Report of the
Third high-level preparatory meeting
Keywords

ENVIRONMENTAL HEALTH
CONGRESSES – organization and administration
EUROPE
Contents

Introduction ........................................................................................................................................ 1

The Fifth Ministerial Conference on Environment and Health – site and programme ........... 1

The draft Conference Declaration – general comments ................................................................. 2

Environment and health in Germany................................................................................................. 4

Challenges and opportunities of working across sectoral boundaries........................................ 5
  Gender inequities........................................................................................................................... 5
  Preventing specific environment and health inequalities in times of economic crisis ......... 6

Climate change and health ............................................................................................................... 7
  The draft Conference Declaration – section on Climate change ................................................ 8
  Update on WHO project funded by the German government ................................................... 9

Children’s Environment and Health Action Plan for Europe (CEHAPE) .................................... 9
  Progress in assessing CEHAPE-relevant policies – an update .................................................. 9
  A tool for reporting action in countries – work in progress ....................................................... 10
  The draft Conference Declaration – CEHAPE section ............................................................. 10

Working in partnership.................................................................................................................... 12
  International Youth Network ....................................................................................................... 12
  Closing the science/policy gap – lessons from the Madrid Symposium .................................. 12

Ensuring reform and effective change at regional and local levels ........................................... 13

The future of the European environment and health process .................................................. 14

Closure of the meeting .................................................................................................................... 15

Annex 1. List of participants .......................................................................................................... 16
Introduction

1. The Third High-level Preparatory Meeting for the Fifth Ministerial Conference on Environment and Health was held in Bonn, Germany from 27 to 29 April 2009. Participants were welcomed by Mr Michael Müller, German Federal Ministry for Environment, Nature Conservation and Nuclear Safety, Ms Marion Caspers-Merk, German Federal Ministry of Health, and Mr Peter Finger, Mayor of the city of Bonn. The Deputy Regional Director of the WHO Regional Office for Europe thanked the German ministries for hosting the meeting.

2. Both the co-chairs of the European Environment and Health Committee (EEHC) were unable to attend, owing to the need for them to remain in their home countries and handle the repercussions of the outbreak of influenza A(H1N1). The meeting was therefore chaired by Mr Massimo Cozzone, alternate to Dr Corrado Clini.

The Fifth Ministerial Conference on Environment and Health – site and programme

3. Ms Benedetta Dell’Anno, Ministry for the Environment, Land and Sea, Italy confirmed that the Fifth Ministerial Conference on Environment and Health would be held in Parma, Italy from 24 to 26 February 2010. The Parma Congress Centre was located in a park near the city centre and included the Auditorium Paganini, a work by the architect Renzo Piano. A safe urban setting, locally sourced food, electronic documents and environmentally friendly materials would help ensure a small “carbon footprint” for the Conference. The venue offered ample facilities for exhibitions, side events and networking by participants.

4. Dr Lucianne Licari, Regional Adviser, Environment and Health Coordination and Partnerships, WHO Regional Office for Europe, presented a draft of the Conference programme. It was scheduled to start at 13:30 on Wednesday 24 February 2010 and end by 15:00 on Friday 26 February 2010, to allow delegates time to travel to and leave Parma on those days. Politically important topics (the impact of the current economic crisis on environment and health, climate change and adoption of the Declaration) had been placed at the beginning and end of the Conference, with the second day devoted to more technical aspects (implementation of the Children’s Environment and Health Action Plan for Europe – CEHAPE, environment and health performance reviews, capacity-building, etc.). A number of themes (such as gender, or the specific needs of the newly independent states – NIS – and countries of south-eastern Europe – SEE) would run through the whole Conference. Pre-Conference events would be held on Tuesday 23 and the morning of Wednesday 24 February, with outcomes presented during sessions of the Conference itself, and side events would be organized outside the hours of the core Conference proceedings.

5. Documentation for the Conference would include a number of standard working documents (guide for participants, agenda, programme, etc.), as well as a final draft of the Conference Declaration and a paper outlining the future of the Environment and Health process in Europe. In addition, there would be a set of policy briefs on topics such as climate change, socioeconomic and gender inequities, the specific needs of NIS
and SEE countries, and risk communication. Lastly, background documents would describe the environment and health situation in Europe (including fact sheets generated from the Environment and Health Information System – ENHIS) and give an overview of the European environment and health process during the previous 20 years and of current policies in the field.

6. Participants welcomed the overall shape of the Conference programme and confirmed that it would be useful to arrange for pre-Conference events on the morning of Wednesday 24 February. Provision should be made for extending poster and satellite sessions and for holding a mixture of such sessions each day. Representatives of nongovernmental organizations (NGOs) were keen to contribute to the CEHAPE awards ceremony and the session on Looking ahead with partners and stakeholders. Ministers could play a wide range of roles in the Conference, in addition to delivering statements in plenary sessions.

The draft Conference Declaration – general comments

7. Participants in the Thematic meeting on healthy environments (Luxembourg, 28–29 January 2009) had commented on the previous draft of the Conference Declaration, and it had then been revised to take account of their recommendations and those subsequently submitted in writing. The Preamble had been shortened and repetition of material in the Declaration adopted by the Fourth Ministerial Conference (Budapest, Hungary, 23–25 June 2004) had been avoided. In the Challenges section, a paragraph had been inserted referring to emerging challenges such as ultrafine particles, endocrine-disrupting chemicals and the impact of nanotechnology. In the Commitments section, reference had been made in the introductory paragraph to the need to stimulate further synergy and coordination with established political processes, such as those within the European Union (EU) and other bodies in the United Nations system. Key new commitments had been added with regard to climate change, the global economic crisis, new technologies, gender inequity and knowledge management.

8. Generally speaking, participants in the meeting welcomed the current draft but believed that the text could be made even shorter, crisper and less repetitive. That could be achieved by, among other things, ensuring that actions were described only in the Commitments section.

9. The Preamble, too, should be shortened and made an integral part of the Declaration, with emphasis placed on tackling problems of children’s health in an increasingly globalized world marked by widening socioeconomic disparities. The first paragraph in the Challenges section should be merged with the Preamble, which should also make reference to the need to involve sectors other than environment and health.

10. In the Challenges section, mention should be made of the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes and of the need to institutionalize multidisciplinary and intersectoral work, taking up environment and health problems in areas such as transport, energy, construction and land use, rather merely calling on the various sectors to work together.
11. Paragraph 2 of the current draft should make reference not only to air pollution but also to soil pollution. Paragraph 3 should begin by speaking of “existing and emerging challenges” before going on to refer to the precautionary principle, which might obviate attempts to list all such challenges. Since obesity was the result not only of physical inactivity but also of dietary practices, the relevant sentence in that paragraph should be amended to read: “We recognize that the environment affects the level of children’s physical activity and obesity rates.” New complex technologies (including nanotechnology and wireless technology) might need to be covered in a separate paragraph, and the Challenges section should also refer to the problems of injuries and children’s safety.

12. The first sentence of paragraph 4 in the Challenges section should be worded more strongly (“We emphasize that environment and health issues need to be integrated into other sectors’ policies …”). The second sentence, referring to increased involvement of other sectors, should be amended to place emphasis on children (focusing on schools and kindergartens, as was already the case with the section of the Declaration concerning Regional Priority Goal (RPG) 2 in the Children’s Environment and Health Action Plan for Europe – CEHAPE). The last sentence should be moved to the following paragraph, which dealt with climate change.

