Healthy environments for healthy people

WHO STRATEGIC OBJECTIVE 8: “To promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health”
Introduction

Close to 20% of the burden of death and disease in the WHO European Region is attributable to environmental factors, with a relatively higher burden in the eastern part. In other words, nearly 1.8 million lives every year could be saved by improving our natural and man-made environments. This makes environment and health a major area of work for WHO/Europe, whose engagement in this field has deep roots in the core public health actions aiming at preventing and reducing deaths and diseases.

In a Region of almost 900 million inhabitants extending from the Atlantic to the Pacific Oceans, the effects of the environment on health are complex and unevenly distributed between and within countries. Air pollution is estimated to shorten the life of residents in the European Union by an average of 8.6 months. Traffic noise is harming the health of almost every third person in the Region. Lack of healthy transport options is contributing to over 900 000 annual deaths associated with physical inactivity. Almost 120 million people, mostly from the eastern part of the Region, still do not have a household connection to a drinking-water supply, and 85 million do not have proper sanitation, resulting in over 330 000 cases of water-related diseases reported on average annually.

The changing climate, the rapid introduction of new materials and technologies and the increasing number of environmental health emergencies can act as an amplifier of existing health problems. Socioeconomic inequities and the current global economic downturn hamper progress to reduce environmental health risks. In all countries, irrespective of country income, the poor are much more at risk from unhealthy environments than those who are better off.

Public health policies need to address environmental risk factors through tested approaches combined with multisectoral strategies. Emerging risks can require policy-makers to make rapid decisions often in the face of high scientific uncertainties.

The approach towards a healthy environment needs to be holistic, since most environmental hazards are generated by sectors other than health, but are eventually translated into health costs. Acknowledging this, in the late 1980s, European countries launched the **European Environment and Health Process (EEHP)**, the first ever cross-sectoral process to address the most significant environmental threats to human health.

The governance of this Process stays with the five-yearly ministerial conferences led by WHO/Europe. At the last Conference in Parma in 2010, countries adopted a new vision oriented towards “health in all policies” and raised the profile of the Process, now steered directly by ministers within a newly established European Environment and Health Ministerial Board. The Board focuses on the implementation of the Parma commitments at national level through an Environment and Health Task Force. Resources necessary to support the newly established mechanism amount to about 1 million dollars a year.

The environment and health cluster of programmes aims at achieving a better understanding of the environmental threats to human health; reducing the disease burden caused by environmental factors; strengthening capacity for policy-making in this area; and timely identifying and preventing persistent, emerging and future threats to human environment and health, and to address them in sustainable, efficient and equitable ways.
“Overall we note positive trends in health outcomes in Europe, as a result of a growing commitment to integrate health concerns in other sectors’ decision-making. However, emerging environmental threats are putting a huge burden on national governments, making it more important than ever to work together with a holistic approach to health”

Zsuzsanna Jakab, WHO Regional Director for Europe

Executive Summary

The Climate change, green health services and sustainable development programme addresses climate change as a growing threat that affects the fundamental requirements for health and exacerbates existing environmental health problems. It assists countries in implementing the European Regional Framework for Action endorsed at the Parma Ministerial Conference in 2010.

The Environmental health risk assessment and management programme develops methods and tools to assess the complex health impacts of new developments, such as industrial infrastructures and new technologies (i.e. nanotechnology). It also addresses the increasing difficulty of formulating policy advice in the face of scientific uncertainty.

The Living and working environments programme addresses the increasing exposure of people at work and at home to a wide range of environmental hazards, and the inequalities in exposure to risk that persist across and within countries. Work focuses on: air quality, chemical safety, environment and health information systems, housing, noise and occupational health.

The Transport and health programme supports countries to achieve healthy and sustainable transport through an integrated approach. Since 2002 it provides the secretariat of the Transport, Health and Environment Pan-European Programme (THE PEP) jointly with the United Nations Economic Commission for Europe (UNECE), integrating health and environmental aspects into transport policies.

The Water and sanitation programme works to increase access to safe water and sanitation, specifically addressing inequities in the Region. Together with the UNECE, it provides the secretariat for the Protocol on Water and Health, the world’s first international legally binding agreement to prevent, control and reduce water-related diseases and, together with United Nations Environment Programme (UNEP), it supports the health component of the Mediterranean Action Plan.

