The Journey to Parma: a tale of 20 years of environment and health action in Europe
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“The Journey to Parma” rekindles memories of the often bold, visionary and inspirational efforts of our public health forerunners, helps us remember our own developmental processes and, importantly, reminds us that we are part of an international community of public health practitioners that transcend time and place in working to enhance health and health equity for all.

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Contents

Acknowledgements iii

Executive summary vii

Résumé viii

Kurzfassung ix

Резюме x

Introduction 3

Chapter 1 On the road to Frankfurt - The Journey Begins 9
   Key lessons from the process - The Road to Frankfurt 18

Chapter 2 On the Road To Helsinki - Building the Evidence Base for Action 19
   Key lessons from the process - The Road to Helsinki 24

Chapter 3 On the Road to London - From Evidence to Action 25
   Key lessons from the process - The Road to London 34

Chapter 4 On the Road to Budapest - Monitoring Impact 35
   Key lessons from the process - The Road to Budapest 42

Chapter 5 On the Road to Parma - New Contexts, New Actions 43
   Key lessons from the process - The Road to Parma 50

Chapter 6 The journey beyond the journey - Visions for the future 51

Chapter 7 Conclusions - Lessons learned 55

Annex 1 The main achievements, 1989-2009 57

Annex 2 Questionnaire 59

References 61
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As with any story, *The Journey to Parma* continues and it is up to all travellers to learn the lessons of the road to date and use this knowledge to navigate a safer and healthier environment and health path into the future.

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The Journey to Parma: a tale of 20 years of environment and health action in Europe tells the story of the WHO European environment and health process, which has been marked by a series of ministerial conferences, from Frankfurt in 1989 to Parma in 2010, via Helsinki (1994), London (1999) and Budapest (2004). It draws on key documents, declarations and commitments connected with these ministerial gatherings and, importantly, on the recollections and insights of people who have been intimately involved in the process.

The story reveals how the process has been shaped by the input and engagement of a wide variety of stakeholders, including different sectors at country level, WHO and other United Nations agencies, the European Commission, nongovernmental organizations, media and the business community. It also reveals how the journey has shaped the actions of these groups and has helped define and give expression to many core public health development functions.

Key lessons learned are identified. Overall, the process provided an unique opportunity for all participants to go beyond personal and national interests and participate in a dynamic and sustained regional development process, significantly enhanced cooperative environment and health action in Europe, and engaged new actors and sectors in the process of addressing the challenges of both today and tomorrow in building a healthier, safer, fairer and greener future for all.

Ce document explique comment le processus est né de la participation et de l’engagement d’un grand nombre de parties prenantes provenant notamment de différents secteurs au niveau national, de l’OMS et d’autres agences des Nations Unies, de la Commission européenne, d’organisations non gouvernementales, des médias et du monde des affaires. Il révèle aussi l’influence exercée par le processus sur les actions de ces groupes, et comment il a aidé à définir la plupart des fonctions essentielles du développement de la santé publique, et permis à ces fonctions de s’exprimer.

Il est aussi fait mention des principaux enseignements tirés. En substance, le processus a offert une occasion unique, pour tous les participants, de laisser de côté les intérêts personnels et nationaux, et de contribuer à une initiative de développement régional à la fois dynamique et soutenue. Il a largement favorisé la coopération européenne dans le domaine de l’environnement et de la santé, et impliqué de nouveaux acteurs et secteurs dans les efforts visant à relever les défis d’aujourd’hui et de demain en bâtissant un avenir plus sain, plus sûr, plus juste et plus vert pour tous.
Kurzfassung


Der Prozess erweist sich als das Ergebnis von Beiträgen und Beteiligungen eines breiten Spektrums aus Akteuren, das verschiedene Sektoren auf nationaler Ebene, die WHO und andere Organisationen der Vereinten Nationen, die Europäische Kommission, nichtstaatliche Organisationen, die Medien und die Wirtschaft umfasste. Es wird auch aufgezeigt, wie Maßnahmen der beteiligten Gruppen durch den Prozess mitgeformt und zentrale Aufgaben zur Entwicklung der öffentlichen Gesundheit in seinem Rahmen bestimmt und benannt wurden.

Wichtige Erfahrungen und die Lehren daraus werden genannt. Insgesamt gab der Prozess allen die einmalige Gelegenheit, sich über persönliche oder nationale Interessen hinaus an einer lebendigen und nachhaltigen Entwicklung und einer wesentlich verbesserten Zusammenarbeit für Maßnahmen im Bereich Umwelt und Gesundheit zu beteiligen, und er band neue Akteure und Sektoren darin ein, aktuelle und künftige Herausforderungen zu bewältigen und die Zukunft für alle gesünder, sicherer, gerechter und grüner zu gestalten.
Резюме


История рассказывает, как процесс формировался путем вкладов и вовлечения широкого круга заинтересованных участников, включая различные сектора на страновом уровне, ВОЗ и другими учреждениями ООН, Европейской комиссией, неправительственными учреждениями, средствами массовой информации и бизнес-сообщества. Он также показывает, как этот путь влиял на действия этих групп и помог определить и выразить множество основных функций развития общественного здравоохранения.

Проанализированы основные полученные уроки. В целом, процесс обеспечил уникальную возможность для всех участников выйти за рамки частных и национальных интересов и принять участие в динамическом и устойчивом процессе регионального развития, в реализации усиленных действий в области здравоохранения в атмосфере сотрудничества в Европе и вовлечения новых деятелей и сектора в процессе решения актуальных проблем сегодняшнего и завтрашнего дня, построения более здорового, безопасного, справедливого и экологически чистого будущего для всех нас.
Foreword

These are indeed landmark times for health. Health and environment issues are major political, economic and development concerns. In an increasingly globalized world, these challenges demand new ways of advocating, managing and responding to health and public health issues at all levels. Having said this, I should quickly add that finding new ways to respond must build on a rigorous and compassionate understanding of the past if we are to avoid being doomed to repeat history.

I welcome this tale of The Journey to Parma, as it rekindles memories of the often bold, visionary and inspirational efforts of our public health forerunners, helps us remember our own developmental processes and, importantly, reminds us that we are part of an international community of public health practitioners that transcend time and place in working to enhance health and health equity for all.

The Health for All resolutions, strategies and targets, the Alma Ata Declaration and the European Environment and Health Charter of 1989 are simply wonderful, inspirational documents which capture the essence of what public health is about. Based on clear values and science, they articulate strategic approaches that provide a powerful platform for meeting today’s challenges. We certainly need to draw on the wisdom and thoughtfulness that underlie the poetry and rhetoric of these documents as we work to hammer out our new Health 2020 strategies to address the current challenges in our rapidly changing European environment.

The time period covered in this Journey has certainly, as noted in the book, been turbulent. It has been a time of profound change for so many of us. Political, social and economic maps have been redrawn. Throughout these changes, however, public health forces, especially in the environment and health movement, have been an important and vital lifeline and connector for many. In times of war, natural disaster, and social and economic transition, public health advocates, and their environmental counterparts, have worked to protect health from environmental threats and create healthy policies and settings. The environment and health networks developed through the ministerial processes described in this book have provided for the exchange of important experience and know-how. The east–west linkages developed through this process, for example, have helped reshape Europe. Many of the conference declarations, the evidence upon which they were based and the national skills developed in their implementation have provided the basis for important international, European Union (EU), national and local policies. It has also helped many countries in their EU accession processes.

Importantly, many of the skills learned through this process – especially those related to intersectoral working, network building, communication, evidence-based policy development, advocacy, engagement of stakeholders, and partnership – are core primary public health prevention skills. These are skills that can be applied to any and all public health issues and will help strengthen national and international capacities to identify and respond to the challenges we face today. As ministers of health and environment gather in Parma, I hope they will take the time to review this history and reflect on lessons learned as they craft, adapt and take new collective action to improve Europe’s health. Such learning will help us all build a healthier, safer, fairer and greener reality across the WHO European Region and beyond.

Zsuzsanna Jakab  
WHO Regional Director for Europe
Introduction

The Journey to Parma: a tale of 20 years of environment and health action in Europe tells the story of the WHO Environment and Health Process in Europe, which has been marked by a series of ministerial conferences, from Frankfurt in 1989 to Parma in 2010, via Helsinki (1994), London (1999) and Budapest (2004). It draws on key documents, declarations and commitments connected with these ministerial gatherings and, importantly, on the recollections and insights of people who have been intimately involved in the Process.

The focus of this story is on the developmental process which, in the words of Jo Asvall, former WHO Regional Director for Europe, “dramatically changed public health approaches in general, and the basic nature of the WHO Regional Office for Europe more specifically, between the 1980s and 2000. It helped, for example, to catalyse a shift and a reframing from a technically focused Regional Office, reactive to the emerging needs of Member States, to a change agent Regional Office, proactively advocating, with partners, for public health oriented policies in all sectors.”

The aim of this ‘storybook’ is to tease out the logic of the strategic approaches taken in support of the reframing process, as revealed through a series of interviews with key ‘witnesses’, and to identify lessons which may help guide its further development. In so doing, it is meant to supplement and complement the more technical reports and documents being prepared for publication at the Fifth Ministerial Conference in Parma.

The Journey to Parma has shown how the public health challenges facing policy-makers and advocates in all countries of the WHO European Region have been significantly shaped by global and regional events and forces. Further, and most importantly, it reveals how people can take strategic and collective action to protect and enhance health, even in times of tumultuous change. And tumultuous change has indeed taken place in Europe over the last 20 years – from the economic and social crises following the break-up of the former Soviet Union and the Socialist Federal Republic of Yugoslavia in the 1990s to today’s pandemics, financial crises and climate change threats.

Developing the story

The idea for this ‘story’ has been brewing for a long time. At each of the ministerial conferences to date, some written reflection on the Process has been included in the conference documentation (and indeed, this paper has drawn extensively on these resources). But up until now, these reflections have mainly represented the perspective of the WHO Regional Office for Europe as secretariat to the European Environment and Health Process. Those who write history warn us of the danger of selectively looking
for evidence that retrospectively confirms preconceived opinions. While this risk can be (and hopefully has been) avoided by conforming to a high degree of scientific rigour, multiple perspectives tend to lead to a broader and hopefully more accurate picture of the whole. For this reason, this Journey to Parma history has drawn on the recollections of people who viewed the Process from a range of different standpoints and at different points in time.

Background materials and interviews were gathered for this story during the months leading up to the Parma Conference. Key stakeholders, identified by the Regional Office and the European Environment and Health Committee (EEHC), were invited to be ‘Environment and Health Process witnesses’ and share some thoughts, stories and visions for this publication. Each interviewee received a short questionnaire (see Annex 2) and was additionally given the option of a telephone or Skype interview. Interviews were undertaken by independent writers and journalists from the World Health Communication Associates (WHCA) and The MediaWise Trust (a United Kingdom-based journalism ethics organization). As agreed with respondents, issues raised and discussed are written about but nothing is attributed without permission (Chatham House Rules).

In telling the story of this journey, we have tried to follow ‘travel writing rules’, which state that one should focus on what is interesting and different about places (or events): find details that are significant in some way – they might be unusual, colourful or humorous, or just something that makes the place (event) special.

So let’s start with what made this journey so special. Our witnesses offer the following observations:

“First and foremost, this Process has helped make Europe healthier and safer. It has greatly strengthened public health knowledge and capacities to deal with environmental threats, saved lives and reduced suffering. The Ministerial Process has provided a sustained Regional platform for bringing together health and environment sectors at country and international levels to better protect health. Importantly, the Process has led to political commitments and actions and has secured the active involvement of country, nongovernmental organization (NGO), youth, business community, United Nations and European Union (EU) agency stakeholders and provided them with tools to hold policy-makers accountable.” (Zsuzsanna Jakab, WHO Regional Director for Europe).

“The Process has put health and environment issues very high on public health agendas. No one now doubts that environment is part of public health. The Process has generated important evidence that has overcome obstacles to cooperation between health and environment authorities. It has managed to persuade both parties of the benefits of close collaboration.” (Marc Danzon, Honorary WHO Regional Director for Europe).

“This non-legally binding Process created an exceptional piece of multilateral legislation, the United Nations Economic Commission for Europe (UNECE)–WHO Regional Office for Europe Protocol on Water and Health1. The Protocol is the world’s first international treaty in force designed to reduce water-related deaths and diseases through improved water management and universal access to safe water and adequate sanitation. Importantly, Parties are required to assist each other in the implementation of the Protocol to meet these obligations. Facilitation mechanisms were established to promote the coordination of international aid and to enhance the capacity of recipient countries in eastern Europe, the Caucasus and central Asia and south-eastern Europe to receive funding.” (Marco Keiner, Director, Environment, Land Management and Housing Division, UNECE).

“I do believe that one of the greatest achievements has been the level of participation by the youth. We

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are now more of a force to contend with and have started to realize how important it is to cooperate and fight against pollution and for a healthier future together. “(Alma Ildikó Almási, Youth Representative of the Children’s Environment and Health Action Plan for Europe (CEHAPE), Hungary).

“This Process has led to the further integration of the health and environment sectors and the recognition of the need to enlarge this integration to other sectors (e.g., transport, energy) and levels (e.g., regional, local authorities).” (Michael Hübel, Head of Unit, Health Determinants, Directorate General for Health and Consumer Affairs, European Commission).

“The Process has quietly and successfully made health and environment cooperation normal and raised awareness about their essential interrelationships. It has also set the stage for a variety of legally binding EU directives, like those on air quality and particulate matter, not just aiming at protecting health from environmental threats but rather creating environments supportive to health.” (Gunter Klein, Head of Water Strategy Initiative Office, German Aerospace Center Project Management Agency).

“The Process has led to the strong engagement of the Ministry of Health, Ministry of Economy, Ministry of Education and NGOs in our country. Importantly, it has provided an important platform for harmonization of national legislation to EU Directives and international conventions. It has provided evidence, tools and approaches that have helped the implementation of appropriate actions in the framework of development projects supported by the World Bank (WB), the Global Environment Facility (GEF) and national governments, e.g., in the Republic of Moldova.” (Ion Bahnarel, Associate Professor, Republic of Moldova, Member of EEHC).

“The Process has been a beautiful experience and dialogue. Slowly and surely it has put environment and health on political agendas. It has paved the way for today’s discussions on climate change. Importantly, it has led to some political decisions – e.g., the Protocol on Water and Health, the EU Environment and Health Action Plan.” (Roberto Bertollini, Public Health and Environment, WHO headquarters).

“The Process has given NGOs a unique platform to bring their research and priorities to the attention of policy-makers. It has provided a context for unifying the NGO voice. The Process has also stimulated NGO publications on children’s environment and health and environmental justice. Our Children’s Environment and Health Action Plan for Europe (CEHAPE) award scheme has allowed some showcasing of NGO achievements Europe-wide. Moreover, the Process has also provided an opportunity to challenge governments on commitments they have made and to promote progressive positions of national governments: e.g., Denmark on chemicals in Budapest.” (Genon Jensen, Executive Director, Health and Environment Alliance (HEAL)).

“The Environment and Health Process helped us prove (and take action to correct) that there was arsenic in Hungarian drinking-water, which had negative impacts on health. It also facilitated our collecting a lot of data on outdoor and indoor air quality which led to new national polices. Later, we developed an environment and health indicator system. This work could not have been done without the ministerial declaration at the Budapest Conference.” (Anna Paldy, Deputy Director, National Environmental Health Institution, Hungary).

“The WHO Process catalysed action in our country. It stimulated us to learn more about environment and health. The Protocol on Water and Health, air quality guidelines and the Charter on Transport, Environment and Health provided frameworks for national action.” (Lucianne Licari, European Centre for Disease Prevention and Control (ECDC), formerly Environmental Health Officer, Health Division, Malta and Regional Adviser for Environment and Health and Conference coordinator, WHO Regional Office for Europe).
Some of the best achievements were the national environment and health action plans, which have been implemented in many central and eastern European (CEE) countries. Civil society’s involvement has been pivotal and has helped raise citizen awareness and encourage governmental debate. The Air Quality in Schools regional project is a unique one to have been developed in support of the Process.” (Marta Szigeti Bonifert, Executive Director, Regional Environmental Center for Central and Eastern Europe and member of EEHC).

