

Environment and Health in Europe: Towards the 5th Ministerial Conference

Marco Martuzzi

World Health Organization
European Centre for Environment and Health
Rome, Italy

The WHO European Region

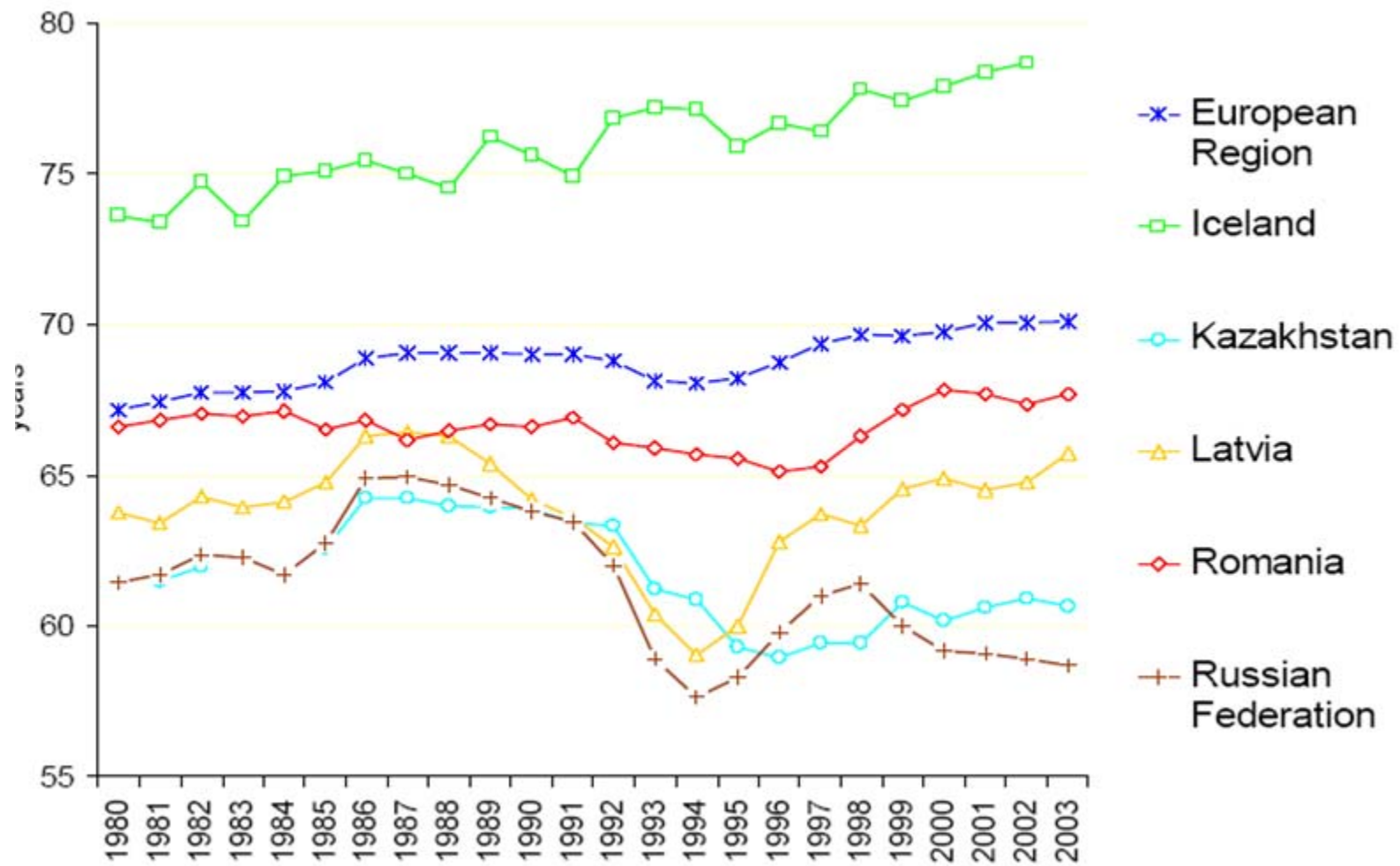
- 53 Member States
- 850 000 000 pop
- Extending to central Asia



Science and policy in EH

- Support Member States to develop and adopt policies that are
 - Mindful of all society's needs but with health as first priority
 - Based on evidence
 - Effective and equitable
 - Sustainable, no hidden costs (e.g., to future generations)
- Organisation of society increasingly complex
- Multiple, complex pathways to health
- Potential for far-reaching health effects
- Many determinants are not controlled by the health sector





1989 to 2004:

4 Ministerial Conferences



Frankfurt, 1989



Helsinki, 1994



London, 1999



Budapest, 2004



5th Ministerial Conference on EH

- 5th Ministerial Conference on Environment and Health, Parma, Italy, 10-12 March 2010
- “Protecting children’s health in a changing environment”
- MoH, MoE, IGOs, NGOs,...



