



## Declaration



## Preamble

1. We, the Ministers and Representatives of Member States in the European Region of the World Health Organization (WHO) responsible for health and the environment, together with the WHO Regional Director for Europe and in the presence of the Commissioners for Health and the Environment of the European Commission, have gathered in Budapest from 23 to 25 June 2004 for a meeting built on the foundations laid at the previous Environment and Health conferences held in Frankfurt (1989), Helsinki (1994) and London (1999), to ensure a healthy future for our children.

2. Noting the important contributions to recognition of the public health relevance of the links between children's health and the environment made by previous processes such as those leading to the Convention on the Rights of the Child, the Millennium Development Goals and the Plan of Implementation of the World Summit on Sustainable Development (WSSD), we are aware of the need to continue to implement these commitments in order to improve the conditions in which children in the European Region of WHO grow, live, learn, work and play.

3. Acknowledging the competence and leadership of WHO within the United Nations system in establishing guidelines and developing policies in the field of health and the environment and building upon the foundation and spirit of the Constitution of the World Health Organization,<sup>1</sup> we note with satisfaction that, since the beginning of the Environment and Health process in 1989, noticeable progress has been made in improving the state of health and the environment in Europe. We welcome the report entitled *Health and the environment in the WHO European Region: Situation and policy at the beginning of the 21st century*, prepared by WHO with support from the European Commission. However we are particularly concerned that, as different as it is from region to region, the burden of disease due to environmental hazards is continuing to have serious impacts on public health. We recognize that preventing ill health and injury is infinitely more desirable and cost-effective than trying to address the diseases. In such preventive and promotive efforts, special attention needs to be paid to the gender perspective and to rising economic disparities in the Region, with their concomitant effect on social environments.

## From London and beyond

4. We recall the signing of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes<sup>2</sup> and, taking note of the fact that only 11 states had deposited instruments of ratification of the Protocol by April 2004, we urgently call upon the remaining Member States in the European Region and the European Union to ratify or accede to the Protocol and urge those Member States who signed the Protocol in London to ratify it as soon as possible, so that it can come into effect in 2004. We also recall the Millennium Development Goals, confirmed and supplemented by the WSSD Plan of Implementation, and renew our pledge to reach them. In particular, we confirm our

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<sup>1</sup> The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld. Hlth. Org.*, 2, 100), and entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth and Thirty-ninth World Health Assemblies (resolutions WHA26.37, WHA29.38 and WHA39.6) came into force on 3 February 1977, 20 January 1984 and 11 July 1994 respectively.

<sup>2</sup> Turkey has reservations on this paragraph, since it is not a signatory to the Protocol.

commitment taken at global level to halve, by 2015, the proportion of people without sustainable access to safe drinking-water and basic sanitation. In this regard, we will develop and implement integrated water resource management plans, including sustainable water conservation.

5a. We recall the commitments we made in the London Charter on Transport, Environment and Health and acknowledge the establishment of the Transport, Health and Environment Pan-European Programme (THE PEP), which was submitted to WSSD. We commend the significant progress that has already been achieved by THE PEP and recognize the relevance of these initiatives to successful implementation of the Children's Environment and Health Action Plan for Europe (CEHAPE). We reaffirm the commitments we made to THE PEP, including the allocation of adequate resources for implementing the activities outlined in THE PEP workplan. We will continue our efforts to ensure adequate participation by newly independent states and south-eastern European countries; to strengthen, encourage and support more active involvement of the health sector in the process; and especially to integrate health arguments into the transport and environment agenda at national level.

5b. We invite THE PEP Steering Committee and its Bureau, together with intergovernmental and nongovernmental organizations, with the assistance of the WHO/United Nations Economic Commission for Europe (UNECE) Secretariat, to implement THE PEP plan of action by providing coordination, monitoring progress and undertaking appropriate actions to that effect, and we commit ourselves to supporting their endeavours.

6. We recognize the relevance of national environment and health action plans (NEHAPs) or equivalent initiatives throughout the Region as an effective mechanism for environment and health policy-making and commend the continuing efforts to implement and evaluate them. We commit ourselves to updating these plans as required, in the light of the outcomes of this Conference. We will ensure closer coordination with the European Commission's Environment and Health Strategy<sup>3</sup> and its Action Plan 2004–2010, as well as with other action plans, programmes and strategies on the environment, health and sustainable development.