The WHO European Centre for Environment and Health

In 1991, in follow-up to the decisions taken by the First Ministerial Conference on Environment and Health, WHO/Europe established the European Centre for Environment and Health (ECEH). Its two offices located in Bonn and Rome and supported, respectively, by the German and Italian Governments are coordinated by the Regional Office in Copenhagen. ECEH pools together and coordinates a broad range of expertise facilitating the implementation of the commitments taken by countries through the Ministerial Conferences on Environment and Health.

In particular, ECEH:
• provides countries with evidence on the nature and magnitude of environment and health risks and supports them in implementing evidence-based strategies with a holistic approach, including in the event of environmental health emergencies;
• supports the development of greater capacities in health systems to address environmental health challenges in a “health in all policies” framework and brings health to a number of multilateral environmental agreements;
• works in partnership with Member States, intergovernmental and nongovernmental organizations, academic institutions and WHO collaborating centres to bring together and disseminate state-of-the-art knowledge and advice on environment and health.

ECEH Bonn focuses on environmental exposures in living and working environments, environment and health intelligence and forecasting; while ECEH Rome focuses on climate change, green health services and sustainable development; environmental health risk assessment and management; transport and health; and management of natural resources and health, including water and sanitation.
Climate change, green health services and sustainable development (CGS)

There is growing evidence that climate change is affecting the fundamental requirements for health – clean air, safe water, sufficient food, secure shelter and health security – and acts as an amplifier of existing health problems.

At the Fifth Ministerial Conference on Environment and Health in 2010, European ministers acknowledged as a priority issue the relationship between human-induced changes in the global environment and a range of severe health risks. They endorsed a new European Regional Framework for Action, laying out steps and priorities for joint action. WHO/Europe is working closely with countries to help them fulfil these commitments.

Challenges

In recent years European countries have been experiencing increases in the severity and frequency of extreme weather events like flooding, storms, heat-waves and fires, as well as changes in the distribution of diseases carried by vectors, rodents, food and water. The 70 000 excess deaths in Europe due to the 2003 heat-wave provided an example on what can happen. These developments are putting many people at risk – children, the elderly and the poor being the most vulnerable.

The modest warming occurring since the 1970s has already caused over 140 000 excess deaths annually worldwide by the year 2004. The health of millions more people will be affected by climate change over the coming decades if current trends continue and no action is taken.

What the WHO Regional Office for Europe is doing

For over a decade, the WHO European Centre for Environment and Health has been working to assess how health is affected by global environmental changes and to suggest public health responses. Since 2003, it has been leading the development of public health advice in the prevention and response to extreme weather events.

Based on the current level of climate change, our priorities are to help countries understand the health effects, develop national adaptation plans, promote healthy transport, energy and agriculture policies, invest into clean air, safe water and food, strengthen public health and health systems, implement early warning systems and extreme events prevention and response activities, strengthen disease surveillance and early detection, as well as invest in ‘green’ health services. The health sector can lead by example reducing up to 1% of total European greenhouse gas emissions and thereby save 15% of health care running costs.

The CGS programme builds on extensive cooperation with a wide network of scientists and WHO collaborating centres, and works in partnership with many United Nations (UN) and European agencies, in particular the European Commission, the European Centre for Disease Prevention and Control (ECDC), the European Environment Agency (EEA), the World Meteorological Organization (WMO), the UNECE, the UN Framework Convention on Climate Change (UNFCCC), the UN Development Programme (UNDP) and UNEP.
What additional progress could be achieved with greater resources?

In the coming four years the programme will continue to work towards implementation of the European Framework for Action and the World Health Assembly Resolution 61.19, in partnership with other UN agencies and European Union institutions. Work on sustainability has also started.

Maintaining the current level of funding, which is in the order of 3 million US$ per year, will enable WHO to:

> continue to invest into the development of evidence based information in particular on the effectiveness of policy measures;
> develop innovative tools and methods, such as for the estimation of health costs, or technical advice on making health services ‘greener’ and safer;
> provide technical assistance to strengthen health systems to adapt to the consequences of climate change and to develop sustainable health services;
> plan for and mitigate the health effects of extreme weather events and infectious disease outbreaks, and inform and cooperate with Member States on actions to take;
> cooperate with other stakeholders to promote health in all policies;
> set up and maintain the European information platform to share best practice and lessons learnt and monitor trends over time.

