



Parma Declaration on Environment and Health

Final Draft 22 January 2010



EUROPE



Fifth Ministerial Conference on Environment and Health

“Protecting children’s health in a
changing environment”

Parma, Italy, 10–12 March 2010



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Final Draft Parma Declaration on Environment and Health

1. We the Ministers and Representatives of Member States in the European Region of the World Health Organization (WHO) responsible for health and the environment, together with the WHO Regional Director for Europe, in the presence of the European Commissioners for Health and Consumer Policy and for the Environment, the Executive Secretary of the United Nations Economic Commission for Europe (UNECE) and the Regional Director for Europe of the United Nations Environment Programme (UNEP) have gathered in Parma, Italy from 10 to 12 March 2010 to face the key environment and health challenges of our time.

2. Building on the foundations laid in the European Environment and Health Process to date, we will intensify our efforts to implement the commitments made through previous WHO ministerial conferences, especially those set out in the Children’s Environment and Health Action Plan for Europe (CEHAPE).

3. We are committed to act on the key environment and health challenges of our time. These include:

- (a) the health and environmental impacts of climate change and related policies;
- (b) the health risks to children and other vulnerable groups posed by poor environmental, working and living conditions (especially the lack of water and sanitation);
- (c) socioeconomic and gender inequalities in the human environment and health, amplified by the financial crisis;
- (d) the burden of noncommunicable diseases, in particular to the extent that it can be reduced through adequate policies in areas such as urban development, transport, food safety and nutrition, and living and working environments;
- (e) concerns raised by emerging issues such as persistent, endocrine-disrupting and bio-accumulating harmful chemicals and [nanotechnologies/nanoparticles]; and

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(f) insufficient resources in parts of the WHO European Region.

4. We will address these challenges by setting up or strengthening existing mechanisms or structures that can ensure effective implementation, promote local actions and ensure active participation in the European Environment and Health Process. Recognizing that economic arguments are increasingly critical to develop sound policies, we will pay special attention to fostering strategic partnerships and networks, so that environment and health issues are better integrated across the policies of all sectors. We call on these sectors and relevant organizations to work with us more closely to ensure healthy environments.

5. We will intensify efforts to develop, modify and implement health and environmental legislation and to continue health system reforms as necessary, particularly in the newly independent states and countries of south-eastern Europe, aimed at streamlining, upgrading and strengthening the performance of public health and environmental services.

6. We will ensure that youth participation is facilitated across all Member States at both national and international levels by providing them with assistance, resources and the training required for meaningful and sustainable involvement in all aspects of the process.

7. We will advocate for investing in sustainable and environmentally friendly and health-promoting technologies, emphasizing the opportunities created by these activities, such as energy-efficient health services and green jobs.

8. We encourage international stakeholders, including international financial institutions, and the European Commission to offer further scientific, political, technical and financial assistance to help establish effective mechanisms and strengthen capacities to reduce exposures to environmental hazards and the resulting health impacts in the Region.

9. We call upon the WHO Regional Office for Europe, the European Commission, UNECE and UNEP to strengthen their collaboration to ensure progress in environment and health implementation in the WHO European Region.

10. We endorse and will implement the “Commitment to act” and the goals and targets included therein. That document is an integral part of this Declaration.

11. [We endorse the approach described in the “Future of the process”. We commend a stronger political role for the European Environment and Health Committee and we will follow up on implementation through the Environment and Health Task Force and report annually to the WHO Regional Committee for Europe.]

12. We agree to meet again at the Sixth European Ministerial Conference on Environment and Health in [2015].

13. We the Minister of Health and the Minister of the Environment, Land and Sea of Italy, on behalf of all the ministers of health and environment in the European Region of WHO, together with the WHO Regional Director for Europe and in the presence of the European Commissioners for Health and the Environment, hereby fully adopt the commitments made in this Declaration.

Minister of Health, Italy
Co-president

Minister of Environment, Italy
Co-president

Regional Director,
WHO Regional Office for Europe



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Commitment to Act

Building on the foundations laid in the European Environment and Health Process to date, including in particular the Fourth Ministerial Conference on Environment and Health and the Intergovernmental Mid-term Review held in Vienna in June 2007, we will increase our efforts to address the key environment and health challenges of our time, including climate change, emerging issues and the effects of the economic crisis, and we reaffirm our commitment to work together across sectors.

We recognize established political processes that ensure healthy environments for children, including all related United Nations processes, other WHO ministerial conferences as well as European Union legislation and the 2009 deliberations of the Group of Eight industrialized nations (G8), as tools for further implementation.¹

We take particular note of the Declaration of the Sixth Ministerial Conference “Environment for Europe”, of WHO’s Tallinn Charter on Health Systems, Health and Wealth² and of the European Union Declaration on Health in All Policies.

