NGO Strategy Workshop
Taking the environment and health agenda forward in Europe
(Egmond aan Zee, Netherlands, 1 December 2004)

Organised by the EPHA Environment Network (EEN)
in cooperation with the Dutch Platform for Environment and Health.

Genon Jensen, Director of the European Public Health Alliance Environment Network (EEN) said that the meeting would look at several issue areas in the EU Action Plan, compare it with the WHO's Children's Environment and Health Plan for Europe (CEHAPE), and identify ways in which NGOs could help improve its content and contribute to its implementation. Key messages and recommendations would be put to the jointly organised Dutch Presidency and European Commission conference on environment and health taking place the following days (2-3 December 2004).

Information and indicators
David Stanners, European Environment Agency, described what is needed to make indicators useful and transparent for the public and citizens' groups. Indicators show trends in statistical data that must draw on data from many sources and the knowledge of many players if they are to become an effective basis for action.

Faced with massive amounts of rapidly changing information, knowledge workers need a system or network of linked actors, organisations and objects that perform a number of functions if they are to successfully develop and disseminate information on indicators. The process requires balancing the needs of the scientists and the users and taking into account three types of knowledge: formal (science), clinical (medical or engineering) and tacit (practitioners, lay people, local and indigenous knowledge).

The challenge for those working in a knowledge system is to get the right information to the person who wants it at the right time, and to clarify and communicate uncertainties as an integral part of the information. The best information services are those that contribute to the co-production of useful knowledge and action.

Mr. Stanners encouraged NGOs to clarify what their information needs were and how they believed an information system could improve effective and transparent decision-making. Case studies of how indicators or knowledge systems had contributed to better decision-making would be very beneficial for policy-makers as they create such a system for environment and health.

Scott Brockett, European Commission, helped define what can be gained from an integrated knowledge system. Discovering the scale of the health problem due to environmental exposure requires multiple indicators from many sources, including EEA and DG SANCO. Different actors can help provide definitions (e.g. of health conditions), objectives (e.g., reductions in the stage and trends of health impacts of environmental contaminants) and priorities (e.g., WHO puts a focus on accidents whereas the EU excludes it). Countries and other stakeholders also help to define priorities. NGOs are important in mapping and identifying emerging issues at the grassroots level, by providing information from practitioners, especially for prevention research, and in their "whistle blowing" function.

Biomonitoring

Michael Warhurst, WWF, described how biomonitoring was being used to push policy. It measured substances in our bodies and tissues (e.g., DDT in breastmilk) and could track trends over time that can be related to policy change (e.g., DDT and PCBs were banned in 1970s and 1980s respectively but are still being found in children's blood). Biomonitoring attracts press coverage, adds to pressure on the policy process, and generates new knowledge (e.g. until deca-BDE was found in blood samples collected by WWF, industry had claimed that it did not bio-accumulate.)

Biomonitoring cannot indicate the impact of the substance in the body sample nor can it explain unexpected levels or where and how people got the chemicals. But it can indicate presence. Forty-five samples recently tested for PFCs, which are more persistent than PCBs and are unregulated in the EU, all contained seven PFCs, including deca-BDE (flame retardants), PFOA (cardboard, floor covering) and PFOS ("Scotsguard" for furniture staining).

It is important when considering which chemicals to monitor to think of HERO and NERO (High Expected Regulatory Outcome to No Expected Regulatory Outcome). Therefore, we must consider in an EU Biomonitoring system that chemicals which had not been looked for in the population to date should be considered as well as the more traditional chemicals, such as lead, mercury and dioxins.

The WWF DetoX campaign would like to see the EU setting up a chemicals biomonitoring programme, as has been done in the US. Some EU Member States are resistant.

PAN studies have shown that DDT and other POPs are imported (e.g. in feta cheese and Chinese teas.)

Maryse Lehners, Internationl Baby Food Action Network, highlighted how biomonitoring had been used to identify levels of Persistent Organic Pollutants (POPs) in breastmilk and demonstrate how a ban in the 70s, contributed to falling POPs levels over time. Although biomonitoring was useful in showing time trends, it was not able to provide information on the health effects of certain chemicals. For this to be done either the EU Biomonitoring system would have to be linked to existing cohorts, or a study along the lines of the US study would have to be set up.

As a member of the Commission's Technical Working Group on Biomonitoring, Ms Lehners described recent developments in relation to the EU Action Plan and the setting up of an EU pilot biomonitoring programme by 2006. In the next months, the working group would expand its composition, agree a work plan and decide on which chemicals should be biomonitored in the pilot programme (ie heavy metals or chemicals which are currently not regulated).

Risk communication, training and education
Cristiana Salvi, World Health Organization Europe, said that WHO had been asked at the Budapest conference to add risk communication to its response on environment and health. The basic principles are based on "reacting to a crisis". Strategies include trust and transparency, a message content that did not create panic, and an emotional response related to the risk perception of the public. Acceptance of uncertainty is vital; categorical reassurance may increase mistrust.

Participants felt that risk communication was fundamental to all communication. The "uncertainty" principle needed to be developed and made clearer. An approach is needed that does not encourage false reassurance, allowing politicians to feel less pressure to act.

One aim of the communication should be to empower citizens to avoid exposure. Case studies of how communities are already taking action can be used as tools. The communication process should involve stakeholders including the full and fair participation of women, NGOs and health professionals

Peter van den Hazel, INCHES, gave a short overview of the papers and programmes on training and education and risk communication that were foreseen in the Dutch Presidency conference. One point he highlighted was that doctors and other professional groups were receiving insufficient training in environment

and health. Basic medical training gave only 5-8 hours to this topic. There is a role to be played at EU level in encouraging member states to provide proper training programmes in environmental health , not only as a specialist professional qualification but also in mainstream health professions.

