



*Better Health. Better Environment. Sustainable Choices.*

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on Environment and Health**

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**ANNEX 1. COMPENDIUM OF POSSIBLE ACTIONS TO ADVANCE  
THE IMPLEMENTATION OF THE OSTRAVA 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 subnational levels through the Declaration of the Sixth Ministerial Conference on Environment and Health, held in Ostrava, Czech Republic, on 13–15 June 2017. This document is provided as guidance to Member States 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, Italy, in 2010. In particular, they support the achievement of the five time-bound targets of the Parma Conference: ensuring tobacco smoke-free environments for children; developing national programmes for the elimination of asbestos-related diseases; identifying and eliminating the risks posed by exposures to harmful substances and preparations as far as possible by 2015; addressing water, sanitation and hygiene in children's settings; and providing safe environments that support children's physical activity by 2020.
3. The compendium of action fully takes into account that:
  - (a) much progress could be achieved by focusing on strengthening the implementation of the many commitments that have already been taken by Member States in other relevant fora (see Appendix 1);
  - (b) working through the European Environment and Health Process, Member States can make sustained progress in achieving a number of selected targets of the Sustainable Development Goals (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”;
  - (c) any action should:
    - i. make appropriate use of intersectoral mechanisms and be harmonized across the respective sectors involved;
    - ii. consider the distribution of impacts across the population and avoid equity-related side effects;
    - iii. apply health and environmental impact assessments and economic tools to better integrate health aspects in decision-making;
    - iv. take into account the priorities and needs of the most vulnerable population groups, as well as the disparities which may exist between rural and urban areas; and
    - v. forecast and evaluate health consequences and potential economic benefits and costs;
  - (d) 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; and
  - (e) transparency and effective public participation in decision-making on matters related to environment and health should be promoted throughout the implementation of all actions as critical preconditions for successful implementation of the Declaration.

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

4. Enhancing national implementation and action, both domestically and internationally, is of paramount importance to making 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 Conference and the Ostrava Conference. 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. While developing national portfolios, youth involvement should be an important element.
5. Member States already address this burden of disease through a broad range of policies and actions at national and local levels (and often at 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:
  - (a) close the gaps in areas which are not adequately or sufficiently addressed;
  - (b) create policy coherence among plans and actions which would benefit from a greater synergy with other relevant policies and actions;
  - (c) align environment and health policies and actions with the 2030 Agenda for Sustainable Development and address its complexity;
  - (d) strengthen systems approaches in the area of health and environment; and
  - (e) sufficiently scale up targets and actions so that they initiate measurable improvements in health and well-being in relation to the environment within a foreseeable time.
6. Member States may use the objectives and actions proposed in this document to guide both national actions and their investments in other countries within the Region in the relevant areas. They might develop these actions and investments in line with the Pan-European Strategic Framework for Greening the Economy and as voluntary commitments under the Batumi Initiative on Green Economy<sup>1</sup> to provide further political support.
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 Member States use to report on the implementation of SDG targets, to which the commitments taken at the Ostrava 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 Ostrava Conference commitments directly to the SDG implementation mechanism.

### a. Improving indoor and outdoor air quality for all

#### Why air quality matters

8. While knowledge of the 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, negative impacts on neurodevelopment and cognitive functions, asthma in children, and some chronic diseases.

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<sup>1</sup> Batumi Initiative on Green Economy (BIG-E) [website]. Geneva: UNECE; 2017 (<http://www.unece.org/environmental-policy/environment-for-europe/initiatives/big-e.html>, accessed 22 May 2017).

