

# Declaration on Environment and Health\*

## Preamble

1. We, ministers and representatives of European Member States of WHO and Members of the European Commission (EC) responsible for health and the environment gathered in London from 16 to 18 June 1999. Our meeting built on foundations laid at the previous Environment and Health conferences in Frankfurt (1989) and Helsinki (1994) and marked a new commitment to action in partnership for improving the environment and health in the twenty-first century.

## Europe's environment and health at the turn of the twenty-first century

2. We welcome the WHO report An overview of the environment and health in Europe in the 1990s. It demonstrates that the ten years since our first conference have seen various achievements, which give grounds for optimism about improvements in Europe's environment and health in the 21<sup>st</sup> century. However, it also shows that the Region still faces many urgent environment and health challenges.

3. Many problems remain unsolved and new challenges have emerged.

- In the Region as a whole, serious problems remain and some are increasing. We draw particular attention to the increasing inequity between and within countries and the need for international cooperation on transboundary problems, such as air pollution; to the continuing lack of reliable access to sufficient safe water and sanitation for many communities, as a basic prerequisite for health; and to transport, where solutions have yet to be found to the adverse environment and health impacts of increasing

\* Third Ministerial Conference on Environment and Health, London, 16–18 June 1999. See also page 156.

traffic, especially due to road transport.

- Within countries, the lack of economic growth and stability are urgent problems for some countries, denying a sustainable basis for protecting the environment and health. Special assistance is needed for countries in transition and some Member States which face more severe and often worsening environment and health problems. We express our horror at the continuation of armed conflicts in some countries of the Region, and the resulting loss of life and destruction of natural environments, health care establishments and recreational zones; there is a need for international assessment of the damage being done to the environment and health.

- Some trends are of great concern, such as climate change and ozone depletion; unsustainable patterns of consumption and production; and the tendency to conceive of development and economic growth as unrelated issues, unaware of the fact that economic development is fundamentally linked to improvements in people's health.

4. However, there are many reasons for being confident that improvements can be made.

- In the Region as a whole, democracy has continued to be strengthened, and cooperation between countries has increased notably. In addition to the Environment and Health process, many other processes such as Environment for Europe, programmes of EC and the process of enlargement of the European Union (EU), have also particularly contributed to this; coordination with them can yield added value for the environment and health. WHO's Health for All policy framework for the European Region for the twenty-first century (HEALTH21) provides an additional, positive framework for making further progress, and its European Centre for Environment and Health (ECEH) can serve as a plat-

form of scientific and operational support for effective action.

- Within countries, most have exploited the foundations laid by international cooperation, by developing health strategies that embody the principles of Health for All, National Environmental Health Action Plans (NEHAPs), National Environmental Action Programmes (NEAPs) and Agenda 21 strategies.

- There are many positive trends, such as increases in life expectancy at birth in many countries; advances in technology and in its use for the benefit of human health; improved education; progress in research and understanding; greater involvement of civil society in environment and health matters; and the continuing willingness of governments to take strong measures to protect health and the environment.

5. In the past ten years we have learnt that by working in intersectoral partnerships and increasing coordination of relevant initiatives, we can have a greater effect in reducing the negative impacts of human activity on the environment and health. We are determined to strengthen and expand our coordination and partnership, as we work towards improved environment and health within sustainable development.

## Commitment to action

6. We wish to record here, in the paragraphs below, the actions that we have agreed at our third Conference.

## Cross-cutting action

7. We will carry out environmental impact assessments fully covering impacts on human health and safety. We invite countries to introduce and/or carry out strategic assessments of the environment and health impacts of proposed

policies, plans, programmes and general rules. We invite international financial institutions also to apply these procedures. There will be appropriate participation of nongovernmental organizations (NGOs) and members of the public in the procedures set out in this paragraph.

#### Water and health

8. We adopt the Protocol<sup>1</sup> on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, with the aim of preventing, controlling and reducing the incidence of water-related disease through collaboration on water management and protection of health and the environment. We thank the Government of Hungary for leading the process of developing this Protocol and call upon all Member States of the United Nations Economic Commission for Europe (UN/ECE) and those in the European Region of WHO to ratify both the Protocol and, if they have not already done so, the parent Convention.

