



The Future of the European Environment and Health Process



EUROPE



Fifth Ministerial Conference on Environment and Health

“Protecting children’s health in a
changing environment”

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Conference Secretariat

WORLD HEALTH ORGANIZATION • REGIONAL OFFICE FOR EUROPE
Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark Telephone: +45 39 17 12 52/16 06 Fax: +45 39 17 18 78/18 92
E-mail: parma2010@euro.who.int World Wide Web address: <http://www.euro.who.int/parma2010>

Address requests about publications of the WHO Regional Office for Europe to:

Publications
WHO Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

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From Frankfurt to Parma

The First European Conference on Environment and Health took place in Frankfurt-am-Main, Germany, on 7 and 8 December 1989. The European Charter adopted during the meeting set the strategic direction of European public health and environmental policies at a time when political changes were greatly enhancing collaboration among Member States throughout Europe.

By adopting a disease prevention approach, the Charter set key strategic elements of the policies, emphasizing that the environment should be managed as a positive resource for human health and well-being.

The Charter also recognized the importance of international collaboration in solving urgent environmental problems affecting health. Ministers invited the World Health Organization (WHO) Regional Office for Europe to lead in implementation of the commitments in the Charter and, over the following 20 years, met three more times to review progress and evaluate actions in the Region, adjusting their plans and commitments in a rapidly changing Europe.

At the Second Ministerial Conference, held in Helsinki in 1994, ministers agreed on the Environment and Health Action Plan for Europe (EHAPE) as an international framework; this led to the development of national environment and health action plans, known as NEHAPs, by numerous countries. In addition, the assessment report *Concern for Europe's Tomorrow* prepared for the Helsinki Ministerial Conference provided a unique, detailed evaluation of the status of health and the environment at the beginning of the 1990s, just before the dramatic political, social and economic changes in central and eastern Europe.

The Third Ministerial Conference, held in London in 1999, adopted the legally binding Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes, as well as the Charter on Transport, Environment and Health. Since then, the Water Protocol has been ratified by 24 Member States and provides an important legally binding platform for international cooperation and capacity-building. By the time of the Fourth Ministerial Conference on Environment and Health in 2004, the Transport Charter had evolved into the Transport, Health and Environment Pan-European Programme (THE PEP).

The Fourth Ministerial Conference, held in Budapest in 2004, with the theme “The Future for our Children”, strategically shifted the focus of the European Environment and Health Process (EEHP) from addressing environmental factors separately from health issues, to one that looked at the health impacts arising from the environment. This focus was particularly important as it emphasized the need to ensure sustainable development to protect the most vulnerable populations – children. Through the Budapest Ministerial Declaration, ministers endorsed the Children’s Environment and Health Action Plan for Europe (CEHAPE) and committed themselves to implementing child-specific actions. National implementation was closely monitored through the CEHAPE Task Force set up immediately after the Budapest Conference under the chairmanship of Austria and the United Kingdom. The CEHAPE Task Force was a

mechanism whereby Member States were prepared to report back to the Intergovernmental Midterm Review in Vienna, Austria, in 2007.

Over the past five years, many countries have developed national CEHAPs or defined specific actions addressing children's health in their revised NEHAPs. The Fourth Ministerial Conference also endorsed the development and use of various tools supporting policy-making, notably the Environment and Health Information System.

The Third High-Level Meeting on Transport, Health and Environment, organized in January 2009 by the joint WHO-United Nations Economic Commission for Europe (UNECE) secretariat, set new regional goals to achieve the integration of health concerns into transport policies.

The Fifth Ministerial Conference on Environment and Health: new focus areas

The next conference on environment and health will take place in Parma, Italy, in March 2010. To ensure continuity of the Budapest commitments and the implementation of the CEHAPE, Member States felt strongly that, while substantial investments had already been made, further work on the commitments was still required. The Member States also recognized the need for a new cross-cutting approach to promote this focus further, while also presenting new priorities and emerging challenges.

The Parma Conference will therefore ensure a renewed commitment to improving the basic environmental health conditions for all children living in the WHO European Region, while looking at future environment and health needs. It will also provide an opportunity to review the EEHP and its "architecture", and build the framework for an even more efficient and effective mechanism for policy development, implementation, monitoring and evaluation over the coming six years.