9. Every year, ambient (outdoor) air pollution causes nearly 500 000 premature deaths in the Region. Household (indoor) air pollution from solid fuel combustion for heating and cooking is responsible for nearly 120 000 premature deaths in the Region and a disproportionate disease burden in certain regions and less affluent parts of society, thus increasing inequalities. WHO estimated that the economic cost of the health impact of air pollution was US\$ 1.6 trillion in 2010.
10. In European cities that monitor air pollution (1791 cities in 42 countries), annual urban levels of particulate matter with a diameter of 10 micrometres or less (PM10) generally exceed the WHO guidelines value (mean annual level of 20  $\mu\text{g}/\text{m}^3$ ). The average annual level in cities in European high-income countries is 25  $\mu\text{g}/\text{m}^3$ , whereas it is 55  $\mu\text{g}/\text{m}^3$  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 World Health Assembly resolution WHA68.8 on “Health and the environment: addressing the health impacts of air pollution” and its road map, 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 United Nations Economic Commission for Europe (UNECE) Long-range Transboundary Air Pollution Convention (since 1979) and the 20 years of activities of the Joint Task Force on the Health Aspects of Air Pollution have contributed largely to mitigating air pollution in the Region. Initiatives such as the Batumi Action for Cleaner Air<sup>2</sup> create a framework for Member States to commit to ambitious actions to combat air pollution in the areas of monitoring, national action programmes, public awareness, capacity-building and policy.

### **Overall objective**

*Improve outdoor and indoor air quality as one of the most important environmental risk factors in the 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 Cleaner Air and World Health Assembly resolution WHA68.8, comprehensive national and local strategies and actions that reduce air pollution, peoples’ exposure to it and its health impacts with the engagement of the environment, health and other relevant sectors.
- Encourage the implementation of the UNECE Convention on Long-range Transboundary Air Pollution and promote ratification and implementation of its relevant protocols to bring about further improvements in air quality and health across the Region.
- Develop and strengthen cross-sectoral and multistakeholder cooperation on air quality improvement at national and regional levels, including on sharing of monitoring data.
- Ensure that public health and environment authorities take a leading role in raising public awareness of issues related to air quality and health, including through collaboration with stakeholders through appropriate communication, dissemination and advocacy activities.
- Improve air quality monitoring at national and local levels, linking it to health surveillance and data management for diseases related to air pollution using harmonized data collection for health impact assessment.
- Develop and/or strengthen a national emission inventory and monitoring system to collect data on air pollutants emitted by various sources.

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<sup>2</sup> Batumi Action for Cleaner Air (BACA) [website]. Geneva: UNECE; 2016 (<http://www.unece.org/environmentalpolicy/environment-for-europe/initiatives/baca.html>, accessed 22 May 2017).

- Provide training opportunities and facilitate research on air quality and health, and 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 caused by, inter alia, cooking, heating, tobacco smoke, inadequate ventilation, mould and chemicals in indoor air. This reduction should be achieved by promoting and applying clean energy, appropriate ventilation, measures described in the WHO Framework Convention on Tobacco Control and other appropriate actions.
- When taking national and local actions on improving indoor and ambient air quality, pay special attention to vulnerable populations including children, youth, women and the chronically ill.
- Take into account the WHO air quality guidelines and indoor air quality guidelines in the policy-making process, including in the development or updating of national air quality standards and air quality management policies.

## **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 Region. Every day, 14 people die of diarrhoeal disease due to inadequate water, sanitation and hygiene (WASH). Water-related disease outbreaks are a common occurrence in the Region, bearing significant economic costs. It is unacceptable that millions of people in the Region still lack access to safe WASH services. While access has noticeably increased since the Parma Conference (2010), to date 14 million people do not use a basic drinking-water source and more than 62 million people lack a basic sanitation facility on premises. A significant share of wastewater is discharged into the environment without treatment, affecting human health, the environment and the economy. There are notable disparities between rural and urban areas, poor and rich communities, and disadvantaged and general populations. Many nonhousehold settings, specifically schools and hospitals, are without safe drinking-water, soap and functional toilets; this impacts dignity, well-being, healthy learning and quality of health care. The Protocol on Water and Health adopted at the Third Ministerial Conference for Environment and Health (London, United Kingdom, 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 SDG 3 and SDG 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 among different sectors.
14. There is a need to strive to ensure universal and equitable access to affordable and safely managed WASH services. At the same time, it is necessary to ensure resilience to emerging and future challenges originating from water overuse, pollution and climate change by expanding our focus to include integrated approaches to the sustainable management of water resources. This includes paying attention to water efficiency and safe management of wastewater discharge and/or reuse to protect public health and the environment.
15. There is public health concern regarding the emergence of antimicrobial resistance (AMR), including from the release of antimicrobial residues and resistant bacteria in sewage that passes into the environment (i.e. water and soil) as sewage treatment systems are often not fully functional or do not use appropriate technologies.