Specific projects and partnerships can be prepared upon request.

**FOCUS COUNTRIES:** Activities address all 53 Member States. In particular, in recent years, pilot projects have been carried out in Albania, Croatia, Czech Republic, France, Germany, Greece, Hungary, Lithuania, Kazakhstan, Kyrgyzstan, Portugal, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Tajikistan, the former Yugoslav Republic of Macedonia, Turkey, Uzbekistan, United Kingdom.
Environmental health risk assessment and management (ERA)

Formulating policies to mitigate the health impacts of environmental determinants requires reliable, authoritative and comprehensive risk assessments based on sound scientific evidence. Although this body of knowledge is growing, rapid technological developments are making it ever more complex and challenging to assess potential risk factors and determine the appropriate policy response.

This is especially the case when dealing with sector-wide policy questions, involving transport, energy, waste management, agriculture, etc., which requires the use of methods integrating different kinds of health determinants. The overall assessment of health risks and the formulation of policy advice is particularly challenging when one considers broad ranges of emerging hazards, like nanotechnology, genetically modified organisms, and endocrine-disrupting chemicals, which are often controversial and characterized by large uncertainties.

WHO/Europe supports Member States by developing methods and tools to assess risks and health impacts of environmental factors and policies, carrying out assessments, formulating evidence-based policy advice and providing training and advice on how to address complex public health policy issues.

Challenges

Conducting integrated risk assessment of environmental determinants across sectors, for example assessing the health impact of an existing or proposed industrial facility, combining data on its emissions into air and water, its effects on local transport patterns, and its interaction with other risk factors.

Formulating policy advice that takes into account uncertainty, risk perceptions, qualitative information and social inequities.

Assessing the health implications and developing risk governance frameworks for complex factors, such as for example nanotechnologies or nuclear energy production.

Applying demanding methodologies that require the consideration of policy contexts, which differ by domain of interest and by country.

What the WHO Regional Office for Europe is doing

The ERA programme at the WHO European Centre for Environment and Health, Rome Office:

- develops and disseminates methodologies for integrated risk and impact assessment, for example relating to industrially contaminated sites, and for the risk governance of emerging health threats, as partner in scientific consortia. For instance, it reviews evidence on nanotechnology and health and provides advice on its risk governance;
- develops resources and tools for addressing environmental health inequalities;
- promotes the use of legislative instruments for health and other forms of impact assessment;
- supports countries in capacity building through training workshops and programmes;
- conducts specific assessments.
What additional progress can be achieved with more resources?

The activities of the ERA programme are funded through support from the European Commission (DG Research and DG SANCO) and the Italian Government. With expanded resources, in the order of 1 million US$ per year, more could be done to help countries assess and respond to increasingly complex threats to public health, namely:

> prepare guidance on consideration of health in Strategic Environmental Assessments;
> increase capacity building activities on environment and health in selected Member States, and develop teaching resources and materials, providing further guidance on how to initiate and implement Health Impact Assessments at country level;
> launch a European network on industrially contaminated sites and European health risk assessment;
> disseminate and follow up on nanotechnology assessment.

Specific projects and partnerships can be prepared upon request.

**FOCUS COUNTRIES:** Activities address all 53 Member States. Specific technical collaboration in expert networks and dedicated projects takes place with a mix of countries within the Region. Bilateral collaborations have been established for example in capacity building in risk assessment and health impact assessment with Czech Republic, Estonia, Hungary, Kyrgyzstan, Latvia, Lithuania, Slovakia and Slovenia. Work in other areas was carried out in Belarus and Portugal.

Recent publications

- Health and strategic environmental assessment

- Population health and waste management: scientific data and policy options

- Health Effects And Risks of Transport Systems: The HEARTS Project

- From theory to practice in epidemiology: developing, conducting and disseminating health research
Living and working environments (LWE)

People are exposed to a wide range of hazards in their living and working environments. Identification of these hazards, assessment of their relation to health, monitoring of exposure and estimation of the related burden of disease are an essential basis for effective policies aiming at prevention and/or reduction of health impacts. Inequalities in exposure to environmental hazards are common in the WHO European Region, both between and within countries, contributing to vast inequalities in health status.

