media development and support strategy has been a central feature of each successive Ministerial Conference (Helsinki, 1994; London, 1999; and Budapest, 2004). These support strategies have aimed to enhance both the quality and quantity of coverage for environmental health issues. Emphasized throughout has been the importance of engaging the media as a public health partner, not only as a way of disseminating knowledge to various target audiences but also as a means of tracking and monitoring action related to Ministerial commitments.

Journalists have been supported with news stories, information (e.g. through press conferences, releases, briefings and alerts), expert and ‘human face’ contacts, workshops and networking opportunities. Additionally, the WHO Regional Office for Europe has facilitated training for WHO staff, scientists and policy-makers on their communication skills and understanding of how the media works.

The Budapest Conference Declaration (2004) affirmed the importance of and need for communication with the public at large on environment and health. In keeping with its focus on young people, the conference proactively engaged young reporters and provided some exclusive briefings and access to experts. The output of that activity was rated highly. The current meeting and the WHY journalist network concept and approach builds on that experience. To this end, WHO Regional Office for Europe, with the assistance of the World Health Communication Associates, initiated a process to engage a cohort of young journalists from major European media outlets early in the preparation process and involve them directly in preparing background stories and documents for the Fifth Ministerial Conference in Italy and beyond.

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

Twenty-two young journalists from fifteen countries\(^2\) across the European Region were selected to participate in the first media workshop of the World Health Youth (WHY) Environment and Health Communication Network (http://www.euro.who.int/envhealth/media/20080923_1) in Madrid, Spain, 20–21 October 2008 (http://www.euro.who.int/envhealth/media/20081010_1). Participants were up to 30 years old, experienced in environment and health reporting, and provided written evidence of support from their editors.

The workshop was organized to coincide with two key meetings in the process towards the Fifth Ministerial Conference on Environment and Health in Italy 2010: the International Public Health Symposium and the Second High-Level Meeting. These meetings provided ‘news hooks’ for participants as well as the possibility of engaging directly with selected experts. The WHO meetings benefited by having journalists present from across the Region, who could disseminate information as well as provide direct feedback to presenters on message appropriateness and effectiveness to their respective target audiences.

The aim of the workshop was to catalyse this two-way exchange of information and in so doing further the active involvement of young journalists in the European Environment and Health process, develop capacity, enhance quality and quantity of coverage and build a sustainable communication network across the WHO European Region.

The meeting was run by Chatham House rules, which state that anything discussed may be written about but nothing attributed without permission. Participants commented in their personal capacities.

The workshop debated the role of the journalist as an intermediary between science, policy and the public. Speakers from different sectors, including government spokespeople, scientists, non-governmental organizations (NGOs) and the private sector, provided their perspectives. Senior journalists facilitated the work.

\(^2\) Albania, Azerbaijan, Croatia, Denmark, Hungary, Kazakhstan, Kyrgyzstan, Lithuania, Russian Federation, Spain, Tajikistan, Turkey, United Kingdom, Ukraine, Uzbekistan
Highlights of the European environment and health process and its priorities were provided. Representatives from WHO/Europe offered a comprehensive overview of the background and latest developments in different RPG areas—i.e. air quality, chemical risks, injuries, physical activity and water safety, as well as climate-change-related health threats.

All sessions were facilitated and interactive. Additionally, participants engaged in group work aimed at sharing individual and country perspectives on environment and health reporting challenges, as well as agreeing a template for reporting issues related to the Fifth Ministerial Conference.
Tour de table

Participants introduced themselves and shared expectations related to the workshop. Core interests identified included getting information, networking and improving communication skills.

- **Information on health and the environment**—Participants identified solid information on health and the environment, with specific reference to the special needs of their respective countries, as their key expectation. Specifically noted was access to understandable data (including comparative figures) and experts who could provide insights, stories and case studies.

- **Networking of journalists**—All participants saw the meeting as a unique opportunity to meet journalists from other countries and learn about what, why and how they would cover environmental health topics, how their media function, obstacles to reporting and ways colleagues overcome these.

- **Improved communications skills**—Participants looked forward to receiving guidance from senior journalists, including practical tips on how to report effectively on health and environment at international meetings.

Session 1 - Science, policy and interMEDIARies

The first session drew experts from the parallel International Public Health Symposium and aimed to identify key issues related to media roles in relationship to the symposium theme, “Science for Policy, Policy for Science: Bridging the gap” (http://www.euro.who.int/symposium2008). Presenters representing scientists, NGOs and the private sector interacted with participants.

*The scientist’s perspective*

**Robert Maynard, Health Protection Agency, Centre for Radiation, Chemical and Environmental Hazards, UK** (http://www.hpa.org.uk)

There are three types of journalism: 1) the routine (daily reporting of news); 2) the investigative (more in-depth and based on scrutinized evidence); 3) crusading (aiming at the accomplishment of a mission). In all types, it is important to believe in what you do and get varied information from different sources. Investigative journalism probably
makes the best contribution to enhancing communication between science and policy. A good journalist should be sceptical but not biased.

Some questions for journalists to ask

What evidence underpins the policy? What are the cost–benefits (effectiveness) of one policy option over another? Is it worth spending a certain amount of money to achieve a certain result? Is health being prioritized? What is the statistical value attached to life and how is it applied in selecting policy options? How much are people willing to pay to avoid risks?

Evidence links

Policy needs to be based on sound science and individual policies need to show a cost benefit (see Box 1). Policy-making is about trade-offs, so policies on the environment need to be shown to be positively competitive with policies from other sectors (i.e. shown to have more benefits relative to costs than other investments). By examining the risks and opportunities of an exposure, we can also better understand how they link to other government priorities and how they compare to other challenges we are facing. Perceived and actual benefit may change over time. The example was given of the Royal Navy, which at one time commanded most of the UK defence budget. This has changed as cost–benefit arguments have shifted to other forms of defence.
The Stern Review on the Economics of Climate Change highlighted that whilst adaptation was a ‘crucial’ part of a strategy to tackle the impacts of climate change, “More quantitative information on the costs and benefits of economy-wide adaptation is required”. Cost–benefit analysis serves two broad purposes. It helps to estimate a ‘price-tag’ of adaptation. This will give information on the overall costs to the UK economy of adapting, as well as the benefits that the costs of adapting would bring. This will help identify areas where action is most beneficial and assist Government to prioritize where resources for adaptation might be best focused. Information from the Risk Assessment will be used to help assess the costs of the projected impacts of climate change. The cost–benefit analysis will then look at the costs of taking adaptive action, and the benefits that could be expected from these actions.

**The NGO perspective**

*Monica Guarinoni, Health and Environment Alliance (HEAL)*

(https://www.env-health.org) (Powerpoint presentation available)

HEAL is an alliance of more than fifty NGOs in twenty-two countries across Europe, including citizens’, patients’, women’s, health professionals’ and environmental organizations. It is a member of the European Environment and Health Committee (EEHC). It advocates at a European level for policies that reflect the concerns and priorities of their members on the health impacts of environmental problems. In communicating science to policy-makers and the media they use a variety of media and approaches, including the use of ‘new’ tools such as Facebook, YouTube and cartoon strips.

Three examples were discussed, relating to pesticides, mercury and climate change (http://www.chemicalshealthmonitor.org). Each campaign emphasizes different advocacy techniques, including packaging, framing and commissioning ‘independent’ research.

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3 The EEHC is the steering committee for the European Environment and Health process leading to the Fifth Ministerial Conference in Italy 2010.
Pesticides: here the HEAL campaign focused on packaging existing scientific data and information in innovative and attractive ways (see Box 2) in order to raise awareness on the health effects of pesticides and mobilize health groups. The focus is always on damage to health, especially in children, and importantly, how policy-makers should address it. Suggested actions include encouraging non-chemical alternatives, avoiding use of pesticides in public areas, such as parks and school grounds, and retiring from the market those pesticides that are proved to be harmful.

**BOX 2: CAMPAIGN ON PESTICIDES**

**A vote for my child’s health**

*Please do not spray hazardous pesticides where my child eats, plays and learns*

**Did you know ...**

- Pesticide exposure today may increase a child’s risk of developing a chronic disease or dysfunction later in life. [3]
- Evidence indicates that many pesticides are toxic to the brain of the developing child, up to one in six children grows up with a developmental disability, in many cases affecting the nervous system, including learning disabilities, attention deficit disorders and mental retardation. [2]
- Several studies implicate pesticides in a range of conditions affecting children’s health, including cancer, non-Hodgkin’s lymphoma and leukemias. [3]
- Father’s exposure to agricultural pesticides known to increase the likelihood of brain and breast cancer in the child. [3]
- Pesticide exposure during childhood may increase the risk of asthma, the leading cause of school absenteeism due to chronic illness. [4][5]
- Very young children absorb more pesticides from what they eat than adults. [1]

Mercury: here the focus was on the impact on children’s brains of mercury exposure, in particular during pregnancy. In this case HEAL, with Health Care Without Harm, carried out a hair sampling survey among women of child-bearing age (see Box 3). The results, published in the report “Halting the child brain drain”, showed that more than one in six women involved in the small-scale study (in 21 countries) had a level of mercury above a widely-accepted recommended safety range. People are exposed to mercury in different ways, particularly through eating large, predatory, contaminated fish. This story attracted high media interest, as the perception of the risk was enhanced (‘framed’) by linking it to women of child-bearing age and children.
Editor’s note: ‘Framing’ is a key intermediary strategy. If you can set the context for debate around a frame (‘spin’) favourable to your perspective, your chances of success are greatly enhanced. If mercury is seen as hazardous to pregnant women and children, it will evoke very different reactions than if it is seen as a threat to the fishing industry.

Climate change: Here HEAL used both of the above approaches (new packaging and ‘emotional’ impact) and commissioned research stressing the co-benefits to health of a strong EU policy on climate change (http://www.env-health.org/IMG/pdf/Co-benefits_to_health_report_-_september_2008.pdf). The study quantifies economic and social savings from such policies. Findings were presented in print form. HEAL also used short video clips on YouTube to present recommendations from a climate change and health conference (http://fr.youtube.com/view_play_list?p=4C24F43F0E5B96DD).
DISCUSSION

R. Maynard: It would be wise to make a cost–benefit analysis also taking into consideration the benefits of pesticides and including both a qualitative and quantitative assessment.

M. Guarinoni: Different sources need to be taken into account but a quantitative analysis is difficult, as health effects are produced by many determinants.

D. Cohen: It is important to remain sceptical when science is reported, as there can be conflicts of interest. The important thing is to check and verify where the information comes from! PubMed (http://www.pubmed.gov) can be a good tool to check conflicts of interest.

R. Maynard: A list of top sources does not exist, but a quality check needs to be done. You should look at the impact factor of a particular media.