The challenges to be addressed in Parma include:

- **The health and environmental impacts of climate change and related policies**
It is quite clear that the years to come will be dominated by discussions and negotiations on climate change. The European Region will play a very important role in these negotiations, and climate change should therefore continue to be a strategic direction in the way forward of the EEHP.
- **Socioeconomic and gender inequalities in the human environment and health**
Inequalities in health between and within countries that are unfair, unjust and preventable or avoidable are receiving increased attention in Europe. Socioeconomic and gender factors are recognized as the main determinants of the gradient of environmental impact on the health of individuals and communities. These inequalities in environmental health risks and exposures are likely to be amplified by the current financial and economic crises. They will require effective interventions to counteract their impact on the most vulnerable groups such as

children, and to strengthen the capacities and preparedness of health and environment systems to better withstand possible challenges in the future.

- **Special needs of countries in eastern and south-eastern Europe and central Asia**

Another dimension of the inequalities discourse concerns the inequalities between countries, which may be also amplified by the financial and economic crises. The countries in eastern and south-eastern Europe and central Asia will require more assistance in addressing environment and health issues and fulfilling the commitments made in the context of the EEHP. The particular needs of these countries have to be recognized and actions supported, through mechanisms to be identified as part of the EEHP, better coordination and more effective use of existing international mechanisms for multilateral and bilateral collaboration, and international financing mechanisms.

- **Strategic partnerships**

These will continue to be important to the EEHP and to successful implementation of the public health and environment agenda in Europe. In addition to the collaboration among United Nations agencies, the links between European Union processes and the EEHP will continue to be of special importance in policy development and implementation in the WHO European Region. Partnerships with other sectors should be promoted through the strengthened role and leadership of, and collaboration between, health and environment ministers.

Public health and environmental professionals and the research community will continue to be key resources, providing expertise, knowledge and skills to tackle the complex nature of environmental determinants of health.

Civil society, including youth, will remain key stakeholders and partners in the implementation of the Process, ensuring transparency and representation of concerned and affected citizens, as well as contributing to awareness-raising and advocacy efforts in the European Region.

The future of the Process: new direction and new focus

The ministerial conferences have resulted in numerous commitments, made through “hard” law (protocols) and “soft” law (declarations). While the EEHP has been highly positive at international level, greater efforts must be made to further improve implementation at country level. There is also a clear need to renew key commitments and to improve intersectoral collaboration in actually implementing the decisions taken throughout the EEHP. With a clear new strategic direction, the EEHP should ensure the attention and actions needed from ministries of health and environment.

At the regional level, the environment sector is actively engaged in the UNECE Environment for Europe (EfE) process, and is also a key stakeholder in WHO’s EEHP. The situation within the health sector is more heterogeneous. The level of active involvement of health ministries has varied over time. Not all Member States have taken specific initiatives to ensure national collaboration among sectors for the implementation of conference commitments.

The EEHP should relate more actively to the main public health priorities in Europe. Environmental policies and related policies of other sectors are relevant to a number of public health issues – it is estimated that up to 22% of disability-adjusted life years (DALYs) in WHO Member States in the European Region are attributable to environmental factors, that the burden of diseases due to environmental factors ranges from 13.7 to 53.7 DALYs per 1000 population and that this could be eliminated or reduced through appropriate policies and interventions.¹

Equally, health arguments and the need to address inequalities in environmental health risks can provide very strong, politically convincing and evidence-based arguments in support of many environmental policies. This represents a firm basis for a renewed strategic alliance between the environment and health sectors that could strongly increase their joint capacity to successfully influence other policies. An integrated approach to these public health and environment priorities would bring the EEHP onto the broader public policy agenda, thus facilitating the further expansion of primary prevention actions and policies in a better environmental context. Emphasis on economic and social aspects would move public health and environment issues as a whole to a higher level on the political agenda. This approach would facilitate actions to address trends such as demographic changes (ageing, scattering or increased urbanization), changing urban design and the health impacts of climate change.

These trends will affect the incidence and prevalence of noncommunicable diseases (NCDs) and chronic diseases and conditions, such as cardiovascular and respiratory diseases, cancer, obesity, malnutrition, disabilities and reduced mobility, which already account for the greatest share of the disease burden in Europe. Health promotion and the creation of living conditions that support health are critical for preventing and managing NCDs, and these actions can be strongly influenced by environmental policies. Such policies can provide enabling and supportive conditions and settings in which healthy choices become possible and easier to make. For example, an effective fight against obesity, one of the most “visible” public health problems in Europe, both in the general population and among children, requires a number of actions in areas ranging from behavioural change to marketing and advertising policy, from physical activity promotion and support to transport and land use policy, from healthy nutrition to taxation of products harmful health, from education to occupational health policies.

This broad public health approach could embrace a number of important environment and health processes such as THE PEP, the Water and Health Protocol, nutrition and food safety policies and all the actions taken to address climate change. The Fifth Ministerial Conference is the first opportunity to promote this renewed approach towards primary prevention and to facilitate intersectoral policy-making and collaboration among sectors through the renewed commitment of ministers of health and of the environment.

