The EU Environment and Health Action Plan (EHAP)
Assessment and Outlook for future action

Study contract DG5/MSZ/PB/09031
June 2010

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Executive Summary

The EU Environment and Health Action Plan (EHAP) comes to an end this year. The Belgian Federal Minister in charge of Environment has commissioned this study to review its achievements and to identify issues and opportunities for what should come next.

The report is divided into three parts. The first part provides an assessment of the current Action Plan in terms of consistency on priority themes, institutional support, perceived “added value”, and limitations. In the second part, the study considers the current political context and the opportunities over the next five years to better integrate environment and health in Community policies. Finally, the third part of the report outlines options for the format, mechanisms and themes of a second EHAP, as well as the action that needs to be taken.

The study starts with an assessment of EU institutional views on the EHAP from document reviews and interviews. The assessment demonstrates consistent support and a general consensus on the key themes which form the backbone of the current SCALE strategy and EHAP. These key themes include better protection of vulnerable groups, indoor air quality (IAQ), improving policy tools, such as human biomonitoring (HBM), environment and health information systems, and the transfer of EU funded environment and health research into policy making. The assessment also shows institutional support for recently emerging challenges, such as climate change and the combination effects of chemicals. The European Commission’s progress report on EHAP cites especially HBM and IAQ as the EHAP successes to date but highlighted also other added value related to the mechanisms put in place to support the EHAP.

Since the EU launched its SCALE strategy in 2003, significant progress in policy, research and information related to reducing ill health linked to the environment has been achieved. EHAP has served as a vehicle to increase coordination among the Commission Directorates-General and among member states. It has also provided a framework for greater participation of wider civil society actors through the Consultative Forum. One of the major obstacles in implementing the EHAP however has been a lack of dedicated resources.

In the second prospective part of the study, the motivation of the key players for a 2nd EHAP has been investigated with positive signals from the new Health Commissioner and some key MEPs. The EU Member States pledged their support to environment and health action in the signing of the WHO Parma Ministerial commitments in March 2010. The new European Commission’s progress report foresees further discussions on the content of a second EHAP, which could be proposed in 2011. The study identifies policy opportunities to take forward substantial environment and health work on priority EHAP themes over the next five years. For example, during the Belgian presidency, it will be crucial to ensure that environment and health remains a priority in discussions on a 7th Environment Action Programme. In this way, the report provides a first foundation for the creation of a second EHAP. The study addresses existing environment, public health and research programme structures as sources of funding for EHAP actions and also the opportunities within scheduled revisions of other EU funding policies.

The study concludes with future perspectives on taking forward Environment and Health in the EU, and provides some recommendations for a second EHAP including strengthening its format and funding, mechanisms for the science-policy transfer and consultation, as well as possible topics and themes. The study proposes how different EU institutions could help take the second EHAP forward, such as convening the member state and stakeholder Consultative Forum on Environment and Health, and working towards Council conclusions during the EU Presidency of Belgium and Hungary.
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Aims and Methodology

Aims

This study has been commissioned by the Belgian Federal Minister of Environment as a discussion document for use by the Belgian EU Presidency during the second half of 2010. The study was carried out by the Health and Environment Alliance (HEAL) between January and May 2010 under the supervision of the working group of the national environment and health cell, which defined the study’s scope, aims and methodology.

The study aims to review the existing EHAP and current political and policy context to identify possibilities and themes for taking forward environment and health policies within a second Environment and Health Action Plan or other policy frameworks. It provides an assessment of the current EU Action Plan in terms of key themes, institutional support, "added value" and limitations as a contribution to this discussion. Furthermore, the study aims to identify EU policy opportunities and EU resources to better integrate environment and health themes in Community polices in the coming five years. The study also presents options for the format, mechanisms and the themes of a second EHAP as well as a way forward for institutional actors in the field.

Methodology

The study was comprised of a "cross fertilisation" involving analysis of key political documents, selected interviews with Members of the European Parliament, European Commission officials and member state civil servants and stakeholders.

The study covers the EU SCALE strategy, the EU Environment and Health Action Plan including the European Commission’s Communications and staff working papers, European Parliament Resolutions and Council Conclusions to identify priorities for key environment and health themes. The Pan European WHO Environment and Health Declarations from Budapest and Parma, as well as the CEHAPE Action plan were also included. ¹

These institutional documents were analysed by method of cross-fertilisation (and scoring) of key environment and health themes in EHAP to assess which themes ranked highest in consistently gaining institutional support and drawing out those themes where EU added-value has been cited or future directions indicated by the institutions. The cross fertilisation analysis scoring contained in Appendix E also highlights where differences occur between institutions about priority themes during the evolution of the environment and health process.

The themes used in the cross fertilisation analysis were initially proposed in the scope of the study and verified in the first document review. They are derived from the actions, issues and themes contained in SCALE and EHAP.²

¹ See Appendix B for the list of documents used in the study.
² For more information and an explanation of the themes see Appendix C.
1 Environment and Health in the EU

1.1 Introduction

From the very beginning, the goal of better health has been an important driving force in EU action on environment. Over the past decade, the interconnections between environment and health have been intensified in EU policy. The EU has increasingly been recognised, both domestically and globally, for its leadership role in promoting strong environmental and sustainable developments policies which protect public health and the environment.

SCALE, the first ever European Community environment and health strategy in 2003 brought to the forefront the improved public health arguments as a lever for more protective environmental policies, and put forward the vision on how this could be done.3 In the wider European region, this focus on integrating the health dimension into environmental policy-making has been strengthened through the WHO Environment and Health process which was formalised in 1989.4 Both the EU and WHO work has provided valuable evidence, processes and inspiration for other regions around the world to embark on similar environment and health strategies and action plans.

SCALE and the developments in the WHO Environment and Health process highlighted the need for coordinated action at EU level to reduce the environmental burden of disease through more protective environmental policies. WHO estimates that 24% of the global disease burden and 23% of all deaths can be attributed to environmental factors.5 Since EU harmonization for environmental policy has steadily increased, and now accounts for 80% of national member states policy, a coordinated approach to environmental health makes sense, and offers significant potential for public health prevention gains. As the Commission stated in the SCALE strategy, a coordinated approach was and is also needed to consolidate the research and information base, and to ensure that the same research and monitoring parameters are used effectively in policy evaluation and revisions.6 The added value of an EU level approach is to create synergies and facilitate the sharing of data and methodologies. Nevertheless SCALE and EHAP do not preclude member state action as one explicit goal of SCALE is to foster cooperation between member states. This can be seen as recognition of the subsidiarity principle.

The first EU Environment and Health Action Plan EHAP (2004-2010)7 attributes its origin in part to the growing evidence and public recognition that the environment plays an important role in people’s overall health. In a Eurobarometer survey, 89% of respondents said they were worried about the potential impact of the environment on their health, and many believe that the EU could be doing more.8 In the

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5 WHO, Preventing Disease through Healthy Environments, Towards an estimate of the environmental burden of disease, 2006 http://www.who.int/quantifying_ahimpacts/publications/preventingdisease/en/
6 See SCALE strategy, page 11
next part, we consider the development of EU policies on Environment and Health through the key policy
documents and EU programmes that contributed core elements.

1.2 Key environment and health policy milestones

There are five major programmes and policy documents that have provided milestones in the
development of EU policy on environment and health: the Sixth Environment Action Programme (6 EAP);
the SCALE Strategy; the 2004-10 EU Environment and Health Action Plan (EHAP); the 2004 WHO
Budapest Declaration (plus CEHAPE); and the 2010 WHO Parma declaration and commitment to act.
Other important policy developments in the public health and research domain will be considered in Part
2, and are thus not included below.

1.2.1 2002: Sixth Environment Action Programme 2002-2012 (6 EAP)

It was the adoption of the 6 EAP in 2002 that set out ‘environment and health’ as one of the four key
priorities for environmental policy-making in the European Union for the period 2002-2012. Between
1973 and 2002, five earlier EU Environment Action Programmes had provided the mechanism to define
the European Community vision for environmental policy. One of the goals of the 6 EAP is to contribute
“…to a high level of quality of life and social well-being for citizens by providing an environment where
the level of pollution does not give rise to harmful effects on human health and the environment.” This
commitment to reduce health problems from environmental pollution contributed to new or revised
legislative proposals in the areas of chemicals, pesticides, water and air quality, and supported the
development of an EU Strategy on Environment and Health.

1.2.2 2003: Commission Communication: Strategy on Environment and Health (SCALE)

Shortly after the launch of 6 EAP, the Commission published a communication on the EU Strategy on
Environment and Health. It set out the EU’s vision on how to address the complex relationship between
environment and health and to identify priority diseases and environmental factors, with an emphasis on
biologically vulnerable groups, such as children. Its ultimate objectives were:

- to reduce the disease burden caused by environmental factors in the EU;
- to identify and to prevent new health threats caused by environmental factors, and
- to strengthen EU capacity for policymaking in this area.

The Strategy built on both the 6 EAP and a recognition that the EU needed to meet its objectives of
sustainable development and human health protection. The strategy, launched with the acronym SCALE,
has five key elements: S stands for Science, C for Children, a group that is particularly vulnerable to
environmental hazards, A for raising Awareness on urgent health needs, L for Legislation and E for
constant Evaluation\textsuperscript{11}. The strategy was supported by SCALE technical working groups which looked at priority diseases and environmental factors.\textsuperscript{12}

1.2.3 2004: EU Environment and Health Action Plan 2004-2010 (EHAP)

Following the launch of SCALE, the first cycle of the new Environment and Health Action Plan (EHAP) to implement Europe’s environment and health strategy was presented by the European Commission in 2004. EHAP had the following objectives: to generate the information base needed to analyse all the potential impacts; to assess whether current action is sufficient; and, to identify areas where new action is needed.

The EHAP was designed to:
- Provide the EU with the scientific information needed to reduce the adverse health impacts of certain environmental factors through more protective policies, and
- Endorse better cooperation between actors in the environment, health and research fields.

One of the added values of an EU level action plan was the potential to develop a Community System for integrating information on the state of the environment, the ecosystem, and human health to render the assessment of the environmental impact on human health more efficient. The majority of the 13 actions foreseen in the first EHAP focused on increasing and consolidating research and getting the information systems right.\textsuperscript{13} According to this review of key documents, policy action on prevention and reducing environmental risks were mostly delegated to the second cycle/second EHAP.

1.2.4 2004: WHO Budapest Ministerial Declaration on Environment and Health and the Children’s Environment and Health Action Plan for Europe (CEHAPE)

The European Community Strategy and Action Plan relates to the 53-country WHO Europe Environment and Health process which began in 1989. For example, the current EHAP was presented by the European Commission as a contribution to the WHO Budapest Ministerial conference on Environment and Health in 2004. The first ever WHO Children’s Environment and Health Action Plan for Europe (CEHAPE) was also launched at that meeting. It contains four regional priority goals to reduce ill health and diseases related to unclean water and sanitation, poor air quality, exposure to hazardous chemicals and radiation, and accident prevention.

1.2.5 2010: WHO Parma Ministerial Declaration and Commitment to Act

In March 2010, the 53 member countries of the WHO European Region renewed their support for continued environment and health work. During the Parma Fifth Ministerial Conference on Environment and Health, the member countries also, for the first time, adopted time-bound targets to reduce children’s environmental threats and committed to tackling a series of key environmental health challenges. The European Commission itself issued a Declaration\textsuperscript{14} and stressed that it was committed to working to

\textsuperscript{11} For the Summary of the SCALE strategy see: \url{http://ec.europa.eu/environment/health/pdf/x_sum.pdf}

\textsuperscript{12} The SCALE Technical Working Groups were divided as follows: Priority diseases: childhood cancer, neuro-developmental and respiratory diseases; Integrated Monitoring: dioxin & PCBs, heavy metals and endocrine disruptors; Research needs: biomonitoring of children, indicators and research. See: \url{http://ec.europa.eu/environment/health/03121819_consultativegroup_en.htm}

\textsuperscript{13} See Appendix D for the 13 EHAP Actions.

\textsuperscript{14} “The Commission is committed to working with governments, civil society and with international organisations, in particular the World Health Organization, to support as appropriate the achievement of the goals set out in the Parma Declaration. In implementing its European
support the Parma Goals, and to ensuring synergies between this process through the future implementation of its Strategy and EHAP.

The environment and health policy milestones outlined above have been widely discussed. Formal assessments and responses to each milestone by various institutions can be seen in the chart below. The following section (part 1.3) provides an analysis of the contents of all the documents highlighted in the chart.

Environment and Health Strategy through the EU Action Plan on Environment and Health, the Commission will ensure that synergies between EU level actions and those arising from the Parma Conference are fully exploited.” See:
Figure 1. Milestones and key developments in Environment and Health

- **2002**: Sixth EU Environment Action Programme 2002-2012
- **2003**: Commission Communication: Strategy on Environment and Health, SCALE
- **2004**: WHO Budapest Ministerial Declaration and the Children’s Environment and Health Action Plan for Europe (CEHAPE)
- **2005**: EP Resolution on EHAP
- **2008**: EP Resolution on the EHAP Midterm Review
- **2010**: WHO Parma Ministerial Declaration and Commitment to Act

**EU Institutional developments**

**Milestones**
1.3 Assessment of environment and health themes

The study now addresses what top priorities have emerged from milestone policy processes and the assessments from the EU institutions - European Commission, European Parliament and EU Member States in the Council.

The institutional documents related to the European Environment and Health process\(^{15}\) were analysed in a two-step process. The first step consisted in determining a set of environment and health themes contained in SCALE or EHAP.\(^{16}\) The second step consisted of a quantitative assessment on each theme: whether it was mentioned or not, and how strong the political support was.\(^{17}\) The scores generated a priority list of themes supported by all three EU institutions.

This ranking of themes by total scores provides an overall picture, but it has its limitations. The scoring does not capture well the emerging environment and health themes which may have climbed onto the agenda after SCALE and EHAP were adopted. For example, climate change and nanotechnology, which were both barely mentioned in 2003, have since emerged as clear priorities for future EU action. Additionally, the scores in isolation do not show if one institution has pushed strongly for a certain issue or in a particular direction.

This ranking is accompanied below by a more in-depth description of each theme. This draws out some of the key statements. It also brings in the synergies and contributions from the wider WHO European and Health process and commitments.

Overall, the analysis has shown that both SCALE and the EHAP received strong support from the institutions from the outset. This is highlighted by the repeated contributions that both the European Parliament and the Council made in the form of resolutions and conclusions; in the critique of the design and themes of the Strategy and the Action plan; in the coordination that was sparked between the different Directorates-General in the European Commission; and, in the strong pick-up in the EU research agenda.

