



European Public Health Alliance Environment Network (EEN)

November 25, 2004

Response to 'The European Environment & Health Action Plan 2004-2010'

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I.I Introduction

EPHA Environment Network (EEN) advocates protection of the environment as a means to improving the health and well being for European citizens. Launched in 2004, it represents 3-5 million European citizens and brings together groups that want to ensure that health is at the centre of environment issues.

Member groups include NGOs specialising in public health, environment-related health conditions and women's environmental and health concerns and associations representing health care and environmental professionals. One of EEN's key objectives is to bring health expertise to the environment policymaking process. This involves exploring the complex linkages between health and the environment in order to provide policy makers with a clear image of the wider perspective.

EEN recognises the potential benefits for society in economic, environment and social terms if real progress is made in reducing environmentally related health diseases. Over the past year, EEN and its members groups have strongly supported the European Commission's commitment to making progress on improving our health and environment through the SCALE process and through the new Action Plan on environment and health.

Citizens across Europe expect the EU to exercise global leadership in sustainable development and health protection, and the EU Action Plan on Environment and Health is an ideal opportunity to do so. According to a Eurobarometer, 89 percent of citizens are concerned about the effects of the environment on their health. They generally believe that health risks caused by environmental factors have increased considerably over the last 10 years, and that actions from the relevant authorities is inadequate. Thus, the EU's Action Plan could be used to better respond to the public's interest and concern about how the environment, regulations and personal choices affect our health in the short and long term.

Although EEN welcomes the Action Plan as a general framework in which to address environmental health challenges, we are disappointed that the significant contribution by Environment and Health Groups in the process leading up to the Action Plan, who act on behalf of the wider public, has been, to a large extent, disregarded. The Action Plan fails to take forward many of the concrete and important proposals of the SCALE working groups.

EEN and its member organisations have committed significant resources to ensuring active participation in the SCALE consultation process, despite the tight time schedule and the demanding workload¹. It was our understanding that this work would underpin the EU Action Plan, and lead to concrete actions, guidelines and measures to address reduction of environmental contaminants that undermine our health and the sustainability of our environment.

Despite the relative general content and absence of “action” in the Action Plan, it is our hope that its implementation will yield more concrete action and results to improve citizens’ health.

This position paper sets out some of the areas in which we would like to see the Action Plan strengthened, and how implementation might be taken forward.

I.II Key demands for implementing the Action Plan

We have several key demands that are essential to consider in the implementation of the Action Plan, and which are elaborated further in the General Comments section (II).

- 1. *Legislative action or review is a must for an ACTION plan.***
- 2. *Precautionary decision-making should provide the basis for SCALE.***
- 3. *Protection of vulnerable groups must be at the heart of the Action Plan. This includes improved risk assessment methods that protect vulnerable groups and take into account cocktail effects, low doses and exposure during critical periods of development.***
- 4. *The work carried out in the framework of the WHO Environment and Health process, in particular the Children’s Environment and Health Action Plan, and the SCALE process must be properly coordinated.***
- 5. *A comprehensive communications strategy and information system must be an integral part of the implementation in order to deliver information on environment-linked health risks in response to European citizens demands. This includes strengthening links between information gathering (Actions 1-4) and awareness raising (Actions 9-13).***
- 6. *Concrete measures and resources to create an EU coordinating body for environment and health issues.***
- 7. *Development of an integrated EU environment and health mapping (geographical) system.***
- 8. *Setting up an EU wide biomonitoring programme geared towards citizens’ concerns.***
- 9. *Financial resources and targets, which are critical for better environmental health, must underpin the Action Plan.***
- 10. *Four priority diseases have been identified for the first cycle (2004-2010), discussions should begin to discuss priority areas for the second cycle by 2006 on the basis of a mid-term report.***

¹ 10 member organisations have served on the Consultative Forum and EEN was represented on six of the nine Technical Working Groups. Written contributions have been made to the baseline reports and the draft action plan before its publication.