To better understand the linkages between living and working environments and health, the Bonn Office of the European Centre for Environment and Health collects and evaluates scientific evidence and supports country work on six topics: air quality, chemical safety, environment and health information systems, housing, noise and occupational health. It addresses a wide range of questions, such as:

- How does polluted air harm children?
- What substances should be banned from homes?
- What are the main health hazards at a workplace?
- What should be done to prevent such environmental hazards damaging health?
- What is the geographical and temporal distribution of risks in the European Region?

Thousands of research studies on the health effects of these hazards are published annually. This evidence needs to be converted into policy-relevant information, and risk management tools must be developed and implemented by well-prepared institutions. WHO supports countries by providing the best available expertise, helping the development of human and institutional capacities to assess and minimize environmental risks to health, developing risk management tools, working in the framework of international legal agreements, and facilitating health leadership. Most actions to prevent health risks involve sectors other than health, such as environment, industry, building construction or transport. The health sector should be empowered to influence the policies of these sectors and provide guidance on actions benefiting health.

Challenges

The air we breathe contains emissions from motor vehicles, industry, heating and cooking. It can be pervaded with particles from wildfires, volcanoes or contaminated dust. Building materials and equipment contribute to indoor exposure. Outdoor air pollution shortens life expectancy by 8.6 months on average in the European Union, where indoor air pollution leads to the loss of 2.2 million years of healthy life per year.

Some of numerous industrial and household chemicals, pesticides and heavy metals in the environment can be hazardous to health, particularly if used inappropriately. Industrial or environmental emergencies enhance the risks. Many chemicals are untested; while others, like the carcinogen asbestos, are still used in many countries in the Region.
Traffic noise is harming the health of almost every third person in the WHO European Region. One in five Europeans is regularly exposed to sound levels at night that could significantly damage health.

Every year, 300,000 deaths are attributable to work-related causes in the Region and 27,000 to occupational accidents.

What the WHO Regional Office for Europe is doing

The WHO European Centre for Environment and Health, Bonn Office:
- develops methods to quantify the health risks of air pollution, noise and housing conditions and provides WHO guidelines and guidance;
- helps countries build capacities to assess risks from living and working environments and develop sustainable policies to reduce health effects;
- enhances health systems’ preparedness and response to chemical-related emergencies or air pollution episodes;
- facilitates sharing of available evidence for public debate and policy-making through the maintenance and expansion of the Environment and Health Information System (ENHIS), enabling monitoring of implementation of commitments made at the 2010 Parma Ministerial Conference on Environment and Health;
- facilitates links between the health sector and other sectors, i.e. environment, construction industry, employment;
- serves as the secretariat for the European Network on Workers’ Health and collaborates with other subregional networks on this topic;
- leads the Task Force on Health Aspects of Air Pollution under the United Nations Convention on Long-range Transboundary Air Pollution.

What additional progress can be achieved with more resources?

Further resources would allow the Bonn Office to maintain current activities as well as:

- perform systematic reviews of health impacts of indoor and outdoor air pollutants, noise, poor housing and working conditions and of effective actions addressing these hazards in Europe, with a focus on inequalities;
- enhance its support to Member States in preventing health risks of air pollution, noise and chemicals using comprehensive inter-sectorial and setting-based approaches, such as healthy urban planning, healthy buildings or healthy workplaces;
- assist selected countries in eastern Europe and central Asia in delivering the commitments made at the Ministerial Conference on Environment and Health in Parma in 2010 and in monitoring progress in their actions through modernized and enhanced ENHIS.

Specific projects and partnerships can be detailed upon request.

FOCUS COUNTRIES: The work of the Bonn Office addresses all 53 Member States. In the last years, specific activities were carried out in Albania, Belarus, Croatia, Lithuania, Malta, the Republic of Moldova, Montenegro, Poland, Portugal, Russian Federation, Serbia, the former Yugoslav Republic of Macedonia, Turkey, Ukraine, Uzbekistan.
Recent publications

WHO Guidelines for indoor air quality: selected pollutants

WHO Guidelines for indoor air quality: dampness and mould

Air Quality Guidelines: Global Update 2005

Burden of disease from environmental noise

Night noise guidelines for Europe

The role of health systems in chemical safety in eastern Europe, Caucasus and central Asia (EECCA) countries
http://www.euro.who.int/__data/assets/pdf_file/0004/140809/health_systems_chem_safety.pdf