Seventeen issues and themes were identified and scored (see Figure 2) as priorities for the EU Environment and Health agenda. The top five are: Vulnerable groups; Human biomonitoring; Environment and Health Information Systems; Environment-related health actions; and Indoor air quality. In the next part, information on these five priority themes is provided first, followed by information on all the other priority themes (in alphabetical order).

\(^{15}\) For the list of documents see Appendix B.
\(^{16}\) For the list of themes, see Appendix C.
\(^{17}\) For details on the scoring system see Appendix E.
Figure 2. Strength of support for different EHAP themes by EU institutions

Ranking of EHAP themes according to political support given by EU Institutions. The list of documents used to score the themes and methodology can be found in Appendix B and E.
1.3.1 **Priority themes**

The priority themes in the European environment and health programmes and plans are taken from the cross fertilisation ranking as seen in Figure 2.

1.3.1.1 **Vulnerable groups**

The theme of better protection of vulnerable groups such as children, fetuses, pregnant women and older people was one of the overarching goals of the SCALE strategy in 2003, particularly in relation to children. The term "vulnerable groups", in this context, refers to those with increased biological susceptibility to environmental stressors such as pollution.

The European Parliament has criticised the lack of attention given to vulnerable groups in the design of the current EHAP and in its most recent resolution in 2008. MEPs specifically said that this issue should be a top priority for a second EHAP. The 2010 Commission progress report, however, does not respond directly to these calls, and only mentions vulnerable groups in relation to Health Impact Assessments and EU research projects.

As a result of EHAP and the WHO CEHAPE, several health-related environmental policies that were revised during this period now include a greater recognition of vulnerable groups, for example, the pesticide regulation and directive and the ambient air quality directive. The latter encourage member states to include specific measures aimed at the protection of sensitive population groups, including children, in air quality plans.

In 2010, EU member states and the WHO member countries endorsed the Parma Ministerial Declaration which considers that the health risks to children and other vulnerable groups are a “...key environment and health challenge of our time”, on which they commit themselves to act. In this context, the word “vulnerable” covers not only biologically susceptible groups, such as children, but also vulnerable groups in terms of socio-economic status.

1.3.1.2 **Human Biomonitoring**

Human biomonitoring (HBM) has had consistent support from all institutions since the Strategy’s inception in 2003. It is seen as contributing directly to achieving the EHAP’s objectives. The SCALE Strategy foresees that “...in the long-term the Commission will consider together with Member States the development of a permanent harmonised European biomonitoring system. Such a system will allow better understanding of environment and health linkages and long-term health effects and will be used as a tool for the development of further environmental policy.” In the most recent Commission progress report on EHAP, HBM is cited as one of two successes of the action plan. In particular, it has contributed to policy coherence and integration and to overall EU added value. HBM is also cited in relation to its potential to meet another EHAP objective - identifying new themes and assessing the effectiveness of policy.

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21 See SCALE, page 14
One specific measure in the current EHAP (Action 3) aims to develop a coherent approach to Human biomonitoring in Europe. However, activities to implement more coordination and a pilot project have been delayed due to difficulties in securing EU funding. This is despite support from Member States and the European Parliament. Some increase in available resources is on its way. In late 2009, the COPHES project began work under the EU’s 7th Programme for Research (FP 7), and in late 2010 the EU LIFE+ project DEMOCOPHES will begin. They will provide the expertise, the infrastructure and resources to carry out a pilot project for results in 2012.22

In March 2010, HBM gained support in the WHO Parma Ministerial outcomes in which 53 countries committed to developing coherent HBM for policy making and disease prevention.

1.3.1.3 Environment and health information systems

An integrated Community environment and health information system was the central element of the SCALE Strategy. From the outset, SCALE was intended “to provide the necessary information for assessing the overall environmental impact on human health and the cause-effect link, for identifying and monitoring health threats caused by environmental factors and for preparing and reviewing policy related to environment and health.”23 The first EHAP contains the goal of improving the information chain by developing integrated environment and health information to understand the links between sources of pollutants and health effects. Yet, the ambitious goal of an information system is still far from being met despite the range of environment and health information projects such as the “European Environment and Health Information System (ENHIS)”24 or “Connectivity between Environment and Health Information Systems (CEHIS)”25 which are collecting comparable information and looking at information flows.

In 2006, the Commission’s working document on the Environment and Health Information review26 highlighted the need for information systems to address the effects of combined exposures. It stated that: "...the priority for the future must be to focus on potentially vulnerable groups (such as pregnant women), attempt to identify sets of pollutants to which the groups may be exposed in combination, and assess their combined effects. However, concrete policy measures on combined exposures must thus await the conclusions of the research."

1.3.1.4 Environment-related health actions (priority diseases)

Environment-related health actions as described in the context of SCALE and EHAP focus on priority diseases linked to environmental factors such as childhood cancer, asthma and respiratory diseases, endocrine disruptor and neuro-developmental related diseases. The EHAP, as a framework for action, was successful in increasing the overall research budget on these priority diseases, with many of them foreseen to publish results in 2010-2012.27 In its conclusions on the EHAP Midterm Review, the Council highlights its concern “…about the health problems associated with environmental determinants, such as respiratory diseases, asthma and allergies, neurodevelopment disorders, cancer, and endocrine disrupter effects, and particularly those affecting vulnerable population groups such as children in their

22 http://www.eu-hbm.info
23 See SCALE
24 ENHIS website http://enhiscms.rivm.nl/object_class/enhis_Environment_and_health_policy.html
26 See Appendix B for document reference.
27 See Appendix F on Overview Research Projects
different developmental stages, pregnant women, the elderly, and the socio-economically disadvantaged.”

An example of the achievement of the environment and health programmes is the recognition of environmental factors in the EU cancer strategy as outlined in the Commission Communication on the European Partnership on Action Against Cancer in 2009, which begins the process of integrating environmental factors within prevention efforts.

1.3.1.5 Indoor air quality

A common call from all institutions since the inception of the SCALE strategy and EHAP has been for more focused EU policy work to improve indoor air quality (IAQ), particularly to achieve smoke free indoor environments. Other top priorities have been guidelines on indoor air pollutants and protecting vulnerable groups. Indoor air quality is determined by a number of separate community policy files that go beyond environment and health, such as product emission and construction materials standards as well as climate change.

Public health concerns over IAQ have emerged particularly in relation to the negative impact on health that energy efficient buildings might have and the need for adequate ventilation guidelines. The European Parliament called on the Commission to come forward with concrete measures on IAQ in its resolution on the midterm review 2008, and member states have welcomed the IAQ focus in the 2007 Council conclusions and the 2009 Consultative Forum.

The current EHAP has a specific action on IAQ (Action 13) which provided a framework to agree key indoor air pollutants and health effects, establish criteria on monitoring, and increase public awareness. DG SANCO has taken the lead on this issue through the creation of an expert working group and identification of technical and policy needs. As a result of being an EHAP priority, major EU research projects linking IAQ to diseases are currently being funded, and will provide policy relevant results in the coming years.

In the Commission’s most recent progress report, indoor air quality is cited as an example of added value for coordination and integration at EU level. "One important achievement since 2004 is a strengthened cooperation between stakeholders on Indoor air quality ...", as well as work with WHO to develop health based IAQ guidelines for several pollutants. The progress report also calls for IAQ to be a priority within a second EHAP: "The next action plan needs to put more emphasis on the policy side. The issue of indoor air needs to be more prominent and to have momentum. This should become part of a broader strategy on healthy environments.”

1.3.2 Other themes

This second part of this section highlights the additional themes identified as priorities in the cross fertilisation analysis, in alphabetical order.

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30 Appendix F on Research projects for detailed overview.
1.3.2.1 Climate change and health

The Commission’s most recent progress report on EHAP\(^{33}\) identifies climate as a key priority for future work, which was unanimously supported by both member states and stakeholders during the parallel Consultative Forum discussing themes for a second EHAP. The focus has been broadened to consider the health co-benefits of climate measures and the need to green health care systems. The steady elevation of this issue has been mirrored in the WHO European Region environment and Health process which welcomed the “European Regional Framework for Action: Protecting health in an environment challenged by climate change” in the WHO Parma Ministerial commitment.\(^{34}\)

Climate change is one of the themes absent in the initial Commission proposal on SCALE, but mentioned in the Council and EP Parliament resolutions. Yet, it is not prominently featured within current EHAP. However, in parallel with increasing EU and international climate policy developments, it has risen as a priority in terms of research funding budgets and activities related to the health impacts. In 2007, during the mid-term review of the EHAP, the Commission noted that efforts needed to be stepped up on climate change and health.\(^{35}\) Most of the EHAP related work on climate change and health has focused on early warning and surveillance systems, communicable diseases and extreme weather events.

1.3.2.2 Combined exposures and cumulative effects of chemicals

The inadequate risk assessment of, and knowledge about, the cumulative and combination effects of chemicals (also referred to as "cocktail effects") on health were mentioned from the beginning as one of the reasons why SCALE was needed. One goal of an integrated approach to EHAP would render impact assessment more efficient, by prioritising more research and taking into account combination effects. In both the Commission Environment and Health Information Review (2006) and the EHAP mid-term review (2007), the Commission acknowledges that "cumulative effects" "…is clearly a genuine issue: risk assessment as it proceeds at the moment considers stressors in isolation, and takes no account of the effects of simultaneous exposure to a combination of stressors". It stresses that "assessing how to take account of such impacts in risk assessment is a key research priority, the aim of which is to make practical proposals for handling combined effects in policy." In 2010, the Parma Ministerial Commitment to Act also refocuses political attention, research and action on the potentially adverse effects of persistent, endocrine-disrupting and bio-accumulating chemicals and their combination effects.

1.3.2.3 Communication

Communication is a priority within the SCALE strategy which highlights that “…the need for on-going education of the public on the links between environmental risks and health is even more pronounced as it would contribute significantly to increasing public awareness and facilitating prevention of environment related diseases.” The EHAP recognises that communication on environment and health needs to be improved.

1.3.2.4 Dedicated resources for implementation of EHAP

For further analysis of this theme, see Resources under point 1.4 Mechanisms.


1.3.2.5 **Electromagnetic fields**

Electromagnetic fields (EMF) are mentioned in the SCALE strategy. The Commission states that it “…will take all necessary actions to study any possible health effects of exposure to electro-magnetic fields and will pay particular attention to the protection of children and teenagers as specially exposed vulnerable groups.” One specific EHAP action is to follow developments on the EMF (Action 13), and work by the EU risk assessment scientific committees is highlighted. The European Parliament EHAP mid-term resolution calls on the Council to amend its recommendation to set stricter exposure limits, but the Council has not specifically mentioned EMF within its conclusions on Environment and Health. In 2010, both the Commission progress report and the Parma commitments recommend additional research into EMF.

1.3.2.6 **Health-related environmental actions (environmental policies)**

Health related environmental actions are seen as one area of achievement in the Commission EHAP progress report, where health evidence and concerns have been successfully integrated, or partially integrated, into environmental policies such as REACH, pesticides, water, mercury and climate change. However, the European Parliament, WHO and other stakeholders have highlighted the need for better integration of vulnerable groups in environment policies and to ensure policy coherence between EU funded research project results and their uptake in environmental policy revisions.

1.3.2.7 **Measurable and quantitative targets**

Although measurable and quantitative targets are not explicitly mentioned in the SCALE strategy, one of overall objectives is to reduce the disease burden of environment factors which would imply the need for base line figures in order to set targets for reduction. The 2007 Council conclusions mention the need to “…define, in close cooperation with Member States, priorities, resources and, if necessary, associated reporting requirements to be devoted to a second cycle of the EU strategy on E&H…” The European Parliament criticizes the EHAP in its 2008 Midterm resolution for a lack of clear, quantifiable targets. The 2010 Parma Ministerial Conference adopted for the first time clear time-bound targets for children’s health, namely: access to safe water and sanitation by 2020; access to healthy and safe environments by 2020; tobacco smoke-free child care facilities, kindergartens, schools and public recreational settings by 2015; and elimination as far as possible of risks posed by exposure to harmful substances and preparations by 2015. These could serve as a basis for consideration for targets in a 2nd EHAP.

1.3.2.8 **Nanotechnology**

Nanotechnology was first mentioned in the SCALE strategy in the context of other ongoing Commission work or research, and the need to better integrate of Environment and Health into nanotechnology policy. The EHAP mid term review highlights nanotechnology as an emerging issue and the SCENHIR EU scientific committee reported on the issue. Both the Commission EHAP progress report and the Parma Ministerial outcomes call for more research into adverse effects of nanoparticles, and the Parma Declaration qualifies nanoparticles as one of the key environment and health challenges of our time. Although the EU Commission has maintained that nanotechnology is "in principle" covered by existing EU policies and legislation, such as REACH, the European Parliament has recently firmly rejected this. Consequently, the Commission is undertaking a re-evaluation of how EU policies cover nano themes, and it is expected it will publish its report at the end of 2010. Some legislation could be proposed for revision. The European Parliament has been consistently introducing nanotechnology considerations in
legislative proposals where it was absent, for example in the areas of cosmetics, "novel food" and biocides.

1.3.2.9 Noise

Although neither the Council nor European Parliament has mentioned noise as a priority area, the SCALE strategy highlights noise as a possible priority for a second cycle of EHAP. In the 2006 Commission Environment and Health Information Review and Implementation Plan, activities were foreseen in the implementation of the Environmental Noise Directive, such as collecting, analysing and reporting noise exposure and related impacts across EU (using noise maps). Noise has re-surfaced on the political agenda as a result of the Parma Ministerial outcomes, where member countries commit “…to work together to reduce children’s exposure to noise, including that from personal electronic devices, recreation and traffic, especially in residential areas, at child care centres, nurseries, schools and public recreational settings.”

1.3.2.10 Science to policy translation

For further analysis of this theme, see point 1.4 Mechanisms.

1.3.2.11 Training of professionals

Although training of professionals in environment and health was not mentioned in SCALE, the EHAP has one action (Action 10) devoted to promoting the training of professionals and improving organizational capacity in environment and health. The 2007 Council conclusions encourage integration of E&H literacy in school curricula and increasing training of professionals. Member states are invited to “…increase the training on environment and health issues of professionals in relevant fields”.

1.3.2.12 Urban environment

Although the SCALE strategy mentioned the importance of a healthy urban environment and its relation to the priority diseases as one of the goals of the Thematic strategy on urban environment, the European Parliament and the Council have not highlighted it extensively in their contributions to EHAP’s direction, and relatively little work has been carried out in this area in comparison to other themes. The 2010 Parma Ministerial Declaration however takes up the issue of urban environment by stating that governments will work in partnership with local, regional and national authorities to counteract the adverse effects of urban sprawl.