7a. We recognize the increasing evidence, as addressed in the European Climate Assessment and the Third Assessment Report of the Intergovernmental Panel on Climate Change (IPCC), regarding the role of human activities in contributing to climate change and we recognize the increasing short-term and long-term hazards posed to human health. In this context we recognize the importance of ratification and implementation of the Kyoto Protocol with the minimum of delay. Progress has been made since the London Conference in the exchange of information, research and capacity-building, on the basis of the Conference Declaration on the early human health effects of climate change and stratospheric ozone depletion. We acknowledge the contributions of the WHO European Centre for Environment and Health in this regard. However, significant work remains to be done in our efforts to identify, mitigate, prevent and adapt to the health impacts of climate change and other global environmental changes to the largest extent possible.

7b. We recognize that climate is already changing and that the intensity and frequency of extreme weather events, such as floods, heat-waves and cold spells, may change in the future. Recent extreme weather events caused serious health and social problems in Europe, particularly in urban areas. These events will continue to pose additional challenges to health risk

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<sup>3</sup> *A European Environment and Health Strategy. Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee.* Brussels, Commission of the European Communities, 2003 (COM(2003) 338 final).

management and to the reliability of the power supply and other infrastructure. This demands a proactive and multidisciplinary approach by governments, agencies and international organizations and improved interaction on all levels from local to international. Based on the working paper *Public health responses to extreme weather and climate events*, we decide to take action to reduce the current burden of disease due to extreme weather and climate events. We invite WHO, through its European Centre for Environment and Health, in collaboration with the World Meteorological Organization, the European Environment Agency (EEA) and other relevant organizations, to support these commitments and to coordinate international activities to this end. We agree to report on progress achieved at the intergovernmental meeting to be held by the end of 2007.

8. We welcome the efforts that the business community has made in improving its products and production processes in an attempt to reduce pollution and product-related negative impacts on children's health and the environment. We request the business community to continue and enhance this work, and thereby to contribute to the improvement of health, consumer protection and the environment in partnership with organizations, governments, local authorities, workers and trade unions, and nongovernmental organizations.

9. We welcome the progress made in introducing integrative models and good practices on healthy environment and safety management, in order to improve working conditions. We are concerned, however, that the burden of disease, accidents and disabilities associated with the occupational health environment is still too high. We are therefore committed to encouraging further industry and trade union cooperation in this area and to strengthening our efforts to further improve legal and administrative mechanisms, in cooperation with the authorities in charge, particularly with the aim of eliminating any type of child labour damaging children's health or welfare.

10. We recognize the need for high-quality and independent health and environment research as a precondition of evidence-based policy-making. We acknowledge the active role played by WHO, the European Commission and the European Science Foundation in reviewing the developments in health and environment research. Emphasis should also be placed on research into methodologies for developing guidelines and identifying best practices in the area of health and the environment. We support the need for high-quality research, as outlined in the European Commission's Environment and Health Strategy, including the health impacts of chemicals. We invite relevant institutions (including the European Commission) and Member States to give appropriate priority to health and environment research.

11a. We note that large quantities of chemicals are currently produced and marketed, with largely unknown effects on human health and the environment. They constitute a potential risk for the working population as well as for the general public. Decisive action should be taken without undue delay to overcome the gaps in knowledge about the effects of chemicals on human health and to achieve sustainable development in the chemical industry. The European Union's new chemicals policy (Registration, Evaluation and Authorization of Chemicals – REACH) will be of vital importance to all users of such chemicals, as REACH aims to provide the information necessary for taking adequate risk management actions aimed at preventing future threats to human health and the environment. We also call upon industry to enhance the collection of relevant information for risk assessment of large-tonnage substances.

11b. We renew our commitment to the decisions taken on chemicals at WSSD, aiming to achieve, by 2020, the use and production of chemicals in ways that lead to the minimization of

significant adverse effects on human health and the environment. We support the work in the United Nations Environment Programme (UNEP) on heavy metals and the Strategic Approach to International Chemicals Management, within which special attention should be paid to children.

11c. More attention needs to be focused on the chemical composition of children's products and toys. Therefore we call on

- manufacturers to stop placing on the market products containing substances that have, or may have, adverse effects on children's health or on the environment;
- relevant responsible authorities to consider all legal measures addressing phthalates of concern, especially in such products made for small children; and
- industry and relevant authorities to evaluate the use and potential adverse effects of fragrances with a view to minimizing the use of sensitizing fragrances.

