



**Workshop to provide assistance to policy-makers
in drafting the Children's Environment and
Health Action Plan (CEHAP)**

**Implementing the conclusions and
recommendations of the Environment and Health
Performance Review (EHPR)**

Workshop report

Warsaw, Poland, 24 November 2008

ABSTRACT

Following the decisions of the Fourth Ministerial Conference on Environment and Health (Budapest, 2004), WHO/Euro has initiated a project to give guidance for strengthening environment and health policy making, planning of preventive interventions, service delivery and surveillance in the field of environment and health. Through detailed Environment and Health Performance Reviews (EHPRs) WHO/Euro is providing country-based analytical description of the environmental situation in Member States.

Based on the review that took place in Poland in July 2007 a report has been prepared giving an overview of the current environment and health situation, evaluating strong and weak points of environmental and health system and services in Poland and formulating recommendations for further actions.

As a follow up to the review the World Health Organization convened a workshop with the objective to discuss how to best use the recommendations formulated in the report at national level for the draft of the national CEHAP. Participants at the workshop set priorities in the actions needed, discussed possible implementation mechanisms and took responsibility for the implementation and monitoring of actions that are under their direct responsibility.

Keywords

ENVIRONMENTAL HEALTH
HEALTH STATUS INDICATORS
PROGRAM EVALUATION
HEALTH POLICY
PUBLIC HEALTH ADMINISTRATION
POLAND

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CONTENTS

	<i>Page</i>
Introduction	1
Background	1
Scope of the meeting	1
Political context	2
Summary of the EHPR	2
Developments at national level	4
Work in small groups	6
Group 1	7
Group 2	7
Discussion	8
Conclusions and recommendations	9

Introduction

Background

National Environmental Health Action Plans (NEHAP) were first drafted by a number of countries in preparation for the Third Ministerial Conference on Environment and Health held in London in 1999. They were intended to consolidate a number of actions of differing priority within a number of departments, ministries and private industry that would ensure a reduction of environmental risk factors impacting on the nation's health. In the past years many countries have revised their NEHAPs or have drafted / are drafting more child-specific action plans following commitments taken by ministries of health and environment at the Fourth Ministerial Conference on Environment and Health in Budapest in June 2004.

In order to support Member States in their drafting and implementation process, WHO/Euro has initiated a project to give guidance for strengthening environment and health policy making, planning of preventive interventions, service delivery and surveillance in the field of environment and health. Through detailed Environment and Health Performance Reviews (EHPRs) WHO/Euro is providing country-based analytical description of the environmental situation in Member States. The major areas of this strategic analysis are the institutional set-up, the policy setting and legal framework, the degree and structural functioning of intersectoral collaboration and the available tools for action. This interdisciplinary assessment objectively examines the relevant policy and institutional framework that exists in Member States.

In July 2007 an evaluation mission took place in Poland. During this field visit the WHO team met 52 representatives from 21 institutions from various sectors involved in environment and health. Based on this review a report has been prepared giving an overview of the current environment and health situation, evaluating strong and weak points of environmental and health system and services in Poland and formulating recommendations for further actions.

Poland is now in the process of drafting its CEHAP. The results of the EHPR and the national CEHAP will be used in the overall review of environment and health performance of the European Region to be presented at the 5th Ministerial Conference on Environment and Health (Italy, spring 2010).

Scope of the meeting

This workshop was organized to support the drafting process, and ensure that all relevant national stakeholders are involved in this drafting process. Participants at the workshop were asked to contribute to the development of the national plan and to take responsibility for the drafting, implementation and monitoring of actions that are their direct responsibilities whilst contributing or linking in to other crosscutting issues.

The recommendations formulated in the EHPR report set the ground for the discussions and supported the priority setting process. The workshop facilitated discussions among the stakeholders from different sectors and helped to ensure ownership and common ground for the successful implementation of EH policy-making.

The workshop comprised 18 national professionals from 8 institutions and representing various sectors involved in environment and health policy making. Professor W. Hanke from the Nofer Institute of Occupational Medicine, chaired the meeting and together with Dr Kinga Polanska from the Nofer Institute of Occupational Medicine was the rapporteur of the parallel working groups.