1.4 Assessment of the environment and health mechanisms

Several EU mechanisms, such as the relevant EU scientific committees, the EU formal stakeholder platforms, and inter-service consultation, have contributed to overall environment and health developments. However, the lack of a funding structure has been a problem.

[36 See 2007 Council conclusions.]
1.4.1 EU Scientific committees

Three EU scientific risk assessment committees exist which provide opinions on environment and health themes, and are overseen by DGSANCO: the Scientific Committee on Health and Environmental Risks (SCHER) and the Scientific Committee on Emerging and Newly Identified Risks (SCENHIR), and the Scientific Committee on Consumer Safety (SCCS). The scientific committees provide scientific advice to the Commission on policy and proposals relating to consumer safety, public health and the environment. The Committees also draw the Commission's attention to the new or emerging problems which may pose an actual or potential threat and, since 2009, can call on additional expertise from a pool of scientific advisors and a database of experts. They have provided opinions for example on nanotechnology, indoor air pollutants and phthalates in medical devices. However a formal mechanism does not exist to link the work of the scientific committees to the priorities or the implementation of the EHAP, nor is it evident how the results of EU funded environment and health research is fed into the deliberation of the committees opinions. Except for cosmetics, there is no legal mandate for the Commission to use the Committees' opinions in formulating or revising EU legislation.

1.4.2 Science to policy transfer process

Throughout the evolution of environment and health policy, the need to strengthen and bring new mechanisms for transferring science to policy making and opportunities has been flagged up and strongly supported by the European Parliament, the EU Commission, the Council, and stakeholders. The weak link between ensuring that environmental health research results are brought into appropriate EU policy regimes was pointed out by all three institutions during the 2007/2008 EHAP mid-term review. The Council stated its desire to see more research funding directed at linking priority diseases to appropriate policy processes and information systems, and to ensure that the Commission steps up “its effort to exploit the outcomes of research projects and other information gathering efforts and their translation into policy”. In the March 2010 Progress report on EHAP, the Commission states that "...the results of the many environment and health research projects funded under FP 5, FP 6 and FP 7 and of other information gathering efforts could be better exploited at policy level. An efficient mechanism to ensure the science-policy interface should be identified." The progress report also gives an overview of past and present EU funded environment and health research. The table in the Appendix F highlights the projects, time frames and policy linkages in the short to medium term, and illustrates that there are significant policy opportunities to exploit this knowledge such as in chemical policy regimes such as REACH, pesticides, and the forthcoming Community Review of the strategy on endocrine disrupting chemicals (EDCs) as well as policies on air quality, climate change and indoor air quality guidelines.

1.4.3 Consultation platforms

1.4.3.1 Consultative Forum on Environment and Health

The Consultative Forum on Environment and Health was set up as the stakeholder consultation body for the Environment and Health Strategy in 2003, and continues to provide input into the implementation

38 See Council Conclusions on Environment and Health, page 4 and 6
39 See Commission Progress report, page 15
40 For more information on Consultative Forum see [http://ec.europa.eu/environment/health/consul_forum.htm](http://ec.europa.eu/environment/health/consul_forum.htm)
of the Action Plan. The Forum meets once or twice a year, and the documents, presentation and minutes are publicly accessible. The Forum’s agenda mirrors the EHAP implementation activities, and the minutes highlight the consensus views on priority themes such as HBM, indoor air quality, environment and health information systems and emerging themes. The Forum has also provided feedback on the priorities and results from projects funded by DG Research Framework on environment and health. The Consultative Forum is generally preceded by an informal meeting of representatives from member states.

1.4.3.2 Working Parties on Health and Environment

As part of Community action in the field of health on information systems, several working parties (e.g. Working Party on Environment and Health) and task forces (Task Force on Health Examination Survey) set up by DG SANCO have contributed to discussions about environment and health related themes and the implementation of EHAP.41

1.4.3.3 Expert Group on indoor air quality

In 2008, an EU expert group on indoor air quality 42 was created by DG SANCO which includes member state experts, stakeholders and Commission officials and representatives from the Joint Research Centre. It seeks to reduce chronic respiratory diseases and cancer due to indoor environmental pollutants and discusses both legislative and non-legislative solutions. The expert group meets once or twice a year, and has contributed to the EHAP work on IAQ.

1.4.3.4 Inter-service consultations

This process is undertaken within the Commission especially for legislative proposals, and non-legislative Communications, Action Plans and Strategies. The lead department for a file must usually consult any other DGs and Commission services that have an interest in the file; and ultimately the file must be adopted by the College of Commissioners as a whole. The existence of the EHAP has fostered close coordination between the three DGs (Environment, Health and Research) involved for themes covered by the action plan. This can be seen for example in the close collaboration of the three DGs in the Consultative Forum.

1.4.4 Dedicated resources for EHAP implementation

In the cross fertilisation analysis, the European Parliament and member states have pointed out that one of the greatest obstacles in implementing the EHAP has been its design and resources, which meant that it did not have its own dedicated programme resources from the start. Even the Commission acknowledged this fact in the Midterm Review. Moreover, the joint ownership for implementation between DG Environment, DG SANCO and DG Research of EHAP without such a programme budget made it more difficult to secure and keep staff resources for EHAP coordination.

This lack of resources has delayed the start of one the EHAP’s flagships: coordinated EU HBM activities. Similarly, this lack of resources has stalled the further development of the Environment and Health Information System, one of the ultimate objectives and added values for better environment and health policy. The Commission itself admits that only limited progress has been made in achieving this objective.

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41 See http://ec.europa.eu/health/ph_information/implement/wp/working_parties_en.htm
42 DG SANCO page http://ec.europa.eu/health/healthy_environments/working_groups/index_en.htm
due to scarce human and financial resources. It recommends that “…the modest but essential human and financial resources needed to develop this integrated European Environment & Health Information System should be made available.”

Lastly, the paucity of resources has hampered the potential synergies of working more closely with WHO and member states, including those achievable through greater support for the Budapest and Parma Ministerial commitments in countries beyond the EU within the European Region.

1.5 Summing up

Both SCALE and EHAP have received strong support from all institutions from the outset. Since their inception they have been seen as an expression of a political commitment to address the environmental factors for health through research and policy action. Such activities contribute to a "healthy environment for Europeans" and are recognised to be an area in which working at the EU level offers "added value". The SCALE strategy stated that implementation would be carried out in cycles, and EHAP relegated policy actions to the next cycle.

Agreement exists on the priorities to be tackled. Rapid scientific progress linking air pollution to ill health and defining the special needs of children has helped make air quality and vulnerable groups top priority themes. Other important priorities include human biomonitoring to ensure that policy improvements can be measured. Climate change and nanotechnology have risen up in the agenda in recent years and represent concerns that will create further added value from EU coordination.

Both member states as well as the European Parliament have repeatedly voiced the need for greater resources for this work. In December 2009, the European Commission provided its draft report of the EHAP’s implementation to the Consultative Forum on Environment and Health, which includes representatives from member states, the Commission and stakeholders. Human biomonitoring and indoor air quality were cited as the two success stories. Participants highlighted the weaknesses of the current EHAP design and resources. Without adequate resources, complete success could not be achieved even with political will and agreement on priorities.

Members of the Consultative Forum also expressed support for a second EHAP. Priority themes highlighted in the Consultative Forum minutes are human biomonitoring, indoor air quality, health information systems, vulnerable groups and climate change. Four of these five priority themes are already part of the current EHAP priorities; all four have demonstrated added value in the initial cycle. The study’s cross fertilisation assessment and ranking also confirms the institutional support for these themes.

A second EHAP would further develop policy tools to achieve a reduction in the disease burden and greater protection of vulnerable groups. The strong call to address the “climate change and health” issue shows how it has gained importance in recent years, in line with international and EU climate

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negotiations. A second EHAP could focus on a continuation of the current priority EHAP themes, as well as on some emerging environment and health challenges. This analysis has shown that the current EHAP came into being in a political context of strong support for environment and health links and an agreement on themes to be tackled. With the first EHAP coming to a close, the question therefore is whether the political context remains the same within the new European Parliament and Commission and whether new and important policy opportunities exist for environment and health in a second EHAP.
2 Current opportunities for Environment and Health

The current Environment and Health Action Plan (EHAP) will end in 2010. A new European Parliament is in place and a second European Commission under the presidency of Barroso has started work on its new "Europe 2020" strategy. This new context provides both opportunities and threats for a new EHAP.

2.1 Developments in the European Parliament

Members of the European Parliament, who are the only directly elected EU institution members and thereby the most representative of citizen’s interests, have been one of the strongest and most vocal advocates of the environment and health process enshrined in SCALE and EHAP as can be seen in their resolutions on SCALE, the initial EHAP proposal and the Commission Midterm review. Their crucial and often visionary input has helped shape the direction of EHAP. They have often pointed out important emerging themes. For example, the European Parliament was the first one to push for the climate change and health impacts to be addressed within EHAP, a call which they already put forward in the 2003 resolution on SCALE.

In the previous European Parliament (2004-2009), MEPs offered especially critical input towards including a clear, quantified objective and rectifying the omission of resources in EHAP in order to make it a success. They also stressed the need to identify resources and to come forward with a Green Paper and measures on indoor air quality.

As part of this study, a written and telephone survey on the current and future EHAP was undertaken to assess political support among the 129 members and substitutes of the Environment, Public Health and Food Safety committee. The survey and methodology is available in Appendices G and H. Three of the five MEPs who completed the survey included the Chair and two Vice-Chairs of the Environment Committee. These five unanimously supported a second EHAP. MEPs views on the format that a second EHAP should take vary, two supported a second EHAP as a separate Action Plan again, and three were undecided.

In terms of themes that the next EHAP should address, endocrine disruptors were a high priority both as an issue on which EHAP should focus but also in terms of considering the health impacts of endocrine disruptors as a priority disease. Other priority themes for a second EHAP included climate change and

44 Appendix B for with list of documents for EP resolutions.
45 See EP Resolution on Midterm Review of EHAP 2008
46 Our survey was distributed to all 129 members and substitutes of the Environment, Public Health, and Food Safety Committee. The survey included questions about perspectives on the implementation of the current EHAP and priorities for a potential second EHAP. Five MEPs completed our survey, for a response rate of 4%. This low response rate is explained in part by the policy of many MEPs to not participate in any surveys (7 MEPs replied to us and explained that this was their policy, but the proportion of MEPs to have such a policy may be even higher since many with this policy might not even respond to explain this) as well as the busy workload of MEPs in the ENVI committee.
nanotechnology. For priority diseases, MEPs see the need to address asthma and cancer. Three MEPs also want to see money going to actions to reduce the environmental burden of disease and further research.

2.2 Changes in the European Commission

One of President Barroso’s first reforms in the new college was the re-allocation of several health related environmental policy files within the Directorates-General of the European Commission. For example, responsibilities for pesticides and GMO authorizations were moved from DG Environment to DG SANCO. A separate DG and Commissioner for Climate Change was also created.

The current Community Strategy and the Environment and Health Action Plan have been led by DG Environment, and jointly developed and carried out by two additional DGs, DG Health and Consumers (DG SANCO) and DG Research, as well as the Joint Research Centre (JRC). Each DG has provided some internal human resources for coordination of EHAP, as well as resources from its relevant programme budgets.

The new Health and Consumers’ Commissioner, John Dalli, has publicly supported the added value of environment and health work during the WHO Parma Ministerial Conference in March 2010. The March 2010 Commission progress report and minutes of the Consultative Forum indicate that the new Commission will be responsible for future work on the Action Plan, and that a public consultation on EHAP will be considered. The Commission foresees proposing a new plan in 2011 after an in-depth debate with member states and stakeholders on the current EHAP progress report (for suggestions on the way forward with the EHAP progress report, see Part 3). However, at the time of this study, it is not clear which DG will take the lead in continuing the EHAP work, including the discussion with stakeholders on the future format of a second EHAP.

Within the European Commission, the work of different policy sectors has influenced how the first EHAP was run and financed. The recent changes contribute to changing policy opportunities within each of the three Directorates-General responsible for EHAP.

2.3 Opportunities for Environment and Health in EU programmes and strategies

2.3.1 EU Environment Action programme (EAP) – DG Environment

As outlined in Part 1, the 6 EAP’s Environment and Health priority provided the basis for the EU SCALE strategy and current EHAP. The funding mechanism of the 6 EAP - LIFE and the current LIFE+ programme - provided some resources for the EHAP, and in particular partial financing for the HBM pilot project proposed in 2009.47

47 For further information on LIFE+ see http://ec.europa.eu/environment/life/
The EU institutions and stakeholders are currently debating the need and content for a possible 7 EAP in a similar discussion to that about a second EHAP. The new EU Environment Commissioner Janez Potocnik has also expressed his openness for a 7 EAP, but no final decision has been reached. The 2010 Commission Work Programme states that the final assessment of the 6 EAP will feed into discussions about the future Environment Action Programme.\(^{48}\) The Belgian EU Presidency will also highlight the need and discuss the content for a 7 EAP and plans to hold an international conference in October 2010. The European Environment Agency will be publishing its fifth report on the State of the Environment in November 2010, which will also contain information on environment and health. This will be a key document for analysing the future role of DG Environment in the environment and health information systems development.

Given the importance of the current EAP for EHAP, the discussion and decisions on the future 7 EAP present a major policy opportunity for environmental health, both in terms of setting themes as well as providing funding. Its high prominence should be continued in a future 7 EAP to ensure synergies and integration with the next EHAP.

In terms of added value among the priority EHAP themes outlined in Part 1, several areas would tie into forthcoming environmental policy initiatives which are currently led by DG Environment. These include among others further development of an EU-level human biomonitoring system as a mechanism for environment and health assessment impacts, assessment of cumulative and combination effects in chemicals legislation (REACH, pesticides, water, air quality revisions), and the fourth report on the implementation of the Community Endocrine Disrupter Strategy in 2010.

### 2.3.2 EU Together for Health / EU Health Programme – DG SANCO

Environmental health is also an important concern for the EU strategy “Together for Health” (2008-2013) and its implementing health programme.\(^{49}\) The funding action in the EU Health programme has focused so far on indoor air quality, exposure to toxic chemicals (where not addressed by other Community initiatives) and socio-economic determinants.\(^{50}\)

Both the programme’s 2009 and 2010 annual work plans contain a section on healthy environments, which make explicit reference to EHAP.\(^{51}\) For indoor air quality, the actions include identifying best practices in the EU member states to improve Indoor air quality in homes and schools, and a pilot project for IAQ measurements of key pollutants in different settings in the EU member states.