13. Some participants doubted that climate change would necessarily “multiply” health problems (in cold countries, global warming might lead to reductions in emissions of fine particles and hence to less outdoor air pollution in winter); they suggested that, in the first sentence of paragraph 5, the phrase “significantly increase” would be more appropriate. The second sentence, which referred to a worsening of outdoor air pollution as a consequence of the choice of climate change mitigation and adaptation measures, was apparently in contradiction with the last sentence in paragraph 4, which spoke of updating sectoral policies to include such measures in ways that limited the risks to human health; it should be reworded and clarified. The last sentence in paragraph 5 should be made more active (“We will take action now to increase people’s well-being and productivity and decrease health expenditure”) and moved to the part of the Commitments section dealing with climate change.

14. The first sentence in paragraph 6 should be amended to reflect the fact that the current economic situation would primarily affect public health. The new opportunities mentioned in the second sentence should include greater cost-efficiency and cost-effectiveness of investments, in addition to job creation and legislation, while the third sentence should refer to the need to take those opportunities to make clear and focused investments in environment and health.

15. Unemployed young people should be mentioned in paragraph 7 as one population group that was more vulnerable, and it should be made clear that the inequities referred to were found not only within but also between countries.

16. Reference should be made in paragraph 8 to the need to bridge the gap between science and policy.

17. Any further comments, whether on the introductory sections of the draft Declaration or on the rest of the text, should be submitted to the Secretariat in writing by 15 May 2009. They would then be discussed with the Chair of the Declaration.
Drafting Group and incorporated in a revised draft that would be reviewed at the next
meeting of the Group, to be held in Andorra on 16 and 17 June 2009.

Environment and health in Germany

18. Mr Alexander Nies, Head, Directorate of Environmental Health, Immission
Control, Transport and Chemical Safety, German Federal Ministry for the Environment,
Nature Conservation and Nuclear Safety introduced the session on highlights of work
on environment and health in Germany.

19. Mr Michael Thamm, Robert Koch Institute, Berlin, Germany gave details of the
German Health Interview and Examination Survey for Children and Adolescents
(KiGGS).1 The survey of a representative sample of non-institutionalized children aged
0–17 years in 167 communities (17 641 study subjects) included a self-administered
questionnaire for parents and older children (covering physical, mental and social
health, lifestyle, health behaviour, health risks and health care utilization), a
standardized parental interview, physical measurements (anthropometry, physical
endurance, vision, blood pressure, etc.) and blood and urine laboratory tests. Selected
first findings presented related to the prevalence of overweight and obesity by gender,
age group and socioeconomic status; frequency of physical activity that caused heavy
breathing or sweating (in leisure time or in a sports club); and prevalence of
sensitizations to allergens and of allergic diseases, of smoking and exposure to
environmental tobacco smoke in non-smokers, and of accidents (by gender,
socioeconomic status and location). The survey would be repeated in the same study
population in three years’ time. To replicate the survey throughout the WHO European
Region, a small dedicated survey team would be required in each country. The
methodology for telephone interviews could be shared with other countries.

20. Dr Marike Kolossa-Gehring, Division of Toxicology and Health-related
Environmental Monitoring, German Federal Environment Agency described the
German Environmental Survey on Children 2003–2006 (GerES IV).2 The objectives of
that survey were to generate representative data on exposure to environmental
pollutants; to identify relevant exposure pathways; to propose strategies for prevention
and reduction of exposure; and to evaluate environmental policy measures. Instruments
used included human biomonitoring (blood and urine analysis), ambient monitoring
(indoor air, drinking water and house dust), screening audiometry, measurement of
exposure (to mould and fungi, for instance) and interviews. The areas covered by the
survey corresponded to the CEHAPE RPGs (concentrations of selected metals in
drinking-water for RPG1; polycyclic aromatic hydrocarbons and total volatile organic
compounds for RPG3; phthalates, moulds and noise for RPG4), while use of household
products of questionable value and levels of cotinine in urine were taken as proxies for
the influence of socioeconomic status and hence of “environmental justice”. Broadly
speaking, the survey confirmed that children in Germany were exposed to chemicals,
noise and biological factors, that exposure levels were related to socioeconomic status
and gender, and that exposure could be reduced by changes in behaviour (achieved
through information and education campaigns) and by political regulation.

1 See www.kiggs.de
2 See www.uba.de/gesundheit-e/survey
Challenges and opportunities of working across sectoral boundaries

Gender inequities

21. Ms Isabel Saiz, Programme Coordinator, Observatory for Women’s Health, Spanish Ministry of Health and Social Policy explained that, in addition to the biological differences between men and women, there were a number of reasons why gender should be integrated into environment and health policies:

- gender inequalities affect women’s and men’s access to resources and their ability to protect themselves from environmental hazards;
- gender norms and values drive women and men into behaviours that differently affect their exposure to risk;
- gender is a determinant of health; and
- the interaction of gender with other health determinants influences people’s health outcomes, access to services, and health system responses.

22. Apart from national regulations, the referential framework for action was WHO’s gender strategy, adopted by the Sixtieth World Health Assembly in 2007 (resolution WHA60.25) which called, among other things, for gender to be integrated into health policies and linked with other socioeconomic determinants of health, and the United Nations Environment Programme (UNEP) Governing Council decision 23/11 of 2005 on “Gender equality in the field of the environment”, which urged that gender should be mainstreamed into environmental policies and programmes.

23. As part of preparations for the Fifth Ministerial Conference on Environment and Health, sex-disaggregated data should be compiled and subjected to gender analysis, in order to assess and address gender inequities, and a policy paper should be elaborated that would identify gaps, set priorities and recommend actions to be taken in the WHO European Region. It was apparent that such actions would need to be taken in all the areas covered by the four CEHAPE RPGs.

24. All Member States were invited to join the process of developing a policy paper by nominating a focal point on gender, environment and health. A working group could then be established with interested countries to identify suitable case studies and give feedback on a first draft of the paper by early October 2009. A meeting to review the policy paper, together with its proposed recommendations, could be held in Madrid on 22 and 23 October 2009.

25. The representative of one nongovernmental organization drew attention to some striking gender-related health differences, especially in the eastern part of the Region (shorter life expectancy among males, reduced sperm counts owing to phthalates, ovarian cancer recognized as resulting from exposure to chrysotile asbestos) and offered to contribute to that initiative.
Preventing specific environment and health inequalities in times of economic crisis

26. Dr Paul Wilkinson, Public and Environmental Health Research Unit, London School of Hygiene and Tropical Medicine, United Kingdom explained that the current context of economic crisis and climate change was marked by reduced credit, increased long-term government debt and greater fiscal restraint leading to less new investment, but that paradoxically it also offered opportunities as a result of major commitments to support industry and infrastructure development. A distinction should be made between intragenerational health inequalities (related to socioeconomic status, age, sex, ethnic group and geographical location) and intergenerational ones that were particularly relevant for many environmental problems, such as climate change, biodiversity and resource depletion. To attenuate the latter would require major change in all sectors of the economy.