9. Within the framework of the Protocol we will take all appropriate measures for the purpose of ensuring:

- (a) adequate supplies of wholesome drinking-water which is free from any micro-organisms, parasites and substances which, owing to their numbers or concentration, constitute a potential danger to human health. This shall include the protection of water resources which are used as sources of drinking-water, treatment of water and the establishment, improvement and maintenance of collective systems;
- (b) adequate sanitation of a standard which sufficiently protects human health and the environment. This shall in particular be done especially through the establishment, improvement and maintenance of collective systems;
- (c) effective protection of water resources used as sources of drinking water, and their related water ecosystems, from pollution from other causes, including agriculture, industry and other discharges and emissions of hazardous substances. This shall aim at the effective reduction and elimination of discharges and emissions of substances judged to be hazardous to human health and water ecosystems;
- (d) adequate safeguards for human health against water-related disease arising from the use of water for recreational purposes, from the use of water for aquaculture, from the water in which shellfish are produced or from which they are harvested, from the use of waste water for irrigation or from the use of sewage sludge in agriculture or aquaculture;
- (e) effective systems for monitoring situations likely to result in outbreaks or incidents of water-related disease and for responding to such outbreaks and incidents and to the risk of them.

10. We will apply the Protocol's provisions to the maximum extent possible pending its entry into force. We ask UN/ECE and WHO to assist in that, especially by:

- (a) organizing meetings of the Signatories, open to all States who are entitled to sign the Protocol, to the European Commission and to all relevant international, intergovernmental and nongovernmental organizations;
- (b) providing the necessary infrastructure within the framework of existing budgets.

11. We call for close cooperation in this work between UN/ECE, WHO, the United Nations Environment Programme (UNEP), the United Nations Development Programme (UNDP) and EC, as well as other relevant international orga-

nizations. We specifically call upon UN/ECE and UNDP to make a useful contribution to national strategies for sustainable development by helping to build up national capacity in the area of water and water management. We offer to share our experience with other regions of the world and commend the Protocol to other regional commissions of the United Nations and regional offices of WHO.

#### Transport, environment and health<sup>2</sup>

12. We recognize that transport plays a major part in life today, contributing to quality of life, access to goods and services, and economic and social development. We are, however, concerned that the current patterns of transport in the European Region, dominated by road motor vehicles, are not sustainable and have significant adverse impacts on health and the environment, and that the potential health benefits of sustainable transport have not been adequately explored.

13. Although positive steps have been taken internationally and within our countries, present transport strategies still result in high damage costs, of which only a small part is borne by the transport sector.

14. We are determined at international and national levels to effectively reduce the significant adverse effects and barriers to community development created by transport-related air, soil and water pollution, accidents and noise, greenhouse gases emissions and damaging of forests and to increase the health benefits of physically active transport modes, notably cycling and walking (including to and from means of public transport). Actions taken in the relevant fora to achieve these different aims should be consistent, notably concerning the reduction of greenhouse gases and other health-damaging emissions.

15. By adopting the Charter on Transport, Environment and Health, we confirm our commitment to make transport sustainable to health and the environment. We thank the Government of Austria for leading its development, jointly with WHO.

16. We undertake to adopt the principles and strategies set out therein and commend them as a basis for progress at international, national, subnational and local levels. We will strengthen the enforcement of current legislation and strive to implement the measures in the Charter's plan of action, especially those aimed at attaining the health targets, and to integrate health and environment concerns into current and new transport, water and land use planning policy, inter alia by:

- (a) pursuing cooperation and promoting approaches whereby health and environment requirements are taken into account and authorities in both sectors are involved in decision-making processes related to transport, water and land use planning and infrastructure;
- (b) promoting modes of transport, such as public transport, walking and cycling, and water, land use planning and technologies that have the best public health impact;
- (c) assessing the environmental health impacts and costs of transport, land use and infrastructure policies and investments;
- (d) promoting policies designed to internalize transport-related environmental health costs;
- (e) developing policies to protect populations at extra risk of health effects from transport;
- (f) investigating further the health risks from transport that are not yet fully clarified;

(g) monitoring the links between transport and health and the progress made towards the targets identified in the plan of action;

(h) promoting pilot projects and research programmes focused on achieving transport that is sustainable for health and the environment;

(i) raising public awareness and individual responsibility and ensuring access to information about the impacts of transport on environmental health, and increasing public participation in decision-making on transport projects and strategies;

(j) cooperating with and giving all possible support to countries with severe transport-related health problems in promoting transport sustainable for health and the environment.

