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# ENVIRONMENT AND HEALTH

## Report on the Second European Conference

Helsinki, Finland

20-22 June 1994

1995

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## ABSTRACT

This document reports on the Second European Conference on Environment and Health, Helsinki, 20-22 June 1994. It gives an overview of the event, summarizes the main points raised in the statements of delegates, presents the main Conference decisions, and thereby supplements the formal Conference documentation. The report underlines the most important agreements reached at the meeting of ministers of health and of the environment in dealing with the outstanding environmental health problems of the Region. In particular, better cooperation and coordination of effort at local, national and international levels will be crucial for success. For this purpose it was agreed to establish a European Environment and Health Committee, bringing together representatives of ECE, UNEP, WHO, the European Commission, OECD and other intergovernmental organizations such as the Council of Europe, and funding agencies as appropriate. Considerable resources will be needed to give effect to the international commitments for action set out in the Helsinki Declaration adopted by the Conference, and to implement the Environmental Health Action Plan for Europe. The report refers to the support offered by various bodies to the implementation of the Action Plan.

### *Keywords*

ENVIRONMENTAL HEALTH  
ENVIRONMENTAL POLICY  
CONGRESSES

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## INTRODUCTION

In December 1989, the First European Conference on Environment and Health, held in Frankfurt, Federal Republic of Germany, brought together for the first time ministers of health and of the environment to formulate joint policies, strategies and priorities in relation to environment and health in Europe, and adopted the European Charter on Environment and Health. At this Conference, ministers also requested WHO to convene, in five years' time, a second conference in order to reach agreement on priority actions that would lead to a healthy and productive life in harmony with nature.

The Second European Conference on Environment and Health was held in Helsinki on 20–22 June 1994. It was organized by the WHO Regional Office for Europe in collaboration with the Commission of the European Communities and was hosted by the Government of Finland.

The Conference was attended by ministers of health and of the environment, or their representatives, from 47 Member States of the WHO European Region. Representatives of 2 United Nations offices and 4 specialized agencies, 4 intergovernmental organizations and 13 nongovernmental organizations also attended. The list of participants is attached as Annex 2.

The opening ceremony was conducted in the presence of the President of the Republic of Finland, Mr Martti Ahtisaari, who welcomed the delegates and emphasized the importance of the Conference decisions for the future of Europe and its coming generations. Welcoming speeches were also made by Dr J.E. Asvall, WHO Regional Director for Europe, Dr K. Töpfer, Minister of the Environment, Nature Conservation and Nuclear Safety, Germany (outgoing Conference chairperson), Dr J. Huuhtanen, Minister of Social Affairs and Health of Finland, and Ms S. Pietikäinen, Minister of the Environment of Finland.

The Conference elected Dr J. Huuhtanen and Ms S. Pietikäinen as co-chairpersons. Dr Maria Haralanova (Bulgaria) and Dr N.J. King (United Kingdom) were elected rapporteurs.

In its final session the Conference adopted the Helsinki Declaration as proposed by the Chairperson of the drafting committee, Dr J. Eskola (Finland), endorsed the Environmental Health Action Plan for Europe, and approved the Report of the Conference. The Helsinki Declaration was signed on behalf of the Conference by the Conference Co-chairpersons and by the Regional Director, WHO Regional Office for Europe. In his concluding remarks, the Regional Director thanked, on behalf of all the delegates, the Government of Finland for hosting the Conference, for the excellent arrangements and facilities and for their generous hospitality.

## STATEMENTS BY COUNTRY DELEGATES

Most ministers or their representatives described the environmental health situation in their countries, highlighting progress made in the context of the European Charter and Agenda 21 of the Rio Conference, and the important problems still facing them. For the purposes of this report, points made during all these presentations and statements have been brought together under the headings set out below.

### **European Charter on Environment and Health**

During the Conference, countries that had not participated in the First European Conference in 1989 endorsed the Charter, which was one of the main outcomes of that conference.