### **Overall objective**

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

- *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*
- *achieving Parma Conference commitments on water, sanitation and hygiene to provide 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**

- Ratify or accede to the Protocol on Water and Health to strengthen national action towards progressively reaching regional and global commitments for WASH and health, including the formulation of national priority targets and implementation plans.
- Pursue the overall objective by:
  - o adopting the water safety plan (WSP) approach in policies and regulations as a public health benchmark for the provision of safe drinking-water, and by developing a national road map towards scaling up WSPs in practice;
  - o reducing discharge of untreated wastewater into the environment and increasing the efficiency and capacity of existing wastewater treatment facilities;
  - o adopting the sanitation safety plan (SSP) approach in policies and regulations as a means to systematically manage health risks along the entire sanitation chain to ensure safe disposal or reuse of human waste, and by developing a national road map towards scaling up SSPs in practice;
  - o promoting sustainable approaches to water resource management, including the efficient use of water (for example, in agriculture, industry) and the consideration of safe reuse of wastewater through the adoption of SSPs;
  - o closing 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;
  - o promoting universal and equitable access to WASH services through the application of The Equitable Access Score-card to establish a baseline, set targets and develop action plans towards progressively closing prevailing equity gaps;
  - o ensuring and sustaining the provision of adequate WASH services in schools and health care facilities through systematic situation assessments and by setting national targets and action plans towards progressively attaining universal and sustainable WASH services in schools and health care facilities and, to this end, strengthening partnership and collaboration with the education sector and youth organizations;
  - o building climate-resilient WASH services that are 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);
  - o ensuring that action plans on AMR address safe water and sanitation in health care facilities and reduce the discharge of untreated wastewater from municipal sewerage, hospital effluents, antimicrobial manufacturing facilities and animal manure; and
  - o reducing the number of deaths and the number of people affected by water-related disasters by strengthening disaster risk governance, increasing disaster preparedness for response and ensuring effective response and recovery, including through integrating disaster risk reduction into development and investment measures.

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

### Why chemical safety matters

16. 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. These efforts should take into account the accumulating evidence on the ability of chemicals to affect organisms during early life and to have lifelong impacts on health and the risk of disease; the adverse health impacts of chronic low-dose exposures; and the complex effects of exposures to multiple chemicals.
17. There is a need to strengthen efforts towards achieving the Parma Declaration targets to develop national programmes to eliminate asbestos-related diseases in line with WHO and International Labour Organization 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.
18. The development and implementation of advanced policies and legislation on chemical safety in all Member States of the Region is understood as the core regional priority for the health sector towards the 2020 goal of sound management of chemicals and related goals of the 2030 Agenda for Sustainable Development. 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.
19. The implementation of the International Health Regulations (IHR) (2005) 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

*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 to hazardous chemicals throughout their life cycle, especially of vulnerable groups and those at the most vulnerable life stages;*
- *better monitoring exposures to hazardous chemicals and undertaking 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 in policy-making and regulations; and*
- *ensuring the engagement of the health sector in the sound management of chemicals, including through strengthened partnerships of state and non-state stakeholders.*

### Actions

- Develop national policies and actions to protect vulnerable population groups from the adverse impacts of chemicals in the environment and workplaces.
- Ensure capacities to prevent and respond to acute exposure to hazardous chemicals and products, including strengthening the role of poison control centres and promoting their networking and exchange of best practices.
- Promote the use of human biomonitoring as a public health policy tool and support efforts to generate comparable human biomonitoring data to allow international assessments.



