



Luxembourg, 5 March 2007

**DRAFT MINUTES OF THE 4<sup>TH</sup> MEETING OF THE  
WORKING PARTY OF HEALTH AND ENVIRONMENT**

**LUXEMBOURG, 1 DECEMBER 2006**

**1. Welcome, agenda and E&H EC Project summary table (Artur Furtado, Sanco C2)**

*Introduction*

The participants of the Working Party were welcomed. The meeting was chaired by Mrs Brigit Staatsen and Mr Artur Furtado.

Mr Furtado presented briefly the agenda which was adopted without changes.

*Presentation*

Next Mr Furtado presented Sanco's proposal for a listing of EC projects in the field of E&H which would contain primarily current and planned projects, their name, objective, duration and a link. The draft list now contains projects of DG Sanco, DG RTD, JRC and DG Environment. The idea behind such list is to facilitate access to various projects and to see what is going on as many DGs work in the field and also to prevent overlap.

*Discussion*

Dr Krzyzanowski proposed to make this list more attractive by adding maximum two sentences about the objectives of each project in order to facilitate further research.

Mr Farrar-Hockley commented on the overlap of many projects and according to him it would be very helpful if the DG Sanco or the Directorates could put a common workspace together in which the leaders of the research projects would have access. He expressed the wish that the NGO community would also have access to that space. This would make it possible to contact the project leaders and ask questions, obtain answers and interlink with different policies.

Mr Furtado answered that later in the day proposals for the Working Party website would be presented. He also asked all participants to update the list of project with any new data. The creation of a research discussion group might be feasible but at the present stage it seems quite difficult.

Mr Part indicated that much information activity is carried out by DG RTD, as they are preparing an environmental health portal where information on many projects can be found.

The JRC together with EEA are working for 'bridging the gap' conferences. It is still on the conceptual level and nothing has been concretely concluded in the form of agreements or in writing.

Prof. Briggs was delighted about the suggestion of the continuing the 'bridging the gap' process, he thinks it would be useful. It is also extremely important to establish a fruitful dialogue with Commission's administrators. Such coming together of projects would be a very precious initiative and many project leaders would welcome it.

Dr Guy Alois Magnus expressed the enthusiasm of the European Society for Research and Prevention on Environment and Health as to this initiative of bringing research issues into one platform. Such access would be very valuable for not only for the citizen, but also for professional groups working in national institutes, regional and local authorities, as well as professional associations in various disciplines throughout the EU.

## **2. Adoption of the Minutes of the 3<sup>rd</sup> Meeting of the Working Party**

The Minutes were adopted.

## **3. Update on the Environmental Burden of Disease (Copenhagen meeting) and overview of E&H activities of the JRC (Peter Part JRC)**

### *Presentation*

Examples of various data showed that there is a need for research and for clarification. JRC is supposed to indicate to decision makers which of these data are correct. Hence the key questions which were presented at the Copenhagen Workshop in September 2006 concerned the methods and ways of measuring the environmental burden of disease (EBD), the progress from single factor causality to multicausality and finally whether the EBD estimates are the right tools for communication and policy making. The major conclusions of this workshop were presented as well as future plans, among which there was information from the workshop to the Belgrade report 2007, input to the WHO Budapest process mid term review 2007, work out an update the European EBD study 2009 on children, to formulate considerations on how to make a scientific methodological state of art review, to identify research topics for new FP7 initiatives and to develop an EBD communication tool ("life quality index").

Dorota Jaroszynska (EEA) added that one of the follow-up activities of the September workshop was an attempt to look in a broader way at the issue of estimating and quantifying environmental impacts on health and one of those activities is to make a case study on EBD referring to the study made by Landrigan in the US and published in 2002 in Environmental Health Perspectives. This case study is meant to repeat the US study in the European context, based on the European figures to get European relevant estimates and also including the component of economic evaluation of those health impacts related to environmental conditions. Outcomes of this project are expected for the end of April or early May 2007.

She fully supports Mr Part's proposal to formulate things in a simple and clear way, as politicians and NGOs have difficulties in understanding scientific arguments. This also

concerns the Belgrade report, which is an environmental assessment report. It will contain health relevant messages and information where it is feasible. One of these issues to be included is this evaluation of EBD based on the WHO methodology.