As indoor air quality was identified as a priority issue in Part 1, the focus of the EU health programme presents a major opportunity to develop EU policy on indoor air quality further. The health programme also recognizes the need to protect vulnerable groups, although it is defined in the context of lifestyles, not in relation to environmental susceptibility. Nevertheless, it is also an opportunity to drive this priority

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The link between environmental factors, socio-economic status and vulnerable groups could be made stronger during future revisions of the EU Health Strategy which should begin in 2011 or 2012. A feasibility study on Health Examination surveys is currently underway and offers the possibility of incorporating environmental health information and Human Biomonitoring, and could thus provide a policy vehicle for future revisions of Community environmental policies.

Currently, climate change policy is included in the EU health programme, with a focus on communicable diseases and adaptation of the health sector. In the short to medium term, this priority should be expanded to include the WHO European Region Framework on climate, health and the environment policy, including the co-benefits to health of climate mitigation.

### 2.3.3 EU Research Framework Programme – DG RTD

The EU Research programme, DG Research and the JRC have contributed significant resources and coordination in the development and implementation of the first EHAP and many of the 13 EHAP action areas.

Environment and health was first introduced as a key action in the FP 5 (1998-2002). In FP 6 (2002-2006) various multi-national and multi-disciplinary projects have been funded, and funding is also provided for under FP 7. In the current FP 7 programme, "environment & health" is a subsection of the environment theme of the research programme on cooperation.

The priorities for FP 8 are currently being discussed at various stakeholder events and within the Commission. This will be an important medium term opportunity to ensure that the current and potential future EHAP priorities are conveyed and taken up. In the current EHAP, the majority of the programme budgetary resources are derived from FP 6 and FP 7. Thus, it is difficult to see how future and policy coherent research allocation would be ensured without the overarching framework of the EHAP for strategic vision.

### 2.3.4 The Europe 2020 Strategy

The new European Commission presented its Europe 2020 strategy in March 2010, as a follow up to the Lisbon agenda. While the Lisbon agenda did have a link to environment and health through the "Sustainability" pillar, the new Europe 2020 strategy with its five headline targets and seven flagship initiatives does not refer to environment and health directly. Since EU 2020 is the overarching strategy for EU policy until 2020, with the three mutually reinforcing principles of smart, sustainable and inclusive...

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52 [http://ec.europa.eu/research/environment/index_en.cfm?pg=health](http://ec.europa.eu/research/environment/index_en.cfm?pg=health); as well as Appendix F on Research overview.

53 It falls under the area “climate change, pollution and risks; other areas are: sustainable management of resources: environmental technologies; earth observation; assessment tools for sustainable development


55 EU 2020 Strategy: Targets: 75% of population aged 20-64 should be employed; 3% of EU's GDP should be invested in R&D; 20/20/20 climate targets should be met (increase to 30% GHG emission reduction if conditions are right); Share of early school leavers under 10%, at least 40% of younger generation should have tertiary degree; 20 million. Less people should be at risk of poverty; 20 Flagship initiatives: " Innovation Union" to improve framework conditions and access to finance for research and innovation, so that innovation can be turned into products, services that create growth and jobs; " youth on the move" to enhance performance education systems, facilitate entry young people labour market, " digital agenda for Europe" for high-speed internet, reap benefits of digital single market, "resource efficient Europe" to help decouple economic growth from use of resources, low carbon economy, increase use of renewable energy sources, modernise transport sector, promote energy efficiency; " industrial policy for globalisation era" to improve business environment, notably for SMEs, development of strong, sustainable industrial base able to compete globally; " agenda for new skills and jobs" to modernise labour markets and empower people ; " European platform against poverty” to ensure social and territorial cohesion.
growth, it will be crucial to use this policy opportunity for the EHAP priority themes and environment and health as such.

Under the flagship initiative "Resource Efficient Europe", activities foreseen under climate change and energy efficiency do not refer to the potential negative health impacts. Yet, extreme weather events, such as heat waves and flooding, are likely to adversely affect health and quality of life in Europe. Indoor air quality is a growing public health concern in relation to energy efficiency measures, with the need to ensure that better energy efficiency does not impact negatively on people’s health. A second area is within the EU’s climate targets of reducing green house gases by 20% by the year 2020, where health impacts of climate measures should be better integrated into the EU’s climate policy goals. These themes provide opportunities for better integration of EHAP and “Environmental Health” within the Europe 2020 strategy.

The 2020 Strategy also contains several others targets and potential synergies to consider, such as the European platform against poverty and targets to reduce poverty levels across the EU, which tie into environmental health inequalities; initiatives to create new skills and jobs, which could be linked to the Parma Ministerial outcome of increasing green jobs, and those to reduce the overall environmental impact for workers and the environment.

2.3.5 Other EU programmes for financing

The EU financial perspectives define the overall EU budget and policy opportunities. As the Commission is expected to publish an orientation paper in 2010 and proposals for the next EU budget in 2011, the next two years will be key. As part of this study, an analysis of existing EU finance mechanisms outside of DG Environment, DG Health and DG Research programmes was carried out to identify how far environment and health priorities were featured in current financing mechanisms. The analysis also looked for opportunities for greater integration of EHAP and other environmental and health priorities agreed in the context of the WHO 53 country European region environment and health process. Appendix J provides further details on the funding opportunities.

2.3.5.1 EU Regional Development Programmes

Environment is one of the themes of EU regional development policy, with the aim to contributing to sustainability and measures targeted at the protection of water, air, biodiversity and nature protection.57 For the funding period 2007-2013, a further focus is on climate change. In the funding programmes of the European Regional Development Fund (ERDF) and the Cohesion Fund (CF), there is little emphasis on projects making the health link with environmental actions, even though health and environment and the quality of life are an EAP priority, and could potentially fall under the priority criteria. The majority of programmes focus on water and natural protection, and some include clean air.58 For the upcoming legislative proposals on ERDF and Cohesion fund, possibilities for synergies with EHAP should be fully explored as the programmes could potentially provide some resources for a 2nd EHAP.

57 See http://ec.europa.eu/regional_policy/index_en.htm
58 For further details on the country programmes see Appendix J
2.3.5.2 EU External Programmes

Environment policy is a component in the EU instrument for pre-accession assistance IPA under regional development. Actions so far have focused on water and waste management, with no obvious environmental health component. Thus, possibilities for funding should be explored for Croatia, Turkey and FR Macedonia.

One of the goals of the EU Neighbourhood programme is to support countries who want to improve the environment. From 2007 onwards, financing for this is provided through the European Neighbourhood and partnership instrument (ENPI). The funds are allocated to individual or multiple country programmes, or cross-border cooperation with the aim of supporting democratic transition and the protection of human rights, transition towards a market economy, the promotion of sustainable development and policies of common interest. The possibilities for financing activities contained in the WHO Children’s Environment and Health Action Plan for Europe (CEHAPE) could be explored.

The EU external cooperation programmes includes the “Thematic programme for environment and sustainable management of natural resources including energy”. This includes financing to take policy leadership in fighting climate change and the protection and proper management of chemicals and waste. It should be reviewed how far these budget lines have taken environmental health concerns into account.

Another source of financing for major projects is through the European Investment Bank, which cites the environment as one of the fundamental areas of their financing. The bank lends up to 50% of the investments costs of a project, in individual loans to projects for public and private sector, as well as small and medium enterprises. The EIB also finances a wide range of research and technological development projects, and supports "European Research Initiatives". In 2009, the EIB signed loan agreements for 176 environmental projects for the amount of 25.3 billion Euros that is 32% of its total lending, in EU countries, enlargement and Mediterranean partner countries.

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60 See [http://ec.europa.eu/world/enp/index_en.htm](http://ec.europa.eu/world/enp/index_en.htm)
2.4 EHAP Policy opportunities 2010-2015

The policy opportunities for taking the Community Environment and Health Strategy and the EU Action Plan below are numerous, but not exhaustive. Figure 4 provides policy opportunities in relation to the EHAP themes in 2010 and Figure 5 provides policy opportunities in relation to EHAP themes 2011-2015. The policy opportunities included in Figures 4 and 5 are indicative and comprise a summary of recommendations and options obtained through an analysis of the most recent institutional documents. They are analysed in relation to institutional support in Part 1 and highlight the many possibilities available for taking these themes forward.

63 The analysis has drawn on the March 2010 Commission EHAP progress report; the 2010 European Commission Work Programme, as well as interviews and meetings with Commission officials, member state representatives and other stakeholders during the first three months of 2010. EHAP policy opportunities are also identified in relation to scheduled results of EU research projects. The list is indicative and not exhaustive.
<table>
<thead>
<tr>
<th>EHAP Themes</th>
<th>Indicative Policy opportunities 2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climate change and health</td>
<td>1. Integrate health concerns and benefits into discussions on EU Climate Change position regarding GHG emission reduction goal.</td>
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<tr>
<td>Combined exposures and combination effects of chemicals</td>
<td>1. Integrate risk assessment for combination effects into EU Biocides revision.</td>
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<td></td>
<td>2. Integrate latest research and policy options on assessing combination exposures and cumulative effects in preparations for COM report on the “Community strategy for Endocrine disruptors”.</td>
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<tr>
<td>Communication</td>
<td>1. Publicise EC and EEA 2010 report on the state of Environment and Health knowledge and achievements (publication expected 2010).</td>
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<tr>
<td>Dedicated resources for implementation</td>
<td>1. Identify staff resources for EHAP coordination in leading 3 DGs (DG Environment, DG SANCO, DG Research).</td>
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<td></td>
<td>2. Integrate E&amp;H issues and funding in next EU Research framework programme proposal expected in 2010.</td>
</tr>
<tr>
<td>Electromagnetic fields</td>
<td>1. Review and integrate major EMF research results such as EU funded projects and the INTERPHONE study for policy implications.</td>
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<td></td>
<td>2. European Commission may carry out a Eurobarometer.</td>
</tr>
<tr>
<td>Environment &amp; Health Information systems</td>
<td>1. Integrate data from ENHIS and CEHIS projects in INSPIRE, which will create an EU-wide harmonized database with geographical information to support environmental protection policies. The INSPIRE Directive includes in Annex III the data theme “Human health and safety” and work on this data theme started in 2009.</td>
</tr>
<tr>
<td>Environment-related health actions (priority diseases)</td>
<td>1. Integrate E&amp;H issues in the implementation of the EU Partnership against Cancer. 2. For the rest of actions see health-related environmental actions.</td>
</tr>
<tr>
<td>Health-related environment actions</td>
<td>1. Integrate EHAP issues in EU Biocides revision and expected revision of priority hazardous substances under Water Framework Directive, and the ongoing REACH and pesticides implementation discussions.</td>
</tr>
<tr>
<td></td>
<td>2. Ensure that Directive 2008/50/EC on ambient quality reporting requirements include information on vulnerable groups and use the EU SEIS/INSPIRE platforms to increase real-time information to citizens on the health impacts of air pollution.</td>
</tr>
<tr>
<td>Human Biomonitoring</td>
<td>1. Continue to identify policy opportunities for the integration of EU HBM pilot projects, such as review of the Community Strategy concerning Mercury.</td>
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<tr>
<td>Indoor Air Quality</td>
<td>1. Further development and launch of the EU Indoor Air Quality and Health website (currently internal version available)</td>
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<td></td>
<td>2. Integrate E&amp;H issues in discussions on a proposal for a framework of harmonised criteria for labelling schemes for building materials lead by JRC and DGSANCO.</td>
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<td></td>
<td>3. Potential creation of a Safe, Healthy and Energy Efficient and Sustainable Buildings platform by DG SANCO.</td>
</tr>
<tr>
<td>Measurable and quantitative targets</td>
<td>1. Identify EU policy files to consider integration of the WHO Parma targets on children’s environment and health.</td>
</tr>
<tr>
<td>Nanotechnology</td>
<td>1. Integrate results from FP6 health impacts of nanotechnology (8 projects totalling 20 million Euro) and FP7 (18 projects) in ongoing EU policies and initiatives, such as the planned communication on the revision of EU legal frameworks, and the public consultation on nanotechnology.</td>
</tr>
<tr>
<td>Science to policy translation</td>
<td>See Appendix F on Research projects.</td>
</tr>
<tr>
<td>Training of professionals</td>
<td>1. Publicise results from a DG SANCO funded project on Training of Professionals.</td>
</tr>
<tr>
<td>Vulnerable groups</td>
<td>1. Integrate children’s environmental health priorities into revision of EU strategy on the Rights of the Child.</td>
</tr>
<tr>
<td></td>
<td>2. Integrate measures for protection of vulnerable groups in the EU Biocides revision currently under discussion in the EP and Council.</td>
</tr>
</tbody>
</table>
Figure 5. Policy opportunities in relation to the EHAP themes: 2011 - 2015 (in alphabetical order)