- Develop and implement national and international policies to encourage substitution of hazardous chemicals for safer alternatives and use technologies minimizing pollution and production of hazardous wastes, including in the health sector.
- Establish new and strengthen existing relevant multisectoral and multistakeholder instruments to strengthen partnerships to coordinate actions and raise awareness among stakeholders and the general public.
- Provide relevant information to all partners about the health effects of chemicals and effective actions to prevent them, including in the context of international trade.
- Ensure synergy and active participation in the implementation of the Strategic Approach to International Chemicals Management (SAICM), including its health strategy, the WHO road map to enhance the health sector's engagement in the SAICM towards the 2020 goal and beyond, and relevant multilateral legally binding agreements.
- Ensure core capacities and strengthen mechanisms for effective response to chemical accidents within the framework of the IHR (2005) and of the Convention on the Transboundary Effects of Industrial Accidents;
- Promote international collaboration in scientific research on the assessment of the health effects and impacts of persistent organic pollutants, nanomaterials, 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**

20. 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 and 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.
21. Waste disposal, management and trafficking and contaminated sites can cause important health effects and costs for current and future generations, environmental injustice and social inequalities.
22. When the entire waste system is properly managed and state-of-the-art technologies are deployed, negative health impacts are minimized, although not fully eliminated. Of much greater concern are the activities that are poorly controlled, involve outdated technologies or – worse – involve informal disposal such as open-air burning or the illegal transportation or disposal of waste and hazardous waste. Such activities are often documented, but the extent of the problem and its health impacts are not well understood.
23. Additionally, there are more than 1.5 million contaminated sites in the Region. This partly represents the pollution legacy of industrial development in the Region that still needs to be addressed, and its health and environmental impacts that need to be reduced and/or eliminated.

##### **Overall objective**

*Prevent and eliminate 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; and*
- *improve management of medical and pharmaceutical waste to reduce risks.*

### **Actions**

- Assess the extent of the most important waste management activities, compile a national inventory of contaminated sites and their likely emissions and human 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 capacity of law enforcement systems to identify and take legal action on illegal and criminal generation, management, disposal and trafficking of waste.
- Ensure that discontinued landfills are rehabilitated in line with the best available technologies and ensure that active landfills are safely operated.
- Include the informal sector when building capacity for the transition to safe waste management.
- Engage the health sector in the development of policies related to waste management at national and subnational levels, especially hazardous waste management.
- Enhance capacities at national and subnational levels to assess impacts and manage risks to health from waste, contaminated sites and improperly recycled materials.
- Support and develop partnerships to promote the exchange of experience, the strengthening of capacities and the uptake of the best available technologies.
- Promote exchange of best practices, including local and pragmatic approaches to preventing contamination from hazardous substances in the circular use of resources.
- Create or strengthen specific training to ensure the safe management of medical waste.
- Increase public awareness of the importance of sustainable waste management, circular economies and responsible consumption, including through education initiatives addressing children and youth and targeted communication.

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

### **Why climate change matters**

24. 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) and preparing for and managing the current and projected consequences of a changing climate (adaptation) will affect the health and well-being of all people. It is crucial that those choices and related measures are decisive and based on the best available evidence.

25. Under the Paris Agreement,<sup>3</sup> WHO European Member States committed to a substantial reduction in greenhouse gas emissions until 2030 compared to 1990 levels. Measures to reduce greenhouse gas emissions can improve population health immediately and directly through reduced air pollution and increased physical activity, among other mechanisms. The cost savings from health cobenefits are potentially large.
26. 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.
27. 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 heat waves or emerging infectious diseases.