The private sector perspective


The European Chemical Council (CEFIC) is an NGO based in Brussels which represents the chemical industry. It is a member of the EEHC. It was emphasized that journalists need to keep a balance in reporting and avoid bias. When choosing information sources, opposing perspectives should be included. Everybody is biased and reporters need to find their way among them. Cost–benefit analysis was also noted to be important. Industry plays many roles—researcher, employer, taxpayer, innovator and supplier. The cost benefit of shutting down chemical production needs to be fully assessed as to the many effects it can trigger, including occupational ones. Currently in the EU, chemicals are regulated very strictly and there are concerns this can make European industry less competitive.
**DISCUSSION**

_R. Maynard:_ Is it possible to conduct an unbiased discussion? The industry tends to have money for research but it still has to take a decision on what to fund. NGOs bring an enormous amount of emotion to the debate: how do you balance this from a journalistic point of view?

_M. Guarinoni:_ HEAL understands the role of industry in research and would like industry to move faster on finding substitutes for chemicals known, or suspected, to be hazardous.

_X. Mato:_ Most studies in Europe point to the high trustworthiness of NGOs, then scientists, then industry.

_D. Cohen:_ Reporters’ editors need to consider time issues required to verify science. All too often, deadlines loom. Seeking out the variety of sources needed and their reliability gives a journal like the British Medical Journal a lot of work!

_Young journalist:_ WHOM DO WE TRUST MOST? We need reliable evidence, good case studies and reference sources for investigation.

**Session 2 - World Café 1: Sources, data and communication. Group feedback**

Participants were divided into four groups and given a set of questions to guide discussion. Each group focused on questions that they felt most important to discuss. Groups selected a rapporteur, who fed back key points to the plenary.

Cumulative answers are presented below.

1. **What makes a good source?**

   **Characteristics**

   Credibility, reliability, accessibility, transparency, conflicts of interest declared, good reputation, passion, knowledge, status, from highly-rated institutions, from independent institutions (NGOs, experts, scientists), often quoted, providing ‘hot’ quotes,
using easy to understand language (no jargon), linking through personal contacts, officially presented.

**Comment**

There is no single good source—there must be many sources, since everybody is biased. You need to focus where all points of view coincide or major differences exist.

2. *How do you know that your facts are accurate?*

- You never know but you try to do no harm.
- You analyse the source—who benefits from this story? Are vested interests involved?
- You approach multiple sources—experts, the internet, victims, witnesses, researchers—make personal observations, use bloggers’ posts, Facebook groups, etc.
- You approach independent sources, national and international (e.g. WHO).
- You look for evidence.
- You search for already-used reliable sources (see question 1).
- You use comparative data (national and international).
- You always double check facts.
- If in doubt, you leave it out!

3. *What influences you to write a story?*

- It should be relevant to people locally. It should be interesting news for the public (target audience), especially when it directly affects members of your target audience or people they know. It should be something close in time and space and should have repercussions on the future.
- Hot case—something serious happened. If it is of concern to a lot of citizens. If it is discussed at high levels by top newsmakers. If it is something new and curious.
- The need for such a story based on the understanding of public concerns. Human interest (it affects people).
- Other reasons—Press conferences. Personal experiences. The economic return. Personal contacts. Interesting gains (i.e. press trips).
4. How can journalists serve as intermediaries (between sources and readers)?

Good knowledge of the topic which they transfer to their publics. It is important to ‘translate’ the scientific concepts into the language of lay people. The role of the journalist is important as translator but also as s/he chooses what to feed the readers with.

5. How do you align needs and interests of your readers and the needs of your publishers?

You can win both by writing a good article based on research. Your editor will have many questions for you that you need to answer. You need to be well prepared to defend your story and show how it is interesting and important to your readers. You need to show your editor that s/he will gain from your story in terms of quality, credibility and sales. To ‘sell’ your article to your editor, you need to meet the interest of your outlet in terms of its media target.

DISCUSSION

D. Cohen: You need to consider that there are many different styles of media, including news agencies, scientific, magazine, daily, broadcasting, etc. All have different targets. An editor screens based on if/how the article fits in the outlet’s agenda also taking into account commercial interests. Whatever is the reality of your editor, you need to face and make the best of it.

6. How do you deal with censorship?

There are differences in western/eastern Europe. You need to find a way to be diplomatic. As a journalist you should know what your boundaries are. You should self-censor. You should know when and where you can get information.

Comment from young journalist: In some countries independent media are not likely to have access to high-level experts. The rule says they should answer your query in three days, but often the answer is not in line with the requirements. The only chance to get a more direct answer is during press conferences.
Session 3 - Environment and health reporting: the theme and the channels

In this session senior journalists shared some background information and tips with the young reporters.

History of health reporting in Spain
José Maria Catalan, Radio journalist, Spain
(Powerpoint presentation available in Spanish)

In 1981, the Toxic Oil Syndrome (TOS) represented the biggest disaster in health and environment ever, with over 20,000 affected people. It entailed a change in the way communication was carried out. Until that time there were very few specialized journalists who worked in the field of health. It became apparent with this disaster that there was a need for specialized training and dissemination. This gave birth to specialist health journalism.

The Spanish National Association of Health Journalists (ANIS) (http://www.anisalud.com) is an organization gathering together over 400 health professional journalists. They have reported on many stories which happened after TOS, including other main health crises (mad cow, meningitis, vaccines), new viruses, emerging threats (climate change, financial and political crises) and lifestyles.

Tips for health journalists: To be a good health journalist be independent, have access to reliable sources, do not submit to power, make quality stories, avoid sensationalism. Journalism is done on the street, not on the internet.

Working a conference
Deborah Cohen, Editor, British Medical Journal (BMJ), UK (http://www.bmj.com)

How to identify a story in a conference:
- Look at the programme and see who the speakers are, for your country and international.
- Don’t only listen to plenary sessions, but speak to the people.
- Read the press releases and identify what is coming up.
- Ask for the novelty angle, even if people will tend to give you a standard point of view.
You are more likely to have access to high-level people if you come from an important outlet.

**Reporting in difficult environments**  
**Xhemal Mato, Chairman, Mass Media & Environment Association, Albania**

In Albania, news is sometimes monopolized by the government, but if journalists do not tell the truth it can have fatal results. How does one find the truth? Training in investigative journalism helps. Making links between science and policy is a good way. Science, however, has many enemies: e.g. news on climate change has been accused of being too ‘alarmist’, so journalists need to be very accurate in providing supporting evidence. Journalism needs time and tools for investigation.

Electronic media/broadcasting is a powerful means of communicating as it ‘talks’ by using images:

- The image is the fact *per se* and does not need comment.
- In a few minutes you can tell pages of story.
- Hidden cameras can say a lot and uncover hidden realities.
- Good collaboration between amateurs and TV cameramen can make a difference in reporting the truth.

**New developments**

**Deborah Cohen and Xhemal Mato**

**Citizens’ journalism**

Recently, ‘citizens’ journalism’ has been born. Citizens with recording facilities in their mobile phones film breaking news and sell images to broadcasters. The collaboration with the public is much wider.

**Emergence of web-based media outlets**

The readers of web outlets are different to those who use paper versions. The former are more international, the latter more national. This is the experience of the BMJ’s readers. This influences the selection of news. A focus on multimedia training would give journalists more varied skills, and hence better opportunities for their future careers.
Positive journalism

What is the role of journalism? It is to report and/or prevent. The best result would be to discover something early on so as to prevent it from causing a crisis or avoid similar episodes in the future (accurate reporting). Prevention would make positive headlines, but how would this positive news be received? Journalism traditionally has searched for bad news upon which to build stories.

There is a need to shift the message to the positive. Stressing the solution angle would help positive messages to be well received. This could be difficult for eastern countries as positive news might be rare. The use of positive stories from other experiences, countries and historical periods could stimulate action. Science produces good news. Achievements in science are very good news. However, the real solution needs to come from policy and here is where the link is established through communications.

Session 4 - Storylines

All participants were asked to share the main topic area that they wanted to develop a story around, based upon what they were hearing at the press conference and workshop. The following topics were identified.

- Climate change
- Air pollution
- Industrial pollution
- Natural resources (energy)
- Economic and health crisis
- Traffic and health
- Chemicals
- Prevention
- Education
- Research
- Gender
- Inequalities (east and west)
- Comparative data
- Cost–benefit analysis
- Science and policy
DAY 2: Tuesday 21 October 2008

Session 5 - Overview of the environment and health process in Europe
(http://www.euro.who.int/envhealth/policy/20060320_1)

The road to Italy 2010

Lucianne Licari, Regional Adviser for Environment, Health Coordination and Partnerships, WHO/Europe
(Powerpoint presentation available)

In 1989, WHO Regional Office for Europe initiated the first ever environment and health process with the aim to eliminate the most significant environmental threats to health. Progress towards this goal is marked by a series of Ministerial Conferences held every five years. As environmental health issues are cross-sectoral, the conferences are unique in that they bring together different stakeholders to shape the European agenda on health and environment. The first Ministerial Conference on Environment and Health was held in Frankfurt in 1989, followed by Helsinki in 1994, London in 1999 and Budapest in 2004 (http://www.euro.who.int/eehc/conferences/20021010_1).

The European Environment and Health Committee (EEHC) (http://www.euro.who.int/eehc) brings together representatives from health ministries, environment ministries, intergovernmental and civil society organizations. It monitors and reports on Member States’ work to implement their commitments. Its second key role is promotion and advocacy, by sharing experience and best practice and building partnerships with a range of stakeholders.

The Fourth Ministerial Conference on Environment and Health (http://www.euro.who.int/budapest2004) took place in Budapest in June 2004 under the theme “The future for our children”. It brought together health ministers and environment ministers, intergovernmental organizations and civil society organizations and highlighted the measures that Member States could take to address the impact that a contaminated environment has on children’s health. The Conference saw the launch of the Children’s Environment and Health Action Plan for Europe (CEHAPE), to improve protection for future generations, and the Ministers committed to implementing the CEHAPE in their countries and adopted the Conference Declaration. Four priorities were identified (see Box 4).
Why Children?

The fundamental understanding of paediatrics, that children are not just ‘little adults’, has not traditionally been taken on board in policy-making. From pre-conception to adolescence, children are more vulnerable than adults to a variety of environmental factors because:

- they are growing, and their rapidly developing organ systems are particularly vulnerable;
- they behave differently from adults, and live and play ‘closer to the ground’;
- they have a longer life expectancy than adults, giving long latency agents time to work alone or in combination; and
- they have less control over their environment than adults.

**BOX 4: CEHAPE RPGS**

The four priorities given from Europe to Europe

The study forms the basis of the 4 Regional Priority Goals that constitute the CEHAPE

**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.

**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.

**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.

**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.
The evidence

In a study published in the Lancet on 19 June 2004, experts assessed for the first time the overall impact of the environment on child health in the WHO European Region.

100,000 deaths and 6 million years of healthy life lost (or DALYs) every year, in children and adolescents from birth to 19 years of age, are caused by outdoor and indoor air pollution, unsafe water, lead and injuries. This accounts for 34% of deaths from all causes and 25% of DALYs from all causes in this age group.

