DEVELOPMENT OF NATIONAL ENVIRONMENTAL HEALTH ACTION PLANS

WORLD HEALTH ORGANIZATION
Regional Office for Europe
COPENHAGEN

TARGET 18

POLICY ON ENVIRONMENT AND HEALTH

By the year 2000, all Member States should have developed, and be implementing, policies on the environment and health that ensure ecologically sustainable development, effective prevention and control of environmental health risks and equitable access to healthy environments.

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ABSTRACT

The WHO Regional Office for Europe organized a Consultation on the Development of National Environmental Health Action Plans (NEHAPs) as a follow-up to the recommendations made at the Second Ministerial Conference on Environment and Health on the need for developing action plans at the national level. A pilot project was launched with the aim of developing a NEHAP in the six participating countries by 1996. The objective of the Consultation was to serve as a forum for sharing the experience gained in the pilot countries and reviewing progress made by Member States in implementing decisions made at the Second Ministerial Conference. Participants would also be given the opportunity to identify priority areas where assistance from international organizations and funding institutions could best contribute to national efforts to improve the environment so that it is supportive to health. The participants agreed that NEHAPs were an excellent means by which to tackle environment and health problems and that it was important to involve the economic sector. The conclusions and recommendations made at the Consultation would be submitted to the Third Ministerial Conference "Environment for Europe".

Keywords

ENVIRONMENTAL HEALTH
ENVIRONMENTAL POLICY
HEALTH PLANNING
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INTRODUCTION

The Second Ministerial Conference on Environment and Health, which was held in Helsinki from 20 to 22 June 1994, gave high priority to the development of national environmental health action plans (NEHAPs) under the Environmental Health Action Plan for Europe (EHAPE). Considering the implications for Member States of the commitments emanating from the Helsinki Declaration and the target of 1997 for the preparation of these plans, the newly established European Environment and Health Committee (EEHC) endorsed the NEHAP programme at its first session, held in Bilthoven, from 13 to 14 March 1995. The objective of the NEHAP programme is to support Member States in their efforts to find the most cost-effective approaches to developing and implementing their national action plans. This can be facilitated by sharing country experiences, securing domestic funds and providing external assistance of a technical and financial nature through bilateral arrangements and/or the support of international organizations. On the basis of several country initiatives, a NEHAP pilot project was launched comprising six countries that had committed themselves to developing a NEHAP by 1996 and to sharing their experiences with other countries.

Because several, if not all, countries have many of the same problems in common, there are advantages in sharing technical expertise and experience when wanting to choose the best possible options for developing national action plans. Therefore, encouraged also by many Member States, WHO decided to organize a Consultation on the Development of National Environmental Health Action Plans for senior governmental representatives responsible for the development of such plans. The Consultation would serve as a forum for sharing experience gained in countries and reviewing progress made by European Member States and relevant international organizations and institutions in implementing the Helsinki Conference decisions. Furthermore, discussions would be held on the needs and priority areas where assistance provided by international organizations and funding institutions could best contribute to the national efforts to improve the environment so that it is supportive to health. The resulting recommendations would form the basis of a report to

the EEHC. Input on country priorities and capacity needs would be submitted by the relevant countries to the NEHAP Task Force based on their work on national environmental action programmes (NEAPs). The Task Force report would serve as a framework for defining the priorities of relevant international organizations and institutions in Europe.

The Consultation was attended by representatives of 38 Member States of the WHO European Region, three international organizations, and one nongovernmental organization. A list of participants is attached as Annex 2. The participants elected Dr R. Argirova and Dr N. King Co-Chairpersons. Dr A. Pinter was elected Rapporteur.[1]

The Consultation was opened by the Minister of Health of Bulgaria, Dr M. Vitkova. A welcome speech was also made by the Minister of Environment, Mr G. Georgiev. They both commended the unifying nature of the EHAPE process. They stressed the need for constant and united efforts to tackle the problems of environment and health but pointed out that the environment, health and wellbeing should not be considered burdens but, rather, resources.

