5th Meeting of the Working Party on Health and Environment
Luxembourg, 24 May 2007

ENHIS-2
Establishment of Environment and Health Information System Supporting Policy-Making in Europe

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SPC 2004124

http://www.euro.who.int/EHindicators

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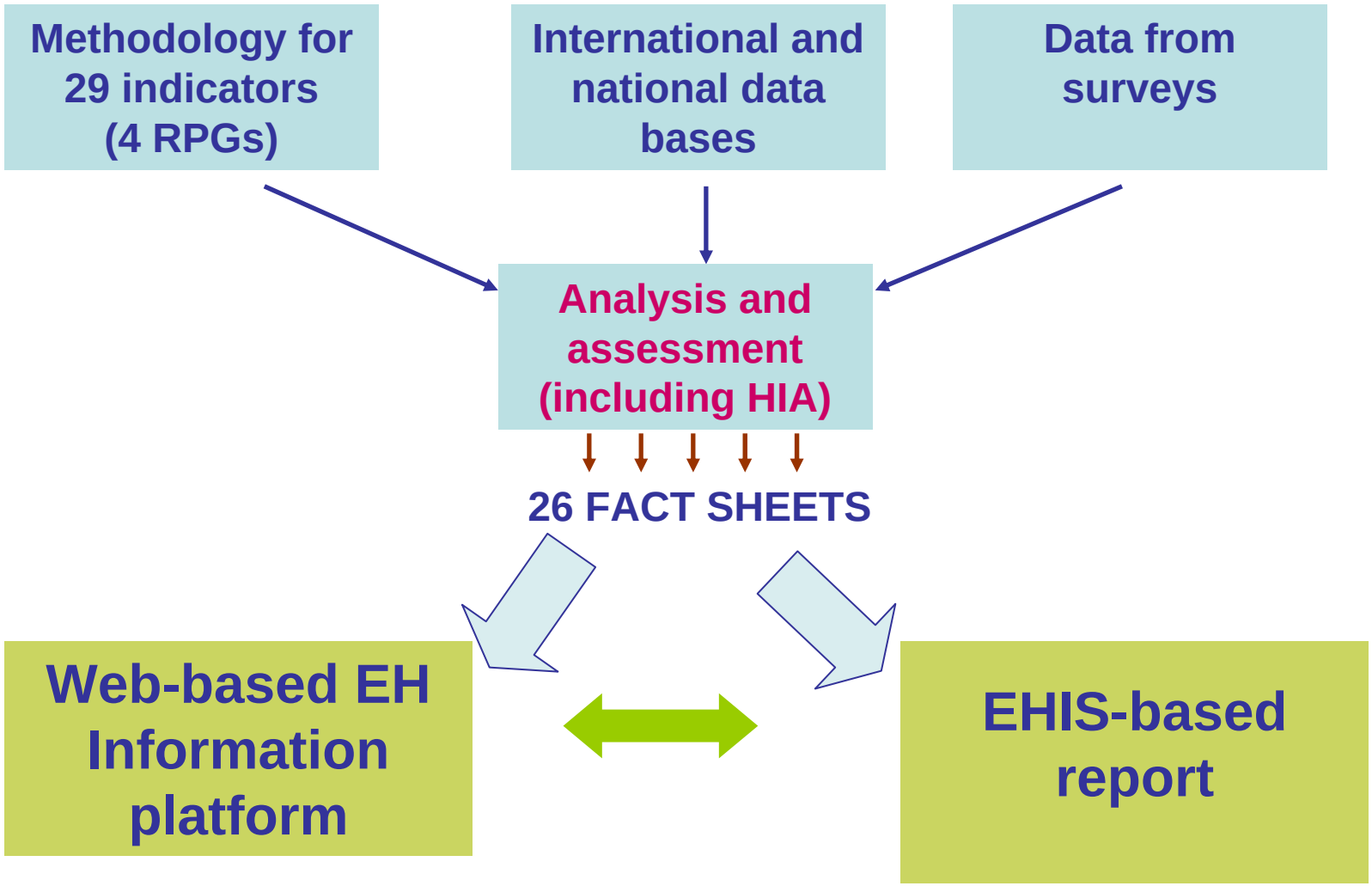
ENHIS-2 Products available at IMR