As children are among the most vulnerable members of society, action targeted at them will benefit the whole of society.

The participation of young people in matters that have a bearing upon their lives is enshrined in the UN Convention on the Rights of the Child. In 2004 in Budapest, for the first time a parallel youth parliament was convened, comprising youth representatives from all over Europe. Over 100 young people produced the Budapest Youth Declaration which was presented to the Ministerial Conference. The Conference adopted the Declaration and agreed that young people should be active participants in country implementation of the CEHAPE. Since 2004, young people have been represented at the meetings of the EEHC and other international youth events have been held.

The Fifth Ministerial Conference on Environment and Health will take place in Italy in 2010 (http://www.euro.who.int/eehc/conferences/20080306_1). Well-tested environmental health interventions could save nearly 1.8 million lives a year in the 53 countries of the WHO European Region, and evidence says that 100,000 children and adolescents could be saved by tackling air pollution, unsafe water, injuries and chemicals. The Conference, therefore, aims to review national implementation of the commitments countries have made in the last five years and to assess what health impacts these changes have made. Emerging issues are now on the agenda: climate change, health inequalities, gender and new stakeholders.

Communication strategy for the Fifth Ministerial Conference, pre-discussion

Cristiana Salvi, Technical Officer Communications, WHO/Europe
(Powerpoint presentation available)

What we want to do: Goals
- Raise the profile of the Fifth Ministerial Conference
- Keep high public, scientific and political attention on key health and environment themes, including new threats and issues
- Support/trigger European ministers to strengthen their commitments to ensure better protection from environmental hazards for our children

What we want to do: Objectives
- Build the momentum around the Ministerial Conference through raising awareness of the magnitude of existing and potential health and environment problems and related solutions
- Involve a variety of stakeholders in the process—media, civil society, scientific community, citizens
- Contribute to increased interest in the Ministerial Conference from Member States and their commitment to reduce the burden of disease from the environment
- Raise WHO/Europe’s profile as the agency coordinating the environment and health process and supporting countries’ commitments

How we plan to do it
1. Convey strong messages and stories using various tools and channels
2. Establish strong relationships with stakeholders
3. Plan ahead with early launch
   1. **Convey strong messages and stories using various tools and channels**
      - New visual: revised slogan and design to show continuity with the previous Conference as well as emerging issues such as climate change and globalization
• Messages: the toll on health from environmental threats and effective actions to tackle the problems
• Stories: major scientific findings and catchy stories
• Tools and channels: media products; articles in publications/scientific journals; internet; advocacy materials; champions and spokespersons

2. Establish strong relationships with stakeholders
Partnership with key stakeholders of the environment and health process: policy-makers, donors, media, scientific community, general public, children and other stakeholders:
• to identify new and/or varied effective ways to get public health messages heard
• to use the collective reach of each and effectively support each other’s advocacy agendas

3. Plan ahead with early launch
Planning ahead and early launch build up the momentum to and the expectation of the Ministerial Conference. Regular communications would focus on specific environment and health topics related to key Conference themes and presented on highly visible occasions, e.g. the High-Level Meetings. Media involvement has started earlier in the preparatory process!

BOX 5: A JOURNALIST WORKSHOP IN BUDAPEST
A first young journalist workshop was held in parallel with the Ministerial Conference in Budapest with the aim to share experience and gain expertise in reporting on health and the environment, including reporting from international events. The Conference engaged young reporters and provided exclusive briefings and access to experts. It was designed for journalists aged 25 and under from the European Region. The eighteen participants selected were working in the media, but were not experienced in reporting on international matters. The output of this group was rated highly.

The WHY Network proposes to engage a cohort of young journalists from major European media outlets one year ahead of the Fifth Ministerial Conference.
Pre-Conference events

- First preparatory meeting, Milan, Italy, 10–12 March 2008 – Launch of the Fifth Ministerial Conference
- International Public Health Symposium, Madrid, Spain, 20–22 October 2008 – Presentation of the evidence and launch of the WHY Network
- Second preparatory meeting, Madrid, Spain, 22–24 October 2008 – Presentation of the visual identity of the Conference
- Declaration meeting, Luxembourg, January 2009
- Third preparatory meeting, Germany, Spring 2009 – Media competition winning stories announced

Fifth Ministerial Conference events

- High-level press conference in strategically selected European cities (west and east) to officially launch the Conference (one week before the start)
- Press conference on the opening day of the Conference
- Series of press briefings during the Conference, to allow the media to meet the main stakeholders of the process
- Youth event to show the participation of children and adolescents in the decision-making process
- Media events – media workshops and a media award
- Press conference on the closing day to present the conclusions of the Conference

DISCUSSION

Input from young journalists to the communication strategy. There is a need for:

- exclusive interviews
- embargoed press materials
- access to high-level experts
- strong news
- list of participants of meetings shared beforehand
- access to databases
- comparative data (measures by countries)
- exhibitions and use of visuals
- use of testimonials
Session 6 - Regional Priority Goals (RPGs)

Water and sanitation (RPG I) (http://www.euro.who.int/watsan)

Roger Aertgeerts, Regional Adviser Water and Sanitation, WHO/Europe
(Powerpoint presentation available)

Why is this important?

Over 100 million people in the WHO European Region still lack access to safe drinking-water, and even more lack access to sanitation. In 2006, over 170 000 cases of water-related disease were reported, including viral hepatitis A, bloody diarrhoea caused by Shigella spp., enterohaemorrhagic Escherichia coli infection and typhoid fever. More than 30 children die of diarrhoea each day for lack of access to safe water (13 000 deaths from diarrhoea among children aged 0-14 years – 5.3% of all deaths in this age group – each year). Countries of eastern Europe, Caucasus and central Asia (EECCA) bear the largest share of the burden (see Box 6).

BOX 6: WATER—THE PROBLEMS

Water is a basic human right but access is still poor

Inequities exist in the basic human right to water and sanitation.
Rural areas are especially disadvantaged.

Why is access poor?
- Leakage (high Unaccounted-for Water (UFW))
- Faulty design and construction
- Frequent service interruption and low pressure events
- High microbial-quality failure rates

Almost 140 million (18%) do not have a household connection to a drinking-water supply;
85 million (10%) do not have improved sanitation;
Over 41 million (5%) lack access to a safe drinking-water supply.
Compliance with water safety standards and hours of uninterrupted supplies:
- Western EECCA: 70–95% compliance; 17–24 hrs uninterrupted supply
- Caucasus: 50–70% compliance; 2–24 hrs uninterrupted supply
- Central Asia: 67–77% compliance; 6–24 hrs uninterrupted supply

**What is being done about it? Ministerial Commitments**

The Third Ministerial Conference (London 1999) advocated refinement of the UNECE Water Convention with the endorsement of the Protocol on Water and Health to the 1992 Convention on Protection and Use of Transboundary Watercourses and International Lakes. The Protocol, which entered into force in August 2005, is the world’s first legally binding international agreement on water and health (see Box 7) and an effective instrument to help ratifying countries to achieve the Millennium Development Goals (http://www.euro.who.int/watsan/WaterProtocol/20061121_1).

The Protocol will improve health by contributing to the prevention, control and reduction of water-related diseases. It covers both the provision of safe drinking-water and adequate sanitation and the basin-wide protection of water resources. The Protocol calls on the ratifying countries:
- to strengthen their health systems;
- to improve planning for and management of water resources;
- to improve the quality of water supply and sanitation services;
- to address future health risks; and
- to ensure safe recreational water environments.
The Budapest Ministerial Conference in 2004 adopted access to safe water and adequate sanitation for all children in the European Region as one of its RPGs. Children bear a disproportional impact of bad water quality or insufficient water, or indeed lack of water. There remain serious regional inequities in access to safe water and sanitation. Children are especially vulnerable in their specific environment (school, playground).

Ongoing activities include a Task Force on Water-related Disease, which is looking at strengthening health systems, outbreak detection and contingency planning. The Task Force is working on identifying indicators to measure and standardize ways of reporting on activities related to expanding access to water supply and sanitation and assessing and improving operation of water supply systems. Another task force is working on water supply and sanitation in extreme weather events (due, for example, to climate change). There is some bilateral cooperation between countries.

Advice to journalists: Check on what actions your country has committed to in the WHO/UNECE Protocol, Budapest Declaration and other international conventions. See also “Scientists and the media … from the scientist’s viewpoint” by Roger Aertgeerts (Annex 6).
Injuries and physical activity (RPG II) (http://www.euro.who.int/violenceinjury & http://www.euro.who.int/transport)

Francesca Racioppi, acting head, European Centre for Environment and Health, Rome Office, WHO/Europe (Powerpoint presentation available)

The aim of RPG2 is 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”.

**BOX 8: WHAT DO WE MEAN BY INJURIES?**

**What do we mean exactly with “injuries”?**

Injuries are defined by intent:

- unintentional injuries include road traffic injuries, poisoning, drowning, falls and burns/scalds (68%)
- intentional injuries are those caused by violence (32%).

Three leading causes account for nearly 50% of all deaths from violence and unintentional injury (800,000 every year) in the European Region:
- suicide (ca. 164,000 deaths/year);
- road traffic injuries (ca. 127,000 deaths/year);
- poisoning (ca. 110,000 deaths/year).
Why are we concerned?

**BOX 9: THERE IS GREAT VARIATION IN INJURY RATES AND IMPACT ACROSS THE WHO EUROPEAN REGION**

800,000 deaths from injuries each year

- Leading cause of death among people aged 5 - 44 years
- Large inequalities between and within countries
- Large societal costs (2% GDP for road traffic injuries alone)
- Huge potential for prevention
  - 600,000 deaths/year could be prevented if all countries equalled the performance of the safest
- Effective preventive measures exist

Impact on children and young people

Road traffic, drowning and poisoning are the leading causes of child death from injury. 27,900 children under 15 die from injuries every year (or three children every hour). For children under 5 years, drowning is the leading cause of death from injury (followed by road traffic and poisoning). For children aged 5-14 years, road traffic leads over drowning and poisoning. Road traffic injuries are the leading cause of death for young people between 5 and 24 years, including in western Europe where mortality trends are decreasing. Annually, over 32,000 victims of road crashes are under 25 (about 25% of all road deaths). Most of them are males. Much of the injury burden is due to the premature death and long-term disability of young victims. Mortality for 15–24 year olds is four times higher than for those under 14.
What can be done?

Children are not just little adults. Reproducing safe adult strategies does not protect them sufficiently. Various developmental factors make the task of protecting children more complicated: limitations of size, vision, hearing, attention and judgment. Adolescents and young adults may adopt behaviours that increase their risk of a road traffic crash.

Many interventions have, however, been shown to be helpful (see Box 10). Speed reduction is key to reducing road traffic injuries. Pedestrians have a 90% chance of surviving crashes at 30 km/h or less, but less than 50% chance of surviving an impact at 45 km/h or more.