To further an understanding of the ‘journey’, the ‘witnesses’ were also asked to identify **key challenges to the Process**. Some of those identified included:

“The main obstacles to action have been the different vocabularies used by the health and environment sectors. What we are trying to do is combine two sectors who have a different vocabulary and have different objectives.” (Leen Muelenbergs, Head of Service, International Relations, Federal Public Service, Health Food Chain Safety and Environment, Belgium and Chair of drafting group of the Parma Declaration).

“While the Environment and Health Process has generated many important political commitments to improving environment and health across the European Region and beyond, implementation is a continuing challenge, particularly in the newly independent states (NIS) and the countries of central and eastern Europe (CCEE), where economic and social factors have severely limited capacity. It is also apparent that the health of poor people is most vulnerable to environmental threats in all countries, and effectively addressing the social determinants of these health inequities is an ongoing challenge.” (Zsuzsanna Jakab, WHO Regional Director for Europe).

“The joint responsibility for solving the environment and health problem was not understood at the beginning of the Process; other government departments believed that preventing disease and action to overcome illnesses belonged to public health department specialists. In contrast, the health sector was (and still is to a large extent) oriented mostly around health care. Specialists in public health are often disregarded. There is too often a lack of interest by doctors, not only in working in public health but even in cooperating with public health professionals. The consequence of this has resulted in a continuing reduction in the number of public health experts, particularly in environment and health.” (Katarína Halzlova, Head of Department, Environment and Health, Public Health Authority, Slovakia)

“The demand on health systems from current crises and patients in need of health care treatment makes it hard for people and politicians to allocate resources to primary prevention, including programmes aimed at addressing environment and health threats and efforts to save the earth and the people on it.” (Jon Hilmar Iversen, Norwegian Directorate of Health, Norway and Co-Chair of EEHC).

“In our view, while recognizing that Member States are the signatory parties in this Process, the whole discussion has been too one-dimensional, i.e. too focused on regulation. There are additional approaches needed to ensure an efficient delivery on the commitments in this Process. We have to realize that regulation is not enough.” (Gernot Klotz, World Business Council, Executive Director for Research and Innovation, European Chemical Industries Council).

“The Environment and Health Process is sometimes seen as a ‘talking shop’ because declarations and commitments are not legally binding. This has often led to national governments giving too low a priority and too few resources to its plans and projects. NGOs can help here by raising the profile of issues.” (Genon Jensen, Executive Director, Health and Environment Alliance (HEAL)).

“For me, a key challenge is getting and sustaining cooperative action by the different ministries. Ministries
of health are more concerned with medicines than healthy foods, curing not preventing. Ministries of environment too often forget about the health impacts of their planning.” (Sascha Gabizon, Executive Director, Women in Europe for a Common Future (WECF)).

“Over the past few years, the priority of the WHO Regional Office has been health system strengthening. Environment and health issues have had a lower visibility. This has led to less Member State investment; however, the initiatives kicked off between Frankfurt and London made progress – silently and steadily.” (Gunter Klein, Head of Water Strategy Initiative Office, German Aerospace Center, Project Management Agency).

“I think a major challenge of the Environment and Health Process is global ‘healthspeak’. I can’t help wondering whether all the jargon is really helpful other than in communicating with other global health devotees – and I’m not sure that if you tested a random sample they would be able to accurately define its meaning. Let’s give it a go: civil society, grassroots, engagement, scaling up, actors and players… the list goes on. At best, global health jargon obfuscates important messages and sounds clichéd; at worst, it appears elitist and cliquey – something probably worth avoiding if you’re trying to better the lot of people at the bottom of the pile. My problem with global healthspeak isn’t the content, it’s the delivery. That global health deserves a platform and investment is without question. But while the message might be strong, perhaps the language needs to change.” (Deborah Cohen, Associate Editor, British Medical Journal).

To understand how these accomplishments came about and how these challenges have been and are being addressed, it is necessary to go back to the beginning of the story, to where the journey began, to find out what was done differently that made this Process able to grow and reach out to so many across the WHO European Region over the past 20 years…
In 1980, the then 29 Member States in the WHO European Region adopted a common European strategy for attaining Health for All (HFA). This called for fundamental changes in approaches to health development. It focused on four areas of concern: lifestyles and health, the risk factors affecting health and the environment, the reorientation of the health care system, and the mobilization of political, managerial and technological support to bring about these changes. Its adoption proved to be a decisive event that gave a political mandate and strong impetus to the public health community to initiate actions in these four areas.

How did these changes take place and what impact did they have on the Environment and Health Process in Europe? In the 1980s, according to Jo Asvall, WHO Regional Director during those years, the WHO Environmental and Health department, led at first by Ian Waddington and subsequently by Stanislaw Tarkowski, “was a well run, technically excellent unit which commanded a high respect in the scientific community and had a strong network of country-based experts with whom they regularly collaborated. They were mainly from engineering backgrounds and were planning- and project-oriented. They produced a lot of technical guidelines (e.g., nuclear power and health; environmental health in urban environments) and did a lot of work in the countries of eastern Europe and in the former SOVIET UNION, especially with the United Nations Development Programme (UNDP) related to water and sanitation.”

“The Regional Office had a substantial programme on environmental health long before the first Ministerial Conference in 1989,” notes Stanislaw Tarkowski, WHO Director of Environment and Health in the late 1980s. “The work concentrated mostly on assessment of environmental health hazards, associated health risks and production of practical guidelines for environmental exposure control and health risk prevention. We came to realize that, for the efficient use of the guidelines, countries needed to base their actions on scientifically sound policies and strategies for combating environmental pollution and promoting environmental conditions conducive for health. This concept helped us shift from our very technical focus and was the foundation on which our new environment and health programme was established as a part of the HFA strategy of WHO in Europe.”

A call for Health for All (HFA)

Under the leadership of Halfdan Mahler, WHO passed the first HFA resolution at the World Health Assembly (WHA) in 1977, calling for Health for All by the year 2000. Built on the twin principles of social justice and equity, HFA aimed to create healthy environments for all, with access to basic health services, education, safe water and sanitation, and adequate and safe food, as well as appropriate housing. This vision was further articulated and developed at Alma Ata in 1978, in conjunction with the United Nations Children’s Fund, and focused on primary health care. According to the Alma Ata Declaration, “Primary health care is essential health care based on practical, scientifically sound and
socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford… It forms an integral part of the country’s health system, of which it is the central function and the main focus, and of the overall social and economic development of the community” (WHO, 1978). In 1980, the Executive Board of WHO called for global adoption of primary health care and outlined six major areas of activity: health prevention and promotion, equity, appropriate technology, community participation, intersectoral coordination, and decentralization. Regions were asked to make region-specific versions.

Jo Asvall remembers, “As Director of Programme Management (DPM) in the Regional Office in 1980, I was asked to coordinate this Process by Leo Kaprio, our then Regional Director. We wrote to all Member States about developing national HFA strategies. They all said HFA was great for everyone but us! They felt global goals weren’t applicable in the European Region (see Box 1). They felt these weren’t Europe’s real challenges and that there was no problem in most of these areas because Europe was more developed and had good health care! So basically, they all said ‘NO’ to a Europeanized version of HFA.

**Box 1: HFA global goals, 1980 (WHO, 1981, p.53 (adapted))**

1. Build health equity: measured by childhood stunting
2. Enhance survival: measured by measles, mumps and rubella (MMR) vaccination rates, child mortality rates (CMR), life expectancy
3. Reverse global trends of five major pandemics
4. Eradicate and eliminate certain diseases
5. Improve access to water, sanitation, food and shelter
6. Take measures to promote health
7. Develop, implement and monitor national HFA policies
8. Improve access to comprehensive, essential, quality health care
9. Implement global and national health information and surveillance system
10. Support research for health

“It quickly became clear to us that the goals as expressed by the WHA needed to be adapted to the European context if our Member States were going to embrace them. We could see that, while health in Europe was indeed among the best in the world, quality was quite variable across the Region and that key lifestyle, environment and health issues were not being addressed. Therefore, Kaprio and I got Mahler’s permission to ‘Europeanize’ the goals.

“We then set up internal working groups to identify core components of a new public health strategy. Importantly, we did a major epidemiological review of life expectancy (see Fig. 1). Dramatically, it showed that middle-aged men in 40% of countries in the Region had static or declining life expectancy – this in spite of massive increases in investment in hospital beds, physician–patient ratios, intensive care units (ICUs), premature baby high technology, etc. Basically, we showed that for a large group of Europe’s citizens, ill health and pathology was growing faster than care capacity.”
In 1980, the session of the WHO Regional Committee was held in Fez, Morocco (it was a Member State of the European Region at that time), the new data were presented and a new European HFA policy approach was introduced with four strands of action:

- lifestyle and health;
- health services and primary health care;
- environment and health; and
- support activities (training, information systems, multisectoral action, community involvement, etc.).

Jo Asvall remembers the moment well. “When I finished presenting there was absolute silence in the room. This went on for what seemed like an age. Kaprio leans over to me and says, ‘Jo, the first to speak will decide the fate of this policy.’

“Then Halter – this rigorous, scientifically conservative Director General for Health from Belgium – gets up. He was known and respected for his sharp-tongued, critical analyses. He said, as best I remember, ‘Lifestyles and health? What is that? A very vague concept, I think. We know nothing about it. But we have to acknowledge there is a problem here. We cannot close our eyes to what is now a forgotten but clearly important intervention area. We must take action here.’ Many other countries, as predicted by Kaprio, followed with positive comments and the resolution was passed unanimously.”

This resolution was used to totally reorganize the Office around the four areas. Seven new programmes were started and experts were recruited in tobacco, alcohol, equity, health services and quality technology. All country programmes were reorganized to match the four main strategy areas. In many countries, the concepts, principles and strategies began to be discussed and debated in national, regional and local arenas. Difficulties arose, however, as little experience existed across the Region about how to turn the HFA concepts and principles into policy action.

A 1982 evaluation of countries found that not one Member State had yet developed a national HFA strategy. To address this, the Regional Office initiated three parallel strategies: piloting HFA in selected countries, developing targets and launching a series of ministerial conferences.
Pilot countries

To show it could be done at a national level, the Regional Office asked for ‘volunteers’ from Member States, offering the full support of WHO technical staff to assist volunteer countries in any areas where help was needed. Finland and Holland stepped forward and initiated national policy development processes (see Fig. 2). Their national policies were reviewed and presented to the Regional Committee in 1985. Over the next few years, over forty national HFA policies were developed!

Levers and strategic targeting

Working groups were set up in 15 technical areas, with experts from outside WHO. All had the same mandate – to look at the four areas of action adopted in 1980 and, from what they knew of the effectiveness of interventions, to draw up proposals for indicators. Basically, the Regional Office went about making an assessment of ‘how far can we go’ based on global evidence of effective interventions, in different lifestyle, environment and health service areas. This process led to the adoption in 1984 of 38 common regional targets with indicators (see Box 2).

These targets and indicators made the European HFA policy sharper and provided a model for the Region as a whole, which countries could adapt to their own contexts. They also provided public health advocates, professionals, academics and government decision-makers at grass roots with a lever to push for HFA within countries.

Box 2: HFA targets relating to environmental health (WHO, 1985)

**Target 11 - Accidents**
By the year 2000, injury, disability and death arising from accidents should be reduced by at least 25 %.

**Target 18 - Policy on environment and health**
By the year 2000, all Member States should have developed, and be implementing, policies on the environment and health that ensure ecologically sustainable development, effective prevention and control of environmental health risks and equitable access to healthy environments.

**Target 19 - Environmental health management**
By the year 2000, there should be effective management systems and resources in all Member States for putting policies on environment and health into practice.

**Target 20 - Water quality**
By the year 2000, all people should have access to adequate supplies of safe drinking-water and the pollution of groundwater sources, rivers, lakes and seas should no longer pose a threat to health.

**Target 21 - Air quality**
By the year 2000, air quality in all countries should be improved to a point at which recognized air pollutants do not pose a threat to public health.

**Target 22 - Food quality and safety**
By the year 2000, health risks due to microorganisms or their toxins, to chemicals and to radioactivity in food should have been significantly reduced in all Member States.

**Target 23 - Waste management and soil pollution**
By the year 2000, public health risks caused by solid and hazardous wastes and soil pollution should be effectively controlled in all Member States.

**Target 24 - Human ecology and settlements**
By the year 2000, cities, towns and rural communities throughout the Region should offer physical and social environments supportive to the health of their inhabitants.

**Target 25 - Health of people at work**
By the year 2000, the health of workers in all Member States should be improved by making work environments more healthy, reducing work-related disease and injury, and promoting the well-being of people.
Ministerial conferences: the pillars of the Process

In 1982, the Regional Office decided to stimulate political interest and support for HFA-type action by holding (over a period of several years) a series of major ministerial conferences in each of the key HFA areas – lifestyles, environment, health services and health policy. The plan was to convene ministers, from health and other sectors, and present them with a review of relevant health evidence and agree on action priorities and implementation strategies.

Jo Asvall notes, “All these new strategic actions represented a big shift from our technical focus and brought us, appropriately I believe, into the strategic policy-making area and initiated a process of proactive learning, engagement and advocacy that continues today. It has helped moved public health values and approaches off the margins of policy debates and onto mainstream economic, social and political development agendas. To a large degree, I believe it helped reframe the way people perceived the Office and the way staff perceived their responsibilities.”

The environment and health ministerial Process

The environment and health ministerial Process was a core part of this reframing process. Stanislaw Tarkowski, WHO Director of Environment and Health in the late 1980s, recalls, “to make this programme successful, it was not sufficient to work for and in partnership only with the health sectors in the Member States. It was necessary to involve the environment sector as a partner in protecting environment for human health and survival.” But this was by no means a straightforward change process. Such a gathering had never before taken place in Europe or any other WHO region. A planning meeting was convened in 1984 in Vienna, bringing together chief medical officers and heads of environmental departments.

While at country level there has always been some overlap of services and infrastructural capacity between health and environment – in a variety of areas such as occupational health, air and water quality – the constituencies, policies, budgets, functional and cultural realities of environment and health departments were always quite separate in all countries.

When Ian Waddington, WHO Director of Environment and Health in the early 1980s, met with the health and environment decision-makers in 1984 in Vienna, they gave him a clear answer to the proposed joint ministerial conference. And that answer was ‘NO!’ Big turf issues were identified, and little interest was expressed in cooperation and joint planning at regional or national level.

Development in this area was stalled. In contrast, parallel developments relating to lifestyles and health were going well (e.g., with the Ottawa Charter, adopted in 1986). It took an external force to break through the deadlock on environment and health action in Europe, and that came in 1986 with the Chernobyl disaster.
Cernobyl, 1986 – the turning point

Cernobyl was a huge problem for health, environment and politics. In a flash, it stimulated a rethinking about how environmental factors can be key determinants of health.

Jo Asvall recalls, “I remember Ian Waddington coming into my office and saying ‘Jo, we have a problem. Sweden has noted that workers at one of their nuclear plants are registering high radiation levels. They think there has been some sort of accident there.’ Soon afterwards he updated me, saying that all plants in Sweden were now reporting high radiation levels and that the thought was that the accident was outside of Sweden but somewhere in Europe.

“The foresight and strength of our Environment and Health Department came quickly to light here,” Asvall remembers. “One year earlier they had completed writing European regional guidelines on emergencies. So we had a script to follow, as it were. They had also recently done studies on health and civil and nuclear power plants, as well as guidelines on radiation and health. So we had a good evidence base with which we could get to work.

“We quickly set up an expert task force and began giving information to Member States about steps they could take to protect health: e.g., use of iodine tablets, foods to avoid, etc. We got our Nursing unit involved to identify issues that the public was concerned about and used this intelligence to provide public and professional information and advice.

