3537 1

EUR/ICP/CEH 210
9921r
ORIGINAL: ENGLISH

WORKPLAN FOR EUROPEAN CENTRE FOR ENVIRONMENT AND HEALTH

Report on a Working Group

Rome
29-31 October 1990

1991

EUR/HFA target 18

Note

This report is issued by the Regional Office for Europe in English, French, German and Russian. It may be reproduced, or translated into any other language, providing due acknowledgement is made.

CONTENTS

Introduction

After the European Charter on Environment and Health was approved at the Ministerial Conference in Frankfurt-am-Main, in December 1989, WHO carried out a study on the desirability and feasibility of setting up a European Centre on Environment and Health. On the basis of proposals received from the Governments of Italy and the Netherlands, a WHO Centre is now being established at units located in Bilthoven, Netherlands, and Rome, each with an initial complement of 10 international staff. A small unit at the Regional Office in Copenhagen coordinates the Centre.

Its main purpose is to strengthen collaboration among European countries on the health aspects of environmental protection, with special emphasis on information systems, mechanisms for exchanging experience and coordinating studies. Initially the Centre is being established for five years. An evaluation will begin after the first three years.

Broad priorities having already been established, it was necessary to draw up a workplan for the Centre. WHO and the Italian Government therefore convened an international working group to make recommendations for the Centre's work during the first two years but with a longer time frame in view.

The Working Group discussed in detail a series of background papers and oral presentations containing proposals.

Conclusions and recommendations

1. One of the Centre's main tasks should be to improve European information on all aspects of environmental quality and health status, and on the assessment and evaluation of various categories of risk.

2. To make the best use of the Centre's limited resources, WHO should strengthen its already considerable cooperation with other international environmental and health bodies active in Europe. This will help the Centre, the proposed Environmental Agency of the Council of the European Community, the newly established Regional Environmental Centre for Central and Eastern Europe in Budapest, and other bodies to achieve shared or related objectives.

3. The Group recognized the special needs of central and eastern European countries and welcomed the efforts being made by the Regional Office. They felt that the Centre could play an important part in technical cooperation to meet the special priorities of this area, provided that extra resources can be identified as necessary.

4. Although the Centre has been created primarily to serve the needs of the European Region, it is important for it to provide information and the benefits of European experience to other parts of the world. Its work should therefore be coordinated with other WHO global and regional activities including those of other WHO regional centres for environment and health.

5. Although the staff will inevitably be small, WHO's principle of using networks, collaborating centres and other institutions should produce important contributions to knowledge. Furthermore, as a catalyst the Centre will be able to realize further benefits without direct operational involvement.

6. If the Centre is to attract further support from Member States, it is essential for its initial programme to focus on well defined, short-term objectives that can be achieved within budgetary limits. In the longer term, the Group hoped, it could embrace a wider area of work.

7. The Group warmly endorsed the short-term, high priority programme to collate existing information on the environmental and health status of European countries. They also approved the proposal to produce as soon as possible, and within two years at the most, a substantive report entitled Concern for Europe's tomorrow which will review the present situation and predict future trends.

8. A European information system should be established on environmental factors and public health. The Centre should set up the system, retrieve quality data from Member States and prepare regular situation reports. Further consideration needs to be given to the detailed information required, the means of data collection, the type of system to be used and the type of analysis to be undertaken.

9. The information system must be based on data of assured quality. Geographical information systems are very attractive for acquisition, storage and presentation of data, but represent only one possible approach to the analysis of relationships between environmental quality and health. Epidemiological analysis must include information on exposure in the workplace and at home, and on smoking, nutrition and other lifestyle factors. The Centre should use the skills of analytical epidemiologists to facilitate and coordinate multicentre pan-European studies of environmental health.

10. It is important to establish a well defined balance between the information and technical cooperation components of the programme. The Group outlined broad priority areas for technical cooperation; these should guide the initial phases of the work, but it will be essential to review them periodically in the light of changing needs. However, the Centre must guarantee sufficient continuity to attain the agreed objectives.

11. A principle should be established whereby any additional tasks allotted to the Centre are covered by a

simultaneous allocation of appropriate extra resources, including short- or long-term appointments of staff as necessary. The Centre's programme must be flexible enough to respond speedily and effectively to ad hoc requests.

