



From London to Budapest: Progress made on transport, environment and health

Background document

CONTENTS

	<i>Page</i>
The background to international action.....	1
The Charter on Transport, Environment and Health.....	2
Evaluating the implementation of the Charter.....	3
Towards prioritizing, rationalizing and streamlining international action	5
Establishment of THE PEP	6
Implementing THE PEP.....	7
THE PEP Clearing House on Transport, Health and Environment	7
Elaboration and implementation of urban plans for transport sustainable for health and the environment.....	8
Transport Related Health Impacts and their Costs and Benefits with a Particular Focus on Children.....	9
Establishment of a Set of Indicators to Monitor the Integration of Environmental and Health Aspects into Transport Policies, and their Impacts on Health and the Environment	10
New projects endorsed for implementation by THE PEP Steering Committee at its second session.....	11
Practical guidance on institutional arrangements and mechanisms for integrated policy- and decision-making	11
Promotion of safe walking and cycling in urban areas	11
THE PEP contribution to the Budapest Conference and to the development and implementation of the CEHAPE	12
Beyond Budapest: opportunities and challenges.....	12

The background to international action

1. The need for international action on transport, environment and health was prompted by the results of analyses of the type, magnitude and costs of transport-related health and environmental effects. These analyses revealed *inter alia* that injuries caused by road traffic accidents, the health effects of noise and air pollution, reduced opportunities for safe physical activities such as walking and cycling, psychological and social effects, and the contribution of transport to greenhouse gas emissions represent a very large health burden, particularly for vulnerable population groups and the eastern part of the European Region, and threaten the achievement of our aim to develop transport in a sustainable way. The analyses stimulated political support to mitigate and prevent these negative environmental and health effects and to promote positive ones, and led to the negotiation of the Charter on Transport, Environment and Health.

Box 1. Five years after the London Conference, transport activities continue to pose significant threats to health and the environment – Strong political commitment and coordinated international action are needed more than ever.

- Approximately 127 000 people are estimated to die every year and more than 2.4 million are injured as a result of road traffic collisions. Road traffic injuries are the leading cause of death for children and young people aged 5–29 years, which account for approximately one third of all deaths due to road traffic crashes. The majority of road traffic crashes happen in urban areas, and pedestrians and cyclists account for one third of all deaths.¹
- The number of people who are estimated to die prematurely as a result of their exposure to air pollutants in the European Region is in the order of 100 000 per year.² Of these, tens of thousand of deaths each year are associated with transport related air pollution, reducing significantly life expectancy of the chronically exposed populations. Health risks imposed by transport-related air pollution include increased cardiopulmonary morbidity and mortality, and increased risk of development of non-allergic respiratory symptoms as well as exacerbation of allergic reactions.
- Transport (road, rail and air traffic) is the most important source of community noise in the European Region. Approximately 30% of the European Union's population (EU15), or close to 120 million people are exposed to levels of road traffic noise of more than 55 dB(A), i.e. the WHO guideline value for outdoor living areas. Exposure to noise causes annoyance, sleep disturbance, stress and has effects on children's learning. It is also suspected to contribute to the development other adverse health outcomes, such as cardiovascular diseases.³

¹ WHO European Regional Office, *Preventing Road Traffic Injury: a public health perspective for Europe* (2004). (URL: <http://www.euro.who.int/document/E82659.pdf> accessed on 10 May 2004). UNECE, *Statistics of Road Traffic Accidents in Europe and North America* (2004). (URL: <http://www.unece.org/trans/main/wp6/transstatpub.html> accessed on 12 May 2004).

² WHO *WHO World Health Report 2002: Reducing Risk, promoting healthy life* (2002). (URL: <http://www.who.int/whr/2002/en/> accessed on 10 May 2004).

³ *THE PEP project: Transport related health impacts and their costs and benefits with a particular focus on children: Topic paper on Noise: assessment of health impacts and policy options in relation to transport-related noise exposure*. (URL: http://www.thepep.org/en/workplan/health/health_implementation.htm accessed on 10 May 2004).