<table>
<thead>
<tr>
<th>EHAP Themes</th>
<th>Indicative Policy opportunities 2011 - 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climate change and health</td>
<td>1. Integrate EU funded research project results such as CLEAR and EDEN into EU Adaptation strategy and implementation.</td>
</tr>
<tr>
<td></td>
<td>2. Integrate E&amp;H research into EU Commission report on risk assessment and combination effects (foreseen publication in 2012).</td>
</tr>
<tr>
<td>Communication</td>
<td>1. Link E&amp;H issues to work programme of DG Communication, but also to other relevant DG’s.</td>
</tr>
<tr>
<td>Dedicated resources for implementation of EHAP</td>
<td>1. Identify opportunities for dedicated E&amp;H resources in next cycle of EU Budget starting 2013 (EU funding mechanisms such as cohesion funds and Neighbourhood policy).</td>
</tr>
<tr>
<td>Electromagnetic fields</td>
<td>1. Revisit the SCENIHR 2009 Opinion on the potential health effects of EMF to incorporate latest scientific studies from EU projects and major studies such as INTERPHONE.</td>
</tr>
<tr>
<td></td>
<td>2. Integrate results expected in 2012 from MOBI-KIDS international multi-centre study on the associations between childhood brain cancer and mobile phone use.</td>
</tr>
<tr>
<td>Environment &amp; Health Information systems</td>
<td>1. Integrate E&amp;H information in the Shared Environmental Information System (SEIS) forseen to be developed by 2012, and linked to the existing EU Health portal. SEIS is a decentralised web-enabled information system based on a network of public information providers sharing environmental data and information.</td>
</tr>
<tr>
<td>Environment-related health actions (priority diseases)</td>
<td>1. Identify opportunities in the EU Health Strategy to focus on a priority disease, similar to the EU Cancer Strategy.</td>
</tr>
<tr>
<td></td>
<td>2. Continue to integrate E&amp;H issues into EU Partnership for Action against Cancer. 3. For the rest of actions see health-related environment actions.</td>
</tr>
<tr>
<td>Indoor Air Quality</td>
<td>1. Integrate the results from IAQ research and public health projects into a coherent policy framework such as a Green Paper or other mechanism.</td>
</tr>
<tr>
<td></td>
<td>2. Integrate HBM activities with the harmonisation of IAQ monitoring requirements in EU.</td>
</tr>
<tr>
<td></td>
<td>3. Potential development of an EU guidance document on IAQ in schools based on results of pilot project launched in 2010.</td>
</tr>
<tr>
<td></td>
<td>4. Integrate DG funded study recommendations on priority indoor air pollutants (ETS, Formaldehyde, NO2, PM) as part of work on Indoor Air Quality Guidelines.</td>
</tr>
<tr>
<td></td>
<td>5. Integrate E&amp;H issues into work on indoor emissions labelling schemes for construction products.</td>
</tr>
<tr>
<td></td>
<td>6. Integrate results from DG SANCO funded project on EU health-based ventilation guidelines are considered in Energy Efficient Buildings Directive.</td>
</tr>
<tr>
<td></td>
<td>7. Ensure coherence between different policies affecting IAQ (EPBD, CPD, Product labelling, exposure levels limits)</td>
</tr>
<tr>
<td>EHAP Themes</td>
<td>Indicative Policy opportunities 2011 - 2015</td>
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</tr>
<tr>
<td><strong>Human Biomonitoring</strong></td>
<td>1. Incorporate future HBM activities in an established framework such as the European Health Examination Survey which SANCO aims to set up in 2011.</td>
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<tr>
<td></td>
<td>2. Identify sustainable operational funding of a future HBM surveillance framework (LIFE+, European Environment Agency (EEA))</td>
</tr>
<tr>
<td><strong>Measurable &amp; quantitative targets</strong></td>
<td>1. Integrate WHO Parma targets on children’s environment and health into relevant EU policy files.</td>
</tr>
<tr>
<td><strong>Nanotechnology</strong></td>
<td>1. Integrate results from NANODEVICE project in 2014 on measuring indoor nano particles.</td>
</tr>
<tr>
<td><strong>Noise</strong></td>
<td>1. Integrate research results on environmental noise exposure and health related impacts and WHO/JRC risk assessment guidelines in the revision of the Environmental Noise Directive in 2011, and to ensure comparable data for the second round of noise maps in 2012 (ensure that policy and research recommendations from ENNAH ending in 2011 are considered).</td>
</tr>
<tr>
<td><strong>Science to policy translation</strong></td>
<td>See Appendix F on Research projects.</td>
</tr>
<tr>
<td><strong>Training of professionals</strong></td>
<td>1. Integrate E&amp;H research and information into potential EU Directive on the Use of Biocides. 2. Explore potential to incorporate E&amp;H issues in EU Marie Curie Research Funding.</td>
</tr>
<tr>
<td><strong>Urban Environment</strong></td>
<td>1. Integrate WHO Parma commitment on urban sprawl (RPG 2) into relevant EU policy files.</td>
</tr>
<tr>
<td><strong>Vulnerable groups</strong></td>
<td>1. Integrate available EU funded research on the health impacts of vulnerable groups into policy discussions on pesticide NAPs in the EU Expert Group on Thematic Strategy to discuss progress on member state national action plans.</td>
</tr>
<tr>
<td></td>
<td>2. Integrate EU E&amp;H research on measures for protection of vulnerable groups into the revision of the EU Air Quality legislation in 2013.</td>
</tr>
</tbody>
</table>
2.5 Overall context for moving forward

The analysis shows that both the European Commission and European Parliament support taking forward discussions for a second EHAP.

Moreover, the structures are in place within the Directorates-Generals that can be built on. The DGs for Environment, Health, and Research of the European Commission have all accommodated EHAP actions and priorities and provided resources.

But it is not only existing opportunities that should be considered; the question of better synergies is also of vital importance. One conclusion from the analysis of the EU institutional support was that resources are central for the current EHAP. This also holds true for the future. Therefore, when looking at policy opportunities in the years to 2015, better synergies with the financial mechanisms is a major concern.

As the analysis has demonstrated, there is only a weak environment and health link in key EU internal and external programmes. To secure better funding for environment and health actions and to increase EHAP’s success, the first step is to ensure a clear link is made to environment and health in the strategic directions of the programmes with multiannual frameworks. The next step is to make sure that annual work programmes adequately take up the environment and health link as outlined in the frameworks. Therefore, it will be useful to work on the upcoming legislative proposals for the Regional Development and Cohesion Funds.

Some of the programmes highlighted take as a basis for their rationale and funding the EU Environment Action Programme. This fact underlines the need for a close linkage of the 6th Environment Action Programme (EAP) with EHAP to support adequate funding for environment and health measures. This requires keeping an environment and health priority in EAP and making the best use of synergies with all possible funding programmes. The future of EHAP is strongly connected to the future of EAP.

The table listing policy opportunities for each EHAP theme shows that there are many promising options to highlight environment and health and to bring it up higher on the EU agenda, thereby pushing EHAP forward.
3 Conclusions: Future perspectives for environment and health in the EU

As illustrated in the study’s assessment so far, institutional support exists for the continuation of Environment and Health in the form of a second EU Action Plan. However, the imperfect design and lack of dedicated resources in the first EHAP suggests important steps must be taken if a second, more effective, EHAP is to be achieved.

Any opportunity to ensure that environment and health is made a priority in EAP and to firmly link the theme in relevant internal and external programmes should not be missed. A safe and healthy environment is an important concern of European citizens and an area in which the EU has a strong capacity for added value.

The Commission’s EHAP progress report of March 2010 stresses that “…the Action Plan demonstrated its added-value by:

1) creating and maintaining a strong process of coordination and collaboration between the health, environment and research sectors at Member States and EU levels;
2) consolidating the progress made on well-defined inter-sectoral actions such as human biomonitoring and Indoor air quality thanks to coordination and integration;
3) providing a broad and coherent framework for all the EU initiatives designed to address health issues related to the environment, whether they originated under environment policy, public health activities or research activities.”

The added-value of a second overarching EU Action Plan is also its potential to contribute to better and more protective implementation of existing environmental legislation on air quality, pesticides, chemicals by using the policy tools such as human biomonitoring, information systems and research results.

The analysis in Part 2 demonstrated a further added value. The policy opportunities for environment and health (E&H) at EU level can also result in added value for national level without any problem related to subsidiarity. Funding E&H projects at EU level (in the FP 7, Life+, call for tender of the health programme and so on) open possibilities to support ongoing national activities. Harmonization works on methodologies that make national results more powerful. An EU approach with some coordination between member states increases the efficiency of the resources dedicated to E&H themes at national level (by pooling together information and surveillance, by increasing exchange of best practices and by creating networking opportunities).

A second EHAP could also provide added-value in driving new policies identified as key environment and health challenges, such as indoor air quality, climate change and nanotechnology, and ensure that that results from EU Research Framework Programmes are consistently used in environment and health

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64 Commission EHAP Progress report, page 17.
related risk assessment and policy developments. Equally, it will provide the evidence base for fine
tuning existing policy for a healthier Europe.

The "environment and health" theme could be more purposefully extended in EU activities beyond the
Member States to countries of the wider Europe and beyond. Many opportunities for further integration of
environment and health themes in EU policies exist, both internal and external.

3.1 Format and funding issues

As this study has outlined, the current EHAP environment and health themes were implemented in
several DGs. The Commission progress report highlights that the current format encouraged
coordination and collaboration between the health, environment and research sectors at member state
and EU level and should be emphasized in the future. The design in the form of an overarching action
plan also provided a framework for further policy integration of environmental health issues in public
health policy, environment policy and research.

However, in the design and format of the current EHAP, inadequate resources to carry out activities was
a major obstacle, as a dedicated budget was not allocated. All European institutions concerned with the
future of EHAP have consistently cited the need for dedicated and increased resources. For the second
EHAP, a clear finance and resource mechanism should be a priority to improve implementation and
overcome obstacles faced by the first one.

This could start with the allocation of human and financial resources by each Directorates-General
involved. Further funding options in the LIFE+, the Health, and the Research Framework programme
should be sought.

3.2 Mechanisms towards a stronger policy link

As outlined in Part 1, the main aim of the first cycle of EHAP was to increase the information and
knowledge base for a better science-policy link. However, much of the action on making this link and
policy review was relegated to the second EHAP. This analysis has shown that EU institutions and
stakeholders support a stronger science-policy link. Already in the EHAP Midterm review in 2007, the
Commission stated that the results of the research projects could be better exploited at policy level, and
an efficient mechanism should be identified. Outlining options for this mechanism should be a clear
priority for a second EHAP. As this study has also shown, the Consultative Forums with stakeholders
and member states have provided added value for the implementation of EHAP. For the next EHAP,
member states could be given a more formal or structured role in the direction and implementation of
EHAP. This would increase synergies with country level activities, such as national environment and
health action plans. Institutional mechanisms that would enable more member state participation in the
implementation of the action plan could be explored.
Options should also be explored in achieving greater synergy with the EU Scientific Committees, for example by establishing a regular exchange of information between the Scientific Committees and Member States in the Consultative Forum meetings and expert groups. The development of the next EHAP could benefit from greater participation by the relevant EU agencies, such as the European Centre for Disease Prevention and Control (ECDC), the European Chemicals Agency (ECHA), the European Environment Agency (EEA) or the European Food Safety Agency (EFSA).

The results from research projects, especially the "Coordinating Actions" projects should be incorporated in a system of policy implementation, with relevant Commission staff. Each project could identify potential policy frameworks and questions to be answered as part of its results. This requirement could be an obligatory part of the dissemination tools of FP 7 and FP 8 projects.

3.3 Issues to be considered

For the EU action plan post 2010, the Commission’s EHAP Progress report recommends focusing on well-defined inter-sectoral actions in a number of priority areas: human bio-monitoring; indoor air quality; the environment & health information system and disease predictive models; and climate change and health.65

This study analysis of EHAP themes, ranked by EU institutional support, is in line with the Commission’s EHAP report. The same four themes rank highest, as well as a fifth overarching topic, vulnerable groups.

The focus on these themes should be continued in the second EHAP, as the foundations have been set, but many actions have not yet been implemented. Other emerging themes, where new research results may require policy revisions, should also be considered.

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3.4 The way forward

The Commission’s EHAP Progress report and the resources contained in this study and its Appendices provide a roadmap for further opportunities to drive forward implementation of the current EHAP and to consider a second EHAP.

Responses from institutional actors on the content and timing for developing a second EHAP could be the following:

- **European Commission**
  The European Commission should convene a Consultative Forum on Environment and Health in the second half of 2010 to discuss the EHAP progress report and develop content for a new EHAP as well as present a timeline for preparing the second EHAP.

- **Council of Ministers (Member States)**
  Discussions should begin on EHAP Council conclusions during the EU Presidency of Belgium and Hungary. They should consider responding to the EHAP progress report as well as results from the various events, studies and publications related to EHAP themes as part of the EU Belgium Presidency during the second half of 2010.

- **European Parliament**
  The European Parliament could provide its response to the EHAP progress report in the context of discussions on the 7th Environmental Action Programme foreseen in the second half of 2010. The European Parliament could also contribute to the deliberations through an "own initiative" report on EHAP or at least an exchange of views in the ENVI Committee.

- **WHO Environment and Health process / International level**
  EU member states can ensure that a future EHAP contributes to synergies in the implementation of the Parma Ministerial commitments. These will be discussed by WHO European Region assembly in September 2010 in Moscow, and in the UN-ECE body during the second half of 2010.

**End note**

The current EHAP has set the groundwork for European leadership in environmental protection for better health. The incoming EU Presidencies (Belgium and Hungary) and the EU Commission are crucial to bringing together the strands that can ensure a second EHAP is strong and effective. This report demonstrates the support from the European Parliament, the Commission and the Member States, which all recognise the "added value" of environment and health work at the EU level. The report's conclusions set out a roadmap for the way ahead. The task now is to create a second European Health Action Plan in 2011 taking advantage of all the opportunities identified.
Appendix A: Acronyms used in the report *(listed in alphabetical order)*

CEHAPE – Children’s Environment and Health Action Plan for Europe
CEHIS - Connectivity between Environment and Health Information Systems
CF – EU Cohesion Fund
COM – European Commission
COPHES - Consortium to Perform Human biomonitoring on a European Scale
DEMOCOPHES - Demonstration of a study to coordinate and perform Human biomonitoring on a European scale.
DG SANCO – Directorate General for Health and Consumers
E&H – Environment and health
EAP – Environment Action Programme
EDCs – Endocrine disruptors
EHAP - Environment and Health Action Plan
EMF – Electromagnetic fields
ENHIS - European Environment and Health Information System
ENPI - European Neighbourhood and partnership instrument
EP – European Parliament
EU - European Union
EU FP 7 - 7th EU Research Framework Programme
EU LIFE+ - The LIFE programme is the EU's funding instrument for the environment. LIFE+ is the continuation of this funding from 2007 – 2013.
FP - Framework Programme (for Research)
HBM – Human Biomonitoring
IAQ – Indoor air quality
JRC - Joint Research Centre
REACH - Registration, Evaluation, Authorisation and Restriction of Chemical substances
SCALE - Science, Children, Awareness, Legislation, Evaluation
SCCS - Scientific Committee on Consumer Safety
SCENHIR - Scientific Committee on Emerging and Newly Identified Risks
SCHER - Scientific Committee on Health and Environmental Risks
WHO – World Health Organization
Appendix B: List of documents used in study (also for methodology in cross-fertilisation between EHAP themes and institutional support)

The below documents were used for the assessment and analysis contained in this document and were set out in the scope of the study.

- European Environment and Health Strategy (and preparatory working groups) – COM (2003)338
- Commission Mid-term review of the European Environment and Health Action Plan 2004-2010
  COM(2007)314, final version
- Council Conclusions on SCALE, 27 October 2003
  &lg=mt& guiLanguage=en
- Council Conclusions on Environment and Health (2842nd ENVIRONMENT Council meeting, Brussels, 20 December 2007)
  http://www.apambiente.pt/politicasambiente/AmbienteSaude/Documents/Na%20Europa/Docum
  ntos%20relevantes/Conclus%C3%B5es%20do%20Conselho%20Ambiente%20e%20Sa%C3%B
  ade.pdf
  rence=P6-TA-2008-0410
- Reports from consultative forums http://ec.europa.eu/environment/health/consul_forum.htm
- Declaration of the WHO Ministerial conference on environment and health, Budapest 2004
- The Children’s Environment and Health Action Plan for Europe, 2004
- WHO Ministerial Conference on environment and health, Declaration and commitment to act, Parma 2010
Appendix C: List of EU Environment and Health Action Plan (EHAP) themes

The themes used in the study and the cross-fertilisation analysis were initially proposed in the scope of the study and verified in the first document review. They are derived from the actions, issues and themes contained in SCALE and EHAP. Two additional themes were added to this list, climate change and nanotechnology as they were highlighted as an emerging priority issue through institutional responses or by stakeholder platforms.