“Building on meteorological data and findings from available radioactive measuring stations (many countries had stopped measuring radiation levels after the disarmament treaty signed by United States President John Kennedy and Soviet President Nikita Krushchev), we quickly pinned down the origin of the accident to one of three nuclear plants in the former Soviet Union. But there was no word from there. We tried to contact the Minister of Health in Moscow, but still no word. Eventually all was revealed.”

The Cernobyl accident changed the way people looked at environment and health issues and created a demand for action. So, five years after its rejection in Vienna, the idea of a joint environment and health ministerial conference in Europe was rekindled.

Stanislaw Tarkowski recalls, “The major difficulty at the very beginning of the Process, before the first conference, was related to the need to mobilize the environment sector ministers to become part of the Process. These ministers were already engaged in the Environment for Europe Process. This difficulty was overcome by reaching an agreement between the Regional Office and UNECE on the active involvement of the latter, and UNECE, with its mandate in environment, mobilized European environment ministries to become a part of the Process.

“So the first European conference of ministers of health and ministers of environment was organized by the WHO Regional Office for Europe in cooperation with UNECE. The main goal of this conference was to get the ministers of health and environment to recognize and acknowledge the dependence of human health on environmental conditions, to agree on policy
principles and to commit their countries to take action towards protecting health from environmental hazards. Following approval by the WHO Regional Committee for Europe, I engaged the staff of the Environment and Health Division in the preparation and organization of the conference. Consultations with countries concerning a possible venue for the conference resulted in establishing close collaboration with the Ministry of Environment and the Ministry of Health of the Federal Republic of Germany. The Minister of Environment, Klaus Töpfer, offered to be the official host of the conference, which would be held in Frankfurt-am-Main."

Marc Danzon, former WHO Regional Director for Europe, remembers, "When I first joined the Regional Office for Europe in 1985, I was surprised to see that environment and health had such an important role at the regional level. Unfortunately, in my own country, France, this topic didn’t have such a priority at that time. WHO was much more advanced on that. The problem was that, in many Member States, the two sectors – environment and health – were separate and not collaborating. So, for WHO, the main task was to make those sectors work together. The establishment of the strong WHO European Environment and Health Programme at the regional level was a clear step forward. Then the Regional Office called the first ministerial forum on health and environment in 1989 in Frankfurt-am-Main. That’s how the Process started."

**Ministers convene in Frankfurt, 1989**

The first European Ministerial Conference on Environment and Health was held in Frankfurt-am-Main, Federal Republic of Germany, in December 1989, immediately after the fall of the Berlin Wall. It was the first time that ministers of health and ministers of environment had been convened in a common international conference. It was attended by ministers of health and of the environment and other senior representatives from 29 European countries and by the Commission of the European Communities. The Conference adopted the first European Charter on Environment and Health.

Stanislaw Tarkowski recalls, "We had difficulty with the process of reaching consensus on the draft text of the Charter. The process went through a number of consultations and negotiations with the ministries of health and environment. The very last consultation faced a deadlock over which phrasing would be correct: *people have the right to...* or *people are entitled to...* Finally, it was agreed that the latter wording would be used in the English version of the Charter."

This document set the basis for international collaboration in environment and health. The Charter outlined the entitlements and responsibilities of public and private actors, the principles for public policy, the strategies to protect health and the environment, the priorities for pan-European action, as well as the way forward for the Member States and WHO.

The Charter gave a very broad definition of environmental health: “Environmental health... includes both the direct pathological effects of chemicals, radiation and some biological agents, and the effects (often indirect) on health and well-being of the broad physical, psychological, social and aesthetic environment, which includes housing, urban development, land use and transport”. It emphasized that “every individual is entitled to an environment conducive to the highest attainable level of health.
and well-being.” It stipulated that the preferred approach in public policy should be to promote the ‘precautionary principle’. The Charter also called for giving health and the environment precedence over considerations of economy and trade. Moreover, the Charter emphasized that one of the principles of public policy should be to pay particular attention to the protection of health and the environment of biologically vulnerable and socially disadvantaged groups. The Charter set out a broad framework for action by all levels of government, by all sectors of society and at the international level (WHO, 1990).

Zsuzsanna Jakab, WHO Regional Director for Europe, recalls, “I attended the Frankfurt Conference as part of the Hungarian delegation. For us, cooperation between environment and health hadn’t been in the spirit of how things were done. Before Frankfurt there was virtually no cooperation between environment and health. After Frankfurt, things changed significantly.”

The need to strengthen knowledge about the relationship between environmental factors and health was very clear to the delegates gathered in Frankfurt. The Charter reflected the ministers’ concern that the nature and extent of environmental health problems throughout the Region had not been adequately assessed. It also reflected their concern that the environment as a resource for enhancing health and well-being was not well understood. They noted that people aspire to live in communities free of environmental hazards, with decent homes in which to raise their families, with opportunities for employment, education and culture. People also aspire to live in pleasant, harmonious surroundings that facilitate recreation and social contact and maintain a healthy and diverse ecosystem. Effective environmental protection, in its widest sense, provides a framework for these aspirations.

The ministers also acknowledged that, while these were desirable aims, already within the reach of many people in the Region, many millions of others in the Region still lacked at least one of the essential prerequisites of environmental health: safe water, clean air, sanitation and shelter. If countries were to improve the health of their people, they must know what environmental conditions prevailed.

**The WHO European Centre for Environment and Health is established**

One of the main outcomes of the Frankfurt Conference was the establishment of the WHO European Centre for Environment and Health.

Corrado Clini, Director General, Department for Sustainable Development, Climate Change and Energy, Ministry for the Environment, Land and Sea, Italy and the co-chair of the EEHC, notes that “the 1989 meeting of ministers of health and ministers of environment can be considered the starting point of the pan-European process on environment and health. Ministers agreed on the basic principles, mechanisms and priorities for environment and health programmes, established the WHO European Centre for Environment and Health and agreed to hold a follow-up conference every five years. The
Charter identified strategic preventive measures for public health and showed how environmental and health policies could focus on and address the health risks caused by environmental determinants.”

Lucianne Licari of ECDC, a former WHO Environment and Health Conference Coordinator, recalls, “As a new public health officer in Malta, I was involved in our national preparations for and follow-up after the Frankfurt Ministerial Conference. Following Frankfurt, we organized our Public Health Directorate so that it included an Environment and Health Department, structured around the WHO European environment and health agenda. Personally, I decided to enhance my public health knowledge by taking a postgraduate course in environmental planning and management. I wrote my thesis on health impacts arising from environmental factors. Our new Department initiated meetings with many sectors and different departments, including Environment, Planning, Transport and Tourism, around the development of a national action plan on environment and health. It was the European Environment and Health Process that led us to this intersectoral way of working, and eventually the Minister of Health called for an official intersectoral environment and health committee, which still exists today. With time, we managed to steer the use of other sectoral resources towards health prevention policies. We received support at the highest political level for these actions, with our national action plan being approved in the Prime Minister’s cabinet.”

The influence of Rio and Sustainability Agenda 21

What was going on in Europe in 1989 in relation to environment and health had important knock-on effects and was further strengthened by parallel global actions.

In 1991, a WHO Commission on Health and Environment was established and produced a report entitled *Our planet, our health* in preparation for the United Nations Conference on Environment and Development in Rio de Janeiro (the ‘Earth Summit’), 3-14 June 1992. This report analysed, within the global perspective, the various ways in which the environment interacts with health in the context of socioeconomic development, and provided a series of broad recommendations for action at international, national and local levels.

The Rio Conference endorsed Agenda 21, an action plan for the twenty-first century that set a far-seeing course towards sustainable development. Its health component largely reflected the findings of the WHO Commission and acknowledged that, within the overall principle of sustainability, major changes in approach were required if health impairment resulting from environmental degradation was to be arrested and future adverse environmental impacts on health prevented.

In response to Agenda 21, a global strategy for health and the environment was endorsed by the World Health Assembly in May 1993. An environmental programme for Europe, including an Action Programme for Countries of Central and Eastern Europe (CCEE), was approved by an intergovernmental conference on the European environment held in Lucerne, Switzerland in April 1993. This action programme for the CCEE accepted that health impacts were an important part of the immense environmental problems facing these countries as they moved towards parliamentary democracy and market economies, although in many areas concrete information on these health aspects was lacking.

Dinko Kello, former Head of Environmental Health Policies, WHO Regional Office for Europe, reflects that “We saw ourselves as leaders and visionaries at that time, providing something really useful to different European countries. To safeguard people’s health, it was clear that the health sector alone could not achieve the HFA Environmental Health Targets by year 2000, and that a new mechanism of cooperation among different sectors and authorities was needed, at the national as well international levels.”
Chapter 1: Key lessons from the Process – the road to Frankfurt (1980-89)

1. Rooting the Process in the overarching European Health for All (HFA) Policy provided the framework for action.
2. Proactive piloting, targeting and ministerial gatherings drove the Process forward.
3. Targets provided levers for grassroots advocacy.
4. Being prepared and able to respond quickly to crises, e.g. the Chernobyl disaster, helped turn a challenge into an opportunity.
5. Engaging health and environment ministers required partnership development at both national and regional levels and was facilitated by external events.
6. The Charter gave a political mandate, identified scientific needs and created the institutional mechanism and process for continued development.
Chapter 2

Following the recommendations of the Frankfurt Conference, Italy and the Netherlands came forward with support for the European Centre for Environment and Health, opening, in 1991, its divisions in Bilthoven and Rome. Later, in 1992, France set up an addition to the Centre by opening Nancy Project Office, active until 1998. The Bilthoven Division closed after 10 years of successful operations, and was replaced by a new office in Bonn in 2001. The work of these offices, providing evidence for policy development and helping Member States to implement policy options, has underpinned the Environment and Health Process ever since. These have been a major addition to the resources of the Regional Office.

When these centres were first established, Roberto Bertollini, Coordinator, Public Health and Environment at WHO headquarters and former Director of the European Centre for Environment and Health, recalls that the Centre was at first “quite marginalized in the WHO hierarchy. They were ‘Children of a Lesser God’, as it were.” It took some time to establish their credibility, both within WHO and with the larger European public health community.

The Centre’s work on high profile issues, like the publications Concern for Europe’s Tomorrow (WHO, 1995) and the WHO Air Quality Guidelines, helped establish its scientific credibility. Stanislaw Tarkowski feels that, if he had the chance to reconfigure the Process, “instead of agreeing on two countries subsidizing [the Centre], I would have sought engagement from all WHO European Member States and broadened the commitment and support to the Centre as a truly European joint centre of excellence.”

Concern for Europe’s Tomorrow

In Frankfurt, it had been realized that the existing database, both in western and eastern Europe, was an inadequate tool for setting priorities and decision-making at a national or a European level. The first task assigned to the Centre was to gather information from all over Europe. It was asked to develop a data and information base in areas such as water supply and sanitation, air and water pollution, radiation protection, food safety, occupational health, housing and communities, from which to measure improvement in health and environment outcomes. To achieve this, the Centre developed a network of collaborators as part of a project called Concern for Europe’s Tomorrow (see Fig. 3). The Centre’s Scientific Advisory Board decided that...
the final report should be made available as the scientific basis for deliberations at the Second European Conference on Environment and Health in Helsinki in June 1994.

Small task forces were convened to develop questionnaires on the various sectoral issues. Countries completed the questionnaires through the newly established network of national focal points. The replies, along with data and information obtained from other sources, were analysed by the WHO European Centre for Environment and Health and at subsequent meetings of the national focal points. These studies were developed in very close cooperation with the Environment Task Force of the European Commission; at the time, this represented a major step forward in collaboration.

A scientific advisory board of the WHO European Centre for Environment and Health acted as an independent peer review body for the emerging document.

For many environment and health scientists and advocates, the process of collecting the data for Concern for Europe’s Tomorrow represented their first truly pan-European collaborative experience and stimulated a new understanding of the potential and challenges of what was (and still is) required to address the regional and national needs of the diverse realities that make up the WHO European Region. This was indeed uncharted territory for many and they began a process of evidence gathering, intervention, analysis and adjustment that continues to this day.

The final report gratefully acknowledged contributions from over 270 scientists. In his introduction, Jo Asvall described it as “a major step forward in collaboration among all 50 countries of the WHO European Region” (WHO, 1994, p.5). Dinko Kello notes that “The process of data collection and country engagement was as important as the final product. The new network of environment and health counterparts benefited from a robust platform for collaboration and experienced the benefits of working together.”

Fig. 10  Gathering information for Concern For Europe’s Tomorrow

2 Of the 50 Member States in the WHO European Region in 1991, 22 did not have a national focal point participating in the development of the Concern for Europe’s Tomorrow project when the environmental health protocols were distributed. Of these 22 countries, the following 20 later provided information: Armenia, Azerbaijan, Belarus, Croatia, the Czech Republic, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, the Republic of Moldova, the Russian Federation, Slovakia, Slovenia, Tajikistan, the former Yugoslav Republic of Macedonia, Turkmenistan, Ukraine and Uzbekistan. Chapter 17 of Concern for Europe’s Tomorrow summarizes information provided by the 20 new Member States (WHO, 1995).
Role reversal
The Centre not only gathered information and published Concern for Europe’s Tomorrow, which describes a vision for Europe’s future, but also drafted an environment and health action plan for Europe as a practical approach to its achievement. The goals set out in the Action Plan could be applied by Member States according to their own circumstances. From this point, the process role of the Centre was reversed; it became a disseminator of information and a valuable source of expertise. Data from Concern for Europe’s Tomorrow and the Environment and Health Action Plan for Europe were presented at the Second European Ministerial Conference on Environment and Health in Helsinki in 1994.

Although, as Jo Asvall pointed out in his introduction, “the process of developing this report has demonstrated the shortcomings of the available data, in both coverage and consistency”(WHO, 1994, p.5), its scope was ambitious, covering a wide range of problems, from ionizing radiation through to residential noise, via accidents and arsenic contamination.

The national focal points recommended that: (a) lessons learned from the experience of Concern for Europe’s Tomorrow be fully applied at national and international levels; and (b) the information collected be periodically updated and reviewed so as to provide a more accurate and comprehensive picture of the environment and health situation throughout the Region and, as far as possible, to predict trends (WHO, 1994, p.28).

They stressed the need to obtain better data, and to harmonize, compare and manage data collection more efficiently and effectively, and requested assistance from the WHO European Centre for Environment and Health.

A focus on the countries of central and eastern Europe (CCEE) and the newly independent states (NIS) of the former Soviet Union

The report noted that environmental health problems in the CCEE were larger than originally envisaged. Health statistics gathered for and presented in Concern for Europe’s Tomorrow showed a general improvement in levels of health within the European member countries of the Organisation for Economic Co-operation and Development (OECD), as assessed by infant and total mortality rates, life expectancy and the incidence of certain diseases. By contrast, no improvement – and in some respects a deterioration – in health status was noted to have occurred in the CCEE and the NIS over the previous two decades (WHO, 1994, pp.23-24).

Priority challenges for the CCEE and NIS included the need to reduce immediate threats to health in the context of transition to a privatized economy, which was in many respects aggressively profit-motivated and often focused on short-term goals. There was a need to support economic transformation by building environmental and health requirements into development programmes. It was noted that proper pacing and sequencing of developmental actions would be of enormous importance, especially with the general lack of resources, and that the improvement of management should be high on national agendas and on those of all relevant international organizations.
Armed conflicts in Europe

During the 1990s, some countries in the central and eastern part of the European Region experienced armed conflicts and civil disruption which created urgent demands on health systems, delayed much needed attention to environmental health challenges and created new obstacles to action. All weapons, for example, cause direct physical damage, but weapons such as land mines can also have secondary effects on civilian populations and the natural environment. Land mines, trip wires and booby traps cause considerable difficulties when people try to regain access to buildings, clinics, public health centres, water pumping and treatment stations, sewage systems and waste disposal sites.

Elisabet Paunovic, International Health Officer, Ministry for Health, Serbia notes that “We missed the first ten years of the Process. Environment and health issues were not a priority. For example, in the health sector, many of our hospitals were completely destroyed and were without any medicines.”