17. We commit ourselves to making appropriate arrangements for the follow-up and monitoring of implementation of the Charter, by integrating, where necessary, with existing mechanisms for the follow-up of other international transport and environment decisions and in particular with the follow-up of the UN/ECE Vienna Declaration on Transport and the Environment.

18. We call on WHO and other international organizations to continue to support these efforts by fulfilling the roles identified for them in the Charter. We recognize that further efforts will be needed in the future, beyond implementation of the Charter, in order to achieve transport that is sustainable for the environment and health. We invite WHO and UN/ECE, jointly and in cooperation with other international organizations, to provide an overview of relevant existing agreements and legal instruments, with a view to improving and harmonizing their implementation and further developing them as needed. A report on this overview should be submitted at the latest by spring 2000, recommending which further steps are needed. That report should cover the possibility of new non-legally binding actions and the feasibility, necessity and content of a new legally binding instrument (e.g. a convention on transport, environment and health, focusing on bringing added value to, and avoiding overlaps with, existing agreements).

19(a)[A decision on negotiation of such an instrument shall be taken as soon as possible after the submission of the report, at a meeting of Ministers of Member States or their representatives, convened for that purpose by WHO and UN/ECE at the latest by the end of the year 2000.]

or

19(b)[A meeting of representatives of Member States called by WHO and UN/ECE will consider this report and make recommendations regarding a possible mandate for negotiation of such instrument, to be decided upon by the WHO Regional Committee for Europe, UN/ECE Committee on Environmental Policy and the UN/ECE Inland Transport Committee by the end of the year 2000.]<sup>3</sup>

#### Implementing NEHAPs in partnership

20. We commit ourselves to NEHAP implementation, by taking the measures which we have identified as necessary in our countries and by taking the lead in mobilizing all other actors.

21. We welcome the proposals, recommendations and requests for national and international action in the document Implementing NEHAPs in partnership. We thank the Government of Bulgaria and the United Kingdom for leading the development of those proposals, jointly with WHO and the NEHAP Task Force. In particular, we endorse and strongly support:

<sup>1</sup> Austria and Turkey have a general reservation with regard to the Protocol and its title. Austria believes the title should read "Protocol on Water and Health for the European Region".

<sup>2</sup> Turkey has a reservation on paragraphs 14–18 of the Declaration.

<sup>3</sup> Member States prefer to leave the final decisions on these two alternatives to the Ministers at the London Conference.

(a) the integration of environment and health concerns, on a reciprocal basis, into national policies and plans, plans for economic sectors, legislation and finance;

(b) the implementation and further development of NEHAPs through action at sub-national and local levels, in coordination with other local plans, and with support for environment and health professionals with relevant training and resources, and capacity-building in environment and health management;

(c) the development of national communication and public information strategies, as a two-way process, in matters affecting the environment and health;

(d) efforts to involve the public and NGOs at the earliest possible stage in the implementation and further development of NEHAPs and related initiatives under Agenda 21; and

(e) continuation of assistance by Member States, international organizations, subregional groups and institutions for strengthening environmental health services and enforcement agencies, for capacity-building measures in environmental health and for the provision of specific assistance with their accession-related needs to countries of central and eastern Europe which are candidates for membership of the EU.

22. We resolve, acting in partnership with international organizations and institutions as appropriate, to fulfil the roles and undertake the tasks identified for achieving effective implementation of NEHAPs throughout the Region. Further, in the spirit of the Århus Declaration, we resolve to coordinate the implementation of our NEHAPs with NEAPs and other environmental policies or plans.

#### **Local processes for environment and health action**

23. We welcome the book produced by WHO entitled Source book on implementing local environment and health projects. We recommend that a strong commitment should be made, involving multi-partner approaches, to implementing local environment and health activities identified as a result of both national and local planning processes.

24. We recommend that local plans to improve health and the environment should be drawn up and implemented in our countries, either as part of other relevant plans, such as Local Agenda 21 or Healthy Cities Action Plans, or separately. These should be developed preferably by existing bodies and designed to achieve distinct local environment and health improvements.

25. We will identify mechanisms within each of our countries, involving but not limited to public sector organizations, community groups and NGOs, to promote well managed local environment and health projects, develop data and monitoring systems, and devise a training and information exchange programme on alternative intersectoral approaches for local implementation. These mechanisms should also promote health issues within the context of HEALTH21 and Agenda 21.

