



Pan-European Coalition of Environmental Citizens Organisations



Civil Society Position Paper

European Eco-Forum and WECF International

6th Environment & Health Ministerial Conference

Ostrava 13-15 June 2017

The European Eco-Forum delegation consisting of environmental, youth and women NGOs from 15 European Countries, facilitated by WECF International, present following priorities to the 6th Ministerial Conference on Environment and Health, Ostrava, Czech Republic

1) Ministerial Declaration

The Ministerial Declaration recognizes the need for urgent policy action to improve environmental health, by continuing to implement the Parma Declaration action points, as well as addressing new areas for action clustered in 7 action areas.

The Eco-Forum recommends to:

➤ **Child focus**

Strengthen the focus on children, as being most vulnerable to environmental pollution related health impacts

➤ **Precautionary Principle**

Do not go back on agreed language of the need to apply the precautionary principle at all times

➤ **To use the full wording of the Parma time-bound targets on**

- safe water & sanitation in schools and other child-settings by 2020
- eliminating chrysolite-asbestos related diseases by 2015 - to be brought forward till next ministerial conference
- addressing health risks from **Endocrine Disrupting Chemicals, Nano-Materials, GMOs**

➤ **To strengthen the human-rights basis**

- full reference to the **Aarhus Convention's** right for all to access to information, public participation and justice in all environmental health related matters
- full reference to the **Child Rights Convention** and work on children's rights to a healthy non-toxic environment



- address specific needs of **refugees**, such as access to water, sanitation and hygiene in
refugeecamps

- the need to address the great **disparities between rural and urban areas**

➤ **Meaningful public participation in its diversity**

- ensure public participation is transparent, that conflicts of interest are apparent and that civil society in its diversity is provided with meaningful participation in all stages of the process

On new focus areas:

WASTE

- addressing risks from hazardous **waste: plastics, e-waste, asbestos waste**

- **not-recycling-toxins** clearly specify that waste containing plastics and chemicals of concern
should not be recycled

- to address illegal waste add **Capacity building for the judiciary** on environmental legislation

AIR POLLUTION

- **Air Pollution** and the need to phase-out **fossil fuels, coal burning and diesel** cars should be mentioned

CHEMICALS

- **Chemicals safety** to ban EDCs based on their intrinsic hazard

CITIES

- Cities should start with immediate action to ban EDCs from public spaces, parcs, schools, canteens e.g. by banning EDC containing pesticides such as Glyphosate

HEALTH SYSTEMS

- **Health system** should create national plan to reduce CO2 emissions and waste, and to gradually eliminate EDCs and other hazardous chemicals

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ANNEX 1: proposed language changes to the Ostrava Compilation Document version 16 May 2017

ANNEX 2: proposed language changes to the Ostrava Ministerial Declaration version 11 April 2017

ANNEX 1 – TEXT PROPOSALS BY CIVIL SOCIETY OSTRAVA COMPENDIUM

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

**Eleventh Meeting of the
Ad-Hoc Working Group of the
European Environment and
Health Task Force (EHTF)**

**Vienna, Austria
16 Maggio 2017**

**EURO/EHTFA11/6
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COMMENTS by HEAL, YOUTH, ECO-Forum/WECE

ANNEX I OF THE MINISTERIAL CONFERENCE DECLARATION

COMPENDIUM OF POSSIBLE ACTIONS TO ADVANCE THE IMPLEMENTATION OF THE OSTRAVA DECLARATION

FOURTH DRAFT

This document has been developed in close consultation with the Chair of the EHTF and is presented to the Ad-Hoc Working Group of the EHTF as a basis for discussion at its eleventh meeting.

This fourth draft of the document takes into consideration comments and feedback provided by the Member States and EHTF members to the third draft, which was discussed at the seventh meeting of the EHTF, held in Copenhagen, Denmark, on 10-11 April 2017.

In particular, the EHTF decided that it should be turned into a compendium of possible actions that Member States could consider in the development of their national portfolios for action on environment and health. The compendium will be annexed to the Declaration.

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COMPENDIUM OF POSSIBLE ACTIONS TO ADVANCE THE IMPLEMENTATION OF THE OSTRAVA DECLARATION

Introduction

1. Member States of the WHO European Region committed to strengthen and advance actions towards improving the environment and health at international, national and sub-national levels through the Declaration of the Sixth Ministerial Conference on Environment and Health, held in Ostrava on 13-15 June 2017. This document, which is an integral part of the Ostrava Declaration, is adopted to support the development of national portfolios for action. To that effect, it highlights the importance of the themes addressed by the Declaration; presents the objectives to be attained with respect to these priorities and proposes actions to achieve them.
2. The actions also include those to pursue the commitments taken at the Fifth Ministerial Conference on Environment and Health held in Parma in 2010. In particular, they support the achievement of the five time-bound targets of the Fifth Ministerial Conference on Environment and Health on: ensuring tobacco smoke-free environments for children; developing national programmes for the elimination of asbestos-related diseases and identifying the risks posed by exposures to harmful substances and preparations and eliminate them as far as possible by 2015 and addressing water, sanitation, hygiene in children's settings, and safe environments that support physical activity of children by 2020.
3. The compendium of action fully takes into account that:
 - i. much progress could be achieved by focusing on strengthening the implementation of the many commitments, which have already been taken by the Member States in other relevant fora (see Annex i);
 - ii. working through the European Environment and Health Process (EHP), Member States can make sustained progress in achieving a number of selected targets of the SDGs, as well as in implementing Health 2020, particularly with respect to "Creating supportive environments and resilient communities" and "Improving health for all and reducing health inequalities";
 - iii. any action should make appropriate use of intersectorial mechanisms and be harmonized across the respective sectors involved; consider the distribution of impacts across the population and avoid equity-related side effects; apply health and environmental impact assessments and economic tools to better integrate health aspects in decision-making, and forecast and evaluate health consequences and potential economic benefits and costs;
 - iv. much progress could be accelerated and sustained by enhancing interdisciplinary research and supporting the transition to a green and circular economy as a guiding new political and economic framework.

