



Environment and Health in Europe Advocacy and Capacity Building Training Programme

Monday, January 31 and Tuesday, February 1, 2005
Goethe Institute, 59 rue Belliard, Brussels

*Organised by the EPHA Environment Network (EEN)
in cooperation with Physicians for Social Responsibility*

The advocacy training programme was aimed at strengthening the advocacy efforts of the European health and environment community. Sessions allowed an update on EU institutional policy priorities, hands-on advocacy and media training, an introduction to Internet campaigning, a sharing of experiences from across Europe, and an opportunity to consider the priorities of the network as a whole.

1. Defining the environment and health agenda in the European Region

The opening session of the Training Programme aimed to give participants an overview of recent political developments across the European region in relation to environment and health policy, as well as contrast the different responsibilities and priorities within the European Union (25 countries and the wider European Region of the World Health Organization (52 countries). The increasingly evidence linking environment factors to health status has provided much impetus for more cooperation and joint policy making to protect and promote the environment and health between European environment and health ministers at both levels.

Viv Taylor Gee, World Health Organization said environment and health Ministers and their representatives from 52 countries in the WHO European Region came together in Budapest in 2004 to address environment and health issues. The result was a Ministerial Declaration and the signing of CEHAPE, the Children's Environment and Health Action Plan for Europe. The CEHAPE includes ministerial commitments on four regional priority goals: water, injuries, indoor and outdoor air pollution and chemicals.

Over the next two years, the European Environment and Health Committee (EEHC), made up of government representatives, international organisations, trade unions, industry and not-for-profit sector, will organise four meetings addressing each topic of the regional goals, and other areas where ministers have made commitments such as energy, transport and housing.

The EEHC will also monitor progress of the Budapest commitments and share best practices for implementation of policy. A CEHAPE Task Force will be set up in the next months to provide technical and capacity building expertise to the EEHC and national governments as they work towards fulfilling these commitments. In 2007, an inter-ministerial meeting will review national progress in the

implementation of national Children's Environment and Health Action Plans (CEHAPs), National Environment and Health Plans (NEHAPs) or other national policies that have been adapted to include child specific objectives.

Chantal Bruetschy, European Commission told participants that an EU Action Plan on Environment and Health (2006-2010) had been launched prior to the Budapest meeting. The aim of the action plan is to implement the EU's SCALE strategy on Environment and Health, which aims to reduce diseases caused by environmental exposures. Core to achieving this will be carrying out a series of measures to gather better information on the health effects of environmental stressors in order to decide whether or how to adapt EU legislation needs. To achieve this integrated platform on of environment and health, Member States will provide need to provide information to the Commission through new and existing mechanisms. Ms. Bruetschy stated that all EU policy is based on 'sound science' (risk assessment) and the Commission implemented the Precautionary Principle in accordance with the Commission communication on the subject in 2000 (COM(2000)1). She did point out also that the key differences between the EU Action Plan and CEHAPE were that the action plan does not consider accidents.

The European Commission is planning a stakeholders' meeting before June 2005.

2. Institutional view of Environment and Health in the EU

Frédérique Ries, Member of the European Parliament (MEP) and rapporteur on environment and health (SCALE) Action Plan, said that her report, which had been generally welcomed by the health community, had received 49 votes in favour with two abstentions. Key messages from the European Parliament would be strong recommendations to significantly increase the funding allocation for SCALE; to focus more on children and vulnerable groups; and to take immediate actions to phase out some of the substances that were particularly dangerous for such groups. Future policy priorities for environment and health were the precautionary principle and REACH, which she considered to be "simple good sense".

Birte van Elk, Dutch permanent representative at the EU told the audience about some of the highlights from the December 2004 joint Dutch Presidency and European Commission Conference on implementing the EU Action Plan on Environment and Health. She was pleased that the both the Environment Council and the Health Council had reviewed the Conference Conclusions (Webiste please) during recent Council meetings. She also said that the EU Action Plan on Environment and Health was not a written priority for the next two EU Presidencies. Therefore, action would need to be taken to encourage efforts by upcoming presidency countries, Austria and UK.

EPHA Environment Network responded that it had been in contact with both the Luxembourg (EU Presidency first half of 2005) and the UK (EU Presidency second half of 2005) governments to urge them to work towards the adoption of official Council Conclusions on the EU Action Plan as soon as possible in order to give clear direction on the next priorities for implementation.