**BOX 10: REDUCING ROAD TRAFFIC INJURIES**

<table>
<thead>
<tr>
<th>Measure</th>
<th>Estimated effect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decreasing average speed by 1 km/h</td>
<td>-5% risk of serious or fatal injury</td>
</tr>
<tr>
<td>Wearing motorcycles helmets</td>
<td>-72% risk and severity of head injury; -35% risk of death</td>
</tr>
<tr>
<td>Wearing bicycle helmets</td>
<td>&lt;63–88% in head, brain and severe brain injury</td>
</tr>
<tr>
<td>Enforcement of blood alcohol concentration by intensive random breath testing</td>
<td>-36–42% rates of alcohol-related road traffic deaths</td>
</tr>
<tr>
<td>Wearing seat belts</td>
<td>-45–55% injuries</td>
</tr>
<tr>
<td>Using child restraints</td>
<td>-70% deaths among infants; -64% deaths among 1-4 years-old children</td>
</tr>
<tr>
<td>Area-wide traffic calming</td>
<td>-11% number of road traffic injuries</td>
</tr>
</tbody>
</table>

Sources: Tinuoyen T, Peden M, 2007; Sethi D et al, 2007

How does this link to physical activity and obesity?

89% of parents worry about traffic and possible injuries. 50% of parents believe a child will be hit by a car. Nearly 50% of children under 15 years who die in road traffic injuries are pedestrians and
10% are cyclists. So fear of injury plays an important role in taking or not taking action to reduce motor transport and initiate more walking and cycling.

More than half of the Region’s population is not active enough to meet health recommendations. Every year, physical inactivity is responsible for 600,000 deaths in the Region (about 6% of the total), and overweight and obesity cause over 1 million more (http://www.euro.who.int/mediacentre/PR/2006/20061117_1).

Lack of exercise is associated with obesity. Overweight children are more likely to become overweight adults, with greater risk of cardiovascular disease, diabetes and other disorders. Type 2 diabetes is now being reported in children in several European countries.

**What can be done?**

Physical activity needs to be integrated into daily life. The scale of the problem is so big that the environmental approaches needed are beyond the control of the health and sport sectors. New partnerships must be developed across different sectors: transport, urban planning, housing, education, leisure and industry. European travel patterns fit nicely with the recommended ‘daily dose’ of activity: 10% of trips made by car in Europe cover distances of less than 1 km, more than 30% of trips are less than 3 km and 50% are less than 5 km. Equitable and easily accessible options are needed that most people can manage.

**Win-win solutions—Good for health and the environment**

Less motor transport and more physical activity will lead to lower emissions of air pollutants, greenhouse gases and noise, as well as less congestion, fewer road traffic injuries, less investment in costly infrastructure to cater for more cars, improved accessibility and quality of urban life, and complementary technological improvements to vehicles and fuels.

**Ministerial commitments**

- At the London Conference (1999) Member States committed to integrate health concerns into transport policies. This led to the Transport, Health and Environment Pan-European Programme (THE PEP) (2002), which is a joint policy platform for transport,
environment and health with a focus on urban areas (and walking and cycling) (see http://www.thepep.org/en/welcome.htm).

- The Budapest Conference saw the launch of CEHAPE (2004), which made the link between injuries, physical activity and the environment (RPG2).
- Following the 2006 WHO European Ministerial Conference on Counteracting Obesity (http://www.euro.who.int/obesity/conference 2006), the European Charter on Counteracting Obesity recognized the importance of physical activity “beyond obesity prevention”, providing supportive environments for physical activity, and the need for an inter-sectoral approach.

Printed resources

WHO has issued two advocacy booklets on physical activity and health:

- Physical activity and health: evidence for action (http://www.euro.who.int/InformationSources/Publications/Catalogue/20061115_2)
- Promoting physical activity and active living in urban environments: the role of local governments. The solid facts. (http://www.euro.who.int/InformationSources/Publications/Catalogue/20061115_1)

Air quality (RPG III) (http://www.euro.who.int/air)

Michal Krzyzanowski, acting head, European Centre for Environment and Health, Bonn Office, WHO/Europe
(Powerpoint presentation available)

The aim of RPG III is to prevent and reduce respiratory disease due to outdoor and indoor air pollution, in order to ensure that children can live in an environment with clean air, thereby contributing to a reduction in the frequency of asthmatic attacks.

Why should we care?

Outdoor air pollution

Respiratory diseases are a big problem in children. Asthma prevalence in children is >15% in many countries. Great differences exist in respiratory morbidity and mortality across the WHO European Region. Mortality from acute respiratory infections (ARI) varies by
Recent studies show significant links between traffic-related air pollution and onset of respiratory symptoms (wheezing, doctor-diagnosed flu/cold and allergic sensitization) in 4 year old children or asthma onset in 10–18 year olds. There are associations between damp and mould in buildings and respiratory diseases.

Particulate Matter (PM10 and PM2.5)

PM10s and PM2.5s are associated with respiratory problems in children and adults. Up to 13 000 deaths a year among children 0–4 years are attributed to PM air pollution. Levels of PM are above WHO air quality guidelines for 90% of Europe’s children and there has been no real improvement in PM levels in ten years. There is no data on PM10 for 75% of urban residents in the European Union.
Region. PM is also a significant risk factor for adults, contributing to ca 350 000 deaths per year in EU countries.

**Indoor air pollution**

Indoor air pollution emitted from solid fuels combustion and environmental tobacco smoke (ETS) leads to acute lower respiratory tract infections in young children and asthma in school-aged children. Over 50 000 children aged 0–4 years are estimated to have died in 2001 from ARI. 10 000 of these deaths are related to use of solid fuels in some countries of the WHO European Region. Over 50% of children are exposed to ETS in their homes (see Box 13). This is associated with asthma, respiratory and cardio-vascular diseases.

**BOX 13: EXPOSURE TO ETS AMONGST 13-15 YEAR OLDS**

Over 50% children exposed to ETS in their home 😞

What can be done?

If PM pollution could be decreased across the Region to the EU target of 50 µg/m³ for the 24-hour average and 40 µg/m³ for the annual average (set for 2010), many lives could be saved (an estimate of 80 000 premature deaths prevented in the EU). If households could move up the ‘energy ladder’, shifting from solid fuels to cleaner liquid or gas fuels, additional lives and suffering would be saved or alleviated.
A wide variety of interventions, such as smoke-free public places, have been found to be effective in reducing exposure to environmental tobacco smoke. Countries vary widely in the enactment and implementation of these interventions, however.

What commitments are there?

**BOX 14: THE EU HAS ADOPTED THE AIR QUALITY DIRECTIVE**

**DIRECTIVE 2008/50/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL**

**of 21 May 2008**

**on ambient air quality and cleaner air for Europe**

THE EUROPEAN PARLIAMENT AND THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 173 thereof,

Having regard to the proposal from the Commission,

(2) In order to protect human health and the environment as a whole, it is particularly important to combat emissions of pollutants at source and to identify and implement the most effective emission reduction measures at local, national and Community level. Therefore, emissions of harmful air pollutants should be avoided, prevented or reduced and appropriate objectives set for ambient air quality taking into account relevant World Health Organisation standards, guidelines and programmes.

Most European countries are signatories of the Convention on Long-range Transboundary Air Pollution which aims “To protect man and his environment against air pollution and to endeavour to limit and, as far as possible, gradually reduce and prevent air pollution, including long-range transboundary air pollution” (see [http://sedac.ciesin.org/entri/texts/transboundary.air.pollution.1979.html](http://sedac.ciesin.org/entri/texts/transboundary.air.pollution.1979.html)).

**Printed resources**

WHO has published a variety of guidelines on effective interventions, including:

- **Guidelines on indoor air quality** ([http://www.euro.who.int/air/activities/20070510_2](http://www.euro.who.int/air/activities/20070510_2))
- **Risk assessments of particulate matter, ozone and heavy metals** ([http://www.euro.who.int/InformationSources/Publications/Catalogue/20081017_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20081017_1); [http://www.euro.who.int/document/E88189.pdf](http://www.euro.who.int/document/E88189.pdf); [http://www.euro.who.int/InformationSources/Publications/Catalogue/20080102_1](http://www.euro.who.int/InformationSources/Publications/Catalogue/20080102_1))
RPG IV aims to reduce 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 hazardous working environments during pregnancy, childhood and adolescence, as well as advocating the elimination of the worst forms of child labour.

**Chemicals**

**Why should we be concerned?**

Whilst exposure to persistent organic phosphates (POPs) is tending to decrease, contaminated food is still present. There has been a decrease in blood lead levels in children (see Box 15), but there is new evidence on toxic effects of some substances at low exposure levels, e.g. mercury. Pesticides have effects on both health and the environment and there are many poorly-stored obsolete pesticides in the eastern European, Caucasus and central Asian countries (EECCA) which might pose a risk to health. There is growing use of nanotechnologies and nanomaterials and their potential risk to health is a matter of debate.

**Box 15: Children’s Exposure to Lead**

*Decrease of lead exposure due to un-leaded fuels (but plumbing and local industries continue to be of concern)*

[Graph showing blood lead levels in children from various countries.]
What commitments have been made?

There are a variety of both legally binding and ‘morally binding’ agreements.

**REACH** (http://ec.europa.eu/environment/chemicals/reach/reach_intro.htm)

REACH is the legally binding EU Regulation for the Registration, Evaluation, Authorisation and Restriction of Chemicals. REACH aims to improve the protection of human health and the environment through the better and earlier identification of the intrinsic properties of chemical substances. It applies to all chemicals: not only those used in industrial processes but also in our day-to-day life, for example in cleaning products and paints as well as in articles such as clothes, furniture and electrical appliances. REACH places greater responsibility on industry to manage the risks that chemicals may pose to health and the environment and to provide safety information on the substances.

**SAICM** (http://www.chem.unep.ch/saicm)

Adopted by the International Conference on Chemicals Management (ICCM) in 2006, the Strategic Approach to International Chemicals Management (SAICM) is an international policy framework to foster the sound management of chemicals. SAICM supports the achievement of the goal agreed at the 2002 Johannesburg World Summit on Sustainable Development of ensuring that, by the year 2020, chemicals are produced and used in ways that minimize significant adverse impacts on the environment and human health.

**IHR (2005)** (http://www.who.int/csr/ihr/en)

In May 2005, the 192 member states of WHO unanimously adopted a significantly revised and modernized version of the International Health Regulations, which constitute the only legal framework governing the reporting of outbreaks and other threats (e.g. chemical) of international importance. The revised regulations recognize that threats have grown in terms of both the number of diseases and agents that need to be watched very closely and the risk that new threats will emerge. Firstly, scope has been expanded accordingly, and now encompasses all public health emergencies of
international concern, including those caused by chemical agents and radionuclear materials. Secondly, reporting requirements have been tightened, reflecting the heightened sense of urgency and the greater speed allowed by electronic communications. Thirdly, procedures and timeframes have been put in place to strengthen national capacities for surveillance and response. The regulations recognize that media reports may pre-empt official notification of an event and include provisions for WHO actions in such a situation. Finally, by establishing internationally agreed rules and procedures, the regulations can exert pressure on nations that fail to comply.