Many delegations emphasized the importance of the European Charter as a basic document on environmental health strategies, principles and policies, which had been used extensively during the last five years in developing national policies. The work of the WHO European Centre for Environment and Health (ECEH), the establishment of which was one of the outcomes of the 1989 conference, was praised by many delegations, particularly its role in producing the comprehensive assessment of the environmental health situation in Europe known as Concern for Europe's Tomorrow.

## **Helsinki Declaration**

Delegations strongly supported the draft Declaration prepared at the Pre-conference meeting in Hamburg in April 1994. In their statements, delegates recognized that solving all significant environmental health problems requires large-scale investment in financial and human resources. Delegations emphasized that the proposed Declaration and Action Plan should be seen as a commitment for all government sectors and for international organizations in Europe. In particular, they strongly supported the establishment of the European Environment and Health Committee (EEHC) as an effective and practical mechanism for successful and sustained implementation of the proposed Action Plan. The proposed EEHC would have a special responsibility in ensuring that duplication of international efforts was avoided, and that international resources were wisely distributed and used according to clearly defined and agreed priorities. It would also ensure that initiatives arising from the Environment for Europe process (initiated at Dobris Castle in 1991), the Commission on Sustainable Development (CSD), the European Commission and the Committee itself were mutually supportive and conducive to the achievement of common goals. Many delegates expressed strong support for the establishment of the EEHC, emphasizing that countries should benefit from its existence. Some delegations pointed out that the terms of reference of the EEHC needed to be clarified to avoid possible conflicts of responsibility. In addition, more needed to be done to clarify its working arrangements and financial support. Comments raised by some delegations concerning the text of the Declaration were considered by a drafting committee appointed by the Conference, and are reflected in the final text of the Declaration adopted by the Conference at its closing session.

## **Environmental Health Action Plan for Europe**

In the course of the debate, many delegates drew attention to points that they thought required greater emphasis in the planning and implementation of the Action Plan. It was stated that the Action Plan would be a major element in the new environmental policy that

Europe, the cradle of the industrial revolution, would have to follow if it were to take the lead in a second revolution that will create sustainable patterns of future economic development, not just in Europe but throughout the world. The following is a summary of some of the points raised in the statements that are of importance in developing and implementing the Action Plan.

*Sustainable development and internalization of environmental costs*

In the past, the true costs of what we take from the environment had not been taken into account. In future, environmental costs should be internalized. Current economic difficulties were not a reason for the failure to do this; eventual remedial costs would almost certainly be greater. In any case, there were many situations where restructuring of the industrial, energy and agricultural sectors provided many opportunities both to improve efficiency and to promote protection of the environment and health.

The Rio Declaration had placed humanity at the centre of sustainable development, and WHO's Global Strategy and the Action Plan both reflected this. Sustainable development required that all countries, even if at different stages of economic development, take measures to change patterns of production and consumption (and waste generation) and lifestyles that had a direct impact on health or that contributed to environmental degradation. Economic instruments should be further developed to internalize environmental costs and thereby to promote such changes.

Intentionally or unintentionally, economic development in Europe had sometimes created environmental health problems not only locally but also further afield. This was no more acceptable than bequeathing such problems to future generations.

It was recognized that existing environmental health problems needed to be remedied, but preventive measures and the use of environment and health impact assessments should not be neglected.

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### *Countries in transition*

All delegations emphasized the special difficulties of countries in transition, which have to deal with environmental health problems resulting from past patterns of development. Although great differences existed between countries in transition, certain problems were commonly mentioned: inadequate water supply, sanitation and waste disposal systems, and the need to strengthen capabilities for environmental health management. Environmental "hot spots" were described, including radioactive and agrochemical contamination and urban air pollution.

All countries in transition stated their need for financial and practical support. While acknowledging examples of successful bilateral and multilateral cooperation and the important role being played in particular by the European Commission and the United Nations Economic Commission for Europe (ECE) in assisting such countries, many of them pointed to the need for the international lending institutions to adopt a more flexible approach in arrangements for repayment of loans. Those countries affected by armed conflict had particular difficulties in these respects. It was noted, too, that environmental health problems could be complex in small countries with very limited resources. Solidarity as well as sustainability should be a guiding principle in devising and implementing environmental policies supportive of health. In this context, those countries that had made substantial progress in improving environmental health should share their experience with those that were less advanced, and make it possible for the latter to have access to appropriate technologies, training and expertise, with the assistance of international organizations as needed. The role of international organizations was important in assisting in building, reorganizing or improving national capacities, services and structures, and in putting to best use the expertise and facilities that countries were prepared to make available to that effort.