27. On the other hand, there were important opportunities to pursue strategic goals to the benefit of the environment and health through infrastructural and other initiatives in transport, housing, power generation and other sectors. Examples of such initiatives included further reductions of speed limits in areas with a higher risk of accidents, introduction of congestion charging zones, expansion of bus fleets and electric or hydrogen fuel cell-powered vehicles, increased use of active modes of transport (walking and cycling), and greater energy efficiency or fuel switching in the home. Detailed analysis of the actual and hypothetical benefits and disbenefits of those initiatives showed that many (but not all) of them might reduce inequalities in health, and that there might be tensions between intragenerational and intergenerational effects, as well as between efforts to maximize population health and reduce inequities.

28. Mr Matthias Braubach, Technical Officer, Housing and Health, WHO Regional Office for Europe gave an outline of planned WHO activities in the area, which would be focused on possible mechanisms through which social determinants (income, education, age, occupation, gender, etc.) might affect exposure to harmful environmental conditions. Two approaches were proposed: a review of the evidence on six technical topics (air quality, waste, water and sanitation, housing conditions, injuries, and occupational exposure) and two cross-cutting issues (children and climate change); and a compilation of case studies on practical measures, focusing on RPG2 (injuries and physical activity). The results of the evidence review would be discussed at an expert meeting to be held in Bonn, Germany on 9–10 September 2009, while the case studies (prepared by 11 countries that were members of WHO’s Health Behaviour in School-aged Children (HBSC) network) would be considered at the HBSC Forum in Siena, Italy on 19–20 October 2009. Member States were invited to share their experiences and concerns in addressing inequalities and inequities in environment and health, to provide feedback on the scope and structure of the WHO initiative and to contribute to development of the tools and evidence required to address those inequalities.

29. Participants endorsed the decision to include the economic crisis on the agenda of the Fifth Ministerial Conference, since it was likely to generate more participation by ministers. They welcomed the initiative taken by WHO, noting that in many cases more rapid and effective action could be taken by addressing inequities through the “prism” of environment and health, at both national and local levels, rather than by attempting to
modify socioeconomic determinants themselves. Ministries of health would be key players in such an initiative, since in many countries they were the lead agency in areas that could be termed environmental, such as waste management, housing conditions and radiation management. Nonetheless, sustainable solutions to environmental health problems should be sought in all sectors of government, with attempts made to find areas of mutual interest and synergy or to identify “spin-off” effects on health from other sectors’ activities. For instance, the economic crisis could be an opportunity to take a fresh look at transport policy, with incentives offered for renewing the vehicle fleet and making it less polluting.

**Climate change and health**

30. Dr Roberto Bertollini, Coordinator, Public Health and Environment Department, WHO headquarters pointed out that the major killers (such as undernutrition, diarrhoea and malaria) were affected by climate and that health had been identified as a priority in 32 of 38 poorest countries’ national adaptation plans of action under the United Nations Framework Convention on Climate Change (UNFCCC), yet the health sector had received only US$ 2.5 million out of US$ 1.3 billion of UNFCCC support and was represented by only 20 of the 10 000 participants in the UNFCCC Conference of the Parties. Nonetheless, by adopting resolution WHA 61.19, all 193 Member States of WHO had requested action to protect health from climate change. At its 124th session in January 2009, the Executive Board had endorsed a WHO workplan on climate change and health, organized around four objectives:

- advocacy and awareness-raising;
- engage in partnerships with other United Nations organizations and sectors other than the health sector at national, regional and international levels, in order to ensure that health protection and health promotion are central to climate change adaptation and mitigation policies;
- promote and support the generation of scientific evidence; and
- strengthen health systems to cope with the health threats posed by climate change, including emergencies related to extreme weather events and sea-level rise.

31. The next steps to be taken by WHO would include an intense awareness-raising campaign at forthcoming major events such as the World Health Assembly, the World Meteorological Organization’s annual conference and the United Nations General Assembly, active involvement in the UNFCCC process and negotiations. Evidence and tools (guidance documents) would continue to be built up, and support would be given to reduce the carbon footprint of the health sector. At European level, the Organization would focus on supporting implementation of the global agenda, piloting healthy adaptation and mitigation options, driving forward the health agenda within relevant political processes and advocating reduced emissions in the health sector and low-carbon, healthy options in all sectors.

32. Dr Louise Newport, Scientific Policy Manager, Health Protection, Legislation and Environmental Hazards, United Kingdom Department of Health gave a progress report on the work done by the task force and group of interested countries, led by the United
Kingdom and Serbia. The climate change section of the draft Declaration had been amended and shortened: it currently set out ministers’ adoption of the Regional Framework for Action, spelt out four areas in which they would commit themselves to taking action and recorded their call to WHO, the European Commission and other partners to set up a European information platform or clearing house. The corresponding policy brief began by explaining the need for a regional framework before going on to specify its overall goal and key principles. It then gave details of the action to be taken in each of the “pillars” or areas identified. The regional framework would be circulated to all Member States for comments and reviewed at subregional meetings, while development of an information platform would be further discussed with partner agencies. Any substantive changes to the regional framework would be reflected in subsequent drafts of the Declaration. The European Environment Agency had offered to host a meeting of representatives of all WHO’s European Member States in Copenhagen in December 2009.

33. Participants welcomed the regional framework and the emphasis it placed on climate change adaptation measures, but urged WHO to advocate for health impact assessment to be an integral part of all sectors’ mitigation policies, in order to prevent them having unintended adverse health effects. More explicit reference should be made to the need to build up the capacity of vulnerable and disadvantaged areas and countries and to channel resources towards them. The regional framework should also give more prominence to the intergenerational perspective.

**The draft Conference Declaration – section on Climate change**

34. Given the existence of (and reference to) the regional framework for action, participants believed that it was sufficient to have three paragraphs in the draft Declaration setting out commitments with regard to protecting health and the environment from climate change. The three paragraphs in question should be more focused and specific, proposing concrete measures (derived from the regional framework) that would appeal to ministers. The relevant paragraph in the Challenges section should include a short statement of the reasons why ministers of health and environment had to act on climate change, perhaps making reference to the UNFCCC.

35. In the first of the three paragraphs, the measures envisaged should be extended to cover both the environment and the health sectors; sub-paragraph (iv) should accordingly be reworded to read “increase the health and environment sectors’ contribution to ensuring energy- and resource-efficient management …”. Reference should be made to the need for the health sector to engage in climate change mitigation activities. A further sub-paragraph might be needed, addressed specifically at the environment sector and covering surveillance and early warning systems (tools for implementation). Countries were urged to coordinate their comments on the paragraph with the task force on climate change.

36. Given that the regional framework for action would not be a negotiated text, however, the second paragraph in the section should not refer to its “adoption”; more appropriate wording (which should be used consistently throughout the Declaration) might be for ministers to “welcome” or “launch” the framework.
37. With regard to the third paragraph, it was noted that the European Commission (in its white paper on adapting to climate change, COM(2009) 147 final) was proposing the establishment of a clearing house mechanism by 2011, so WHO was urged to coordinate with the Commission in order to avoid duplication. It should also be clearer about the role, funding requirements and operating level (international or national) of the proposed information platform/clearing house before presenting it to ministers for commitment in the Declaration.