In other circumstances, the national environment and health action plan (NEHAP) process served as a bridge to cooperation following conflicts. “One of my most memorable moments,” recalls Kubanychbek Monolbaev, NEHAP Coordinator for the Central Asian Republics (CAR), WHO Information Centre for Health for the CAR, Bishkek, Kyrgyzstan, “was my experience in helping to launch the NEHAP development process in Tajikistan. I visited the country shortly after the end of the civil war and the establishment of a national unity government. There were many armed people on the streets representing official security bodies and former opposition forces and the security situation was not perfect. The hotel where I was put was the safest at that time because the Russian Embassy was located on the first floor of the hotel. I couldn’t wash my hands or take a shower in the hotel because the water running out of the tap was muddy. The conditions for the ordinary people were dramatic at that time. But, in spite of these and other difficulties, people from different factions in the ministries of health and environmental protection (including the ministers!), as well as key persons from other relevant ministries, gathered together in a friendly and open manner and agreed on a process to develop their country’s NEHAP.”

A call for action: EHAPE and NEHAPs

The Environmental Health Action Plan for Europe (EHAPE), endorsed by ministers in Helsinki, outlined priority action areas including contaminated food and water; ambient and indoor air pollution; urban health; ecology and health; the consequences of armed hostilities; occupational health; and death and injuries from all forms of accident, including nuclear emergencies.

EHAPE considered not only the specific health and environment outcomes but the process through which they could be achieved. EHAPE called for the engagement and involvement of a broad group of stakeholders in national and regional efforts to improve environmental health (see Box 3 and Fig. 4). Thus, the spirit of cooperation was written into EHAPE.
Box 3: EHAPE - Key players/stakeholders (WHO, 1994, p.7)

- Competent authorities at all levels, including the local level; in addition to departments of the environment and of health, the participation of those concerned with agriculture, defence, education, employment, energy, finance, food, housing, industry, land use and transport is necessary.
- Nongovernmental bodies, including trade associations, trade unions, professional and technical bodies, advocacy groups and consumer associations, especially those concerned with environment and health, and members of the public.
- Public and private sector businesses, including those, whether large or small, involved (for example) in water resource management, farming and food production, processing and distribution, waste management, manufacturing, energy production, transport and tourism.
- The media, public relations and information services.
- Universities, research centres and scientific associations.

The responsibilities of the different stakeholders in the EHAPE decision-making process were clearly identified, with three overall goals: better collaboration at all levels between those responsible for public health and environmental protection, and between these two lead actors and other essential players, such as the economic sectors; better collaboration between national, regional and local authorities, to ensure that responsibilities were discharged at the appropriate level and in a coordinated manner; and participation of the public in the decision-making process wherever possible and at all appropriate levels.

In endorsing the EHAPE, the ministers in Helsinki committed their respective health and environment departments to developing joint NEHAPs to tackle these problems.

Fig. 13 - Interdisciplinary and intersectoral approach to the establishment of national environmental health systems

National interest grows

The ministerial conferences were used as the milestones of the Environment and Health Process in Europe. The interest of national governments in environment and health increased as a result of these ministerial conferences, as indicated by the rank of the participants. While many national delegations
at Frankfurt were represented by senior government officials from the ministries responsible for health and environment, at Helsinki more than half the delegations included a minister responsible for health, environment or both.

**Steering the Process – the European Environment and Health Committee**

The ministers in Helsinki also established the European Environment and Health Committee (EEHC) to oversee the ministerial process and provide a platform for intersectoral and interagency action and broad stakeholder involvement.

As Corrado Clini remembers, “Maximizing the involvement and participation of countries was, from the beginning, a challenge. The establishment of the EEHC helped to provide a platform for exchange of experiences and for fostering the integration process at international and national levels.”

Roberto Bertollini recalls, “The EEHC was a mechanism developed to broaden the ownership and engagement of relevant stakeholders in the Environment and Health Process. Under the leadership of WHO as the secretariat, the group brought in NGOs, business, other United Nations agencies, the EC and countries as EEHC members to steer the ministerial process. The EEHC also provided a way of channelling funds into the Environment and Health Process. Funds came from different partners and countries and generally supported project work. The EEHC was given responsibility to develop the agenda, make decisions on priorities, etc. Different partners have been very involved over time.

Countries such as Austria, Finland, Ireland and Sweden, among others, played important roles in developing the Process. NGOs contributed their expertise and the EEHC gave them the possibility of influencing the global process and access to decision-makers. Other United Nations agencies and the EC also actively participated.”

The ministers agreed to meet again in 1999 to review the progress made in preventing, controlling and ameliorating environmental factors that adversely affect human health, especially by implementing the EHAPE.

**Chapter 2: Key lessons from the Process – the road to Helsinki, 1989-1994**

1. Establishing a dedicated Centre for Environment and Health provided a sustainable institutional mechanism for action leadership. It also created strong support from host countries.
2. Developing and supporting a network of national counterparts provided a unique meeting ground for eastern and western European scientists and enhanced national and regional capacities for sustained planning and action.
3. Developing an evidence base helped identify gaps and make the case for action.
4. Developing national, and a regional, environment and health action plans helped provide a ‘blueprint’ for capacity development and build commitment at national and regional levels for cooperative, multisectoral action.
5. Establishing a multi-stakeholder steering group (EEHC) helped enhance engagement, fund raising and dissemination capacities.

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Fig. 14 - Final high level preparatory meeting for the Helsinki Declaration (Hamburg, Germany, 11-13. April 1994). Photo: WHO
To facilitate the NEHAP process, the European Environment and Health Committee established the NEHAP Task Force. The Task Force guided the NEHAP pilot project, which was launched in 1995. Guidance documents were developed to assist other countries in developing their own NEHAPs. This guidance called for the establishment of a lead agency, the creation of a steering committee and input from a variety of stakeholders across several sectors, including education and research institutions, the mass media, business and industry.

Formulating a plan required data information systems to monitor environmental quality and measure the incidence of environmentally-related health conditions and a process to assess environmental health problems and then set priorities among them. The eventual outcome was to be a NEHAP that had been approved and endorsed by either the executive or the legislative branch of national government.

The next phase was implementation, from which should emerge a series of environmental health management tools to effect change:

(a) environment and health information systems
(b) hazard assessment and risk management and communication
(c) control measures and enforcement of regulation
(d) economic instruments and analysis
(e) environmental health services
(f) professional training, education and capacity building
(g) public information and health education
(h) research and technical development.

In many countries, ‘champions’ energized the development of the NEHAPs. Anna Paldy, Deputy Director, National Environmental Health Institution, Hungary, notes that “Alan Pinter, our previous director, built a very good NEHAP plan. He was originally a pathologist and toxicologist and he had a very wide view and knowledge of environmental issues. He helped advocate for political support for the process. Alan was very well known nationally and all over Europe, and the NEHAP process was speeded up because of his influence. He had good access to and input from international partners. Many of his approaches were taken on by other counties in Europe and embraced widely.”

Kubanychbek Monolbaev, NEHAP Coordinator for the CAR, WHO Information Centre for Health for the CAR, Bishkek, Kyrgyzstan recalls that “The process in my country, as well as in the CAR subregion, started with the launch of collaboration and cooperation between two sectors – health and environment
— at the First Ministerial Conference on development of NEHAPs in CAR in June 1996 at Issyk-Kul Lake, Kyrgyzstan. Two very charismatic people – Professor K. Bokonbaev, Minister of Environmental Protection of Kyrgyzstan and Mr N. Konjuhov, First Deputy Chairman of the State Committee on Nature Protection of Uzbekistan – influenced and promoted the NEHAP development process in the CAR subregion. Prior to this process, there was no experience with intersectoral work on environment and health issues in the CAR. These leaders championed the introduction of intersectoral working through the NEHAP development process. This was quite successful and led to the recognition that many public health issues can only be resolved on an intersectoral, collaborative basis. It has led to an understanding by the health sector of the role of environmental health determinants of population health. Collaboration between the two sectors has strengthened their collective capacity to influence and improve environment and health legislation in the CAR."

“The EHAPE recognized that legislation alone, regardless how perfect it is, has little impact on the protection of environment and human health without proper organization and capacities of environmental health services,” explains Dinko Kello. “Therefore, the Regional Office for Europe launched in 1994, under the leadership of Xavier Bonnefoy, Regional Adviser for Environment and Health at that time, a major capacity building support programme on environmental health services in Europe. The project was carried out with the support of the British Government and the Chartered Institute for Environment and Health, London, and produced publications on environmental health services in Europe. This Regional Office series was translated into many languages and provided very practical information on the development and improvement of environmental health services in Europe, particularly in the east and central European countries.”

Katarína Halzlova, Head of Department, Environment and Health, Public Health Authority, Slovakia recalls that “Our NEHAP process was launched in 1997, when it was accepted by the government. The NEHAP included analysis of the prevailing situation in Slovakia, identified problems, set priorities for improvement and set tasks for particular players and sectors. It laid the foundations for intersectoral cooperation and recognition of the fact that environment and health improvement can be achieved on the basis of partnership principles.

“To a great extent, we were able to stimulate many relevant sectors to consider public health protection when creating their policies, as shown below.

- The environment sector supported programmes and projects for sewage, improved sanitation and extension of public water supplies. It also developed and implemented a national flood protection plan and addressed issues related to cross-border pollution, old environmental burdens and decreased the threat of industry-related environmental damage.
- The education sector implemented obligatory environmental education in all grades in elementary and secondary schools, and traffic safety education in elementary schools and kindergartens (using practical exercises).
- The economic sector implemented obligatory product labelling concerning health threats posed by dangerous chemicals and quality control programmes aimed at consumer protection.
- The agricultural sector managed to markedly improve food quality control and put huge emphasis on proper and healthy nutrition for children (with effective public health cooperation).
- The transport sector managed to markedly improve traffic-related accident and injury rates via legislative tools and practical measures. Together with schools, it organized various events involving traffic safety education. It also managed to build safer roads with noise barriers.

“While much remains to be done, the NEHAP got us started on a process that has greatly increased awareness of environment and health issues by responsible authorities, government sectors, local authorities and, importantly, the general public. This has led to a public which asks for more information
about environment and health, expects problems to be solved and puts stronger pressure on policy-makers to deliver.”

**NIHAPs - summer school on environmental epidemiology**

With support from the Dutch Government, many CCEE and NIS countries received assistance for environment and health programme development during the transition period in the 1990s, through the national integrated programmes on environment and health (NIHAPs) initiative. A key part of this initiative was a summer school on environmental epidemiology organized by the WHO European Centre for Environment and Health with the London School of Hygiene and Tropical Medicine (initially led by David Leon and subsequently by Paul Wilkinson). This summer school was run six times in Prague and once in Cracow. Hundreds of junior public health specialists went through the two-week courses and many of them were instrumental in guiding the environment and health processes in their countries. The NIHAP initiative also provided for numerous national courses in CCEE.

Paul Wilkinson, Researcher in Environmental Epidemiology, London School of Hygiene and Tropical Medicine, remembers the summer schools as “very dynamic, memorable and significant events. Started in the early 1990s, the summer schools provided a unique and oftentimes first post-Soviet international learning opportunity for the 60-90 public health practitioners, researchers, managers and policy-makers from 20+ different CCEE and NIS countries who attended the two-week intensive workshops each year. It was evident right from the beginning that the participants were hungry for information and the chance for dialogue, discussion and exchange both with the western European and the international faculty and, importantly, with each other. There was always a lot to share, compare and debate. For the faculty, these workshops were also a first, as few of us had had any previous opportunity to work with colleagues from this part of Europe.

“Each year there were two learning groups: a foundation group and an advanced group. Participants could attend twice, once in each group. The first week and a half covered basic epidemiological theory, techniques and methods. The last half week was devoted to a variety of elective seminars on relevant environment and health topics related to water, statistics, air quality, etc. The seminars were always very popular and were rated very highly by participants. We always had more applications than places. The course was funded by the Open Society Institute, WHO, the Canadian Health Foundation and others.

“The programmes ended about the time that many of the countries were becoming more engaged in the EU accession process. The legacy of the summer schools lives on, however, in the large network of graduates, many of whom met for the first time at the Prague or Cracow school and have now worked together in a wide variety of research and developmental projects. Many of the course graduates have been engaged and have been the driving force behind environment and health processes in their own countries, the EU and with WHO and UNECE since that time.”

**Research priorities**

The Regional Office for Europe was joined by the EC’s Directorate General for Research and the European Science Foundation in identifying priorities for research in environment and health. Scientists across Europe and beyond were engaged in the process, which reported to the Third Ministerial Conference in London in 1999.

Canice Nolan, at that time responsible for environment and health research in DG12 (the Directorate General for Research from 1991 to 1997) recalls that “a key difficulty we faced with environment and health research related to time-scale. The research programming cycle required a minimum of 5 years from conception to results; and in the case of some epidemiological studies, 10 years is really required. This was beyond the horizons of many policy colleagues who tended to need answers to
inform and implement policy today. In this context, scientific committees were useful as they could draw on laboratory findings and existing published research and give quicker evidenced-based opinions and, at the same time, draw attention to knowledge gaps where the research community could focus. “When we were working with WHO, for example, on their Air Quality Guidelines, this approach was used. Based on existing, compelling but incomplete knowledge that strongly pointed to enhanced risk of a substance e.g., particulates and other pollutants, recommendations were made for safe limits. Our job was to follow up by prioritizing and funding relevant research and providing more definitive proof over time. Here was a good example of the precautionary principle at work.”

Environment and health NGO action in eastern Europe, the Caucasus and central Asia

Environmental threats to health in the eastern Europe, the Caucasus and central Asia (EECCA) also stimulated the emergence of NGOs in the region in the 1990s. In particular, concerns over the extensive use of pesticides to boost crop production and the difficulties in managing stocks after the collapse of the SOVIET UNION stimulated the engagement of civil society. Olga Speranskaya, Head of the Eco-Accord Programme on Chemical Safety in the Russian Federation, Goldman Prize Winner 2009 and member of the Steering Committee of the International Persistent Organic Pollutants (POPs) Elimination Network explains, “We believed that an energized, empowered, public-interest NGO community could make a difference and began connecting small NGO groups throughout the EECCA to a single advocacy network working together to pressure governments to acknowledge the health dangers of these chemicals and clean up toxic sites. We did research, for example, on dioxin in breast milk in the Russian Federation and the health impacts of stockpiled POPs pesticides in Georgia. Our findings there prompted local authorities to take action. Our EECCA network on chemical safety grew quickly to include over 600 organizations and individuals throughout the region.”

Representatives from Eco-Accord and the Eco-forum network first came into contact with the WHO European Environment and Health Process when they attended the Healthy Planet Forum held as a parallel event to the Third Ministerial Conference in London in 1999.


Between 1995 and 1999, many European countries completed NEHAPs. This enabled the Third Ministerial Conference on Environment and Health to encourage the implementation of these NEHAPs through local processes, public information and improved monitoring. The London Conference also adopted the legally binding Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, as well as the European Charter on Transport, Environment and Health. The Conference attracted major political interest and was attended by more than 90 European ministers of health, environment and transport.

The Protocol on Water and Health – the first legally binding European treaty on health

The Protocol on Water and Health was the first major international legal approach to addressing the prevention, control and reduction of water-related diseases in Europe. Adopted at the 1999 Conference, it became legally binding in 2005. So far, it has been signed by 36 countries and ratified by 24.

Signatories agree to establish and maintain comprehensive national and/or local surveillance and early warning systems to prevent and respond to water-related diseases. They also agree to establish joint or coordinated systems for surveillance and contingency plans to respond to outbreaks of water-related diseases.

Gunter Klein, Head of Water Strategy Initiative Office, German Aerospace Center, Project Management Agency and former Director of Environment and Health at the WHO Regional Office for Europe recalls how several obstacles needed to be overcome before the Protocol could even be tabled for adoption in London. “This was the first time that WHO had been involved with a legally binding treaty process.
Legal at WHO headquarters raised concerns regarding organizational capacities to support such an undertaking being handled by one of the regional offices. We were quite fortunate to be able to hook onto the experienced colleagues managing UNECE’s transboundary water convention.