We believe that overall EU leadership has not sufficiently delivered what citizens have been asking for in this arena, namely that concrete strides are made in reducing environmental pollution that has a negative impact on people's health and ensuring legislation adequately protects our most vulnerable groups in society such as children, women of child bearing age, pregnant women and socio-economically deprived groups. Some member states have responded to this weakness in the EU's legislative structure and have unilaterally imposed bans or are considering them in areas where scientific studies have illustrated serious concern, particularly in relation to chemicals that are persistent, bioaccumulative, or ones which may be substituted when less toxic alternatives are available.

I.III Priority areas for new or urgent revision of current legislation

The EU Action Plan should as a minimum use the framework to already address the reduction of exposure of the following:

1. An immediate interimistic ban on use of DEHP, a reproductive toxic, in medical devices for neonates, pregnant women and nursing mothers (in the context of the draft Risk Reduction Strategy).
2. Pesticides that have PBT, CMR or vPvB properties should be excluded from EU authorisation (in the context of the review of Directive 91/414/EEC on Plant Protection Products authorisation).
3. Continued use of polycarbonate baby bottles made with Bisphenol A, which can leach out of the bottle into the baby milk. Bisphenol A is a known hormone disrupter, which has been shown to have biological effects at very low doses, and so could harm the growth and development of babies. In spite of this, at least 140,000 tonnes of Bisphenol A are being marketed every year in Europe, for a range of uses including in the lining of food cans.
4. Continued use of chemicals in everyday consumer products, such as children's toys, carpets and many other household goods, which accumulate in human bodies and are traceable in blood and breast milk.

II. General Comments

(1) The following are general points that have been brought up in the SCALE consultation process and through written recommendations, and which we feel still have not been adequately incorporated in the Action Plan.

i) 'Lack of information should not be used as an excuse for inaction'

The Action Plan's stated objective is to deliver a '*reduction in the adverse health impacts of environmental factors*'. This implies pro-active legislation and initiatives, founded on the precautionary principle, to deliver concrete results. However, the Action Plan is short on action and legislation and is too focused on yet more research and information gathering. Information is a tool for action to protect health, but is not an end in itself. The information developed must be accessible by various stakeholders including the general public and must lead to action by policy-makers. The scientific evidence and data will never be complete or 100 % conclusive and should not be a utopian goal. The precautionary principle should be applied in areas where sufficient evidence of potential health harm is already available from scientific literature *and* in the absence of definitive data on cause and effect. Action is needed now in areas where current legislation is inadequate to protect population health, particularly vulnerable groups. Several Member States have already

moved ahead with legislation on harmful products or chemicals because the EU has not acted.

ii) Precautionary action is needed today to protect vulnerable groups from possible environmental contaminants

Children and other vulnerable groups, such as those suffering from asthma or multiple chemical sensitivity, who are affected disproportionately by environmentally-related health risks. In its current format, the Action Plan primarily leaves out this element except for a token reference in the introduction. The Commission should incorporate recommendations from the Technical Working Groups prioritising issues where a precautionary approach is merited, and list how vulnerable groups will be accounted for in each of the 13 Action points. It is also essential that the Action Plan consider the infirm and the already immune compromised sectors of the population, (e.g. Multi chemical sensitivity, electro sensitivity, those with an acquired and irreversible syndrome).

The uncertainties surrounding any risk assessment method should take into consideration knowledge related to developmental toxicity tests to evaluate neurotoxic, immunotoxic endocrine disrupting and cancer possible consequences of exposure during critical windows of development.

Probably one of the strongest arguments for precaution is the lesson learned from previous risk-based approaches that have harmed and continue to harm many people and badly degrade the environment, such as is the case of lead and asbestos. As early as 1897, some paint companies knew enough about the dangers of lead to advertise that their paints were NOT made with toxic lead. Policy makers still did not ban lead. During the following century, millions of children were and are still being damaged with elevated lead blood levels and the intellectual development of generations jeopardized as a result of this poor policy choice.