More direct and active involvement of political leaders from the health and environment sectors and consequently of their ministries would enhance implementation of the environment and health agenda in Europe. A strong and proactive alliance between these two sectors would facilitate their advocacy role in primary prevention and link it

¹ http://www.euro.who.int/envhealth/data/20070831_4

to a broader approach towards health in all policies. The new leadership of the WHO Regional Office for Europe offers a unique opportunity for this new approach and will facilitate the link between the EEHP and the public health priorities that are part of the new strategic direction. An active link with other sectors, promoted by the health and environment leaders, would facilitate overall national and international action towards global priorities such as the actions addressing climate change and other health and environment challenges.

The institutional framework

National mechanisms and structures

As implementation of the commitments made through the ministerial conferences is primarily dependent on the will and capacity to act nationally, there is a need for a further shift of emphasis and accountability at the national level. The establishment of effective national mechanisms and/or structures should therefore become the foundation of the strengthened implementation framework. Where these do not yet exist, Member States are urged to set up the national environment and health mechanisms most appropriate to their specific national circumstances, to ensure implementation of the Parma Ministerial Conference commitments. These mechanisms will involve an appropriate mix of sectors in discussing, monitoring and addressing the issues through effective action. Leading officials of these national mechanisms should meet regularly at regional level, to exchange experiences and to discuss progress achieved and challenges involved in implementation of the commitments.

The European Environment and Health Task Force

The European Environment and Health Task Force (EHTF) could be set up as the leading body for implementation and monitoring of the Process.

The EHTF would include leading officials from the national implementation mechanisms and structures of the 53 Member States in the WHO European Region, nominated at national level as focal points for the EEHP. The establishment of the EHTF would: a) ensure the active participation and ownership of all Member States; b) provide closer coordination of the national and international mechanisms that support implementation of the commitments made under the EEHP; and c) ensure more effective reporting back from the local and national levels.

The proposed terms of reference of the EHTF are:

- to provide a forum for exchange of technical experience and knowledge through discussion, and exchange of good practice;
- to regularly review scientific evidence with the support of WHO and other relevant institutions in order to update, modify or strengthen existing policies, as appropriate;
- to facilitate collaboration among relevant partners and stakeholders, including intergovernmental organizations, nongovernmental organizations, trade unions and technical agencies.

One (or two) of the EHTF meetings could be a high-level mid-term review meeting. This high-level meeting would also be attended by chief medical officers, deputy ministers or state secretaries, and senior environmental administrators, with the objective of ensuring involvement and decision-making at this level of governance. The high-level meeting would have the task of advocating, assisting with, and monitoring and reviewing national implementation of the commitments made at previous ministerial conferences, ensuring coordination with other international partners and stakeholders and their activities, and avoiding overlaps.

The proposed terms of reference for the EHTF at the high-level mid-term review meetings are:

- to review and monitor implementation and to identify new priorities/actions for adoption by Member States;
- to establish ad hoc working groups, task forces and other bodies, as necessary, to implement the activities agreed on in the Parma Declaration;
- to provide opportunities for further international collaboration.

The EHTF would be led by a chairperson and a co-chairperson, who should be high-level representatives proposed by two Member States and elected at the first meeting. The selection of chairpersons should ensure geographic and sectoral representation. The chairpersons would hold their seat for one term only in order to ensure rotation among as many countries as possible in the six-year span of the Task Force. This would help to ensure ownership of the process by all Member States. However, to ensure continuity of the process, at the end of his/her one-year term of office, the co-chairperson would become the chairperson, and a new co-chairperson would be elected. The outgoing chairperson could be called upon to provide advice to the chairperson and the new co-chairperson, as required, forming a sort of “EHTF” troika.

The EHTF would be supported by the WHO secretariat and may be supported by other ad hoc working groups set up, as necessary, on a temporary basis to address specific needs and issues. In deciding on the working groups required, the EHTF may opt to make use of existing structures such as the secretariat of THE PEP and the Water and Health Protocol. The frequency of, and attendance by Member States and other stakeholders at, meetings of these working groups will be set independently and cost-effectively, depending on the issues to be addressed or the terms of reference of existing structures used.

The new European Environment and Health Committee

The new EEHC should be based on a new conceptual framework. It should be able to represent and advocate environment and health more strongly and broadly among a larger group of stakeholders, and move the environment and health agenda forward, towards a more comprehensive approach.

It is therefore suggested that the EEHC should evolve into a more political body whose members would be the Ministers themselves. The Committee should consist of eight ministers nominated in a way that ensures geographic representation of all parts of the WHO European Region and equal representation of the health and environment sectors.