3. Perspectives of non-governmental organisations

Katherine Shea, Physicians for Social Responsibility told the audience that major changes were taking place in terms of exponential population growth, increasing inequality, evolution on the microbiological scale (e.g., antibiotic use and resistance) and increasing extinction rates (e.g., animal and plants). The significance of these for the environment was being badly neglected. Although there has been huge reductions in infant mortality and infectious disease rates, concerns are growing in relation to chronic diseases and diseases related to prosperity.

Urbanisation, industrialisation and globalisation are playing key roles. West Nile Disease arrived in the US by aeroplane. Within four years it caused 264 deaths. A study in 2002, showed that the direct, indirect and loss of production costs totalled more than US\$20 million. Since World War Two, well over 80,000 synthetic chemicals have been created. The toxicities of many of them are not known. The experiment of their use in modern living includes children as vulnerable subjects. Birth defects of the penis and autism rates are up and 10-20% of children have neurological or psychological development problems.

International and European protocols and regulation can help. Industry and the community also have a role to play. Man-made solutions mean individual action via consumer choices, advocacy actions via professional organisations and other groups.

Tamsin Rose, European Public Health Alliance described EPHA as an organisation that brings together 107 members working in health at the European level. The EPHA Environment Network (EEN) was launched in 2004 following strong pressure and interest from EPHA members in environment and health issues. She explained that although some of the members were the same in both organisations, each one had its own Executive Committee, Work Plan, financial budget and secretariat. EEN already has 27 members. A mapping exercise carried out by the EEN secretariat looked at approximately 30 European networks active in health and environmental issues. It showed that most of the organisations were involved in efforts to change policy and regulation in favour of better health and that many work with the media in achieving this end. Constituencies included in this mapping exercise were health professionals, disease groups, environmental specialists, women, patients and many others.

3. The role of the health professionals in advocacy

Serving in the front-line of communication with citizens, health workers are key in identifying and collecting environmental health problems, and provide a valuable resource and connection with the general public. Representatives of the various health sectors were invited to give a five minute presentation on their key policy priorities in the area of environment and health, or success campaigns.

The views of health professionals are generally considered by the public to be valid, unbiased and authoritative. This makes them powerful allies in advocacy and campaign work. Five key groups, all of which are members of EEN or EPHA, introduced themselves and gave a short presentation.

Dr Calloc'h, **Standing Committee of European Doctors** (2 million doctors in 25 countries) spoke about the need for doctors to have better training and information in relation to environmental health issues and their organisations's work on REACH. Paul De Raeve, **Standing Committee of European Nurses** (6 million nurses in 25 countries) stressed the importance of drawing out knowledge and experience from nurses. Flora Giorgio-Gerlach, **Pharmacists of the European Union** (500,000 community pharmacists in 29 countries) highlighted her organisation's work on the EU waste directive and how pharmacists play a key role in delivering information in relation to chronic diseases such as asthma. Willy Heuschen, **European Association of Hospital Managers** (2,000 hospitals in 56 countries) spoke about the role of managers in communicating best practice around healthcare issues and their work with Health Promoting Hospitals. Stephen Gordon, **European Council of Classical Homeopathy** (26 professional associations in 22 countries) outlined some of the areas in which homeopathic practitioners are seeing an increase such as asthma, allergies and multiple chemical sensitivity.

4. How to work with the media

A panels discussion on media perspectives on environment and health issues enabled participants to hear from journalists on some of the challenges and issues they face around reporting on complex environment and health issues, and tips on how the health community could provide better resources?

Emily Smith, ENDS Environment Daily recommended that a press release should contain research findings or campaign message, something new and provable and a link to EU policy. The contact phone number should be for someone who is available immediately. Avoid jargon and be aware that sensationalising compromises long-term credibility.

Rory Watson, freelance journalist (British Medical Journal, The Parliament Magazine) reminded the audience of the importance of considering whom the message is addressed. Articles for specialist publications may be helpful in advocacy work. He advised giving advanced warning of press releases and avoiding clashes with big stories. Information provided should answer the “who, when, what, why” questions, provide a good quote, a contact name and number, a real life example of how the issue affects people, and why the story is relevant to the target readers of the newspaper or other publication.

Workshop 2: Hands-On Media Training

Working with the issues identified over the last day, workshop participants worked in small groups to be trained on how to more effectively work with the media, including press work and interviews. They also received tips from several experts leading the group work.

WHO perspectives on working with the media were provided by Viv Taylor Gee and Cristiana Salvi. They described successful experiences of working with the media before and during the Budapest conference on Children’s Environment and Health. Supporting journalists in their preparation for this event via a training workshop in Rome and organising the attendance of a small group of young journalists had been particularly worthwhile initiatives.