12. We recognize the importance of properly assessing the economic impacts of different levels of environmental degradation, in particular the direct and indirect costs incurred by society in addressing environment-related diseases. We invite WHO, the Organisation for Economic Co-operation and Development and the European Commission, together with other relevant international organizations, to further develop tools and guidelines to address these issues, in order to make reliable estimates that will support policy-making and help in priority-setting.

13. We recall the UNECE Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context<sup>4</sup> adopted and signed at the Fifth Ministerial Conference "Environment for Europe" held in Kiev from 21 to 23 May 2003, that acknowledges the benefits to the health and well-being of present and future generations that will follow if the need to protect and improve people's health is taken into account as an integral part of strategic environmental assessment. We commit ourselves to taking significant health effects into account in the assessment of strategic proposals under the Protocol.

14a. We recognize that the existing housing stock, the lifestyles of our population, the immediate environment of dwellings and the social conditions of the inhabitants should all be considered in developing healthy and sustainable housing policies. We also understand that many environmental exposures occurring in the indoor and outdoor environment are linked to inadequate housing conditions all over the Region. We take note of the Habitat Agenda endorsed at the United Nations Conference on Human Settlements (Istanbul, 3-14 June 1996) and the forthcoming programme of work of the United Nations Commission on Sustainable Development, which focuses on water, sanitation and human settlements (including sustainable urban planning and management, and hygiene in housing and living conditions).

14b. We are therefore committed, within the limits of our national mandates, to taking action to ensure that health and environmental dimensions are placed at the core of all housing policies (from housing construction and rehabilitation plans, programmes and policies to the use of adequate building materials) and that healthy conditions are ensured and maintained in the existing housing stock. We commit ourselves to contributing to the development and strengthening of housing policies that address the specific needs of the poor and the disadvantaged, especially regarding children.

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<sup>4</sup> Turkey has reservations on this paragraph since it is not a signatory to the Convention on Environmental Impact Assessment in a Transboundary Context.

14c. We call for initiatives and programmes aimed at providing national and local authorities all over the Region with guidance for integrating health and environment concerns into housing policies. We urge WHO and the European Commission, together with other relevant international organizations, to work to this end within their respective mandates. We commit ourselves to promoting and cooperating with the vast number of authorities involved at all levels of government in developing policies and regulations in the field of housing and the built environment, thereby ensuring that prevention of disease and promotion of good health are taken into account to the maximum extent possible.

15. We recall the decisions and Type II initiatives taken on energy at the 26th Summit Meeting of the leaders of eight major industrialized economies (G8) in Okinawa, Japan in July 2000, the decisions taken on energy at WSSD, as well as the Type II initiatives launched during and after the summit meeting in Johannesburg in September 2002 and the Fifth Ministerial Conference "Environment for Europe" in Kiev, Ukraine in May 2003. We will continue to advocate that every household in the European Region should have access to reliable, efficient and affordable energy services for basic activities of daily life. We will encourage the sustainable and appropriate use of renewable energy (such as hydropower, biomass, wind and solar energy). We will further strengthen our efforts and collaborate with other relevant sectors to reduce the health risks from energy generation, transmission and distribution. We recommend that WHO and other relevant organizations, within the limits of their competence, follow up developments on these matters, monitor progress in reducing the burden of disease and report back to the intergovernmental meeting to be held by the end of 2007.

## **Tools for policy-making**

16a. We reaffirm the need for an environment and health information system (EHIS) as an essential tool to support policy-making in this field, allowing priorities to be set on the basis of evidence, enhancing access to information and facilitating communication with the public. We recognize that a well designed EHIS will facilitate comparisons between countries and regions and will streamline national and international reporting, while ensuring effective use of resources, increasing the consistency of various assessments and avoiding duplication.

16b. We commend the work done by the WHO Regional Office for Europe, the European Commission and EEA, providing the methodological background for a core set of environment and health indicators linked with assessment and reporting mechanisms.

16c. The environment and health information system should:

- help identify and prioritize the environmental health problems that are widespread in countries of the Region and facilitate prompt assessment and management of emergencies;
- make it possible to monitor the effect of actions taken;
- ensure timely access to information and contribute to building advocacy, communication and education strategies;
- use standardized methodologies for data collection, processing and dissemination, allowing interregional and intercountry comparisons and time trend analyses;
- be based initially on existing information and be further developed progressively on the basis of scientific rationale, policy needs and feasibility, while ensuring the streamlining of reporting;

- integrate system elements such as data from monitoring and statistics, health as well as sustainable development indicators, and assessment and reporting, including information about relevant policies, actions and projects.