Other members of the Committee would include the European Union (represented by the Commissioner for Health or the Commissioner for the Environment), the WHO Regional Director for Europe, the Director of the United Nations Environment Programme (UNEP) Regional Office for Europe, and the Executive Secretary of UNECE.

The Committee would be chaired by the WHO Regional Director for Europe, with the European Commission Director General of Environment or the Executive Secretary of UNECE as co-chair.

The EEHC would be accountable to the WHO Regional Committee for Europe and the UNECE Committee on Environmental Policy (CEP). The agenda and the role of the EEHC should be developed to ensure the political relevance and effective leadership of the whole EEHP. The annual meetings could be arranged back-to-back with sessions of the Regional Committee and meetings of the CEP in alternating years, to facilitate attendance and to ensure the link to the two bodies that are its source of legitimacy.

The proposed terms of reference of the EEHC are:

- to be the political face and driving force of international policies in the field of environment and health for implementation of the commitments made within the EEHP, thereby providing support for implementation at national level;
- to facilitate the further development of environment and health policies based on scientific developments, new findings and the sharing of effective experiences;
- to identify financial opportunities that would enable implementation where resources are lacking;
- to promote specific initiatives on emerging issues involving senior decision-makers such as chief medical officers and deputy ministers of the environment and/or state secretaries.

During their tenure, the chairperson and co-chairperson of the EHTF would be invited to attend meetings of the EEHC and, as appropriate, relevant international or national events such as ministerial meetings, sessions of the WHO Regional Committee for Europe and other relevant governance meetings of the European Commission, UNEP, UNECE or other international and national bodies. They would provide technical advice to the EEHC, report on the Process implementation and guarantee a close link between the EEHC and the EHTF.

The whole institutional framework would be drawn together, coordinated and serviced by the WHO Regional Office for Europe.

Preparing for the next ministerial conference in 2016

Preparations for the next ministerial conference in 2016 will start in 2014 after the high-level meeting of the EHTF. A working group will be set up, including representatives of the EEHC, the chairs of the EHTF and other relevant partners, with WHO providing the secretariat. Its task will be to identify the main themes and priorities to be addressed by the Sixth Ministerial Conference on Environment and Health in 2016, and to support WHO in the Conference preparations.

The European Environment and Health Process

The European Environment and Health Process will continue towards the Sixth Ministerial Conference on Environment and Health in 2016. To ensure appropriate coordination between national implementation and international policies, a roadmap is being proposed to ensure the proper level of monitoring and implementation, as well as political drive.

The key change in the roadmap is the switch from a five-year cycle to a six-year cycle between ministerial conferences. This would make it possible to harmonize the calendar of the EEHP with the schedule for the elections of the WHO Regional Director for Europe and therefore ensure adequate leadership from the WHO secretariat.

The sixtieth session of the WHO Regional Committee for Europe, to be held in Moscow in September 2010, will endorse the outcomes of the Fifth Ministerial Conference on Environment and Health in a resolution. Ministers of health present at the session will nominate candidates for membership of the EEHC, while environment ministers will be nominated by UNECE's CEP in October 2010.

Before the end of 2010, Member States will be asked to nominate focal points for the EEHP, to provide an operational network for continuous collaboration between Member States and to attend the first meeting of the EHTF, to be held in June 2011. This will ensure a quick start to implementation of the political outcomes of the Fifth Ministerial Conference and timely reporting back to the next EEHC meeting, to be held back-to-back with the sixty-first session of the WHO Regional Committee for Europe in 2011.

EEHC meetings will take place each year in autumn, linked to either sessions of the WHO Regional Committee for Europe or meetings of UNECE's CEP. The EHTF will also meet annually to discuss progress and provide information to the EEHC.

The high-level meeting of the EHTF will be convened no later than July 2014.

Roadmap for the future for the European Environment and Health Process

Fifth Ministerial Conference on Environment and Health, Parma, Italy, 10–12 March 2010

1. EHTF meeting, June 2011
2. EEHC meeting, September 2011
3. EHTF meeting, June 2012
4. EEHC meeting, October 2012
5. EHTF meeting, June 2013
6. EEHC meeting, September 2013
7. EHTF high-level meeting June 2014 (Mid-term high-level review)
8. EEHC meeting, November 2014
9. EHTF meeting, June 2015
10. EEHC meeting, September 2015

Sixth Ministerial Conference on Environment and Health – June 2016

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.

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World Health Organization
Regional Office for Europe

Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark

Tel.: +45 39 17 17 17 Fax: +45 39 17 18 18 E-mail: postmaster@euro.who.int

Web site: www.euro.who.int