DISCUSSION

In order to achieve the above-mentioned objectives, and to make it feasible that as many participants as possible would take active participation in it, the Consultation was conducted through plenary sessions and sessions in working groups. In order to also review progress made by countries in the development of their NEHAPs, a questionnaire was drafted and distributed to country delegations. The results of this survey (Annex 1) should be seen as provisional only and will be used by the WHO secretariat internally to assist in planning future activities.

[1] The particular assistance in the conduct of the meeting and in the preparation of this report of working group chairpersons, Mr J. Uzunov, Dr M. Holopainen, Mr P. Roch and Professor A. Serdjuk, and Rapporteurs, Mr K. Markvart, Dr S. Velina, Dr B. MacGibbon, Mr P. Kendall and Mr D. Perridge, is acknowledged.

The challenge of the 1990s

The strategic elements of the EHAPE process, particularly the need for criteria by which to set priorities and the main objectives of the international actions endorsed at the Helsinki Conference, were discussed. The presentation on the environmental action plan for countries of central and eastern Europe (CCEE) highlighted the complementarity of the NEAP and NEHAP processes. They should be regarded as processes, not as mere documents, and should be developed in close coordination with the country level.

National policies and implementation strategies

NEHAPs: setting up the planning process

The pilot countries had been learning by doing. The Consultation was intended as a forum for sharing experience. The pilot countries had identified five key areas in the planning process: a decision to go ahead; a strategy for preparation with a defined timetable; the drafting process; public consultation; and bringing together the disparate elements in a finalized plan. Responsibility for the plan rested ultimately with governments but action was shared with others and required persuasion and participation.

The six pilot countries reported on progress in their countries. Many important points were common to all countries: the need to establish clear responsibilities and adequate powers; the need to identify key contributors (experts, officials, representatives of interest groups); the need to give contributors a clear mandate and a full sense of involvement in a cooperative effort; the importance of public consultation; and, overall, a strategy for completing the process itself within a reasonable timetable. The methods by which each country organized itself to achieve these goals varied considerably.

The six countries also identified a number of important administrative difficulties: changes of governments, ministers and senior officials; holidays; the delays caused by the pressure of urgent business; the shifts caused by changes in public perceptions, demands for services and higher standards; and the devolution of powers. The need for domestic resources was a severe and unavoidable constraint in some cases.

Discussion of the planning process ranged over: the number of staff assigned to the preparation of NEHAPs; the need for political commitment in the face of changing public demand; and how to involve the industrial sector, one possibility being voluntary agreements.

NEHAPs: strategy, format and content

The advantage of establishing priorities in a stepwise manner was that it removed the process from short-term political pressures. Some countries pointed out the need for setting up guidance on methods for developing action plans.

One country pointed out that the EHAPE format had created difficulties because of the mismatch between the EHAPE and the way the country was organized. Moreover, the EHAPE format would, if followed completely, lead to much repetition. Other points raised were: the difficulties related to risk evaluation; the need to integrate the NEAP and NEHAP processes with sustainable development strategies and a response to Agenda 21, which was agreed at the United Nations Conference on Environment and Development; and the need for the health sector itself to be an exemplary player in the field of environmental health.

Progress in development of NEAPs in CCEE

Among the successes of NEAP work in these countries were a high level of commitment and adherence to a timetable. The principal obstacles that had been encountered were problems of interministerial cooperation, lack of public participation and difficulties with the analytical phase. Most countries expected difficulties in implementation, mainly due to shortage of funding. In general, NEAPs were less ambitious than NEHAPs but perhaps more easily implemented. A particular lesson was that unless projects were costed, funding ministries rejected the plans.

In discussion it became clear that some CCEE and newly independent states (NIS) were integrating environmental health considerations into their NEAPs but the process was sometimes ad hoc, gradual or unformalized. It was recognized that improved human health led to greater resources. Several countries acknowledged the assistance provided by international organizations and donor countries.