### *International collaboration at subregional level*

The importance of international collaboration at subregional level was emphasized by several countries. The Council for the Barents

Region was one example; its future activities would include identification of ways to ameliorate the adverse effects of, for example, industrial pollution and radioactive waste, and of living and working in the Arctic climate. Successful agreements and the need for further practical joint actions for the protection of environmental health in relation to the Baltic and Adriatic Seas were also mentioned. Ensuring the safety of nuclear power plants and preventing the hazards of radioactive nuclear waste around the Baltic Sea were mentioned as a new area for collaboration; it was also suggested that further efforts were needed to prevent eutrophication of the Adriatic Sea. It was pointed out that the Convention for the Protection of the Black Sea against Pollution currently lacked consideration of health effects. The need for collaborative efforts to prevent pollution of Lake Sevan – a prospective source of drinking-water for the trans-Caucasian region – was stressed. Similar issues were raised concerning Lakes Ohrid, Prespa and Dojran.

Three delegations each made a specific proposal and requested that WHO should consider the feasibility of establishing:

- a Central Asian Committee on Environment and Health to be set up in Uzbekistan;
- a Centre for Tourism and Environmental Health in Croatia; and
- a training centre for environmental health in Sofia, which would be a focus for professional training in the countries of central and eastern Europe (CCEE) and provide assistance in the development and implementation of national environmental health action plans.

Several delegations suggested that, following the successful outcome of the Conference, the WHO Regional Office for Europe should seek extrabudgetary funds from international funding institutions and donor countries to support implementation of the Action Plan. Many countries requested that further resources should be made available for the ECEH to increase its capabilities, particularly for technical support to countries in transition. It was

also suggested that environment and health be given a higher political profile and be on the agenda of future meetings of heads of governments.

### *Armed hostilities*

It was emphasized that peace was a prerequisite for improvement in environmental health and for permanent sustainable development in the Region as a whole. However, it was also stressed that cooperation between countries on environment and health was important for the promotion of peace.

Armed hostilities and civil strife in a number of countries of the former USSR, as well as in the former Yugoslavia focused the Conference's attention on the need not only to restore peace but also to increase efforts to alleviate the suffering of victims, not least the refugees, and to restore the basic environmental health infrastructures. This restoration was one of the most urgent priorities in Europe. In this connection, the Conference took special note of the practical help provided by ECEH, whose representative made a plea for more support for engineering projects to repair essential services. It was pointed out that insufficient attention had been paid to the health hazards in the former Yugoslavia associated with shallow graves and with the breakdown of waste disposal systems and the resulting increase in infestation by disease vectors.

### *Partnerships*

Several delegations laid stress on the general need to ensure active public participation in identifying and resolving environmental problems with health implications, if policies were to be successfully implemented. There was still a need to develop and strengthen the nongovernmental organizations in some countries. Prevention or mitigation of environmental health problems should also involve all those with responsibilities, for example, for the industrial, energy, transport and agricultural sectors. Cooperation between environment and health departments still needed to be strengthened in some countries. Forging such partnerships at all levels – local, national and international – was an important and

effective way of achieving improvements. Such partnerships must not be limited by national borders but should be extended regionally or globally as required by the scale of the problem. WHO and other international organizations should continue to play a crucial role in ensuring international, intersectoral cooperation.

### *Urban challenges*

The urgent need to tackle the growing problems of the urban environment in most countries was given special attention throughout the Conference. Some problems could be prevented by improved city and land-use planning. The nature of existing problems varied from country to country and, indeed, from city to city. Infrastructural deficiencies may prevail in some; in others the most urgent issues were inadequate water supply, sanitation and waste disposal, or problems associated with such circumstances as overcrowding, inadequate transport and lack of recreational space and facilities. In all cases, improvement of the urban environment would require major changes in environmental policies and approaches, which took account of the relationship between physical, social, cultural, economic and institutional factors and health and wellbeing. Solutions could not be imposed from above or follow uniform prescriptions, but would have to be brought about through consideration of local characteristics and needs, guided by the principle of subsidiarity, and involving local communities. WHO's Healthy Cities project and the United Nations Centre for Human Settlements (HABITAT) programme were seen as important tools for effecting urban improvement.