- Mortality attributed to physical inactivity is estimated to range between 5 and 10% of the total mortality in different European countries, i.e. an estimated 600 000 deaths per year.⁴ Safe walking and cycling, in combination with efficient public transport, can play a major role in re-establishing or maintaining adequate levels of physical activity in the general population and decreasing the risk of cardiovascular diseases, diabetes, hypertension, some cancers, as well as risks related to overweight and obesity.
- Other effects of transport on health include psychological and social ones, such as post-traumatic stress disorder in victims of injuries, isolation of vulnerable groups and constrains on the development of neighbourhood support networks. In addition, transport-related emissions of gases that cause climate change are expected to contribute to extreme weather events while emissions that contaminate soil and water may also contribute to the risk of increasing the intake of chemical pollutants through the consumption of food and drinking water.

These effects are unequally distributed across the Europe, with the eastern part bearing a comparatively higher disease burden than the west due to a rapidly increasing car ownership that is not accompanied by technological improvements, adequate demand management, and reform of policy settings. A WHO assessment of air pollution in the newly independent states of the former Soviet Union (NIS)⁵ indicated that annual mean values of Total Suspended Particles (TSP) ranging from 100 to 400 micrograms per cubic meter are quite common in bigger cities of the NIS, where transport is held responsible for up to 75% of total emission of selected pollutants, and is solely responsible for air toxins like benzo(a)pyrene and soot. In addition, average mortality rates from road traffic accidents are twice as high in the NIS compared to Nordic countries (i.e. Denmark, Finland, Iceland, Norway and Sweden).

Children bear a disproportionate burden of injuries and diseases related to transport. Road traffic injuries claim around 6500 lives of children aged 0–14 years, who are particularly vulnerable as pedestrians and cyclists. Air pollution exacerbates asthma attacks and bronchitis episodes, while exposure to lead from leaded fuels can have neuro-developmental effects. Exposure to high levels of noise in the school environment affects attention and may interfere negatively with cognitive performance, long-term memory and reading skills. The lack of physical activity (such as walking and cycling to and from school) is, together with diet, the main risk factor for the mounting epidemic of obesity and overweight observed among European children.

The Charter on Transport, Environment and Health

2. The Charter on Transport, Environment and Health was adopted at the Third Ministerial Conference on Environment and Health in London in June 1999, which brought together representatives from ministries of transport, environment and health and from intergovernmental and nongovernmental organizations. The Charter aims at placing health and environmental considerations firmly on the agenda of transport policy-makers. It includes a plan of action, whose implementation was led by a steering group comprising representatives of 25 WHO Member States, the United Nations Economic Commission for Europe (UNECE), the United

⁴ WHO, *World Health Report 2002: Reducing Risk, promoting healthy life* (2002). (URL: <http://www.who.int/whr/2002/en/> accessed on 10 May 2004).

⁵ WHO Regional office for Europe, *NIS Environment Strategy Background paper: Pollution Prevention and Control* (2002). (URL: <http://www.euro.who.int/document/a1q/nisaqbde.pdf> accessed on 10 May 2004).

Nations Environment Programme (UNEP), the European Commission and six nongovernmental organizations. National contact points were appointed by 30 Member States to facilitate implementation of the Charter at national level.

Evaluating the implementation of the Charter

3. An evaluation of the implementation of the Charter⁶ was carried out in 2002 at the request of the London Charter Steering Group and was reviewed and endorsed by the Second High-Level Meeting on Transport, Environment and Health, held jointly by the WHO Regional Office for Europe and the UNECE in Geneva in July 2002. The evaluation was based on a questionnaire addressed to the Charter National Contact Points, and to WHO Technical Contact Points in Ministries of Health of the WHO Regional Office for Europe. Responses were received from twenty-seven Member States, the United Nations Environmental Programme (UNEP) and the European Cyclist Federation (ECF).

4. The evaluation concluded that, at the international level, the Charter had been successful in:

- promoting greater integration of health arguments in the international agenda on transport and environment;
- bringing together the three sectors and contributing to streamlining work under joint WHO/UNECE auspices;
- breaking new ground in the development of methods for health impact assessment and economic valuation of transport-related effects on health;
- bringing together and making available existing and emerging knowledge on the effects of transport on environment and health; and
- raising interest in tools for dissemination and capacity-building.

5. The evaluation also identified the main challenges encountered in implementing the Charter: extending active participation and leadership to a greater number of countries, in particular the countries of central and eastern Europe and the NIS:

- strengthening the active participation of representatives of the health sector; and
- overcoming the lack of adequate resources to strengthen implementation.