26. We recommend that the European Environment and Health Committee (EEHC) should promote steps by WHO and other relevant organizations, to:

(a) provide policy advice and guidance on local environment and health implementation initiatives;

(b) assess the need for, and prepare as needed, further informative and practical publications for implementers of local environment and health projects on:

– strengthening community involvement in local implementation;

– the roles of private sector and financing institutions in local implementation;

– data collection and local needs assessment.

#### **Environment and health research for Europe**

27. We take note of the proposals made in the document Environment and health research for Europe, prepared by the European Science Foundation (ESF) in liaison with EC and WHO. We will use it as one of the bases for a pan-European, integrated and coordinated effort for research in the priority areas identified in this Declaration.

28. We recognize our need for research of the highest reliability and quality as a tool for decision-making, and we will encourage and support EC, ESF and WHO and, where relevant, other international organizations in developing their collaboration to this end. Such collaboration would facilitate pan-European consultation and coordinated action on environment and health research. We will encourage our appropriate national bodies to implement the research proposed in the above-mentioned document.

29. We recognize that policies and individuals' behaviour do not take sufficiently into account the link between the environment and health. We call upon researchers to investigate this gap and to develop methods aimed at overcoming it.

#### **Access to information, public participation and access to justice in environment and health matters**

30. We affirm our commitment to giving the public effective access to information, improving communication with the public, securing the role of the public in decision-making and providing access to justice for the public in environment and health matters. We warmly welcome the document Access to information, public participation and access to justice in environment and health matters and recommend it for consideration, inter alia by the Signatories to the Århus Convention, in further deliberations in this field.

31. We request WHO to explore options for strengthening public rights to information, participation and justice in the sphere of health.

32. We recognize the desirability of the public having streamlined, low-cost and timely access to high-quality environment and health information. We note that electronic information technologies are dramatically increasing the possibilities for such access and we recognize that many key institutions, organizations and agencies, including the Food and Agriculture Organization of the United Nations (FAO), the Organization for Economic Co-operation and Development (OECD), UN/ECE, UNEP, UNDP, the European Commission and its European Environment Agency (EEA), and WHO in cooperation with NGOs are already making efforts towards this end. To further this objective, we request EEHC, with the involvement of NGO representatives from both the environmental and health sides, to take steps to promote the development of a comprehensive, easily accessible network of databases on environment and health issues, involving as appropriate representatives of major providers and users of environment and health information. Furthermore, we encourage governments and international organizations to incorporate this objective in their information policies.

33. We invite WHO to establish a working group, involving representatives of the media, environmental health professionals, NGOs and other key partners in assessment or communication of risks, to elaborate guidelines on risk communication, having regard to relevant international work in this field and taking into account the need to rigorously apply the precau-

tionary principle in assessing risks and to adopt a more preventive, pro-active approach to hazards, and to report to the next Environment and Health conference.

34. We resolve to promote the application of the principles of the Århus Convention in international decision-making processes dealing with the environment and health<sup>4</sup>. We recommend the provision of opportunities for effective participation by NGOs in the preparation by intergovernmental organizations of instruments having significant environmental or human health implications.

#### **Health, environment and safety management**

35. We note with appreciation the document Towards good practice in health, environment and safety management in industrial and other enterprises and we recognise our role and the role of stakeholders in implementing its objectives. We thank the Government of Poland for leading its development and will take into account its holistic and participatory approach as a basis for assessing, strengthening or establishing, as appropriate, national policies designed to facilitate good practice in all types of enterprises.

36. We recognise the importance of instituting workplace measures to meet public health needs and goals, and the right of workers to be involved in the decision-making process on those measures. We will promote good practice in health, environment and safety management in enterprises, in collaboration with stakeholders in our countries such as local authorities, enforcement agencies, business (including small and medium-sized enterprises), trade unions, NGOs, social and private insurance institutions, educational and research institutions, auditing bodies, and providers of prevention services. The current regulatory frameworks and economic appraisal related to health and safety should be, if necessary, strengthened for this purpose and self-regulatory mechanisms (voluntary initiatives and agreements) should be used as complementary measures. We invite WHO and the International Labour Organization to work together to assist countries in developing processes, involving all stakeholders, for implementation of environmental practice which also promotes public health, and to develop close cooperation with the European Commission to assist the candidate countries for membership of the European Union to meet their obligations.