We believe the same mistakes are being made. The EU is ignoring the emerging science that exists on some issues, or demanding yet more exhaustive research, instead of prioritising a number of areas where risk minimisation can be achieved through exposure reduction and substitution, or better guidelines and information to target audiences. The Technical Working Groups prioritised a number of issues which should already feature in the Action Plan, and which are highlighted again in the following review of the proposed EU actions (**See Part III: Detailed Comments**).

iii) Targets, baseline levels and committed resources are essential to deliver a reduction in adverse health impacts

In order to deliver results to the public, financial resources must be made available to carry out the proposed actions, and concrete targets must be defined. Although welcome, the research budget in itself will not provide a *forceful reduction in environmentally-related health impacts*.

The Action Plan sets out a time scale for delivering more information, monitoring, biomonitoring, coordination and research. But where is the action? There must be more attention on how the EU intends to commit to reducing environmentally-related diseases (ie the number of asthma cases, neurodevelopmental diseases, cancer, and in particular childhood cancer), or to reduce exposure as much as possible in areas where scientific evidence has already pinpointed concern.

For an Action Plan to be carried out, there must be a financial allocation or budget for the related actions, even if on a provisional basis. It is surprising that no financial perspectives or budgetary figures are given, even provisional figures. The Action Plan must have a budgetary line of its own, or figure in the overall prospectus of LIFE plus.

iv) Action in terms of legislation as foreseen in SCALE (L- Legislation)

One of the key aspects of SCALE is EU legal instruments, but regrettably the Action Plan barely mentions legislative options in this first cycle (2004-2010). Measures covered in the Plan are on indoor air pollution with regard to environmental tobacco smoke and on electromagnetic fields.

Legislation is the EU's most powerful mechanism to create policy and deliver tangible benefits for health and environment. Despite the Action Plan listing various EU funded research projects, monitoring actions and other programme initiatives on environment and health issues, there are no clear recommendations from these activities that could strengthen the policy response section and proposed legislation in the Action Plan.

Legislation is needed to implement the integrated environment and health indicator, monitoring, mapping and awareness raising framework, the objective of which could be a Europe wide epidemiological surveillance system on the effects of pollution on health. For example directives could be foreseen on biomonitoring or a geographical mapping system on health and environmental pollution. It would also be beneficial to explore the best structures for coordinating and communicating all of the information gained in the Action Plan, ie setting up an environment and health agency, or expanding the role of an existing agencies such as the European Centre for Disease Prevention and Control.

v) Prioritise a number of child-specific actions to be addressed by the EU in support of Member States political commitments undertaken at the Budapest Ministerial Conference

The EU could have shown more leadership in presenting an Action Plan in Budapest, one that was clearly linked to the Ministerial agenda and focused on children as a target group. Both member states and the majority of stakeholders requested that this be a priority for the measures in the Action Plan. Moreover, the **C** in SCALE stands for Children. Yet in the current Action Plan, specific measures targeted at children, or even vulnerable groups are absent. This needs to be remedied, and the detailed proposals in Part III of this paper provide some direction and list the relevant measures proposed in the CEHAPE.

vi) Expand emerging threats to respond to public's concern – chemicals and REACH

In the section on emerging threats, the Action Plan is only focusing on climate change, water pollution and nano particles, when the Consultative Forum and TWGs highlighted out many recommendations in relation to chemicals (including pesticides) and the increasing body burdens of contaminants found across the globe.

As the first revision of chemical legislation since 1981, REACH should be an important part of the Action Plan, but it is not mentioned at all. Core activities of the Action Plan such as the information system, biomonitoring and response, must prioritise chemicals "of very high concern", such as endocrine disruptors, vPvBs and PBTs in order to increase information about their risks and to establish measurable indicators for the successful implementation of REACH.

vii) Strengthen awareness raising and education on environment and health

The Aarhus Convention provides responsibilities for authorities and provides new rights for citizens. The Action Plan should directly address this issue by highlighting how the proposed data gathering, research and information infrastructure could meet the Aarhus commitments. Such an information system could help consumers, patients, healthcare professionals and other stakeholders at all levels to have more access, better understand and make precautionary choices if desirable on environment and health issues and buy in to societal changes required to promote sustainable development.