Public participation was recognized as crucial to acceptance of NEAPs; however, educating people to the point where they could contribute was itself expensive. Among the ways identified to involve the public were issuing summaries of the plans and popularized editions of environmental impact assessments, and using various informal mechanisms.

Key issues relevant to the success of the planning process

Gaining public support for NEHAPs

Public awareness was important so that politicians could be influenced and, conversely, so that they could respond to public pressure, which itself should not be misguided. Such awareness should operate down to local levels. The public should have access to independent sources of information as the information provided by producers could be one-sided.

The activities of environmental nongovernmental organizations were obviously important. Strategies on health and the environment needed to take account of deregulation initiatives, world standards, possible changes to the European Union Treaty related to health protection and adoption of a chapter on the rights and duties of European citizens.

At a meeting of nongovernmental organizations in Toulouse on the subject of environment and health, agreement was reached on various measures, including proposals on the preparation of NEHAPs, NGO guidelines on health and the environment, ways to "green" the budget, environmental impact assessment and a framework of key principles.

Identifying priority environmental health problems

In some, mainly western European, countries the most pressing problems have already been tackled and priority-setting is almost unnecessary. For others, the identification of priority environmental issues could be done in two stages, as explained in the EHAPE. Some countries involved in armed hostilities expressed their priority of securing the lives and wellbeing of the population. Priorities should not be confused with timescales for implementation, which depend on feasibility and resources. However, preventive measures

should be adopted at an early stage. Another approach to setting priorities could be based on an assessment of environmental factors and an analysis of health indicators.

A federal state explained that it required a full participatory system to enact laws involving repeated consultation and review. In relation to its NEHAP and to consultation generally, it considered investment in time and dialogue as a way to avoid the need for control and coercion.

Sharing responsibilities among different levels of authority

The development of action plans by a particular local authority was described. City health profiles were used to stimulate public interest while identifying targets and monitoring progress. NEHAPs should include approaches and actions that encourage local cooperation and initiatives. National plans need local action.

International collaboration

Resources do not exist to address all the problems of the environment and health. Confounding factors make identifying environmental threats to human health difficult, but international funding institutions will aid careful epidemiological studies aimed at overcoming these.

Small investments in the private sector have sometimes achieved significant environment and health gains at no cost. Changes of behaviour through levying taxes or using other measures can yield benefits at little cost. Projects that use innovative approaches to solving environmental health problems and that also stimulate economic growth can be funded; for example, the World Bank is willing to finance such projects. Funds are scarce and increasingly difficult to obtain. It is therefore vital to use them on economically sensible projects.

There are already bilateral and multilateral conventions that address such transboundary environmental issues as the quality of air and water, environmental impact assessment and industrial accidents. They include procedures for consultation, provision of information, public participation, mutual assistance and conflict prevention and resolution. To implement them, measures need to be coordinated between the environment and health sectors at national

and local level. The United Nations Economic Commission for Europe (UN/ECE) is always ready to advise countries on ways to successfully implement the agreed measures. The various articles in these conventions that relate to both the environment and health should be included in NEHAPs.

Because many problems are common to several if not all countries, there is a great need for international assistance to choose and develop the best possible means to solve them. Many countries recognize capacity-building and further development of environmental health management tools as being important. Further efforts by and collaboration among international organizations are required to provide policy options, particularly in priority technical areas such as the organization of environment and health services, the establishment of a harmonized environment and health information system with well defined appropriate indicators, the implementation of cost–benefit analyses, the ability to secure domestic financing, the introduction of economic incentives, and the defining of appropriate professional profiles in environment and health linked to proper education and training.

CONCLUSIONS AND RECOMMENDATIONS

1. NEHAPs are an essential tool for Member States to deal with their environment and health problems. They are also a useful means for Member States to meet the commitments made at the Helsinki Conference as a contribution towards the implementation of Agenda 21.