#### *Discussion*

Dr Krzyzanowski commented that the Landrigan's approach has already been applied by the WHO on a global scale and the numbers were presented at a high level event at the Commission for Sustainable Development in New York in May.

He also raised a question whether there will be time left to discuss the Commission's report published a few weeks ago on environmental health. The impacts estimated were very small, around 1-2%, and those numbers raised significant reactions.

Mrs Staasten proposed to keep this topic for the end of the agenda.

Mr Farrar-Hockley raised a question concerning the review of the 6<sup>th</sup> environmental action programme done next year: how the review of Vienna and other reviews actually fit into the 6th environmental action programme? In his opinion the Commission should look at how this should fit in, as environmental and health was one of the 5 key components of the 6 FP. He also commented on the fact that the Commission has opened up a public consultation on how they should be doing their impact assessment. It is vital for DG Sanco to provide input to that process.

Ms Brigit van Tongelen replied that the work on the midterm review of the environmental action plan hasn't started yet. It will be adopted by May 2007 so that it could be an input for Vienna the WHO intergovernmental mid-term review meeting.

### **Overview of E&H activities of the JRC - continued (Peter Part JRC)**

#### *Presentation*

Mr Part presented the mission of the JRC as well as the JRC projects focused on four policy themes: 1. Prosperity in a knowledge intensive society, 2. Solidarity and the responsible management of resources, 3. Security and Freedom and 4. Europe as a world partner. He also presented JRC E&H project realised in 2007. The project 23001 ENVIHEALTH aims at studying EBD, developing methodologies for data collections and harmonisation, developing E&H communication tool and surveying potential E&H effects of new technologies.

#### **4. Update on EMF - the revised opinion on the SCENIHR and work ahead (Katja Bromen, Sanco C7)**

#### *Presentation*

Mrs Bromen presented briefly a background on scientific committees managed by DG Sanco and the mandate of SCENIHR (Scientific Committee on Emerging and Newly Identified Health Risks). According to the request from June 2005 to update the previous opinion on EMF, the SCENIHR mandate focused on possible effects of electromagnetic fields on human health.

The overall conclusion of SCENIHR is that there is still a lack of data in all frequency fields. The opinion will have to be regularly updated with the increasing availability of research results.

SCENIHR has formulated research recommendations in all the electromagnetic fields in question (RF, IF, ELF and static fields). In addition one needs to look also at the combinations of frequencies as people are usually exposed to different frequencies as well as the combination of EMF with other agents.

Mrs Broman presented also the current status of the Opinion with the adoption of its final version scheduled for January 2007.

The second part of presentation consisted in presenting other current activities of SCENIHR and SCHER (Scientific Committee on Health and Environmental Risks).

### *Discussion*

Mr Farrar-Hockley formulated a question related to an issue touched upon at the last meeting of the Working Party concerning the way how the questions were formulated within the scientific committees and in what context. He would like to know how the experts collaborating with the SC are chosen.

Mrs Broman reminded Mr Farrar-Hockley that these scientific committees work on behalf of the Commission, so it's the Commission's services who pose the question and who decide finally how the questions are formulated. The origin of a question is partly reflected also in the mandates which are publicly available. Moreover all the questions that the committees get are published on the website so you can see what is the rationale behind the question. As the questions do not come from one source there doesn't exist any inventory of them. Should this information be necessary, the risk assessment unit could assist Mr Farrar-Hockley in that aspect.

Regarding the expertise that the committees work on, it's up to discretion of the committee that gets the question and of the chair of the working group to chose the experts. This is a transparent procedure as the rules of procedure of this committees are public and they determine how the committees operate. As to the independence of the experts which are chosen, those who will be finally in the group have to declare what they have been doing in the field, in order to trace any possible conflict of interest.

Mr Furtado added a comment on two things mentioned in Mrs Broman's presentation - concerning medical imaging and RFID (radio frequency identification). The medical devises used at present in MRI are very powerful in terms of the static magnetic field but already in research much more powerful machines are used. When those machines eventually reach the hospitals, there might appear a growing conflict. A balance will have to be struck between the potential effects of EMF on the personnel and the benefits to public health from having these very powerful diagnosis tools. The problem of RFID is probably less pronounced but one might expect that the implementation and the roll out of this technology will be probably very fast and widespread.