However, the Action Plan must not focus solely on the individual's role in minimizing exposure, eg information for parents about the health impact on children of passive smoking. The critical issue in environmental health is that the individual often has little or no control over exposure to hazards, ie air pollution, food contamination, consumer products, pesticides, etc. Awareness raising about preventative measures must go beyond parents and tobacco smoke. A first priority should be those most at risk in vulnerable groups such as women of child-bearing age, children from socio-economically deprived areas and older people.

III. Detailed comments to the actions listed in the EU Action Plan

The following section provides EPHA Environment Network's comments on each Action presented in the EU Action Plan. It also outlines our recommendations and those contained in the Table of Actions of the Children's Environment and Health Action Plan, which was signed up to by 52 environment and health ministers and the European Commission in Budapest on 25 June, just shortly after the launch of the EU's own Action Plan.

Recommendations with an asterick (*) denote that they were also put forward by one or several Technical Working Groups.

These are the areas in which we think both the European Union and Member States should provide most focus on in the actual implementation of the EU Action Plan.

Action 1: Develop Environmental Health Indicators

The development of indicators can inform policy makers and the wider public of the connections between diseases and environmental factors, and help to evaluate if progress is being made in reducing environmental pollution that is particularly worrying from a public health perspective, or from a wider societal concern about sustainability.

It will be crucial that the different projects within the EU, WHO and the European Environment Agency addressing the development of environment and health indicators coordinate their efforts to come up with indicators that relate to the four priority diseases: respiratory diseases; childhood cancer; neurodevelopmental disorders and endocrine disruption effects.

EPHA Environment Network Recommendations

1. The Community health indicators programme should ensure that the short list of health indicators being developed includes indicators for each of the priority diseases.

2. Ensure indicators support various policy options and provide a basis for assessing risks and health outcomes in vulnerable groups and vulnerable periods in life.*
3. Indicators should be developed with the participation of a wide range of citizen's and professional groups to ensure they are relevant and understandable to the general public and are useful for raising awareness.*
4. Indicators should provide a basis to monitor and evaluate (target setting) effective EU policies to reduce environmental health risks.
5. Continual review of EU indicators to ensure the above and issues of specific national or local concern.
6. Indicators should include systematic registration of reported environment-related health complaints.
7. There should be a clear organisation framework with mandates and responsibilities including the setting up of an electronic information system on environmental health indicators.*

Related-CEHAPE Recommendations

1. **Include questions related to children's exposure to indoor air pollution in health and household surveys.**
2. **Monitor reproductive health indicators, including birth weight, congenital malformations and time to pregnancy (TTP), to detect potential hazards to reproductive health.**

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

The objective of the integrating monitoring of the environment should be expanded and ensure that the information on exposure is compatible with geographical mapping of pollutant and diseases, and that is also aims to identify **hotspots** of exposure and/or health effects.* The draft directive, INSPIRE, which provides an obligation for reporting data on the environment to be accessible spatially, and the future PRTR directive could be used to this extent.

We welcome the reference to working with environment, food and health experts to improving communication, and identifying how each of Thematic Strategies (to be proposed in 2005) can be used to fill in gaps on collecting data related to exposure.

EPHA Environment Network Recommendations

1. The Commission should launch a feasibility study on setting up of Environment and Health Centre to co-ordinate the monitoring and exposure assessment work linked to health effects and calculating the burden of disease and economic costs.*
2. Each Thematic Strategy should specifically address if the parameters relevant for human exposure are available in relevant EU legislation or reporting requirements (pesticides, air quality, etc), and if the risk assessment used for exposure is geared towards vulnerable groups and gender difference.
3. Develop tools for improved linkage of EH data with geographical information and enhance possibilities for linkages of spatial data (eg from INSPIRE) with health and lifestyle data.*
4. Ensure that available disease registries are used in the information gathering, and when appropriate strengthen European disease registries (ie childhood cancer and neurodevelopmental disorders).*

Related- CEHAPE Recommendations

1. Establish monitoring and smog alert systems in cities to let caregivers and school personnel know when the risk due to outdoor air pollution (OAP) levels is high.
2. Monitor the chemical contaminants of water and soil that are most hazardous to children, such as heavy metals, organochlorine pesticides and polychlorinated biphenyls (PCBs).
3. Monitor reproductive health indicators, including birth weight, congenital malformations and time to pregnancy (TTP), to detect potential hazards to reproductive health.
4. Develop programmes and databases to monitor microbiological and chemical contamination of foods, for risk assessment purposes.
5. Monitor chemical contamination of food for children and the total diet, as well as data on POPs in breast-milk.

