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Preamble

We the Ministers of Environment and the Ministers of Health of the Member States of the World Health Organization in the European Region (and WHO) commit ourselves to increase our efforts to address the key environmental health challenges of our time, including climate change, emerging issues and the effects of the economic crisis, and we reaffirm our commitment to work together across sectors. We will strengthen the implementation the Budapest Declaration and the Children's Environment and Health Action Plan for Europe (CEHAPE), reaffirming the priorities identified at the Intergovernmental Midterm Review held in Vienna in June 2007, as well as during the preparatory process for this Conference.

Challenges for environment and health in a globalized world

1. We acknowledge that the lack of safe drinking water and inadequate sanitation and hygiene remain major problems in many areas of the Region and pose a serious threat to human health. This contributes to the heavy burden of water-related diseases. Likewise, injuries and accidents remain the leading cause of death in children over five years of age and represent a major source of inequity in the Region. We also recognize that there is still much potential for decreasing respiratory disease due to indoor and outdoor air pollution and for reducing health risks deriving from hazardous chemicals and pollution of soil and water.
2. We acknowledge the concern about a range of potential risks among the public and the research community. They encompass conditions like obesity and reduced fertility, and their causal factors such as reduced physical activity, increased food intake, chemical agents like endocrine disruptors or exposure combination as well as physical stressors like noise and radiation. Assessment of risk due to existing products and production processes as well as of the products entering the market as a result of the application of novel technologies (i.e. nanotechnologies and synthetic technologies) is of paramount importance. The challenge is therefore to generate relevant data as well as to develop methodology for adequate risk assessments.
3. We believe that integration of environment and health issues into other sectors' policies still needs to be strengthened, in order to reduce pressures caused by these sectors on environment and health. We recognize our stewardship function of raising awareness and identifying win-win solutions. Policies of sectors such as transport, energy, construction and housing, spatial planning, land use, waste and water management, agriculture, food and education should be better integrated, in order to address environment and health concerns effectively in subnational, national and international processes.
4. We recognize that climate change and variability are undisputed, with significant impacts on existing environmental vulnerabilities and health issues. Climate change is likely to lead to increased premature deaths due to extreme weather-related events and changes in infectious disease distribution, including the potential for introduction of new emerging diseases, and imposes a burden on air quality, food safety, water and sanitation. [The challenge is to commit resources to adaptation and preparedness of health systems, as well as to communicate the significant health benefits of reducing greenhouse gas emissions.] Action taken now will reduce the cost of impaired ecosystems, reduced biodiversity and impacts on crop productivity, affecting social, economic and environmental sustainability.
5. We recognize that the current economic situation may affect health care, as well as public health and environmental services, and that economic and short-term cost reduction requirements may have negative effects on health and environment. We are

concerned that environment and health issues are not adequately taken into account in economic and finance policies, and that this may increase inequalities within and between countries, leading to higher morbidity and mortality, as well as greater environmental damage and future costs for the economy and society. The challenge is to ensure that economic stimulus packages promote environmentally friendly and health-promoting investments. We recognize that the economic crisis may have detrimental effects on the elimination of child labour.

6. We also understand that the impact of global challenges are differently and unevenly distributed within and between the Member States in the WHO European Region, with the result that socioeconomic, gender and age inequities in health are increasing and that some groups and areas are more vulnerable. The challenge is to reduce these inequities and properly take them into account in both planning and implementation of all policies.

Commitment to act

7. We are committed to improving the basic environmental health conditions of all children living in the WHO European Region. We will stimulate further synergy, coordination and integration with established political processes that ensure healthy environments for children, including all related United Nations processes and other WHO ministerial conferences, as well as European Union legislation, as tools for further implementation¹.
8. We take particular note of the Declaration of the Sixth Ministerial Conference "Environment for Europe", of WHO's Tallinn Charter on Health Systems, Health and Wealth² and of the European Union Declaration on Health in All Policies.
9. We will advocate focusing economic and financial policies on sustainable investment in environmentally friendly and health-promoting technologies and services, emphasizing [the opportunities for greening the economy, creating decent and healthy jobs, as well as] legislation based on the principles of prevention, precaution and the polluter pays.