**Printed resources**

See recent reports from WHO meetings on:

- Chemical safety in Europe—Reducing exposure from mercury (Bonn, 2007) ([http://www.euro.who.int/chemsafety/mercury/20071121_2](http://www.euro.who.int/chemsafety/mercury/20071121_2))
- EECCA countries sharing experience on chemical safety (Minsk, 2008) ([http://www.euro.who.int/chemsafety/News/20080401_1](http://www.euro.who.int/chemsafety/News/20080401_1))
- Actions on sound management of pesticides and risk reduction (Bonn, 2008) ([http://www.euro.who.int/chemsafety/pesticides/20080916_2](http://www.euro.who.int/chemsafety/pesticides/20080916_2))

**Occupational health**

**Why is this a problem?**

There are seven million adolescents legally employed within the WHO European Region. Additionally, some five million children are economically active. However, the percentage of economically active children aged 5–14 years varies across the Region, as a WHO/Europe survey (2002) showed: Moldova 37%; Albania 32%; Bosnia and Herzegovina 18%; Serbia and Montenegro 4%; Portugal 3%.

**What commitments are there?**

There are a wide variety of international strategies and regulations which cover child labour activities:

- **UN Global Plan of action 1993** – The UN Programme of Action for the Elimination of the Exploitation of Child Labour calls for special attention for the most vulnerable categories of children—street children and children of immigrants, refugees, minorities or indigenous groups.
• ILO Convention No. 182: Worst Forms of Child Labour Convention, 1999 (http://www.iocarib.org.tt/childlabour/c182.htm) – This Convention calls for all countries to take effective and time-bound measures to prevent the engagement of children in the worst forms of child labour and provide appropriate assistance for the removal of children and their rehabilitation, education and social integration.

• Budapest declaration – see above


Data sources for stories
Michal Krzyzanowski, acting head, European Centre for Environment and Health, Bonn Office, WHO/Europe (Powerpoint presentation available)

Several sources were highlighted, including the WHO/Europe web page on environment and health topics (http://www.euro.who.int/envhealth/topics/20060220_1).

Information on environment and health is often scattered across many institutions and gathered in non-standardized format. The Environment and Health Information System (ENHIS) site (http://www.enhis.org) hosts comparable data and information on priority environment and health issues, selected on the basis of international policy frameworks on environment and health. Its content includes:

• a core set of indicators describing environmental exposures, health effects and policy measures for these issues;
• a series of fact sheets providing an analysis of core issues across the Region;
• country information;
• an overview of policies on core issues;
• methodological guidance on the core set of indicators;
• guidance and examples of health impact assessments.
Session 7 - Taking Action. Uncertainty and the precautionary principle
(http://www.euro.who.int/healthimpact/mainacts/20030224_1)

David Gee, European Environment Agency (EEA)
Marco Martuzzi, Programme Manager Health Impact Assessment, WHO/Europe
(Powerpoint presentations available)

“The Precautionary Principle provides justification for public policy actions in situations of scientific complexity, uncertainty and ignorance, where there may be a need to act in order to avoid, or reduce, potentially serious or irreversible threats to health or the environment, using an appropriate level of scientific evidence, and taking into account the likely pros and cons of action and inaction.”
(EEA 2002)

The scientist’s eye: 10 tips for Journalists from David Gee

1. It is important to read the scientific article all the way through, as the abstract sometimes contains misleading information. For example, in an EU report the abstract reported no evidence of cancer but the statement was quite different in the actual text. It is important to check sources directly.

2. There is a biased interest in the studies, depending on who commissions them. This should always be at the back of a reporter’s mind.

3. Test your stories with your acquaintances, even with the man in the street, to assess how interesting and understandable they are.

4. Outrage factors sell, but how do you balance the editor’s interest? You can try to downplay the emotions but still have your story published and read.

5. If the article starts with “there is public concern …”, it is very likely that the scientific study has concluded that there is no evidence on that specific issue, otherwise it would have stated “there is evidence that …”.

6. Check the duration of a study, since some analyses are short-term (i.e. currently less than ten years for most mobile phone studies) while there is often a long latency period between exposure and
effect (e.g. 20 years for lung cancer, 15 years for brain cancer, etc.). With asbestos it took 25 years to find the lung cancer excess: little evidence was available 20 years after first exposure.

7. What is a scientist’s interest in the media? Some want to be visible because they need funds for their researches since governments have recently cut funding for these. This needs to be taken into account.

8. Accurate, transparent risk communication is fundamental for democracies. You are doing a valuable job!

9. Science produces many uncertainties. The public is often more able to deal with uncertainties than experts, who tend to emphasize what they know rather than what they don’t know.

10. There are many sources available for the history of environment and health, e.g. universities, European associations of environmental historians, etc.

Commitments


- **London Declaration on Action in Partnership (paragraph 50d)**, adopted at the Third Ministerial Conference on Environment and Health (London, 16–18 June 1999) ([http://www.euro.who.int/document/e69046.pdf](http://www.euro.who.int/document/e69046.pdf)) “We will develop initiatives in our countries to give greater emphasis in all relevant programmes to the need to prevent the exposure of children to environmental threats […] promote and encourage public health measures in areas of emerging concern about environmental impacts on children’s health, on the basis of the precautionary principle.”

- Provision made by policy and legislative framework, e.g. art 174 of EC Treaty “Community policy on the environment […] shall be based on the precautionary principle […] that preventive action should be taken …”
Printed resources

- The Precautionary Principle: protecting public health, the environment and the future of our children (WHO/Europe 2004) (http://www.euro.who.int/InformationSources/Publications/Catalogue/ 20041119_1)

Session 8 - The fifth priority: climate change and health (http://www.euro.who.int/globalchange)

Bettina Menne, Medical Officer Global Change and Health, WHO/Europe
(Powerpoint presentations available)

Key Message: Protecting health from climate change—act now!

Why should we care?

1. Man-made greenhouse gas (GHG) emissions, particularly from the burning of fossil fuels, are warming the earth. The global average surface temperature has increased by approximately 0.74 °C over the last 100 years. The projected increase for Europe is up to 6 °C.

2. The recent findings of the International Panel on Climate Change (IPCC) (http://www.ipcc.ch) have made clear that our health security is seriously at risk today. Climate change is not just a possibility, it is already happening. The 70 000 deaths due to the heat-wave which hit Europe in summer 2003 and changes in the geographical distribution of some vectors are the first alarming examples.

3. No country will be spared. Over 1000 extreme weather events hit the WHO European Region in the last three decades. Climate change increases the frequency and severity of these events.

4. It is projected to get much worse! According to the latest projections, the future effects of heat-waves, floods and droughts,
worsening air pollution and changes in vectors and plant distribution are likely to harm the health of millions of people, if global warming is unconstrained.

- Increase in heat-waves is one of the most certain consequences of climate change: 86 000 extra deaths estimated per year with a global mean temperature increase of 3 °C in 2071–2100 in the EU (PESETA 2008).
- Winter floods are projected to rise in north-western Europe and flash floods throughout the Region. Coastal flooding is likely to threaten up to 1.6 million additional people per year in the EU (IPCC 2007).
- Food productivity will decrease in the Mediterranean, south-eastern Europe and central Asia. Crop yields could fall up to 30% in central Asia by the 21st century (IPCC 2007). Higher temperatures favour the growth of bacteria in food, such as *Salmonella* spp. (Kovats 2006).
- Climate change will challenge the progress made towards eliminating malaria in Europe and central Asia and increase the risk of local outbreaks (WHO 2004).
- Reduced summer water flows (of up to 80%) will result in loss of fresh water and increased potential for contamination (IPCC 2007). Water stress is projected to affect 16–44 million more people by 2080.
- Climate change may affect concentrations and dispersion of air pollutants and is responsible for an earlier onset of the spring pollen season.

5. Climate change will affect everybody, but everyone will not be equally affected. More than 60 million people in the eastern part of the WHO European Region live in absolute poverty. The rural poor, people who are very young, elderly and/or infirm, and workers exposed to extreme weather events will be most at risk. Climate change can worsen health inequities within and between countries and put additional stress on poorer groups.

**What can be done?**

1. Governments and decision-makers at all levels urgently need to face these challenges and take action now. Consensus is growing
about the necessity to enforce strong mitigation measures (i.e. reduction of exposure) to stop the accumulation of greenhouse gases and slow down the changes in the climate, thus containing its potential negative health effects (i.e. adaptation).

2. Health systems can play a pivotal role in protecting health from climate change. Well-known interventions, including disease surveillance, disaster preparedness and primary health care, can control many of the projected health effects.

3. Health professionals are at the front line in protecting health from climate change; they should receive appropriate training and skill development, so that they are prepared to cope with, for example, new patterns of infectious diseases and the symptoms and treatments of heat-related diseases. The provision of accurate and timely information would help decision-makers and citizens to take proper action.

4. Health systems are best placed to act as advocates with sectors where reducing emissions can lead to co-benefits for health. For example, promoting a shift towards walking and cycling as means of transport can lower emissions of carbon, air pollutants and noise while providing immediate opportunities to increase physical activity and reduce traffic-related injuries. Finally, health systems can set an example by reducing emissions of greenhouse gases from their activities and facilities.

5. Health and equity should be at the core of any policy on climate change. Most of the actions causing climate change originate from the developed world but the less developed world is likely to bear the biggest burden. Action taken today and in the next couple of decades in energy, agriculture and land use are essential to curb the problem, but should take account of the effects on human health and the needs of the most vulnerable populations.

Printed resources

- Protecting health in Europe from climate change (http://www.euro.who.int/InformationSources/Publications/Catalogue/20080403_1; http://www.euro.who.int/mediacentre/PR/2008/20080404_1)
- “Climate change 2007“, IPCC (http://www.ipcc.ch/ipccreports/ar4-syr.htm)

Session 9 - Youth involvement in EEHC (http://www.euro.who.int/eehc/youth/20060220_1)

David Rivett, WHO Consultant on Youth Involvement

Young peoples’ involvement in the environment and health process started in Budapest, where many country delegations also included a youth representative. They were involved in many conference sessions and held a separate Youth Parliament. A Youth Declaration was prepared and presented to Ministers.

Since 2004, young people have been represented by four elected representatives at the meetings of the EEHC and five international youth events have been held. Numbers of young people attending meetings have ranged from 50 to 100. The outcomes from the youth meetings have included:

- the election of representatives to the EEHC;
- the development of a draft youth-friendly CEHAPE, more easily understandable by lay people;
- a draft constitution to formalize youth participation; and
- proposals for the development of a CEHAPE and Youth web site.

At the Fifth Ministerial Conference the aim is to again include youth delegates in country delegations and strengthen youth participation in the environment and health process.