“I remember Tom Topping, the headquarters legal adviser, calling Jo Asvall and me late in the evening before the pre-conference meeting in Bled, Slovenia. After due consideration, two conclusions came out: that sponsoring such a legal instrument was within the mandate of WHO, and that Member States were entitled, if they so wished, to sign up to such an international agreement – green light from headquarters.

“There were also concerns raised about the ‘disturbing’ impact of such a legally binding agreement on the EU accession process. As it turned out, activities undertaken for the Water Protocol were helpful to accession countries when they needed to address the requirements of the EU Water Directive. Thus it became one of the constructive elements for the health and enlargement process.”

By adopting the Protocol, the signatory countries agreed to take all appropriate measures to achieve:

- adequate supplies of wholesome drinking-water;
- adequate sanitation of a standard that sufficiently protects human health and the environment;
- effective protection of sources of drinking-water and their related ecosystems from pollution;
- adequate safeguards for human health against water-related diseases;
- effective systems for monitoring and responding to outbreaks or incidents of water-related diseases.

**Water system concerns and development**

“For NGOs working in the CCEE and NIS countries, in particular, the Water Protocol was a very important tool,” explains Sascha Gabizon, Executive Director, Women in Europe for a Common Future (WECF). “It set regional standards and committed governments to act. It gave us an important new lever to pressure governments to fulfil their commitments and invest in the enhancement of water systems and address their health impacts.”

The WHO Regional Office for Europe and UNECE provided the joint secretariat for the Protocol, coordinating its implementation. WHO handled the health aspects, while UNECE took care of the legal and procedural aspects.

Marco Keiner, Director of Environment, Housing and Land Management Division at UNECE, offered this perspective on the process: “The Protocol was a major contribution from UNECE, in cooperation with the WHO Regional Office for Europe, to help countries intensify their efforts to integrate environmental and health strategies. Because it would improve water management and set targets for preventing, controlling and reducing water-related disease, its adoption was trumpeted as a significant step toward protecting human health and well-being. But integrating national water and health policies is proving more difficult than expected.

“Therefore, to help Parties to comply with Protocol provisions,” continues Keiner, “technical bodies have developed sets of guideline documents. Additionally, capacity building organized within the framework...”
of the Protocol provides room for exchange of experience and knowledge. An important element of work under the Protocol is the education and involvement of the general public and awareness-raising on the causal connection between quality of water in streams, rivers and lakes and tap water in cities and rural areas."


The WHO Charter on Transport, Environment and Health was adopted at the Third Ministerial Conference by the ministries of these three sectors from countries within the WHO European Region. The Charter emphasized the need to address health effects of transport policies through:

- health targets for reduction of injuries, air and noise pollution, and increasing opportunities for physical exercise through walking, cycling and use of public transport;
- principles for transport sustainable for health and the environment; and
- a plan of action for its implementation

Robert Thaler, co-chair of the CEHAPE Task Force, recalls how he became involved in the Environment and Health Process and how the Charter came about. "It happened within the follow-up to the First UNECE Regional Conference on Transport and the Environment in 1997. I was approached by Carlos Dora from WHO at a Steering Committee Meeting in Geneva in 1998. He asked me if Austria would be interested in engaging in a process of bringing health into the cooperation agenda of transport and environment.

"As a transport engineer working in the environment field and being confronted on a daily basis with the health impacts of transport policies, the need for such enhanced collaboration was very clear to me. I was excited by this idea and the potential synergies and encouragement such cooperation could bring for improvements to the environment and health performance of transport.

"It was the time of big enthusiasm and belief in overcoming sectoral thinking by integration of environment and other sectoral policies. We had just successfully hosted and organized the UNECE ministerial event which had, for the first time, brought together environment and transport ministers from all over Europe and adopted the Vienna Declaration. It was a legendary conference with 55 ministers attending. The Conference was organized fully with public transport and I remember the great media interest in seeing all 55 ministers, including the Austrian Minister, going together by underground to the Conference.

"For me as one of the organizers of the Vienna Conference and Austrian negotiator in the Vienna Declaration, the idea of further integrating transport and environment with health was a very logical and exciting next step. It also fitted well into our preparations for Austria’s first EU Presidency, where we wanted to push the integration idea forward. Furthermore, at that time, the negative health impacts of particulate emissions from diesel engines were also becoming an important topic on the EU environment agenda, especially related to tightening the EU emissions standards for heavy duty vehicles. This too was a top priority of our Presidency."

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3 For the full text, see UNECE and WHO (1999).
We succeeded in establishing a three-country research project with France, Switzerland and Austria to calculate for the first time the health and economic impacts of particulate matter resulting from transport. This was really new territory in multilateral and intersectoral work, bringing together three countries and three sets of health, environmental and transport experts and economists. This research provided the evidence base for the London Conference negotiations, which culminated in the tripartite Transport, Environment and Health Charter.

Robert Thaler recalls that this was not easy work. “After the passing of the Charter, we faced a lot of backlashs against it. Some lobby groups tried to water down the Charter and the Vienna Declaration.”

According to Marco Keiner, “The support for the Charter at the London Conference on Environment and Health helped to overcome the resistance of the transport sector to focus attention on the interrelationship between transport, health and the environment.”

After the adoption of the Charter, growing concern and commitment to strengthening the integration of environment and health issues into transport policies in European countries led to the establishment of a series of policy frameworks to help countries pursue more sustainable and healthy transport. The EU, for example, has promoted stronger collaboration between the three sectors and has strengthened its air quality directives to include broader and more rigorous controls on diesel-generated particulate matter. In 2002, these various frameworks converged in the Transport, Health and Environment Pan-European Programme (THE PEP), jointly managed by the WHO Regional Office for Europe and UNECE.

Robert Thaler notes, “The Vienna Declaration and the Transport Charter processes were merged in THE PEP, which was reconfirmed in the Amsterdam Declaration of 2009. THE PEP is an outstanding process: it is tripartite, pan-European and builds on partnerships and innovation. For example, it has now agreed on a new regional priority goal to promote the economic benefits of making transport greener and healthier. Investments in environment technologies and intelligent mobility management can stimulate new businesses and green jobs.”

The Finnish Presidency of the EU in 2006 called THE PEP a pioneer process of cooperation among all stakeholders. It called on the EU and its member states to actively collaborate “with other countries and parties within this framework and other relevant policy integration processes with the aim of identifying the win-win-win opportunities and paving the way towards a healthier and more sustainable direction.”

(European Commission, 2006)

NGO action – the Healthy Planet Forum

The Healthy Planet Forum for NGOs, professionals and voluntary organizations from across Europe was held as a parallel event to the WHO Third Ministerial Conference on Environment and Health. It was the first major gathering of environment and health NGOs from across Europe. It provided a space for health and environment NGOs to begin to discuss and identify common issues and agree on positions and strategies related to the agenda of the Ministerial Conference.

It provided a unique meeting ground for NGOs from the western and eastern parts of the Region and led to a marked strengthening of existing networks and the development of some new alliances. It also served to enhance public and media interest in the policy discussions at the London Conference.

Sascha Gabizon, Executive Director, Women in Europe for a Common Future (WECF) recalls, “Our group was attracted to the Forum because we had been doing work with women, water and chemicals and saw the health impacts of these environmental problems in our daily work. Up until this time, we had
been involved only in the Europe for the Environment process and we welcomed the opportunity to link with colleagues working in the health sector, especially in the CEE and NIS countries.”

Genon Jensen, Executive Director of the Health and Environment Alliance (HEAL), remembers, “At the 1999 London Ministerial Conference and the Healthy Planet Forum, which I attended working for the European Public Health Alliance (EPHA), I was very impressed at the policy opportunities in the environmental area to push for better health promotion and the growing interest by advocacy groups to do this work. Many of the NGOs, ministers and other people I met at the Forum directly contributed to EPHA’s thinking and its strategic approach to creating what was to become the Health and Environment Alliance (HEAL), a new pan-European NGO platform just for environment and health collaboration. Now, 10 years later, HEAL is an equal and valued partner in this ministerial process and brings to the table the voices and experience of over 60 organizations from its network.

“The WHO/European Environment Agency (EEA) publication, *Children’s health and environment: A review of evidence,*” (Tamburlini et al., 2002) Jensen continues, “provided the scientific evidence that helped us to better understand the special vulnerabilities of children and catalysed the interest and concerns that have underpinned much of the advocacy work since that time. EPHA was able to translate the evidence in this groundbreaking work into a case study booklet and recommendations that helped us to push for vulnerabilities being considered more prominently in EU policies. One example of where this has been successful is the EU pesticides law, which now recognizes that vulnerable groups need to be protected and recommends bans on pesticides being used in public spaces.”

*Sick of chemicals*, a pocket-sized booklet, provides information about the links between certain chemical agents and chronic diseases, such as bladder cancer and asthma. This brightly-coloured miniguide gives greater insight into a subject that was being left out of debates on European chemical safety – namely, the threat to health represented by many chemicals that are currently in use. (EEN/EPHA, 2005)

**Engaging the media**

The London Conference attracted a lot of European media attention, initially because of the research findings from the Austria, France and Switzerland study, released on its opening day, that showed there were more deaths in Europe from car-emitted air pollution than from traffic accidents. The headline story grabbed journalists’ interest and led to greater coverage of the many other newsworthy issues on the agenda.

Franklin Apfel, former Communication Adviser at the WHO Regional Office for Europe, recalls, “We were taking a taxi that morning from interviews at the BBC studio in White City and the taxi driver spontaneously asked us if we had heard that traffic pollution was causing more deaths than accidents. We knew then that the story had hit it big!”
The emissions from car exhausts are responsible for more deaths than road accidents, according to World Health Organization (WHO) research. A study looking at France, Austria and Switzerland found that the number of people dying from respiratory or cardiovascular problems which could be attributed to car fumes far outweighed the death toll from crashes. The WHO will now ask 70 environment and health ministers gathering for a conference in London to adopt a new charter on transport policies to reduce the effects of pollution. Dr Carlos Dora from the WHO European Centre for Environment and Health said: “The growing evidence that air pollution is causing a major health burden adds to effects of road traffic through noise, accidents and barriers to cycling and walking. We are paying a huge price for this excessive road transport with our money and our health.”

The research found that one third of all harmful particulate air pollution was caused by road transport, and that long term exposure to pollution caused an estimated 21,000 premature deaths a year across the three countries. This is far higher than the 9,947 who died that year as a result of road accidents.

Yuri Eldyshev, editor of Ecology and Life in Moscow, recalls that “My first introduction to the European environment and health ministerial process was the 1999 meeting in London. That meeting provided so much useful material and much of it in Russian! One of the great problems we have in the Russian Federation is a lack of materials on environment and health topics. The materials and contacts developed through that London meeting and the subsequent meeting in Budapest have been the source of dozens of articles over the years. The process is a crucial supplier of information, particularly to media and advocates in countries where health care and natural resource authorities rarely discuss such topics publicly.”
Chapter 3: Key lessons from the process – the road to London, 1994-1999

1. The establishment of a NEHAPE task force provided an ongoing support group for national action.
2. Practical action guidelines developed by WHO, UNECE and others helped support the work of NEHAPE development and implementation.
3. The Water Protocol created legally binding legislation in a key environment and health area.
4. The Transport Charter engaged other sectors in the Environment and Health Process and led to sustained engagement of environment, health and transport sectors in THE PEP.
5. The creation of a new pan-European NGO platform (HEAL) just for environment and health collaboration has greatly strengthened NGO advocacy capacity and has led to several important legally binding EU directives, covering pesticides, air quality, etc.
6. NGO activities and a proactive communication and media strategy increased the visibility of the London Conference, its scientific evidence base and policy actions, and led to enhanced European coverage of environment and health issues.
The Journey to Parma: a tale of 20 years of environment and health action in Europe

In preparation for the Fourth Ministerial Conference, held in Budapest in 2004, the European Environment and Health Committee requested an evaluation of the impact of the Environment and Health Process in Europe. At a meeting in Copenhagen in June 2002, the International Steering Committee for Evaluation of Environmental Health Policies and Action Plans agreed to pilot the evaluation methodology. The evaluation had two components: national and international.

The national component was to focus on plans dealing with environment and health and assess the impact of the Environment and Health Process in Europe in each country (see Box 4). The international component was to examine the impact of the Environment and Health Process in Europe, specifically the relevance, effectiveness and sustainability of the Process.

Box 4: Findings of the NEHAP evaluation (WHO, 2004b, p.154 (abstracted))

1) NEHAPs worked as a process. They brought together actors from both environment and health to work on a common project. The NEHAP was a catalyst that provided a process for moving from objectives and targets to projects and activities.

2) NEHAPs put the concept of environment and health on the political agenda as realizable objectives. In turn, this stimulated and supported the development of environmental health legislation and national technical capacities, particularly in central and eastern Europe.

3) NEHAPs had little visibility or recognition beyond those who directly participated in them. Overall, the public information, public education and public relations efforts were very weak. The mass media were not cultivated or kept abreast of developments.

4) The NEHAP was primarily a government sector activity, often concentrated at the national level. Participation from nongovernmental groups – civil society organizations and NGOs, professional and service groups and the business community – was disappointingly low.

5) The conferences, task forces and workshops under the Environment and Health Process in Europe were very beneficial. The combination of representatives from environmental and health stimulated a new approach that strengthened environmental health internationally.

6) The consensus view was that the Environment and Health Process in Europe should continue, although in a more effective way. Effectiveness seemed linked to adequate financing and technical support for NEHAPs and better coordination with the Environment for Europe Process.
This assessment of the Environment and Health Process in Europe confirmed that the ministerial conferences on environment and health had had a positive influence on policies and processes at national level. The process itself was successful in fostering collaboration between the environment and health sectors, as well as in promoting health as a justification for environmental action and the study of environmental risk factors as part of health protection programmes. This resulted in increased awareness of the health problems caused by environmental risk factors. The ministerial conferences had also been useful in presenting policy guidelines and knowledge on issues, as well as in facilitating networking and the exchange of information.

Furthermore, the evaluation noted that the London Conference, in particular, led to greater collaboration and joint action between the environment, health and transport sectors. However, it was recognized that, in general, the process was more effective in addressing environmental than health aspects, and that it did not sufficiently involve the other economic sectors in joint action on environment and health.

**NEHAPs to CEHAPs: children in the spotlight**

The Budapest Conference was preceded by four intergovernmental meetings, to which all Member States were invited and at which a new proposed Children’s Environment and Health Action Plan for Europe (CEHAPE) and Conference Declaration were negotiated, alongside discussion of other priority issues for the agenda.

The rationale for focusing on children was built on evidence (see Box 5) that showed that, from preconception to adolescence, children are more vulnerable than adults to a variety of environmental factors because:

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

![Fig. 20 - Dr Marc Danzon, WHO Regional Director for Europe and a child at the Fourth Ministerial Conference on Environment and health, Budapest 2004. Photo: WHO/Steve Turner](image-url)
Box 5: Burden of disease attributable to selected environmental factors and injuries among Europe’s children and adolescents (Valent et al., 2004)

This report provided the evidence base for action in Budapest (and its main headlines).

It was the first ever assessment of the impact of the environment on child health in the European Region and showed that indoor and outdoor air pollution, unsafe water conditions, lead exposure and injuries accounted for one third of the total burden of disease in children aged 0-19 years. It also estimated the number of lives (and disabilities) that could be saved by reducing the exposure of the child population to these hazards in the Region.

According to this study, every year approximately 100 000 child deaths and 6 million disability adjusted life years (DALYs) in Europe were attributable to 4 main environmental risk factors and to injuries.