However, there was a strong correlation between poverty and poor health, and the poorest sections of communities were often those with the worst environmental quality. This made it difficult to determine the extent to which different factors were affecting health. Furthermore, there was a lack of relevant data for analysing the problems of the most marginalized groups. The profile of urban health needed to be raised in all relevant areas; the issues were far wider than those of environmental health.

### *Work environment*

Health and safety at work was considered to be one of the important areas for creating conditions supportive to health. Several countries were giving occupational health problems priority in their environmental health programmes, but still about 50% of working people did not have access to appropriate occupational health services.

### *Accidents*

Prevention of accidents in the home, on the roads and at work was considered a highly cost-effective objective. The first step should be to increase awareness of the numbers killed and injured annually, and the resulting costs to society. The concept that most accidents happened by chance had to be dispelled; the majority were preventable. The causes were cultural, organizational, or due to inadequate risk management. There was a need for transparency in the systems used for assessing and managing risks and all the actors needed to be involved in preventive measures. It was pointed out that effective prevention of accidents involving elderly people required changes in their local environment rather than in their behaviour.

A number of delegations referred to the risk posed by obsolescent nuclear plants or those not properly equipped with containment structures and subject to lax safety measures. When such plants could not be phased out all together, it was in everyone's interest to ensure that international assistance was provided to improve their safety. Monitoring and early warning systems should be developed. The representative of the International Atomic Energy Agency (IAEA) submitted a written statement, referring to the Agency's role in emergency planning and preparedness for nuclear accidents and, together with the United Nations Development Programme, in strengthening radiation safety infrastructures in countries of the former USSR. The Convention on Early Notification of a Nuclear Accident and the Convention on Assistance in the Case of a Nuclear Accident or Radiological

Emergency had been ratified by, respectively, 36 and 35 countries of the WHO European Region.

The Chernobyl accident had highlighted the dangers. It had resulted not only in a number of acute casualties but also in long-term effects, including the development of thyroid cancer, particularly in children. There had also been profound consequences to health due to anxiety and stress, including the adverse effects of changes in lifestyle. However, new insights had been provided on how better to manage the psychological impact of major accidents on local populations. Better understanding of the possible health effects of environmental radiation was needed by members of the public and the health care services. In this context, the IAEA statement referred to the possibility that misunderstanding of the situation resulting from the Chernobyl accident may have aggravated the social, economic and health problems of the affected populations, particularly in the context of relocation and food restrictions.

### *Transport*

Closely related to urban problems were those of road traffic. Its role in facilitating communication had all too often been nullified by the road congestion created. It was a major cause of accidental deaths and permanent disability, and an important source of noise nuisance. It was also a major contributor to the poor quality of air in many cities where the increasing number of cars had offset the benefits of the use of catalysers. Some countries had already addressed these problems and shown how major improvements could be achieved. The increasing use of heavy goods vehicles for international transport called for cooperation among neighbouring countries in developing an integrated transport policy.

### *Role of research*

It was emphasized that, where possible, environment and health policies should preferably be based on sound science. The Concern for Europe's Tomorrow report had provided the scientific basis for the development of the Action Plan; it should also be useful in the

development of national priorities. The report had also drawn attention to gaps in knowledge, which could only be filled by research. The research initiative proposed by the European Science Foundation should address these research needs.

### *Microbiological and chemical safety*

Some delegations drew attention to the increasing frequency of infectious diseases: hepatitis A and gastrointestinal infections. They pointed out that disease control depended on the availability of safe supplies of water in some countries, while in others the food production chain was mainly responsible for the problem. The Action Programme for Drinking Water and Environmental Sanitation, endorsed at the Ministerial Conference held in the Netherlands in March 1994, and subsequently by the CSD at its second session in May 1994, was relevant in planning action in this area.