Session 10 - World Café 2: next steps

1. Media award

WHY participants were asked to help outline criteria for a reporting competition focused on national perspectives on priority and other key issues to be discussed at the Fifth Ministerial
Conference in Italy in 2010. Selected entries will be included in a planned publication on the 20-year history of the Environment and Health Process in Europe to be launched at the Conference. The following approaches and criteria were agreed:

1. Select an environment and health topic over twenty years in your country
2. Identify your country’s commitments related to the selected topic
3. Collect data (including comparative)
4. Look at related stories (milestones, events, main people, legislations)
5. Evaluate impact of measures, including solutions
6. Put human faces and different perspectives on stories

**RULES**

1. Language: English and/or Russian (Russian stories need to be accompanied by an abstract in English)
2. Length: about 2,500 words (4 pictures and 2 graphics are an asset)
3. Multimedia: videos need to be accompanied by the written script (if in Russian, with an English abstract)
4. Timeframe: February 2009 dissemination of the outline; end of May 2009 deadline for submission of the stories; end of October 2009 announcement of winners; February/March 2010 media award
5. Target audience: policy-makers, scientists, lay public

2. The WHY ‘Eye’ initiative

Participants will be notified of key meetings and events ‘on the road’ to Italy 2010. Whenever an event is held, WHY members ‘at reach’ will be asked to serve as a WHY ‘eye’ and cover the story for the network.

3. Facebook group

(http://www.facebook.com/group.php?gid=13213914970&ref=ts)

All WHY members are invited to join a designated WHY Facebook group to facilitate exchange and communications.
4. **Next meeting**

A WHY development meeting will be held in Bonn in April 2009 on the occasion of the Third High-Level Preparatory Meeting. Representatives from countries, including those not represented at the current meeting, will be sought.

5. **Follow-up reporting**

WHY members will forward to WHO copies of all articles written and printed for inclusion in conference reports.
### Annex 1

**Assessment of course: compilations of evaluations from participants**

<table>
<thead>
<tr>
<th>Question</th>
<th>Replies</th>
</tr>
</thead>
</table>
| What do you think of the WHY Network project? | Good idea/useful because:  
  • Inspire, inform & train  
  • Share/exchange information and techniques with journalists working in similar fields elsewhere (and mutual encouragement)  
  • Access to information and knowledge from all over the European Region  
  • Access to experts and reliable sources (WHO)  
  • Ensure continuous reporting of WHO ideas, knowledge, projects, etc.  
  • Take knowledge back to inform policy-makers in own country  
  • Potential for further (satellite) projects  
  • Essential tools for young journalists to spread word to other young people  
  • Improve reporting standards and coverage of environment and health issues  
  • Great opportunity to meet others (gain friends, share opinions)  
  • Active participants (make sure actions/activities carried further)  
  • Positive initiative  
  • Allows participants to get involved in the debate |
| What use would you make of the WHY network?   | • Offer and receive support and advice to/from other Network members (benefits of networking)  
  • Helpful news and information on current topics and upcoming events from WHO  
  • Easy access to WHO Press Office  
  • Network of contacts across the Region (an advantage over other journalists)  
  • Discuss/share ideas for articles  
  • Wider perspectives (set own country in wider perspective and see how other countries deal with problems/issues) ("global voice")  
  • Access to experts  
  • New data sources, especially data not available in own country  
  • Help to stay focused on environment and health issues (write more)  
  • New information on environment and health will give new perspectives in everyday life and work  
  • International perspective (compare/work with view of people from other countries)  
  • Contribute experience in preparing television programmes (watched by lots of people) |
<table>
<thead>
<tr>
<th>Question</th>
<th>Replies</th>
</tr>
</thead>
</table>
| How do you evaluate the Madrid workshop?                                | • Good idea and interesting programme  
• Too much information in too short a time—could have been a longer workshop and more time to absorb information (tiring)  
• Would have liked more time to discuss Network itself and media award  
• Would have liked more 'journalistic' skills (e.g. how to write good articles on scientific topics)  
• Lots of information on environment and health topics (informative and useful)  
• Very good organization and planning  
• Liked opportunity to listen to experts  
• Came away feeling more motivated to write about environment and health (inspiring)  
• Excellent idea to bring Region's young journalists together to connect with like-minded others  
• Good opportunity for debate and sharing opinions  
• Would have preferred fewer topics covered in greater depth  
• Helpful to make professional decisions (after workshop, joined healthcare professionals group to inform work)  
• Perfect!  
• Enriching experience, thanks not only to expert presentations but also to context and colleagues from other countries |
| What was the main benefit and how will it inform future work?            | • More confidence as a journalist  
• Motivated to try to make a difference  
• Practical knowledge on writing health and environment articles will help to improve journalistic standards (useful tips)  
• Story ideas (planning series of articles about topics at workshop)  
• Useful links (will keep in touch with other young journalists)  
• New sources  
• Improved/new knowledge about issues/problems (environment and health) and solutions  
• Better understanding how WHO works  
• Getting data first-hand from experts  
• Wider perspective  
• New perspective on PR, and journalism in the Region  
• Meeting other young journalists, with different viewpoints (networking)  
• Will enable exchange of information |
<table>
<thead>
<tr>
<th>Question</th>
<th>Replies</th>
</tr>
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<tbody>
<tr>
<td>What was the most important thing learnt?</td>
<td>• Practical journalistic advice from Deborah and Xhemal (experienced journalists)</td>
</tr>
<tr>
<td></td>
<td>• Such serious issues do not have to be left to the ‘experts’—young journalists have a part to play, too!</td>
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<tr>
<td></td>
<td>• Information on environment and health is in demand and requires more coverage</td>
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<td>• Idea that health ministries should work with other sectors</td>
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<td></td>
<td>• Difficulties in approaching scientists, and how to overcome them</td>
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<td></td>
<td>• The importance of climate change and the problems this will cause for health</td>
</tr>
<tr>
<td></td>
<td>• The importance of reliable information (care with sources)</td>
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<td></td>
<td>• Responsibility of mass media to bring these issues to people’s attention and to think about the future</td>
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<tr>
<td></td>
<td>• The information about the individual topics</td>
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<tr>
<td></td>
<td>• That information can be shared</td>
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<td></td>
<td>• The way an idea can give birth to a project (WHY and Madrid meeting), which in turn leads on to other things (Fifth Ministerial Conference)</td>
</tr>
<tr>
<td></td>
<td>• That scientific journalism is important all over the world, with democratic involvement in the issues</td>
</tr>
<tr>
<td></td>
<td>• One individual can make a difference</td>
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<tr>
<td></td>
<td>• How to find the right person, place or topic for a better programme</td>
</tr>
<tr>
<td></td>
<td>• The real impact of our way of life on health</td>
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<tr>
<td>What topic interested most?</td>
<td>• Information about journalistic skills</td>
</tr>
<tr>
<td></td>
<td>• How to get information, and deal with people providing it</td>
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<tr>
<td></td>
<td>• Air pollution</td>
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<td></td>
<td>• Injuries</td>
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<tr>
<td></td>
<td>• Water</td>
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<td></td>
<td>• Climate change, and its effects on health (and what can be done about it) (in Spain, some politicians even doubt existence of climate change!)</td>
</tr>
<tr>
<td></td>
<td>• Road traffic injuries</td>
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<td>• Chemical industry</td>
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<tr>
<td>Question</td>
<td>Replies</td>
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</table>
| Which presentation was especially valuable?                             | • Francesca Racioppi (6) ("great example of someone who could arouse interest simply by way she conveyed her message")  
• Roger Aertgeerts (4)  
• David Gee (2) (how to convert scientific issue into story)  
• Lucianne Licari  
• Bettina Menne (3)  
• Michal Krzyzanowski  
• Robert Maynard  
• Presentations re water, air pollution (2)  
• Continuous contribution from Deb Cohen (3) which gave insights into medical and investigative journalism  
• Contributions of Franklin, Cristiana, Xhemal and Deborah more useful than 15-minute presentation |
| What would you change?                                                  | • Go slower, in order to understand and remember more  
• Too short for the amount of information  
• Better time management—disappointed that some events were cancelled, as too much time had been spent talking about things that weren’t really relevant  
• Include a cultural or team-building event to cement links between participants  
• Reschedule programme so that participants also have time to get to the main conference (either same programme before main event, or same programme over more time during main event)  
• Include a session on how to work with databases: how to find information, how to compare different statistics, etc.  
• Adjusted for general public, with numbers relating to everyday life and situations that participants can relate to  
• More variety of presentation (e.g. visual material/exhibition) (liked exercises)  
• Found the theoretical aspects of the first day too basic (could have introduced while talking about data and facts) |
| Other comments                                                          | Thanks for the opportunities; appreciative of organization; positive this is the start of something bigger; brilliant idea to get young journalists involved in Fifth Ministerial Conference brochure |
Annex 2

A list of useful web sites

WHO/Europe web sites

http://www.euro.who.int/envhealth/media/20080923_1 – World Health Youth (WHY) Environment and Health Communication Network
http://www.euro.who.int/envhealth/media/20081010_1 – Media Workshop Madrid, Spain, 20–21 October 2008
http://www.euro.who.int/symposium2008 – International Public Health Symposium
http://www.euro.who.int/envhealth/topics/20060220_1 – list of all web sites of the WHO European Region about health and environment
http://www.euro.who.int/countryinformation – country information of the WHO European Region
http://www.euro.who.int/envhealth/policy/20060320_1 – Overview of the Environment and Health Process in Europe
http://www.euro.who.int/eehc/conferences/20021010_1 – The Ministerial Conferences on Environment and Health
http://www.euro.who.int/eehc/conferences/20080306_1 – The Fifth Ministerial Conference on Environment and Health
http://www.euro.who.int/eehc – The European Environment and Health Committee (EEHC)
http://www.euro.who.int/envhealth – Environment and Health Portal
http://www.euro.who.int/watsan – Water and sanitation
http://www.euro.who.int/watsan/WaterProtocol/20070116_1 – FAQs on legal aspects of the Protocol
http://www.euro.who.int/violenceinjury – Violence and injury prevention
http://www.euro.who.int/transport – Transport and health
http://www.euro.who.int/mediacentre/PR/2006/20061117_1 – Facts and figures on physical inactivity and health
http://www.euro.who.int/obesity/conference2006 – WHO European Ministerial Conference on Counteracting Obesity
http://www.euro.who.int/air – Air quality
http://www.euro.who.int/chemsafety – Chemicals
http://www.euro.who.int/healthimpact/mainacts/20030224_1 – The precautionary principle
http://www.euro.who.int/globalchange – Global change and health
http://www.euro.who.int/eehc/youth/20060220_1 – Youth involvement
http://www.euro.who.int/AboutWHO/Bridge/20080207_1 – The Bridge, a newsletter on the current activities, events and publications of WHO/Europe