Action 3: Develop a coherent approach to biomonitoring in Europe

The stated objective of biomonitoring (taking samples of blood or urine to test for potentially toxic substances) is to increase knowledge on the relation between human health and the environment and to use this knowledge to improve environmental health. Although biomonitoring can be useful in determining actual human exposure to some substances, particularly in hot spot areas, it will rarely provide a clear cause effect link. This is due not only to general contamination by diffuse sources and the difficulties to find an adequate control population which has not been exposed, but also due to unpredicted combination effects.

EPHA Environment Network Recommendations

1. Relevant EU programmes, such as the public health programme, should prioritise pilot studies for development of communication strategies which allow adequate responses to results of biomonitoring programmes. This should be done in collaboration with target groups and stakeholders on local, regional, national and/or European level.*
2. The development of a European pilot project with member states in 2006 should include groups involved in risk communication directly with the public, such as health or environmental organisations
3. The thematic strategies foreseen in 2005 should prioritise identifying biomonitoring parameters relevant to child and parental exposures and health outcomes that could feed into any future EU coordinated biomonitoring activities, ie prioritising pesticides for pilot biomonitoring activities based on their intrinsic properties of concern.*
4. Establish a priority list of factors for which there is only scarce information on biomonitoring data in Europe.*
5. Identify regulatory strategies for disease prevention and exposure reduction measures that might be explored at this stage, such as measures immediately to reduce and/or substitute chemicals of high concern, which have been found in high levels in humans through current biomonitoring programmes. Biomonitoring can then be used to evaluate efficiency of policy measures and body burden reduction levels for regulated substances.
6. Develop tools for translation of results into a policy response.

Related-CEHAPE Recommendations

1. Carry out biomonitoring of lead, PCBs and organochlorine pesticides in at-risk infants and mothers.

Action 4: Enhance coordination and joint activities on environment and health

EPHA Environment Network fully applauds the Action Plan for recognising the need and importance to further enhance and join up thinking between the environment and health sector at all levels and stakeholder groups. This is the key element to making all the measures foreseen in the Action Plan deliver added-value. Questions still remain to be elaborated in the implementation: How will coordination be done? Who will do it? As an umbrella European organisation that brings together NGOs, professionals and advocacy groups from both environment and health sectors, EEN and its member organisations will continue to strive to ensure that health is at the centre of environment policy.

EPHA Environment Network Recommendations

1. Create an EU environment and health centre.
2. Set up a high level (Commissioner's for environment, research and health) 'Task force on health and the environment'.
3. Ensure one meeting a year between EU Environment and Health Ministers.
4. Ensure any reformulated Consultative Group or Technical Working Groups respect the EU rules laid down for good governance in consultation, and that the stakeholders can participate on equal footing and have agreed mandates.
5. Ensure that DG Environment and DG SANCO equally commit to contributing to the reconstituted European Environment and Health Committee, and linking up synergies between the Action Plan and the Environment and Health process in Europe.

Action 5: Integrate and strengthen European environment and health research

The objective to integrate and strengthen European environment and health research should dedicate some priority research to exposures of pollution to vulnerable groups in order to link back with the overriding aims of the Action Plan.

It is also critical to ensure that research results are integrated and exploited for policy development at an EU level. In this context, relevant funded projects should as a minimum begin the process by mapping out and involving the relevant stakeholders with expertise in national and European policy development, and not solely rely on technical academic experts and scientists, or industry who is well-resourced to contribute to such projects and to develop final policy recommendations on priority areas.

