



**24<sup>th</sup> Meeting of the  
European Environment and Health Committee  
(EEHC)**

**25 – 26 October 2007, Bonn, Germany**

**with a focus on**

**BUDAPEST CONFERENCE DECLARATION Paragraph 21b:**

*“We agree to meet again at a fifth European ministerial conference on environment and health to be held in 2009.”*

EUR/5067851/9 Rev.2

22 October 2007

ORIGINAL: ENGLISH

## **Main recommendations and conclusions of the Intergovernmental Midterm Review (IMR)**

The Intergovernmental Midterm Review was attended by 50 out of 53 member states. Delegations acknowledged the role of the Austrian government in hosting the event. They highly appreciated the organization of the IMR as it provided a means of reporting back by countries mid-way between two ministerial conferences on environment and health. The meeting allowed for the exchange of experience and knowledge dissemination between those present and also provided an opportunity for sharing lessons learnt

### **Recommendations on the future of the European Environment and Health Process.**

The European Environment and Health Committee and the CEHAPE Task Force were seen to be effective in facilitating the implementation process since the Budapest Conference and were highly appreciated by the member states as well as NGOs.

There was a general agreement that the Fifth Ministerial Conference on Health and Environment should take place in 2009. Italy reiterated its commitment to host the next Ministerial conference in 2009. Many delegations felt that great achievements had taken place since the last conference and requested that the process should continue beyond 2009.

In the next phase, it was suggested that there should be more involvement of NGOs and youth as better integration of the business community. Ways of working at the local level, possibly through the involvement of the local authorities in the European Environment and Health Process, had to be identified. Several countries also remarked on the importance of receiving assistance by the WHO at the sub-regional and national level.

The use of legal instruments and their added value was a significant part of the discussions at the IMR. It was concluded that there may be some merits to linking the Children's Environment and Health Action Plan for Europe (CEHAPE) to an existing international legal instrument such as the UN Rights of the Child or the International Health Regulations.



European Environment and Health Committee (EEHC) Secretariat  
WORLD HEALTH ORGANIZATION • REGIONAL OFFICE FOR EUROPE

Scherfigsvej 8, DK-2100 Copenhagen, Denmark  
Phone: +45 39 17 12 89 Fax: +45 39 17 18 78 e-mail: lul@euro.who.int

It was clear that the special needs of the NIS and SEE countries had to be better addressed in the future. Assistance with priority setting as well as standardization mechanisms were seen to be possible ways forward by these countries.

There was also a call for the process to address the needs of other vulnerable groups besides youth and children.

Particular attention was required on gender issues as well as on social inequalities. Social inequity needs to be considered not only amongst countries but also within countries.

There was general agreement that the theme of the next conference should continue to focus on children's health and environment issues. There was a request that the Environment and Health agenda should be extended further by placing more attention on some key cross-cutting themes such as climate change, and economic implications of the burden of disease arising from environmental factors (e.g. the cost of inaction)

Member States also recognized the need to ensure sustainability of the process in the next phase and called for adequate financing of the process through increased voluntary donations on their part. The WHO Regional Office was also asked to further strengthen the European Environment and Health Process in terms of resources. The secretariat was asked to continue to provide technical assistance to the Member States in implementing their commitment to the Process, by introducing time-bound targets/goals and by considering more compelling funding mechanisms.

## **Lessons Learnt from Budapest till the IMR**

Delegations reported on all four regional priority goals of the Children's Environment and Health Action Plan as well as the Budapest Declaration and reached the following common conclusions.

**Clear identification of the magnitude and relative importance of the problems at stake was important to get started.** It was important to be aware of "masked" problems such as hygiene and sanitation problems in countries with high access to safe water and sanitation. Investing in a good surveillance, monitoring and information system was a good basis for taking action. Research was required to identify current and emerging problems, as well as solutions. At the international level, it was particularly important to focus on the specific needs and problems of the EECCA and SEE countries.

**Investing time in good planning was necessary to ensure successful implementation.** At the planning stage, a choice of interventions or actions for reference was useful, but these were NOT always available. During the implementation stage, it was necessary to assess the effectiveness of interventions to ensure sustainability and more importantly to allow adjustment according to the new needs, challenges or priorities that arise. One should assess the effectiveness of interventions, but it should be emphasized that strategies that are evidenced based and proven to work should be those that are selected for implementation. Prioritization was important as by focusing on a SMALL number of projects at one time which are action-oriented was more productive.

When planning project budgets, it was necessary to take into account the full cycle of project implementation including possible delays that could arise. Coordination had to be maintained throughout implementation of different actions at the national level, to ensure that resources

were used efficiently. Incentives should be built into the process to encourage persons to commit to implementation

**Multisectoral approaches to problem solving** were required and partners or sectors involved had to have clear well defined roles and responsibilities. If well coordinated, involvement of all stakeholders towards a common objective could be a useful tool and would provide cost benefits. Clarifying the benefits for each sector, resulted in a more efficient multisectoral implementation of action

**Political support and political will** was needed and should be consistent to maintain commitment to action by all the sectors involved. Involvement of new stakeholders such as the medical professions, NGOs, youth and private sector was particularly stressed. Collaboration on an international level was important to ensure political will and commitment to sensitive or emerging issues. International collaboration facilitates the coordination and sharing of experiences, allowing countries to make more effective use of resources invested. Sub-regional partnerships around common themes or issues was recognized as important and effective in implementing national policies

**Children and youth had to be involved in determining their own future.** Their contribution was important and support by appropriate educational methods would facilitate their involvement in decisions that affect them. This includes ongoing assistance and guidance from parents, teachers or caretakers.

**Implementation of international agreements was not easy.** It required effort from the member states but provided a useful framework for priority actions. It was recognized that regulatory frameworks work well only if applied to all stakeholders equally, and if equipped with good control mechanisms. Clever economic instruments were seen to be effective implementation tools.

**The role of legislation and standards that are enforced as well as national and international commitments was acknowledged.** On a national level it was necessary to take into account the opportunities for coordination at the national level that a legislative framework provided such as the EU Acquis. On an international level awareness of the diverse legal systems in different countries was important in identifying effective ways of implementing international commitments such as the water and health protocol.

Reliable information is necessary as a basis for communication and it may require update of monitoring and health surveillance systems in some countries. **Open and transparent communication with the public** is a key factor to successful action. Raising awareness of the population is important to ensure acceptance of the need for change in behaviours. 'Good stories' and case studies were particularly useful as part

Communication was important and key messages had to target all groups in the clearest possible manner. Health Promotion and Prevention messages were seen to be more effective if they targeted policies agreed to or requested by the public. Public awareness and communication campaigns were important and should make use of all forms of media. Models of good practice should be referred to. Schools were fertile ground for health promotion and preventive action. They were an effective setting to ensure child/youth involvement and also good communication potential in terms of "spreading the message"

Communication required a good basis of data. A national environment and health information system was important and should clearly address the needs of the users. It was important to ensure

common elements between the countries. Continued effort and enthusiasm in building this tool on an international as well as a national level was a worthwhile venture.

**The NIS and SEE countries were sub-regions with particular needs.** It was important to promote sub-regional cooperation as this could ensure an increased implementation rate as could be seen by various examples of initiatives shared between regions such as the Nordic case studies.