Injury was still the leading cause of death among children and adolescents from birth to 19 years across the WHO European Region (23% of deaths from all causes), with the highest proportion of deaths among teenagers (15–19 years). Up to 13 000 deaths in children aged 0–4 years are attributable to particulate matter outdoor air pollution and 10 000 are a result of solid fuel use at home. In the same age group, lead poisoning was responsible for over 150 000 DALYs. In children aged 0–14 years, 13 500 deaths were attributable to poor water and sanitation.

In releasing the report, Marc Danzon, WHO Regional Director for Europe at the time, noted in a press release, that “Although the report carries some ominous warnings, it also opens the door to a healthier future for Europe’s children. In order to know which interventions and strategies to use, governments must first be able to assess and compare the magnitude of risks accurately. This unique report presents data in a comparative and internally consistent way, thus providing a framework for policy-makers to prioritize actions and protect our children’s health from environmental hazards.”

Roberto Bertollini explains the shift from NEHAPS to children’s environment and health action plans (CEHAPs) thus: “While NEHAPS stimulated a lot of dialogue at country level, engaged different actors and identified a lot of important issues, they became too much of a ‘shopping list’ with limited translation into practice. There were lots of plans without much implementation. The CEHAPs were different. Countries based the development of CEHAPs more on burden of disease data – measuring the size of a specific problem and choosing optional interventions.”

“I believe that the CEHAPE has helped people understand more clearly the need for environment and health action. While NEHAPS helped countries initiate cooperative environment and health action, it became apparent that these action plans were too broad and countries needed to focus further to ensure more implementation. At the time of the London Ministerial Conference, papers were presented that pointed to vulnerability of children. So this is what led to the child-specific focus of Budapest,” noted Lucianne Licari.

“While CEHAPs have given countries more of a focus and an evidence base for action, there is a danger that they will medicalize environment and health issues too much,” notes Gunter Klein. “While continuous attention certainly needs to be paid to the many devastating impacts that unhealthy environments cause for children, we must not lose sight of the point of effective action: for example, addressing water safety problems needs water managers and plumbers. They can improve systems so that less water is polluted, or wasted through leakage. These systems can then reliably deliver safe and clean water for drinking.”
EU enlargement

In the run-up to the Budapest Conference, many central and eastern European countries were involved in major reforms and changes in their policies, legislation and enforcement institutions, as a part of the EU accession process and the need to effectively apply and implement the *acquis communautaire* (all the EU legislation in force), including on environment and health. Eight eastern European countries (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia), plus the Mediterranean islands of Malta and Cyprus, joined the EU on 1 May 2004. Since environmental health issues were very high on their agenda, the NEHAP programme was seen to be a very useful instrument in achieving the EU *acquis communautaire* objectives.

POP conventions come into force

In 2003 and 2004, the UNECE Aarhus Protocol on Persistent Organic Pollutants (POPs) and the Global Stockholm Convention on POPs came into force and provided new and important legally binding ‘tools’ for environment and health advocates and policy-makers.

“In 1999,” explains Olga Speranskaya, Director of Eco-Accord Programme on Chemical Safety, Moscow and Regional Director of the International POPs Elimination Project (IPEP) for the EECCA countries (2004-2007), “ECO-Accord became involved in the worldwide effort to eliminate POPs through the creation of the Stockholm Convention. Our campaign and the public pressure it created contributed to the ratification of the Convention by nine of the twelve EECCA countries who now participate as full Parties at its global meetings. Since its coming into force in 2004, we have increased our public awareness activities and have implemented more than 70 projects on toxic chemicals in Azerbaijan, Armenia, Belarus, Georgia, Moldova, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan, Ukraine and Uzbekistan. These have focused on identifying contaminated hotspots, analysing the health impacts of POPs, developing proposals for mitigating these poisonous chemicals, and coordinating public participation in the identification of unauthorized storage and use of banned and obsolete chemicals. This Convention has proved to be a strong tool for change.”

Budapest 2004 – ‘The future for our children’

The Fourth Ministerial Conference on Environment and Health brought together health ministers and environment ministers, intergovernmental organizations and civil society organizations. The theme of the Conference was ‘The future for our children’ and it placed in the spotlight the measures that Member States could take to address the impact of a contaminated environment on children’s health.

Budapest Declaration

A declaration and action plan, addressing the environmental risk factors that most affect the health of European children, was adopted by European ministers at the Budapest Conference in 2004. The main commitments focused on four regional priority goals (RPGs) for Europe:

- RPGI: protect health through safe water and adequate sanitation
- RPGII: ensure safety from injuries and better health from adequate physical activity
- RPGIII: improve respiratory health through clean indoor and outdoor air
- RPGIV: safeguard health from chemical pollution and ensure strong labour safety standards

For each RPG, the WHO European Centre for Environment and Health developed an evidence base and, importantly, identified and analysed intervention possibilities.

The Conference Declaration commended the work of the Centre and requested that the number of Member States represented on the EEHC should be increased to 10, to ensure adequate geographical representation (WHO, 2004a).

The Fourth Ministerial Conference reconfirmed the need for an environment and health information
system (EHIS) as an essential tool to support policy-making in this field, enhancing access to information and facilitating communication with the public. By signing the Declaration, the Member States committed themselves to joining national and international actions with WHO, the European Commission and other international agencies on methodological and technical developments, as well as to establishing the necessary mechanisms to advance the process.

The WHO European Centre for Environment and Health once again coordinated a pan-European assessment exercise and, for the Conference, published a report entitled *Health and the environment in the WHO European Region: situation and policy at the beginning of the twenty-first century*. This report paid particular attention to the different needs and resources of the CCEE and NIS countries.

“We had strong support from the highest level of government in Hungary for this Ministerial Conference,” recalls Zsuzsanna Jakab, who was serving as head of the EEHC and Conference organizing committee at the time. “We even had a parliamentary declaration in support of our NEHAP activities. There was good cooperation between health and environment sectors and strong involvement of the EC, with Commissioner Wallstrom in attendance. The youth focus, NGO presence and special session on the needs of CCEE and NIS countries helped broaden interest in the Conference and addressed important challenges in the process.”

**Youth – ‘Our health cannot be negotiated’**

Our health cannot be negotiated. It is a precondition of our personal development and happiness. Nobody should make money on the back of other people’s ill-health. We need and deserve a fundamental human right to a clean and healthy environment. We also need access to information and education to most effectively take care of our health. (Budapest Youth Declaration, 24 June 2004 (WHO, 2004c)).

Alma Ildikó Almási, EEHC delegate from Hungary, notes that “Involving young people is a challenging and difficult thing to do. But I really believe that now we can be taken seriously because we proved that we can cooperate and, with our new, young spirit, we have great ideas that can be mixed with the ideas and plans of decision-makers. Now we have well structured action plans, so the only thing we need to do is to work on implementation and maintain the youth network all over Europe and later extend it.”

Réka Prokai, alternative youth delegate from Hungary, adds: “I am glad that ministers have recognized that if people want to develop healthy environments they must consider young people. The future belongs to the young. I believe that if children experience healthy environments as a child, this will influence their future choices as an adult.”

**NGOs – the Second Healthy Planet Forum**

Building on links developed and lessons learned in London, environment and health NGOs began organizing themselves well before the Budapest Conference. They used the 2003 Europe for the Environment meeting in Kiev and a special preparatory gathering in Brussels to develop their positions, plan actions and raise funds. Over 100 NGOs attended the Budapest meeting, including many from...
CCEE and NIS countries as well as some large international NGOs like Greenpeace and Friends of the Earth (who brought their Toxic Teddy Bear to the Conference). Many NGOs saw the Conference as an opportunity to influence ministers, especially around the upcoming EU Regulation on Registration, Evaluation, Authorization and Restriction of Chemicals (REACH) legislation on chemical safety. Several participants had their blood tested for toxic substances.

Jacqueline McGlade, Executive Director of the European Environment Agency, says that it was during the Ministerial Conference in Budapest that she saw the personal implications of the work: “I had my blood tested. I was quite shocked that the results showed how many chemicals my body had accumulated over my life time – flame retardants, pesticides and many potentially hazardous chemicals. In thinking about where the chemicals could have come from I recalled that when my own children were growing up, children’s clothes were laden with flame retardants; so you can see how just handling them every day really does have an impact.”

Civil society organizations organized display booths, demonstrations and discussion sessions during the Conference. Additionally, they held their own parallel event, the Second Healthy Planet Forum, which provided a platform for highlighting their concerns, showcasing innovative projects and activities and commenting on the decisions taken by ministers. The NGO Brussels Statement was written at a preparatory workshop (15-16 December 2003) and presented to the Budapest Conference. Among its recommendations was a call to decision-makers to:

- transfer 2.5% of health spending from care and cure to prevention by 2007;
- make financial commitments to support the outcome of this meeting, especially in relation to the newly independent states (NIS) and the countries of central and eastern Europe;
- set targets and timetables for children’s health;
- implement the ‘precautionary principle’ in chemical and pesticide control policy wherever substances are suspected of adverse impact on the health of children and adults.

“This process has provided us with a door to put child safety on the political agenda,” says Joanne Vincenten of the NGO European Child Safety Alliance. “This process provides an unprecedented opportunity and we are happy to be part of that. While there are clear constraints, collaborative working is leading to better health.

“I was invited, for example, to the Conference session at which the discussion centred on the Regional Priority Goals. Strong NGO lobbying was needed to ensure that injury was not dropped from the RPGs. Its inclusion has been very important in facilitating our work on child safety, which has made implementation of country action on this RPG stronger. Once the Declaration and action plan were signed by the country ministers, the European Child Safety Alliance was able to work with country partners to try to ensure that each country honoured its commitment to child safety. It also gave child safety experts new opportunities to work with their own national ministries and to deliver improvements in support of the minister. The process has helped our cause politically and made children safer – a ‘win–win’ for everyone.
“The European Child Safety Alliance, for example, developed a ‘report card’ for each country based on assessments of evidence-based good practice. This provided a measure of the extent to which countries were complying with their commitments to child safety. The report cards, and the assessments they were based on, were an important and essential part of the development of child safety action plans, which support and were facilitated by the CEHAPE process.”

Gernot Klotz, World Business Council, Executive Director for Research and Innovation, European Chemical Industries Council, says: “At the beginning, the business sector took the role of an observer. I think that, as we go forward towards Parma, we are showing more and more that business’s engagement is important to help and support the process. Since the Budapest Conference in 2004, the World Business Council has been engaged in a more strategic way of going forwards… In my time, the World Business Council has pushed for stronger engagement by the stakeholders, so that it is much more than a Member State-driven exercise.

“You know,” Klotz added, “business cannot succeed in a society that fails. We need a healthy and prosperous society in order to get business going.”

Marta Szigeti Bonifert, Executive Director at the Regional Environmental Center for Central and Eastern Europe (REC), explains the impact of the process at a regional level. “The CEE and SEE regions have variable characteristics and different needs. It is especially worth mentioning that efforts undertaken in the SEE region have resulted in ongoing cooperation within the fields of health and environment.

“We have noted,” adds Bonifert, “that the key obstacles have been missing financial instruments and the need to speed up the integration of climate change effects into the process.”

Olga Speranskaya agrees that “a key obstacle for NGOs, especially in the EECCA countries and other countries in transition, is lack of funding. This is the case even though NGOs are good value for money and we have shown many times that we can deliver quality research at a lower cost than private entities. Public trust in our findings is also higher.”

Communications and media involvement

The Budapest meeting was successful in attracting media and public attention to the process. The headline “One in three youth deaths from environment-related causes” created quite a stir. There was active involvement of young people, NGOs and two journalist workshops. One, organized by the WHO Regional Office, was for young journalists, particularly from CCEE and NIS countries. The second was for senior journalists and was sponsored by the REC.

Deborah Cohen, currently Associate Editor of the British Medical Journal, attended the first workshop as reporter for the Student British Medical Journal. She recalls that “The young journalists’ workshop was a great opportunity to meet other people from across Europe and find out what barriers they faced in accurate reporting. Experiencing a large international conference for the first time can be daunting – where do you go for stories? What do the acronyms mean? What’s
really going on? Having experts from Reuters and the BBC at hand made the Conference a lot more accessible.”

Building on communication lessons from the London Conference, the Regional Office for Europe developed and implemented a Conference-related communication strategy that opportunistically utilized major health platforms to deliver children’s environment and health messages well before the Budapest event. The communication campaign started with World Health Day in April 2003, which focused on the effect of the environment on children’s health.

Throughout 2003 and 2004, specific communication messages were developed around events directly or indirectly linked to the theme of the Budapest Conference. These resulted in over 500 media articles and broadcasts all over the European Region. The public health profile of the issues of the Conference was kept high through media promotion activities at international, regional and national levels. Decision-makers and experts from WHO and national governments extensively contributed to the efficiency of the campaign by meeting the press and providing them with comprehensive and evidence-based information.

The Budapest Conference itself was preceded by two press conferences in London and Rome launching the Lancet report (see Box 6) which formed the scientific basis for the policy decisions taken by the ministers of environment and health in Budapest. During the Budapest Conference itself, 14 press briefings and press conferences were held in conjunction with the different sessions of the Conference. Numerous press documents were made available to the journalists. The press events were attended by ministers and high-level representatives of international organizations and WHO.

Chapter 4: Key lessons from the process– the road to Budapest, 1999-2004

1. The evaluation of NEHAPs identified strengths and weaknesses of the process and made specific recommendations for where strengthening of the process was required – e.g., public awareness and engagement, implementation and monitoring.
2. The EU accession process proved to be a catalyst for environment and health action in some countries of central and eastern Europe and south-east Europe.
3. The POP conventions provided good tools for policy advocacy.
4. The shift to CEHAPs was built on evidence and provided more focus for action.
5. Special attention to the needs of the CCEE/NIS allowed for more realistic identification of resources and needs for development planning and implementation.
6. The involvement of youth and a children-focused theme brought more life and attention to the process.
7. A well developed communication strategy, launched two years before the Conference, allowed for broad dissemination of children’s environment and health messages.
8. Strong new research data stirred a lot of media interest in the Conference and provided an evidence base for action in CEHAPs.
An intergovernmental midterm review (IMR) of the Environment and Health Process was held in Vienna, Austria from 13 to 15 June 2007. This intergovernmental meeting, organized by the WHO Regional Office for Europe at the request of its Member States and hosted by the Austrian government, marked a milestone towards progress in the implementation of commitments and offered an opportunity to look at the developments of the European process on environment and health to date.

“Our intent with the IMR was to provide a platform for all countries to report on progress in addressing the RPGs agreed in Budapest and, importantly, to share experience and lessons learned to date,” notes Lucianne Licari, the WHO Environment and Health Conference coordinator at the time.

In Vienna, countries reported on the development of children’s environment and health action plans and on the implementation of actions addressing national priorities and goals established in Budapest, such as ensuring safe water, preventing injuries and promoting physical activity, ensuring clean air and an environment free from hazardous chemicals. Other stakeholders also reported on implementation of commitments. The discussion on challenges and achievements contributed to further developing the provisional agenda for the Fifth Ministerial Conference on Environment and Health, scheduled for Parma in 2010.

“The CEHAP has brought great new momentum to the process,” notes Robert Thaler, co-chair of the CEHAP Task Force. “Many Member States have implemented CEHAPs, although it is only voluntary. And of course it has put the health of young people higher on political agendas. It has brought about many visible results in countries. For example, in Austria, the national CEHAP has catalysed the development of a national framework support programme for mobility management in schools and youth groups. A total of 125 schools have already implemented mobility plans within this framework and have eliminated 355,000 car trips!”

Chapter 5
On the road to Parma - new contexts, new actions
“CEHAPs (and THE PEP) have also been important catalysts for joint multilateral projects amongst Member States. For example, Austria, France, Malta, the Netherlands, Spain and Switzerland joined forces to study the transport-related health impacts in children and their costs, while Austria, Hungary and Slovakia embarked on a pilot project on environmentally sustainable transport in sensitive areas.”

At the Vienna IMR, NGOs sponsored the first CEHAPE Good Practice Awards and coordinated discussion sessions. A parallel youth meeting hammered out a youth-oriented CEHAPE declaration.