The relevance of the decisions reached at the Stockholm Conference on Chemical Safety, which were subsequently endorsed by the CSD, was also noted. It was suggested that the further decisions adopted by the CSD on waste, human settlements and human health should also be taken into account when finalizing the Action Plan, in order to link global with regional actions to improve environmental health.

### *Other points*

Other matters that required greater emphasis in the Action Plan included the indoor environment and the possible role of air quality in the increasing prevalence of asthma; noise; lead and other heavy metals; the possible greater use of renewable sources and waste for energy production; and the need for greater awareness of the potential impact on health of damage to ecosystems. It was also suggested that the Action Plan should note that ecological indicators are often a more sensitive indication of environmental damage, and their use made possible a precautionary approach for the protection of health. The Action Plan should more clearly address the question of implementation, including the setting and monitoring of specific

targets, and the development of partnerships between government departments, local authorities and communities. Overall success would depend on successful implementation at all levels.

## IMPLEMENTATION OF THE ACTION PLAN

### Support

A number of delegations offered their support to the implementation of the Action Plan.

- *Austria* confirmed its policy of active participation in international cooperation in the field of environment and health, and its readiness to make its expertise available to the CCEE.
- *Belgium* offered to host workshops on the promotion of health and the environment in schools in support of the WHO Healthy Schools project.
- *Croatia* offered to assist countries in transition in capacity building, by preparing guidelines and making expertise available. It also offered to provide logistical support to international teams that would cooperate in postwar rehabilitation in Croatia and Bosnia and Herzegovina.
- *The Czech Republic* would be hosting a workshop under the auspices of UNCSO in 1995, on economic instruments for sustainable development in central and eastern Europe.
- *Denmark* indicated the high priority it gave to assisting the CCEE through transfer of knowledge and by financial and technical support. It would be open to future closer cooperation with the Regional Office in these activities.
- *France* pledged continued support for the ECEH (Nancy Operational Division) and indicated that it would promote further partnerships between teams of soil experts in France and their counterparts in the CCEE. France also stated its

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readiness to share its extensive experience in integrated urban action policies with the Regional Office and Member States.

- *Germany* planned to hold seminars, jointly with WHO, on drinking-water quality and protection of water resources, and on environmental health in public health.
- *Ireland* offered to make available its experience in organization and training related to environmental health management. It would be willing to take an active role, with other interested countries and WHO, in helping to develop model curricula for decision-makers and professionals. It would also offer assistance to the proposed training centre for environmental health in Sofia, if it were established.
- *Italy* pledged continued support for the ECEH (Rome Operational Division) and said it would support proposals in the Action Plan to help countries in transition, through the activities of the Centre. Italy would like to see the ECEH's capacity strengthened by an increase in resources through support from United Nations agencies, the European Union and other countries.
- *Lithuania* drew attention to an important WHO conference in Vilnius in November 1994, for the CCEE to consider developing national plans of action for environment and health management.
- *The Netherlands* indicated its readiness to continue to support the Bilthoven Operational Division of ECEH, subject to the forthcoming review of its activities and to additional support from other countries (financial or human resources). The Netherlands would support the water supply components of national action plans in countries in transition.
- *Poland* stated its willingness to make its experience of technological transfer available, with the objective of standardizing methodology.

- *Tajikistan* suggested that, with support, its abundant hydroelectric resources could be further developed to supply energy to neighbouring countries, reducing the need for thermal and nuclear energy. Furthermore, if support could be provided for a centre for monitoring, postwar rehabilitation and protection of its considerable water resources, a supply of safe drinking-water could be made available to the central Asian republics.
- *The United Kingdom* offered to host a meeting to plan the development of international research efforts in environment and health, to carry forward the initiative of the European Science Foundation.