37. We recognise the rights and needs of workers to be informed of occupational and environmental health hazards in the workplace, and of the public to be informed of hazards posed to the community by the activities of enterprises. We will create or strengthen information systems on health, environment and safety management and performance in enterprises, making them accessible to employers and employees as well as to national and foreign investors.

38. We invite all concerned intergovernmental bodies and international organizations to promote a holistic concept of health, environment and safety management in enterprises, both nationally and internationally, by applying a precautionary, step-by-step approach.

#### **Early human health effects of climate change and stratospheric ozone depletion**

39. We recognize that human-induced changes in the global climate system and in stratospheric ozone pose a range of severe health risks and potentially threaten economic development and social and political stability. National action is ur-

<sup>4</sup> Turkey has a reservation on this sentence.

gently required by all countries to reduce and prevent as far as possible these environmental changes and to limit the exposure of human populations in Europe to climate change and increased ultraviolet irradiation, and the consequential health risks over the coming decades.

40. We endorse<sup>5</sup> the conclusions and recommendations of the document Early human health effects of climate change and stratospheric ozone depletion in Europe and recommend the establishment of a Europe-wide inter-agency network for monitoring, researching and reviewing the early human health effects of climate change and of stratospheric ozone depletion, developing and advocating prevention, mitigation and adaptation policies, and identifying specific research priorities in that field. We invite WHO-ECEH to act as a co-ordinator in this network as part of the global programmes under the Inter-Agency Committee on the Climate Agenda endorsed in 1998 by the World Health Assembly and to link it to other relevant global programmes such as those arising from the United Nations Framework Convention on Climate Change and the Montreal Protocol on Substances that Deplete the Ozone Layer.

41. We will support the identification, development, standardization, evaluation and broad use of systems for monitoring and assessing changes in environmental indicators, bio-indicators of health risk and impacts on health as well as indicators of population health status across Europe. These systems must be coordinated with global monitoring activities.

42. We will develop our capacities, as necessary, to undertake national health impact assessments with the aim of identifying the vulnerability of populations and subgroups and will ensure the necessary transfer of know-how among countries. We will make these assessments available for possible consideration in the forthcoming Third Assessment Report of the Intergovernmental Panel on Climate Change.

43. We will carry out ongoing reviews of the social, economic and technical prevention, mitigation and adaptation options available to reduce the adverse impacts of climate change and stratospheric ozone depletion on human health. We will support the implementation of prevention, mitigation and adaptation strategies taking into account national impact assessments, e.g. by strengthening surveillance activities, with appropriate public education and with special reference to vulnerable groups.

#### **Economic perspectives on environment and health**

44. We recognize that policy in many sectors affects environmental health, and that economic analysis can express costs in explicit terms and hence encourage decision-makers to take them into account. We further recognize that economic analysis helps with setting priorities with regard to risk reduction, by assessing the cost-effectiveness of such measures. However, we recall that there will remain uncertainties about the extent of some risks as well as in economic evaluations; we therefore reaffirm our commitment to the precautionary principle. We affirm the potential of economic instruments as policy tools that contribute effectively to improving health and the environment, and we recognize that it is possible to make far more use of them.

45. We will develop, so far as is needed, our capacities to carry out economic analysis, in order to place this tool at the service of efforts to meet our commitments, and in particular to

strengthen our national systems of strategic environmental impact assessment so as to include health concerns, and to ensure the integration of environment and health considerations into policies (paragraph 21 (a)). We will promote the full internalization of environment and health costs, and the preparation of strategies for achieving this.

46. We welcome the principles for action set out at the end of the document Economic perspectives on environment and health and we invite the relevant organizations including OECD, UNEP, UN/ECE, WHO and the World Bank:

(a) to consider these principles for strengthening their cooperation on environment and health economics;

(b) to further integrate environment and health concerns as they relate to economics into their activities and development operations.

47. We invite EEHC to assist in the coordination of these efforts and we commit ourselves to participating actively in them and to ensuring that the relevant actors provide the support and commitment required.

#### **Children's health and the environment**

48. We recognise the special vulnerability of children and reproductive health to environmental threats. We are determined to develop policies and implement actions to provide children with a safe environment, including during prenatal and postnatal development, towards the highest attainable level of health. We will take effective measures to make rapid progress towards WHO targets for improving child health and arresting the worrying trends of certain childhood diseases in some areas of the region. To this end, we support the 1997 Declaration of the Environmental Leaders of the Eight on Children's Environmental Health as a framework for developing policies and actions for our countries.