2. The following key elements identified by the NEHAP pilot countries are important for a successful start in setting up national action plans:

   - firm government and other political decisions at high level, including on allocation of key responsibilities, should be made;

- the basic strategy for the planning process needs to be clearly defined;
- the process should involve all relevant sectors and responsibility should be shared among participants to ensure ownership;
- a definite timetable should be set;
- how the drafting is to be carried out and the plan's format should be clarified;
- ways in which the public can participate in the process should be identified.

3. The planning process should include consideration of implementation of the NEHAP.

4. The planning process may be hindered by:

- lack of a clear mandate and high-level support
- lack of cooperation between relevant ministries
- frequent changes in key ministerial or official positions
- lack of sufficient funds and delegated staff
- lack of experience in preparing plans
- inappropriate public participation in the process.

5. Setting up the planning process requires domestic financial and technical support, and some countries will need help from external sources.

6. Success in developing a NEHAP is likely to depend on the active involvement of the public, both during the process of developing the NEHAP and in the implementation phase. Nongovernmental organizations could have a critical role to play in communicating the principles of NEHAP to the public, on the one hand, and communicating the public's views to the planners and decision-makers, on the other.

7. Countries should involve the economic sector in developing NEHAPs; WHO and other international organizations should

cooperate with international industry and economic organizations to encourage industrial partnership in the implementation of NEHAPs and private investment.

8. Local communities should make use of the experience of the Healthy Cities project in setting up local environmental health action plans.

9. The assessment of environmental health risks and the setting of priorities on the basis of scientifically sound risk assessment is necessary for establishing and implementing a NEHAP. Countries and international organizations with relevant experience should make this available to others.

10. WHO in collaboration with other relevant organizations should provide further guidance on the methods for priority assessment, the quantification of health benefits and detriments and cost–benefit analysis.

11. Internationally harmonized efforts should be made to solve transboundary environmental health problems. National obligations under relevant international conventions and other legally binding instruments should be part of the NEHAPs.

12. International funding institutions should take full advantage of the technical expertise of appropriate international organizations. Such cooperation facilitates concerted international actions in areas with severe environmental health problems.

13. Close collaboration between NEAPs and NEHAPs should be established since they deal with several common issues and human health considerations are priorities in both. They also both contribute to sustainable development as they complement and supplement each other; however, duplication of effort should be avoided. Environment and health benefits should be considered jointly in order to maximize the use of scarce national and international financial resources.

14. WHO should work out effective means to support countries' their efforts to form subregional groups to facilitate cooperation and development of NEHAPs.

15. Although little can be done through the NEHAP process to provide immediate support for countries suffering from the effects of armed conflicts, the provision of such support should be of high priority as soon as peace has been established. The second meeting of the EEHC in November 1995 should consider these issues.

16. WHO should organize seminars or working groups to share experience on capacity-building; the Healthy Cities project should be used more widely as a source of local capacity-building. WHO should give support to improving environmental health information systems, including the conduct of epidemiological studies.

17. WHO should set up a programme, building on existing resources in the Region, to promote the training of environmental health professionals, particularly for countries in transition.

18. The conclusions and recommendations of the Consultation should be submitted to the Third Ministerial Conference "Environment for Europe".

19. In order to promote the involvement of the economic sector in NEHAPs, representatives of economic and finance ministries should be invited to future conferences on environmental health issues.

Annex I

RESULTS OF A SURVEY ON THE DEVELOPMENT OF NEHAPS BY WHO EUROPEAN MEMBER STATES AS AT 30 SEPTEMBER 1995

Within the framework of the Consultation on the Development of National Environmental Health Action Plans, Sofia, 27–29 September 1995, and to meet its objectives, the NEHAP Task Force decided jointly with the Chairpersons and Rapporteurs of the meeting to carry out a survey to review progress made by countries in the development of NEHAPs. Thirty-eight of 50 Member States provided WHO with data on progress made in their respective countries. The following is a summary of the results of the survey.