Health and environment in Europe: progress assessment

ENHIS fact sheets are available at

Social and gender inequalities in environment and health

Public health significance of urban pests

National profiles and priorities in occupational health systems development in the European Region

Recent publications
Transport and health (TRH)

The rapid growth of road transport in the WHO European Region in recent decades, while supporting economic development and integration, has harmed health and the environment through congestion, road traffic crashes, air and noise pollution, and contributed to sedentary lifestyles and emissions of greenhouse gases. But transport can be healthy: forms of transport that entail physical activity, such as cycling, walking and public transport, offer health gains through reductions in respiratory and cardiovascular diseases, obesity and road traffic injuries.

Member States of the WHO European Region committed to pursuing healthy and sustainable transport since 1999, when the Charter on Transport, Environment and Health was adopted at the Third Ministerial Conference on Environment and Health. In 2002, WHO and UNECE’s key priorities in these areas were streamlined in the joint Transport, Health and Environment Pan-European Programme (THE PEP). At the Fifth Ministerial Conference in 2010, European countries renewed their commitments made in the THE PEP policy framework.

Links between transport, health and environment:

#### Challenges

- Traffic accidents kill around 100,000 people per year in the European Region, and cause some 2.4 million injuries.
- Emissions from road traffic account for a significant share of the health burden caused by air pollution.
- In the European Union, over 50% of the population in urban areas are exposed to average noise levels of more than 55 dB(A) from road traffic. At these levels, adverse health effects occur frequently with a sizeable proportion of the population being highly annoyed and sleep-disturbed. There is evidence that the risk of cardiovascular disease increases as well.
- Physical inactivity is associated with 900,000 annual deaths in the European Region, where about 20–30% of adults are estimated to be obese.

What the WHO Regional Office for Europe is doing

The TRH programme of the WHO European Centre for Environment and Health, Rome Office:
- supports countries in defining and managing healthy mobility policies using methods to assess the health impacts of transport, and their costs;
- promotes healthy and sustainable transport through a “health in all policies” approach that spans different sectors and government levels;
- helps countries make health and environmental considerations a more explicit criterion for decision-making on transport.
Given the multisectoral nature of sustainable transport, WHO/Europe collaborates with many partners. In particular, since 2002 WHO/Europe has provided the secretariat of THE PEP jointly with UNECE, focusing on the integration of health and environmental aspects into transport policies.

WHO/Europe also works towards the creation of environments supportive of physical activity through the European network for the promotion of health-enhancing physical activity (HEPA Europe).

What additional progress can be achieved with more resources?

Plans for the next two years include:

> provision of a step-by-step manual and assistance for policy-makers and planners to develop national transport, health and environment action plans;
> development of new tools for economic assessment of the health effects of transport policies, including of investments in cycling and walking;
> capacity building for policy-makers on integration of transport, health and environment policy-making;
> organization of the THE PEP relay race workshops on safe and healthy walking and cycling in urban areas and on policy integration.

The funding for the activities above is in the order of 1 million US$ per year. Specific projects and partnerships can be detailed upon request.

FOCUS COUNTRIES: The transport and health programme targets all 53 countries of the European Region. Activities within THE PEP have a special focus on countries in eastern Europe, the Caucasus, central Asia and south-eastern Europe. In this framework, WHO organized workshops on capacity building for policy integration and healthy urban transport in the Republic of Moldova (2008), Czech Republic (2009), the former Yugoslav Republic of Macedonia (2010) and Georgia (2006 and 2010).
Recent publications


Economic valuation of transport-related health effects (2008)


Methodological guidance on the economic appraisal of health effects related to walking and cycling


Illustrative tool: http://www.euro.who.int/HEAT

Physical activity and health in europe: evidence for action

European Network for Health-Enhancing Physical Activity (HEPA Europe)
Water and sanitation (WSN)

In no other region of the world is the difference between poor and wealthy countries’ access to safe water and sanitation as wide as in the WHO European Region, where over 120 million people do not have access to safe drinking-water.