The meeting was supported by funds received by the WHO Regional Office for Europe from the European Commission (EC), Directorate General for Health and Consumers (DG SANCO).

Political context

The Fifth Ministerial Conference on Environment and Health will take place in Italy in 2010. It aims to review national implementation of the commitments countries have made in the last years to assess if they have made a change. The health impacts arising from key environmental risk factors form the basis of the regional priority goals of the action plan adopted in Budapest and are still of major concern for children's health today. They include: inadequate water and sanitation, unsafe home and recreational environments, lack of spatial planning to promote physical activity, indoor and outdoor air pollution, and chemicals. In continuity with the past, the Fifth Conference will keep the focus on children. It will however address emerging threats such as climate change, and cross-cutting issues including socioeconomic and gender inequities, the involvement of new stakeholders and the specific needs of the Eastern Europe, Caucasus and Central Asia (EECCA) countries.

Summary of the EHPR

The quality of the environment has steadily improved in Poland in the last 15 years. However there are still many environmental risk factors to health. The main environment and health issues in Poland include water and sanitation, exposure to Environmental Tobacco Smoke (ETS) and urban outdoor air pollution, road traffic injuries and unintentional injuries among children. Overall transport can be considered as one of the major problems at urban level resulting into high air pollution and increased risk of road injuries.

These priorities are reflected in the national health programme, which is also putting emphasis on the need of protecting children and of giving priority to socioeconomic inequalities. Nevertheless socioeconomic inequalities are not often explicitly reflected in the priorities set by environment and health activities and programmes.

Beside specific environment and health risks there are concerns regarding structural aspects of environment and health policy making. From an institutional perspective the review has shown that many different sectors and institutions are tackling different aspects of environment and health and do not seem to coordinate sufficiently. The Chief Sanitary Inspectorate is responsible for environment and health from a sanitary-epidemiological perspective, while the national institute of hygiene is responsible to advise in setting legal provisions, but is also involved in monitoring and risk assessment. Environment and health, is mandated to two institutes, which are also in charge of monitoring, risk assessment and project implementation. While environment and health are tackled predominantly from a research perspective, the policy advisory function for the institutions involved is not very clearly defined. Different administrative levels increase the difficulty in developing and implementing adequate environment and health activities.

It appears that there is a need to strengthen the role of medical doctors in the environment and health process and hereby to strengthen their role in prevention. Adequate training and continuous education in environment and health is required. Initial steps have been done through the establishment of an Environmental Health Training Center at the Institute of Occupational Medicine and Environmental Health in Sosnowiec in 2001. Nevertheless further advance and institutional setting of the basic and supplementary training on environment and health for general practitioners and paediatricians is urgently needed.

Environmental health threats are clearly addressed and recognized in policy principles (Constitution of the Polish Republic) and are acknowledged both in the national health and environment policy programmes. However there is the need to better link these two programmes. The Long-Term Governmental Programme “Environment and Health” jointly developed by the Ministry of Health and the Ministry of Environment of Poland as an implementation programme of the NEHAP was carried out between 2000 and 2004 and has not been renewed since.

The NEHAP has supported the establishment of synergies between environment and health activities and the CEHAPE which is under preparation is considered to be an essential tool in guiding the national environment and health process. It is recommended to have the CEHAPE as an integral part of the national health programme. This programme functions through an interministerial coordination group. Poland has made significant progress in developing an intersectorial approach in environment and health policy-making. The GAMBIT can be considered as a good example in regard. Nevertheless the intersectorial collaboration in Poland is very different at different operational levels. Generally speaking it seems that the collaboration functions better at local or voivoidship level where common activities and decisions are often initiated and taken on a more personal basis than on national level. An intersectorial approach is to be strengthened also from a financial / economic perspective. Economic arguments / health costs are not used enough for setting priorities or for informing / convincing policy makers to take preventive actions neither at health level nor by other sectors when drafting regulations which are relevant for the prevention from health risks due to environment.

Poland has made progress in compilation of and access to environment information. The right of access to information is stipulated in the Polish Act to Information on the Environment and its Protection and on Environmental Impact Assessment. Environmental hazards are identified and monitored by a great variety of different institutions, both from the health and the environment side, resulting in a scattered monitoring approach. There is considerable amount of information, but not a uniform approach to its preparation, analysis and reporting to support health and environment policy action. The data is little shared between the different institutions. Health indicators are routinely collected by the national institute of hygiene. But monitoring concerns either health or environment and there is a lack of integrated health and environment information.