Indoor air pollution
Fiona Godfrey, European Respiratory Society, reviewed the sources, the health effects and the pollutants associated with indoor air pollution. The possible solutions included bans on smoking, amending existing EU directives, improving building and other standards, and so on. The experience of tobacco groups in challenging the legal basis of the advertising directive on health grounds led to a recommendation that no-one should get side-tracked into this course of action. Much more successful are the bans on smoking in public places (Cigarette had declined 17.6% in the six months in Ireland) and the WHO Framework Convention on Tobacco Control, which has now become international law with the recent 40th ratification.

WHO Member states' commitments to the Children Environment and Health Action Plan (CEHAPE)
Lucianne Licari, WHO Regional Office for Europe, felt that the lesson learnt from the CEHAPE process is that participation leads to a sense of ownership on the part of the 52 Member States in the European Region. She described the CEHAPE as a science-based political document because it outlined what policy makers had to do through its four priority goals which addressed the health effects of environmental factors. It was the WHO member states that asked for the fourth priority goal, which includes hazardous chemicals.

The process has created a table of actions and case studies, but no quantative targets at a European level. Member states will develop national action plans with targets over the next two years and present them in 2007 at a mid-term review. Many member states will opt to integrate plans for children into existing national environment and health action plans (also known as NEHAPs), which exist in 48 out of the 52 countries in the WHO European region. Ms Licari stressed the importance of the NGO voice in highlighting the issues that need to be addressed.

WHO will publish a guide for policy makers on how to develop a children's environment and health action plan by early 2005. Many of the issues around how CEHAPs will be developed and implemented will be tackled at the next meeting of the European Environment and Health Committee (EEHC) in January 2005. The EEHC will oversee the formation of an implementation CEHAPE Task Force.

CEHAPE and EU Action Plan: How do they relate to each other?
While each formally recognises the other, the processes are separate and involve different countries (52 WHO Euro and 25 EU). The most important difference is EU funding (300 million Euro has been proposed for research) and legislative capacity. WHO CEHAPE focus is on children, and reducing the health impact of accidents, respiratory conditions, diarrhoeal diseases, and chemicals caused by environmental factors. The EU Action Plan emphasises indoor air pollution, respiratory diseases, childhood cancer, neurodevelopmental and endocrine disorders and proposes an integrated environment and health monitoring system.

Recommendations to the Dutch EU presidency
Lively discussion sessions led to the following recommendations on the EU Action Plan.

1. Increase the emphasis on children

Put children at the centre of the EU Action Plan. With the launch of CEHAPE, 52 WHO Member States have committed themselves to children's special needs and vulnerability to environmental hazards and this includes all EU member states. The EU Action Plan should help member states increase their ability to set targets and objectives and to reduce environmental pollution that harms children's health

2. Strengthen the role of REACH as well as the precautionary principle

Measures should be developed to reduce and prevent exposure to possible hazardous chemicals that are suspected of causing harm. Specifically, the NGO group favoured MEP Frederique Ries' proposal on the removal of phthalates and a ban on fragrances from public places or products. REACH and the knowledge gained as an information input into our populations overall exposure and potential health effects is essential and should be fed into the EU Action Plan´s monitoring system. REACH should be also seen as a legislative tool to reduce and/or eliminate these exposures

3. Ensure an integrated information system to respond to citizens' concerns

A successful EU information system will be one that is based on the principles of access to information, the participation of citizens in decision making, and access to environmental justice, as outlined in the Aarhus Convention. Rather than reacting to a crisis, it is ongoing, two-way and based on trust in the public and their good sense.

A successful information system must bring together many sources of data. Ample evidence exists that a centralised, top-down information system, in which information may be withheld, is not the correct approach. The way in which the Chernobyl crisis was handled added to public fears and created distrust. Many sources of information are needed if citizens are to feel confident that they can make their own choices between competing voices.

Every effort must be made to ensure that information is independent. If tainted by financial or sectoral interests, information may be discredited thus adding to uncertainty. For example, the Dutch agriculture ministry were forced to give up its public information role after providing inaccurate information on the safety of eating fatty fish. Similarly, agriculture ministry scientists in the UK became discredited during the BSE crisis. Information channels must be separated from the economic interests of different sectors, and the financial interests behind different sources of information must always be declared.

Support was voiced for collection of information at the local level and citizens' and stakeholders' participation in decision making. This is especially true in relation to vulnerable groups and minorities, who may be the first to be sensitised to emerging threats and the source of successful practical responses. Local and regional level information should be integrated into systems like the EU INSPIRE electronic system and the EU PRTR.

4. Invest in awareness raising to reach all citizens

Information, education and communication can reduce fear and panic and increase citizens' sense of well-being and empowerment; no communication creates uncertainty and fear.

Public health communication should always avoid creating unnecessary fear and panic. Politicians and policy makers as well as health,other professionals and NGOs need training. The media should be supported in efforts "to clear a space for ethical communication."

Communication should be multi-channelled and tailored to make it appropriate and practical to different groups.

5. Act now!

Many measures could be introduced immediately.

- Communication is needed on pesticides for indoor use, sprays in schools and restaurants, fragrances, non-stick pans, the need for organic food in the day-care industry, children's special vulnerability and REACH.

- More resources should be made available to help feed information from different sources into the EU system, including for NGOs.
- More financial support is needed for the new EU Member States and those outside of the EU in CEHAPE. Problems there include pesticide stockpiles, nuclear-contaminated villages, waste and burning plastic waste. For example, representatives from Bulgaria and Hungary identified a shared challenge on indoor air quality.

- Case studies to reduce harmful exposure should be widely shared (e.g., an initiative in Austria to make safe disinfectant and cleaning products).
- A ban on smoking in the work place is essential to improve indoor air quality throughout Europe.