**WHO/Europe databases**

http://www.enhis.org – The Environment and Health Information System (ENHIS)

http://www.euro.who.int/hfadb – European health for all database (HFA-DB)

http://www.euro.who.int/InformationSources/Data/20011017_1 – Mortality indicators by 67 causes of death, age and sex (HFA-MDB)

http://www.euro.who.int/InformationSources/Data/20070615_2 – European detailed mortality database (DMDB)

http://www.euro.who.int/InformationSources/Data/20061120_1 – European hospital morbidity database (HMDB)

http://data.euro.who.int/cisid/ – Centralized information system for infectious diseases (CISID)

http://unicorn.who.ch/uhtbin/webcat – Entries on all WHO/Europe documentation, along with that of WHO Headquarters, with online versions

http://www.euro.who.int/highlights – Highlights on health: an overview of the health and health-related situation in a given country and comparing, where possible, its position in relation to other countries in the WHO European Region

http://www.euro.who.int/InformationSources/Evidence/20011015_2 – Health care systems in transition (HiT): HiTs are country profiles that
provide an analytical description of each health care system and of reform initiatives in progress or under development


**WHO Global web sites**

http://www.who.int/countries/en/ – All country information
http://www.who.int/research/en/ – WHO databases
http://www.who.int/whosis/en/ – Access to the WHO global databases at WHO Headquarters in Geneva, including detailed mortality database, statistical data from the World Health Report, and basic health indicators, the incidence of infectious diseases and other topics

**Other useful web sites**

http://www.hpa.org.uk – Health Protection Agency, Centre for Radiation, Chemical and Environmental Hazards, UK
http://www.defra.gov.uk – Defra, UK
http://www.envhealth.org – Health and Environment Alliance (HEAL)
http://www.chemicalshealthmonitor.org – Chemicals Health Monitor aims to improve public health by ensuring that key scientific evidence on the links between chemicals and ill-health are rapidly translated into effective policy (WSBC)
http://www.wbcsd.org – World Sustainable Business Council (WSBC)
http://www.cefic.be – The European Chemical Council (CEFIC)
http://www.bmj.com – British Medical Journal (BMJ), UK
http://ec.europa.eu/environment/chemicals/reach/reach_intro.htm – REACH
http://www.chem.unep.ch/ saicm – SAICM
http://www.ipcc.ch – The International Panel on Climate Change (IPCC)
http://www.pubmed.gov – PubMed
http://www.eu4journalists.eu/ – Web site created for the European Commission’s DG Communication by the European Journalism Centre (EJC). It is available in 21 languages

**Agreements and conventions**


## The media workshop final programme

### WORLD HEALTH YOUTH (WHY) JOURNALIST NETWORK

**Environment and Health Media Workshop**

**WORLD HEALTH ORGANIZATION EUROPE**

**Annex 3**

**WORLD HEALTH YOUTH (WHY) JOURNALIST NETWORK**

**Environment and Health Media Workshop**

**Venue:** Ministry of Health and Consumer Affairs

Meeting Room 3015 (third floor),
Paseo del Prado 18-20, Madrid

**FINAL PROGRAMME**

### SUNDAY 19 OCTOBER

20.00 Pre-meeting welcoming session, registration and dinner
(Hotel Asturias)

### MONDAY 20 OCTOBER

**Science, policy and interMEDIAriness in environment and health**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Speakers</th>
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<tbody>
<tr>
<td>09.00</td>
<td>Opening session of conference</td>
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<tr>
<td>10.00</td>
<td>Press Conference</td>
<td>Bernat Soria Escoms, Minister of Health and Consumer Affairs, Spain</td>
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<td>Marc Danzon, WHO Regional Director for Europe</td>
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<td>José-Manuel Silva-Rodriguez, Director-General of the Research Directorate-General of the European Commission</td>
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<td>Cristina Garmendia, Minister of Science and Innovation, Spain</td>
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<tr>
<td>12.00</td>
<td>Media Workshop start: welcome addresses</td>
<td>Maite Perea Bilbao, Ministry of Health and Consumer Affairs, Spain</td>
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<td>Cristiana Salvi, WHO/Europe</td>
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<td></td>
<td>Franklin Apfel, WHCA</td>
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<tr>
<td>12.10</td>
<td>Introductions</td>
<td>All participants</td>
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<tr>
<td>12.30</td>
<td>Light lunch</td>
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<tr>
<td>13.00</td>
<td>The WHY Network and the Madrid Media Workshop</td>
<td>Cristiana Salvi, WHO/Europe</td>
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<td>Franklin Apfel, WHCA</td>
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<tr>
<td>Time</td>
<td>Session</td>
<td>Speakers</td>
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| 13.10    | Session 1: Science, policy and intermediaries                            | • Robert Maynard, Health Protection Agency, Centre for Radiation, Chemical and Environmental Hazards, UK  
• Monica Guarinoni, HEAL  
• Gernot Klotz, CEFIC                                                                 |
| 13.45    | Introduction to Group Work                                               | Franklin Apfel, WHCA                                                                               |
| 14.00    | Session 2: World Café 1: Sources, data and communication                 | Group work facilitated by moderators                                                                |
| 15.00    | Group Feedback and discussion                                            | Plenary                                                                                            |
| 15.30    | Coffee break                                                            |                                                                                                   |
| 15.45    | Session 3: Environment and health reporting: the theme and the channels  | • José Maria Catalan, Spain  
• Deborah Cohen, Editor, BMJ, UK  
• Xhemal Mato, Chairman, Mass Media & Environment Association, Albania                             |
| 16.45    | Session 4: Overnight assignment: storytelling on health and environment  | All participants to select one story                                                                 |
| 18.15    | End of day wrap-up                                                      | • Franklin Apfel, WHCA  
• Cristiana Salvi, WHO/Europe                                                                       |
| 19.00    | Standing reception                                                       | Ministry of Health and Consumer Affairs                                                              |

**TUESDAY 21 OCTOBER**  
The road to Italy

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
<th>Speakers</th>
</tr>
</thead>
</table>
| 09.00    | Welcome: Summary of Day 1                                                | Franklin Apfel, WHCA  
Cristiana Salvi, WHO/Europe                                                                         |
| 09.15    | Session 5: Overview of the preparatory process—The road to Italy         | Lucianne Licari, WHO/Europe  
Cristiana Salvi, WHO/Europe                                                                           |
| 10.30    | Session 6: The Regional Priority Goals (RPG)  
RPG 1 and 2—Progress to date                                                                  | Roger Aertgeerts, WHO/Europe  
Francesca Racioppi, WHO/Europe                                                                         |
| 11.45    | Coffee break                                                            |                                                                                                   |
| 12.00    | RPG 3 and 4—Progress to date                                             | Michal Krzyzanowski, WHO/Europe                                                                    |
| 13.00    | Session 7: Taking Action. Uncertainty and the precautionary principle    | David Gee, European Environment Agency  
Marco Martuzzi, WHO/Europe                                                                            |
<p>| 13.30    | Lunch                                                                    |                                                                                                   |</p>
<table>
<thead>
<tr>
<th>Time</th>
<th>Session Description</th>
<th>Presenter(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.15</td>
<td>Session 8: The fifth priority: climate change</td>
<td>Bettina Menne, WHO/Europe</td>
</tr>
<tr>
<td>15.15</td>
<td>Session 9: The involvement of European youth: meeting the protagonists</td>
<td>David Rivett, WHO/Europe</td>
</tr>
</tbody>
</table>
| 15.30 | Introducing collaborative project                        | • Franklin Apfel, WHCA                           
|       |                                                           | • Cristiana Salvi, WHO/Europe                     |
| 16.00 | Coffee break                                             |                                                  |
| 16.30 | Session 10: World Café 2: Agreeing a template for the media award | Group work                                       |
| 17:30 | Group Feedback and discussion                            | Plenary                                          |
| 18.45 | Summation of day, Facebook and next steps                | • Cristiana Salvi, WHO/Europe                     
|       |                                                           | • Franklin Apfel, WHCA                           |
| 19.00 | Evaluation and Certificates                              | All participants                                 |
Annex 4

The media workshop list of participants


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Kazakhstan
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Annex 5

The WHY communication network concept

Fifth European Ministerial Conference on Environment and Health

Building a World Health Youth (WHY) Communication Network

Aim: To catalyse the further involvement of young journalists in the European Environment and Health process and in so doing develop capacity, enhance quality and quantity of coverage and build a sustainable communication network across the WHO European Region.

Plan: WHO Regional Office for Europe with partner agencies will identify, engage, train and support selected young environment and/or health journalists from European countries to report on and monitor progress towards key environment and health goals related to air, water, chemicals, injuries and climate change central to the Fifth Ministerial Conference in Italy.

Background: From its very beginning in the Frankfurt meeting in 1989, the Environment and Health Ministerial process in Europe has emphasized the importance of engaging the media as a partner, as a way not only of disseminating knowledge to various target audiences but also of tracking/monitoring action related to Ministerial commitments. To this end a media development and support strategy has been developed around each Ministerial Conference.

The Budapest Conference Declaration (2004) affirmed the importance of and need for communication with the public at large on environment and health. In keeping with its focus on young people, the conference proactively engaged young reporters and provided some exclusive briefings and access to experts. The output of this group was rated highly. The current project builds on that experience and proposes to engage a cohort of young journalists from major European media outlets earlier in the preparation process and involve them directly in preparing background stories and documents for the Fifth Ministerial Conference in Italy.

Methodological approach:

To this end, the following developmental steps are proposed:
Pre-phase

1. WHO Partnership and Communications has contracted with World Health Communication Associates to assist with the coordination of this project.

2. Partner agencies are invited to provide financial, technical and managerial support to the project.

3. A call for interest will be posted on the WHO health and environment website and:
   - all countries focal points were invited to nominate and support the involvement in the process of a young journalist from their country;
   - key media outlets across the Region were contacted to nominate and support the engagement of their own young reporters;
   - partner agencies were asked for nominations;
   - journalists involved in the Budapest 2004 meeting were invited to submit nominations.

WHO selects participants in two phases based on the criteria listed below.

Phase 1

1. Participants (approximately 20) were invited to attend a 2-day workshop (see attached draft agenda) and cover news for their outlets related to the International Public Health Symposium and the Second High-level Preparatory Meeting 20-25 October 2008 in Madrid, Spain (http://www.euro.who.int/symposium2008).

2. In addition to news stories related to those meetings, participants in the Madrid workshop agreed a template for a longer feature piece (print, audio-visual or digital) that would look at key achievements and ongoing challenges in environment and health in their respective countries or sub-regions over the last 20 years (since the first Ministerial Conference in Frankfurt 1989).

Phase 2

1. Based on the template, a broader set of journalists from each country is invited to develop a feature story on key improvements in countries over the last 20 years in health and environment. WHO/Europe and partners will facilitate access to experts and data for all journalists invited to participate in the project. It is anticipated that these feature story themes will be developed and possibly published in national media outlets by participants in 2009.
2. All stories will also be entered into a WHO/Europe competition. Winning stories will be published by WHO as a multimedia background history of the environment and health process in Europe for the Italy meeting, with the indicative title of “Ten stories that have made the 20-year history of Environment and Health in Europe”. Winning submissions will be selected by a panel of judges appointed by WHO/Europe and partners. Winners will be announced during the Third High-level Meeting in Germany in April 2009.