Budapest, June 2004: "The future for our children"



- 1200 delegates and observers from 50 Member States, 11 international organizations and 11 NGOs
- 48 Ministers from both Health and Environment sectors, 21 Deputy Ministers and 10 State Secretaries

CEHAPE identifies 4 Regional Priority Goals

RPG 1 to prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe water and adequate sanitation for all children.



RPG 2 to prevent and substantially reduce health consequences from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity by promoting safe, secure and supportive human settlements for all children



CEHAPE identifies 4 Regional Priority Goals (ctd)

RPG 3 to prevent and reduce respiratory disease due to outdoor and indoor air pollution, thereby contributing to a reduction in the frequency of asthmatic attacks in order to ensure that children can live in an environment with clean air



RPG 4 we commit ourselves to reducing the risk of disease and disability arising from exposure to hazardous chemicals (such as heavy metals), physical agents (e.g. excessive noise) and biological agents and to hazardous working environments during pregnancy, childhood and adolescence



Conference themes

- Progress on commitments
- Climate change
- Economic crisis
- Intersectoral action
- Environmental equity (e.g. socio-economic, gender)



WHO's definition (1948):

***Health** is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity*

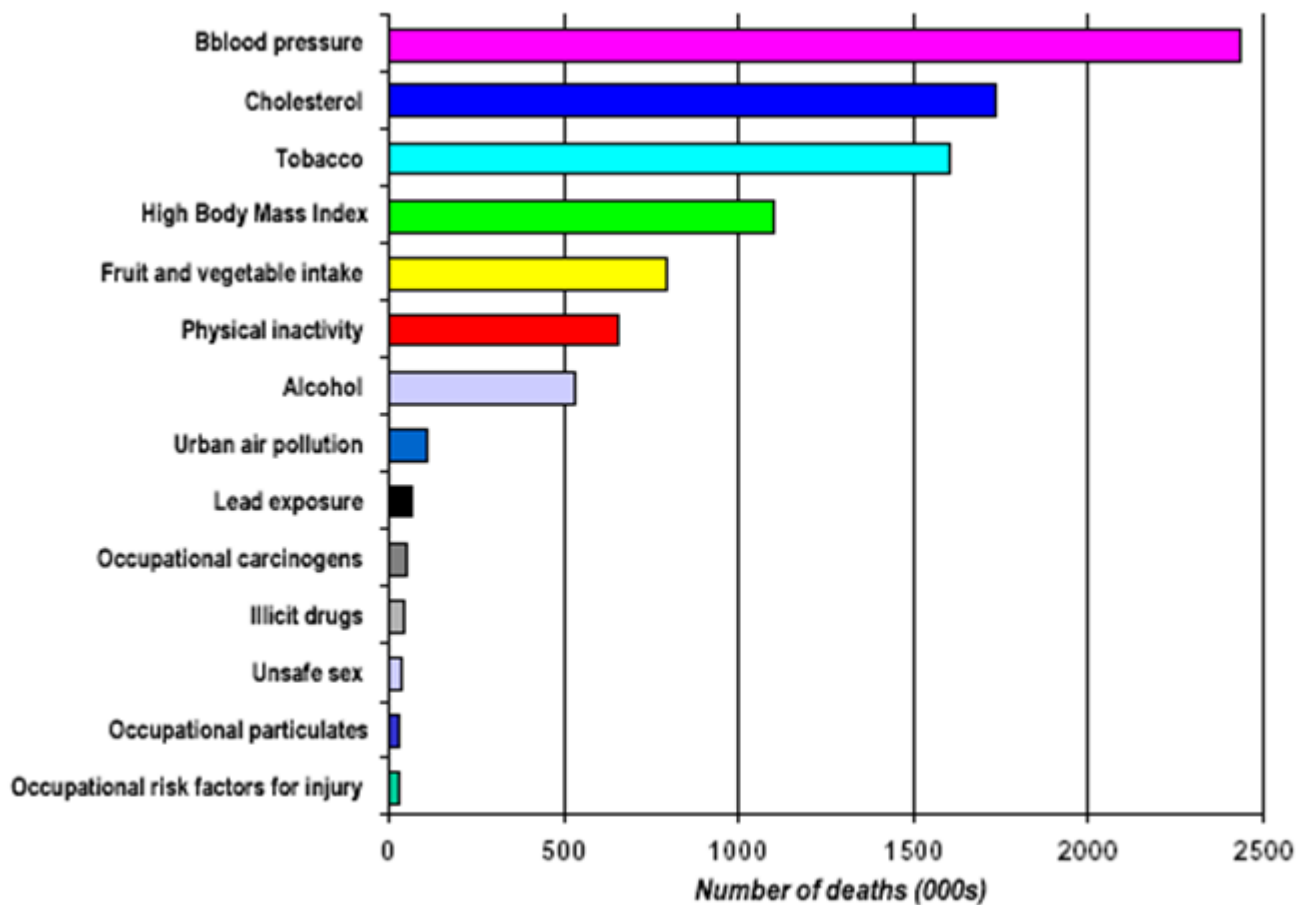


Science for policy making

- Need to study the health consequences of policies, plans, development, etc
- Interest in “upstream” health determinants
- Art 152 of the Amsterdam Treaty of the EU: all new Community policies should ensure a high level of human health protection
- Aim at “evidence based policy making”, but recognise other elements (values, cultural background, perception etc)