In 2010, a United Nations General Assembly resolution declared that access to clean water and sanitation is a human right. WHO/Europe’s efforts to ensure that right for everyone in the Region are framed by the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Waters and International Lakes, which closely links human rights, health and the environment. Together with UNECE, WHO/Europe provides the secretariat and coordinates the activities of the Protocol, which is the first international legally binding agreement for the prevention, control and reduction of water-related diseases in Europe. WHO/Europe also supports implementation of the water and health components of the Barcelona Convention for the Protection of the Mediterranean Sea against Pollution.

Challenges

Access to a safe water supply and hygiene has in general increased across the Region, with an 80% decrease in diarrhoeal disease in young children from 1995 to 2005. However, more than 50% of the rural population in the eastern part of the Region still lives in homes that are not connected to a drinking-water supply, and 85 million people still lack safe sanitation in both western and eastern countries. The quantity and quality of resource water has also been detrimentally affected by a 65% increase in extreme weather events in the last decade in the Region.

All of these factors have resulted in 330 000 cases of water-related disease reported on average every year in the European Region, contributing in the past decade to a 400% increase in the number of people requiring health assistance compared to the previous two decades.

Stable and adequate funding of the water and sanitation programme remains a challenge in the absence of legally binding funding agreements especially under the Protocol. At their second meeting, held in 2010, Parties to the Protocol on Water and Health committed to ensuring the core budget of the 2011–2013 workplan. The Barcelona Convention is funded through an assessment scheme. The Protocol Project Facilitation Mechanism is funded on the basis of individual projects.

What the WHO Regional Office for Europe is doing

The water and sanitation programme of the WHO European Centre for Environment and Health, Rome Office, works to ensure water as a human right, through:

- supporting the implementation of the Protocol on Water and Health. WHO leads the task force on water-related disease surveillance and contributes to cross-cutting issues (the development of water safety plans for small scale water supply and sanitation systems, and of best practice guidance on equity in...
access, focused on overcoming economic barriers to ensure the right to water). WHO also serves the Project Facilitation Mechanism and supports core functions:

- supporting the WHO-UNICEF Joint Monitoring Programme on access to water and sanitation, and monitoring the functioning of wastewater treatment plants in the Mediterranean region;
- strengthening surveillance systems, especially for emerging water-related diseases, improving national capacities for outbreak detection and control, in line with the International Health Regulations (2005);
- improving small-scale water supply and sanitation systems by assessing their impact on human health, promoting the introduction of water safety plans, and ensuring affordability;
- providing evidence for water management through WHO guidelines on drinking-water quality, safe recreational water environment, safe reuse of wastewater and missions of health specialists.

What additional progress can be achieved with more resources?

Supplementary resources would provide a more stable foundation for current activities, and allow the programme greater scope to:

- further support implementation of the Protocol on Water and Health;
- contribute on behalf of WHO to the WHO-UNICEF Joint Monitoring Programme and the Global Analysis and Assessment of water and Sanitation (GLAAS);
- continue funding a WHO position supporting the implementation of the water and health components of the Barcelona Convention;
- revise the WHO guidelines on safe recreational waters;
- assist countries in delivering the commitments from the Fifth Ministerial Conference on Environment and Health on youth involvement through a training programme in environmental diplomacy.

Costs involved by these activities are in the order of 2 million US$ per year. Specific projects and partnerships can be detailed upon request.

FOCUS COUNTRIES: The activities of the water and sanitation programme address all Member States in the European Region. Special attention is given to the 24 countries that are Parties to the Protocol on Water and Health, many of which are also Parties to the Barcelona Convention, as well as to those where the Protocol could be particularly effective in reducing water-related diseases, such as the eastern European, Caucasus and central Asian countries.
Recent publications

Progress and challenges on water and health: the role of the protocol on water and health

Guidance on water supply and sanitation in extreme weather events

Guidelines on the setting of targets, evaluation of progress and reporting

Draft technical guidance for setting-up, implementing and assessing surveillance systems for water-related diseases