The themes are listed below in alphabetical order with a reference as to how they relate to SCALE and EHAP:

1. Climate change and health: Not included in current EHAP, but one of the themes that consultative forum saw as priority for next cycle
2. Combined exposures and combination effects of chemicals: Focus of SCALE and also highlighted in EHAP
3. Communication: One of main themes of EHAP is improving communication
4. Dedicated resources for implementation of EHAP: SCALE aims to pool dedicated resources; as EHAP is an action plan, the question of dedicated resources is central for implementation.
5. Electromagnetic fields: Action 13 of the EHAP
6. Environment and Health Information Systems: Focus of EHAP to improve the information chain and several EHAP actions.
7. Environmental-related health actions (priority diseases): Priority diseases are focus of SCALE and Action 6 and 11 of EHAP
8. Health-related environmental actions (environment policies): Focus of SCALE on how to integrate health concerns into EU environment and chemicals policy
9. Human biomonitoring: Action 3 of the EHAP
10. Indoor air quality: Action 12 of the EHAP
11. Measurable and quantitative targets: One SCALE objective is to reduce disease burden caused by environmental factors
12. Nanotechnology: An emerging environment and health issue
14. Science to policy translation: Main goal of SCALE and EHAP was to increase information and knowledge base for policy making
15. Training of professionals: Action 10 of EHAP
16. Urban environment: Issue of SCALE
17. Vulnerable groups: Focus of SCALE
Appendix D: EU Action Plan on Environment and Health – List of Actions

1 - IMPROVE THE INFORMATION CHAIN by developing integrated environment and health information to understand the links between sources of pollutants and health effects.

- *Action 1*: Develop environmental health indicators.

- *Action 2*: Develop integrated monitoring of the environment, including food, to allow the determination of relevant human exposure.

- *Action 3*: Develop a coherent approach to human biomonitoring in Europe.

- *Action 4*: Enhance coordination and joint activities on environment and health.

2 - FILL THE KNOWLEDGE GAP by strengthening research on environment and health and identifying emerging issues

- *Action 5*: Integrate and strengthen European environment and health research.

- *Action 6*: Target research on diseases, disorders and exposures.

- *Action 7*: Develop methodological systems to analyse interactions between environment and health.

- *Action 8*: Ensure that potential hazards on environment and health are identified and addressed.

3 - RESPONSE: REVIEW POLICIES AND IMPROVE COMMUNICATION by developing Awareness Raising, Risk Communication, Training & Education to give citizens the information they need to make better health choices, and to make sure that professionals in each field are alert to environment and health interactions.

- *Action 9*: Develop public health activities and networking on environmental health determinants through the public health programme.

- *Action 10*: Promote training of professionals and improve organisational capacity in environment and health

by reviewing and adjusting risk reduction policy

- *Action 11*: Coordinate ongoing risk reduction measures and focus on the priority diseases

- *Action 12*: Improve Indoor air quality.

- *Action 13*: Follow developments regarding electromagnetic fields.
### Appendix E: Summary of political support for EHAP themes

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<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Training of professionals</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
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<td>1</td>
<td>1</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
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<tr>
<td>Urban Environment</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
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<td>1</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Vulnerable groups</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>17</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
</tbody>
</table>

**Table notes:**
- Each cell represents the number of political support for EHAP themes.
- The score is calculated based on the political support, with higher numbers indicating more support.
- The table includes themes such as Climate change and health, Combined exposures and combination effects of chemicals, Communication, Dedicated resources, and more.
Methodology for Appendix E: The methodology for the cross-fertilisation consisted of different steps. First, the documents used were those outlined in the call and agreed upon during client meeting (See Appendix B). The themes used for cross-fertilisation analysis were proposed in the scope of the study and derive from the actions, issues and themes contained in SCALE and EHAP (See Appendix C).

The goal of the cross-fertilisation was to determine which of the themes listed above are priorities for all 3 EU institutions, as well as for the WHO Environment and Health process. Therefore, the following scoring for cross fertilisation was devised: 0 = not mentioned; 1 = problem recognition (theme is merely mentioned); 2 = strong support for a theme, with a call for action/political recommendation.

Criteria for 2: the place where theme is mentioned: in recital or paragraph, at the beginning of resolution or end; the actual amount of text devoted to the theme: how comprehensive is description of theme; is there a political demand, call to action connected to it or not.

The numbers were then added up for a final score, and we distinguished between EU Institutions and WHO European Region.
## Appendix F: Overview of EU funded research projects on environment and health

<table>
<thead>
<tr>
<th>Project</th>
<th>Full name</th>
<th>Time</th>
<th>EU funding</th>
<th>Short description</th>
<th>Policy linkages</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Climate change and health (EHAP study theme 1)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICRODIS</td>
<td>Integrated health, social and economic impacts of extreme events</td>
<td>02/2007-01/2011</td>
<td>5 million Euros</td>
<td>Health, social, economic impacts of natural disasters</td>
<td>EU Climate Adaptation Policy, Health Strategy</td>
<td><a href="http://www.microdis-eu.be">www.microdis-eu.be</a></td>
</tr>
<tr>
<td>ArcRisk</td>
<td>Arctic Health risks: impacts on health in the arctic and Europe owing to climate-induced changes in contaminant cycling</td>
<td>06/2009-11/2013</td>
<td>3.5 million Euros</td>
<td>Health risks for Arctic populations from climate change, how environment, Contaminants are affecting human reproductive health</td>
<td>EU Climate Adaptation Policy, Health Strategy</td>
<td><a href="http://www.arcrisk.eu">www.arcrisk.eu</a></td>
</tr>
<tr>
<td>CLEAR</td>
<td>Climate change, environmental contaminants and reproductive health</td>
<td>05/2009-04/2013</td>
<td>2.38 million Euros</td>
<td>Role played by climate change in distribution of environment contaminants, effects on reproductive health</td>
<td>EU Climate Adaptation Policy, Health Strategy</td>
<td></td>
</tr>
<tr>
<td><strong>Combined exposures and combination effects of chemicals (EHAP study theme 2)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Environment and health information systems (EHAP study theme 6)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>INTARESE</td>
<td>See ‘Environment and Health - general’ below</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><a href="http://www.intarese.org">www.intarese.org</a></td>
</tr>
<tr>
<td><strong>Environmental-related health actions (priority diseases) (EHAP study theme 7)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Asthma, Allergies</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under FP 5, 23 projects addressed various aspects of allergies and asthma, with a total of 30 million Euros</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GABRIEL</td>
<td>Multidisciplinary study to identify genetic and environmental causes of asthma in the EU</td>
<td>03/2006-08/2010</td>
<td>11.3 million Euros</td>
<td>Project to identify key factors of asthma</td>
<td>EU Air Quality Legislation, EU Climate Change Legislation</td>
<td><a href="http://www.gabriel-fp6.org">www.gabriel-fp6.org</a></td>
</tr>
<tr>
<td>GA2LEN</td>
<td>Global allergy and asthma European network</td>
<td>02/2004-01/2010</td>
<td>14 million Euros</td>
<td>To establish internationally competitive network, enhance quality of research, address all aspects of disease</td>
<td>EU Health Strategy, EU Air Quality Legislation, EU Climate Change Legislation</td>
<td><a href="http://www.ga2len.net/">http://www.ga2len.net/</a></td>
</tr>
<tr>
<td>Project</td>
<td>Description</td>
<td>Duration</td>
<td>Funding</td>
<td>Funding Breakdown</td>
<td>EU Funding Source(s)</td>
<td>Project Website(s)</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>----------</td>
<td>---------</td>
<td>------------------</td>
<td>----------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td><strong>ESCAPE</strong></td>
<td>European study of cohorts for air pollution effects</td>
<td>06/2008-05/2012</td>
<td>5.9 million Euro</td>
<td>Air pollution, respiratory diseases, ESCAPE combines health data from EU cohort studies to investigate exposure-response relationships, development asthma in children</td>
<td>EU Health Strategy, EU Air Quality Legislation, EU Climate Change Legislation</td>
<td><a href="http://www.escapeproject.eu">www.escapeproject.eu</a></td>
</tr>
</tbody>
</table>

**Neurodevelopmental**

In FP 5, 25 projects address neuro-immune, neuro-developmental, neurotoxic effects of chemical contaminants with around 50 million Euros funding.

In FP 6, an additional 14 projects were launched with at least partly addressing neuro-developmental disorders, with a funding of some 60 million Euros.

In FP7, already 7 projects study neuro-developmental effects, for example NEURONANO

**Cancer**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Duration</th>
<th>Funding</th>
<th>Funding Breakdown</th>
<th>EU Funding Source(s)</th>
<th>Project Website(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ECNIS</strong></td>
<td>Environmental cancer risk, nutrition and individual susceptibility</td>
<td>05/2005-10/2010</td>
<td>11 million Euros</td>
<td>Nutrition, genetic disposition affecting susceptibility to cancer</td>
<td>EU Partnership for Action against Cancer and related initiatives</td>
<td><a href="http://www.ecnis.org">www.ecnis.org</a></td>
</tr>
</tbody>
</table>

**Endocrine disrupting effects**

In FP 5, 25 relevant projects with research on endocrine disrupting effects, with EU funding amounting to 55 million Euros

In FP 6, EU funding for projects that partly addressed endocrine disruptors amounted to 53 million Euros

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Duration</th>
<th>Funding</th>
<th>Funding Breakdown</th>
<th>EU Funding Source(s)</th>
<th>Project Website(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CREDO</strong></td>
<td>Cluster of research into endocrine disruption in Europe</td>
<td>No information given</td>
<td>20 million Euros</td>
<td>Included in FP 5 projects</td>
<td>REACH, Pesticides, Biocides</td>
<td><a href="http://ec.europa.eu/research/endocrine/projects_clusters_en.html">http://ec.europa.eu/research/endocrine/projects_clusters_en.html</a></td>
</tr>
<tr>
<td>Project</td>
<td>Description</td>
<td>Start Date - End Date</td>
<td>Funding</td>
<td>Outcome</td>
<td>Related Policies</td>
<td>Website</td>
</tr>
<tr>
<td>---------</td>
<td>-------------</td>
<td>----------------------</td>
<td>---------</td>
<td>---------</td>
<td>-----------------</td>
<td>---------</td>
</tr>
<tr>
<td>CASCADE</td>
<td>Chemicals as contaminants in the food chain: an NOE for research, risk assessment and education</td>
<td>02/2004-01/2010</td>
<td>14.4 million Euros</td>
<td>Included in FP 6 projects, mechanisms of food-borne chemical contaminants interfering with hormone signalling</td>
<td>REACH, Pesticides, Biocides</td>
<td><a href="http://www.cascade.net.org">www.cascade.net.org</a></td>
</tr>
<tr>
<td>NECTAR</td>
<td>Network for environment chemical toxins affecting reproduction</td>
<td>No information given</td>
<td>10 million Euros</td>
<td>No information given</td>
<td>REACH, Pesticides, Biocides</td>
<td><a href="http://www.nectarcluster.eu">www.nectarcluster.eu</a></td>
</tr>
</tbody>
</table>

**Human biomonitoring (EHAP study theme 9)**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Start Date - End Date</th>
<th>Funding</th>
<th>Outcome</th>
<th>Related Policies</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>COPHES</td>
<td>European Coordinated Action on Human Biomonitoring</td>
<td>12/2009-</td>
<td>no information</td>
<td>To perform actions designed to develop functional framework that contributes to definition, organisation, management of a coherent approach towards HBM in Europe, including strategies for data interpretation and integration with environmental and health data</td>
<td>All E&amp;H related policies</td>
<td><a href="http://www.cophes.eu">www.cophes.eu</a></td>
</tr>
</tbody>
</table>