This is also true for health impact assessment and environment and health impact assessment. The review has shown that the health component within EIA reports is still insufficient and inappropriate. The national report released in 2002 on the impact of the National Environment and Health Action in Poland stressing the importance of upgrading EHIA and risk assessment procedures. Despite the activities implemented by the national collaboration centre there is still a need to establish a national accreditation system for experts on EHIA and to further develop the methodology of HIA and EIA. Priority setting in environment and health should be supported by the use of standardized tools. The ENHIS is a recommendable tool to be implemented both at national and sub-national level.

Although access to information about environmental conditions and the health status of the population is a basic right in Poland, there seems to be still little awareness of environmental risk factors in society. The existing information is not systematically communicated to the public and the media presence seems to be more present in specific environment and health fields (nutrition and physical activity) than in others. Prevention campaigns in the media are not passed for free adding to the difficulties of public or non-governmental institutions to disseminate information on environment and health risks.

Developments at national level

In his opening addresses Dr Adam Fronczak, Deputy Minister of Health, underlined the importance of strengthening efforts to protect the vulnerable population for environmental risk factors. It was emphasized that the Polish Government was very supportive of children's environment and health promotion. In his speech of the 15th of November (few days before the workshop) Prime Minister Donald Tusk declared that his government "will do all what is needed to ensure that children in Poland are safe".

The developments achieved at national level since the workshop in March 2008 in the draft of the national CEHAP and since the EHPR were presented by Professor W. Hanke on behalf of the Nofer Institute of Occupational Medicine – Polish national counterpart institution for the environment and health process in Europe.

The proposed draft structure of the CEHAP is based on the review of examples from other countries of the European Region (e.g. Austria, UK, Slovakia, Lithuania). It was agreed that for each Regional Priority Goal (RPG) a short background chapter would be prepared giving the necessary information on the extent of the problem. This chapter would then be followed by an overview of ongoing and planned preventive activities for reaching the objectives of each RPG. Three main overarching issues were identified that should be covered by the CEHAP and for all RPGs: monitoring & surveillance; home and school oriented activities; youth participation.

RPG 1 - Access to safe and affordable water and adequate sanitation: The access to a regular, clean and safe drinking water supply has significantly improved in recent time. However, still 15% of cities (usually small ones) have no access to pipeline water systems. Every ten citizen of urban areas and every fifth one in rural areas have no access to safe water. The priority actions in regard should be to pool smaller water supply systems into larger ones which could meet the current standards for water quality. Significant progress was made in the prevention of shigellosis and salmonellosis. In order to provide a valid surveillance of waterborne diseases data on water quality should be linked with infectious diseases reports.

RPG 2 - Reduce health consequences from accidents and injuries and enhance physical activity: The GAMBIT program has been very successful in Poland and proved that coordinated actions involving policy makers, schools and local communities are possible. The continuation of this program should be a priority within the CEHAP. In rural areas measures taken by the Agricultural Social Insurance Found (KRUS) and the Institute of Rural Medicine in Lublin to prevent accidents in children participating into farming activities have proven to be effective and should be followed up.

Several prevention activities to control and reduce overweight and obesity in children and adolescents have been initiated. The National Institute of Food and Nutrition has implemented a program for increasing children's and adolescents' awareness on healthy lifestyles in regard to

nutrition and physical activity (in 2006 activities have been carried out in 4331 primary schools and gymnasiums). The National Programme for Prevention of Overweight and Obesity as well as the “Chronic Non infectious Diseases through Healthy Diet and Increased Physical Activity (POL-HEALTH)” programme have been launched. A good example for multisectorial collaboration is the educational programme coordinated by the State Sanitary Inspection “Keep in shape” which was run in schools in the school year 2006/2007. In line with these activities the WHO Charter on counteracting obesity was signed by Civil Rights Spokesmen and the Director of the National Institute of Food and Nutrition in 2007. Another example for a systematic approach in promotion of physical activity is the effort made by the Ministry of National Education to change the educational curriculum in relation to programs of physical fitness in schools.