1. One year after the Helsinki Conference:

   - The process of developing NEHAPs has already started in 27 (or 54%) of the WHO European Member States. This may be regarded as a promising start, demonstrating the political will and movement launched with the adoption of the Helsinki Declaration. Ten additional countries expressed their intention to start the process soon. It may therefore be concluded that 37 (or 74%) of all the Member States are committed to developing NEHAPs.

   - Out of these 37 countries, 16 have adopted government decrees or some other form of official document, and 19 additional countries have reported that their governments intend to do so soon.

   - Four draft action plans are reported to be ready: (a) one has already been submitted for public debate; (b) three have been prepared for further consultation.

   - National NEHAP steering committees for the development of NEHAPs have already been established in 13 Member States, mainly in countries with an approved government decision.

2. Besides the adoption of a government decision, country approaches with regard to how to start the planning process vary greatly:

   - 21 have adopted basic strategies and workplans for the preparation of NEHAPs;
   - 14 have defined timetables for the preparation of NEHAPs;
   - 21 have prepared or are preparing an environmental health situation analysis.

3. In 26 countries there are official government documents – programmes, plans, strategies or policies – covering environmental issues of importance and concern. Collaboration between the environmental health and the environmental protection sectors is further improving. Health sectors are trying to use the lessons learned by the environmental sectors as they are much more advanced in the process of developing programmes. This process still needs further encouragement both at the international and national levels.

4. Thirty-one countries recognized and stressed the need for international support, particularly that of the WHO Regional Office for Europe, to assist them in preparing their NEHAPs. The types of international support needed could be summarized as follows:

   - political, e.g. further encouragement of the highest possible level of government; the Regional Office is asked to use its political skills and to do its utmost to encourage countries to keep up the momentum, especially the NIS;
   - methodological, e.g. provision of methods and guidance to countries in different fields such as problem analysis, priority-setting, environmental health risk assessment, health impact assessment, public participation, cost–benefit analysis, programme development and management; in this respect, some CCEE and NIS should be encouraged to follow the proposed planning process, as described in the draft document entitled *NEHAP development. Setting up the planning process*;

- technical assistance to countries needing expert advice, e.g. provision of experts either by the Environment and Health Committee (EEHC) or by countries that are advanced in the process of NEHAP preparation;
- financial assistance during both the development and implementation phases of NEHAPs. The need for financial support to countries in transition for the process of developing and implementing NEHAPs was emphasized as being of the greatest importance. The EEHC was asked to explore various possibilities to assist countries either through finding donors on a bilateral basis (those that have pledged their support at the Helsinki Conference at least) or through better involvement of international funding institutions in the process;
- technical, logistical and economic support to countries ravaged by war (Bosnia and Herzegovina, Croatia).

5. In their final comments and recommendations countries identified the following key issues, which should be perceived and treated as top priorities for EEHC's future activities.

- Collaboration among Member States in developing NEHAPs needs further encouragement. The Regional Office should plan activities to support and thus further improve such collaboration, particularly at the subregional level through different means:
    - the NEHAP pilot project;
    - collaboration among groups of countries through various initiatives such as the Central European Group, the Sofia Group, the Baltic Group, the Nordic Initiative and the CAR NEHAP Initiative Group;
    - more frequent exchange of information on the progress made by countries in the development of NEHAPs;
    - seminars;

* establishment of a NEHAP information system acting as a "switchboard" for country requests for assistance related to various aspects of NEHAPs;
* production and distribution of materials;
* translation of documents into local languages; and
* promotion and/or establishment of WHO collaborating centres in CCEE/NIS.

- Capacity-building and training of professionals throughout the whole Region, and in particular in CCEE/NIS, would require special attention; education and training of professionals may be organized at the subregional level.
- Further promotional activities are expected to be planned and implemented to build sustained awareness at the international level, to maintain the success of the Helsinki Conference, and so as not to lose the enthusiasm still existing in the countries.

Annex 2

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