A. Protecting children’s health

1. We reconfirm our commitment to prioritized actions under the regional priority goals (RPGs) in the Children’s Environment and Health Action Plan for Europe (CEHAPE) as indicated below. We will strive to attain the targets in the RPGs as set out below.

Regional Priority Goal 1 **Ensuring public health by improving access to safe water and sanitation**

¹ Turkey declares that it does not consider itself bound by the commitments and undertakings in the paragraphs related to international treaties, conventions or protocols to which it is not a contracting party, namely the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes and the Protocols to the 1979 Convention on Long-Range Transboundary Air Pollution except the 1984 Protocol on Long-Term Financing of the Cooperative Programme for Monitoring and Evaluation of the Long-range Transmission of Air Pollutants in Europe.

² Within the political and institutional framework of each country, a health system is the ensemble of all public and private organizations, institutions and resources mandated to improve maintain or restore health. Health systems encompass both personal and population services, as well as activities to influence the policies and actions of other sectors to address the social, environmental and economic determinants of health.

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- i. We will take advantage of the approach and provisions of the Protocol on Water and Health³ as a rationale and progressive tool to develop integrated policies on water resource management and health, addressing the challenges to safe water services posed by climate change, with clear targets and objectives, working in partnership with all concerned sectors.
- ii. We will strive to provide each child with access to safe water and sanitation in homes, child care centres, kindergartens, schools, health care institutions and public recreational water settings by 2020, and to revitalize hygiene practices.

Regional Priority Goal 2 Addressing obesity and injuries through safe environments, physical activity and healthy diet

- i. We will implement the relevant parts of the commitments set out in the Amsterdam Declaration of the Third High-Level Meeting of the Transport Health and Environment Pan-European Programme (THE PEP).
- ii. We will integrate the needs of children into the planning and design of settlements, housing, health care institutions, mobility plans and transport infrastructure. To this end we will use health, environment and strategic impact assessments and we will develop and adapt the relevant regulations, policies and guidelines, and implement the necessary measures.
- iii. We will work in partnership with local, regional and national authorities to advocate for actions to counteract the adverse effects of urban sprawl that cause socioeconomic, health and environmental consequences.
- iv. We aim to provide each child by 2020 with access to healthy and safe environments and settings of daily life in which they can walk and cycle to kindergartens and schools, and to green spaces in which to play and undertake physical activity. In so doing, we intend to prevent injuries by implementing effective measures and promoting product safety.
- v. We will implement the WHO European Action Plan for Food and Nutrition Policy (2007–2012), in particular by improving the nutritional quality of school meals, and support local food production and consumption, where it can reduce environmental and health impacts.

Regional Priority Goal 3 Preventing disease through improved outdoor and indoor air quality

- i. We will take advantage of the approach and provisions of the protocols to the 1979 Convention on Long-Range Transboundary Air Pollution and we will support their revision. We will continue and enhance our efforts to decrease the incidence of acute and chronic respiratory diseases through reduction of exposure to ultrafine particles and other particulate matter, especially from industry, transport and domestic combustion, as well as ground-level ozone, in line with WHO's air quality guidelines. We will strengthen monitoring, control and information programmes, including those related to fuels used in transport and households.

³ Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes.

- ii. We will develop appropriate cross-sectoral policies and regulations capable of making a strategic difference in order to reduce indoor pollution, and we will provide incentives and opportunities to ensure that citizens have access to sustainable, clean and healthy energy solutions in homes and public places.
- iii. We aim to provide each child with a healthy indoor environment in child care facilities, kindergartens, schools and public recreational settings, implementing WHO's indoor air quality guidelines and, as guided by the Framework Convention on Tobacco Control, ensuring that these environments are tobacco smoke-free by 2015.

Regional Priority Goal 4 Preventing disease arising from chemical, biological and physical environments

- i. We will take advantage of the approach and provisions of relevant international agreements.⁴ We will contribute to the Strategic Approach to International Chemicals Management (SAICM) and to the development of the global legal instrument on mercury.
- ii. We aim to protect each child from the risks posed by exposure to harmful substances and preparations, focusing on pregnant and breast-feeding women and places where children live, learn and play. We will identify those risks and eliminate them as far as possible, [by 2015/2020].
- iii. We will act on the identified risks of exposure to carcinogens, mutagens and reproductive toxicants, including radon, ultraviolet radiation, asbestos and endocrine disruptors, and urge other stakeholders to do the same. [In particular, unless we have already done so, we will ban asbestos in construction materials and other products by 2015./We will eliminate asbestos-related diseases.]
- iv. We call for more research into the potentially adverse effects of persistent, endocrine-disrupting and bio-accumulating chemicals and their combination, as well as for the identification of safer alternatives. We also call for an increase of research into the use of nanoparticles in products and nanomaterials, and electromagnetic fields, in order to evaluate possible harmful exposures. We will develop and use improved health risk and benefit assessment methods.
- v. We call upon all stakeholders 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, kindergartens, schools and public recreational settings. We urge and offer our assistance to WHO to develop suitable guidelines on noise.