6. Similar results were reported at the national level: although the Charter brought added value by facilitating and, in some countries, initiating a cross-sectoral dialogue at the national level and bringing out the health implications of transport policies, the lack of enforcement tools and allocation of resources for national implementation emerged as key limiting factors. Related to this was the difficulty of increasing the awareness and engaging the active support of actors at the national and subnational level across the relevant sectors.

⁶ *Evaluation of the implementation of the Charter on Transport, Environment and Health 1999–2002 adopted at the Third Ministerial Conference on Environment and Health (London, 16–18 June 1999)*. Copenhagen, WHO Regional Office for Europe, 2002 (document EUR/02/5040828/3) (<http://www.unece.org/doc/eur/eur.02.5050828.3.e.pdf>, accessed 16 February 2004).

7. In the context of the Charter implementation, a major effort was directed towards developing, jointly with UNECE, an overview of instruments relevant to transport, environment and health,⁷ the conclusions of which were discussed at the First High-Level Meeting on Transport, Environment and Health in Geneva in May 2001. The overview recommended, *inter alia*, that negotiations be started on a framework convention on transport, environment and health, focusing on integrating the transport, environment and health sectors and addressing transport-related environment and health problems in urban areas. It also recommended strengthening the implementation of existing policy instruments and better coordination of existing initiatives at the international level. This marked the first step towards a proposal for rationalizing and bringing under a common policy framework WHO's London Charter and UNECE's Vienna Programme of Joint Action on Transport and Environment (POJA), adopted in 1997 by the UNECE Regional Conference on Transport and the Environment. The ensuing establishment of the Transport, Health and Environment Pan-European Programme (THE PEP) administered jointly by the WHO and the UNECE, is developed in the following sections.

Box 2. Examples of actions prompted by the Charter

The momentum created by the Charter prompted action on several fronts, encompassing international policy developments, input to the development of national and local approaches and promotion of methods and research for health impact assessment. It also provided nongovernmental organizations (NGOs) with an advocacy tool to exert pressure on policy makers towards implementing different aspects of the Charter, notably those concerning the promotion of walking and cycling.

International policy developments: a European Parliament resolution on "Transport and Health"⁸

The resolution, explicitly referring to the *Overview of instruments relevant to transport, environment and health and recommendations for further steps*, calls for "a stronger integration of health considerations into transport policies, including by carrying out health impact assessments of major transport projects" as well as for actions promoting walking and cycling.

National policy developments: Examples from the United Kingdom and Germany

In the United Kingdom, the Charter has been referred to in guidance for local authorities concerning sustainable transport, health and environment policies.⁹ It has also been referred to in local transport plans (e.g. Somerset County Council).¹⁰

In Germany, the health arguments developed by the Charter in support of cycling and walking were referred to in the development of the National Cycling Master Plan.¹¹

⁷ *Overview of instruments relevant to transport, environment and health and recommendations for further steps*. Copenhagen, WHO Regional Office for Europe, 2001 (document EUR/00/5026094/1). (<http://www.euro.who.int/document/trt/advreport1.pdf>, accessed 16 February 2004).

⁸ European Parliament Resolution on "Transport and Health" 2001/2067(INI) Final A5-0014/2002, 22 January 2002, adopted on 28 February 2002.⁹ Health Education Authority. *Making THE links. Integrating Sustainable Transport, Health and Environmental Policies. A guide for local authorities and health authorities*. (1999) London: Health Education Authority (URL: http://www.hda-online.org.uk/downloads/pdfs/making_the_links.pdf accessed on 10 May 2004)

¹⁰ Somerset County Council. *Local Transport Plan for Somerset* (2000). Taunton: Somerset County Council (URL: <http://www.somerset.gov.uk/enprop/ltp> accessed on 10 May 2004).

¹¹ Federal Ministry of Transport, Building and Housing. *National Cycling Plan 2002–2012 "Ride your Bike"* (Nationaler Radverkehrsplan "FahrRad!"). (2002). (URL: <http://www.bmvbw.de/Anlage11561/Radverkehrsplan-2002-2012.pdf> accessed on 10 May 2004).