For Mr Jean Huss (President of AKUT, a Luxemburgish NGO), the question of expertise is very important. He agreed with Mr Farrar-Hockley that from the point of view of NGOs there is little trust in the committees and expertise that is given. In his opinion real expertise should give confidence to people.

He evoked an example of the French agency for Environment and Health which recently gave out according to which the EMF field was not an issue at all. Then it came out that three persons directly involved in this report were paid by the mobile phone industry. To Mr Huss the operation of SCHER or SCENIHR is not clear.

According to Mrs Bromen the question of the selection of expertise has been mentioned before and certainly it would be valuable to reflect upon also in the future, even though she believes right now that a good group of experts has been selected for this particular research question. Mrs Bromen pointed out as well that the conclusion is not that guidelines were good but there that was not enough data to make any recommendation in order to change these levels. She added also that it's not up to SCENIHR to make recommendations as to what the levels of exposure should be, the SC just looks at the scientific evidence. Given what we see right now we don't have any scientific rationale for saying that there is a problem with the current guidelines.

Caroline Paul reacted on the problem of the independence of expertise and the selection of experts. In relation to the French report mentioned earlier by Mr Huss she indicated the major problem is the way of funding of research projects in France. The fact that a project cannot be fully funded without the input of the industry puts the centres in difficulties to apply for being a candidate for an expert group. It seems that the idea of independence is linked to not having any link with the industry whatsoever, i.e. if you have a project that is funded by the industry you will be suspected of being biased. The identification of a potential conflict of interest is very difficult especially in the case of a scientific council or a foundation which was set up to put the funds together from various states and industry to fund research.

Mrs Bromen replied that in SCENIHR all the interest declarations of the committee members are publicly available. There is no such rule that somebody who has previously received funding from the industry cannot participate in the committee's work, it's just that he has to be clear about it. Subsequently the committee decides if these people can participate and in what form.

*JRC* commented that there is a virtually unanimous agreement among scientists about the main conclusions (not the details) of the health effects of EMF. The conclusions of SCENIHR are more or less comparable with those (already published) of EMF-NET and the WHO. He also fully agrees with Mr Furtado's comment on radio frequency identifiers and magnetic static fields, particularly for MRI. There is a need for research in both.

## **5. The INTARESE Project (Prof. David Bricks)**

### *Presentation*

Prof. Bricks presented the aim of the INTARESE project, which is to develop, test and apply a methodology for integrated assessment of health risks from environmental stressors, in order to support policy in the EU. He presented the scope of the project, its rationale and principles. One of the key principles is issue framing, as the way how the problem is defined will define the assessment. Issue framing is a consultative process and the basis for integrated risk assessment. The question is how to make this process truly more open and consultative

He also presented the steps that form the proposed model of assessment methodology. He conveyed two key messages: the definition of indicators cannot be left till the end, as this will define the way in which one is going to do the assessment. Moreover those

indicators are vital to risk communication as they have to be acceptable and resonant with citizens.

Some assessments in a series of policy themes are carried out in order to demonstrate and test the proposed methodology. The aim of the project is also to develop a toolbox (the assessment toolbox) which will guide people through the process from the initial issue framing through the reporting and communication of the outcomes of the process.

### *Discussion*

Ms Luciana Sinisi asked whether there were some case studies carried out.

Prof. Briggs replied that the idea of these studies is testing the methodology, getting a feedback of problems and looking for improvements. The results obtained accompanied by demonstrations will be used in the toolbox to illustrate the integrated assessment. Towards the end of the project we will try to do some high level policy assessment and try to bring some of these issues together. The case studies realised are taking place in real time, with real data and stakeholders.

## **6. Update on the Environment and Health Action Plan (Brigit van Tongelen, DG ENV)**

### *Presentation*

DG ENV is focusing on the 1<sup>st</sup> objective of the E&H Action Plan which is the improvement of the information chain. This concerns 2 main activities: integrated environment and health information and human biomonitoring.

Recently a Commission staff working document was adopted (8.11.2006). A brochure presenting this working document in English, French and German will be sent to the participants of the WP by post.