Enhancing action on environment and health on the national level – developing national portfolios for action

4. Enhancing national implementation and action, both domestically and internationally, is of paramount importance to make visible, measurable and equitable progress in the WHO European Region. To this effect, Member States will develop national portfolios of actions on environment and health by the end of 2018 to implement the commitments of the Parma and Ostrava Ministerial Conferences. The main purpose of the portfolios, which reflect national specificities, priorities, means and capacities in the choice of selected objectives and activities, is to ensure that Member States have well coordinated, comprehensive and coherent strategies and policies to address the persistent burden of diseases attributable to environmental determinants.
5. Member States already address this burden of disease through a broad range of policies and actions on the national and local levels (and often international levels as in the case of the European Union), which

are developed, adopted and implemented according to their constitutional and legislative arrangements. The national portfolios are not meant to substitute existing frameworks and policies, but to:

- i. close the gaps in areas which not adequately or sufficiently addressed;
 - ii. create policy coherence among plans and actions which would benefit from a greater synergy with other relevant policies and actions;
 - iii. align environment and health policies and actions with the 2030 Sustainable Development Agenda and address its complexity;
 - iv. strengthen systems approaches in the area of health and environment;
 - v. sufficiently scale up targets and actions so that they start initiate measurable improvements in health and wellbeing in relation to environment within a foreseeable time;
6. Member States may use the objectives and actions proposed in this document to guide both national actions, as well as their investments in other countries within the WHO European region in the relevant areas.
 7. Progress in the implementation of the actions in this compendium will be assessed within the European Environment and Health Process using the same indicators that the Member States use to report on the implementation of the Sustainable Development Goals' targets, to which the commitments taken at the Ministerial Conference intend to contribute. This approach will minimize the reporting burden on the Member States, allow for an efficient use of resources and anchor the Ministerial Conference commitments directly to the SDGs implementation mechanism.

4th DRAFT

a. Improving indoor and outdoor air quality for all

Why air quality matters

8. Whereas the knowledge of health impacts of exposure to ambient and indoor air pollution has already driven environmental and public health policy actions, air pollution remains the single most important environmental health risk factor. Moreover, the evidence is further expanding on additional health effects, including adverse birth outcomes, neurodevelopment and cognitive functions, asthma in children, and some chronic diseases.
9. Every year, ambient (outdoor) air pollution causes nearly 500 000 premature deaths; household (indoor) air pollution from solid fuel combustion for heating and cooking is responsible for nearly 120 000 premature deaths in the WHO European Region and a disproportionate disease burden in certain regions and less affluent parts of society, increasing inequalities. WHO estimated that the economic cost of the health impact of air pollution was USD 1.6 trillion in 2010.
10. In European cities that monitor air pollution (1791 cities in 42 countries), annual urban levels of PM₁₀ generally exceed the WHO guidelines value (mean annual level of 20 µg/m³). The average annual level in cities in European high-income countries is 25 µg/m³, whereas it is 55 µg/m³ in cities in European low- and middle-income countries.
11. This enormous adverse health impact of poor air quality calls for urgently enhancing collaboration towards addressing both indoor and outdoor air pollution, leveraging the WHA Resolution 68.8 on “Health and the environment: addressing the health impacts of air pollution and a roadmap, as well as the WHO Framework Convention on Tobacco Control, a key instrument to achieve the Parma Declaration target of ensuring tobacco smoke-free environments for children.
12. The efforts undertaken under the UNECE Long-Range Transboundary Air Pollution Convention (CLRTAP) (since 1979) and the 20 years of the activities of the Joint Task Force on the Health Aspects of Air Pollution contributed largely to mitigating air pollution in WHO European Region. Initiatives, such as the Batumi Action for Cleaner Air create a framework for MS to commit to ambitious actions to combat air pollution, in the area of monitoring, national action program, public awareness, capacity building, and policy. (<http://www.unece.org/environmental-policy/environment-for-europe/initiatives/baca.html>).

Overall objective: *Improving outdoor and indoor air quality as one of the most important environmental risk factor in this Region through actions towards meeting the WHO air quality guideline values in a continuous process of improvement*

Actions:

- Develop, in line with the Batumi Action for Clean Air (BACA) and the World Health Assembly Resolution WHA68.8, comprehensive national and local strategies and actions that reduce air pollution, exposure of people and health impacts of it with the engagement of the environment, health and other relevant sectors, and;
- Encourage/promote ratification and implementation of relevant Protocols to the UNECE CLRTAP to bring about further improvements in air quality and health across the Region;
- Develop and strengthen cross-sectoral and multi-stakeholder cooperation on air quality improvement on the national and regional levels, including on data sharing;
- Ensure that public health and environment authorities take a leading role in raising awareness on issues related to air quality and health in the public and **in collaboration with** ~~among~~ all stakeholders through appropriate communication, dissemination and advocacy activities;
- Improve air quality monitoring and linking it to health surveillance and data management for diseases related to air pollution at the national, local and residential levels **through citizen friendly alerts and social media tools**, using harmonized data collection for health impact assessment and cost-effectiveness analysis;

- Develop and/or strengthen a national emission inventory and monitoring system to collect data of air pollutants emitted by various sources;
- Provide training opportunities and facilitate research on air quality and health, develop tools and guidance targeting public health, environment and other authorities at national and local levels, to encourage actions to address air pollution through evidence-based policy making;
- Reduce indoor air pollution from cooking, heating and tobacco use by promoting effective measures such as more efficient energy use, clean energy, as well as those described in the WHO Framework Convention on Tobacco Control: including the Parma target to provide each child with with a healthy indoor environment in child care facilities, kindergartesn, schools and public recreational settings implementing WHO indoor air quality guidelines and as guided by the Framework Convention on Tobacco Control, of ensuring that these settings are tobacco smoke-free environments latests by the next ministerial conference (2023)for children;
- Take into account the WHO air quality guidelines and indoor air quality guidelines in the policy-making process, including the development or update of national air quality standards and air quality management policies;

4th DRAFT

b. Ensuring universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings

Why water, sanitation and hygiene matter

13. Achieving universal and equitable access to sufficient amounts of safely managed drinking-water and sanitation remains a priority in the WHO European Region, **and a commitment of the Sustainable Development Goals (SDG 6.1-3) to be achieved by 2030**. Every day, 14 people die of diarrheal disease due to inadequate water, sanitation and hygiene (WASH). Water-related disease outbreaks are of common occurrence in the Region, bearing significant economic costs. It is unacceptable that millions of people in the WHO European Region still lack access to safe WASH services. While access has noticeably increased since the Parma Conference (2010), to date 14 million do not use a basic drinking-water source and more than 62 million people lack a basic sanitation facility at premises. A significant share of wastewater is discharged to the environment without treatment, affecting human health, the environment and economy. There are notable disparities between rural and urban areas, the poor and the rich, and the disadvantaged and general population. **In rural areas many non-household settings, specifically schools and hospitals, are without safe drinking-water, soap and functional toilets, impacting dignity, well-being, healthy learning and quality of health care. The Parma Declaration has made it a priority to reduce these disparities before 2020.**
14. The Protocol on Water and Health, adopted at the Third Ministerial Conference for Environment and Health (London, 1999), has been recognized as the key instrument in the Region to translate and operationalize progressive implementation of the WASH-related commitments of the Parma and Ostrava Declarations, as well as Sustainable Development Goals 3 and 6, by offering a policy tool to countries in pursuing their national water, sanitation and health agendas and promoting a whole-of-government approach and coordinated action between different sectors.
15. We will continue to strive to ensure universal and equitable access to affordable and safely managed drinking-water, sanitation and hygiene services. We need to ensure resilience to emerging and future challenges originating from water overuse, pollution and climate change by expanding our focus to integrated approaches to the sustainable management of water resources, including paying attention to water efficiency and safely managed discharge or reuse of wastewater, protective of public health and the environment.
16. There is public health concern to the emergence of antimicrobial resistance (AMR), including from release of antimicrobial residues and resistant bacteria carried in sewage and passing into the environment (i.e. water and soil) as sewage treatment systems **from pharmaceutical and health sector operations** are often not fully functional or do not use appropriate technologies, **and requires increased sustainability of the health sector.**