Scientific and methodological developments: Health impact assessments and development of economic valuations of transport-related health effects

The Charter has been effective in mobilizing the interest of some European countries towards supporting further developments in the methods and tools for carrying out economic valuations of transport-related health effects. This work, presently carried out under the framework of THE PEP, represents the extension of a land-mark study undertaken by Switzerland, Austria and France as background to the Charter, which shed new light on the cost of transport-related health effects of air pollution.¹²

As part of the Charter implementation, several methodological developments were aimed at improving and supporting the implementation of HIA, including the preparation of guidelines for carrying out rapid HIA of transport policies, and for assessing the health risks and benefits of changes in levels of walking and cycling. In addition, integrated approaches to the modelling of the exposures and health effects of urban transport policies – traffic injuries, air pollution and noise – are being researched.¹³

Advocacy to support walking and cycling as a means of physically active transport

The Charter was used by the German Bicycle Federation (ADFC, an NGO with 105 000 members) to raise awareness among its members that health considerations can be a strong argument to advocate the need for a cycling policy. It was also used to build partnerships with health insurance companies to promote cycling as a means of physical activity for commuting, and as part of the basis for a campaign “With the bicycle to work” in Bavaria in 2002. Using the Charter as an advocacy tool, the ADFC managed to build unprecedented partnerships with the State Trade Association, the State Unions, the Health Ministry of Bavaria and German railways (Regional section for Bavaria). In planning a national campaign, the ADFC has been using the Charter in its discussions with the Federal Ministry of Health, with Members of Parliament and as the basis for its input to the National Cycling Master Plan.¹⁴

The Charter inspired the development by the European Network for the Promotion of Health-Enhancing Physical Activity (HEPA) of a publication that furthers the Charter’s principles in the promotion of physically active transport, identifying strategic directions that Member States can use in defining their own strategies, and actions for the national promotion of transport walking and cycling.¹⁵

Towards prioritizing, rationalizing and streamlining international action

8. Following a mandate from the First High-level Meeting, further background work was carried out by a Joint UNECE/WHO Ad Hoc Expert Group on the further steps needed for

¹² *Health Costs due to Road Traffic-related Air Pollution. An impact assessment project of Austria, France and Switzerland Prepared for the WHO Ministerial Conference on Environment and Health – London June 1999 (1999).* (http://www.euro.who.int/transport/HIA/20021107_3 accessed on 10 May 2004).

¹³ *Health effects and risks of transport systems (HEARTS), a project funded by the European Commission within the “Quality of Life” thematic programme of the 5th Framework Programme* (URL: <http://www.euro.who.int/hearts> accessed on 10 May 2004).

¹⁴ This paragraph is based on a contribution by Armin Falkenheim, Deputy of the managing board for “Bicycle an Health” at the ADFC (German Bicycle Federation).

¹⁵ The European Network for the Promotion of Health-Enhancing Physical Activity (HEPA). *Promotion of transport walking and cycling in Europe: Strategy Directions* (2000). UKK Institute for Health Promotion Research (URL: <http://bli.fysisktaktiv.nu/download/strategy.pdf> accessed on 10 May 2004).

promoting sustainable and healthy transport in the region. The intergovernmental Expert Group identified a need for streamlining international action on transport, health and environment and focusing the limited resources available at the national and international levels on a few priority areas, where value could be added:

- integration of environmental and health aspects into transport policy;
- demand-side management and modal shift;
- urban transport; and
- cross-cutting issues (the specific needs of the NIS and south-eastern European countries, as well as issues related to ecologically particularly sensitive areas and groups at higher risk such as children).

9. The Group also proposed that the above priority areas selected from the London Charter and from the Vienna Programme of Joint Action be best addressed by establishing a Transport, Health and Environment Pan-European Programme (THE PEP),¹⁶ to be administered jointly by the UNECE and the WHO Regional Office for Europe.

Establishment of THE PEP

10. THE PEP was adopted by the Second High-Level Meeting on Transport, Environment and Health (Geneva, 5 July 2002), which was attended by ministers and representatives from the transport, environment and health sectors of 38 Member States. THE PEP was established as a means of integrating environmental and health aspects into transport policies and of providing a pan-European policy framework to take action on the priority areas identified by the Joint UNECE/WHO Ad Hoc Expert Group. THE PEP Steering Committee, a new intergovernmental body operating under the High-Level Meeting on Transport, Environment and Health and serviced jointly by the UNECE and WHO, is responsible for implementing the Programme. The Steering Committee promotes, coordinates and monitors progress in implementing THE PEP, including through its ad hoc bodies. It is assisted by a bureau, consisting of 12 representatives from the three sectors, who are responsible for preparing the meetings of the Steering Committee and for following up on its decisions.