RPG 3 - *Ensure environments with clean air in order to reduce respiratory diseases*: Activities focusing on urban and indoor air quality are progressing. However a more systematic approach towards air quality management is needed. Urban air monitoring is mainly focussing on NOx and PM10 and clearly needs to be extended to PM2.5 monitoring as well. Routine monitoring results show that the main sources of air pollution are traffic and coal based heating systems in individual houses. Long term policies addressing both sources are needed.

The exposure of children to passive smoking is still the major threat for their health. The educational activities are run mostly by Sanitary State Inspection, however to be successful they should be backed up by national campaigns.

Tobacco control legislation is currently in reading in the Polish Seim and as of 2009 a stronger law will be endorsed and reinforced.

RPG IV - Reduce disability and disease arising from exposure to hazardous chemicals, physical and biological agents and hazardous working environments: No major progress was observed in the area of prevention of exposure of children to chemical and physical hazards. Although some limited monitoring of lead poisoning is run in high risk areas (Upper Silesia, Copper Basin in Lower Silesia) there is no valid information on the exposure to dioxins, PCBs and methylmercury. Poland has only recently ratified the Stockholm Convention. Taking into account limited funding opportunities, prevention activities should be preceded by valid diagnosis in high risk areas.

As schools are considered to be an important source of noise, pilot prevention programmes have been undertaken in the area of Warsaw. They included both noise monitoring and screening for noise induced hearing deficit.

Protection of children to sun emitted UV radiation, in order to protect skin melanoma, is of great public health importance in Poland. However, so far only limited prevention activities were initiated.

On behalf of the Nofer Institute of Occupational Medicine – Polish national counterpart institution for the environment and health process in Europe – Professor W. Hanke presented the national expectations towards the results of the EHPR and its use for the draft of the national CEHAP. In response to the EHPR recommendation on the need to further develop capacity building, training and medical curriculum in environment and health, a recently finalized Polish-Italian Twinning Program on environment and health was presented. This project has been very successful in training policy-makers of different administrative levels in the variety of aspects related to environment and health. In order to further strengthen appropriate capacity building in environment and health, three national centres (impact assessment, risk communication and education) are planned to be created in Poland.

The lack of communication among different sectors as well as the lack of funding for environment and health priorities were acknowledged and considered priorities for further action. Researchers from Nofer agreed that it is necessary to better translate research results into policy decisions.

Overall participants felt that the EHPR and the formulated conclusions and recommendations are a very useful tool for assessing the environment and health situation in the country. Based on the discussions of the working group, priorities needed to be further set.

Work in small groups

To set priorities for action at national level on environment and health management tools, economic and financial mechanisms as well as on intersectoral collaboration the working group was divided into two subgroups for more detailed and focussed discussion and formulation of specific recommendations. Group one focussed on RPG I and II, while group two focussed on RPG III and IV. Based on the conclusions and recommendations of the EHPR, the major aim of the working groups was: to discuss the expectations towards the CEHAP, formulate priorities for the CEHAP and discuss structural requirements and difficulties for the implementation of environment and health activities.

Group 1

The group's discussion focussed around the priority areas of water and sanitation and the promotion of physical activity and injury reduction. The group agreed on following priorities to be covered by the national CEHAP:

RPG 1

- To further improve the quality of water quality monitoring;
- To prepare annual reports on water quality for public information;
- To further develop an integrated water management system introducing also novel approaches such as the water safety plans.

RPG 2

- To nominate an organization responsible for the national coordination of children and adolescent injuries prevention and to establish focal points in each of the involved ministries and departments;
- To assign an organization to be in charge of an integrated child injury surveillance system (coordinating child injury data and producing reports to support actions);
- To develop a national injury prevention strategy led by the government with specific targets relating to child and adolescent safety;
- To appoint an organization with the responsibility of collecting and distributing information on best practice;
- To initiate national capacity building activities for professionals working in injury prevention of children and adolescents;
- To develop a network of child injury prevention practitioners and researchers;
- To nominate an organization responsible for the national coordination of children and adolescent diet and physical activity programmes;
- To develop a monitoring system on children eating habits and physical activity;
- To establish a new subject in the school curriculum on health education and promotion;
- To implement the commitments of the National Health Programme.