Overall objective

Ensure universal, equitable and sustainable access to safe drinking-water, sanitation and hygiene for all and in all settings by:

- a. *Providing sufficient amounts of safely managed drinking-water, ensuring safely managed sanitation from collection to disposal or reuse of wastewater, and sustaining the availability and quality of freshwater resources, especially in regions that experience water stress, high-usage patterns and competing demands accelerated by the consequences of climate change; and*
- b. *Achieving Parma Conference commitments on water, sanitation and hygiene to provide **by 2020** each child with access to safe drinking-water, sanitation and hygiene at home and in all settings where they live, learn and play, such as schools and health care facilities.*

Actions

Continue the implementation of the RPG1 Parma Targets on health exposure and risks from water, sanitation and hygiene and address emerging challenges and in particular vulnerable groups:

- Speed-up the implementation of the Parma Declaration to “strive to provide each child with access to safe water and sanitation in homes, child care centres, kindergartens, schools, health care institutions and public recreational water settings by 2020, and to revitalize hygiene practice”.
- Report back on our progress made towards these goals at the midterm review and the next ministerial conference in 2023.
- Ratify or accede to the Protocol on Water and Health to strengthen national action towards progressively reaching regional and global commitments in water, sanitation, hygiene and health, including the formulation of national priority targets and implementation plans.
- Pursue the overall objective by implementing the following:
 - Adopt the water safety plan (WSP) approach in policies and regulations as a public health benchmark for the provision of safe drinking-water, and develop a national roadmap towards scaling-up WSPs in practice;
 - (NB move after SSP) Reduce discharge of untreated wastewater into the environment and increase efficiency and capacity of existing wastewater treatment facilities;
 - Adopt the sanitation safety plan (SSP) approach in policies and regulations as a means to systematically manage health risk along the entire sanitation chain to ensure safe disposal or reuse of human waste, and develop a national roadmap towards scaling-up SSPs in practice;
 - Promote sustainable approaches to water resource management, including the efficient use of water (e.g. in agriculture, industry) and consideration of safe reuse of wastewater through the adoption of SSPs;
 - Request the WHO (and UNECE) to develop with relevant experts the intergrated water and sanitation safety plan (WSSP) approach for rural communities, and adopt the WSSP in our rural areas engaging local authorities and non-state actors including teachers and pupils in protecting water sources, reducing health risks, and providing innovative small scale water and sanitation solutions adopatod to rural areas.
 - Close persisting gaps in providing access to basic water and sanitation services through effective and sustainable financing to deliver and sustain WASH infrastructures and services through tracking WASH financing for improved budgeting, forecasting, spending needs and forward-looking decisions on resource allocation, with a focus on providing decentrlaized and safe systems for rural households, schools, hospitals and public buildings as well as for refugee settings;
 - Promote universal and equitable access to WASH services through the application of the *The Equitable Access Score-card* to establish a baseline, set targets and develop action plans towards progressively closing prevailing equity gaps;
 - Ensure and sustain provision of adequate WASH services in schools and health care facilities through systematic situation assessments and setting national targets and action plans towards progressively attaining universal and sustainable WASH services in schools and health care facilities. To this end, strengthen partnership and collaboration with the education sector and youth organizations;
 - Build climate resilient WASH services responsive to the effects of climate change impacting variability, availability and quality of freshwater resources, as well as to extreme weather events (i.e. droughts, torrential rains and floods);
 - Ensure that action plans on antimicrobial resistance address relevant environmental factors, specifically through ensuring safe water and sanitation in health care facilities and reducing discharge of untreated wastewater from municipal sewerage, hospital effluents, antimicrobial manufacturing facilities and animal manure.

c. Minimizing the adverse effects of chemicals on human health and the environment

Why chemical safety matters

17. Given the growing evidence of the health effects of exposure to hazardous chemicals, especially at vulnerable life stages, as well as the burden of diseases from those exposures, further efforts should be made to effectively protect people from the negative health impacts of chemicals, including those currently used in consumer products and taking account the accumulating evidence on the ability of chemicals to affect organisms during early-life and having life-long impact on health and the risk of disease, the adverse health impacts of chronic low-dose exposures and of complex effects of exposures to multiple chemicals.
18. There is a need to strengthen efforts towards achieving the targets in the Parma Declaration on Environment and Health to develop national programmes to eliminate asbestos-related diseases in line with WHO and ILO guidance and to protect each child from the risks posed by exposure to harmful substances and preparations, focusing on pregnant and breast-feeding women and places where children live, learn and play.
19. The development and implementation of advanced policies and legislation on chemical safety in all Member States of the WHO European Region is understood as the core regional priority for the health sector towards the 2020 goal of sound management of chemicals and 2030 Sustainable Development Agenda. In addition, research and development of further capacities for biomonitoring will be essential to understand the links between exposures to chemicals and their health effects through interactions with human physiology.
20. The implementation of the International Health Regulations 2005 (IHR) in relation to chemical (and radionuclear) hazards of public health concern remains an important international legally binding obligation of all WHO European Member States.