“The CEHAPE Awards have been incredibly important for the EECCA countries,” notes Olga Speranskaya. “The Awards have helped show people how much is really going on in our countries – such as the award-winning biomonitoring project presented by the Chapaevsk Medical Association on the reduction of the impact of POPs’ on children’s health, the awareness-raising project on the reduction of the impact of lead on children’s health presented by the Georgian Association of Environmental and Health Monitoring, and the project on improving sanitary conditions in rural Armenia presented by Armenian Women for Health and a Healthy Environment – and have helped raise support for projects in different countries.”

**EEHC preparatory gatherings**

Several EEHC meetings have taken place in preparation for Parma. These have continued to review progress in RPG areas and adopted additional priorities for the Parma Conference, including climate change and health inequities. All meetings have included Member States, international, intergovernmental and nongovernmental (NGO) organizations and young people.

These three high-level preparatory meetings have focused on:

- protecting health through safe water and sanitation, and ensuring safety from injury and better health from adequate physical activity (Milan, Italy, 2007);
- improving respiratory health through clean air, and safeguarding health in chemical-free environments and through strong labour standards (Madrid, Spain, 2008); and
- protecting health from climate change and addressing socioeconomic and gender inequities (Bonn, Germany, 2009).

An international public health symposium on research and policy-making in environment and health, held in Madrid, shared the most recent scientific evidence with policy-makers in preparation for the Parma Conference.

**Policy dialogue meetings** in Bishkek (Kyrgyzstan) and Dushanbe (Tajikistan) focused on the reform and role of public health services in central and eastern European countries. A similar process for southeastern European countries involved meetings in Montenegro and Serbia. The conclusions from these meetings will contribute to the Parma Conference Declaration.

**The Declaration drafting group**, composed of representatives from 11 Member States, the European Commission, intergovernmental and nongovernmental organizations and official youth representatives, is writing the main committal document for the Conference in broad consultation with countries and partners (through meetings in Brussels, Paris, Luxembourg, Andorra and Bonn).
Leen Muelenbergs, Chair of the drafting group notes that “In the last couple of years, there has been a bit of a fall back in the Environment and Health Process in Europe because of… I will say, different focuses. I think environmental people have been very much focused on climate change, health people have been focused on pandemic issues, and so the linkage between the two has been a bit less visible. I think that the Parma Conference is there to re-establish this linkage and to make clear to both sectors that… this collaboration is worth continuing. Looking at the linkage between new environmental challenges and new health challenges in an innovative way will make this process continue. But it has to be innovative, it has to re-think itself. During the discussions on the declaration, this willingness and understanding to work jointly to involve other sectors in bringing the process forward was very clear.”

New contexts, new challenges – the financial crisis, health inequities and climate change

The financial crisis

Since 2008, the severe contraction of global demand for commodities, goods and services as a result of the financial crisis and the loss of trust in the banking sector in the United States and Europe has considerably slowed down the global economy. “The consequences of the crisis have been felt at several levels,” notes Nedret Emiroglu, acting Director, Health Programmes at the WHO Regional Office for Europe. “There is clear evidence that tax revenues are lower than expected in virtually all of the 53 countries of the WHO European Region. Many countries have already announced budget revisions. Further, the fall in value of many currencies across Europe is raising the price of health-related commodities, such as pharmaceuticals and medical devices.

“In the area of environmental health, the effects of the financial crisis run along four main lines (see Box 6): slowing down of environmental improvements, reduced investments and resources available to health systems, differential ability of disadvantaged population subgroups to cope with rapidly changing circumstances, and identification of priorities in environmental health policy dictated by overall efficiency (i.e., maximization of average health benefits for the whole population per euro spent) at the expense of more equitable measures targeted at disadvantaged groups.

“Moreover, the demands on health systems due to emerging health threats like those resulting from the H1N1(2009) pandemic have also caused a shift of public health resources away from environment and health issues in many countries.
Box 6: Possible adverse and positive effects of the financial crisis on environment and health (WHO, 2009)

a) Possible direct adverse effects
- An overall deterioration of environmental quality resulting from relaxed regulation, monitoring and compliance.
- A possible decrease in accessibility to safe water and sanitation, because of reduced investments in this area. This could compromise the achievement of the water-related MDGs in the Region.
- A possible increase in outbreaks of foodborne and waterborne diseases, in the case of reduction in investments and capacity to monitor water and food safety and effectively detect outbreaks.
- A possible increase in occupational injuries, related to a possible relaxation of enforcement of safety standards, reduced investments in safety and the move of many unemployed or sub-employed workers to manual jobs in the informal sectors, often without the necessary skills and availability of safety equipment (e.g., construction business). This increase might be difficult to capture, as a significant part of these injuries would go unrecorded.
- A possible re-emergence of malaria and other vector-borne diseases, where services for the control of vectors are reduced (as happened in several countries during the crisis that followed the break-up of the Soviet Union).
- A possible short-term decrease in emissions of some pollutants in the event of closing/reduced production capacity in some production installations (this was observed in several countries after the break-up of the Soviet Union, when the shrinking of demand led to important reductions in production and reduced emissions). Reduced investments into cleaner production could, however, offset reduction in emissions due to decreased productivity.
- A possible increase in risk to children’s health from greater use of cheap heating fuels and burning of waste at home.

b) Possible adverse effects due to delaying or stopping positive trends
- A possible increase in climate change vulnerability (e.g. to extreme weather events) related to lack of adequate investments into strengthening health systems to heighten their capacity to respond.
- Possible deepening of health inequities and growth of population subgroups with standards of environmental quality markedly below average, bearing the multiple burden of environmental exposures, occupational hazards, socioeconomic deprivation and limited access to health-promoting resources.
- Diversion of resources previously assigned or earmarked for environmental health action towards direct support to economic activity involving nonnegligible impact (e.g., car industry).
- Postponement or cancellation of protective policies, health promotion initiatives, or lack of enforcement of environmental standards.

c) Possible positive impacts
- Positive consequences of the financial crisis could take place in the transport field: short-term, it is likely that passenger-kilometres driven and particularly use of high-consumption cars will decrease, which could lead to a decrease in pollution as well as in road traffic injuries. This was observed during the economic crisis of the early 2000s.
- In the medium and long term, the financial crisis could support a trend towards more energy-efficient and low-consumption cars and possibly improved public and active transport infrastructure. There are indications to support this assumption through a clear decrease in sales of sports utility vehicles and pressure on the American car producers linked to the bailout proposals to invest in more sustainable and energy-efficient cars and engines (hybrids, electric, etc.).

“If we are going to see the tax base fall, particularly in Europe because we have an ageing population, then the reasoning is to get people to work longer, in which case you need to make sure that people remain healthy and feel better about themselves. More critically, raising the retirement age to 67 is, in some countries, taking people to the age of life expectancy. It comes back to ensuring everybody has a clean environment, good health care and drinking-water, throughout their lifetimes. At heart, it is social equity,” noted Jacqueline McGlade, Executive Director of the EEA.

In April 2009, the WHO Regional Office for Europe convened a meeting in Oslo to initiate a process of analysing and addressing the challenges of the financial crisis. Recommendations for action were discussed at the WHO Regional Committee in September 2009.
Special meetings were held in Germany (Bonn, September 2009) and Italy (Siena, October 2009) to discuss the problem of the social and gender inequalities in environmental risk and to develop adequate policy responses. Practical approaches and experiences in tackling inequalities were reviewed at the WHO/Health Behaviour in School-aged Children Forum (HBSC) in Siena, Italy in October 2009. “These meetings,” notes Srdan Matic, Unit Head, Noncommunicable Diseases and Environment and Conference coordinator, WHO Regional Office for Europe, “reviewed evidence, identified big gaps in environmental health equity between and within all countries in the WHO European Region and, importantly, identified effective interventions” (see Box 7). The conclusions from both meetings will provide technical input to policy discussion at the Fifth Ministerial Conference in Parma.

Box 7: Examples of environment and health inequity in Europe

Five out of six childhood deaths from injuries occur in the poorer countries of the Region, but poor children living in affluent western urban environments suffer and die from injuries up to five times more than their wealthier peers.

Less affluent children tend to live in areas where traffic emissions are higher, putting them at greater risk of suffering from respiratory diseases. A recent study shows that they can be exposed to up to 25% higher traffic-related air pollution than children from the least deprived group.

By 2010, 1 in 10 children will be obese – a total of 15 million across Europe. Poor children and their families have more difficulty in affording the healthiest food choices and have fewer opportunities to be active, thus increasing their risk of becoming obese.

10 000 children aged 0-4 years are estimated to die each year from the use of solid fuel at home: 90% of them are from low- and middle-income countries.

Environmental risks in the home – such as damp and mould, air pollution, inadequate sanitation facilities and overcrowding – are more frequently found in low-income households, which tend to live in less adequate buildings due to their lack of financial resources.

More deprived settlements and less affluent population groups are more often exposed to the location of hazardous activities or polluted places, such as waste sites, incineration plants, polluted rivers, etc.

Some effective interventions
- Water safety plans to ensure safe drinking-water from source to tap.
- Enforcing the strictest policies to contain emissions from motorized transport and promoting public transport, cycling and walking.
- Providing health-oriented building standards and financial incentives for cleaner alternatives for heating and cooking.
- Ensuring proper controls and practices during food production, processing and distribution to reduce chemical contamination.
Climate change – protecting health

Climate change discussions have taken place at each of the Parma preparatory meetings, and the Fifth Ministerial Conference comes soon after the Copenhagen Conference of the Parties to the United Nations Framework Convention on Climate Change (COP 15) in December 2009. The Parma meeting will be the first major conference of ministers of health and environment following this global event, which disappointingly failed to reach a consensus agreement. Parma is being seen as an opportunity to strengthen the European voice in this process and a European framework for action on climate change and health is being developed to support Member States in tackling this important area of concern.

For Elisabet Paunovic, Head of International Relations in the Ministry of Health in Serbia, the country leading the consultations in SEE and, together with the United Kingdom, co-chairing the Task Force set up to develop the framework for action on climate change, the issue of raising public awareness is very important. “Public opinion generally gives very low importance to environmental issues,” she says. “We have some research on public opinion which asked people to prioritize key issues in their lives, and environmental health came at the end. The Parma Conference offers an opportunity to raise awareness and put positive pressure on decision-makers, which is really necessary.”

Preliminary results of European initiatives to protect health from climate change will be presented at the Fifth Ministerial Conference in Parma. For example, initiatives have been taken in the eastern and southern parts of the Region by the German Federal Ministry of Environment, Nature Conservation and Nuclear Safety (BMU) and the European Commission. “These initiatives,” according to Francesca Racioppi, acting Head of Office, WHO European Centre for Environment and Health, Rome Office, “are working to strengthen capacity through national training workshops and stakeholder involvement; carrying out national impact, vulnerability and adaptation assessments; developing cross-government or health system-specific adaptation plans; strengthening early warning for extreme events; providing a platform for the exchange of know-how and experiences among participating countries and project partners; pilot-testing new technologies to increase the resilience of health facilities to climate change; and are contributing to implementing World Health Assembly resolution WHA61.19 on climate change and health.”

Environment and health information system

To support countries in the development of accountable environment and health policies, WHO has implemented several activities, such as the creation of the comprehensive environment and health information system (EHIS) and the environment and health performance reviews. “The EHIS was established by a series of collaborative WHO projects, supported by the EC and partner institutions from 18 Member States,” notes Michal Kryzanowski, acting Head of Office, WHO European Centre for Environment and Health, Bonn Office. “The EHIS has defined a set of core indicators allowing monitoring of the status and trends of major environmental determinants of health and relevant health outcomes and introduced a web-based system which can present data on their spatial and temporal patterns. The system involves many experts from all over the Region who contribute information and
knowledge and regularly update the system. The first report produced using the system, *Children’s health and the environment in Europe – A baseline assessment*, was presented to the Intergovernmental Midterm Review in Vienna in 2007. The next assessment will be launched at the Parma Conference. EHIS has dramatically improved access to information on environment and health in comparison to the early 1990s, when *Concern for Europe’s Tomorrow* was prepared.

Additionally, with active involvement and input from several Member States, the Regional Office has created a survey tool for a harmonized review of environment and health policies in Member States. It covers 15 policy topic areas relevant to CEHAPE and four RPGs, as well as intersectoral collaboration. The second High-Level Meeting (Madrid, October 2008) in preparation for the Fifth Ministerial Conference endorsed the implementation of the policy survey tool in Member States with a view to reporting on CEHAPE policy implementation at the Conference.

**WHY?**

The WHO Regional Office for Europe, with the assistance of World Health Communication Associates, has supported the creation and development of the World Health Youth (WHY) Environment and Health Communication Network. Its key objective is to catalyse the involvement of young journalists from European countries in the Environment and Health Process, thus developing capacity, enhancing the quality and quantity of coverage and building sustainable communications across the WHO European Region. WHY Network members are given exclusive briefings and are supported with information and contacts for their reporting on environment and health in Europe. The network currently has over 70 young journalists from 30 European countries as members.

**WHY Network**

The newly established WHY Communication Network aims at catalyzing the engagement of young journalists from European countries into the environment and health process. Logo: courtesy of Tuuli Sauren, Inspirit.com

Fig. 28 - The newly established WHY Communication Network aims at catalyzing the engagement of young journalists from European countries into the environment and health process. Logo: courtesy of Tuuli Sauren, Inspirit.com

Feature stories from WHY journalists were entered in a competition focusing on national perspectives on key environment and health challenges and progress to date. Winning journalists will be invited to the Parma Conference to receive their awards.

**Youth**

Youth delegates have participated in high-level preparatory meetings (the last of which took place in Bonn, Germany, in April 2009) and in other events, such as the WHO/Health Behaviour in School-aged Children Forum in Siena, Italy on 19 and 20 October 2009.

As part of the preparations for the Fifth Ministerial Conference, the youth environment and health network organized a planning meeting in January 2010, to identify two young representatives per country delegation. The meeting also aimed to motivate young people to start running projects, such as campaigns, local action, and sharing of information on positive as well as negative examples, around the four priority goals for Europe.

Alina Bezhenar, from the Russian Federation and the Environment and Health Youth Co-ordinator at HEAL (Health and Environment Alliance), says that “HEAL and other NGOs will announce the winners of the second CEHAPE Good Practice Awards at the Parma meeting. We have been particularly interested in youth-related and school-based projects, as these are two of the competition categories.”
The Fifth Ministerial Conference on Environment and Health, organized by the WHO Regional Office for Europe and hosted by Italy, is the next milestone in the European Environment and Health Process, now in its twentieth year. Taking stock of the theme “protecting children’s health in a changing environment”, the Conference will drive Europe’s agenda on emerging environmental health challenges for the years to come.

Marco Keiner of UNECE says: “The next conference will focus on protecting children’s health in a changing environment. We will look at the health impacts of, for example, inadequate water and sanitation, unsafe home and recreational environments, lack of spatial planning for physical activity, indoor and outdoor air pollution and hazardous chemicals. UNECE, as a member of the European Environment and Health Committee, has contributed through its experience in managing (together with WHO) cross-sectoral processes such as THE PEP and the Water and Health Protocol and in servicing the Environment for Europe Ministerial Conferences.”

The Fifth Ministerial Conference will discuss progress towards achievement of the RPG goals, in the context of recent developments such as financial constraints, broader socioeconomic and gender inequalities and more frequent extreme climate events.

“We look forward to welcoming everybody to Parma”, notes Zsuzsanna Jakab, WHO Regional Director for Europe. “We see the Parma Conference as the next milestone in this 20-year journey. We have high expectations that Parma will provide an inspiring platform for Member States and other stakeholders to make decisions on actions that the Environment and Health Process in Europe needs to take to respond more effectively, efficiently and sustainably to the challenges of both today and tomorrow, and protect people’s health in our changing environment.”