**Update on WHO project funded by the German government**

38. Dr C. Jutta Litvinovitch, Head, Division of Environment, Health and Consumer Protection, German Federal Ministry of the Environment, Nature Conservation and Nuclear Safety described a project to protect health from the effects of climate change through adaptation measures and strengthening of health systems in Albania, the former Yugoslav Republic of Macedonia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Uzbekistan. All seven countries had already ratified the UNFCCC, and five had also done so for the Kyoto Protocol, but the establishment of national plans would lay the foundation for strengthening the health system’s adaptation capacity, improving disaster preparedness and early recognition of diseases and promoting political measures to deal with climate change. A launch ceremony for the project had been held in Berlin on 18 March 2009, attended by Dr Margaret Chan, WHO Director-General, Mrs Astrid Klug, Parliamentary State Secretary at the German Federal Ministry of the Environment and representatives from embassies of the seven countries concerned.

39. Dr Bettina Menne, Medical Office, Global Change and Health, WHO Regional Office for Europe, gave details of the funding available for implementation of climate change projects through the UNFCCC, such as emissions trading and the Clean Development Mechanism, the Global Environment Facility, the Special Climate Change Fund and the Least Developed Countries Fund. From the sale of emission allowances, some €120 million were available annually for adaptation and mitigation projects in developing and newly industrializing countries, and the seven projects under consideration were funded through that initiative. As already noted, the objectives of the projects were primarily to build institutional capacity in terms of preparedness for and response to extreme weather events, infectious and respiratory diseases, and problems related to water, food safety and nutrition. In addition, steps were being taken to facilitate the exchange of knowledge and experience between all the countries concerned.

**Children’s Environment and Health Action Plan for Europe (CEHAPE)**

**Progress in assessing CEHAPE-relevant policies – an update**

40. Dr Dafina Dalbokova, Manager, Environment and Health Information System, WHO Regional Office for Europe recalled that a survey tool for harmonized review of environment and health policies in all WHO’s European Member States, covering 15 policy topic areas as set out in the CEHAPE RPGs, had been endorsed for implementation at the Second High-level Meeting (Madrid, Spain, October 2008).
Survey responses had since been received from 37 of 53 Member States; a database of descriptive statistics was currently being built up and a model for policy analysis was being developed. The model would be finalized by mid-May 2009, and the information obtained would then be analysed and sent out to countries in early June. It was planned to hold a WHO working group meeting in Bonn towards the end of June, at which the results of the policy assessment would be evaluated and finalized, and decisions would be taken on the structure and format of the policy overview that would be presented at the Fifth Ministerial Conference.

**A tool for reporting action in countries – work in progress**

41. Mr Christian Schweizer, Technical Officer, WHO European Centre for Environment and Health, Rome Office, presented a new web map questionnaire that had been developed to cope with the overload that had made the previous version difficult to update and read.

42. In answer to questions raised, the Secretariat explained that the two survey instruments were linked; the policy assessment questionnaire focused on the effectiveness or potential health impact of policies, defined in a flexible way to meet the circumstances of each Member State, whereas the web-based map gave a broader picture that corresponded closely with the table of actions that accompanied CEHAPE. National children’s environment and health action plans were not themselves cleared for uploading to the Regional Office’s web site. It was suggested that an even more flexible approach might be adopted, whereby interviews or case studies were conducted with a limited number of Member States and subsequently written up for inclusion in the paper that would be submitted to the Conference.

**The draft Conference Declaration – CEHAPE section**

**Introductory paragraphs**

43. The representative of one Member State asked for a footnote to be reinstated in the first introductory paragraph of the section (paragraph 9), specifying that it did not consider itself bound by the commitments and undertakings in the Declaration, particularly those paragraphs related to the international treaties, conventions or protocols to which it was not a contracting party.

44. It was suggested that several of the introductory paragraphs (i.e. paragraphs 9 and 10 and the first sentence of paragraph 11) should be placed above the sub-section heading for CEHAPE, since they in fact applied to the whole of the Commitments section. An explanation should be given of the reference to the Tallinn Charter on Health Systems, Health and Wealth (environmental health services were recognized as part of the health system), and it should be supplemented by mention of the integration of the environment in all policies as part of the “Environment for Europe” process. Likewise, the reference to the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes should be moved to the general introductory paragraphs to the Commitment section of the Declaration.
45. The third sentence of paragraph 10 should be amended to refer to collaboration with all sectors, and not merely between health and environment authorities, while the second sentence in paragraph 11, recording ministers’ agreement to address global environmental challenges and their impacts on children’s health and well-being, could be omitted since it merely restated the purpose of the Declaration as a whole. On the other hand, a reference should be inserted to the need to tackle the problem of urban sprawl.

46. In paragraph 13, participants agreed to make reference to the attainment of quantitative targets and to invite other ministers, sectors and local authorities to step up their efforts to attain the CEHAPE RPGs.

Regional priority goal 1

47. The reference to climate change in the first sentence of the paragraphs on RPG1 was perhaps misleading, in that a separate sub-section of the Commitments section was devoted to that topic. Participants argued that efforts to ensure adequate access to safe water, hygiene and sanitation should be extended to all children at home and in hospitals, as well as at day care centres and schools.

Regional priority goal 2

48. It was suggested that in subparagraph (i) reference could be made to the Charter adopted at the WHO Ministerial Conference on Countering Obesity (Istanbul, Turkey, 15–17 November 2006). Subparagraphs (ii) and (iii) should reproduce the relevant parts of the text agreed at the Third High-Level Meeting of the Transport, Health and Environment Pan-European Programme (THE-PEP) in Amsterdam in January 2009. Some participants questioned the feasibility of providing all children with access to green spaces and safe environments for walking and cycling by 2015. Efforts to prevent injuries, as called for in subparagraph (iv), should perhaps include activities related to product safety, although it was noted that this could give rise to an overlap with RPG4.

Regional priority goal 3

49. For the sake of consistency with other RPGs, among other things, the introductory sentence to RPG3 should make reference to the revision of the Göteborg Protocol to the Convention on Long-Range Transboundary Air Pollution. A separate subparagraph should be added to refer to outdoor air pollution. Subparagraph (ii) should be strengthened so that the aim was to provide each child by 2015 with access to a healthy indoor environment (including freedom from environmental tobacco smoke) in all public places, although here too it was recognized that the deadline was an ambitious one.

Regional priority goal 4

50. The introductory paragraph should mention the United Nations Environment Programme (UNEP) and its Strategic Approach to International Chemicals Management (SAICM). Detailed amendments to subparagraph (ii) would be submitted in writing. In subparagraph (v), specific reference should be made to the private sector, and all sectors should be urged to avoid the use of carcinogenic products (including asbestos), especially in homes and institutions. In addition, the word “chronic” should be deleted, since the aim was to prevent all health impacts of such products. Subparagraph (vi)
should be reworded to focus on health risk and take account of the exposure of unborn children.