### **Overall objective**

*Strengthen adaptive capacity and resilience to climate change-related health risks and support measures to mitigate climate change and achieve health cobenefits in line with the Paris Agreement.*

### **Actions**

- Develop and implement a national strategy or action plan for public health adaptation to climate change as an independent policy or within wider national adaptation policies, as well as natural disaster risk reduction policies.
- Assess climate change risks to health in relevant national policies, strategies and plans.
- Include, on a voluntary basis, health considerations within Member States' commitments to the United Nations Framework Convention on Climate Change.
- 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 others, bearing in mind that the cornerstones of adaptation are proper health protection infrastructure and housing standards.
- 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 the health aspects of climate change in education curricula, non-formal education and workforce continuing professional education.
- Scale up public communication and awareness-raising campaigns on climate change and health.
- Conduct or update national health vulnerability, impact and adaptation assessments of climate change.
- Support research on the effectiveness, cost and economic implications of climate change and health interventions, with a particular focus on mutual cobenefits.

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<sup>3</sup> The Paris Agreement states that “Parties [to the UNFCCC] should, when taking action to address climate change, respect, promote and consider ... the right to health”. (Adoption of the Paris Agreement. Paris: UNFCCC; 2015 (<https://unfccc.int/resource/docs/2015/cop21/eng/109.pdf>, accessed 22 May 2017).)

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

### **Why the urban environment matters**

28. More than 80% of Europeans are expected to live in urban areas by 2030, and at the same time the population is ageing rapidly and immigration is increasing. Integrated urban policies are key to the promotion and protection of health and well-being, and in dealing with environmental threats caused by a complex array of exposures and mechanisms.
29. The New Urban Agenda adopted at Habitat III, the United Nations Conference on Housing and Sustainable Urban Development (Quito, Ecuador, 2016), re-emphasizes the critical role cities play in achieving sustainable development, reiterating the commitment to the interlinked social, economic and environmental 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, subnational and local governments as well as civil society and other relevant stakeholders have an equally important contribution to make.
30. 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; to 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 security and welfare, health care services, leisure and public security. Together, environmental and social policies impact on socioeconomic inequalities, the magnitude of exposure to environmental risks, and the well-being and prosperity of citizens.
31. 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 SDGs, including and beyond SDG 11: “Make cities and human settlements inclusive, safe, resilient and sustainable”.
32. Recognizing the distribution of responsibilities among national and subnational 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 well-being; increasing the capacities of subnational levels of government to effectively discharge their new responsibilities with respect to environment and health aspects; and achieving environmental justice. This also requires the engagement of health authorities in the different levels of sectoral planning processes.
33. Towards this goal, the European Environment and Health Process will provide a mechanism to support the policy planning and implementation at the subnational level, bringing the benefits of our work closer to the people and augmenting the impact of our efforts.
34. Specifically, in the context of urbanization trends and infrastructure investments, in line with the New Urban Agenda, consideration and attention should be given to the two areas of greatest impact and concern: (a) healthy and sustainable urban planning as the primary tool to ensure local quality of life and equitable access to environmental resources, such as green spaces, public services or healthy housing, and (b) transport and mobility as important determinants of health and well-being.