A. Children's Environment and Health Action Plan for Europe (CEHAPE) –

Implementation and reinforcement

10. [We welcome the outcome of the G8 Environment Ministers Meeting (Syracuse, Italy, April 2009), at which participants identified the actions required to address children's health and environment issues at global level in the areas of air and water quality, chemicals and heavy metals.]
11. We commit ourselves to prioritizing actions under the regional priority goals (RPGs) in the CEHAPE as indicated below. We will strive to attain the quantitative targets in the

¹ Turkey declares that it does not consider itself bound by the commitments and undertakings in this Declaration, particularly those paragraphs related to the international treaties, conventions or protocols to which it is not a contracting party.

² Within the political and institutional framework of each country, a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve maintain or restore health. Health systems encompass both personal and population services as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

RPGs as set out below. We will strengthen our institutional capacity and structure and provide the resources required, we will step up our efforts to attain the RPGs and we invite other ministers, sectors and local authorities to do the same. We agree to address the global environmental challenges and their impacts on children's health and well-being, taking into account socioeconomic and gender differences, through cross-cutting actions listed under the four RPGs.

In Regional Priority Goal 1, particular attention must be paid to the impacts of climate change on the quantity and quality of water resources. We will continue our efforts to ensure adequate access to safe water.

- i. We will take advantage of the approach and provisions of the Protocol on Water and Health³ as a rationale and progressive tool to develop integrated policies on water and health with clear targets and objectives, working in partnership with all concerned sectors.
- ii. We will ensure that health surveillance systems are developed and able to respond to the impacts of extreme weather events on water and sanitation.
- iii. We will strive to provide each child with access to safe water and sanitation and revitalize hygiene practices at homes, day-care centres, kindergartens, schools, health care institutions and in public recreational water settings by 2015.

In Regional Priority Goal 2, we recognize the need to [further synergy and coordination with established political processes that] ensure safe environments, child and youth friendly [settlements / living environments], and promote physical activity [and a well balanced diet].

- i. We commend and commit ourselves to implement the relevant parts of the commitments set out in the Amsterdam declaration of the Third High-Level Meeting and the Transport Health and Environment Pan-European Programme (THE PEP).
- ii. We commit ourselves and call upon other stakeholders to integrate the needs of children into the planning and design of settlements, housing, health care institutions, mobility plans and transport infrastructure. To this end, we will develop and adapt the relevant regulations, policies and guidelines and implement the necessary measures.
- iii. We will work in partnership with local, subnational and national authorities to advocate for actions to counteract urban sprawl and the socioeconomic, health and environmental problems that this can cause.
- iv. In particular, we aim to provide each child by 2020 with access to healthy and safe environments and settings of daily life in which they can walk and cycle to kindergartens and schools and to green spaces in which to play and undertake physical activity. In so doing, we will aim to reduce injuries, which remain the leading cause of death in children over five years, by implementing effective preventive measures and promoting product safety.
- v. We will implement the WHO Food and Nutrition Action plan, in particular by improving the nutritional quality of school meals and supporting local food production to reduce environmental impacts.

In Regional Priority Goal 3, we commend the work done to improve air quality but recognize that considerable efforts are still needed.

³ Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes

- i. We will take advantage of the approach and provisions of the protocols to the 1979 Convention on Long-Range Transboundary Air Pollution and we will support their revision. We will continue and enhance our efforts to decrease the incidence of acute and chronic respiratory diseases through reduction of exposure to [ultrafine particles and other] particulate matter, especially from industry, transport and domestic combustion, as well as ground-level ozone, in line with WHO's air quality guidelines. Where necessary, we will strengthen monitoring, control and information programmes, including those related to fuels used in transport and households.
- ii. We will develop appropriate cross-sectoral policies and regulations capable of making a strategic difference in order to reduce indoor pollution, and we will provide incentives and opportunities to ensure that citizens have access to sustainable, clean and healthy energy solutions in homes and public places.
- iii. We aim to provide each child by 2015 with a healthy indoor environment, including a tobacco-free indoor environment, in day care centres, kindergartens, schools and public recreational settings as guided by the Framework Convention on Tobacco Control. We will promote tobacco-free homes and their surroundings [including by providing information to adults on the significance to children's health of smoke-free homes].
- iv. We call upon the WHO Regional Office for Europe to finalize its indoor air quality guidelines, paying attention to the influence of outdoor air quality, especially in relation to combustion products, as soon as possible and we will endeavour to follow those guidelines.