**Working in partnership**

**International Youth Network**

51. Dr David Rivett, Consultant, informed participants that criteria had been drawn up to help with the nomination of young people to be involved in working with ministry officials and senior policy-makers on environment and health issues. Application forms were being sent out and, on their return, would be assessed by the four international youth delegates to the European Environment and Health Committee. Up to five applicants would be selected for each country and submitted to national officials for endorsement. A preparatory meeting would then be held from 26 to 30 June 2009, at which the youth delegates selected would receive training in a number of areas, including project development, monitoring and evaluation, communication and technical aspects of the CEHAPE. That would be followed by six to seven months of project implementation, at the end of which conclusions would be collated and presented to ministers at the Fifth Ministerial Conference.

**Closing the science/policy gap – lessons from the Madrid Symposium**

52. Dr Martin von Krauss, Technical Officer, WHO Regional Office for Europe, reported that three conclusions could be drawn from the Madrid Symposium on Environment and Health Research (20–22 October 2008). First, better analytical methods and tools were needed: uncertainty had to be made explicit, policy-making should be regarded as an experiment, and different levels of evidence would be needed to underpin different types of intervention. Second, new institutional platforms were required, where exchanges of views between scientists and policy-makers could take place more easily; and third, WHO could and should contribute to bridging the gap between science and policy. Two questions arose from those conclusions: what was the role of national and international research institutions in implementing the recommendations from Madrid, and what were the main opportunities and barriers encountered when attempting to translate research findings into preventive policies and actions? Representatives of two professional organizations had been invited to help answer those questions.

53. Professor Manolis Kogevinas, International Society for Environmental Epidemiology, noted that there were numerous instances of close collaboration between scientists and policy-makers to implement evidence-based public health measures (such as a ban on the sale of coal in Dublin, leading to reductions in respiratory and cardiovascular mortality), but that there had also been occasions (with lead and asbestos, for example) where delays in bridging the gap had been disastrous. It would be important to avoid a similar situation in the case of nanotechnologies, endocrine-disrupting chemicals and climate change.

54. Environmental health research in Europe was facing a number of long-term problems: a lack of knowledge in a large number of subject areas, difficulties in evaluating complex scenarios, and a relative lack of funding under the EU’s Seventh
Framework Programme for Research (FP7). As a result, the science/policy gap was two-way and multifaceted: researchers tended to have an erroneous perception of the policy-making process; health policy was not regarded as a significant component in a researcher’s career; and the EU did not have research and health policy institutes equivalent to federal bodies in the United States. Joint efforts were required at many levels, identifying problems and setting priorities, securing adequate funding, promoting a multidisciplinary approach and fostering exchanges of views and flexibility in ideologies.

55. Professor Stanislaw Tarkowski, European Public Health Association, reported that EPHA had conducted a review of the “products” of public health research, including the few in the field of environment and health (60 out of 8000). One conclusion from the review was that the science/policy gap continued to exist: scientific research was not supporting policy as it should, and science and policy were driven by different factors. Researchers observed a lack of demand for research for policy-making, whereas policymakers believed that few research projects were directly applicable to policy-making.

56. Research in general was still concentrated on narrow problems, while only a small amount of research was devoted to environmental health management issues. There was a continued focus on single-cause risk assessment for the average individual, whereas what was needed was a more holistic and interdisciplinary approach to complex, population-based research. WHO had both the competence and the capacity to organize such research.

57. While agreeing with that analysis of the situation, participants pointed out that it was important to separate the gathering of objective evidence and assessment of environmental health risks from political measures for their management and reduction. To that end, the European Commission had recently adopted Decision 2008/721/EC setting up an advisory structure of scientific committees and experts in the field of consumer safety, public health and the environment and repealing Decision 2004/210/EC.

**Ensuring reform and effective change at regional and local levels**

58. Dr Marianna Penzes, Focal Point, Regions for Health Network (RHN), Hungary, recalled that the RHN had been established in 1992 to formalize a partnership between 11 European regions committed to health, to improve knowledge and to foster intersectoral cooperation. The network had expanded steadily and currently comprised 29 regions in 18 countries. It offered a forum for policy-makers to discuss and share experiences with alternative solutions at regional and local levels, providing support with decreasing gaps and disadvantages and advocating preparedness to tackle public health challenges and threats.

59. Examples of areas where projects had been carried out under the auspices of the RHN included migrants and health care, mapping of health indicators at regional level (with compilation of a database to highlight deviations from national averages) and benchmarking of best practices in regional health management (with funding provided by the European Commission). Case studies had also been carried out in areas of interest for environment and health (health effects of ozone and particulate matter, city
ecology action plan, improvement of air and water quality, etc.). Building on the diversity of its members, the RHN was a chain for delivery of strategic actions in different settings or fields.\(^3\)

60. Dr Diana Hein, Deputy Head, Division of Immission Control, Ministry of the Environment and Nature Conservation, Agriculture and Consumer Protection of the State of North Rhine-Westphalia, Germany described the action programme on environment and health (APUG) that had been implemented in her highly industrialized and densely population state since 2002. The objectives of APUG were to heighten decision-makers’ awareness of environmental health, promote new types of cooperation and information exchange, and reduce environment-related adverse health effects. One recent project, for instance, had been to create a database with which to evaluate the health outcomes of air pollution abatement measures. Transport and housing were other areas of special local relevance on which attention was being focused.

61. Regional networks could facilitate early recognition of upcoming issues, promote anticipatory, preventive and integrated planning procedures, enable tailor-made solutions to be developed and initiate cooperation between government authorities, scientists, politicians, the business sector and the general public. It was essential to secure participation of all relevant stakeholders at a very early stage in the process, and to improve coordination between different programmes and initiatives.\(^4\)

**The future of the European environment and health process**

62. Dr Lucianne Licari, Regional Adviser, Environment and Health Coordination and Partnerships, WHO Regional Office for Europe asked participants to reflect on the European environment and health process with four questions in mind:

- What had worked well in the process following Budapest Conference?
- What had not worked?
- How could the process be improved, with the aim of supporting implementation of the declaration due to be adopted at the Fifth Ministerial Conference in Parma?
- What organizational structure or body (e.g. similar to the European Environment and Health Committee – EEHC) should follow up the process?

Their ideas and comments would then be compiled into a paper for discussion at the forthcoming meeting of the Declaration Drafting Group (Andorra, 16–17 June 2009).

63. It was generally agreed that the EEHC, with WHO’s leadership and secretariat support, had achieved its goal of continuously monitoring progress towards the CEHAPE RPGs. Countries, particularly in the eastern part of the Region, had engaged in reform and were harmonizing their legislation with WHO recommendations and European Commission directives. Some shortcomings in achievements were the result of a lack of involvement at subnational and local levels. The current economic situation called for greater efforts aimed at prevention of environmental health hazards.

---

\(^3\) See www.euro.who.int/rhn

\(^4\) See www.apug.nrw.de
64. The process could be improved by clarifying the relationship between the EEHC and the WHO Regional Committee for Europe, by placing even more emphasis on carrying out practical activities, whether at subregional level or in a bilateral context, and by ensuring that all sectors (and notably the health sector) were fully engaged in permanent structures at national level. The implementation process between 2010 and 2015 should be clearly spelt out in the draft Declaration. That process required political, technical and scientific support. It might be worth considering making the EEHC Secretariat more independent of WHO and sharing resources, perhaps with THE-PEP. Equally, a revitalized European environment and health process could also draw on existing international processes and legal instruments to generate synergy and perhaps be integrated with legally binding activities, such as those carried out within the European Union.