11. THE PEP was launched at the World Summit on Sustainable Development (Johannesburg, 26 August – 4 September 2002) as one of the partnerships under the “Health and sustainable development” section of “Sustainable development in action”. THE PEP breaks new ground in institutionalizing cooperation among various United Nations organizations through a common policy framework under the supervision of the UNECE/WHO Steering Committee. This allows for a more effective use of resources and better coordination of efforts at both international and national levels.

¹⁶ *Transport, Health and Environment Pan-European Programme (THE PEP)*. Copenhagen, WHO Regional Office for Europe, 2002 (document EUR/02/5040828/9) (URL: <http://www.unece.org/doc/ece/ac/ece.ac.21.2002.9.e.pdf>, accessed 16 February 2004).

Implementing THE PEP¹⁷

12. The first session of THE PEP Steering Committee took place on 10-11 April 2003 and was attended by representatives of 29 Member States and of relevant organizations. It endorsed proposed activities to be implemented in the period 2003–2005 that address the priority areas identified by THE PEP and reflect the interests of the Member States, e.g. through financial pledges and through actions already in hand. In particular, the following proposals were submitted to and endorsed by the Steering Committee and are currently being implemented.

- THE PEP Clearing House on Transport, Health and Environment.
- Elaboration and implementation of urban plans for transport sustainable for health and the environment.
- Transport Related Health Impacts and their Costs and Benefits with a Particular Focus on Children.
- Establishment of a Set of Indicators to Monitor the Integration of Environmental and Health Aspects into Transport Policies, and their Impacts on Health and the Environment.

13. The second session of the Steering Committee took place from 29 to 30 March 2004. It was attended by representatives of 29 Member States, as well by representatives of the European Conference of Ministers of Transport (ECMT), Regional Environmental Centre for Central and Eastern Europe (REC) and the United Nations Environmental Programme (UNEP), the European Cyclists' Federation (ECF) and International Union of Railways (UIC). The Steering Committee reviewed progress in the implementation of these projects and considered proposals for new activities to be undertaken under the framework of THE PEP. The Committee also highlighted the need to make sure that the implementation of THE PEP work plan and consideration of new possible activities are coherent with resources made available.

14. Progress achieved to-date in the implementation of THE PEP Work Plan for 2003–2005 and future directions of work can be summarized as follows.

THE PEP Clearing House on Transport, Health and Environment¹⁸

15. The development of a web-based Clearing House, jointly administered by the WHO/EURO and UNECE Secretariat and available in English and Russian, is meant to provide policy makers at the local, national and regional level with user-friendly access to policy, scientific, statistical and legal information, including good practice on transport, environment and health and their integration. In so doing, the Clearing House aims at maximizing synergies with existing ongoing initiatives and at providing opportunities for networking, and the exchange of expertise and ideas among policy-makers, scientists and professionals across the pan-European Region.

16. The Clearing House is conceived as a user-friendly and client-oriented information broker (“one-stop-shop”) with links, search mechanisms and interactive facilities. It should also provide

¹⁷ *THE PEP: Transport, Health and Environment Pan-European Programme* (<http://unece.unog.ch/the-pep/en/welcome.htm>, accessed 16 February 2004).

¹⁸ *Clearing House on Transport, Environment and Health, (THE PEP Clearing House) – Conceptual Design and Implementation Arrangements* – Document ECE/AC.21/2004/3 EUR/04/5045236/3. (URL http://www.thepep.org/en/workplan/clearing/documents/ECE.AC.21.2004.3e_000.pdf, accessed on 10 May 2004).

additional (value-added) services, such as, for instance, links to on-line databases and statistics, sources of funding at the international level, and capacity-building resources, electronic forums and/or a roster of experts.

17. The Clearing House can provide a unique and value-added **cross-sectoral approach** by promoting and disseminating specialized information and data on the inter-relationship and interdependence between the three sectors. Furthermore, the Clearing House will address the **pan-European context** with its geographical focus on EECCA and south-eastern Europe and accessibility to Russian-speaking users, it can also offer information and advice for users outside western Europe.