An NGO perspective was provided by Liz Sutton of Women’s Environmental Network, UK. She described her organisation’s three campaigns and identified some of the barriers to working successfully with the media. These included the scientific complexity of the issues, the lack of precise scientific evidence, the paucity of available case studies, the pressure to name “bad” products, time and timing, lack of resources and the low media profile of WEN and other health and environmental organisations. She described how photo calls (breasts and bellies), collaboration with other NGOs, synchronising with key EU events, solid new research and targeting health journalists could help get a story into the media.

5. Using the Internet to campaign

Anja Leetz, Chemical Reaction showed how the Internet could be used as a tool to build public pressure at key moments by watching MEPs and creating a dialogue with them in a transparent process. This test case could be transferred to other issues.

Donata Vivanti, Autism Europe described how the Autism Awareness Campaign searched for all related groups, launched forums to create discussion, and disseminated the findings widely made them available on the net. The results of the campaign show that the frequency and number of visits and posts to each discussion forum depended on the commitment of the national associations as well as members’ and parents’ familiarity with the Internet, which is not always very high.

Susan Marmagas West, Physicians for Social Responsibility said their campaign on mercury had a consumer and policy angle. The web-based component of the campaign included advertisements donated by different websites, information via on-line news services, and “guerrilla marketing” or

creating gossip on line. They evaluated the downloads of materials, the number of letters sent from the website and the sign-ups to declarations.

6. Sharing success stories in driving the environment and health agenda

Ten NGOs had an opportunity to present their work on environment and health and to share tools and resources developed with a small group of participants. Each group described a successful advocacy initiative. One-page case summaries are available on the EEN website: www.env-health.org.

The session included presentations of success stories and campaigns on a variety of issues, such as toxic chemicals in cosmetics, mercury, child injuries, breastfeeding and sound infant feeding and education in environmental medicine.

7. Policy priorities and strategies

In order to understand how different group decided on policy priorities and identify areas in which joint activities by organisations might be carried out, participants divided into three small groups to brainstorm on the main priorities for advocacy in the next 3-5 years and discuss criteria that could be used for deciding such priorities. The group discussions drew upon the discussions held in the morning plenary session where participants heard the EU institutional perspective, the health professional perspective, and the media perspective.

The outcome of these small groups was shared back in the plenary.

The following issues emerged as priorities: EU chemicals legislation - REACH (cosmetics, hospitals, home products); EU Action Plan on Environment and Health; Children's Environment and Health Action Plan for Europe (CEHAPE); primary cancer prevention; transport and urban environment; indoor air pollution; injuries; climate change; Aarhus Convention and the right to know; independent research and data; precautionary principle; pesticides and agriculture policy (ILO 194); organic foods: hospitals and schools and mercury

The following were identified as criteria for selecting priorities: the burden of disease; whether it was on the current or forthcoming political agenda/calendar (either national, EU or global); whether there were possibilities for prevention work or solutions readily available; funding opportunities; whether there could be a multi-sectorial approach or possibility for coalitions; degree of hazard; whether it was a priority for member organizations; and whether it would fill a regulatory or policy gap.

8. Wrap-up session

Génon Jensen, EPHA Environment Network said that the priority issues to emerge were all already among EEN priorities. What participants said that they had particularly appreciated was information about new tools for advocacy, such as working with the Internet and media tips, and the introductions to new partners, such as the health care professional groups. Several spoke of a new recognition of the importance of partnering with health professionals.

A key concern was the battle for independent science, a subject with which medical journals were also expressing concern. It was suggested that a media training workshop could bring together case studies of efforts to achieve independence and transparency in scientific and medical reporting.

9. Evaluation

Twenty participants completed a questionnaire providing quality feedback to EEN on appreciation of the training programme. Ninety per cent (18/20) felt they were going away with ideas on how to run an effective campaign and most felt the session had opened up new possibilities for working with policy

makers, health professional associations and groups and the media. They had particularly appreciated the opportunities for sharing experiences and networking and indicated that they had learnt more about the key issues that had emerged as priorities, namely SCALE, Children's Environmental Health and REACH.

The reservations were that the organisations that knew most about environment and health tended to dominate, and that printed versions of presentations were not always immediately available. We hope that this report and presentations now available on the EEN website at www.env-health.org will help rectify the situation.

Two respondents said that the media training was what they liked most about the 2-day training programme. Asked whether they would be interested in attending a media training workshop later in 2005, 95% (19/20) said "yes".