**Indoor air quality (EHAP study theme 10)**

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Start Date - End Date</th>
<th>Funding</th>
<th>Outcome</th>
<th>Related Policies</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>HESE</td>
<td>Health effects of schools environment</td>
<td>2002-2005</td>
<td>no information</td>
<td>Highlighted high presence of particulate, moulds and allergens related to poor ventilation in European classrooms</td>
<td>EU Health Strategy, Construction Products Directive</td>
<td>No website</td>
</tr>
<tr>
<td>Project</td>
<td>Description</td>
<td>Duration</td>
<td>Funding</td>
<td>Objectives</td>
<td>Related Directives/Directives</td>
<td>Website</td>
</tr>
<tr>
<td>--------</td>
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<td>----------</td>
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<td>------------</td>
<td>-----------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>EnVIE</td>
<td>Indoor air quality and Health effects</td>
<td>2004-2008</td>
<td>DG SANCO</td>
<td>To collect results of scientific studies, especially EU funded research and to interpret them</td>
<td>EU Health Strategy, Construction Products Directive</td>
<td><a href="http://www.envie-iaq.eu">www.envie-iaq.eu</a></td>
</tr>
<tr>
<td>INDOOR-EXPO</td>
<td>No information given</td>
<td>No information given</td>
<td>Coordinated by JRC</td>
<td>Perform systematic meta analysis of publications, projects for related to INDEX priority compounds, review, discuss exposure from indoor PM, review data on indoor pollutants</td>
<td>EU Health Strategy, Construction Products Directive</td>
<td>No website</td>
</tr>
<tr>
<td>TRANSPHORM</td>
<td>Transport related air pollution and health impacts</td>
<td>03/2010-02/2014</td>
<td>6.9 million Euros</td>
<td>Aim to develop and implement methodology to assess health impacts of PM air pollution covering whole chain from emissions to health burden</td>
<td>EU Air Quality Legislation</td>
<td><a href="http://cordis.europa.eu/fch/?CALLER=FP7_PROJ_ENS&amp;ACTION=D&amp;DQC=1&amp;CAT=PROJ&amp;RCN=94120">http://cordis.europa.eu/fch/?CALLER=FP7_PROJ_ENS&amp;ACTION=D&amp;DQC=1&amp;CAT=PROJ&amp;RCN=94120</a></td>
</tr>
<tr>
<td>Project Name</td>
<td>Description</td>
<td>Start Date</td>
<td>End Date</td>
<td>Funding (EU Euros)</td>
<td>Relevant Legislation</td>
<td>Website</td>
</tr>
<tr>
<td>--------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>------------</td>
<td>------------</td>
<td>-------------------</td>
<td>--------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td>CLEAR-UP</td>
<td>Clean buildings along with resource efficiency enhancement using appropriate materials and technology</td>
<td>11/2008-10/2012</td>
<td>8.3 million Euros</td>
<td>Holistic approach to ensuring comfortable, healthy indoor environment based on resource efficient technologies</td>
<td>EU Health Strategy, Construction Products Directive</td>
<td><a href="http://www.clear-up.eu">www.clear-up.eu</a></td>
</tr>
<tr>
<td>NANOIMPACTNET</td>
<td>European Network on the health and environmental impact of nanomaterials</td>
<td>04/2008-03/2012</td>
<td>2 million Euros</td>
<td>Multidisciplinary EU network on H&amp;E impact of nanomaterials, 24 institutions, scientific basis for safe+ responsible dev. Of engineered nanoparticles, materials and products</td>
<td>All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy</td>
<td><a href="http://www.nanoimpact.net">www.nanoimpact.net</a></td>
</tr>
<tr>
<td>CELLNANOTOX</td>
<td>Cellular interaction and toxicology with engineered nanoparticles</td>
<td>11/2006-04/2010</td>
<td>2.6 million Euros</td>
<td>Included under FP6 projects: correlation physiochemical characteristics nanoparticles and toxic potential</td>
<td>All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy</td>
<td><a href="http://www.fp6-cellnanotox.net">http://www.fp6-cellnanotox.net</a></td>
</tr>
<tr>
<td>NANOSH</td>
<td>Inflammatory and genotoxic effects of engineered nanomaterials</td>
<td>11/2006-10/2009</td>
<td>2.4 million Euros</td>
<td>Inflammatory, genotoxic effects</td>
<td>All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy</td>
<td><a href="http://www.ttl.fi/Internet/partner/Nanosh/">http://www.ttl.fi/Internet/partner/Nanosh/</a></td>
</tr>
<tr>
<td>NEURONANO</td>
<td>Do nanoparticles induce neurodegenerative diseases? Understanding the origin of reactive oxidative stress and protein aggregation and mis-folding phenomena in the presence of nanoparticles</td>
<td>2009-2012</td>
<td>2.5 million Euros</td>
<td>Nanoparticles and neurodegenerative diseases, to determine if engineered nanoparticles present a significant neuro-toxicological risk to humans</td>
<td>All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy</td>
<td><a href="http://www.neuronano.eu/">http://www.neuronano.eu</a></td>
</tr>
<tr>
<td>Noise (EHAP study theme 13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>EU Environmental Noise Directive</td>
<td><a href="http://www.ennah.eu">www.ennah.eu</a></td>
</tr>
<tr>
<td>ENNAH</td>
<td>European Network on Noise and Health</td>
<td>09/2009-08/2011</td>
<td>993.852 Euros</td>
<td>Establish future research directions and policy needs in Europe, focus on reviewing existing literature on environmental noise exposure and health focussing on consolidation of existing state of art knowledge, identification of gaps</td>
<td>EU Environmental Noise Directive</td>
<td><a href="http://www.ennah.eu">www.ennah.eu</a></td>
</tr>
<tr>
<td>Training of professionals (EHAP study theme 15)</td>
<td></td>
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<tr>
<td>-----------------------------------------------</td>
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<td></td>
</tr>
<tr>
<td><strong>PHEEDUNET</strong></td>
<td>European Network for the training and development of public health (environment) physicians</td>
<td>No information given</td>
<td>No information given</td>
<td>To coordinate training for public health environment physicians</td>
<td>All E&amp;H related legislation</td>
<td><a href="http://www.pheedunet.eu">www.pheedunet.eu</a></td>
</tr>
<tr>
<td><strong>TRISK</strong></td>
<td>European Toxicology Risk Assessment Training</td>
<td>02/2009-01/2012</td>
<td>700.000 Euros</td>
<td>25 toxicologists for risk assessment training modules</td>
<td>EU chemicals legislation</td>
<td>no website</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vulnerable groups (EHAP study theme 17)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHIME</strong></td>
</tr>
<tr>
<td><strong>MOBI-KIDS</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Environment and Health – general</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ERA-ENVHEALTH</strong></td>
</tr>
<tr>
<td><strong>HEREPLUS</strong></td>
</tr>
<tr>
<td><strong>ENRIECO</strong></td>
</tr>
<tr>
<td>Project</td>
</tr>
<tr>
<td>---------</td>
</tr>
<tr>
<td>INTARESE</td>
</tr>
<tr>
<td>METHODEX</td>
</tr>
<tr>
<td>DROPS</td>
</tr>
<tr>
<td>ENVIRISK</td>
</tr>
<tr>
<td>CEHIS</td>
</tr>
</tbody>
</table>

www.intarese.org
www.methode.x.org
http://drops.nilu.no
http://envirisk.nilu.no
www.henvinet.eu;
http://henvinet.nilu.no
http://envihealth.jrc.ec.europa.eu/CEHIS/
**Methodology for Appendix F:** This table includes information from the Commission EHAP Progress Report 2010, with further research from HEAL - regrouped into EHAP themes (see Appendix C). For ease, a further category has been created for general Environment and Health projects.
Appendix G: Questionnaire for Members of the European Parliament (MEPs)

Your views on a Second EU Health and Environment Action Plan EHAP

Study carried out by the Health and Environment Alliance (HEAL) for Belgian “Service Public Federal Santé Publique, Sécurité de la Chaine Alimentaire et Environnement”

A. Assessment of Current EHAP

1. Overall, has the current EHAP helped to improve environmental health in the EU in the last 6 years?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Partly</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

If yes, can you provide a concrete example from your perspective:
___________________________________________________________________________________
___________________________________________________________________________________

2. Please state how in your opinion the 3 themes of the current EHAP have been implemented

<table>
<thead>
<tr>
<th>Theme</th>
<th>Successful</th>
<th>Partly Successful</th>
<th>Not successful</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: Improve Information Chain (Action 1-4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme 2: Fill the Knowledge Gap (Action 5-8)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Theme 3: Response: Review Policies, Improve Communication (Action 9–13)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.a. Is there any of the 13 Actions which you think was particularly well implemented

☐ Yes, if so which:_______________________________________________________________
☐ No

2.b. Is there any of the 13 Actions which you think little progress on implementation has been made on

☐ Yes, if so which:_______________________________________________________________
☐ No

3. Scope

a. In your opinion, are there any gaps important for environment and health in the current EHAP which should be addressed in next Action Plan?

☐ Yes, they are:_______________________________________________________________
☐ No
B. Form and Priorities of Second EHAP

4. Do you support a 2nd EHAP?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

☐ If no, please state your reason why:

____________________________________________________________________________
____________________________________________________________________________

5. Should the next EHAP be its own Action Plan again (fulfilling the same role as its predecessor), or a Scoping paper to be implemented in other EU Programmes (such as EU Environment Action Programme, Research Programmes)?

<table>
<thead>
<tr>
<th>Should be own Action Plan</th>
<th>Should be Scoping Paper</th>
<th>Undecided</th>
<th>Don’t Know</th>
</tr>
</thead>
</table>

6. Please tick three issues that you think next EHAP should prioritise

<table>
<thead>
<tr>
<th>No changes in priorities</th>
<th>Climate Change</th>
<th>Indoor air quality</th>
<th>Endocrine Disruptors</th>
<th>Electro-magnetic Fields</th>
<th>Cumulative/combination Effects</th>
<th>Vulnerable Groups</th>
<th>Noise</th>
<th>Priority Diseases</th>
<th>Urban Environment</th>
<th>Nano-technology</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

7. Priority Diseases: which diseases or health conditions should be a priority for the next EHAP? (Multiple answers possible)

<table>
<thead>
<tr>
<th>Asthma + respiratory diseases</th>
<th>Endocrine disrupting and other hormone related diseases</th>
<th>Neuro-developmental Disorders</th>
<th>Cancer</th>
<th>Cardiovascular disease</th>
<th>Diabetes</th>
<th>Infertility</th>
</tr>
</thead>
</table>

8. Resources: Please tick two areas for which you think financial resources should be allocated (multiple answers possible):

<table>
<thead>
<tr>
<th>Further research</th>
<th>Better science-Policy Link/Translation</th>
<th>Policy Review</th>
<th>Actions to reduce environmental burden of disease</th>
<th>Awareness raising on environmental health</th>
<th>Certain priority area of EHAP</th>
<th>Development of indicators/Methodology</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

9. Integration into other Programmes, Policies and Processes: Please tick two areas where you think better integration with future EHAP should take place:
10. Any further comments on current and/or future EHAP:

-----------------------------------------------------------------------------------------------------------------------------
-----------------------------------------------------------------------------------------------------------------------------

+++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++ 

C. For statistical purposes 

Name: _____________________________________________________________________________

EP\ Committee: _____________________________________________________________________

How were you involved in current EHAP? (for example EP rapporteur, EP shadow, involved in certain field): ______________________________________________________________________________

If this is your first term, were you previously involved in environment and health work at local, regional or national level? ______________________________________________________________________________
Appendix H: Results from MEP Survey

In order to assess the views of the Members of the European Parliament a specific questionnaire was designed (see below) in consultation between the contractor and client. The survey included questions on the implementation of the current EHAP, political support, and priorities for next one. The 10 questions are a mix of yes/no questions, multiple choice and open questions.

The questionnaire was distributed to all 129 members of the EP’s Committee on Environment, Public Health and Food Safety, as the leading committee to EHAP and environment and health issues. The survey addressed both members who had been following EHAP closely in the last parliamentary term, as well as incoming MEPs from all EU member states. Repeated personal visits to the office and telephone calls were made to increase the return of the questionnaire, given the heavy workload of ENVI MEPs and pressure on their time.

The response rate was 4%. This is close to average, especially taking into account that many MEPs not to participate in any surveys.

MEPs who answered the survey included Jo Leinen, Chair of the ENVI Committee; Dan Jorgensen, Vice Chair of ENVI; Carl Schlyter, Vice Chair of ENVI; and Members Antonyia Parvanova, and Claudiu Ciprian Tanasescu.

As not all MEPs filled in the part on the implementation of the current EHAP, the analysis has concentrated on the views expressed by the respondents on the 2nd EHAP

**Answers received were codified for analysis**

**CODES:**

- **Question 1**: Not answered = 0, Yes =1, No=2, Partly+3, Don't know+4
- **Question 2**: Not answered =0, Successful =1, partly =2, not successful = 3, Don't know=4
- **Question 2a**: Not answered =0, Yes=1, No=2
- **Question 2b**: Not answered=0, Yes=1, No=2
- **Question 3**: Not answered=0, Yes=1, No=2
- **Question 4**: not answered=0. Yes=1, No=2, Don't know=4
- **Question 5**: not answered=0, own=1, scoping =2, Undecided=3, Don't know=4
- **Question 6**: MEPs were asked to tick 3 issues that next EHAP should prioritise: No changes=1, climate change = 2, IAQ =3, EDCs=4, EMF=5, Combination effects=6, vulnerable groups=7, noise=8, priority diseases=9, Urban environment=10, nanotech=11, other=12
- **Question 7**: multiple answers where possible on which diseases or health conditions should be priority for next EHAP: Asthma=1, EDCs=2, Neurodevelopmental=3, Cancer=4, Cardiovascular=5, Diabetes=6, Infertility=7
- **Question 8**: MEPs were asked to tick 2 areas for which financial resources should be allocated: Research=1, Science-policy link=2, Policy review=3, Actions=4, Awareness=5, Priority area=6, Development indicators=7, Other=8
- **Question 9**: MEPs were asked to tick 2 areas where better integration with future EHAP should take place:
  EAP=1, FP=2, Health=3, WHO=4, Other=5, n.a. = not applicable

**Question 10**: no codification necessary, no respondent provided further comments.

<table>
<thead>
<tr>
<th>Question</th>
<th>MEP 1</th>
<th>MEP 2</th>
<th>MEP 3</th>
<th>MEP 4</th>
<th>MEP 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1: EHAP helped improve EH</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>0</td>
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<tr>
<td>Concrete example</td>
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<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
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<td>2: implementation themes</td>
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<td>0</td>
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<td>2</td>
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<td>theme 2</td>
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<td>2</td>
<td>4</td>
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<td>3</td>
<td>4</td>
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<tr>
<td>2a: any well-implemented</td>
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<td>2</td>
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<td>0</td>
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<td>Which</td>
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<td>n.a.</td>
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<td>1</td>
<td>1</td>
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<td>Which</td>
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<td>2,8,10</td>
<td>review policies</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Scope</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4: support 2nd EHAP</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Why if no</td>
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<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
<td>n.a.</td>
</tr>
<tr>
<td>5: EHAP- action plan/scoping paper</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>6: three priority issues for EHAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issue 1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>2</td>
</tr>
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<td>Issue 2</td>
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<td>4</td>
<td>10</td>
<td>9</td>
<td>3</td>
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<td>9</td>
<td>11</td>
<td>11</td>
<td></td>
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<tr>
<td>7: priority diseases for EHAP</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Issue 1</td>
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<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<tr>
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<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
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<td>4</td>
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<td>8: top two things to fund</td>
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<tr>
<td>Area 1</td>
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<td>3</td>
<td>1</td>
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<tr>
<td>Area 2</td>
<td>4</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>8</td>
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<tr>
<td>9: EHAP integration</td>
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<td></td>
</tr>
<tr>
<td>Area 1</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Area 2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>3</td>
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<tr>
<td>10: any further comments</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
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</table>
Answers to specific questions

Answers to question 6

Top issues MEP respondents believed the next EHAP should prioritise

<table>
<thead>
<tr>
<th>Issue</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Climate change</td>
<td>3</td>
</tr>
<tr>
<td>EDCs</td>
<td>3</td>
</tr>
<tr>
<td>Nanotechnology</td>
<td>2</td>
</tr>
<tr>
<td>Combo effects</td>
<td>2</td>
</tr>
<tr>
<td>Priority diseases</td>
<td>1</td>
</tr>
<tr>
<td>Indoor air quality</td>
<td>1</td>
</tr>
<tr>
<td>Urban envt</td>
<td>1</td>
</tr>
<tr>
<td>EMFs</td>
<td>1</td>
</tr>
<tr>
<td>Vulnerable grps</td>
<td>1</td>
</tr>
<tr>
<td>Noise</td>
<td>1</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

Answers to question 7

Top priority diseases for EHAP identified by MEPs

<table>
<thead>
<tr>
<th>Disease</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma/respiratory</td>
<td>4</td>
</tr>
<tr>
<td>EDCs/hormones</td>
<td>4</td>
</tr>
<tr>
<td>Cancer</td>
<td>4</td>
</tr>
<tr>
<td>Infertility</td>
<td>3</td>
</tr>
<tr>
<td>Neurodevelopmental</td>
<td>3</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>1</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1</td>
</tr>
</tbody>
</table>
### Appendix I: Overview of EU structures and programmes related to EHAP