16d. We endorse the initiation of a framework plan to develop EHIS, including the following actions:

- set up national and international decision-making processes for the selection and approval of system elements;
- establish an international steering mechanism based on the network of country representatives and key international bodies, assuring planning, coordination and assessment of the programme and reporting to the intergovernmental conference in 2007;
- develop and update methodological guidelines as necessary and carry out capacity-building as well as training initiatives for personnel in charge;
- establish a network based on collaboration between local, national and international bodies, to share information and expertise, building on existing organizational and technical infrastructure.

16e. We reaffirm the need for and commit ourselves to elaborating the framework plan to develop EHIS, including the setting up of a network. We invite WHO and the European Commission, together with other relevant organizations and institutions, including EEA, UNECE and UNEP, in accordance with their respective mandates, to join us in developing the pan-European EHIS. We encourage these organizations to contribute as appropriate to the development of EHIS. We will stimulate intersectoral and interagency collaboration in our countries (beyond the health and environment sectors) to support the pan-European EHIS. We request WHO, EEA and the European Commission to elaborate elements of the shared information system and, in particular, to further develop and manage the environment and health indicators, related data sets and the shared information infrastructure. We will report back on progress made to the intergovernmental meeting to be held by the end of 2007.

17a. We understand that protecting public health and the environment requires foresight, transparency and the meaningful democratic involvement of stakeholders in decision-making processes. We recognize that delay in addressing a suspected health threat can have public health consequences. This is particularly important when considering the special vulnerability of children to some environmental threats. However, we often face uncertainties in our scientific knowledge of the environmental risks to health. We recognize the fundamental value, in the context of environmental policy-making, of the Rio Declaration on Environment and Development of 1992, which says that “where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation” and of the European Commission’s 2000 Communication on the Precautionary Principle (COM(2000)1 final). We reaffirm the importance of the precautionary principle as a risk management tool, and we therefore recommend that it should be applied where the possibility of serious or irreversible damage to health or the environment has been identified and where scientific evaluation, based on available data, proves inconclusive for assessing the existence of risk and its level but is deemed to be sufficient to warrant passing from inactivity to policy alternatives.

17b. We welcome the work done in WHO on the precautionary principle and more generally on precautionary considerations. We acknowledge the WHO document *Dealing with uncertainty – how can the precautionary principle help protect the future of our children?* The proposed



approach in the WHO document has relevance to the whole risk assessment, management and communication process, and can be based on simple steps and policy actions such as:

- improving and expanding the range of scientific tools;
- increasing the transparency of decision-making, expanding the range of stakeholders and legitimate factors involved in decision-making processes;
- increasing our ability to identify early warnings of risks;
- establishing research and education programmes to address gaps in knowledge;
- developing and implementing safer and cleaner production and sustainable consumption patterns.

17c. We call upon WHO to ensure that guidelines are developed with the aim of balancing the distribution of benefits and costs of environmental health measures and weighing up the health improvements and other benefits against anticipated costs, as well as possible legal constraints and impediments to free trade.

18a. We affirm the importance of and need for communication with the public at large on environment and health, particularly where the interests of children and other vulnerable groups are involved. We equally emphasize the importance of the participation of children and the need for their inclusion in activities concerning the health and environment of children. We invite international organizations to help address this issue, including through support for meeting the commitments of the Århus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters<sup>5</sup>, with the development of guidelines on risk communication as an important tool for bringing environmental health considerations to the attention of different sectors and for heightening public awareness.

18b. We understand that the training and information received by environment and health professionals and decision-makers need to incorporate modern knowledge, methods and concepts on health and the environment more than they have done to date. We stress the need to reflect these challenges in the future education and training of all medical professionals, especially in the light of the progressive harmonization of medical education. We also acknowledge the need for other professionals to receive adequate information on health and environment issues and on the interaction between each sector and this domain. We also encourage the production and dissemination, through appropriate mechanisms, of written and audiovisual materials that will be useful as learning tools, especially with reference to children.

18c. We call upon WHO, in collaboration with other stakeholders, to provide guidelines for advocacy, information, education and communication on health and the environment, particularly regarding children, and to establish a network of environment and health-oriented contacts so as to ensure that the general public always has access to reliable and helpful information.