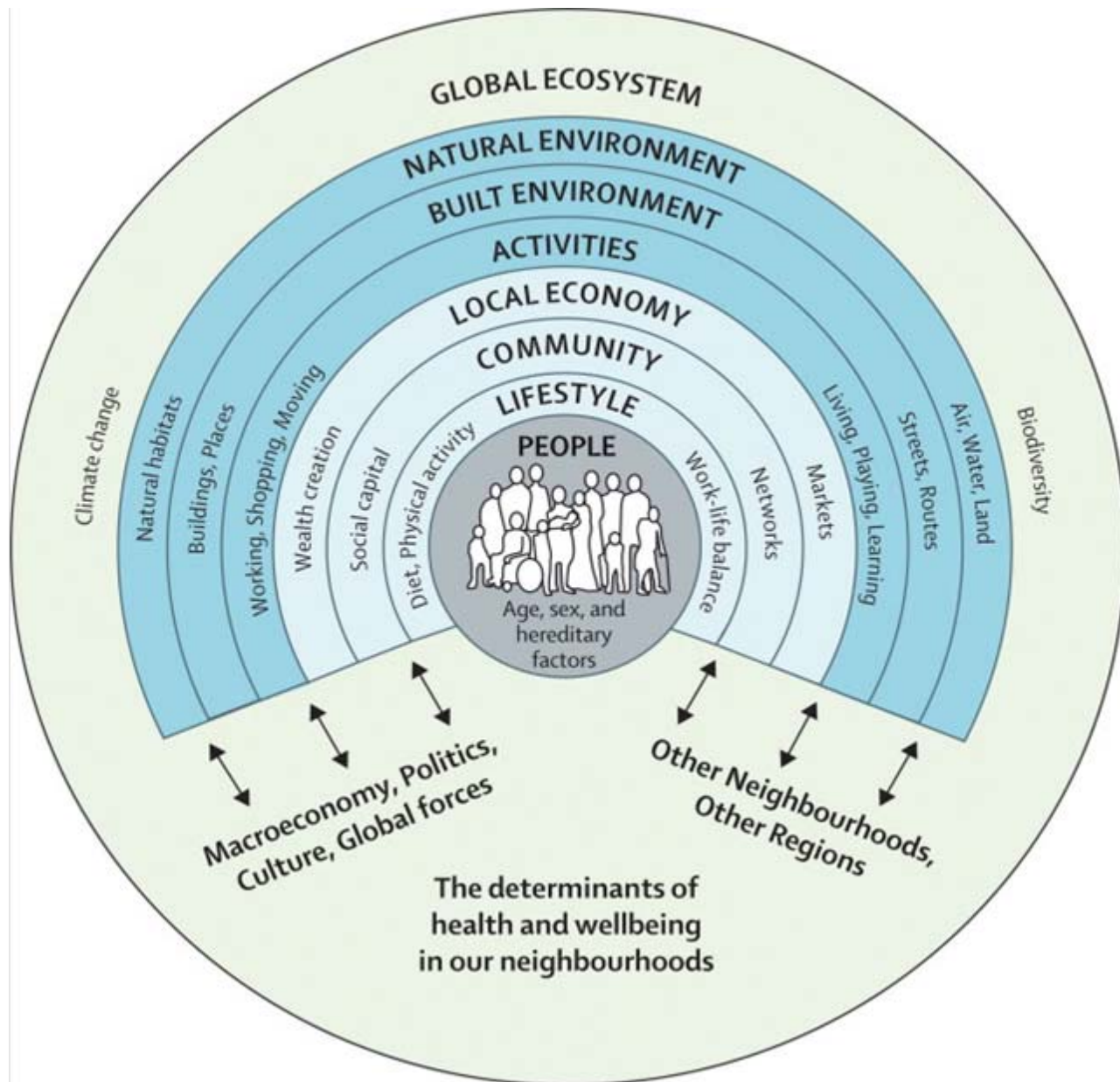


Leading risk factors for health

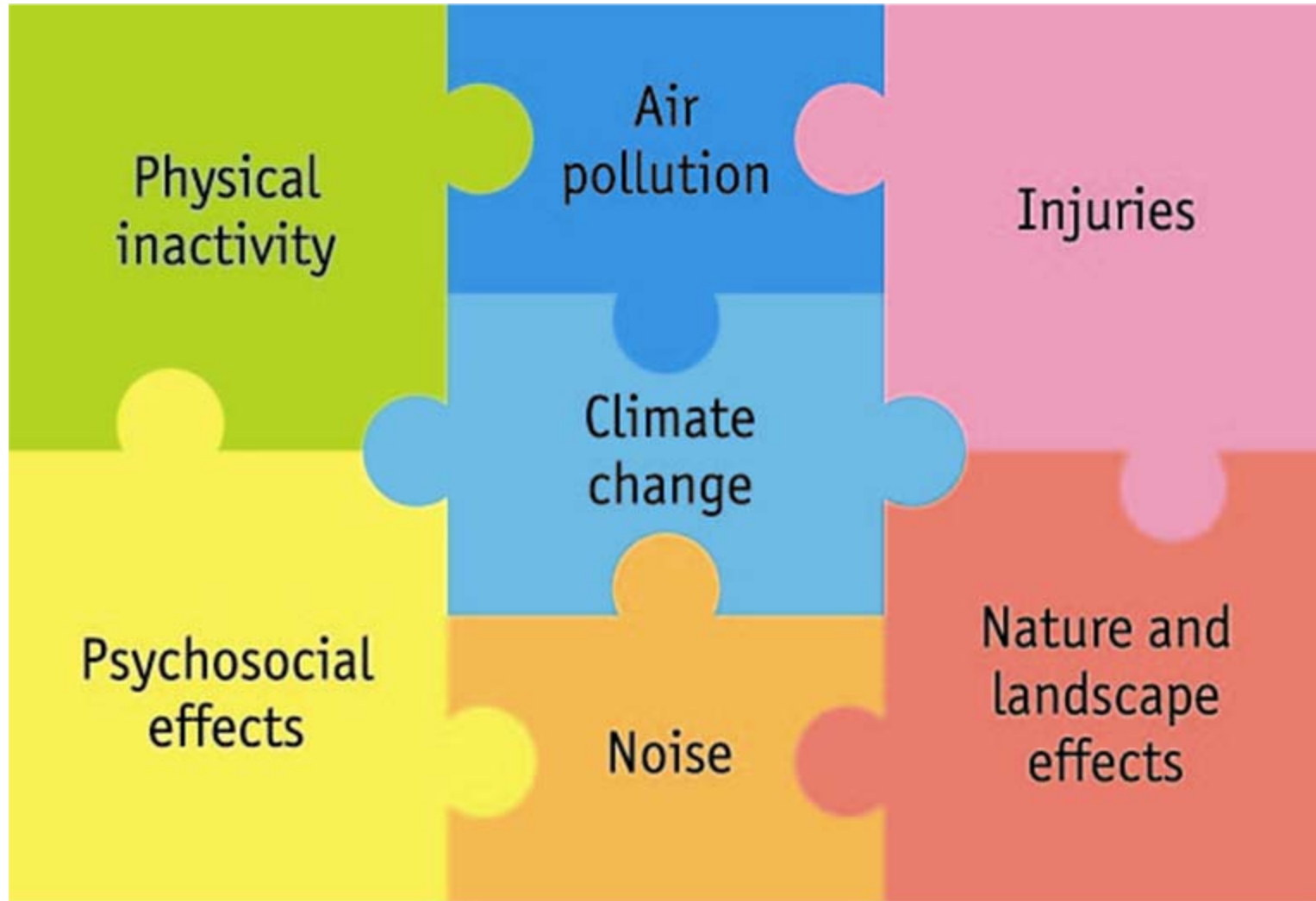


Source: WHR 2002

Estimated number of deaths attributable to leading risk factors in the European Region, World Health Report 2002



Urban health: Transport



A broad perspective

- From “environment” to “sustainable development”
- “Chapters” of physical environment a starting point
- Beneficial, health promoting factors as important
- Context is important
 - Multiple factors (confounding, synergies, interactions,...)
 - Adaptive responses
 - Variable vulnerability
 - Socio – economically mediated effects