### **Overall objective**

*Support 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**

- Integrate health, environmental and equity targets into housing, land use, urban, regional, transport and infrastructure strategies, plans and policies.
- Provide equitable access to the natural and built environments, including 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 in health impact assessments and the integration of health in environmental assessments, for example, of spatial, land use and transport policies and plans.
- Include information on health and equity impacts of environmental policies and infrastructural decisions in relevant higher-education curricula for professions involved in urban planning and infrastructure developments, 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 with regard to urban development.
- Identify and support representatives of subnational and local authorities participating in the national coordination mechanisms on environment and health.
- Reduce 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 by 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 for Cycling Promotion (to be adopted in 2019) as an important step towards promoting cycling at pan-European, national and subnational levels.
- Develop and implement coherent national and local policies for healthy, active mobility focused on cycling and walking, connecting them with accessible and affordable public transport and integrating their needs into land use and transport planning, infrastructure development and the design of public space.
- Assess the health and environmental impacts of transport infrastructures and new technologies, such as autonomous vehicles.
- Promote the decarbonization of transport through the transition to renewable energy, zero- and low-emission vehicles and environmentally friendly transport modes, such as active mobility, public transport, eco-driving, electric mobility and mobility management.
- Develop and disseminate the evidence on the environmental, health and economic benefits of decarbonizing transport and adopting environmentally friendly and healthy mobility to raise awareness among policy-makers, stakeholders and citizens.

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

### **Why environmentally sustainable health systems matter**

35. Health systems are fundamental to 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 the health sector's size and the processes involved in its operations, as a whole it consumes considerable amounts of energy and resources and produces major streams of pollution, carbon emissions and waste.
36. Ensuring the environmental sustainability and reducing the environmental footprint of the health systems throughout the Region remain important objectives and responsibilities of Member States. Towards these goals, 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 while also enhancing their overall sustainability and resilience.
37. 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.
38. The European Environment and Health Process, as an intersectoral platform that includes WHO (the most relevant specialized agency of the United Nations leading the health sector globally), is uniquely positioned to lead and promote the environmental agenda within the health sector.

### **Overall objective**

*Build the environmental sustainability of health systems, and reduce their environmental impact through, inter alia, efficiency in the use of energy and resources, sound management of medical products and chemicals throughout their life cycle, 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 national and subnational levels of government.
- Develop and implement a set of measurable targets and goals for the health sector and publish evaluation results regularly.
- 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.

## Appendix 1. Overview of international commitments of relevance to the European Environment and Health Process

### Air quality

- Convention on Long-range Transboundary Air Pollution (1979)
- WHO Framework Convention on Tobacco Control (2003)
- WHA68.8: Health and the environment: addressing the health impact of air pollution (2015)
- WHA69.18: 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

- Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade (1989)
- Convention on the Transboundary Effects of Industrial Accidents (1992)
- 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)
- Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal (1998)
- Stockholm Convention on Persistent Organic Pollutants (2001)
- Protocol on Pollutant Release and Transfer Registers (2003)
- 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)
- Strategic Approach to International Chemicals Management (2006)
- WHA60.26: Workers' 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)
- Minamata Convention on Mercury (2013)
- 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)
- WHA68.7: Global Action Plan on Antimicrobial Resistance (2015) (Food and Agriculture Organization of the United Nations resolution 4/2015 and World Organisation for Animal Health resolution 26/2015)
- A/RES/71/3: Political Declaration of the High-level Meeting of the General Assembly on Antimicrobial Resistance (2016)
- 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)
- WHA61.19: Climate change and health (2009)
- Paris Agreement under the Framework Convention on Climate Change (2015)
- WHA70.16: Global vector control response: an integrated approach for the control of vector-borne diseases (2017)

### **Urban environment and health**

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

### **Cross-cutting issues**

- Espoo Convention on Environmental Impact Assessment in a Transboundary Context (1991)
- Aarhus Convention on Access to Information, Public Participation in Decision-making and Access to Justice in Environmental Issues (1998)
- EUR/RC49/R4: Environment and health (1999)
- Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context (2003)
- EUR/RC54/R3: Environment and health (2004)
- International Health Regulations (2005)
- EUR/RC60/R7: The future of the European environment and health process (2010)
- A/RES/66/2: 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)
- WHA66.10: Follow-up to the Political Declaration of the High-level Meeting of the General Assembly on the 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)
- A/RES/70/1: Transforming our world: the 2030 Agenda for Sustainable Development (2015)
- WHA69.11: Health in the 2030 Agenda for Sustainable Development (multisectoral approach to the Sustainable Development Goals) (2016)