**Closure of the meeting**

65. Dr Lucianne Licari thanked the German Federal Ministry for Environment, Nature Conservation and Nuclear Safety, the German Federal Ministry of Health and the city of Bonn for hosting the meeting and commended participants on their commitment, sense of direction and advice.
Annex 1

LIST OF PARTICIPANTS

European Environment and Health Committee

Albania
Dr Leonard Boduri
Adviser to the Minister, Cabinet of the Minister, Ministry of Environment, Forestry and Water Administration

Andorra
Dr Josep M. Casals Alis
Ministéri de Salut i Benestar

Armenia
Dr Anahit Aleksandryan
Head, Department of Hazardous Substances and Waste Management, Ministry of Nature Protection

Dr Nune Bakunts
Head, Legal Instruments, State Hygiene and Anti-Epidemic Inspectorate, Ministry of Health

Austria
Ms Cosima Pilz
National CEHAPE Coordinator, Centre for Environmental Education (Umweltbildungszentrum – UBZ)

Mr Robert Thaler (EEHC member)
Head of Department, Division V/5 – Transport, Mobility, Human Settlement and Noise, Federal Ministry of Agriculture, Forestry, Environment and Water Management

Dr Fritz Wagner
Deputy Director, Disease Prevention and Health Promotion, Federal Ministry of Health, Family and Youth

Azerbaijan
Dr Imran Abdulov
Deputy Head, Division of Environmental and Nature Protection Policy, Ministry of Ecology and Nature Protection

Dr Mirza Kazimov
Head, General Hygiene Department, Medical State University, Ministry of Health
Belarus
Ms Neli Hindziuk
Deputy Head Physician, Republic Centre of Hygiene, Epidemiology and Public Health

Belgium
Mr Pierre Biot
Environment and Health Expert, Federal Public Service for Health, Food Chain Safety and Environment

Dr Catherine Bouland
Member, National Environment and Health Cell, Brussels Institute for Management of the Environment (IBGE)

Ms Maja Mampaey
Policy Adviser, Health and Environment, Environment, Nature and Energy Department, Flemish Government

Dr Yseult Navez
Vice President, National Cell Environment and Health, Federal Public Service for Health, Food Chain Safety and Environment

Ms Sofie Vanmaele
Adviser International Environmental Policy, Department of Environment, Nature and Energy

Bulgaria
Dr Mariana Barouh
Senior Expert, Environmental Strategy and Programmes, Ministry of Environment and Water

Dr Hristina Mileva
State Expert, Public Health Protection, Ministry of Health

Croatia
Ms Zana Fakin
Junior Adviser, International Relations Department, Ministry of Environmental Protection, Physical Planning and Construction

Dr Goranka Petrovic
Epidemiologist, Environmental Health Service, Croatian National Institute of Public Health

Cyprus
Dr Stella Michaelidou-Canna (EEHC member)
Director, State General Laboratory, Ministry of Health

Czech Republic
Dr Bohumir Kriz
National Public Institute

Ms Lucie Wondrichova
WHO Coordinator, Department of International Relations and EU, Ministry of Health
Denmark
Ms Marie-Louise Holmer
Technical Advisor, Chemicals, Danish Environmental Protection Agency, Ministry of the Environment

Dr Lis Keiding
Staff Specialist, Centre for Health Promotion and Prevention, National Board of Health

Mr Henrik Søren Larsen
Head, Danish Environmental Protection Agency, Ministry of the Environment

Mr Niss Skov Nielsen
Special Adviser, Danish Health Department, National Board of Health

Ms Mona Mejsen Westergaard
Senior Adviser on International Environmental Issues, Danish Environmental Protection Agency, Ministry of the Environment

Estonia
Ms Heli Laarmann (EEHC member)
Head, Environmental Health and Chemical Safety Unit, Department of Public Health, Ministry of Social Affairs

Mrs Reet Pruul
Senior Officer, Environmental Management and Technology, Ministry of the Environment

Finland
Dr Lea Kauppi (EEHC member)
Director-General, Finnish Environment Institute (SYKE)

Dr Mikko Paunio
Senior Medical Officer, Health Department, Ministry of Social Affairs and Health

France
Mr Vincent Delporte
Project Manager, Ministry of the Environment

Ms Caroline Paul
Head, External Environment and Chemicals, Department of Environment and Food, Ministry of Health

Mr Charles Saout
Adjoint sous Direction, Direction Generale da la Santé, Ministry of Health

Georgia
Ms Tamar Maghlakelidze
Deputy head, Environmental Pollution Monitoring Department, National Environmental Agency, Ministry of Environment
Professor Nikoloz Pruidze
Deputy Minister of Labour, Health and Social Affairs

**Germany**
Mrs Christiane Bunge
Division II 1.1, Environmental Hygiene, Environmental Medicine, Health Effects Assessment, The Federal Environment Agency

Mrs Marion Caspers-Merk
Parliamentary State Secretary, Federal Ministry of Health

Dr Karl-Heinz Erdmann
Head, Division II 1.2, Social Affairs, Sustainability, Tourism and Sport Activities, Federal Agency for Nature Conservation

Mr Peter Finger
Mayor, City of Bonn

Dr Andreas Gies
Head, Department II 1, Environmental Hygiene, The Federal Environmental Agency

Dr Björn Ingendahl

Dr Marike Kolossa-Gehring
Division II 1.2, Toxicology, Health-related Environmental Monitoring, The Federal Environment Agency

Mr Jens Küllmer

Dr C. Jutta Litvinovitch

Mr Michael Müller
Parliamentary State Secretary, Federal Ministry for Environment, Nature Conservation and Nuclear Safety

Mr Alexander Nies
Head, Directorate of Environmental Health, Immission control, Transport and Chemical Safety, Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

Ms Marianne Rappolder
Section II 1.1, Environmental Hygiene, Environmental Medicine, Health Effects Assessment, The Federal Environment Agency

Dr Hedi Schreiber
Head, Division II 1.1, Environmental Hygiene, Environmental Medicine, Health Effects Assessment, The Federal Environment Agency
Mr Clemens Schreiner  
Division 332: Basic issues of prevention, self-help and environmental health protection, Federal Ministry of Health

Mrs Imke Thieme  
Desk Officer Division for Basic Issues of Prevention, Self-help and Environmental Health Protection, Federal Ministry of Health

Mrs Chariklia Tzimas  
Adviser, Multilateral Cooperation in the Field of Health, Federal Ministry of Health

Dr Helge Wendenburg  

Dr Ute Winkler  
Head, Division for Basic Issues of Prevention, Self-help and Environmental Health Protection, Federal Ministry of Health

Dr Birgit Wolz  
Head, Division IG II 2, Division for Environment, Health and Consumer Protection, Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

**Greece**  
Dr Anastasia Foteinea  
General Director, Public Health, Ministry of Health and Social Solidarity

Ms Vassiliki Karaouli  
Director, Sanitary Engineering and Environmental Health, Ministry of Health and Social Solidarity

**Hungary**  
Dr Balint Dobi  
Head, Department for Environmental Conservation, Ministry of Environment and Water

Dr Gyula Dura  
Acting Director-General, Fodor Jozsef National Public Health Centre, National Institute of Environmental Health