12. In relation to chemical safety, the Group recommended that the Regional Office should intensify its present work of assessing particular risks and providing advice following chemical accidents, using the resources available at the Centre. The Centre should play a well defined role in compiling information on the use of existing chemicals in Europe.

13. The Centre should keep the health impact of industrial applications of biotechnology under continuous review.

14. In the field of air quality, it is appropriate for the Centre to undertake any necessary revisions and extensions to the WHO Air Quality Guidelines. The Group welcomed the Regional Office's recent report on the health implications of air pollution in Europe; they felt that it could be important for the Centre to engage in rapid production of similar documents. The Centre should also continue the work successfully performed over many years by the Regional Office on indoor air quality, including on passive smoking, other chemical and biological agents and radon.

15. The Group considered it important for the Centre to develop technical cooperation in relation to water quality, particularly in view of the Regional Office's reduced capacity in the field of drinking water quality. The Centre should also consider public health aspects of recreational water management, both inland and coastal. When asked to do so by Member States, it could give technical assistance on transfrontier issues, such as those involving the River Danube and its tributaries. It

should take into account the important area of land-use planning in relation to water and waste management.

16. The Group welcomed as a logical and complementary development the proposed designation of an associated unit in Nancy, France, which could concentrate on the technology of pollution control. This unit would deal with technological issues of water and waste management, in close collaboration with the Rome unit.

17. In terms of food safety, the Group welcomed a proposal by the United Kingdom to provide the protocols and expertise to develop national systems for the microbiological surveillance of food. It is important for the Centre to provide technical support for a similar pan-European system and to improve the methodology for determining the incidence of food infections and the degree to which they are reported. The United Kingdom's offer to provide expertise for a pilot project using "sentinel doctors" is accepted; analytical work of this kind should substantially increase the value of existing reporting systems for foodborne infections. Although microbiological problems are of greater overall importance at present in terms of morbidity, the Centre should also concern itself, together with the food safety unit in Copenhagen, with the chemical contamination of food. It should collaborate closely with the Food and Agriculture Organization of the United Nations (FAO), which should be made easier by its proximity to FAO headquarters.

18. It is important for the Centre to have ionizing radiation expertise. The Group noted the Regional Office's existing programme of follow-up to the Chernobyl accident and felt that it was important to ensure adequate coordination of bilateral and other efforts to assist the Soviet Union; resources must be used to the best advantage and unnecessary overlap should be avoided. They recommended that the Centre should maintain and consolidate existing Regional Office links

with Soviet authorities and other organizations. It was essential for work to be planned in close consultation with the global WHO programme on Chernobyl.

19. The Group noted the various systems for assessing risks relating to radiation and chemicals; both areas, they felt, could benefit from close collaboration and an endeavour to develop common approaches. In radiation and other environmental health fields, the communication of risk and the public perception of risk are extremely important. The Centre should have constant regard for the need to encourage a better understanding of risk among the general population as an important step towards obviating unnecessary worries and promoting more rational decision-making.

20. The Group noted EUROCAT's contribution to the study of congenital malformations in the European Community countries; they considered that the Centre might play a useful catalytic role in extending this work to other countries of the Region, taking existing initiatives fully into account.

21. The health dimensions of environmental impact assessment are considered to be an important area: the Regional Office is implementing the recommendations of previous expert groups in technical cooperation with individual Member States. The Group noted that the recommendations of the Working Group on an International Commission for Environmental Assessment were being reviewed, and that support might become available to the Centre for further development of the Commission, including assistance to central and eastern Europe.

22. Exposure levels are often higher in the workplace than in the general environment and it is there that new hazards are often identified. Particular account needs to be taken of occupational hazards affecting specific vulnerable groups, particularly women; moreover, occupational risk factors may mask or confound findings

related to the general environment. Therefore occupational health issues need to be an important component of the Centre's work.

23. The Group warmly acknowledged the considerable assistance offered by the Istituto Superiore di Sanità and the Rijksinstituut voor Volksgezondheid en Milieuhygiene to further the Centre's work and to implement its scientific programme.