Overall objective:

To minimize and/or avoid the adverse effects of chemicals on human health and the environment, through sound management of chemicals, by:

- *substituting hazardous chemicals with safer alternatives;*
- *reducing exposures of to hazardous chemicals especially for the vulnerable groups and at most vulnerable life stages and throughout the life-cycle of the chemicals;*
- *better monitoring of exposures to hazardous chemicals and research to improve the understanding of human exposures to chemicals and the associated burden of disease and, in particular, for risk assessment;*
- *applying the precautionary approach where appropriate.*
- *ensuring the engagement of the health sector in the sound management of chemicals through strengthened partnerships of state and non-state stakeholders*

Actions:

Continue the implementation of the RPG4 Parma Targets on health exposure and risks from nano-technologies, bacteriological contamination, chrysotile asbestos and hazardous chemicals including endocrine disrupting chemicals and address emerging challenges and in particular vulnerable groups :

- **To speed up achievements of Parma targets, develop identification and action plans “to protect each child from risks posed by exposure to harmful substances and preparations, focusing on pregnant and breast-feeding women and places where children live, learn and play”, latest by the next ministerial conference (2023).**
- **To speed up achievement of Parma targets we will act on identified risks posed by exposures to harmful substances and preparations carcinogens, mutagens and reproductive toxicants.**

including radon, ultraviolet radiation, asbestos and endocrine disruptors and “we will develop national programmes for elimination of asbestos-related diseases in collaboration with WHO and ILO” Add *New bullet point to include Parma’s missed deadlines: Develop national programmes for the elimination of asbestos-related diseases and risks posed by exposures to harmful substances and preparations to speed up achievement of Parma targets latest by the next ministerial conference (2023).*

- Develop national policies *HEAL proposal: and action plans* to protect vulnerable population groups from the adverse impacts of chemicals in the environment and the workplaces, in line with national sustainable development priorities *and report on progress at the mid-term review*;
- Ensure capacities to prevent and respond to acute exposure to hazardous chemicals and products, including strengthening the role of poison control centers and promoting their networking and exchange of best practices;
- Promote the use of human biomonitoring (HBM) as a public health policy tool and support efforts to generate comparable HBM data to allow international assessments;
- Develop and implement national and international policies to encourage substitution of hazardous chemicals by less hazardous alternatives and use technologies minimizing pollution and production of hazardous wastes, including in the health sector;
- Establish new and strengthen existing relevant multi-sectoral and multi-stakeholders instruments to strengthen partnerships to raise awareness, ~~and coordinate actions among~~ and provide relevant information to all partners and the general public about the health effects of chemicals, *including endocrine disrupting chemicals*, and effective actions to *minimise exposures* ~~prevent it~~;
- Ensure synergy and active participation in implementation of the Strategic Approach to International Chemicals Management (SAICM), the WHO Road Map to enhance health sector’s engagement in the SAICM towards the 2020 goal and beyond, and relevant multi-lateral legally binding agreements *including national implementation of the Basel, Rotterdam and Stockholm (BRS) as well as Minamata Conventions*;
- Ensure core capacities and strengthen mechanisms for effective response to chemical (and radionuclear) events of public health importance within the framework of the International Health Regulations (2005);
- *Request support from WHO, UNEP and other relevant experts in developing guidance for criteria and legislation and promote* international collaboration in scientific research in the assessment of the health effects and impacts of persistent organic pollutants (POPs), nano-materials, endocrine disruptors and other emerging chemicals of concern and their alternatives;

d. Preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites

Why waste and contaminated sites matter

21. Managing and disposing of waste is a complex and demanding undertaking, requiring a systematic approach, the prevention of hazardous non-recyclable waste, the education, awareness and engagement of all consumers and producers, the deployment of sophisticated technology, know-how, and the development of a large dedicated industry. Waste production, management and disposal activities have the potential to adversely impact the environment and human health through direct contamination and exposures to a host of hazardous agents. Environmental integrity and human well-being can also be seriously affected by the mere presence of waste, for example via deterioration of the landscape, odours, contact-related hazards. Waste policies and strategies should also be seen in the broad context of sustainability, as they influence use and consumption of finite material resources, use of land, and energy production. Strategies to reduce, recycle, reuse and arriving at a circular economy, where hazardous waste streams have been eliminated and all waste is being reused can be supported through concerted efforts such and international cooperation actions including to reduce marine litter and food waste (UNEP).
22. Waste disposal, management and trafficking and contaminated sites can cause important health effects and costs for current and future generations and vulnerable groups, environmental injustice and social inequalities, and needs increased measures at national and international level, including through the Basel Convention.
23. When the full waste system is properly managed, and state-of-the-art technologies are deployed, negative health impacts are minimised, although not fully eliminated. Of much greater concern are the activities that are poorly controlled, that involve old technologies or worse when informal disposal such as open-air burning takes place, or where waste and hazardous waste is illegally transported and disposed of. The waste from the health sector needs particular attention as it poses an additional health risk. Such activities are often documented, but the extent of the problem and its health impacts are still unknown.
24. Additionally, there are more than 1.5 million contaminated sites in the WHO European Region partly representing the pollution legacy of the industrial development in the Region that still needs to be addressed and its health and environment impacts reduced and/or eliminated.

Overall objective:

Preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites, by:

- *Eliminating uncontrolled and illegal waste disposal and trafficking;*
- *Preventing and eliminating potential adverse health impacts from waste management practices and contaminated sites;*
- *Supporting the transition to a circular economy using the waste hierarchy as a guiding framework to reduce and phase out waste production and its adverse health impacts through reduction of the impact of substances of greatest concern;*
- *Improving management of medical waste to reduce risks of infections.*

Actions:

- Conduct a national assessment of the extent of the most impactful activities and compile a national inventory of contaminated sites and their likely exposures, promote monitoring and develop a response action plan.
- Identify priority sites for remediation/phasing out based on health impacts, starting from national inventories of landfills, obsolete waste facilities and contaminated sites;
- Adopt regulatory mechanisms implementing the polluter-pays principle and extended producer responsibility;

- Enhance the collaboration with and support to the judiciary system to identify and prosecute illegal and criminal generation, management, disposal and trafficking of waste to other regions and countries;
- Ensure that residual landfills are rehabilitated in line with best available technologies and are safely operated;
- Engage the health sector in the development of policies related to waste management at the national and sub-national level;
- Enhance capacities at the national and subnational level to assess impacts and manage risks to health from waste, contaminated sites and recycled materials;
- Support and develop partnerships including with young and social entrepreneurs, to promote the exchange of experience, the strengthening of capacities and the uptake of best available technologies;
- Promote exchange of best practices, including local and pragmatic approaches to prevent contamination from hazardous substances in the circular use of resources;
- Create or strengthen specific training to ensure the safe disposal of medical waste, including sharps, human fluids and tissues, posing infectious risks.
- Increase public awareness of the importance of safe waste disposal, circular economy and responsible consumption, including through education initiatives addressing children and youth and targeted communication.
- promotion of prevention through better design of products and materials, and use of economic instruments to make the producers/waste management operators more responsible (internalisation of cost; obligation for long term monitoring and eventual remediation of pollution generated by facilities as part of the operation permit process)

e. Strengthening adaptive capacity and resilience to climate change-related health risks and supporting measures to mitigate climate change, and achieve health co-benefits in line with the Paris Agreement

Why climate change matters:

25. Climate change already contributes significantly to the global burden of disease and its health effects are projected to increase in all countries and regions. Throughout the 21st century, governmental and societal choices on reducing greenhouse gas emissions (mitigation), preparing for and managing current and projected consequences of a changing climate (adaptation) will affect health and well-being of all people. It is crucial that those choices and the related measures are decisive and based on the best available evidence.
26. Under the Paris Agreement¹, WHO European Member States have committed to a substantial reduction in greenhouse gas emissions (GHG) until 2030 compared to 1990. Measures to reduce them can improve population health immediately and directly, through reduced air pollution and increased physical activity, among other mechanisms. The cost savings from the health co-benefits of the cuts in greenhouse gas emissions are potentially large.
27. Achieving national commitments to reduce greenhouse gas emissions will require health systems to address their own sectoral greenhouse gas emissions. Health systems can take a leadership role in showing the importance of emission reductions for future generations.
28. Several European Member States have developed national climate change vulnerability, impact and adaptation assessments. These assessments provide evidence for the development of national adaptation strategies and regular national communications to the United Nations Framework Convention on Climate Change (UNFCCC), among others. They can also highlight the need for prevention of specific risks, such as heatwaves or emerging infectious diseases.

Overall objective: *Strengthening adaptive capacity and resilience to climate change-related health risks and supporting measures to mitigate climate change, and achieve health co-benefits in line with the Paris Agreement*

Actions:

- Develop national health action plans for natural disasters' risk reduction strategies or integrate health and climate in existing natural disasters' risk reduction action plans/strategies **and budgets**, as well as consider climate change adaptation and mitigation in the development of specific environment and health policies such as those on air quality, water and sanitation, and other.
- Strengthen natural risk reduction policies and early-warning surveillance and preparedness systems for extreme weather events and climate-sensitive disease outbreaks
- Develop information, tools and methodologies to support authorities and the public to increase their resilience against extreme weather and climate health risks
- Include health aspects of climate change into relevant higher education curricula development and for workforce continuing professional education;
- **Scale up public communication and awareness raising campaigns and health sector involvement on climate change and health.**
- Conduct or update national health vulnerability, impact and adaptation assessments of climate change

¹ UNFCCC Parties should, when taking action to address climate change, respect, promote and consider the right to health.

- Develop and implement a national climate change public health adaptation strategy or action plan as independent policies or included in the wider national adaptation policies, and assess climate change risks to health in relevant national policies, strategies and planning
- Include health among the priority sectors in the next series of nationally determined contributions for the period 2020 to 2025.
- Support research and science policy communication on the effectiveness, cost and economic implications of climate change and health interventions, with a particular focus on mutual co-benefits;
- Strengthen existing multi-stakeholder working groups in the context of the European Environment and Health Process to inform, raise awareness among and provide relevant information to Member States, partners and the general public specifically on public health in the context of global climate change;
- Monitor and assess progress in public health responses to climate change in the WHO European Region.

4th DRAFT

f. Supporting the efforts of European cities and regions to become healthier, more inclusive, safer, resilient, and sustainable

Why the urban environment matters:

29. With more than 80% of Europeans expected to live in urban areas by 2030, a rapid ageing of the population, **inflow of young people** and an increasing immigration, the urban environment is where different policies can be integrated and leveraged to promote and protect health and wellbeing from environmental threats through a complex array of exposures and mechanisms.
30. The New Urban Agenda adopted by the UN Habitat III conference re-emphasises the critical role cities play in achieving sustainable development, reiterating the commitment to the interlinked social, economic and environment principles and rethinking the way we build, manage, and live in cities. The New Urban Agenda recognizes that while national governments play a leading role *in the definition and implementation of inclusive and effective urban policies and legislation for sustainable urban development, sub-national and local governments, as well as civil society and other relevant stakeholders have got an equally important contribution to make*
31. In cities, inequalities in environmental exposures and general quality of life can be enhanced or reduced depending on the adoption of a broad range of policies, particularly those related to housing, land use, transport and green spaces, the supply of basic services such as water, sanitation, energy and municipal waste management, and to climate change adaptation and mitigation. These have a direct impact on the quality of water and air, on noise, and on the risk of exposures to dangerous chemicals. Environment-related policies closely interact with policies addressing education, employment, **social cohesion and** social security and welfare, health care services, leisure and public security. Together, environment and social policies impact on socio-economic inequalities, the magnitude of exposure to environmental risks, and on the wellbeing and prosperity of citizens.
32. In addition, cities play a pivotal role in steering the transition towards a low-carbon society, the uptake of cleaner technologies and shifts towards renewable energy sources. At the same time, their resilience to extreme weather events related to climate change needs to be increased. Cities will also be central to the implementation of the 2030 Agenda for Sustainable Development and its Goals, including and beyond SDG 11 “Make cities and human settlements inclusive, safe, resilient and sustainable”.
33. Recognizing the distribution of responsibilities between national and sub-national levels of government, collaboration with cities needs to be strengthened to support and promote more inclusive, safe, resilient, ecological and sustainable urban development. This implies ensuring policy coherence across all levels of government, protecting and promoting the environment, health and wellbeing, increasing the capacities of sub-national levels of government to effectively discharge their new responsibilities with respect to environment and health aspects, and achieving environmental justice. It also needs the engagement of health authorities in the different levels in sectoral planning processes.
34. Towards this goal, the European Environment and Health Process will provide a mechanism to support the policy planning and implementation at the sub-national levels, bringing the benefits of our work closer to the people and augmenting the impact of our efforts.
35. Specifically, in the context of urbanization trends and infrastructure investments, consideration and attention should be given to the two areas of greatest impact and concern: (a) healthy and ecological urban planning as the primary tool to ensure local quality of life and equitable access to environmental resources, such as green **and blue** spaces, **car free zones and inner cities**, public services or healthy housing and (b) transport and mobility as important determinants of health and wellbeing.