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

19a. We commend the increasing efforts made by WHO to ensure a healthier future for our children, including the establishment of a "Healthy Environments for Children Alliance", and in

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<sup>5</sup> Turkey has reservations on this paragraph, since it is not signatory to the Århus Convention.

particular those made by the WHO Regional Office for Europe in reviewing existing knowledge on the relationship between children's health and the main environmental exposures, as well as in making a first attempt to assess the burden of disease that is attributable to environmental hazards among European children. We also recognize the efforts made by the European Commission to address the most important environmental hazards for children through the drafting and enforcement of new strategies and legislation, particularly in the area of children's health and environment.

19b. We adopt the Children's Environment and Health Action Plan for Europe (CEHAPE) and reaffirm our commitment to attaining the Regional Priority Goals referred to in the CEHAPE. We will ensure that the comprehensive policies described in those documents are effectively implemented on a national basis. In doing this, we will refer to and be guided by the Table of child-specific actions on environment and health for possible inclusion in national plans that has been developed by WHO with contributions from Member States, intergovernmental organizations, international agencies and nongovernmental organizations. We commit ourselves to reporting back on progress towards these goals at the intergovernmental meeting convened by WHO by the end of 2007 and at the next European Ministerial Conference on Environment and Health to be held in 2009. Following this review, we agree to discuss the possibility of the future development of this instrument.

19c. We recognize that the CEHAPE and the European Commission's Action Plan 2004–2010, derived from the European Environment and Health Strategy, are major steps towards ensuring that our common concerns about the future of our children are addressed with their active participation and with urgency. We call for further integration of the two plans, in order to implement them more efficiently.

## **Particular needs of newly independent states and countries of south-eastern Europe**

20a. We note the closer cooperation on health and environment issues between the ministries of health in countries that are members of the Commonwealth of Independent States. In particular, we welcome the initiative taken by the ministers of health to develop a subregional plan for concerted international action. We acknowledge the efforts made to produce the Environment Strategy for Countries of Eastern Europe, Caucasus and Central Asia (Environmental Partnerships in the UNECE Region) and recognize the importance of measures targeted at attaining the goals of the Environment Strategy.

20b. We are, however, concerned at the findings of Part II of the report entitled *Health and the environment in the WHO European Region: Situation and policy at the beginning of the 21st century* which show that many areas still have made little progress in controlling and containing health hazards arising from the environment. We commit ourselves to further strengthening our collaboration in order to support actions aimed at improving the environment and health situation in the Commonwealth of Independent States, as well as in other areas needing particular attention, such as the countries of south-eastern Europe.

20c. We invite WHO and the European Commission, together with UNECE, UNEP, regional environment centers and international donors, to establish effective mechanisms for coordinating technical and financial assistance to the newly independent states and countries of south-eastern Europe, in order to stimulate legislative and institutional reforms, strengthen countries'

capacities and effectively reduce exposures to environmental hazards and their health impacts throughout the whole European Region of WHO. We commit ourselves to supporting partnerships and other initiatives in the Region, such as the component for countries of eastern Europe, Caucasus and central Asia (EECCA) of the European Union's Water for Life Initiative.

20d. We invite the WHO Regional Office for Europe to support the initiative of the newly independent states and some countries of south-eastern Europe to reform and upgrade their sanitary/epidemiological services and set up public health systems. We recognize that this reform will make a substantial contribution to implementation of the Budapest Declaration and will facilitate further development of the Environment and Health process.

## **The future of the Environment and Health process in Europe**

21a. We welcome the findings of Part III of the report on *Health and the environment in the WHO European Region: Situation and policy at the beginning of the 21st century* and in particular we note with satisfaction that this process has had a positive influence on European environment and health activities. We acknowledge the role played by ministerial conferences and international workshops and appreciate the opportunities for the exchange of information and the establishment of multilateral partnerships, which help us to meet our international commitments. Taking this into account, we support the recommendations made in the report and aim to exploit to the full the potential of the Environment and Health process in Europe.

21b. We agree to meet again at a fifth European ministerial conference on environment and health to be held in 2009. We invite WHO to convene an intergovernmental meeting to carry out a midterm review of the process by the end of 2007. We recognize that such a follow-up mechanism requires human and financial resources to ensure its sustainability. We will do our utmost to provide the available human and financial resources to comply with this schedule of events, to ensure adequate reporting back on the main policy outcomes of the Conference and to strengthen our collaboration and synergy.