## **Main events**

### *Environment for Europe, Sofia Conference, 1995*

A number of delegations suggested that the Helsinki Conference and its follow-up should provide a major input to the forthcoming ECE conference in Sofia in 1995. That conference would be the culmination of a process initiated in 1991 at Dobris Castle, and could be seen as the point of intersection of the Dobris/Lucerne and Frankfurt/Helsinki lines of approach. Because one of its main aims is to promote human health through the preservation and improvement of the environment on a sustainable basis, environmental health aspects would need to be given as much attention as other aspects of environmental protection. This could only be achieved through full cooperation among all the organizations involved.

### *Commission on Sustainable Development*

The Conference emphasized the need for countries to make an early start in preparing their national action plans, in order to meet the 1997 deadline to which ministers were committing themselves. This would also make it possible to provide an effective input to the Commission on Sustainable Development, which would be considering the subject of environment and health in that year.

Environmental health issues should be integrated into actions for sustainable development, which ranged from the immediate alleviation of environmental problems with profound impacts on health to longer-term preventive measures. The most effective improvements in environmental health would come from partnerships promoting changes in economic sector policies and from public participation.

#### *Other relevant conferences*

It was also suggested that the follow-up to the Helsinki Conference should take note of the following relevant international Conferences:

- the United Nations Population Conference later in 1994
- the United Nations Social Summit in 1995
- the United Nations Second Women's Conference in 1995
- the United Nations Second Conference on Human Settlements in 1996.

## STATEMENTS OF UNITED NATIONS, INTERGOVERNMENTAL AND NONGOVERNMENTAL ORGANIZATIONS

*European Commission.* The Commission endorsed the aims of the Conference and commended the Environmental Health Action Plan for Europe. The Commission also drew attention to the European Union's extensive programmes aimed at assisting countries in transition with their environment and health problems.

*European Parliament.* The Conference noted with appreciation the support expressed by the European Parliament for the objectives of the Conference.

*Food and Agriculture Organization of the United Nations (FAO).* The representative of FAO, recalling the long-standing involvement

of his agency in matters related to environmental health protection and close association with WHO's activities, especially in the field of nutrition and food safety and the safe use of pesticides, stated that all the priorities mentioned in the Action Plan were consistent with FAO's goals and that FAO would consider participating in the proposed EEHC.

*United Nations Environment Programme (UNEP).* The representative of UNEP mentioned that organization's lead role in the Global Environmental Monitoring System and the International Register of Potentially Toxic Chemicals, and its partnership with WHO and the International Labour Organisation in the International Programme on Chemical Safety (IPCS) and in the newly established intergovernmental Forum for Chemical Safety. For those reasons and because of the new emphasis given to its regional activities, UNEP wished to be closely associated with the implementation of the Action Plan. It would be appropriate for UNEP to be designated as a member of the EEHC, within the framework of the United Nations institutions.

*United Nations Economic Commission for Europe (ECE).* The representative of ECE stressed the role that it had played in developing a number of environmental conventions in Europe. The Commission expected that, through the Action Plan which it strongly supported, WHO would play an increasingly important role in the implementation and further development of these conventions and in the formulation of future European environmental conventions. It considered establishment of the EEHC important for enhancing coordination and implementation of actions in mutual efforts to promote environmental health objectives.

*Environment for Europe Process.* The Chairperson of the Working Group of Senior Governmental Officials, Environment for Europe Process, explained that the Environmental Action Programme (EAP) for central and eastern European countries is being elaborated on the basis of the State of the Environment report. Although the Programme was largely concerned with short-term action, it

provided a starting point for longer-term results. For joint health and environment benefits a combination of short- and long-term options would be necessary. The Action Plan was seen to be instrumental in this process.

*Organisation for Economic Co-operation and Development (OECD).* The representative of OECD stated that much work relevant to the Action Plan was being carried out by his organization, and that OECD was fully prepared to participate in the work of the EEHC as a relevant intergovernmental organization.

*United Nations Centre for Human Settlements (HABITAT).* The representative of HABITAT also wished his organization to be associated with the implementation of the Action Plan and with the work of the EEHC. It was ready to contribute its experience in its current major activities related to health in the urban environment.

*World Bank.* The representative of the World Bank stressed that for the last five years it had applied environmental health criteria in developing environmental sector strategies and investment projects. This was reflected in the EAP for central and eastern Europe. The Bank was fully committed to supporting environmental health issues in countries in transition. If, as a result of the Helsinki Conference, it were approached with new requests for projects that addressed the issues discussed, it would be ready to expand its current lending portfolio to tackle the most acute environmental health issues.