Overall objective: *Supporting the efforts of local communities - European cities and regions - to become healthier, more inclusive, safer, resilient, and sustainable through an integrated, smart and health-promoting approach to urban and spatial planning, mobility management, implementation of effective and coherent policies across multiple levels of governance, strengthened accountability*

mechanisms and the exchange of experiences and best practices in line with the shared vision established by the New Urban Agenda;

Actions:

- **Speed-up the implementation of the Parma Declaration 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 intend to prevent injuries by implementing effective measures and promoting product safety”**
- Integrate health, environmental and equity targets into housing, urban and regional development as well as transport and infrastructure planning;
- Provide equitable access to environmental resources, such as green spaces, healthy housing, and basic services;
- Provide mechanisms for the participation of citizens, including young people, in related policy- and decision-making processes, including the implementation of health impact assessments and the integration of health in environmental assessments e.g. of spatial and land use plans;
- Include information on health and equity impacts of environmental policies and infrastructural decisions into relevant higher education curricula for professions involved in urban planning and infrastructure developments, in public administration and public health services;
- Support the implementation of the New Urban Agenda, and align urban development processes to meet the commitments made on equity and sustainability of residential settings;
- Identify and support representatives of sub-national and local authorities participating in the national coordination mechanisms on environment and health and internationally in the new working group within EHP to bring together representatives of sub-national and local authorities, Member States, relevant Inter-Governmental Organizations and Agencies and Non-government organizations to facilitate the exchange of knowledge and experiences, promote the development of partnerships, and enhance policy coherence and synergy to address priority environment and health issues in sub-national and urban settings;
- Reduce the exposure to excessive noise from transport and other sources, which causes a disease burden that is second only to air pollution among the environment-related causes in Europe, through noise mitigation measures, and addressing noise at source, thus moving closer to the WHO guideline values;
- Strengthen the cooperation in and enhance the implementation mechanisms of the Transport Health and Environment Pan European Programme (THE PEP) to develop and implement environmentally friendly and health promoting transport policies;
- Support and participate in the development and implementation of the THE PEP Pan-European Master Plan on cycling (to be adopted in 2019) as an important step towards promoting cycling at the Pan-European, national and subnational levels;
- Develop and implement coherent national and local policies for healthy active mobility focusing on cycling and walking, connecting them with public transport, and integrate their needs into land use and transport planning, infrastructure development and design of public space;
- Assess health and environment impacts of transport infrastructures and new technologies, such as autonomous vehicles;
- Promote decarbonization of transport, by the transition to renewable energy, zero- and low- emission vehicles **and zones, phasing out most health harmful fossil fuels such as diesel** and environmentally friendly transport modes, such as active mobility, public transport, eco-driving, electric mobility and mobility management;
- Develop and disseminate the evidence of environment, health and economic benefits of decarbonizing transport and environmentally friendly and healthy mobility to raise awareness of policy makers, stakeholders and citizens;

g. Building the environmental sustainability of health systems, and reducing their environmental impact

Why environmentally sustainable health systems matter:

36. Health systems are fundamental for achieving and maintaining societal health and welfare. They are also important factors for development and economic growth. They represent a large share of the economy and employ a significant workforce. However, due to its size and the processes involved in its operations, the health sector, as a whole, consumes considerable amounts of energy and resources and produces major streams of pollution, carbon emissions and waste.
37. Ensuring their environmental sustainability and reducing the environmental footprint of the health systems throughout the WHO European Region remains an important objective and responsibility of the Member States. Towards this goal, health systems should assess and improve their environmental performance and efficiency in the use of resources. This will contribute to global mitigation goals and adaptation to climate risks whilst also enhancing their overall sustainability and resilience.
38. Several environmental sustainability interventions in health systems can support the tackling of upstream determinants of health; provide benefits for patients, providers and the health workforce; support health systems' core functions; decrease environmental health risks; and help reduce costs and increase health systems resilience.
39. The European Environment and Health Process, as an intersectoral platform including the WHO as the most relevant specialized agency of the UN leading the health sector globally, is uniquely positioned to lead and promote the environmental agenda within the health sector.

Overall objective:

Building the environmental sustainability of health systems, and reducing their environmental impact through, inter alia, efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their lifecycle and reduced pollution through safely managed waste and wastewater, without prejudice to the primary mission of health systems to promote, restore or maintain health

Actions:

- Develop and implement national plans to achieve environmentally sustainable health systems, taking into account the national institutional settings regulating the delegation of authority and responsibility between the national and sub-national level of government;
- Develop and implement a methodological framework for, estimate the environmental footprint of health systems, including greenhouse gases emissions, and publish evaluation results regularly and set measurable targets and goals for the health sector;
- Promote actions that ensure energy and resource efficiency in health systems, including sustainable procurement practices, use of renewable energy and intelligent mobility management;
- Enhance implementation of this objective through closer cooperation between the health and environment sectors and other relevant actors and organizations.

Annex I

Overview of international commitments of relevance to the European environment and health process

ADD SDG Goals and Targets

Air quality

- Convention on Long-Range Transboundary Air Pollution (1979)
- Framework Convention on Tobacco Control, (2003)
- WHA68.8: Health and the environment: addressing the health impact of air pollution, 2015.
- WHA69.11: Health and the environment: draft road map for an enhanced global response to the adverse health effects of air pollution, 2016.

Water and sanitation

- Convention on the Protection and Use of Transboundary Watercourses and International Lakes (1992) Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes (1999)
- WHA64.24: Drinking-water, sanitation and health, 2011.

Chemical safety and waste

- Convention on the Transboundary Effects of Industrial Accidents (1992);
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (1998)
- Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (1989)
- Stockholm Convention on Persistent Organic Pollutants (2001) ;
- Minamata Convention on Mercury (2013);
- Strategic Approach to International Chemicals Management (SAICM) (2006);
- Vienna convention on nuclear safety (1994)
- Vienna Joint Convention on the Safety of Spent Fuel Management and on the Safety of Radioactive Waste Management (1997)
- WHA58.3: Revision of the International Health Regulations (chemical and radiation safety), 2005.
- WHA58.22: Cancer prevention and control (chemical safety), 2005.
- WHA59.15: Strategic Approach to International Chemicals Management, 2006.
- WHA60.26: Worker's health: global plan of action, 2007.
- WHA63.25: Improvement of health through safe and environmentally sound waste management, 2010.
- WHA63.26: Improvement of health through sound management of obsolete pesticides and other obsolete chemicals, 2010.
- WHA67.11: Public health impacts of exposure to mercury and mercury compounds: the role of WHO and ministries of public health in the implementation of the Minamata Convention, 2014.
- WHA69.4: The role of the health sector in the Strategic Approach to International Chemicals Management towards the 2020 goal and beyond, 2016.

Climate change

- United Nations Framework Convention on Climate Change (1992)
- Paris Agreement under the Framework Convention on Climate Change (2015)
- WHA61.19: Climate change and health, 2009.