Draft policy guidance on water-related disease surveillance

Small-scale water supplies in the pan-European Region

Edited by
L Sinisi
and
R Aertgeerts

UNITED NATIONS
ECONOMIC COMMISSION
FOR EUROPE

PAGE 16
Global initiatives and strategic partnerships

WHO global strategic approach tailored to countries’ needs

In environment and health, WHO/Europe has historically been at the forefront of several global developments, in partnership with WHO headquarters. The European Environment and Health Process is the first process of its kind and was launched in 1989 by the Regional Office, which took the lead in bringing together different sectors to shape European policies and actions on environment and health. This process has recently been reproduced in other Regions. Other developments are still unique to the European Region, including the Protocol on Water and Health, established jointly with UNECE, which is the world’s first legally binding treaty on water management and safety; and the Transport, Health and Environment Pan-European Programme (THE PEP), the first policy framework bringing together European ministries of transport, environment and health. In addition, WHO/Europe has been leading the development of global normative work, namely through the development of Air Quality Guidelines and Night Noise Guidelines. The European office has also represented WHO within the global Intergovernmental Panel on Climate Change (IPCC).
Partnerships for healthy environments

Collaboration with stakeholders is at heart of the work of WHO/Europe. The ultimate focus of WHO partnerships is to add value and maximize support to Member States, at regional and country level. All five programmes have established long-standing collaboration with institutions of the European Union, international organizations (such as the Organisation for Economic Co-operation and Development (OECD)), the European Commission and its agencies, other United Nations agencies (in particular UNECE, UNEP, UNFCCC, WMO), NGOs, youth representatives and foundations, as well as leading academic institutions and a broad network of WHO collaborating centres. WHO/Europe continues to explore opportunities for new strategic partnerships, based on shared health values and objectives.

To date, key partnerships include:

Council of Europe http://www.coe.int/
European Commission http://ec.europa.eu/index_en.htm
Directorate General for Mobility and Transport http://ec.europa.eu/transport/index_en.htm
Directorate General for Research http://ec.europa.eu/research/

OECD http://www.oecd.org
UNECE http://www.unce.org/
UNEP http://www.unep.org/
UNFCCC http://www.unfccc.int/
WMO http://www.wmo.int/

© WHO/Andreas Alfredsson
Contact Information

European Environment and Health Process
Srdan Matic
phone +4539171606
e-mail sma@euro.who.int

European Environment and Health Centre-Bonn Office
Michal Krzyzanowski
phone + 492288150405
e-mail info@ecehbonn.euro.who.int

European Environment and Health Centre-Rome Office
Francesca Racioppi
phone +39064877545
e-mail ecehrome@ecr.euro.who.int

Climate change, green health services and sustainable development
Bettina Menne
phone +39064877546
e-mail climatechange@ecr.euro.who.int

Environmental health risk assessment and management
Marco Martuzzi
phone +39064877520
e-mail EHRAM@ecr.euro.who.int

Living and working environments
Michal Krzyzanowski
phone + 492288150405
e-mail LWenv@ecehbonn.euro.who.int

Transport and health
Francesca Racioppi
phone +39064877545,
e-mail transport@ecr.euro.who.int

Water and sanitation
Roger Aertgeerts
phone +39064877528
e-mail watsan@ecr.euro.who.int
WHO’s Strategic objectives

With a specific focus on inequalities, social determinants of health and health in all policies, 2020 provides a European platform for achieving the 11 Strategic Objectives which frame the work of WHO in the European Region.

Briefings are available in each of the Strategic Objective areas:

1. Reduce the health, social and economic burden of communicable diseases.
2. Combat HIV/AIDS, tuberculosis and malaria.
3. Prevent and reduce disease, disability and premature death from chronic noncommunicable diseases, mental disorders, violence and injuries and visual impairment.
4. Reduce morbidity and mortality and improve health during key stages of life, including pregnancy, childbirth, the neonatal period, childhood and adolescence, and improve sexual and reproductive health and promote active and healthy ageing for all individuals.
5. Reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
6. Promote health and development, and prevent or reduce risk factors for health conditions associated with use of tobacco, alcohol, drugs and other psychoactive substances, unhealthy diets, physical inactivity and unsafe sex.
7. Address the underlying social and economic determinants of health through policies and programmes that enhance health equity and integrate pro-poor, gender-responsive, and human rights-based approaches.
8. **Promote a healthier environment, intensify primary prevention and influence public policies in all sectors so as to address the root causes of environmental threats to health.**
9. Improve nutrition, food safety and food security throughout the life-course and in support of public health and sustainable development.
10. Improve health services through better governance, financing, staffing and management, informed by reliable and accessible evidence and research.
11. Ensure improved access, quality and use of medical products and technologies.