*Standing Committee of the WHO Regional Committee for Europe.* The Chairperson of the Standing Committee emphasized that the findings reported at the Conference should serve as the basis for consideration of the health aspects of the topics for discussion at the ECE Conference in Sofia in 1995. He stressed the role that the EEHC would have in promoting closer cooperation between the WHO Regional Office and other international organizations active in the environmental health field in Europe.

*European Science Foundation.* The representative of the Foundation pointed out that the potential for scientific research to contribute to the continuing evolution of national and international policy on environment and health issues has yet to be realized. The Foundation welcomed the proposal in the Declaration for a common environment and health research policy, and looked forward to working with the Regional Office and the European Commission.

*European Environmental Bureau.* The representative of the Bureau offered assistance in drafting proposals for meeting the need, identified in the Action Plan, for effective public participation.

*Other nongovernmental organizations.* Representatives of NGOs emphasized their role in increasing public awareness on issues of sustainable development and in improving the dialogue between governments and NGOs. They also stressed the importance of equity in the management of environment and health, and the close link between democracy, environmental quality and public health.

## CONFERENCE DECISIONS

In its final session, the Conference took the following decisions:

- The Helsinki Declaration on Action for Environment and Health in Europe was adopted.
- The Environment and Health Action Plan for Europe was endorsed, subject to further revision to take account of points raised at the Conference and recorded in this report.
- The report was approved, subject to completion after the Conference.
- Delegates asked the Regional Office to arrange a third conference on environment and health, which the United Kingdom had offered to host. It was suggested that ministers with responsibilities for finance and particular economic sectors should be invited to participate. Also, a report on the

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work of the newly established committee on environment and health should be made available.

*Annex 1*

**CONFERENCE PROGRAMME**

**Monday, 20 June 1994**

**Opening ceremony**

**Welcome speeches**

Mr M. Ahtisaari, President of Finland  
Dr J. E. Asvall, WHO Regional Director for Europe  
Professor Dr K. Töpfer, Minister of the Environment, Nature  
Conservation and Nuclear Safety, Germany (*Outgoing Conference  
Chairperson*)

**Conference hosts**

Dr J. Huuhtanen, Minister of Social Affairs and Health, Finland  
Ms S. Pietikäinen, Minister of the Environment, Finland

**THEME 1. THE ROAD TO HELSINKI**

**Session 1. Chairperson:** Dr J. Huuhtanen, Minister of Social Affairs and  
Health, Finland

**Keynote presentations: Global and European developments**

**Agenda 21 – commitments to actions towards sustainable development**  
Professor Dr K. Töpfer, Minister of the Environment, Nature Conservation and  
Nuclear Safety, Germany

**The European Union – integrating environment and health**

Mr Y. Paleokrassas, Member of the European Commission

**WHO global strategy for health and environment**

Dr W. Kreisel, Executive Director, Health and Environment, WHO  
headquarters

**UN/ECE environmental programme**

Mr C. Lopez-Polo, Director, Environment and Human Settlements Division,  
UN/ECE

**WHO's strategy for environment and health in Europe**

Dr S. Tarkowski, Director, Environment and Health, WHO Regional Office of Europe

**Statements by delegations**

**THEME 2. ENVIRONMENTAL HEALTH IN THE NEW EUROPE**

**Session 2. Chairperson:** Dr E. Papazoi, Deputy Minister, Ministry of Environment, Planning and Public Works, Greece

**Invited presentation: The environmental health situation in Europe**

**Concern for Europe's Tomorrow**

Sir Donald Acheson, Chairman, Scientific Advisory Board of the WHO European Centre for Environment and Health

**Statements by delegations**

**Session 3. Chairperson:** Ms S.Veil, Minister of State for Social and Urban Affairs and Health, France

**Invited presentations: Urban health challenges**

**City glimpses**

Dr J. Wiczorek, President, City of Torun, Poland

**Europe today: Urban health challenges**

Dr R. Lawrence, Centre for Human Ecology and Environmental Sciences, University of Geneva, Switzerland