**Ireland**  
Ms Siobhan McEvoy  
Acting Chief Environmental Health Officer, Environmental Health, Department of Health and Children

**Italy**  
Dr Alessandra Burali  
Consultant, Department of Environmental Research and Development, Ministry of Environment, Land and Sea
Mr Massimo Cozzone (Alternate to the EEHC co-Chair)  
Senior Officer, Environmental Research and Development, Ministry for the Environment, Land and Sea

Ms Benedetta Dell’Anno  
Policy Adviser, Environmental Research and Development, Ministry for the Environment, Land and Sea

Dr Annamaria De Martino  
Medical Officer, Directorate-General for Prevention, Ministry of Labour, Health and Social Policies

Ms Elisabetta Scialanca  
Expert, Division for EU and UNECE Policy Coordination and Environmental Research and Development, Ministry for the Environment, Land and Sea

Dr Luciana Sinisi  
Unit Head, Environmental Determinants of Health, Italian Environmental Protection and Technical Services Agency (APAT)

**Kazakhstan**

Ms Zhuldyz Murzabekova  
Head, Division of Sustainable Development and Scientific Analytical Provision, Ministry of Environmental Protection

**Kyrgyzstan**

Mr Bolot Aksamaev  
Chief Specialist, International Cooperation, State Agency for Environmental Protection and Forestry

Dr Asylbek Sydykanov  
Head, Public Health Department, Ministry of Health

**Lithuania**

Ms Rita Pazdrazdyte  
Head, Public Health Strategy Division, Ministry of Health

**Luxembourg**

Mr Ralph Baden  
Biologist, Department of Occupational Health, Ministry of Health

**Malta**

Mr John Attard-Kingswell  
Director (Environmental Health), Public Health Regulation Division, Department for Environmental Health, Ministry for Social Policy (Health)
Montenegro
Dr Mirjana Djuranovic
Adviser for International Cooperation, Department for Health Development, Ministry of Health, Labour and Social Welfare

Ms Marina Miskovic
Senior Adviser, Department for Nature Protection and Environmental Assessment, Ministry of Tourism and Environment

Netherlands
Mr Eeuwe Lieuwes Engelsman
Ambassador, Physical Activity and Health, Ministry of Health, Welfare and Sport

Dr Julie Ng-A-Tham (EEHC member)

Norway
Ms Bente Moe (Adviser to the EEHC co-Chair)
Senior Adviser, Primary Health Services, Health Directorate

Ms Hilde Moe
Senior Adviser, Department of Regional Planning, Ministry of Environment

Ms Vigdis Roenning
Senior Adviser, Department of Public Health, Ministry of Health and Care Services

Poland
Dr Anna Starzewska-Sikorska
Researcher, Environmental Policy, Institute for Ecology of Industrial Areas

Professor Stanislaw Tarkowski
Scientist, School of Public Health, Nofer Institute of Occupational Medicine

Portugal
Dr Regina Maria Madail Vilao
Director, Department for Environmental Policies and Strategies, Agencia Portuguesa do Ambiente

Republic of Moldova
Dr Ion Bahnarel
Senior Scientist, Department of Public Health, National Research Centre for Preventive Medicine, Ministry of Health

Dr Oleg Lozan
Chief State Sanitary Doctor, Ministry of Health

Mrs Evghenia Verlan
Deputy Head, Analysis, Monitoring and Policy Evaluation Division, Ministry of Ecology and Natural Resources
**Russian Federation**
Dr Andrey Guskov  
Deputy Chief, Sanitary Inspection, Federal Service for Surveillance on Consumer Rights Protection and Human Well-being

Dr Natalia Kostenko  
Chief of the Unit Department of Health Protection and Sanitary-Epidemiological Well-being, Ministry of Health and Social Development

**San Marino**
Dr Andrea Gualtieri  
Director, Authority of Public Health

**Serbia**
Mrs Biljana Filipovic  
Adviser for International Cooperation, Department for International Cooperation and European Integration, Ministry of Environment and Spatial Planning

Dr Elizabet Paunovic  
Assistant Minister of Health, Sector for EU Integration and International Cooperation, Ministry of Health

**Slovakia**
Dr Katarina Halzlova  
Department Head, Public Health Authority

Dr Jan Janiga  
Senior Adviser, Environmental Risks Assessment, Ministry of Environment

**Slovenia**
Ms Lea Peternel  
Senior Adviser, Public Health Department, Ministry of Health

**Spain**
Dr Mario Cárdaba Arranz  
Technical Officer, Environmental and Occupational Health, Ministry of Health and Consumer Affairs

Ms Isabel Saiz  
Program Coordinator, Observatory for Women's Health, Ministry of Health and Social Policy

**Sweden**
Ms Lisa Anfält  
Desk officer, Division for Chemicals and Eco-Management, Ministry of the Environment

Dr Margareta Palmquist  
Head, Division for Environmental and Public Health, National Board of Health and Welfare
Switzerland
Ms Ursula Ulrich-Vögtlin
Head of Division, Federal Office of Public Health

Tajikistan
Mr Timur H. Nazarov
Director, “Tabiat” Ecological Research Centre, Ministry of Agriculture, Environmental Protection and Forestry

The former Yugoslav Republic of Macedonia
Professor Dragan Gjorgjev
Director, Republic Institute for Health Protection, Ministry of Health

Turkey
Dr Fehmi Aydinli
Deputy General Director, Directorate of Primary Health Care, Ministry of Health

Professor Cagatay Güler
Member of faculty, Department of Public Health, Faculty of Medicine, Hacettepe University

Dr Hasan Irmak
Deputy General Director, Directorate of Primary Health Care, Ministry of Health

Dr Songul Vaizoglu
Associate Professor, Department of Public Health, Faculty of Medicine, Hacettepe University

United Kingdom of Great Britain and Northern Ireland
Dr Louise Newport
Scientific Policy Manager, Health Protection, Legislation and Environmental Hazards, Department of Health

Uzbekistan
Dr Tanya Li
Head, Department for Environment and Health Information System, Republic Centre for Sanitary and Epidemiological Surveillance

Dr Komil Mukhamedov
Senior Specialist, Principal Sanitary/Epidemiological Directorate, Ministry of Health

Mr Sergey Samoylov (EEHC member)

Intergovernmental bodies and international organizations

European Commission
Directorate-General for the Environment
Ms Birgit van Tongelen (Alternate EEHC member)
Policy Officer, Unit for Biotechnology, Pesticides and Health
**Directorate-General for Health and Consumers**  
Mr Giulio Gallo (Alternate EEHC member)  
Administrator, Unit 4, Health Determinants  

Ms Natacha Grenier  
Policy Officer, Unit 4, Health Determinants  

Dr Rainer Meilicke  
National Expert Health  

**European Centre for Disease Prevention and Control**  
Professor Jan Semenza  
Section Head, Future Threats and Determinants Unit of Scientific Advice  

Mr Jonathan Suk  
Scientific Officer, Unit of Scientific Advice  

**European Environment Agency**  
Dr Dorota Jarosinska (Alternate EEHC member)  
Project Manager, Environment and Health  

**Organisation for Economic Co-operation and Development**  
Mr Robert Visser (EEHC member)  
Deputy Director, Environment, Health and Safety Division  