Phase 3
1. Winning journalists will be invited to the meeting in Italy in February/March 2010 to receive their awards.
2. A second WHY Communication Network meeting is scheduled to be held in Italy during the Ministerial Conference.
3. All participants will become part of an ongoing communication network (including through internet technologies) which will track Ministerial commitments regarding environment and health. All participants will be linked through selected social networking tools.

Criteria for selecting young journalists:
1. Age 18-30
2. Demonstrated interest in environment and health reporting
3. A completed application which includes writing sample, statement of interest and recommendations from referees
4. Language capacity: mother tongue plus English (and/or Russian)
5. Support from editors, with agreement to publish stories developed
6. Support of national delegation (a plus)
7. Support from partner agency (a plus)
8. Based in hitherto unrepresented MS (a plus)
9. Funding availability

Proposed outputs and products:
1. Set up of a Regional cohort of young environment and health journalists (training, support and agreement on a common reporting format);
2. Enhanced coverage of the environment and health preparatory process and Ministerial conference;
3. Contributions of feature stories to a background history of the environment and health process in Europe to be published for
distribution at the Ministerial Conference in 2010. The publication will explore environment and health challenges and progress to date in selected countries.
Annex 6

Article by Roger Aertgeerts

Scientists and the media … from the scientist’s viewpoint
by Roger Aertgeerts, Regional Adviser Water and Sanitation,
WHO Regional Office for Europe

Are you important … TO ME?

Scientists are often introvert, critical people. Extrovert, limelight-seeking scientists are rare and usually end up running their own companies, laboratories, etc., and become entrepreneurs. Communicating is not easy for introvert people and you need to be aware of this. It’s not a sign of hostility or of disrespect, it’s the psychological make-up of the person in front of you.

Scientists often get interviewed during congresses, when their minds are with the message and their brains are stimulated by meeting like-minded people. Journalists are very often unwelcome distractions, taking time and effort away from where their real interests lie.

Scientists get rated on (a) the amount of money they generate/the number of patents they produce; (b) the number of peer-reviewed articles they publish; (c) the number of students they attract – usually NOT on the number of journalists they talk to. What can you offer that would make it attractive for a scientist to spend time with you?

[A JOHN KENNEDY’S ELECTION STORY – Years ago, a US Senator was asked to give an interview to a leading newspaper in the Netherlands. His reaction? You know how many people in the Netherlands can vote for me when I run for President? Zero. So why should I waste my time talking to you? It’s not because you are an important newspaper at home that you are important to the person you want to talk to.]

What will happen to me if I say yes to a request for an interview? Preparation helps both

If you want a good interview, tell the person the rules of the game before the game starts and get to know the interviewee. Here are questions a scientist will be thinking:

What organization is interviewing? What is your audience?
How many people will come to do the interview?
Who will be the interviewer?
What do you want to talk about, specifically?
What would be a good time for both?
Is the interview live or recorded?
How long will I be on air?
What are the questions you are most interested in?
What is expected of me? (tea, coffee, power outlets, take-home materials?)

[FROM ALLTHEJOKES.COM
http://journalist-jokes.allthejokes.com/

A photographer for a national magazine was assigned to get photos of a great forest fire. Smoke at the scene was too thick to get any good shots, so he frantically called his home office to hire a plane.

“It will be waiting for you at the airport!” he was assured by his editor. As soon as he got to the small, rural airport, sure enough a plane was warming up near the runway. He jumped in with his equipment and yelled, “Let's go! Let's go!” The pilot swung the plane into the wind and soon they were in the air.

“Fly over the north side of the fire,” said the photographer, “and make three or four low level passes.”

“Why?” asked the pilot.

“Because I’m going to take pictures! I’m a photographer, and photographers take pictures!” said the photographer with great exasperation.

After a long pause the pilot said, “You mean you’re not the instructor?”

Why should I invest in the relationship?
What do I get out of it?

During conferences, interviews are demanded by journalists that the scientist knows he will see only once. Expect a short and quick interview, especially if you prepared the questions well. But don’t forget: if the interviewee agrees to talk to you, he has already decided he likes you... you’re the guest, but you’re winning.
[FROM FRANCE 2 – A French broadcasting station hired a young female journalist of immigrant extraction and sent her to interview a French literary genius – in fact, one of the Académie Française Immortals. The interview went very well, and was duly broadcast. After the interview, the young journalist confessed on camera to the old anchor how nervous she had been, she being so young and inexperienced, he being an ‘immortal’ – she had taken special care with her dress, done her hair just so… and still she had been dead afraid. To which the anchor reacted: you are a nice looking, competent young woman, there is absolutely no reason why people would not like you…]

[FROM KAREL JONCKHEERE – A young journalist was interviewing one of the deans of Flemish literature and stammered so badly the interview went nowhere fast. At which the interviewee, an old man with a truly magnificent shock of silver hair, reached over, kindly stroked her arm and said, “There’s absolutely nothing to be afraid of, my dear, I am old enough to be your grandfather.”]

In interviewing scientists in their home base, there is a possibility for a long-term relationship. For a scientist, it is reassuring to know that the journalist he speaks to will correctly and factually deal with the information given out during an interview. For a journalist, it may be useful to have an anchor in a company, agency… that s/he can turn to. However, such a relationship can easily turn unbalanced: if the journalist uses the contact for checking other stories, obtaining information that can also be obtained from the library, etc., the scientist will easily tire. The same if the journalist is contacted every week to plug yet another story. Long-term relationships need to be developed and maintained in such a manner that both sides continue to benefit.

Of course, journalists have a right to equity in the treatment they get from the person they wish to interview, even if that person does not find them equally simpatico or, indeed, doesn’t recognize them in the literal sense of the term.

[A RONALD REAGAN STORY – In the 1980s Ronald Reagan became increasingly colour blind. One female journalist wore a very red silk blouse at a press conference and the President picked her from the big group of assembled reporters. Soon, they got into a standing professional relationship – she would always wear...
a very red blouse and he would always call on her to put the first questions forward. This relationship worked beautifully, as it was mutually beneficial: she had immediate access to the President whenever she wanted, he was sure that when he asked the red blouse to ask a question, it would be a fair question and his answer would be reported correctly. Until, of course, colleagues started realizing the deal and the President was confronted in his next press conference with all female journalists all wearing very red blouses…]

**Of all the things I know, what is interesting to the media for this specific interview?**

(a) Scientists are being told, “Never use facts that the media cannot check, and stick to those facts”. Realize that this is quite a challenge for an individual scientist whose job it is to identify interesting hypotheses and work towards their confirmation or rebuttal.

(b) It is hard for a scientist to realize that “not every fascinating scientific fact is an interesting media fact”.

**[FROM ROGER AERTGEERTS – A new genomic method that allows the geographic speciation of *Legionella* spp may be an extremely interesting scientific discovery with far-reaching consequences for the protection of millions, but two hotels being closed for Legionella contamination in a tourism centre is of much more interest to the media.]**

**Advice:** Know what the problem is exactly and, if possible, what the person you are interviewing did in that area. But don’t presume you will know the field better than someone who worked on it for several years. Don’t create suspicion about what you know and don’t know – create the impression you are sincerely interested in the topic.

**Compare:** What of disease related to water? to the question Why is infant mortality from water-related diarrhoeal diseases so much higher in the eastern part of the region, and what can be done?

If you interview a scientist, nothing drops the level of the interview more than showing you could not be bothered to prepare for the interview. However, don’t overdo it either by trying to be more clever
than the person you interview in his or her own field, or by coming across as adversarial (unless, of course, that is the announced aim of your programme).

[A BBC STORY – An annual post-award meet-the-press of all Nobel laureates went famously wrong a few years ago when the journalist started quoting from research articles, prompting the winners repeatedly to correct the scientific facts that were being misquoted and to become increasingly grumpy.]

[FROM TIM SEBASTIAN – Tim Sebastian, the host of Hard Talk, was famous for saying, “Never give your questions in advance, the element of surprise is vital.” This is fine if the guest knows he is going to be faced with an adversarial interviewer; it is not fine if you are genuinely trying to share news and must be prepared to be confronted with a memo of twenty years ago that somehow got out of the Pearl Harbour folder.]

Word choice matters: Can I speak my own culture, or do I need to speak PC or UNcorrect?

Cultures differ, generations differ, and many laboratory scientists don’t get much exposure. If a reply comes across as offensive, rephrase and ask whether the interviewee concurs with the reformulation.

[FROM ALLTHEJOKE.COM
http://journalist-jokes.allthejokes.com

When a visitor to a small town in Georgia came upon a wild dog attacking a young boy, he quickly grabbed the animal and throttled it with his two hands. A reporter saw the incident, congratulated the man and told him the headline the following day would read, “Valiant Local Man Saves Child by Killing Vicious Animal”.

The hero told the journalist that he wasn’t from that town. “Well, then,” the reporter said, “the headline will probably say, ‘Georgia Man Saves Child by Killing Dog’.”

“Actually,” the man said, “I’m from Connecticut.” “In that case,” the reporter said in a huff, “the headline should read, ‘Yankee Kills Family Pet’.”

George W. Bush is seen crossing the Potomac river on foot. The Washington Post: “President Bush crosses the Potomac River”.


**If we don’t know, we don’t know. Accept it**

Sometimes, scientists don’t know. We need to be sure the media can accept an honest “I don’t know” rather than pushing us to provide ‘half truths’. Accept we don’t know and agree on a time when we can deliver a response.

[FROM ROGER AERTGEERTS – If there has been a water leak and we are chlorinating the pipes to make the water system safe, we don’t necessarily know exactly when the water will be safe again. You can either accept “It should be safe tomorrow morning, once our tests come back positive”, or you can keep pushing until we give a time, and either risk being wrong or put a time so far in the future it is correct but senseless.

**Precision and confidence are two contradictory things:** I am 100% confident that tomorrow the temperature will be between -50°C and +50°C in Rome. However, that it will be 25°C at noon has only a 3% chance.]

**Your deadline is not my deadline**

Journalists often require information immediately, because their paper is closing for tomorrow’s edition, eight p.m. news or whatever. Remember, sometimes a request that seems simple to you needs an answer that requires a lot of checking and verifying. If we cannot meet your deadline, you should have asked earlier; I should not come with a quick and easy answer.

[FROM UNDP – Bad planning on your part does not constitute an automatic emergency on my part.]

[FROM WHO – You can have it quick, cheap, or thorough. Pick any two.]

**We are usually uneasy or afraid of you**

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

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More information about the WHY Environment and Health Communication Network is available on the WHO/Europe web site: www.euro.who.int/envhealth/media/20080923_1

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