18. The Clearing House is being implemented in phases, with financial and in-kind support from several Member States. This support has allowed the development of its conceptual design and proposed implementation arrangements, as well as the preparation of a demonstration of its potential contents, facilities and services, focusing initially on the overarching theme of Urban Areas, but with a more specific focus on: a) cycling and walking; b) safety aspects, with emphasis on children's issues; and c) congestion. The concept and function of the Clearing House will also be demonstrated within the context of the Budapest Conference.

19. At its second session, the Steering Committee endorsed the conceptual design of the Clearing House, as well as its administrative and operational arrangements. It also established the Clearing House Advisory Board to provide guidance and steer its implementation. The implementation of the Clearing House was initiated in April 2004 and it should enter its pilot operation phase at the beginning of 2005, provided that sufficient funding is secured.

Elaboration and implementation of urban plans for transport sustainable for health and the environment¹⁹

20. This project builds on the work initiated by the UNECE focusing on the integration of urban transport management with land-use planning and environmental policies within central and local government as well as on the WHO publication *Healthy Urban Planning – A WHO guide to planning for people*. It aims at promoting the development and implementation of policies linking urban development to transport, health and sustainable development, and facilitating the development of greater integration between the transport, health and environment sectors and decision-making processes.

21. The implementation of the project involved, as a first step, the organization of a workshop hosted by Cyprus (Nicosia, 16–18 November 2003). The workshop reviewed good practices and lessons learned on integrating environment and health considerations into urban transport and land-use planning through case studies.

22. At its second session, the Steering Committee encouraged the focusing of future activities on the specific needs of eastern Europe, Caucasus and central Asia (EECCA) and south-east European countries, and endorsed the proposal to collect further case studies and other relevant information for wider dissemination through the Clearing House.

23. Furthermore, the Committee endorsed a proposal to hold a conference jointly with ECMT and the Russian Ministry of Transport in Moscow on 30 September and 1 October 2004 focusing

¹⁹ *Sustainable and healthy urban transport and land use planning*. (ECE/AC.21/2004/4 – EUR/04/5045236/4).

on urban transport patterns and trends in large cities of the Russian Federation and other EECCA countries, as well as on issues and challenges to implement sustainable transport policies, in particular concerning public transport. The input of THE PEP would focus on health and environmental implications of transport policies in the EECCA countries.

Transport Related Health Impacts and their Costs and Benefits with a Particular Focus on Children²⁰

24. This multilateral project, undertaken by Austria, France, Malta, the Netherlands, Sweden, and Switzerland builds on and expands further the work that has already been initiated within the framework of the London Charter, with the objective of promoting progress in the valuation of the costs of transport-related health effects, including those resulting from air pollution, noise, psychosocial impacts, physical activity through walking and cycling, climate change and road accidents. In particular, the implementation of the project focused on reviewing the state-of-art knowledge with respect to transport-related health effects on children, providing a direct input to the development of the Children's Environment and Health Action Plan.

25. The project has been implemented through a series of thematic workshops:

- Workshop I. "Transport Related Health Impacts – Review of Exposures and Epidemiological Status," Vienna, Austria, 24–25 April 2003;
- Workshop II. "Economic Valuation of Health Effects due to Transport," Stockholm, Sweden, 12–13 June 2003;
- Workshop III. "Health Impacts of Transport on Children," The Hague, Netherlands, 16–17 October 2003;
- Workshop IV. "Synthesis and Policy Recommendations," Sliema, Malta, 19–20 February 2004.

26. At its second session, the Steering Committee welcomed the work done and the commitment of the six countries to provide a more comprehensive understanding of the diverse health effects of transport on children and to the development of the CEHAPE.

27. The outcomes of this project will be summarized in a synthesis report²¹ and presented at the Budapest Conference at a side event that will take place on 23 June 2004.

28. The Committee recommended that follow-up actions should focus on further developing methods for the assessment of costs and effects of transport on health, and further elucidate the relevance and applicability of the findings for the development of transport policies. It was judged important to obtain full estimates of the transport related impacts on health of the general population.