EPHA Environment Network Recommendations:

1. The Seventh Framework Programme should have environment and health as a priority theme.

Action 6: Target research on diseases, disorders and exposures

EPHA Environment Network welcomes the focus on the causes of allergies and asthma and neuro-developmental disorders related to environmental risk factors as well as research into uncommon cancers. We believe the research should also be targeted in particular to health end points caused by exposures in pregnant mothers, foetuses, children and other vulnerable groups.

EPHA Environment Network Recommendations:

1. Involve participation from the relevant established patient and advocacy groups in designing research to ensure it responds to questions faced by such groups, and that results are effectively disseminated to them (ie those dealing with asthma, allergies, autism, attention disorder deficit, childhood cancer, Alzheimer and Parkinson's disease)
2. Target research that targets exposure routes and sources of heavy metals in the environment (such as lead, mercury and cadmium particularly in food, soil and buildings)

Related-CEHAPE Recommendations

1. **Develop toxicological tests to assess perinatal and childhood toxicity (address developmental neurotoxicity and the function of the endocrine, reproductive and immune systems).**

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

EPHA Environment Network Recommendations

1. Risk assessments should be reviewed with regard to vulnerable groups, particularly in relation to setting MRLs, air quality standards, limit values, derived no effects levels etc. for health effects.
2. Prioritise and strengthen the systems needed to provide the costs to human health of exposure to environmental pollution, (carry out research on burden of environmental disease and consider looking more closely at health impact assessments [use and methodologies])

Related-CEHAPE Recommendations

1. **Enact/enforce legislation to establish safety thresholds for the workplace, to protect people in the reproductive period from chemicals harmful to the reproductive system.**

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

At present within the EU there is no early warning system to advise the Commission on the potential effects of new technologies, products, chemicals, fuels and their potential effects on health and the environment. The environment and health file has the potential if well organised to deliver this work. The Action Plan goes some way to identifying some areas of interest (climate change, indoor air pollution and electromagnetic fields) but is lacking the detail of how other emerging threats will be identified and dealt with, such as nanotechnology or man-made radiation.

More importantly, it also does not address how certain environmental and health factors may pose potential hazards for certain vulnerable groups, and how this will be dealt with in the Action Plan.

EPHA Environment Network Recommendations

1. A mid term report must be produced firstly to evaluate progress and then propose recommendations for second term of the EU Environment and Health process.
2. Take into consideration advances in scientific methodology in identifying cause effect relationships.
3. Consider non-standard effects identified by non-standard tests.

Related-CEHAPE Recommendations

- 1. Develop and enforce regulations to minimize risks from hazardous building materials (e.g. Lead, asbestos, wood preservatives, in particular creosote and arsenic, polybrominated flame retardants, volatile organic compounds, etc.)**
- 2. Consider, taking into account the most updated literature, the use of alternatives to phthalates (e.g. Di (2-ethylhexyl) phthalate or DEHP) in medical equipment such as catheters and endotracheal tubes, particularly for long-term use in children.**

Actions 9-13 Response: review policies and improve communication

The EU Action Plan states that the ultimate objective behind gathering information on how our health is affected by the environment is to be able to make choices, both at an individual level and at the level of society as a whole.

To allow choices to be made, the information has to be made available to EU citizens, which requires providing information and education through a variety of channels such as advice from health professionals, media coverage, public meetings, advice to parents, changes to the school curricula and so on. To achieve changes in behaviour, such as giving up smoking or embarking on more exercise, a process of communication and dialogue is often necessary so that resistance and obstacles to making these life changes can be addressed.

However, in some cases, individual behaviour change on the part of a parent or citizen will not resolve the problem. For example, not allowing children to go to parks in which pesticides are used will reduce exposure but a policy change is required if children are to be able to use the green space safely. In this instance, parents and others need to be informed with a view to creating an impetus for taking social or political action, such as a letter-writing campaign to the park authorities and the local MP or MEP.

The EU acknowledges that its citizens have the right to participate in environmental decision-making on environmental policy issues. This right to participation is recognized in the Aarhus Convention as an important contribution to European democracy. When decisions are taken by key citizens' representatives, the policy created is more likely to be supported and implemented.