The environment and health information review and implementation plan is an extensive review of current environment and health information and monitoring systems. Its aim is to identify whether the current systems are adequate to identify emerging issues, to assess the extent of environmental health problem and to evaluate the different policy options.

The main conclusion of the document is that the existing EU wide monitoring and information system and assessment strategies cover the range of environmental health impact which can affect human health, and in many cases this in course of improvement. There are also recommendations, as to increase a link between the environment and health data, integrate the existing systems, enhance efforts on research and human biomonitoring, improve data collection procedures. Moreover methods for estimating the impact need further development.

Mrs van Tongelen noted that a sentence in the document ("current indications are that the known impact of the environment on health is relatively limited in the context of public health as a whole") was taken out of context and caused an uproar in the newspapers. It was supposed to mean that it only reflects the present state of the knowledge about environment-related disease burden and that this provisional conclusion should be kept under constant review.

In the review document there are 14 tasks proposed which orientate our future work. These tasks focus on environment and health data linkage, ambient air, indoor air, drinking and bathing water, food, noise, health impact assessment, burden of disease methodology, enhancing public access to environment and health information.

## **7. Update on INSPIRE Directive and on GMES Initiative (Brigit van Tongelen, DG ENV)**

### *Presentation*

Mrs van Tongelen gave a short description of the "integrated approach" to E&H strategy of INSPIRE and GMES (Global Monitoring for Environment and Security), observed shortcomings of the current observation systems and a global introduction to the objectives of the INSPIRE Directive. Human health and safety is a data theme covered by the said Directive. It lays down general rules for the establishment of an infrastructure for spatial information in Europe to support environmental policies and policies that affect the environment. GMES is already delivering pilot operational services.

In terms of conclusions, E&H will benefit from INSPIRE and GMES due to a better integrated monitoring of environmental media, data will become harmonised and interoperable, essential geographic and environmental data will become easier to find, to access and to use.

### *Discussion*

Mr Pierre Biot asked in which Council the decision was taken and which Unit in DG ENV is responsible for these matters?

Mrs van Tongelen promised to send this information later on as the situation was new due to a recent restructuring of the DG.

Mr Peter Part added that in JRC there is a unit (created just a few months ago) involved in the implementation of INSPIRE. Its principal aim is how to make the information organisation for environment and health useful. Some work has already started on this.

## **8. European Union's Sustainable Development Strategy (Pedro Barbosa, DG ENV)**

### *Presentation*

The SD Strategy was adopted in June 2001. Since then many actions have been taken in priority areas such as in climate change, health and transport, as well as actions aimed at better policy making. The result in general is not entirely satisfactory. In 2005 the European Council called for the adoption of a more ambitious and comprehensive renewed strategy. The new strategy is not radically different from the previous one. A new priority - sustainable production and consumption was added. As to health issues, the overall objective is to promote public health and improve protection against health threats. The main health indicators are healthy life years, defined as the number of years that a person is expected to continue living in healthy condition. This indicator combines both quality and length (unlike life expectancy).

## *Discussion*

Mr Farrar-Hockley expressed his disappointment with this document which should be the vision of Europe. He indicated the gap between the sustainable development strategy which the prime ministers signed up to and the actual implementation by the Commission. According to him, Member States must know that the multiannual strategic programme of LIFE+ only had biomonitoring and a part of the information system. The public health programme does not reflect the priorities in the sustainable development strategy.

Mr Furtado explained on the part of DG Sanco that health and environment are indeed important but sometimes there are simply not enough projects on it. And this is not because the priority was not included but due to the lack of applications.

Mr Pedro Barbosa explained having in mind the gap between the plan and its implementation that political priorities are clear but it cannot be supposed that politicians have sustainable development on their minds all time..

## **9. ENHIS2: meeting report and website presentation (Michał Krzyżanowski, WHO)**

### *Presentation*

The objective of ENHIS2 is very practical. It is rather retrospective in nature, based on the information from the most recent 5 years. One of the deliverables is the preparation of the indicators based report, which will be a presentation of the functionality of the system, and will provide an input to the intergovernmental review meeting in June 2007. It is structured round Four Regional Priority Goals of European Children Environment and Health Action Plan. Information will be presented in the form of fact sheets, which are synthesis and interpretation of the data which can be found in Europe on selected environmental health issues. Case studies are developed in the fields where there are no data available.