Annex 1

LIST OF WORKING DOCUMENTS AND BACKGROUND MATERIAL[a]

ICP/CEH 210/6	European Charter on Environment and Health
ICP/CEH 210/7	European Charter and Commentary
ICP/CEH 210/8	Working group on implementation of the European Charter, Düsseldorf, 28-30 August 1990: Report
ICP/CEH 210/9	Tools for environmental health management: background paper for Frankfurt Conference (Piotrowski et al.)
ICP/CEH 210/10	Environmental health research: background paper for Frankfurt Conference (MacGibbon)
ICP/CEH 210/11	Impact on human health of air pollution in Europe, Economic Commission for Europe
ICP/CEH 210/12	Report of a planning meeting on a health and environment geographic information system for the European Region, Bilthoven, the Netherlands, December 1989
ICP/CEH 210/13	The initial workplan of the European Centre for Environment and Health: a discussion document

[a] Copies are available from the European Centre on Environment and Health unit, WHO Regional Office for Europe, 8 Scherfigsvej, DK 2100-Copenhagen O.

Annex 2

LIST OF PARTICIPANTS

Temporary Advisers

Sir Donald Acheson
Chief Medical Officer, Department of Health, London, United Kingdom

Professor Philippe Hartemann
Director, Laboratory of Hygiene and Public Health, Vandoeuvre-lès-Nancy, France

Dr Kees A. van der Heijden
Director, Toxicology and Environmental Protection, National Institute of Public Health and Environmental Protection, Bilthoven, Netherlands

Professor Nikolai Izmerov
Academy for Medical Sciences, Institute of Industrial Hygiene and Occupational Diseases, Moscow, USSR

Dr Albrecht M. Kellerer
GFS München, Neuherberg, Germany

Professor Robert Kroes
National Institute of Public Health and Environmental Protection, Bilthoven, Netherlands

Dr Marion de Lepper
GIS Data Scientist, National Institute of Public Health and Environmental Protection, Bilthoven, Netherlands

Dr Uri Marinov
Director General, Ministry of Environment,
Jerusalem, Israel

Professor Marco Maroni
Director, International Centre for Pesticide Safety,
Busto Garolfo, Italy

Dr Ronald F. Packham
22 Harwood Road, Marlow, Buckinghamshire SL7 2AS,
United Kingdom

Professor J.K. Piotrowski
Institute of Environmental Research and Analyses,
Medical Academy, Lodz, Poland

Dr Jorma Rantanen
Director General, Institute of Occupational Health,
Helsinki, Finland

Dr Eileen Rubery
Senior Principal Medical Officer, Head, Microbiology
of Food and the Environment, Department of Health,
London, United Kingdom

Dr Francis Sartor
Institut d'hygiène et d'épidémiologie, Brussels,
Belgium

Professor Henk J. Scholten,
Head, GIS Department, National Institute of Public
Health and Environmental Protection, Bilthoven,
Netherlands

Dr Ulrich Schlottmann
Federal Ministry for Environment, Nature
Conservation and Nuclear Safety, Bonn, Germany

Professor Vittorio Silano
Director, Department of Food Hygiene and Nutrition,
Ministry of Health, Rome, Italy

Dr John H. Steadman
Senior Principal Medical Officer, Department of Health, London, United Kingdom

Dr Leonardo Toti
Director General, Ministry of Health, Public Hygiene Department, Rome, Italy

Dr Josephine A.C. Weatherall
ex-Project Leader, EUROCAT Central Registry, Willows, Charlbury, Oxford 7 3PX, United Kingdom

Dr Giovanni Zapponi
Senior Researcher, Istituto Superiore di Sanità, Rome, Italy

Representatives of Other Organizations

Commission of the European Communities

Dr D.A. Stanners
DG XI Agency Task Force, Brussels, Belgium

Food and Agriculture Organization of the United Nations

Dr E. Boutrif
Nutrition Officer, Food Quality and Consumer Protection Group, Food Policy and Nutrition Division, Rome, Italy

World Health Organization

Regional Office for Europe

Ms S. Kyhl
Project secretary, European Centre for Environment and Health

Ms E. Nielsen
Secretary

Dr L. Saliba
Senior Scientist, Mediterranean Action Plan (Athens)

Dr R. Stern
Programme Manager, Health Risk Management Systems

Dr S. Tarkowski
Director, Environment and Health

Mr J. Ian Waddington
Programme Coordinator, European Centre on Environment and Health

Headquarters

Dr T. Kjellstrom
Division of Environmental Health, Prevention of Environmental Pollution

International Agency for Research on Cancer

Dr L. Tomatis,
Director