To achieve citizens' participation in decision-making, citizens need to be provided not only with information about the health risks associated with a particular environmental hazard, they also need to know the associated costs and the alternative policy options. Would community programmes work better than government regulation? Would education for health professionals be more effective than a change in tax policy? This requires the development of special materials and fora for structured discussion at many different levels and amongst different population groups so that consensus opinions or recommendations can be developed.

The process is often best organized by structured networks with organized consultation processes. Networks of experts, NGOs and consumers can help build processes for generating policy positions that can form the basis for building political will for policy change.

Action 9: Develop public health activities and networking on environmental health determinants through the public health programmes.

EPHA Environment Network welcomes the focus on environmental risks for children within Action 9, although it does believe it should primarily address how parental action influences the effect of environmental emissions as a priority. Many children spend the majority of their waking hours in environments outside of their parents' control, and settings such as schools and nurseries are critical to reducing environmental risks in this context.

The second priority of lifestyle choices, including diet and physical activity is also welcomed. The Thematic Strategy on Urban Environments to be launched in 2004, as well as EU transport related policies provides a useful policy setting in which to ensure the health community and public health actions are directed.

The third priority on public concerns and risk communication used by various stakeholders including the media, NGOs, patient groups and health professionals, should ensure that it is directly linked to the indicators, information gathering and biomonitoring activities listed in Actions 1-4 to add-value to the overall framework of the Action Plan.

EPHA Environment Network Recommendations

1. Some of the relevant environmental health indicators developed under the Community health monitoring programme could be used to carry out a pilot project to explore how various stakeholders (citizens, patients groups, health and environmental professionals, NGOs, media) use indicators to communicate risk and raise awareness on the four priority diseases.
2. Public health actions on awareness-raising and risk communication to be developed in 2005-2008 could prioritise best practice activities around outdoor air pollution and smog alert systems; decreasing chemicals in consumer and cosmetic products (particularly children's) and exploring the feasibility of geographical mapping of health information and priority disease registers.
3. The development of an EU health portal should include environmental determinants, and link back to the integrated environment and health monitoring system being developed in the context of the Action Plan.
4. To ensure an effective communication flow between the EU and its citizens, communication and advocacy network structures on priority issues, such as outdoor air pollution and exercise, should be supported. Activities would include the management of consultation processes, interactive websites, case studies of best practices in terms of public education, community action, regulation and so on.

Related-CEHAPE Recommendations

1. **Develop infrastructure and implement programmes to promote safe walking and cycling to school.**
2. **Promote sustainable modes of transport such as walking, cycling and the use of carpools, and develop mobility management plans taking into account the specific needs of school-aged children.**
3. **Improve physical activity programmes in school curricula.**
4. **Promote physical activity for children and adolescents at community level.**
5. **Raise awareness/educate schoolteachers, parents and children about the hazards of OAP and levels of air pollution from harmful chemicals, including protective measures from high smog days.**
6. **Establish monitoring and smog alert systems in cities to let caregivers and school personnel know when the risk due to outdoor air pollution (OAP) levels is high.**

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

Promoting the training of professionals is one key element to improving environmental health. Professionals should include the wide range of stakeholders involved in the healthcare sector, such as nurses, midwives, pharmacists, public health doctors, as well as environmental and health officers.

EPHA Environment Network recommendations:

1. Training for health professionals in patient and public education, organizing community action and advocacy activities so that they can strengthen their role as educators, investigators and advocates.
2. In addition to promoting training, the EU could add value in developing tools for awareness raising and improved communication to the different target audiences on environmental health problems in a wider context than professionals.*

Related CEHAPE Recommendations

1. Raise awareness/educate schoolteachers, parents and children about the hazards of OAP and levels of air pollution from harmful chemicals, including protective measures from high smog days.
2. Educate caregivers, health care providers and school personnel on ways to prevent or reduce children's exposure to IAP (pollutants from cooking and heating systems, indoor allergens and environmental tobacco smoke).