49. We recognize that both the social and the physical environments influence health, behaviour and the social and personal development of children. We advocate the development of prevention-oriented policies and actions, including education, as the most effective means of protecting children from environmental threats to health.

50. We will develop initiatives in our countries to give greater emphasis in all relevant programmes to the need to prevent the exposure of children to environmental threats. To this end, we endorse the priority areas identified in the document Children's Health and the Environment and will develop policies and implement actions and public health interventions in these areas. We request EEHC to identify methods and mechanisms to:

(a) promote the exchange of information and experience across the Region on the management of preventive strategies on, and research into, asthma and allergies;

(b) support and enable the exchange of information and experience in implementing public health interventions on childhood accidents and injuries;

(c) develop and implement public health interventions to prevent smoking and the effects of environmental tobacco smoke, in particular by encouraging Member States to participate in the global and regional Tobacco-Free Initiative;

(d) promote and encourage public health measures in areas of emerging concern about environmental impacts on children's health, on the basis of the precautionary principle.

(e) establish how the particular needs of children can be highlighted and prioritized within the NEHAP process and other relevant national programmes;

(f) develop an effective mechanism for monitoring and reporting progress annually throughout the Region on the basis of key indicators of the state of children's health and the relevant environmental conditions.

51. In doing this we request EEHC to take fully into account the work already carried out by other international and regional bodies such as UNEP, the United Nations Children's Fund (UNICEF), the European Commission and its European Environment Agency, WHO and other international organizations and NGOs. We express our willingness to cooperate in the exchange of information and experiences through a coordinating mechanism, and to help one another in developing policies and implementing public health interventions.

## **The future of the environment and health process**

### **The role of the European Environment and Health Committee**

52. We appreciate the usefulness of the European Environment and Health Committee (EEHC) in achieving the goals set out in paragraph 23 of the Helsinki Declaration on Action for Environment and Health in Europe and acknowledge its achievements. We have therefore decided that EEHC should continue as an advisory body for a further five years from 1 July 1999. We still consider the terms of reference of EEHC as given in paragraph 27 of the Helsinki Declaration to be appropriate, with the addition of the following three functions which will be necessary to follow up on the decisions we have made here in London:

- to monitor, facilitate and promote the implementation of actions decided by environment and health ministers at the London Conference;
- to promote cooperation and coordination with associated organizations and related processes, and in particular the linkage between the Environment for Europe process and the Environment and Health process;

- to develop further the Environment and Health process in Europe by facilitating and promoting partnerships and intersectorality at all levels in the field of environment and health that lead towards sustainability.

53. We wish to encourage greater transparency in the work of EEHC. We agree to extend the membership of EEHC by adding six representatives of major groups, including NGOs, local government, business, trade unions, environment and health professionals nominated by their appropriate organizations. We take note of its method of working and secretariat arrangements as set out in EEHC's report to our conference.

### **Commitment to partnership**

54. We reaffirm the commitments to partnership made at our previous conferences. We request EEHC to take forward the further development of partnership in the Environment and Health process as set out below.

55. We will continue to collaborate with all EEHC member organizations and other European and global organizations and processes. Partnership with the international community should include:

(a) increasing cooperation and coordination between relevant international activities, including by encouraging interagency accords so as to streamline efforts and increase effectiveness, and ensuring close coordination of the Environment and Health and Environment for Europe processes;

(b) promoting effective coordination with international economic and trade organizations, in

<sup>5</sup> Italy prefers to replace the term "endorse" in this sentence with "take note of".

order to minimize environmental concerns in the era of globalization;

(c) exchanging information with environment and health processes in other regions;

(d) reaching out to the scientific community, particularly through its research organizations, recognizing that we live in a rapidly changing world and therefore need to improve our foresight of environment and health matters and anticipate future developments, as well as dealing with problems already identified.

56. The European Centre for Environment and Health (ECEH) was established after our first conference (Frankfurt, 1989) and has served as a source of technical expertise for the Region and of scientific support for the identification of effective evidence-based environment and health policies. We are extremely grateful for the support given to ECEH, principally by Italy, the Netherlands and France. Partnership with ECEH should include:

(a) ensuring that ECEH continues to play an effective role and further develops its capacities, especially for implementation of the actions we have agreed at this conference;

(b) encouraging more Member States and WHO to share in providing the necessary financial support to ECEH.