Group 2

Seven priorities around air quality and chemical/physical/biological agents and occupational health were identified by group number two.

RPG 3

- To train and inform students, physicians and public health specialists on the health consequences of different environmental exposures to health;
- To inform the public about the health consequences of the exposure to air pollutants;
- To establish a coordinating institution which would be responsible for consolidating the information about the environmental hazardous exposure and the consequences on health as well as for initiating and leading activities to reduce the exposure to hazardous substances.

RPG 4

- To continue monitoring of exposure to heavy metals and health status of the children from the regions with high exposure level (Copper Basin and Upper Silesia Region);
- To measure the exposure to dioxins and PCBs;
- To identify the regions with high exposure to chemicals and air pollutants level and to implement prevention activities in these regions;
- To increase awareness of the public about consequences of the hazardous environmental exposure.

Discussion

The plenary discussion addressed the results achieved in the working groups on setting priorities for action.

All working group members agreed on the conclusions reached by the two working groups. The group recommended discussed structural requirements for fulfilling the priorities formulated in the working group.

It was generally felt, that there is the need of having a stronger involvement of the Public Health Department of the Ministry of Health and the Chief Sanitary Inspectorate in environment and health management.

It was agreed that currently there are too many different institutions involved in data collection. There is the need of having one institution taking the leadership in environment and health in order to develop a common methodology for data collection and interpretation. The designated / appointed institution should take the leadership in a) education, b) information, c) risk assessment, d) case study collection, e) fundraising and f) review of legal instruments on environment and health.

In addition the discussions focused around existing tools, processes etc. that could be integrated into the future CEHAP. Examples mentioned in regard where the positive example of the GAMBIT, the WHO European Charter on counteracting obesity etc.

Finally the participants agreed that there is a need to strengthen the involvement of NGOs and youth representatives in the national environment and health process. Some ideas about possible activities have been discussed like the organization of competition programmes for youth organization in the promotion of environment and health topics, the stronger involvement of the Association of Medical Students and the support by youth NGOs networks (contact to be provided by the Ministry of Education).

Conclusions and recommendations

Based on the priorities defined by the two parallel working sessions and the discussions held during plenary the following steps were recommended by the working group and endorsed by all sectors present:

- 1) Establish the formal leadership of the CEHAP through the establishment of a multisectoral CEHAP Steering Committee and Task Force;
- 2) Provide a platform represented by a group of technical advisors from different sectors that could contribute to the development of CEHAP specific activities and actions;
- 3) Develop local municipal networks supporting the CEHAP implementation at local level;
- 4) Attribute budget to the support and implementation of: national programmes, research activities, capacity building, national task force/ injury prevention working group, network of children safety professionals;
- 5) Strengthen the interest of medical doctors and students organizations in the CEHAP topics;
- 6) Establish a CEHAP web side to be hosted preferably by the Ministry of Health. Further discussion will take place in regard with representatives of the Ministry of Health.

The following timeline for the preparation and implementation of the CEHAP was discussed and endorsed by the participants:

- | | |
|------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 5 th December 2008: | The participants will send their input to the presented draft CEHAP to the national coordinator and will provide all additional information on relevant ongoing activities to be included in the CEHAP. |
| 15 th December 2008: | The minutes of the meeting will be circulated for approval among the participants; First suggested composition of the steering committee and the task force. |
| 15 th of January 2009: | Final decision on task force composition. |
| 15 th of February 2009: | Session of the task force and the newly established steering committee for presenting and discussing the advanced CEHAP draft; emphasis will be put on the discussions around the actions and activities to be carried out by other relevant sectors. |
| 15 th March 2009 | Ministries/ involved administrations to decide on actions. |
| 15 th of April 2009: | National congress / conference where all sectors will be invited; the CEHAP will be presented and all relevant stakeholders will have the possibility to comment. |
| 15 th of May –
1 st of June 2009: | CEHAP will be shared among all ministries for broad based consultation. |
| September 2009: | Final version of the CEHAP to be ready. |

November 2009: CEHAP will be presented at the 17th EUPHA Conference in Lodz, Poland (26-28 November 2009).

Spring 2010: CEHAP and its implementation presented at the 5th Ministerial Conference on Health and Environment, Italy.

Annex 1

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