29. The Committee endorsed the proposals for follow-up actions that would contribute to the further implementation of THE PEP as well as of the CEHAPE and stressed the importance of enlarging the geographical coverage of these activities to all the UNECE and WHO European

²⁰ *Transport Related Health Impacts and their Costs and Benefits with a Particular Focus on Children* (ECE/AC.21/2004/6 - EUR/04/5045236/6).

²¹ *Transport-related health effects, in particular on children – Towards an integrated assessment of their costs and benefits. State of the art knowledge, methodological aspects and policy recommendations – Transnational project of Austria, France, Malta, Netherlands, Sweden and Switzerland.*

Member States. It decided to set up a Task Force for the implementation of the follow-up activities, and invited the interested Member States to participate in it. In particular, initial proposals for follow-up activities include:

- a) Development and pilot testing of economic methodologies available to estimate transport-related health effect and development of guidance on their application in economic valuations and cost-benefit analysis, and
- b) Development and pilot testing (including evaluations) of children-friendly mobility plans in different European contexts.

Establishment of a Set of Indicators to Monitor the Integration of Environmental and Health Aspects into Transport Policies, and their Impacts on Health and the Environment²²

30. This proposal aims to extend the existing sets of indicators on transport and environment to include health, taking account of work going on at the international level (e.g. EEA Transport and Environment Reporting Mechanism – TERM and WHO ECB work on indicators for reporting on health and environment) and of the collaboration that already exists between the WHO and EEA. The project also aims to support the establishment of indicators which will address the situation of CIS/NIS.

31. A background paper reviewing eleven sets of relevant indicators developed by six international organizations (WHO, UNECE, OECD, European Commission, EEA and the World Bank) concluded that:

- the sets of indicators differ in terms of focus, scope, geographic coverage and administrative level (i.e. international, national and local);
- some sets of indicators (e.g., those developed by the EEA and by the WHO) share similar approaches in the structure of certain indicators and in the collection of data, which may facilitate the exchange of information between different data sets and help identify connections (e.g. between environmental and health effects) and complementarities;
- while several of the sets of indicators address different aspects of integration, none address integration between transport, environment and health;
- only indicators developed for application at the city level deal with public transport, walking and cycling, and very few of them deal with outcomes of exposure (morbidity and mortality);
- although several indicator sets appear to cover the same topics, they often reveal differences in the underlying definitions and data collection methodology, which make it difficult to establish connections.

32. At its second session, the Steering Committee concluded that this project needs more input from member countries. It invited them to submit information to the Secretariat about their experiences regarding integration of the THE indicators and their use in policy-making, and recommended that further development of this project should build on ongoing work, particularly within the WHO and EC-EEA.

²² *Establishment of a Set of Indicators to Monitor the Integration of Environmental and Health Aspects into Transport Policies, and their Impacts on Health and the Environment.* (Document ECE/AC.21/2004/5 – EUR/04/5045236/5).

33. The Committee recommended that this project should be linked to a new project proposal that will aim to develop guidance on institutional arrangements and mechanisms that help to achieve integration of policies in transport, environment and health. The project could also involve a survey and a qualitative assessment of how and to what extent indicators are in fact being used in policy-making and monitoring processes.

New projects endorsed for implementation by THE PEP Steering Committee at its second session

Practical guidance on institutional arrangements and mechanisms for integrated policy- and decision-making²³

34. This project aims at providing practical guidance on institutional and administrative mechanisms to promote integrated policy- and decision-making on environment, health and transport, following up on one of the conclusions of the Cyprus Workshop on “Sustainable and healthy urban transport and land-use planning”.

35. The Steering Committee acknowledged the importance of well adapted institutional structures and adequate organisational support for cross-sectoral integration and admitted the need for further efforts in this field especially in the EECCA countries, and endorsed the proposal to collect examples of good practices and lessons learnt from the member countries, focusing specifically on institutional aspects of integration. This information would be made available and disseminated through the Clearing House. A number of delegations committed themselves to providing relevant information.

36. The case studies will be analyzed and presented within a synthesis report, assessing their relative merits and weaknesses and focusing on their transferability, in particular as regards the EECCA countries. Interviews with selected key informants could be held to further clarify and integrate the information provided.

Promotion of safe walking and cycling in urban areas²⁴

37. The project aims at facilitating the exchange and dissemination of existing good practice in the different countries in the region, to promote safe conditions for people to walk and cycle in urban areas, and to take stock of ongoing work to improve the assessment of health effects related to levels of cycling and walking, and of the related costs and benefits of promoting non-motorized means of transport.