Urban environment and health

- Transport, Health and Environment Pan-European Programme (2002)
- New Urban Agenda (2016)

Cross- cutting issues

- Aarhus Convention on access to information, public participation in decision-making and access to justice in environmental issues (1998);
- Espoo Convention on Environmental Impact Assessment in a Transboundary Context (1991)
- Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context (2003);
- International Health Regulations (2005),
- UN General Assembly Resolution adopting the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (2011)
- Health 2020. A European policy framework and strategy for the 21st century (2013)
- A/RES/70/1 Transforming our world: the 2030 Agenda for Sustainable Development (2015)
- WHA66.10: Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on Prevention and Control of Non-communicable Diseases (occupational health and air pollution), 2013.
- WHA66.11: Health in the post-2015 development agenda, 2013.
- WHA67.14: Health in the post-2015 development agenda (multisectoral action to address environmental determinants of health), 2014.
- WHA69.11: Health in the 2030 Agenda for Sustainable Development (multisectoral approach to SDGs), 2016.
- EUR/RC60/R7 The future of the European environment and Health process
- EUR/RC49/R4 Environment and health,
- EUR/RC54/R3 Environment and health

ANNEX 2 – TEXT PROPOSALS BY CIVIL SOCIETY OSTRAVA RESOLUTION

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTE
BUREAU REGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

9 February 2017
Original: English

WECF AND ECO-FORUM PROPOSED ADDITIONS ARE IN GREEN

(SECOND) DRAFT OF THE OUTCOME DOCUMENT OF THE SIXTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

This document is presented to the WHO European Member States and stakeholders of the European Environment and Health Process (EHP) for review and discussion. The document was prepared by the secretariat incorporating comments and amendments provided by EHTF members to a previous draft, discussed at the sixth meeting of the EHTF, held in Vienna, Austria, on 29-30 November 2016.

Draft Declaration presented here is a revised draft developed on the basis of comments and amendments submitted by Member States and stakeholders. It is composed so that it does not exceed four pages; that it captures the spirit of the document discussed and commented on, while making it concise, clear, "crisp" and avoiding redundancies.

To document the consultative process so far and the input by all Member States and stakeholders, the secretariat is also providing here an annotated version of the first draft declaration with all comments presented and a rewritten first draft capturing those comments and for comparison with the new draft provided now.

Comments and amendments were submitted by the following Member States and stakeholders during and after the Task Force meeting on 29-30 November 2016: Armenia (ARM), Belgium (BEL), Cyprus (CYP), Czech Republic (CZE), Denmark (DEN), France (FRA), Georgia (GEO), Germany (DEU), Finland (FIN) on behalf of the Nordic Countries – Denmark (DEN), Finland (FIN), and Iceland (ICE), Norway (NOR), Sweden (SWE), - Israel (ISR), Italy (ITA), Malta (MAT), Monaco (MCO), the Netherlands (NET), Norway (NOR), Poland (POL), the Russian Federation (RUS), Serbia (SRB), Slovenia (SVN), Spain (SPA), Sweden (SWE), Switzerland (SWI), Ukraine (UKR), the European Commission (EC), European Environment Agency (EEA), EcoForum, European Environment and Health Youth Coalition (EEHYC), Health and Environment Alliance (HEAL), Regional Environmental Centre (REC), United Nations Economic Commission for Europe (UNECE) and the United Nations Environment Programme (UNEP).

The WHO European Member States and EHP stakeholders are invited to review this draft, consult with relevant authorities and stakeholders domestically and provide feedback to the Secretariat not later than 18 March 2017, so that an annotated version including all feedback from the consultation can be produced and distributed at the EHTF meeting in Copenhagen, Denmark, 10-11 April 2017.

DECLARATION OF THE SIXTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH, DRAFT JANUARY 2017

Preamble

In the WHO European Region, 1.4 million deaths, equivalent to 16% of all deaths and of the total burden of diseases, are caused by environmental factors that could be avoided and/or eliminated. The major health impacts of environmental determinants in the Region are related to non-communicable diseases, disabilities and chronic conditions and unintentional injuries, with a growing concern over the impact of climate change and biodiversity loss on changing patterns of existing and on emerging communicable diseases[, as well as adverse reproductive outcomes]. Addressing the existing and emerging challenges requires additional and [innovative] bold action. Therefore,

We, the Ministers of Health and the Ministers of Environment,

Have come together at the sixth Ministerial Conference on Environment and Health jointly organized by the World Health Organization Regional Office for Europe, the United Nations Economic Commission for Europe, the United Nations Environmental Programme and the Government of the Czech Republic on 13 to 15 of June 2017 in Ostrava, Czech Republic, to shape future common actions and promote synergies between relevant sectors as the key to achieving health and wellbeing objectives of the United Nations 2030 Agenda for Sustainable Development.

We:

1. *Recognize* that the 2030 Agenda for Sustainable Development highlights critical and inseparable links between development, environment, human health and well-being as central to the attainment of a wide range of human rights, including the rights to life, safety, good health, sufficient, safe and healthy food, clean soil, air and water, sanitation, which are the key to promoting just, peaceful, inclusive and prosperous societies;
2. *Acknowledge* that sound environment and health policies have greatly contributed to overall increase in life expectancy and wellbeing in the WHO European Region over the past decades and that health gains are the most socially and economically desirable benefits of adequate environmental protection;
3. *Note with concern* that an unprecedented rate of environmental degradation, global environmental changes, climate change, and destabilization of ecosystems are threatening the right to the enjoyment of the highest attainable standard of health, and disproportionately affect socially disadvantaged and vulnerable individuals and population groups, thereby exacerbating inequalities.
4. [*Recognize* the [potential] health benefits of addressing climate change, and that the Paris Climate Agreement acknowledges the importance of the right to health in the actions to be taken by Member States when addressing climate change.] (do not cut)
5. *Emphasize* that decisions and actions taken by every government and public authority have impacts on environment and human health, both within and across the borders of each country. For this reason, every public authority shares the common responsibility of safeguarding the global environment and of promoting and protecting human health from environmental hazards across generations and in all policies, within their respective constitutional systems;
6. *Recognize* that the 2030 Agenda for Sustainable Development and Health 2020: the European policy for health and well-being commit us to coherent multisectorial strategies that emphasize

system-wide and equitable preventive policies to improve environmental health conditions and, in particular, amongst the least privileged in this Region; (do not cut)

7. *Reaffirm* the European Charter on Environment and Health of 1989, the principles laid down therein, and our decisions from the previous Ministerial Conferences as a firm commitment to action on health and environment as inter-related and essential areas of critical importance for our people and our planet;
8. *Note with concern* that three targets from the Fifth Ministerial Conference for 2015 have not yet been reached: ensuring tobacco smoke-free environments for children, eliminating (add: chrysotile) asbestos-related diseases and substantially advancing chemical safety. In addition, two targets were set for completion until 2020: addressing water, sanitation, hygiene in children's settings, and safe environments that support physical activity of children to be achieved by 2020;