21c. We are concerned that, nearly two years after WSSD in Johannesburg, health aspects are still not well integrated into international and national initiatives, strategies and action plans on sustainable development. We will make full use of our national commissions for sustainable development to achieve the goals of WSSD, to integrate health into sustainable development, to collaborate further with other sectors and to provide assistance and build capacity to deal with the health aspects of sustainable development.

21d. We also recognize the need to collaborate with the Environment for Europe process, bearing in mind the Declaration of the Fifth Ministerial Conference "Environment for Europe" (Kiev, 2003) and agree that the Environment and Health process in Europe should continue to take into careful consideration the recommendations made by other high-level international processes dealing with environment and health in the Region.

21e. We invite WHO and the European Commission to consolidate and expand their cooperation on meeting the commitments summarized in this Declaration, by carrying out their respective roles and mandates and making efficient use of existing human and financial resources.

## **The role of the WHO European Centre for Environment and Health**

22a. We have noted that, since the establishment of the WHO European Centre for Environment and Health (ECEH) recommended at the First Ministerial Conference on Environment and Health held in Frankfurt in 1989, environment and health has attracted increasing interest from policy-makers and the scientific community. We renew our thanks to the governments of Italy and Germany for the financial support they offer to WHO by hosting the two offices that make up ECEH. We appreciate the high quality of the scientific work being produced by ECEH and the initiatives that have arisen in the field of environment and health through its establishment.

22b. We are further encouraged by the opportunities provided by this Centre to meet the needs of Member States in an efficient way, by being more accessible to the States they serve and understanding their cultural and legal needs. We also recognize that the Centre offers more direct access to the services provided by the WHO Regional Office within the European Region.

22c. We therefore recommend that the WHO European Centre for Environment and Health should continue to provide Member States with evidence to support policy-making in environment and health. We call upon other Member States to join Italy and Germany in providing support for the activities of ECEH. We further invite the European Commission and other organizations to make full use of this centre of excellence and the technical services it offers, to ensure that all existing scientific evidence is taken into account when legislation is drawn up and standards are set. We invite WHO to continue adjusting its expertise in environmental health to the changing needs of the Region.

## **The role of the European Environment and Health Committee**

23a. We acknowledge the significant role played by the European Environment and Health Committee (EEHC) in establishing international partnerships in the field of environment and health and in providing contributions and advice during the preparations for this conference.

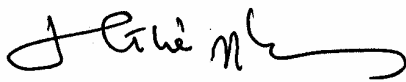
23b. We agree to extend the mandate of EEHC by another five years, to provide advice until the next conference according to the terms of reference outlined in the working paper *The future of the Environment and Health process in Europe*. We request that the number of Member States represented on EEHC should be increased to 10, to ensure adequate geographical representation. We also request that EEHC should continue its activities in accordance with an output-based workplan and report annually to the WHO Regional Committee for Europe and to the UNECE Committee on Environmental Policy on the progress made. We invite WHO to continue to act as the secretariat of EEHC and to convene its first meeting before the end of 2004, as well as to ensure proper involvement of Member States which are not members of EEHC.

23c. We invite the WHO Regional Committee for Europe, the UNECE Committee on Environmental Policy and their respective secretariats to consider this Declaration and the recommendations made therein, and to ensure that priority is given to activities and programmes in the area of health and the environment.

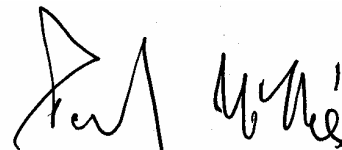
23d. We call on WHO to take the necessary steps to ensure that the Environment and Health process in Europe is fully supported and that priority is given to activities and programmes designed to fulfil the requirements of this Declaration.

23e. We expect WHO, in cooperation with UNEP, to take the necessary steps to ensure adequate coverage of an environment and health process on a global scale.

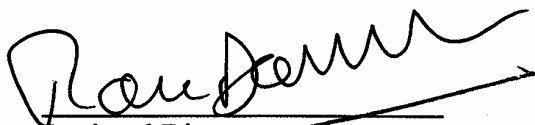
We the undersigned, on behalf of all the Ministers of Health and Environment in the European Region of WHO, together with the WHO Regional Director for Europe and in the presence of the Commissioners for Health and the Environment of the European Commission, reaffirm the commitments undertaken by previous conferences and pledge to continue to support the initiatives outlined above. We hereby fully adopt the commitments made in this Declaration.



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



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



Regional Director,  
WHO Regional Office for Europe