**Regional Environmental Center for Central and Eastern Europe**  
Dr Eva Csobod  
Environment and Health Topic Leader  

Ms Marta Szigeti Bonifert (EEHC member)  
Executive Director  

**United Nations Economic Commission for Europe**  
Ms Christina von Schweinichen (EEHC member)  
Deputy Director, Division for Environment, Housing and Land Management  

**Youth representatives**  
Ms Ildikó Almási (EEHC member)  

Ms Alina Bezhenar (EEHC member)  

Ms Raanaa Javaid (EEHC member)  
CEHAPE Youth delegate
Civil society groups

**European Eco-Forum**  
Ms Sascha Gabizon (EEHC member)  
International Director, European Eco-Forum and Women in Europe for a Common Future

Ms Sonja Haider  
Chemicals Coordinator, Chemicals, Women in Europe for a Common Future

Ms Johanna Hausmann  
Press officer, Chemicals, Women in Europe for a Common Future

Ms Iulia Trombitcaia  
Head, Communication Unit, European ECO-Forum / ECO-Accord

**Health and Environment Alliance**  
Mr Stephan Boese-O’Reilly  
Paediatrician, German Network on Children's Health and Environment

Ms Monica Guarinoni (Alternate EEHC member)  
Deputy Director

Ms Génon K. Jensen  
Executive Director

Mr Erik Petersen  
Project Manager, German Network on Children's Health and Environment

**International Trade Union Confederation**  
Mr Bjorn Erikson  
Head, Working Environment Department, Norwegian Confederation of Trade Unions

**World Business Council for Sustainable Development**  
Dr Gernot Klotz (EEHC member)  
Executive Director, Research and Innovation, European Chemical Industries Council (CEFIC)

Ms Loredana Ghinea (Alternate EEHC member)  
Manager, Emerging Science/Policy Issues, Research and Innovation (CEFIC AISBL)

**Speakers**  
Dr Lourdes Cantarero  
Consultant

Dr Mariann Csendrekine Penzes  
Focal Point, Regions for Health Network, Health College Faculty of Debrecen University, Hungary

Dr Francesco Forastiere  
Department of Epidemiology, Local Health Authority Rome E, Italy
Dr Emmanouil Kogevinas  
Centre for Research in Environmental Epidemiology (CREAL), Spain

Dr Diana Hein  
Deputy Head, Division of Immission Control, Ministry of the Environment and Nature Conservation, Agriculture and Consumer Protection of the State of North Rhine-Westphalia, Germany

Dr David Rivett  
Consultant

Ms Isabel Saiz  
Program Coordinator, Observatory for Women's Health, Ministry of Health and Social Policy, Spain

Mr Michael Thamm  
Robert Koch-Institut, Epidemiologisches Zentrallabor  
Germany

Dr Paul Wilkinson  
Reader in Environmental Epidemiology, Public Health and Policy, London School of Hygiene & Tropical Medicine, United Kingdom

Observers

Mr Thomas Hagbeck  
Press officer, Federal Ministry for the Environment, Nature Conservation and Nuclear Safety, Germany

Professor Thomas Hartmann  
German Network on Children's Health and Environment, University of Applied Sciences, Magdeburg-Stendal, Germany

Mr Swee Lian Khew  
Senior Assistant Director, Ministry of Health, Malaysia

Dr Wilfried Kreisel  
Temporary Adviser

Mr Mohamed Yazid Kuman  
Senior Assistant Director, Engineering Services Division, Ministry of Health, Malaysia

Dr Peter Ohnsorge  
Managing Chairman, European Academy for Environmental Medicine, Germany

Dr Manfred H.J. Schmitz  
Head of Division 'International Affairs', Ministry of Labour, Health and Social Affairs of NRW, Germany

Trainees - Germany

Mr Niklas Hau  
Federal Ministry of Health
Ms Susanne Kick  
Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

Ms Nicole Nießner  
Trainee, Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

Mr Oliver Ramljak  
Federal Ministry of Health

Ms Malanie Schmitz  
Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

Ms Kim Schneider  
Trainee, Federal Ministry of Health

Ms Melina Schneider  
Federal Ministry of Health

Ms Alexandra Sehrt  
Federal Ministry of Health

Ms Kornelia Thiessen  
Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

Ms Isabelle Walger  
Federal Ministry for the Environment, Nature Conservation and Nuclear Safety

**WHO Regional Office for Europe**

Ms Larissa Badde  
Administrative Assistant, WHO European Centre for Environment and Health, Bonn Office

Mr Matthias Braubach  
Technical Officer, Housing and Health, WHO European Centre for Environment and Health, Bonn Office

Mr Oluf Christoffersen  
Supervisor, Printing and Conference Services

Dr Dafina Dalbokova  
Manager, Environment and Health Information System, WHO European Centre for Environment and Health, Bonn Office

Ms Cristina Fumo  
Secretary, WHO European Centre for Environment and Health, Rome Office

Dr Christian Gapp  
Technical Officer, Noncommunicable Diseases and Environment, WHO European Centre for Environment and Health, Bonn Office

Dr Rokho Kim  
Scientist, Noise and Housing Burden of Disease, WHO European Centre for Environment and Health, Bonn Office
Dr Michal Krzyzanowski  
Regional Adviser, WHO European Centre for Environment and Health, Bonn Office

Dr Lucianne Licari (Alternate EEHC member)  
Regional Adviser, Partnerships and Communication

Dr Marco Martuzzi  
Scientific Officer, Health Impact Assessment, WHO European Centre for Environment and Health, Rome Office

Dr Nata Menabde (Alternate EEHC member)  
Deputy Regional Director for Europe

Dr Bettina Menne  
Medical Officer, Global Change and Health, WHO European Centre for Environment and Health, Rome Office

Mr Jens Nielsen  
Technical Officer, Infrastructure and Security

Ms Angelika Nöcker  
Secretarial Assistant, WHO European Centre for Environment and Health, Bonn Office

Mr Andrew Odeke  
Secretary, Partnerships and Communication

Ms Emanuela Polidori  
Secretary, WHO European Centre for Environment and Health, Rome Office

Ms Francesca Racioppi  
Scientist, Accidents, Transport and Health, WHO European Centre for Environment and Health, Rome Office

Ms Andrea Rhein-Hubert  
Programme Assistant, WHO European Centre for Environment and Health, Bonn Office

Mr Charles Robson  
Head, Translation and Editorial (Rapporteur)

Ms Deepika Sachdeva  
Secretarial Assistant, WHO European Centre for Environment and Health, Bonn Office

Ms Cristiana Salvi  
Technical Officer, Partnership and Communications

Mr Christian Schweizer  
Technical Officer, Noncommunicable Diseases and Environment, WHO European Centre for Environment and Health, Rome Office

Ms Natalia Sterlikova-Løhr  
Programme Assistant, Partnerships and Communication

Dr Martin Von Krauss  
Technical Officer, Country Policies and Systems
Ms Wendy Williams  
Secretarial Assistant, WHO European Centre for Environment and Health, Bonn Office  

**WHO headquarters**  
Dr Roberto Bertollini  
Coordinator, Evidence and Policy  

**Interpreters**  
Mr Vladimir Ilyukhin  

Mr Georgy G. Pignastyy  

Enken Tadsen-Duch