⁴ Such as the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade, and the Stockholm Convention on Persistent Organic Pollutants, as well as the protocols on heavy metals and on persistent organic pollutants to the 1979 Convention on Long-Range Transboundary Air Pollution.

- vi. We will pay particular attention to child labour and exploitation as one of the major settings of exposure to relevant risks, and especially to hazardous chemicals and physical stressors.

B. Protecting health and the environment from climate change

2. We are committed to protecting health and well-being, natural resources and ecosystems and to promoting health equity, health security and healthy environments in a changing climate. Taking into account the ongoing work under the United Nations Framework Convention on Climate Change and recognizing subregional, socioeconomic, gender and age variability, we will:

- i. integrate health issues in all climate change mitigation and adaptation measures, policies and strategies at all levels and in all sectors. We will assess, prevent and address any adverse health effects of such policies by, for example, strengthening health promotion in environmental policies;
- ii. strengthen health, social welfare and environmental systems and services to improve their response to the impacts of climate change in a timely manner, for example to extreme weather events and heat waves. In particular, we will protect the supply of water and the provision of sanitation and safe food through adequate preventive, preparedness and adaptive measures;
- iii. develop and strengthen early warning surveillance and preparedness systems for extreme weather events and disease outbreaks, for example vector-borne diseases, at the animal-human-ecosystem interface, where appropriate;
- iv. develop and implement educational and public awareness programmes on climate change and health, to encourage healthy, energy-efficient behaviours in all settings and provide information on opportunities for mitigation and adaptation interventions, with a particular focus on vulnerable groups and subregions;
- v. collaborate to increase the health sector's contribution to reducing greenhouse gas emissions and strengthen its leadership on energy- and resource-efficient management and stimulate other sectors, such as the food sector, to do the same;
- vi. encourage research and development, for example with tools for forecasting climate impacts on health, identifying health vulnerability and developing appropriate mitigation and adaptation measures.

3. We call on the WHO Regional Office for Europe, in collaboration with the European Commission, the European Environment Agency, the United Nations Economic Commission for Europe, the United Nations Environment Programme and other partners, to set up European information platforms for systematic sharing of best practices, research, data, information, technology and tools focused on health at all levels.

4. We welcome the regional framework for action entitled *Protecting health in an environment challenged by climate change*. We recommend that the approaches described in it are used to support action in this area.

C. Involvement of children, young people and other stakeholders

5. We will ensure that youth participation in national as well as international processes is facilitated across all Member States by providing them with assistance, adequate resources and the training required, and by giving them opportunities for meaningful involvement.
6. We will increase our cooperation with local and subnational authorities, intergovernmental and nongovernmental organizations, the business community, trade unions, professional associations and the scientific community, drawing on their experience and knowledge in order to achieve the best possible results.
7. We call on the business community to address the challenges posed in this Commitment, for instance through relevant corporate and sectoral programmes.
8. We will seek to improve knowledge of environment and health issues and build the capacity of all professionals, with particular emphasis on health professionals and professional caretakers of children.

D. Knowledge and tools for policy-making and implementation

9. We support the development of the European Environment and Health Information System (ENHIS). We call on the WHO Regional Office for Europe, and also on the European Commission and the European Environment Agency to continue to assist Member States with the development of internationally comparable indicators, and to assist in the interpretation and practical application of relevant research results.
10. We encourage all relevant international organizations to further develop common tools and guidelines to address the economic impacts of environmental risk factors to health, including the cost of inaction, thereby facilitating the development and enforcement of legal instruments.
11. We will contribute to develop a consistent and rational approach to human biomonitoring as a complementary tool to assist evidence-based public health and environmental measures, including awareness-raising for preventive actions.
12. We acknowledge the contributions, conclusions and recommendations of the International Public Health Symposium on Environment and Health Research held in Madrid in October 2008. We agree to secure support for interdisciplinary research in line with the policy objectives of this Declaration and to improve the development of identified tools,⁵ including health impact assessment. We will use existing information for policy-making and apply the precautionary principle where appropriate, especially in respect of new and emerging issues.

⁵ Such as the Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context.

13. We affirm the need for participation of the public and stakeholders in tackling environment and health issues. We will develop and implement initiatives on risk perception, assessment, management and communication.