Action 11: Co-ordinate ongoing risk reduction measures on the priority diseases

This action is key to the success of the EU Action Plan from a citizen's perspective. What is the Community doing to already reduce risk and better protect the vulnerable groups which are mentioned so prominently in the introduction of its Action Plan? What legislation will be looked at?

EPHA Environment Network is disappointed that these questions are not answered adequately. The measures listed in this action point are vague, and not ambitious enough to make inroads to reducing the environmental burden of disease. EEN would like to know what the process will be and who will be in charge of "ensuring coordination...initiatives relevant to each of the major environment and health problems" and consider the recommendations put forward by the TWGs for risk reduction measures.

EPHA Environment Network recommendations:

1. Responsibilities and mechanisms for the environment and health file need to be produced in a transparent manner involving all stakeholders.
2. Highlight the need to set up European disease registries on all environmental health end points related to priority diseases.
3. There is a need to define exclusion criteria for authorisation of environmental hazards based on intrinsic properties and the implementation of the substitution principle where appropriate.

See introductory section, **I.III Priority areas for new or urgent revision of current legislation**, for further EPHA Environment Network recommendations.

Related CEHAPE Recommendations

1. Develop infrastructure and implement programmes to promote safe walking and cycling to school.
2. Promote sustainable modes of transport such as walking, cycling and the use of carpools, and develop mobility management plans taking into account the specific needs of school-aged children.
3. Provide safe and accessible facilities for social interaction, play and sports for children and adolescents.
4. Educate caregivers, health care providers and school personnel on ways to prevent or reduce children's exposure to IAP (pollutants from cooking and heating systems, indoor allergens and environmental tobacco smoke)
5. Establish pollution-free school zones, by limiting the access of vehicles, especially those with diesel engines, and by restricting the placement of pollution-emitting sources. (Urban Strategy)
6. Raise awareness/educate schoolteachers, parents and children about the hazards of OAP and levels of air pollution from harmful chemicals, including protective measures from high smog days.
7. Develop, update and provide dietary recommendations to limit intake of mercury, PCBs and polychlorinated dibenzo-p-dioxins (PCDDs) for at-risk infants and mothers.
8. Enact/enforce legislation to protect children from exposure to hazardous chemicals in toys and other products used by them.
9. Enact and enforce legislation to ensure that chemicals, foods additives, pesticides and contaminants, particularly in foods for infants and young children, take into account cumulative and aggregate exposure.

Action 12: Improve indoor air quality

EPHA Environment Network welcomes the commitment by the European Commission to explore the legal mechanisms available to ban smoking in the workplace, and thus significantly reduce the health effects of second hand smoke. It also supports the focus on developing guidelines and networks to look at other factors that affect indoor air quality.

EPHA Environment Network Recommendations

1. Develop case studies of best practice in improving indoor air quality in different settings, e.g. the home, schools, hospitals, workplaces, etc.
2. Identify best practice in education for medical students or health professionals in relation to indoor air pollution.
3. Develop case studies of national and NGO activities in public education, community action, regulation and advocacy to improve indoor air quality.

Related CEHAPE Recommendations

1. Ensure public buildings where children spend their time meet health and safety requirements (for cold, heat, humidity, light, risk of falls, electric shock and fires)
2. Ban smoking in public areas, especially in schools and health facilities.
3. Enforce Article 12 of the Framework Convention on Tobacco Control on promotion of effective and appropriate training or sensitization and awareness programmes on tobacco control.
4. Educate caregivers, health care providers and school personnel on ways to prevent or reduce children's exposure to IAP (pollutants from cooking and heating systems, indoor allergens and environmental tobacco smoke).
5. Define and ensure implementation of minimum indoor air quality requirements in schools and public buildings where children spend their time.

Action 13: Follow developments regarding electromagnetic fields (EMF)

In addition to following developments on EMF, we believe that this area could be used for work in relation to building on successful communication strategies on risk communication with various stakeholders. Other topics that should be followed and could be addressed as priority issues include nanotechnology and radiation.

Related CEHAFE Recommendations

- 1. Consider, taking into account the most updated literature, the application of prudent avoidance policies, to reduce exposure to EMF.**