57. We want to enhance solidarity and, in particular, to recognize and effectively address the differences in environment and health status between countries of the Region. Partnership with Member States should include:

(a) assisting countries of central and eastern Europe (CEE) and newly independent states (NIS), particularly through building up their capacities and providing support to the reform of regulatory structures, including the development and implementation of environment and health "acquis communautaire" as part of the process of accession to the EU for a number of CEE, so as to maximize benefit to the environment and health;

(b) a "bottom-up" approach, in which countries identify priorities for international activity and are committed to implementing them;

(c) promoting sub-regional collaboration, for example to build on the successful model offered by the Visegrad, Nordic/Baltic, Central Asian and Sofia groups, and other collaboration between countries such as that between Azerbaijan, Armenia and Georgia in the south Caucasus region, in developing and implementing NEHAPs;

(d) sharing information and promoting increases in scientific, technical and economic matters, as a basis for innovative and effective policies;

(e) carrying forward a strong programme of implementing NEHAPs in partnership, as envisaged in this Declaration and coordinated by EEHC.

58. We welcome the extensive activity taking place at local level to protect the environment and health, through the Healthy Cities network. Local Agenda 21 and many other networks and initiatives. We want to pay more attention to enhancing local-level activity and making full use of the skills and experience available. Partnership with local agencies should include:

(a) promoting the recognition and representation of local authorities, health agencies and other local agencies in the Environment and Health process and in other relevant international activities;

(b) supporting local initiatives aimed at meeting NEHAP and Agenda 21 objectives.

59. We appreciate the value of the contributions made by NGOs and members of the public to environment and health matters, and we specifically welcome NGOs' contributions to preparations for this conference and their participation in it. Partnership with NGOs should include:

(a) promoting NGO participation in the future development of the Environment and Health process and maximizing the contribution that NGOs and members of the public can make to actions that it initiates;

(b) promoting public participation, access to information and access to justice as a cross-cutting priority in line with the 1998 UN/ECE Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Matters (the "Århus Convention");<sup>6</sup>

(c) ensuring that NGOs can participate in the implementation of the commitments to action agreed at this Conference and in regular and transparent reviews of progress.

60. We recognize that economic activity can make a significant difference to the environment and health, as well as to social and economic development. Partnership with business, industry, trade unions and private and public sector enterprises should include:

(a) making greater use of the existing knowledge and capacities that the economic sectors often have to support our efforts;

(b) promoting the economic sectors' participation in the Environment and Health process.

61. We pledge ourselves to work in partnership to implement the actions we have set out in this

Declaration. We stress the importance of monitoring the results and invite EEHC to present an updated overview of the environment and health in Europe at our fourth conference. We recognize that much remains to be done to address the challenges that environmental degradation poses to the health of the people of the European Region. We believe that we must continue our joint efforts in order to build on the progress we have so far made towards this goal.

62. We reaffirm our support for the global and regional conventions and commitments, and express our willingness to consider the development of further appropriate international instruments that can make it easier to carry out, in cooperation with relevant international organizations, the actions we have decided here.

### The way forward

63. We will work with all relevant international organizations in taking forward the actions agreed in this Declaration and maintaining momentum in the Environment and Health process. We pledge our political support for this and will give technical and financial assistance within our available means. We consider that coordination with the Environment for Europe ministerial conferences should be as close as possible and welcome the decision to hold the next of those in Ukraine in 2002. We also welcome and express our willingness to contribute to the "Rio plus ten Conference" to take place in 2002.

64. We welcome the work of the Healthy Planet Forum that has been held in parallel with this meeting, and the increasingly close working relationship developing between Member States, NGOs and major groups that this represents. We wish this working relationship to continue and to strengthen, [to be completed in the light of the outcome of the Healthy Planet Forum]

65. We ask EEHC to report annually to the European Regional Committee of WHO and to the Committee on Environmental Policy of UN/ECE on:

- our achievements and areas needing greater efforts;
- its activities, workplan and budget requirements.

66. Furthermore, we invite EEHC to present detailed proposals to all Member States in 2002, through the European Regional Committee of WHO and the Committee on Environmental Policy of UN/ECE, on agenda items for a fourth Environment and Health Conference [in 2004], to be hosted by [?]. □

<sup>6</sup> Turkey has a reservation on this sub-paragraph.