38. The Committee welcomed the expression of interest by several Member States to contribute to the project by making available results of relevant studies, experiences and possibly financial resources. It also decided to establish a Task Force of experts, interested Member States and organizations.

²³ *Practical guidance on institutional arrangements and mechanisms for integrated policy- and decision-making* ECE/AC.21/2004/11 – EUR/04/5045236/11.

²⁴ *Promotion of safe walking and cycling in urban areas* (Document: ECE/AC.21/2004/13 – EUR/04/5045236/13).

THE PEP contribution to the Budapest Conference and to the development and implementation of the CEHAPE

39. THE PEP provides a direct contribution to the development and implementation of the Children's Environment and Health Action Plan for Europe. In particular, the project "Transport Related Health Impacts and their Costs and Benefits with a Particular Focus on Children" has developed state-of-the-art reviews of the effects of air pollution, noise, physical activity and psychological and social factors on children's health, promoting the economic valuation of these costs, and identifying policy actions to help reduce the burden of transport-related health effects on children.

40. In addition, THE PEP Clearing House on Transport, Health and Environment will allow user-friendly access to and dissemination of information on good practices, policy developments, technical and scientific progress and relevant initiatives. The Clearing House will initially address the theme of "Urban Areas" with a more specific focus on cycling and walking and safety aspects, with the emphasis on children's issues and congestion.

Beyond Budapest: opportunities and challenges

41. Two years after its adoption at the second High-Level Meeting on Transport, Environment and Health, THE PEP has established itself as an international initiative which is jointly serviced by two international organizations, and which brings together representatives of ministries of transport, health and the environment as well as of the relevant organizations. It has implemented concrete activities within a relatively short time-frame in spite of the shortage of financial means for their implementation.

42. The active participation of Member States in THE PEP implementation, through a wide representation of the three sectors, as well as of international organizations and NGOs in the Steering Committee, the strong guidance provided by THE PEP Bureau, and the leadership taken by some Member States in proposing and implementing projects under the framework of THE PEP, indicate the level of interest that THE PEP has raised at the pan-European level. In addition, the greater involvement of local authorities in the development of some of the projects developed under THE PEP is expected to further increase the impact of THE PEP also at the subnational and local level.

43. In the period leading up to 2007, and the assessment of progress in the implementation of THE PEP by the High-Level Meeting on Transport, Environment and Health, THE PEP will continue to provide a pan-European platform to facilitate dialogue and integration between the transport, health and environment sectors, the exchange of knowledge and experience between different parts of the European Region, with a special focus on bringing into line technical and policy developments between the western part of the Region and EECCA and south-eastern European countries. THE PEP will also be a tool to facilitate the implementation of the CEHAPE, especially with respect to its regional goals dealing with the reduction of health threats posed by road traffic injuries, lack of opportunities for physical activity, exposure to air pollutants and to noise.

44. However, it should be noted that while the resources initially made available for implementing THE PEP have allowed a start to be made on most of the projects approved under

the programme of work for 2003–2005, there is a need for a continued and sustainable flow of resources to support short-, medium- and long-term implementation of THE PEP. This includes ensuring the adequate participation of the EECCA and south-eastern European countries, supporting involvement of the three sectors in the process on an equal footing, and increasingly integrating health issues alongside the environment into the transport agenda.

45. In spite of the significant amount of human and budgetary resources allocated by the WHO and UNECE Secretariats to carrying out work under THE PEP, the successful implementation of the activities relies heavily on the availability of adequate extra-budgetary resources and on the political commitment of Member States to implement THE PEP. Political commitment is very important, as the lack of legal obligations makes THE PEP entirely dependent on the political will of Member States to see progress on transport, health and environment, and on their acknowledgement of the added value provided by THE PEP.

46. The Steering Committee has expressed concerns about the need for extra-budgetary resources needed for the implementation of THE PEP, including to ensure that the process can capitalize on and take full advantage of the significant investments already made both by Member States and by the WHO and UNECE. The renewed commitment to THE PEP that Member States are expected to make through the adoption of the Budapest Conference Declaration represents an important milestone in securing the political will and support to the further implementation of this process.