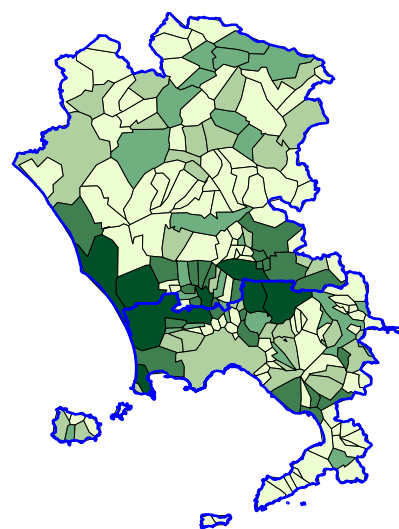


Example: SES adjustment in Campania

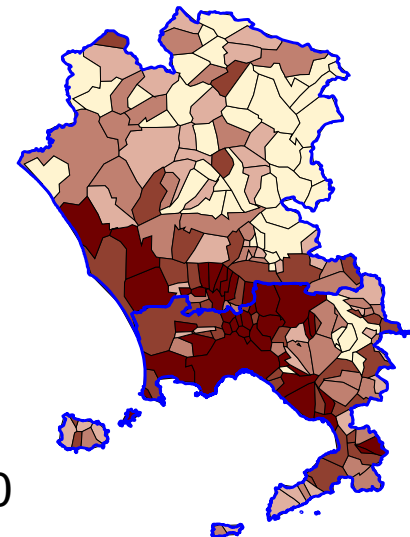
Excess risks by waste exposure group

<i>Cause of death - Men</i>	<i>I</i>	<i>II</i>		<i>III</i>		<i>IV</i>		<i>V</i>	<i>Trend</i>		
		Unadj	Adj ^b	Unadj	Adj	Unadj	Adj		Unadj	Adj	Unadj
All causes	1	9.2	5.4	6.9	7.9	7.1	3.9	13.6	9.2	2.2	1.7
All cancers	1	9.3	4.2	3.2	5.6	9.3	4.9	11.0	4.1	2.2	1.5
Lung cancer	1	11.4	5.5	4.2	6.4	11.1	6.1	14.0	6.7	2.7	1.9
Liver cancer	1	-0.1	-9.2	12.7	20.6	7.0	0.7	35.5	19.3	5.6	4.3
Stomach cancer	1	-1.5	3.0	0.1	2.8	17.0	19.4	16.2	15.7	5.0	5.2

Waste pressure



SES



$r = 0.30$

Equity in environmental health

- One of the strongest policy drivers
- Inequalities and inequities in
 - Environmental pressures
 - Health determinants
 - Health impacts
- More strongly established for socioeconomic factors
- Gender and environmental health
 - Specific exposures or health outcomes
 - Inequalities, eg lung cancer
 - Inequities, gender-mediated selective impacts, e.g. hazardous jobs/tasks in industry/agriculture, paraoccupational asbestos
 - Mix of the above, e.g. breast cancer, reproductive health



Thank you

<http://www.euro.who.int/parma2010>