In Regional Priority Goal 4, we draw attention to a number of new and emerging issues arising in the chemical, biological and physical environments surrounding children and other vulnerable populations, as indicated by new knowledge on exposure *in utero*, in infancy and in childhood. We will take advantage of the approach and provisions of the Stockholm Convention on Persistent Organic Pollutants (PoPs) and the Strategic Approach to International Chemicals Management (SAICM).

- i. We call for more research into the potentially adverse health effects of chemicals, especially [endocrine-disrupting chemicals / endocrine disruptors] and persistent and bio-accumulating chemicals and combination effects [and for the identification of safer alternatives]. [We commit ourselves to promote the development and use of appropriate risk assessment methods and to take action if a risk to health is established.]
- ii. In particular, we aim to protect each child, from conception to adolescence, from the risks posed by exposure to hazardous substances and chemicals and unsafe products, focusing on pregnant women and places where children live, learn and play. We specifically aim to ensure that this is achieved in day care centres, kindergartens, schools and public recreational settings [by 2015/2020].
- iii. We will act on the identified risks of exposure to carcinogens, mutagens and reproductive toxicants, including radon and endocrine disruptors, and urge other stakeholders to do the same. In particular, we call upon Member States that have not yet done so to ban asbestos in construction products and other products by 2015.
- iv. We urge the scientific community to increase research into emerging issues including nanomaterials, [nanoproducts,] nanotechnologies and [electromagnetic fields/wireless technologies], in order to evaluate possible harmful [early life] exposures, as well as to develop improved risk and health benefit assessment methods.

- v. We commit ourselves and call upon other stakeholders to work together to reduce children's exposure to noise, including that from personal electronic devices and recreation and traffic noise, especially at day care centres, kindergartens, schools and public recreational settings. We call on WHO to develop suitable guidelines on noise.
- vi. We commit ourselves and call on other sectors to pay particular attention to child's labour and exploitation as one of the major settings of exposure to relevant risks, especially to hazardous chemicals and physical stressors.

B. Protecting health and the environment from climate change

12. We share a commitment to protecting health and well-being, natural resources and ecosystems and to promoting health equity, health security and healthy environments in a changing climate. Taking into account the ongoing work under the United Nations Framework Convention on Climate Change and recognizing subregional, socioeconomic, gender and age variability, we will:
 - i. ensure that all current and future climate change mitigation and adaptation measures, policies and strategies include health issues at all levels and sectors, by strengthening the advocacy role for health promotion in environmental policies;
 - ii. strengthen health, social welfare and environmental systems to improve their capacity to prepare for the health impacts of climate change through adequate preventive measures, preparedness and timely response;
 - iii. develop and implement educational and public awareness programmes on climate change and health, in order to encourage personal protection and derive health benefits from implementation of mitigation and adaptation policies, with a particular focus on vulnerable groups and subregions. We will also assess, prevent and address the adverse health effects of mitigation measures;
 - iv. promote active collaboration between and coordination of early warning and response systems at the animal-human-ecosystem interface, in order to [reduce/prevent] the risk of [vector-borne and infectious] disease and emerging threats to vulnerable populations;
 - v. aim to increase the health sector's contribution to reducing greenhouse gas emissions and its leadership on energy- and resource-efficient management, in collaboration with the environment sector.
 - vi. [We recognize the need to address food safety issues at their root and we commit ourselves to implement policies that will help decrease the incidence of food-borne diseases and chemical contamination of food in a holistic and intersectoral manner, from farm to fork.]
13. We welcome the regional framework for action entitled *Protecting health in an environment challenged by climate change*. We will strive to ensure that the approaches described in it are effectively implemented on a subnational and national basis.
14. We call on the WHO Regional Office for Europe, in collaboration with the European Commission, the European Environment Agency, the United Nations Economic Commission for Europe and other partners, to set up a European [information platform/clearing house], for systematic sharing of best practices, research, data, information, technology and tools at all levels.

C. Involvement of children, young people and other stakeholders

15. We believe that more progress can be made by listening to and involving children and young people in decision-making and implementation processes. We will increase our

efforts to facilitate their participation in national as well as international processes, as appropriate, by providing them with the assistance, training and resources required.

16. We will increase our cooperation with local and subnational authorities, intergovernmental and nongovernmental organizations, the business community, trade unions, professional associations and the scientific community, drawing on their experience and knowledge in order to achieve the best possible results.
17. We call on the business community to address the challenges posed in this Declaration, for instance through relevant corporate programmes.
18. We will seek to improve knowledge of environment and health issues and build the capacity of all professionals, with particular emphasis on health professionals and professional caretakers of children.