**Facing the future**

Ms S.Veil, Minister of State for Social and Urban Affairs and Health, France

**Statements by delegations**

**Tuesday, 21 June 1994**

**THEME 2. ENVIRONMENTAL HEALTH IN THE NEW EUROPE**

**Session 4. Chairperson:** Dr Y. Kostenko, Minister for Environmental Protection, Ukraine

**Invited presentations: The lessons of Chernobyl**

**The legacy of Chernobyl**

Dr K. Baverstock, WHO European Centre for Environment and Health and Professor L. Levi, Department of Stress Research, Karolinska Institute, Sweden

**Statements by delegations**

**Session 5. Chairperson:** Dr J.C. Lopes Martins, Secretary of State for Health, Portugal

**Invited presentations: Armed conflict and environmental health**

**Introduction**

Dr H. Vuori, Special Representative of the Regional Director, WHO Office, Zagreb

**The experience of a country at war**

Professor M. Beganovic, Minister of Health, Bosnia and Herzegovina

**Restoring healthy living conditions in territories devastated by war**

Professor A. Hebrang, Minister of Health, Croatia

**Peace and environmental health rehabilitation**

Dr P. Rushbrook, WHO European Centre for Environment and Health

**Statements by delegations**

**Session 6. Chairperson:** Dr V. Bossevsky, Minister of the Environment, Bulgaria

**Invited presentations: Environmental health in countries in transition**

**The environmental health situation in the Russian Federation**

Dr E.N. Beliaev, Chairman, State Committee of Sanitary and  
Epidemiological Surveillance of the Russian Federation

*in collaboration with*

Professor A.V. Jablov, Chairman, Council of Environmental Safety,  
Russian Federation

**Work of the European Centre for Environment and Health in Countries  
of Central and Eastern Europe**

Dr K. van der Heijden, WHO European Centre for Environment and Health

**Statements by delegations**

**Session 7. Chairperson:** Professor J. Tofoski, Minister of Health, The  
Former Yugoslav Republic of Macedonia

**Invited presentations: Accidents and peace-time emergencies****Accidents and environmental health**

Mr G. Hériard Dubreuil, Mutadis Consultants, France

**The responsibility of individuals and communities in the prevention of  
accidents**

Dr O. Mathis Hetta, County Medical Officer, Stavanger, Norway

**Statements by delegations**

**Wednesday, 22 June 1994**

**THEME 3. THE WAY FORWARD IN PARTNERSHIP**

**Session 8. Chairperson:** The Rt. Hon. J. Gummer MP, Secretary of State  
for the Environment, United Kingdom

**Invited presentations: Implementation of the Environmental Health  
Action Plan for Europe – Challenges for governments, intergovernmental  
and nongovernmental organizations**

**The Environmental Health Action Plan for Europe – a challenge to  
governments**

The Rt. Hon. J. Gummer MP, Secretary of State for the Environment, United  
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**The Environmental Health Action Plan for Europe – a challenge to a country in transition**

Mr B. Blaszczyk, Undersecretary of State for the Environment, Poland

**European collaboration on implementing Agenda 21**

Mr K. Bärlund, Chairman, UN/ECE Committee on Environmental Policy

**Achieving long-term environmental health objectives in partnership**

Professor T. Zeltner, Chairperson, Standing Committee of the WHO Regional Committee for Europe

**The European Commission and environmental challenges**

Mr G. Del Bino, Acting Director, Directorate-General XI, European Commission

**The role of international funding institutions in achieving the environmental health policy objectives**

Dr P. Wilczynski, Environment Division, World Bank

**The role of nongovernmental organizations in achieving environments supportive to health**

Mr R. Van Ermen, Secretary-General, European Environmental Bureau

**Statements by delegations**

**Session 9      Adoption of the Helsinki Declaration**

**Chairperson:** Ms S. Pietikäinen, Minister of the Environment, Finland

Rapporteur's report

Discussion

Adoption of the report and the Declaration

**Signing ceremony**

**Closing ceremony**

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