Environment and Health in Europe:
Towards the 5th Ministerial Conference

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The WHO European Region

- 53 Member States
- 850 000 000 pop
- Extending to central Asia
Science and policy in EH

- Support Member States to develop and adopt policies that are
  - Mindful of all society’s needs but with health as first priority
  - Based on evidence
  - Effective and equitable
  - Sustainable, no hidden costs (e.g., to future generations)

- Organisation of society increasingly complex

- Multiple, complex pathways to health

- Potential for far-reaching health effects

- Many determinants are not controlled by the health sector
1989 to 2004: 4 Ministerial Conferences

- Frankfurt, 1989
- Helsinki, 1994
- London, 1999
- Budapest, 2004
5th Ministerial Conference on EH

- 5th Ministerial Conference on Environment and Health, Parma, Italy, 10-12 March 2010
- “Protecting children’s health in a changing environment”
- MoH, MoE, IGOs, NGOs,…
Budapest, June 2004: “The future for our children”

- 1200 delegates and observers from 50 Member States, 11 international organizations and 11 NGOs
- 48 Ministers from both Health and Environment sectors, 21 Deputy Ministers and 10 State Secretaries
CEHAPE identifies 4 Regional Priority Goals

RPG 1 to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe water and adequate sanitation for all children.

RPG 2 to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity by promoting safe, secure and supportive human settlements for all children.
CEHAPE identifies 4 Regional Priority Goals (ctd)

RPG 3  to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks in order to ensure that children can live in an environment with clean air.

RPG 4  we commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence.
Conference themes

• Progress on commitments
• Climate change
• Economic crisis
• Intersectoral action
• Environmental equity (e.g. socio-economic, gender)

WHO’s definition (1948):

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity
Science for policy making

- Need to study the health consequences of policies, plans, development, etc
- Interest in “upstream” health determinants
- Art 152 of the Amsterdam Treaty of the EU: all new Community policies should ensure a high level of human health protection
- Aim at “evidence based policy making”, but recognise other elements (values, cultural background, perception etc)
Leading risk factors for health

Estimated number of deaths attributable to leading risk factors in the European Region, World Health Report 2002
The determinants of health and wellbeing in our neighbourhoods
A broad perspective

- From “environment” to “sustainable development”
- “Chapters” of physical environment a starting point
- Beneficial, health promoting factors as important
- Context is important
  - Multiple factors (confounding, synergies, interactions,…)
  - Adaptive responses
  - Variable vulnerability
  - Socio – economically mediated effects
Example: SES adjustment in Campania

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Waste pressure

SES

Waste pressure

 SES

$r = 0.30$
Equity in environmental health

• One of the strongest policy drivers
• Inequalities and inequities in
  – Environmental pressures
  – Health determinants
  – Health impacts
• More strongly established for socioeconomic factors
• Gender and environmental health
  – Specific exposures or health outcomes
  – Inequalities, eg lung cancer
  – Inequities, gender-mediated selective impacts, e.g. hazardous jobs/tasks in industry/agriculture, paraoccupational asbestos
  – Mix of the above, e.g. breast cancer, reproductive health
Thank you

http://www.euro.who.int/parma2010