D. Knowledge and tools for policy-making and implementation

19. We commend the development of the European Environment and Health Information System (ENHIS). We recognize that there is still a need not only to develop and incorporate health indicators into the system but also to ensure implementation of core indicators in some countries in the WHO European Region. We call on the WHO Regional Office for Europe and also upon the European Commission to continue to assist Member States with the development of internationally comparable indicators, and to assist in the interpretation and practical application of relevant research results.
20. We encourage all relevant international organizations to further develop common tools and guidelines to address the economic impacts of environmental risk factors to health, [with particular emphasis on the cost of inaction], in order to make reliable estimates that will support policy-making, help in priority-setting and facilitate the integration of environment and health considerations in other sectors. While protecting vulnerable populations, we agree to consider the use of economic instruments and incentives, including user charges and taxes, to assist the implementation of policies and to ensure the enforcement of legislation.
21. We will develop standardized and rational approach to human biomonitoring (HBM) by establishing background and health-based values. We aim to increase the efficiency and effectiveness of HBM programmes in the Region [so that HBM can assist evidence-based public health and environmental measures, evaluate the effectiveness of actions and be further used to raise awareness].
22. We acknowledge the contributions, conclusions and recommendations of the International Public Health Symposium held in Madrid in October 2008. We agree to secure funds/support for interdisciplinary research in line with the policy objectives of this Declaration, to improve the use of existing information for policy-making and to apply the precautionary principle where appropriate, especially in respect of new and emerging issues.
23. We affirm the need for participation of the public and stakeholders in tackling environment and health issues. We will develop and implement initiatives on risk perception, assessment, management and communication. We invite WHO and other international organizations to help address this issue by developing relevant guidelines.

E. Strengthening collaboration with the newly independent states and countries of south-eastern Europe *(to be finalized in the light of the NIS/SEE countries' meetings)*

24. We welcome the increased commitment to health and environment issues in the newly independent states and countries of south-eastern Europe. We also welcome the European Union strategy for Central Asia and fully support initiatives that promote further collaboration in these groups of countries. We commend the increased focus on implementation of the CEHAPE and are confident that the increased efforts on matters relating to health and the environment will result in general improvements in public health.
25. We welcome the commitment and efforts of the newly independent states and countries of south-eastern Europe to introduce health system reforms aimed at streamlining, upgrading and strengthening the performance of their public health services, in order to be better equipped to address future environmental health challenges and to implement their international commitments.
26. We commit ourselves to assist these countries in better addressing their specific needs by providing more technical, capacity-building and financial assistance and more opportunities for partnerships. We encourage international stakeholders to offer further political, technical and financial assistance to help these countries establish effective mechanisms and strengthen their capacities to reduce exposures to environmental hazards and the resulting health impacts.

The way forward *(to be finalized)*

27. We, the ministers and representatives of partner organizations present at the Fifth Ministerial Conference on Environment and Health, hereby fully adopt the commitments made in this Declaration.
28. We also commit ourselves to continuing implementation of the Declaration adopted at the Fourth Ministerial Conference on Environment and Health (Budapest, June 2004). We will continue to deliver on commitments made through other established political processes and high-level international processes dealing with environment and health in the Region. We will use all relevant legislation in force in our countries, including United Nations conventions, as tools for further implementation of the regional priority goals, and we will encourage those countries that have not yet done so, to ratify all relevant legally binding agreements.
29. We, WHO and partner organizations, [the European Commission, the United Nations Environment Programme, the United Nations Economic Commission for Europe, the Organisation for Economic Co-operation and Development, the European Environment Agency, the World Business Council for Sustainable Development, the International Trade Union Confederation, the Regional Environment Centre, the Health & Environment Alliance, the European ECO Forum and the Environment and Health Youth Network,] commit ourselves to working with Member States on the implementation of this Declaration, in accordance with the provisions of our statutes and mandates. We invite other organizations [such as the United Nations Children's Fund, the World Bank and the Council of Europe] to take this Declaration into account in developing their activities relevant to environment and health.

30. We will report back on progress at a [high-level meeting/ministerial conference] to be held no later than [end 2015].

Minister of Health, Italy
Co-president

Minister of Environment, Italy
Co-president

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