The indicator-based report will provide a synthesis of the situation in each of the priority goals but it will be also supported by a web based service where each of these indicators and other information will be presented and easily accessible both to policy makers as well as everyone who wants to visit this web page.

## **10. Presentation of the ENHIS2 web page (Brigit Staasten)**

### *Presentation*

The website has just been launched as one of the project results. Mrs Staasten presented the main functionalities and promised to circulate the web address. As to the data, they are available for 5 indicators, the rest is being uploaded. Ms Staasten welcomed any comments and feedback.

### *Discussion*

Dr Krzyżanowski added that ENHIS2 has reached a stage in its development when results are starting to be publicly delivered. For the moment it is restricted to the ENHIS group but input from a broader group would be appreciated. He asked for assistance in

having opinions on the functionality of the ENHIS webpage. He added that there is a daily growing number of fact sheets which should be reviewed, commented and assessed.

Dr Krzyżanowski indicated that in the Budapest declaration 53 member countries (Serbia is now a member) declared that they would participate in building the information system. A good way to attract these countries is presenting these results and showing the coverage of the map. Surprisingly for several indicators we have quite a good coverage. For many others we need to establish monitoring systems. In a project called EHIS (Environmental Health Information System) we try to invite people from Eastern Europe to join in.

Dr Krzyżanowski noted that commenting upon the website would be a rather short exercise requiring to look at it and convey first impressions. The fact sheets are a priority. Their contents are being loaded on the web page and they will be also in the report. The easiest way would be to indicate to him or Dafina Dalbokova the fact sheet you would like to comment on, then we will send it to you for review and ask you to respond within a month. We want to upload the data till mid-January. All kinds of contributions are needed. We will have an editorial meeting in the 3<sup>rd</sup> week of January. The report should be ready in the form that requires external review in the middle of April.

Mr John Ryan informed the participants of the meeting that the projects for 2006 under the public health programme have already been selected and successful applicants have been already contacted. The whole process is being managed by the Public Health Executive Agency, which is a newly established body within the Commission. Next week we will be finalising our work programme for 2007. It will be published probably in February. The public health programme will continue in operation in 2007 as it is at the moment. The Council of Ministers (the Health Council) approved a common position on the future public health programme which will run for the next 6 years and it will probably enter into force towards the end of next year when the European Parliament has approved its position. As to the budget, the Commission has proposed a budget corresponding to the financial perspectives which were reduced during the British presidency. A substantial part of the resources available for health is earmarked for the Agencies in Stockholm and in Parma. The remainder is going to the consumer programme and the public health programme.

As to the involvement of neighbouring countries in the context of the WHO region - DG Sanco has taken an initiative to involve the neighbouring countries in the health information programme in the form of inviting them to a network of competent authorities meeting in January. The costs of their participation will be paid from the funds which are available for these countries. Finally, the structural funds are being exploited more and more for health purposes and we have appointed desk officers within the different units of DG Sanco to take responsibility for particular countries. The desk officers will alert the countries of the possibilities within the structural funds for health and information activities, for example.

Mr Ryan noted that the participation of non-Member States is not covered by the public health programme. It covers Member States + accession countries + candidate countries + associated countries + international organisations. Others can participate in the projects but the money has to come from other sources. The budget which he mentioned in the period for 2007-2013 will be the same as at present but there will be two new Member States and it will be for 6 years instead of 5.

The financial rules will also be changed so that some projects can be financed at a higher level of co-financing. This is interesting for example for NGO groups which at present we are able to co-finance in 60%, there is a possibility that in the future we might go a little higher.

Mr Ryan also replied that as far as the present situation is concerned, the Stockholm agency does not deal at all with the area of environment as it is an agency for communicable diseases.

## **11. Health and environment 2010 Information Scenario (Artur Furtado, DG Sanco, C2)**

### *Presentation*

As an introduction Mr Furtado stated that idea of this presentation was to lay down some considerations as to what would be an ideal health and environment information system for Europe leading to a possible improvement in the work of DG Sanco and providing a non-technical and easy scenario enabling all the participants of the working party to convey the message to decision makers, stakeholders and citizens.