Add more on gender equality and social inequalities

Resolution

9. **We therefore resolve** to continue striving towards an equitable, prosperous and sustainable future in which we:
 - a. protect and continue improving health and wellbeing of our people ensuring their healthy, dignified, and productive lives and prevent premature deaths and diseases related to environmental changes and degradation;
 - b. manage our natural capital in a manner that respects planetary boundaries and ecosystem services and ensures sustainable and equitable access to and benefit from natural resources and their health and wellbeing effects;
 - c. promote sustainable production and consumption, a transition from fossil to renewable energy, use of clean and safe technologies, a shift to low emissions and energy efficient transport and mobility integrated with urban and spatial planning;
 - d. ensure that our societies, communities and infrastructures are resilient to global changes, in particular to climate change and environmental disasters;
 - e. strive to fulfil the vision of a healthy planet and healthy people through our work in the WHO European Region as part of the global community of nations, by working in partnership with all relevant sectors and stakeholders, internationally, nationally and locally, incorporating environment and health considerations into political, economic and social decisions across all policies;
 - f. respect different national circumstances, needs, priorities and capacities; (add: as well as free prior and informed consent)
 - g. strengthen the implementation of our existing voluntary commitments and international obligations, in particular the multilateral environmental agreements [addressing health impact of environmental factors], thereby ensuring coherent, integrated and resource-efficient support to implementation across WHO European Member States, sectors and UN fora;
 - h. maintain and further develop adequate mechanisms to gather, analyze, interpret and systematize relevant evidence on health and environment and use it as a basis for our decisions; and, in the context of scientific uncertainty, adopt precautionary (add: principle and) risk management approaches where there is a possibility of serious risks to health; (NB: KEEP!)
 - i. actively support open, transparent and relevant research on established and emerging environment and health risks to strengthen the evidence-base to guide policy making and

preventive actions; (add: ensuring evolving knowledge is integrated as fast as possible in policies and action plans)

Taking the process forward

10. We will use the European Environment and Health Process as an established multisectorial, international, multidisciplinary and inclusive process and platform for the implementation of the 2030 Agenda for Sustainable Development and for strategic planning, coordination, implementation, monitoring and reporting on progress made towards the objectives of this Declaration, while pursuing the [unmet] targets of the Fifth Ministerial Conference on Environment and Health (Parma, 2010) until their achievement;
11. In particular, while strengthening public health functions of the health systems, we will expand our capacities to work across all sectors, levels of government and stakeholders to reduce environment-related health risks for our citizens, while providing them with opportunities for health enhancing consumers' and life-style choices and participation in decision-making.
12. Aware of the paramount importance of enhancing national implementation and action, we will make visible and measurable difference for our citizens. To this effect, we commit to develop national “portfolios of actions on environment and health” by the end of 2018, which will include our specific national commitment[s] to advance the agenda of the European Environment and Health Process. Those portfolios will reflect our specificities, priorities, means and capacities and we will choose and prioritize appropriate objectives and actions from the implementation plan annexed to this Declaration, focusing on the following areas:
 - a. Improving air quality as the single most important environmental risk factor in this Region through actions towards meeting the WHO air quality guideline values as soon as possible;
 - b. Ensuring universal, equitable and sustainable access to safe drinking water, sanitation and hygiene for all and in all settings, while promoting emerging solutions in integrated water resource management, including safe reuse of wastewater, emphasizing added value for other sectors and addressing implications for human health and the water environment;
 - c. Promoting chemical safety and safe products, materials and technologies, focusing on: the reduction of exposure of the vulnerable groups to hazardous chemicals during early development and throughout the life-cycle of the chemicals; promoting monitoring of exposures to hazardous chemicals; adopting a precautionary approach (add: principle); expanding the capacities for risk assessment, and research to better understand human exposure to chemicals and the associated burden of disease;
 - d. Preventing and eliminating the adverse environmental and health effects, costs and inequalities related to waste management and contaminated sites, by advancing towards the elimination of uncontrolled and illegal waste disposal and trafficking and sound management of waste and contaminated sites in the context of transition to a circular economy;
 - e. Strengthening human and institutional adaptive capacity and resilience to climate change-related health risks and environmental (add: climate related) disasters and supporting mitigation measures to prevent climate change, in line with the Paris Climate Agreement;
 - f. Supporting European cities and regions efforts to become more healthy, inclusive, safe, resilient, ecological and sustainable through the development of suitable planning and assessment instruments, implementation of effective and coherent system policies and the exchange of experiences and best practices;
 - g. Building the environmental sustainability of health systems, and reducing their environmental impact through efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their lifecycle and reduced pollution through safely managed (add: chemicals) waste and wastewater.

13. To address those priorities effectively, we will also:

- a. Support national implementation of policies and interventions by: enhancing national priority-setting; providing knowledge, evidence and normative guidance; offering opportunities and platforms for exchange of experiences and international collaboration and **linking the domestic policy agenda with multilateral and cross-border instruments**;
- b. **Identify and mobilize (add: international and domestic) resources**, and build or **pool the capacities that** are necessary to support the national implementation of the plans, which may include bilateral or multilateral international collaboration;
- c. Promote **policy coherence and convergence** between the European Environment and Health Process, the Environment for Europe Process of the UN Economic Commission for Europe, UNEP and the governing bodies of the relevant Multilateral Environmental Agreements and intersectoral programmes;
- d. Advance the **implementation of the existing legally binding and voluntary commitments and partnerships**, in particular those resulting from the European Environment and Health Process (the Protocol on Water and Health to the Convention on the Protection and Use of Transboundary Watercourses and International Lakes and the Transport, Health and Environment Pan-European Programme (THE PEP)), as well as relevant Resolutions of the World Health Assembly and WHO Regional Committee for Europe, conventions and related instruments jointly implemented by environment and health sectors.
- e. Strengthen **education, training and capacity building** through further training of health and environment professionals in health impact assessment; strengthening the role that formal and informal education play in public understanding of complex environment and health issues and effective measures to address them, promoting systems thinking and the development of "ecological literacy";
- f. Continue and expand key strategic and institutional partnerships, ensuring the appropriate participation of **young people, civil society (add: including environment, women and health NGOs)**, the scientific community, the private sector, UN bodies, international financial institutions, the European Union and its relevant agencies and other relevant intergovernmental and non-state actors;
- g. Encourage (add: **increased engagement and cooperation with existing youth civil society networks including**) the **European Environment and Health Youth Coalition (EEHYC)** to continue being an active partner in the European Environment and Health process and commit to continue working with the EEHYC to support the creation of national youth platforms in our countries.

14. We will **measure, and report on progress** towards the implementation of our commitments using a monitoring system based on **the national reporting on the achievement of the Sustainable Development Goals and targets**, to which the commitments taken at the Ministerial Conference **intend to contribute**.

15. To sustain the European Environment and Health Process, we will **support and participate in the institutional arrangements** which are necessary for the realization of the commitments of this Declaration and which are elaborated in Annex II.

16. We commit to provide resources and funding as appropriate, for the attainment of our commitments nationally and internationally, **according to our financial means and budgetary possibilities**.

Signed on 15 June 2017 in Ostrava, Czech Republic