

Health and Environment Alliance response to the European Commission discussion document for a health strategy – "Health in Europe: a strategic approach"

Introduction

The Health and Environment Alliance (HEAL), formerly EPHA Environment Network (EEN), is an international non-governmental organisation advocating greater protection of the environment as a means to improving the health and well being of European citizens.

We have grown to become a diverse network of more than 50 citizens', patients', women's, health professionals' and environmental organisations across Europe with a strong track record in increasing public and expert engagement in both EU debates and the decision-making process. Together with our member organisations, we have proved capable of engaging medical, scientific, research and patient communities in the work of bolstering independent scientific and technical expertise to the health debate both in Europe and globally.

The Health & Environment Alliance advocates the introduction and implementation of policies that protect the environment and promote sustainable development to improve people's health in Europe and the rest of the world. We aim to promote awareness among European citizens, policy-makers and NGOs of the links between health and the environment and the policy changes that can help or hinder progress towards sustainable development.

General comments

- The Discussion Document for a Health Strategy omits to consider environmental factors as determinants of health threats not only in Europe but also globally. Climate change, air pollution, mercury and chemical contamination represent just a few examples of how our health is threatened by increasing environmental degradation. If the European Union wants to develop a coherent approach to public health and mainstream health in all policies, the environmental dimension of the problem must be part of the discussion.
- We believe that the upcoming EU Health Strategy should reflect the review of the EU Sustainable Development Strategy (SDS) adopted by Heads of State and Government in June 2006 (http://register.consilium.europa.eu/pdf/en/06/st10/st10117.en06.pdf). See below for more details.

Specific comments

- 1. How should we prioritise between and within all these areas to focus on those which add real value at the EU level? In which areas is action at the EU level indispensable, and in which is it desirable? For example, is there a means to use the Healthy Life Years indicator or other outcome measurements to give weight to areas on which the EU should concentrate?
 - The EU should prioritize action by looking at the health costs in terms of Disability Adjusted Life Year or DALY a health gap measure to include equivalent years of 'healthy' life lost by virtue of being in states of poor health or disability. The DALY combines in one measure the time lived with disability and the time lost due to premature mortality.
 - EU level action is indispensable in developing a more protective Community environmental policy, particularly in relation to vulnerable groups such as fetuses and children. This could be accomplished by setting policy objectives and targets using health standards developed by WHO, and increasing health impact assessments which show the health cost of inaction caused by environmental pollution such as poor air quality (including ETS), mercury contamination in food and chemical pollution.
- 2. What should we realistically aim to achieve in practice in these areas of work? What broad objectives should we set for the short term and long term 5 years and 10 years?
 - particularly in relation to ensuring that emerging environmental health research is translated into policy implications. For further details, please refer to our policy response at: http://www.env-health.org/IMG/pdf/EEN response to EU Action Plan final-2.pdf
 - Developing an integrated environment and health information system and making it accessible to policy makers, professionals and citizens.
 - Setting up an EU-wide biomonitoring programme which measures chemicals contaminants accumulating in human bodies, and then ensuring that the results feed into relevant policy sectors and regulations, whether it is environmental (REACH, pesticides, waste, ETS), food safety or pharmaceutical policy.
 - Making progress on the Children's Environment and Health Action Plan for Europe (CEHAPE) before the next Pan-European Ministerial Conference in 2009.
 - Raising awareness among the medical professional community about the effects
 of low dose chronic exposure to chemicals, particularly among vulnerable
 groups, by ensuring that the subject is part of toxicology training at medical
 schools across Europe.

We would like to recall the following *operational objectives and targets* identified among others in the SDS – Public health chapter:

 Improving protection against health threats by developing capacity to respond to them in a coordinated manner.

- Further improving food and feed legislation, including review of food labelling.
- Curbing the increase in lifestyle-related and chronic diseases, particularly among socio-economically disadvantaged groups and areas.
- Reducing health inequalities within and between Member States by addressing the wider determinants of health and appropriate health promotion and disease prevention strategies. Actions should take into account international cooperation in fora like WHO, the Council of Europe, OECD and UNESCO
- Ensuring that by 2020 chemicals, including pesticides, are produced, handled and used in ways that do not pose significant threats to human health and the environment. In this context, the rapid adoption of the Regulation for the registration, evaluation, authorisation and restriction of chemicals (REACH) will be a milestone, the aim being to eventually replace substances of very high concern by suitable alternative substances or technologies.
- Improving information on environmental pollution and adverse health impacts.

3. Are there issues where legislation would be appropriate? What other non-legislative instruments should be used – for example, a process similar to the Open Method of Coordination? How can we make better use of Impact Assessment?

 Mechanisms should be explored to have better data and comparability on the rates of disease, exposure to environmental contaminants and economic and social status across Europe, and translated into geographical mapping systems which illustrate the links between our health and social, environmental and economic factors.

In line with the reviewed SDS actions and instruments should include among others:

- The Commission in collaboration with Member States, the European Centre for Disease Prevention and Control (ECDC) and WHO will further develop and strengthen capacities at EU and Member-State level to respond to health threats (including non-communicable diseases) in a co-ordinated manner inter alia by upgrading existing action plans on handling health threats.
- The Commission together with Member States will increase information on environmental pollution and adverse health impacts and will <u>coordinate</u> research into the links between environmental pollutants, exposure and health impacts to improve our understanding of which environmental factors cause health problems and how best to prevent them.
- The Commission should propose a <u>strategy</u> for improving indoor air quality, in the form of a Green Paper. This is vitally important in to ensure a healthy indoor environment particularly in light of EU policies to drive energy efficiency, that may possibly produce a less than a win win win situation. Special attention will be given by the Commission and Member States to vulnerable groups, in particular children through the EU's contribution to the Children Environment and Health Action Plan for Europe (CEHAPE).
- Further implementation of the Transport Health and Environment Pan European <u>Programme</u> (THE PEP) by the Commission and Member States inter alia through the integration of environmental and health aspects into transport policy decision-making, monitoring and impact assessment.

- 4. How can different approaches be used and combined, for example approaches to different health determinants, lifecycle approaches, and strategies on key settings (education, the workplace, health care settings)?
 - A cooperative approach should be adopted between DG Health and Consumer Protection, DG Research and DG Environment and with civil society to implement the Environment and Health Action Plan. This approach needs to ensure support at the highest levels of the Commission, HEAL therefore calls for a "Commissioners' Group" (GC7) on environment and health.
 - Innovative approaches could combine both environmental and lifestyle risk
 factors with regard to target age groups and settings. For example, using health
 promotion strategies not only to promote nutrition to pregnant woman and
 mothers but also environmentally sustainable food consumption which addresses
 at the same time sustainable development goals and reduces exposure to
 environmental contaminants.
- 5. How can we ensure that progress is made and that objectives are met? For example, should indicators or milestones be used? What measures or indicators could show real short term change, within the early years of the Strategy?
 - Indicators should be used whenever possible. The EU has developed environment and health indicators which should be considers as a starting point for implementation of the Health Strategy in relation to other policies. See WHO/ Europe environment and health indicator methodology developed in collaboration with several Member States and DG SANCO http://www.euro.who.int/EHindicators/indicators/20040311