Mr Furtado briefly presented the current objectives of health information in the EU. As for the future scenario, in the field of risk assessment it would important to have a comprehensive common database to be able to provide data up to date and review and resort established methodologies. The same goes for hazard identification where updated databases of scientific consensus as well as research gaps per stressor would be of value. Such instruments would be also appropriate in the fields of dose-response assessment and exposure assessment. The H&E Information System (in a future scenario) will support risk management in order to reply to several important questions, e.g. on levels of exposure, as well to determine what policies are in place and which work best. Easier accessibility to the data for citizens was also stressed.

### *Discussion*

Mr Farrar-Hockley commented that we have a lot of various targets but we don't have targets for the reduction of number of patients with specific diseases. If you set such targets you come to bring together much wider plethora of people to see how to reach those targets.

He also added that the ECO label is being currently renegotiated and the DG ENV is refusing to take on board the health criteria within the ECO label. All consumers will go and buy the products thinking that it is safe for the environment whereas the health criteria are missing. In these arenas the health input is not proactive.

Ms Staatsen commented that an example of engagement of public in air quality measurement, might be a web based tool in the Netherlands. It would be nice to come up in the future with ideas like these.

Of course we will need a better operating information system, which will include environmental and health information. What we have at the moment is not operational, we have indicators for which we have regular reports on whether we have data for them and if they are comparable but for the majority of our needs we don't have satisfactory information. Gradually we are moving in the right direction but this document should state that the system should be accessible for everybody, it's of high interest to citizens

and patients. Similarly, the case for rare diseases, where we have a fairly exhaustive description of rare diseases, their treatment option, centres of reference, etc. and links to NGOs. This is a functional information system, we don't have it for environment and health information for the moment.

Ms Staatsen proposed that the WP would send DG Sanco comments on the scenario.

## **12. French National Environment and Health Action Plan (Caroline Paul, French Ministry of Health)**

### *Presentation*

Ms Caroline Paul presented the objectives and the general principles of the French National Environment and Health Action Plan. The elaboration of the plan started in the course of September 2003 and the plan was finally adopted in June 2004. The major goals of the programme are the following: to ensure good quality for air and drinking water, to prevent environmental exposure associated diseases and to keep the population better informed and protect vulnerable groups. Ms Paul presented the main actors in this plan as well as lessons learnt and expected progress.

### *Discussion*

Mr Furtado commented that only positive lessons were presented. He asked whether Ms Paul could also share the failures.

Ms Paul noted that there was no CEHAP for the moment. Some children-related actions are included in the action plan. However some actions are planned, like child-mother cohorts which will be launched in 2008. As the idea is to follow the children for 18 years there will be a question of long-lasting funding.

Ms Paul noted that it is the implementation of the plan that is monitored but within the plan there are quantified objective in terms of health effects, increasing the protection of drinking water areas etc. There aren't specific indicators for all actions. In France there are also national level indicators. An effort is necessary in order to see how all these indicators fit together.

Mr John Ryan commented that in France there might be an inconsistency or a problem regarding ECHI indicators. Although France has been involved in ECHI for a long time, there are now problems with approving them as they are not compatible with national health indicators (French law is more recent than ECHI indicators).

He added as well that France appears to be the only country which has legally introduced its indicators in a law.

Ms Paul also noted that there wasn't any special focus on professional groups.

## **13. Health and Environment Update (Dimosthenis Sarigiannis DG JRC-IHCP)**

### *Presentation*

Mr Sargiannis briefly presented the four main objectives of the JRC strategy with a special focus on the IHCP goals, which is to help elucidate health effects of environmental stressors through experimented work, toxicogenomic analyses, computational techniques, integrated modelling and analytical tools. He also described

the main points of the JRC E&H Strategy and gave examples of actually effected work. Among the specific objectives for 2007 is the support to the Community Public Health Program and the Consumer Policy, pre-normative research in the field related to the provisions of the Regulation 882/2004 and to support the implementation of the drinking water Directive (98/83/EC) and the European Microbiology Expert Group. He also mentioned the forthcoming events for 2007.

### *Discussion*

Ms Caroline Paul asked whether in JRC studies on exposure for chemicals they used data from European antipoison centres, for example.

Mr Sarigiannis confirmed that they are trying to include the data from poison centres into the toolbox as this was one of the data sources of major interest to them.