**Chapter 5: Key lessons from the process – the road to Parma (2004-2010)**

1. The IMR was an opportunity to take stock of progress and provided incentives to all stakeholders to enhance implementation of commitments.
2. Expanding topic areas to include climate change, inequities and gender issues allows the process to stay relevant and fresh, thus addressing the challenges of today and tomorrow.
3. New information systems with monitoring criteria and indicators provide a lever to government and grassroots groups to monitor progress, compare results and advocate enhanced action where needed.
4. The establishment of the World Health Youth (WHY) Environment and Health Communication Network has allowed for the fuller engagement of journalists in the process and is strengthening information dissemination, particularly in the CCEE and NIS countries.
As ministers of health and environment gather in Parma for the WHO Fifth Ministerial Conference on Environment and Health, stakeholders have high expectations, hopes and concerns for the continued ability and viability of the current Environment and Health Process in Europe. “The main challenge hasn’t really changed over the last 20 years,” notes Stan Tarkowski, former WHO Director of Environment and Health and now Professor, School of Public Health, Nofer Institute of Occupational Medicine. “The main challenge has always been finding ways to ensure that the health of populations becomes the core criterion for environmental protection and for sustainable development, and that health is in all policies.”

Coming at a crucial time after COP 15, many stakeholders see the Parma Conference as a key transition point for the Environment and Health Process in Europe and, drawing on some of the lessons learned to date, have suggested a variety of very specific steps focusing on implementation, integration and monitoring.

“Although a lot of improvements have been made concerning the integration of the sectors at the national level,” says Corrado Clini, Director General at the Italian Ministry of Environment and co-chair of the EEHC, “a lot has to be done on integration at the pan-European level, for instance by increasing the direct cooperation between relevant international organizations involved in the Process, such as WHO, EEA and UNECE.”

Dr Clini goes on to note that “Integration of environment and health issues into the policies of other sectors, like transport, energy, industry or agriculture, would imply a reduction of impacts on environment and health, as downstream recipient sectors. The involvement of the pan-European Process in a global context can be of help in this regard, taking into account in particular the driving force of climate change for shaping economic development.

“In order to effectively implement measures for improvement of environment and health, it is often necessary to invest a large amount of money: the involvement of the private sector (business and international financial instruments) is essential but there is still much to do in this regard, for example, through promoting public-private partnerships. Institutional constraints at national level can be an obstacle for implementation of measures contained in national action plans on environment and health.

“We need stronger links with other international processes aimed at reaching similar objectives, at both regional and global levels, in order to be mutually reinforcing. I’d also like to see more practical roadmaps with concrete actions; identification of lead countries for common initiatives; leadership by future conference host countries on key issues; and strengthening of tools for implementation.”

“I believe the Process has to be placed, once again, in the context of an overarching European Health
for All-type strategy and movement. We need to reconnect the environment and health movement to that, and ensure transparent, systematic, targeted and measurable actions that are part of a larger, more integrated policy framework,” comments Jo Asvall, former WHO European Regional Director.

“I think it should really focus on teasing out what is its added value: better engagement of stakeholders is crucial and aligning the various visions (political, youth, NGO, business, etc.) across the whole European Region is essential. This could lead to a common goal and not a patchwork of disparate activities. For this, we need innovative approaches and policies to work together, including in the implementation.” (Gernot Klotz, World Business Council, Executive Director for Research and Innovation, European Chemical Industries Council).

“I remember, at the negotiation of one of the Process’s charters, we were stuck on discussing a word in the charter’s text. We spent a lot of time looking at different options suitable for all parties, but the compromise just wouldn’t come. I should confess I suffered a lot during that negotiation – I was asking myself why a word could mean more than action. Many years later, I’m still very much marked by that. I think the committal documents that come out as a result of the Process should be short and very concrete. We should not fall into market bargaining but focus on action instead.

“In my opinion, the Process could be strengthened by enhancing evaluation of the follow-up. The conferences themselves are not necessarily facilitating implementation. What matters is that when the delegates return to their home countries, they start working on what they’ve committed themselves to. I think WHO and its partners should look closely at the situation in every country, compare progress and analyse it. We should try to understand what works and what doesn’t and then spread the evidence.” (Marc Danzon, Honorary WHO Regional Director for Europe).

“I would like the political commitment to continue into the next phase, with a focus on partnerships for healthy environments, and the implementation and sustainability of actions.” (Michael Hübel, Head of Unit - Health Determinants, European Commission, DG SANCO).

“I believe we need to focus on new challenges – emphasize new international mechanisms, stimulate similar processes in other regions, attempt to globalize the Process, exchanging what works region to region. Climate change is central to the Process and is understandably high on political agendas. It’s an overarching issue. It provides the basis for relaunching the Process as a ‘health in all policies’ process. It’s clear we have to go beyond environment to transport, agriculture, energy, housing, etc. – engage all these sectors. We need to be more agile and less expensive. We need to avoid creating a ‘club’ of people, need to renew focus on issues, not so much on process; create a mechanism for better assessment/evaluation and ways for countries to confront each other; engage decision-makers who really represent constituencies.” (Roberto Bertollini, Public Health and Environment, WHO headquarters).

“I think that monitoring generally is something we can do a lot more with. Investment in monitoring and observation will always pay off – and if we can do that collectively, it will help us all tremendously.” (Jackie McGlade, Executive Director of the European Environment Agency).

“I think this Process should carry on and may be adjusted to new challenges, but it is good to remind the politicians that there is an environment and health process and remind them of the priorities. Sometimes WHO is ahead of the EU movement and WHO should continue to initiate environment and health action plans and the framework of public health programmes. So this is active work that should continue for the next 20 years. We still have some black holes concerning the impacts.” (Anna Paldy, Deputy Director, National Environmental Health Institution, Hungary).
“From my perspective, the Process has to be able to change. The Process needs to be innovative and
self-evaluating, constantly. So for me, this Process has to incorporate new things. For example, now
climate change and the impact of climate change on health is one of the most important issues we are
discussing today.” (Elisabet Paunovic, Ministry of Health, Serbia).

“In the near future I would like to see more of a balance between health and the environment. Both are
as important as each other in the Process. Looking ahead further into the future, I would like to see the
outcome of the whole Process, the final product. That means I would like to see my children playing in
clean playgrounds in a safe environment, plenty of trees in the garden and having a healthy life.” (Alma
Ildikó Almási, Youth CEHAPE representative, Hungary).

“The greatest accomplishment has been that better cooperation has been established between various
sectors for improved public health; and there is now greater attention and focus on children. The quality
of human life – in fact, the future of humankind – depends on the quality of environment and preventive
actions concerning public health. Healthy lives and lifestyles for children and adults require special steps
taken toward awareness-raising in each country and region.” (Marta Szigeti Bonifert, Executive Director
of the Regional Environmental Center for Central and Eastern Europe).

“The Process could better help our country and others in the NIS and the CCEE by mobilizing more
financial and technical support for action programmes in our subregional areas from international
organizations and donors as well as from other WHO Member States, assisting us to increase awareness
of environment and health issues amongst our populations, mobilize action in and involvement of
our communities and ensure that programmes are given appropriate national priority.” (Ion Bahnarel,
Associate Professor, Republic of Moldova).

“There is a growing need for evidence-based decision-making with all stakeholders involved. Health
authorities nationally and internationally should strengthen structures and mechanisms to enable primary
prevention in all policies in all sectors. If we want the generations to move on, we need a healthy world
with healthy people.” (Jon Hilmar Iversen, Co-Chair, EEHC).

I’d like to see the Process itself be more proactively promoted across the Region. I d like to see the EEHC
members, for example, go out and represent the actual European environment and health agenda across
the regions, at national and international meetings, engaging more sectors and agencies and becoming
more of a political driving force, with common messages delivered by well briefed spokespersons who
pull in the people at ground level, as these are the ones we are ultimately trying to serve. (Lucianne
Licari, ECDC, former WHO Regional Adviser, Environment and Health).

“I believe the Process can be strengthened by enhancing NGO involvement and leadership capacities. This
can be accomplished by organizing preparatory meetings on a regular basis, advocating NGO funding
support at national and international levels and requiring all government delegations to include NGO
representatives (e.g., health, environment, consumer and/or youth). Furthermore, public awareness of
children’s health and environment issues needs to be strengthened by more national and international
communication and media investment.” (Genon Jensen, Executive Director, HEAL).

“In the future we would like to see the Integration of environment and health policies, as well as their
integration into other sectors’ policies. This will continue to be an important priority for Member States
to achieve sustainable development and deal with the complexity of pressures and drivers that shape our
modern world: from climate change, to demographic change, technological innovation, globalization,
energy crisis, changing production and consumption patterns, growing water scarcity, etc. Problems
are so complicated that countries cannot deal with them on their own. Thus, this unique platform for
the exchange of policies and experience that the Process offers will continue to have important political relevance.

"However, the Process will also need to confirm that it can make a difference on the ground. To this end, it will be crucial that the products of the Process, such as the Protocol on Water and Health or the Transport, Environment and Health Programme, strongly influence national policies; that Member States recognize and take advantage of the benefit they offer; and that the Process builds on their implementation. In a nutshell, from my perspective the future of the Process is in continuing to offer a platform for regional exchange, building on the implementation of its recommendations and outputs.” (Marco Keiner, UNECE).

In order to overcome the lack of political strength of the Process and its subsequent lack of human and financial resources, we need to give the benefits of the Process much more visibility. Investments in a healthy environment and good health are not just costs of today but are investments in the future, as they provide business opportunities and new jobs and help save costs of inaction. Also, a legal upgrading of voluntary agreements like the CEHAPE and THE PEP and the setting up of sustainable facilitation structures for their implementation would strengthen the Process. If countries have to save money they start to cut their budgets, first questioning and then cutting support for voluntary commitments. If commitments and contributions are legally based, the Process is much stronger and can more successfully survive in the competition for scarcer resources and political support. (Robert Thaler, member of the EEHC, THE PEP Bureau and Co-chair of the CEHAPE Task Force until 2008).

“The Process needs to continue to strengthen its capacity to take action in partnership. Many sectors are still longing (or carefully looking) for solid health arguments that are strong enough to withstand the threats from narrow-minded economic thinking. This needs future work on the development of new economic instruments that not only look at the costs of negative health outcomes. We have to effectively analyse the true ‘added value’ of healthy environments, providing safe water, reduced road accidents and cleaner air. This will help energy operators, water system managers, food distributors and transport planners to garner the resources needed to create healthier and wealthier societies.” (Gunter Klein, Head of Water Strategy Initiative Office, German Aerospace Center, Project Management Agency).

“This strong Process now needs to be more focused on a few key outcomes. We need to emphasize implementation and build in clear, effective, transparent monitoring. We need to begin to look beyond single areas of activity, to be less fragmented in our work and look at cross-cutting public health issues, for example, bringing all primary prevention areas into a more consolidated, integrated conference.” (Zsuzsanna Jakab, WHO Regional Director for Europe).
The story of the *Journey to Parma* reveals how the Environment and Health Process in Europe has been shaped by the input and engagement of a wide variety of stakeholders, including multisectoral country involvement, WHO and other United Nations agencies, the European Commission, NGOs, media and the business community. It also reveals how the journey has shaped the actions of these groups and has helped define and give expression to core public health development functions (as described in WHO's Eleventh Programme of Work).  

As the story has unfolded, it has become clear that the *Journey to Parma* process has:

- been built on a sound regional Health for All policy framework;
- demonstrated new ways to provide regional leadership on environmental matters critical to health and to engage partnerships where joint action has been needed;
- shaped the environment and health research agenda and stimulated the generation, translation and dissemination of valuable knowledge on air and water quality, chemicals and injuries;
- set norms and standards, facilitated the development of legal instruments (e.g., the Water Protocol and EU communications on environment and health) and promoted and monitored their implementation;
- articulated ethical and evidence-based policy options;
- provided technical support, catalysed change and built sustainable institutional capacity;
- monitored the implementation of commitments and assessed environment and health trends which need attention;
- involved different stakeholders in the Process as partners (policy-makers, scientists, intergovernmental and nongovernmental organizations, the media, etc.); and
- provided all participants with a unique opportunity to go beyond personal and national interests and participate in a dynamic and sustained regional development process.

In summary, it has created amazing opportunities to build and promote cooperative environment and health action in Europe and engage new actors and sectors in the process of addressing the challenges of both today and tomorrow in building a healthier, safer and fairer future for all.

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5 See [http://www.who.int/about/resources_planning/en/index.html](http://www.who.int/about/resources_planning/en/index.html).
The European Charter on Environment and Health
Endorsed in 1989 by the First Ministerial Conference, the Charter framed the action and set the agenda of the WHO Regional Office for Europe and its Member States in the environment and health field, calling for ministerial conferences to be held every five years.

The European Centre for Environment and Health
The European Centre for Environment and Health, created at the Frankfurt Conference and established with country-supported WHO offices in Rome (1991 to date), Bilthoven (1991-2000), Nancy (1992-1998) and Bonn (2001 to date), has become a major European resource for evidence and capacity building support to Member States.

The Protocol on Water and Health to the Water Convention
Adopted in 1999 at the Third Ministerial Conference in London, the Protocol is the first major international legal instrument for the prevention, control and reduction of water-related diseases. It entered into force in 2005 and has now been ratified by 22 countries.

Protecting health from climate change
As evidence accumulated on the health effects of climate change, the WHO Regional Office for Europe started a programme on climate change and health in 1999, at the request of the Third Conference. Since then, it has produced methods and tools to safeguard health and has advised countries on how to prevent and reduce the health burden.

The Transport, Health and Environment Pan-European Programme (THE PEP)
This joint initiative of the WHO Regional Office for Europe and the United Nations Economic Commission for Europe started in 2002 and focuses on a few key priorities, such as urban transport, sustainable mobility and the integration of environment and health issues into transport policies. THE PEP is a unique intergovernmental body that represents all three sectors equally.
Tackling road safety and other injuries
Responding to a call from the World Health Assembly and in close collaboration with WHO headquarters, the WHO Regional Office for Europe started addressing road safety and other injuries, working with countries and providing analyses and available options for prevention.

Children’s environmental burden of disease study
This major WHO study, completed in 2004, showed that, in the European Region, one third of the total burden of disease for children and adolescents under 19 years of age is attributable to 4 environmental risk factors and to injuries.

The Children’s Environment and Health Action Plan for Europe (CEHAPE)
Adopted in 2004 by the Fourth Ministerial Conference in Budapest, the CEHAPE placed the fight against the priority risk factors identified by the environmental burden of disease study at the heart of the action of countries and the WHO Regional Office for Europe.

Youth participation
Based on the United Nations Convention on the Rights of the Child, youth participation started in 2004 at the Fourth Conference, with a Youth Parliament and 30 official youth representatives from Member States. In preparation for Parma, the youth network is seeking to ensure that young people are represented in every country’s delegation.

The first global air quality guidelines
As an update of the air quality guidelines for Europe, the WHO Regional Office for Europe produced the first global guidelines on air quality in 2005.

The European environment and health information system (ENHIS)
In 2007, the WHO Regional Office for Europe launched a platform to host core environment and health indicators and topic assessments at country and European level. ENHIS is the result of a series of international projects involving a wide range of countries, with support from the European Commission.
### Annex 2 Questionnaire

**“Witness” Questions**  
“Voices and faces of the 20-year Environment and Health Process in Europe”

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<thead>
<tr>
<th>Name of interviewee</th>
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<td>1. How was the Process started?</td>
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<td>2. How did you become interested and involved in it?</td>
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<td>3. What were obstacles to action? How were these overcome?</td>
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<td>4. How has the Process been able to engage and maintain active involvement of key stakeholders?</td>
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<td>Question</td>
<td>Answer</td>
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<td>5. What do you believe has been the greatest accomplishment of this Process?</td>
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<td>6. What do you feel has been/is the main challenge? How could the Process be strengthened?</td>
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<td>7. Is there anything you would have done differently, based on your learning from your engagement in the Process?</td>
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<td>8. How has the Process affected you personally? Provide a story of a memorable moment…</td>
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<td>9. How would you explain the Process to a lay person or your children?</td>
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<td>10. Where would you like to see the Process go in the future?</td>
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References


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

Member States
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Belarus
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Croatia
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