<table>
<thead>
<tr>
<th>Policy Field</th>
<th>Main issues and E &amp; H integration</th>
<th>Outlook/next steps</th>
<th>Important Date</th>
<th>Council responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>EU Environmental Action Programme</td>
<td>6 EAP runs from 2002-2012, defines objectives and actions in EU environmental policy fields. Current EAP has 4 priority areas: climate change, nature &amp; biodiversity, environment &amp; health, and natural resources &amp; waste. 7 Thematic strategies stem from the EAP (Air, marine environment, waste, Sustainable use of resources, urban environment, soil, pesticides). The funding mechanism for EAP is the LIFE+ programme. <a href="http://ec.europa.eu/environment/newprg/index.htm">http://ec.europa.eu/environment/newprg/index.htm</a></td>
<td>Final assessment of 6 EAP taking place in 2010; no decision yet if there will be 7 EAP</td>
<td>26.11. conference of the Belgian presidency on the EAP</td>
<td>Environment Ministers</td>
</tr>
<tr>
<td>EU Strategy Together for Health</td>
<td>The strategy runs from 2008-2013 as an overarching strategic framework with 3 strategic objectives of fostering good health in an ageing Europe, protecting citizens from health threats and supporting dynamic health systems and new technologies. Environment &amp; health is included under the first objective. The implementing mechanism is the EU Health programme 2008-2013 (financial volume: 312 500 000 Euros). Health &amp; environment actions under this programme focus on Indoor air quality, exposure to toxic chemicals (where not addressed by other Community initiatives, socio-economic determinants).</td>
<td>EU Health programme implemented through annual work plan which outlines funding in E&amp;H field, calls in first trimester of year</td>
<td>2011/2012 work on next strategy and health programme</td>
<td>Health Ministers</td>
</tr>
<tr>
<td>EU Research Framework Programme</td>
<td>Current FP 7 runs from 2007-2013 with 4 sub-programmes cooperation, ideas, people, capacities. Environment &amp; health is subtheme of Environment budget line in cooperation.</td>
<td>currently consultation with stakeholders for assessment of FP7</td>
<td>Commission Midterm review of FP7 and legislative proposal for FP8 announced for 2010</td>
<td>Research Ministers</td>
</tr>
<tr>
<td>EU Strategy 2020</td>
<td>Follow up to Lisbon strategy, with 3 mutually reinforcing principles of smart, sustainable and inclusive growth. Proposal includes 5 headline targets and 7 flagship initiatives. No integration of E&amp;H yet. <a href="http://ec.europa.eu/2020/index_en.htm">http://ec.europa.eu/2020/index_en.htm</a></td>
<td>June Council to formally adopt and approve 2 of 5 targets not yet approved in March meeting.</td>
<td>Yearly assessment of progress; Oct 2010 discussion on research &amp; development; early 2011 discussion energy policy</td>
<td>EU Council (Heads of State, Government)</td>
</tr>
<tr>
<td>EU Sustainable Development Strategy</td>
<td>Adopted in 2006, Builds on Gothenburg strategy. Identified 7 challenges until 2010 including public health. Objectives, targets and actions listed under public health chapter put emphasis on environment &amp; health.</td>
<td>In 2009 the Commission conducted a review for the SDS, did not address assessment of actions foreseen under public health.</td>
<td>Currently no timeline for future decision on possible comprehensive review.</td>
<td>EU Council (Heads of State, Government)</td>
</tr>
</tbody>
</table>
Methodology for Appendix I: Funding for EHAP actions came from different sources in DG Environment, DG Health, DG Research. Therefore, the main strategy and programme in this EU policy field was analysed to determine where they included environment and health, and which specific priority. The general overarching EU vision in the form of Europe 2020 was also considered to determine policy opportunities. The EU Sustainable Development strategy has been a crucial policy opportunity for environment and health since its inception, but because of the uncertainty of the future process is now only included in the Appendix, not the text of the report anymore. The analysis of the current environment and health situation in these programmes formed the basis for the next step of formulating concrete policy opportunities, which are listed in the overview table in the report.
### Appendix J: Assessment of EU finance programmes in relation to Environment and Health Priorities

#### The European Regional Development Fund (ERDF)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>General guidelines</td>
<td>ERDF is one of the instruments of EU regional policy and can intervene in 3 of its objectives: convergence, regional competitiveness and employment. European territorial cooperation. ERDF takes into account EU priorities, such as competition and innovation, jobs, environmental protection, risk prevention; the ERDF consists of country operational programmes, multiregional programmes and regional programmes, cross-border, transnational and interregional co-operation. Environment is one of the themes of EU regional development policy, which brings together the goal of contributing to sustainability (sustainable transport, energy, infrastructure) and measures targeted at protection of water, air, biodiversity, nature protection; in 2007-2013 the focus is also on climate change.</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>Financing available for programmes of the EU Member States for companies or institutions, infrastructures, financial instruments and technical assistance measures.</td>
</tr>
<tr>
<td>Inclusion E &amp; H issues?</td>
<td>In general, EU Commission ensures that projects developed under regional policy are respectful of environment. An assessment of their environmental impact must be conducted by Member State concerned. Specifically for ERDF, environment is one area of action under the convergence goal, health being another. Environment and risk prevention is an action goal the theme Regional Competitiveness and employment.</td>
</tr>
<tr>
<td>Examples</td>
<td>Bulgaria: operational programme environment (ERDF, CF): to protect, preserve natural resources, focused on water; Czech Republic: operational programme environment (ERDF, CF): to support sustainable development; 7 priorities including air quality emissions reduction, limitation industrial pollution, technical assistance; Estonia: operational programme development of living environment (ERDF, CF): 8 priorities including water, waste management infrastructure, development energy sector; also operational programme on development of economic environment (traffic); Greece: operational programme environment and sustainable development (ERDF, CF): priorities include air and climate change; Cyprus: sustainable development and competitiveness; Hungary: environment and society; priorities include water, management natural resources, renewable energy; Poland: infrastructure and environment: 14 priorities including waste and resource management, ecological habitats, environmentally friendly transports; Romania: environment: 6 priorities including water/wastewater, pollution reduction, mitigation climate change, nature protection; Slovakia: health programme not focused on environmental pollution, environmental programme priorities include water, air protection + climate change, natural environment.</td>
</tr>
<tr>
<td>Comments</td>
<td>EU Member States and the Commission should review whether the programmes include environment and health concerns. Measures seem to concentrate on environmental policy of water and waste management, only rarely are measures on air pollution included.</td>
</tr>
</tbody>
</table>

#### Cohesion Fund (CF)

<table>
<thead>
<tr>
<th>Time frame</th>
<th>2010 – 2013. Revision due in 2010.0</th>
</tr>
</thead>
<tbody>
<tr>
<td>General guidelines</td>
<td>Helps the least prosperous Member States whose gross national product (GNP) per capita is below 90% of the EU-average (to reduce economic and social disparities and to stabilise their economies). It finances up to 85 % of eligible expenditure of major projects involving the environment and transport infrastructure.</td>
</tr>
<tr>
<td>Eligibility criteria</td>
<td>Since 1/5/2004 countries eligible are Greece, Portugal, Spain, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia. Eligible for funding are also institutions on national and regional level.</td>
</tr>
<tr>
<td>Inclusion E &amp; H issues?</td>
<td>By design, the cohesion Fund is specifically earmarked for transport and environment projects in poorest states of EU. The Fund gives priority to drinking-water supply, treatment of wastewater and disposal of solid waste. Reforestation, erosion control and nature conservation measures are also eligible. also areas of sustainable development which clearly present environmental benefits, energy efficiency and renewable energy, transport sector.</td>
</tr>
<tr>
<td>Examples</td>
<td>Projects under EDRF financed in conjunction with Cohesion Fund (see above).</td>
</tr>
<tr>
<td>Comments</td>
<td>The Cohesion Fund legislation refers directly to EAP and its principles and goals, yet in the actions there is little emphasis on the environment and health component. Programmes could be reviewed with view to including all EAP environment and health actions and on how to strengthen EHAP priority themes.</td>
</tr>
</tbody>
</table>
### Instrument for pre-accession assistance (IPA)

| **Time frame** | Since 2007. Due for revision 2011 for multi-annual indicative financial framework, detailing financial assistance; 2010 for multi-annual indicative financial framework |
| **General guidelines** | Replaces series of EU programmes and financial instruments for candidate countries or potential candidate countries; 5 components including regional development (transport, environment, regional, economic development), and rural development. |
| **Eligibility criteria** | EU candidate countries: Croatia, Turkey, FYR Macedonia; potential candidate countries: Albania, Bosnia-Herzegovian, Montenegro, Serbia, Kosovo, but only for transition + institution building and cross-border cooperation. |
| **Inclusion E & H issues?** | Environment factor under regional development. |
| **Examples** | Croatia (2007-2009): environmental operational programme: waste, water, assisting in implementing the EU env. acquis; Macedonia: env. sector focus on waste water treatment and solid waste management; Turkey: environmental operational programme EOP: water management, solid waste management, technical assistance. |
| **Comments** | Review possible on how infrastructure measures could include broader environment and health concerns and EHAP priority themes. |

### EU External Cooperation programmes

| **Time frame** | 2007-2013. |
| **General guidelines** | Grants for actions: aim to achieve an objective that forms part of an external aid programme. Operating grants: finance the operating expenditure of an EU body that is pursuing an aim of general European interest or an objective that forms part of an EU policy. |
| **Eligibility criteria** | EU development assistance is distributed through multi-annual programmes coordinated by DG Development and DG External Relations. Mechanisms: General Strategy papers 2007-2013 (Country strategy papers, regional strategy papers), national indicative programmes, regional indicative programmes, detailed annual action programmes (AAP). 3 Geographic instruments: Development cooperation instrument (DCI), European Neighbourhood and Partnership instrument (ENPI), European Development Fund (EDF). |
| **Inclusion E & H issues?** | Environment (and sustainable management of natural resources) is one of the intervention areas of European Consensus on Development. Actions and issues falling under this theme are sustainable management of natural resources, stronger support on implementation of UN Convention on Biological Diversity, implementation of UN Convention to Combat Desertification, illegal logging; climate change, sustainable management of chemicals and waste, particular by taking into account their links with health issues; Environmental sustainability is supposed to be mainstreamed in all actions. |
| **Examples** | ENRTP: Thematic Programme for Environment and Sustainable Management of Natural Resources including Energy to address environment and natural resource management issues, also to help to meet obligations under multilateral environmental agreements, to take int. policy leadership in fighting climate change, land degradation, desertification, biodiversity, protection and proper management of chemicals, waste. |
| **Comments** | To be reviewed in how far environment and health concerns are taken into account, for example in climate change, and in the chemicals management. |
**European Investment Bank**

**Time frame**  
Ongoing. No set date for revision

**General guidelines**  
The EIB furthers the objectives of the EU by making long-term finance available for sound investment. EIB funds its operating by borrowing on capital markets, has decision-making independence. The EIB finances a broad range of projects in all sectors of the economy, in 4 fundamental areas: economic, technical, environmental, financial. Projects must adhere to at least one of the EIB lending objectives. As a rule, the Bank lends up to 50% of the investment costs of a project. The EIB finances projects in most sectors. To be eligible projects must contribute to EU economic policy objectives.

**Eligibility criteria**  
EIB instruments: individual loans to projects for both public and private sector, SMEs. The project promoted by the public or private client must be in line with the lending objectives of the EIB and be economically, financially, technically and environmentally sound. EIB also finances wide range of Research and technological development, and supports European Research Initiatives.

**Inclusion E & H issues?**  
Environmental sustainability is one of the 6 priority objectives for lending activity (bank business plan). EIB promotes environmental sustainability and related social well-being, in support of the EU policy on sustainable development. EIB environment principles: heading increasing environmental and social benefits. EIB guidelines state that projects aim at high level of protection of protection based on the precautionary principle, and that preventative action should be taken.

**Examples**  
In 2009, EIB signed loan agreements for 176 environment projects in amount of 25.3 billion = 32% of its total lending. Bulk of lending went to EU countries, most of funding went to climate change, environment and health and sustainable transport. In Enlargement countries volume was 695 million EUR. Mediterranean partner countries 446 million EUR.

**Website**  
http://www.eib.org/about/index.htm  
EIB Statement on Environmental and Social Principles:  

**Comments**  
To be reviewed how lending for neighbourhood countries could be increased.

---

**European Neighbourhood & Partnership Instrument ENPI**

**Time frame**  
2007-2013. Due for revision 2010

**General guidelines**  
Supports the EU Neighbourhood Policy (ENP). Strategic objectives: supporting democratic transition and promoting human rights, transition towards market economy, promotion of sustainable development and policies of common interest. Country and multiple country programmes for support of partner country or promotion of regional and sub-regional cooperation between at least 2 partner countries. Or programmes of cross-border cooperation for cooperation of one or more EU MS and partner countries or one or more partner countries in regions of a common border with EU.

**Eligibility criteria**  
For institutions, mixed organisations, international/regional organisations, international financial institutions, NGOs in: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Occupied Palestine, Russia, Syria, Tunisia, Ukraine.

**Inclusion E & H issues?**  
Regulation on ENPI: EU assistance to support promoting environmental protection, nature conservation, sustainable management of natural resources; environmental sustainability one of the sectors financed.

**Examples**  
No examples provided.

**Website**  
http://ec.europa.eu/world/eng/index_en.htm

**Comments**  
To be reviewed if country programmes reflect environment and health principles and actions.
The authors G. Jensen, A. Stauffer would like to thank the following experts for their assistance and comments in the course of this study: Diana Smith (Fizz Communications), Christian Farrar-Hockley, Lisette van Vliet (HEAL), Alison Cohen, Marie-Christine Dewolf (Hainaut Vigilance Sanitaire – Hygiène Publique en Hainaut), Peter van den Hazel (International Network for Children's Health, Environment and Safety), Tamara Steger (Centre for Environmental Policy and Law) David Stone (Natural England), Monika Kosinska (European Public Health Alliance), Peter Ohnsorge (European Academy of Environmental Medicine), Henriette Christensen (Pesticides Action Network Europe).

References to the study
All references to this study should be quoted as follows: The EU Environment and Health Action Plan (EHAP): Assessment and outlook for future action (June 2010). A study commissioned by the Belgian Federal Minister in charge of Environment and carried about the Health & Environment Alliance.

For further information:
Federal Public Service Health, Food Chain Safety and Environment
Victor Horta Square 40, box 10
B-1060 Brussels
Website: www.health.fgov.be

Belgian EU Presidency (July 2010 – December 2010)
For a list of environment and health related events during the Belgian EU Presidency, please see website:
www.eutrio.be ; www.nehap.be

Health and Environment Alliance (HEAL)
The Health and Environment Alliance (HEAL) is an international non-governmental organisation that aims to improve health through public policy that promotes a cleaner and safer environment.
Boulevard Charlemagne 28
B-1000 Brussels
Email: info@env-health.org Website: www.env-health.org.