Prof Jouko Tuomisto asked for the extent of the presented satellite monitoring. According to him it would be very important if reliable air pollution monitoring could be done. He wanted to know what is the state of the art.

Mr Sarigiannis replied that the accuracy obtained is very high (in the order of 94% accuracy). He explained that the real limitation is not the availability of satellite sensors but the cloud coverage as all the instruments are using optical devices. That is why at JRC we do not focus only on bringing satellite information but also on data fusion. The accuracy of the system will depend on location as some data sources will be available and some won't. The reliability will thus vary. This is for particles. For gases, the sensors are not so accurate. In his opinion, the estimations of ozone are more challenging in terms of use of satellite data.

Prof Jouko Tuomisto precised that he was thinking about combined monitoring - satellite monitoring and local monitoring to complement each other.

Dr Krzyżanowski commented that JRC is a very important player in the field of exposure assessment. He added that in the case of satellite measurement of air pollution there was always the problem consisting in the fact that pollution was measured with a very poor vertical resolution and for human exposure assessment (as humans are usually walking on the surface) it's not really the best estimate. He asked whether in that aspect there was any progress.

Mr Sarigiannis replied that this was one of the main scientifically challenging issues to solve. This estimation is validated against ground monitors, so when mentioning 94% precision he meant comparing this estimation with ground monitors. The question is to bring the signal within the boundary layer and the mixing layer and taking into account meteorology factors. There is clearly some uncertainty. But it is much more reliable than the results you can get based on best current interpolation and modelling methods.

Mr Sarigiannis explained that they have tried to differentiate within the cities. It is still possible to discern different types of micro-urban environments which contribute to the differences. As for indoor air quality sampling, they primarily targeted public buildings and kindergartens, as the target population was children and mothers. Samples included houses of the volunteers, who were usually people working in the public buildings or the kindergartens, teachers, educators. The sample size depended on the city and the number of collaborators, it could be pretty large - more than 25 per site . In order to take account of this fact they were trying to assign the degree of uncertainty to the data.

## 14. General discussion

### **Euroglorch project update. Web page for the WP: suggestions and comments (Artur Furtado, DG Sanco, C2)**

Since June there hasn't been any major development. The EC payment has just been received. Data providers will be recontacted soon. The project report will be circulated to the WP so that its members can provide comments and suggestions. For more substantial contribution experts will be consulted individually.

As to the WP website it will be extended by the list discussed at the beginning of the meeting. If some more functionalities are required, the WP will be asked to provide the content and the DG Sanco will try to implement them within the limited resources.

Mr Furtado ended by suggesting the date of the next meeting for 24 May 2007.

#### *Discussion*

Ms Luciana Sinisi asked whether it would be possible to include concise translations and how they could provide help in that respect.

Mr Furtado replied that, as for the languages, the obligation is to provide input in four: English, French, German and Spanish. For those we have to use the internal mechanisms of the Commission, for other languages - maybe summaries would be a good idea.

Ms Staatsen formulated three questions concerning the *European health and information* projects:

- 1) how can the present shortlist be improved. Currently we have four indicators, they are based on the EAS project;
- 2) are there new results that give rise to adaptations or improvement of the definitions of these indicators and are there any new indicators that you might want to propose;
- 3) they also ask us to provide a good overview of what happens in the project.

Ms Staasten asked how could this issue be solved.

De Krzyzanowski replied that all indicators which are on the list are in the database. We could propose to him that they look at indicators and select the indicator which they want to include in their list in relation to the availability of data and coverage. As to the definitions for those indicators it will be necessary to analyse them more in detail to be sure that they are comparable.

Ms Staasten agreed with that proposition and announced that she will send them around by e-mail. It would be good if other member could react on it rather quickly (a deadline to be fixed).

She also reminded the present of the next meeting which is scheduled for May, 24<sup>th</sup>. The task is to explore the possibility to validate a framework for data linkage, as the WP is mentioned as one of the formal consultation bodies.

Important dates were brought to the attention of the WP:

- 27-28.02. the EHC meeting
- 1.03. CAP task force
- 2.03. consultative forum

All the meetings will be in Brussels, but this remains still to be confirmed

### **15. Closure of the meeting**

Mr John Ryan thanked everybody for commitment and motivation, wished a happy Christmas and a Happy new year.