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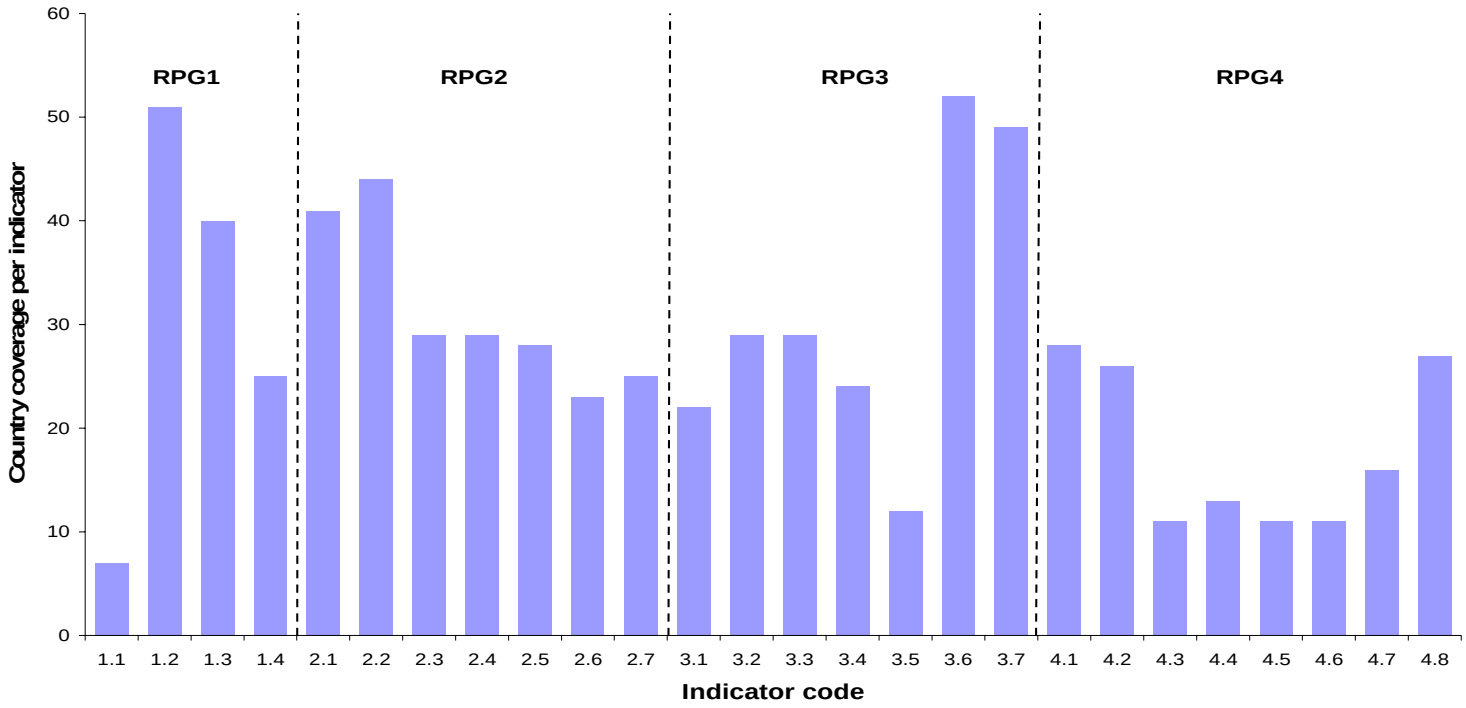
Indicators: Country coverage and data sources



RPG1

- Case studies
- Eurostat
- WHO/ UNICEF JMP
- DG Env; EEA

RPG2

- WHO MDB
- WHO HBSC
- ENHIS Survey

RPG3

- ISAAC
- WHO MDB
- EEA AirBase
- GYTS Survey
- Eurostat (SILC)
- World Health Survey
- WHO Tobacco DB

RPG4

- ACCIS IARC
- GLOBOCAN
- WHO POP Survey
- SCOOP project
- Case studies
- EC DG JRC
- Eurostat
- ENHIS Survey

Indicator Fact Sheets

- **Standardized format (4 pages)**

- **Sections:**
  - Indicator name
  - Key message & rationale
  - 1-2 charts (with description)
  - Health and environment context
  - Policy relevance and context
  - Assessment (including HIA)
  - Meta-data
  - References

- **Sections available on the WWW**

- **PDF printout available**

- **Updated when new / more info available**

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Exposure of children to environmental tobacco smoke

FACT SHEET NO. 3.4 · MAY 2007 · CODE: RPG3_Air_Ex2

Proportion of children exposed to environmental tobacco smoke (ETS) in their homes

This summary is based on data on the proportion of children exposed to ETS (also known as exposure to second-hand tobacco smoke or passive smoking) in their homes.

KEY MESSAGE

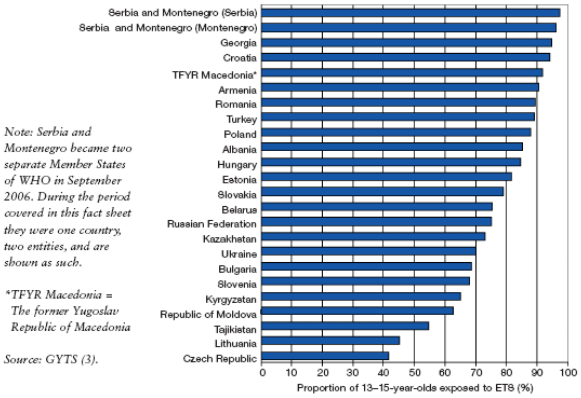
Over half of all children aged 13–15 years are exposed to ETS at home in the majority of the countries for which comparable information is available. In the Balkans and the Caucasus, exposure exceeds 90%.

There is no comparable information for western European countries but studies suggest that 30–50% of children are exposed to ETS at home *(1,2)*. These children are at increased risk of adverse effects on their health including sudden infant death syndrome (SIDS), respiratory infections, asthma, and possibly lymphoma and brain tumours. Policies to ban or restrict smoking and limit advertising are expected to lead to a reduction in exposure of children to ETS.

RATIONALE

The indicator provides information on the extent of exposure of children to ETS in the home, thus enabling an assessment to be made of the health threat from such exposure and the effectiveness of anti-smoking initiatives across the Region.

Fig. 1. Proportion of 13–15-year-olds exposed to ETS in their homes, 2002–2005



Note: Serbia and Montenegro became two separate Member States of WHO in September 2006. During the period covered in this fact sheet they were one country, two entities, and are shown as such.

**TFYR Macedonia = The former Yugoslav Republic of Macedonia*

Source: GYTS (3).

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Indicator Fact Sheets: Exposure to PM_{10}

Population-weighted PM_{10}/ $PM_{2.5}$

Exposure -> dose -> health impact

Population-based air quality management

This indicator:

ECHI core/ short list of indicators

Structural Indicators — Urban air quality

European Environment Agency

AirBase - the European Air quality dataBase

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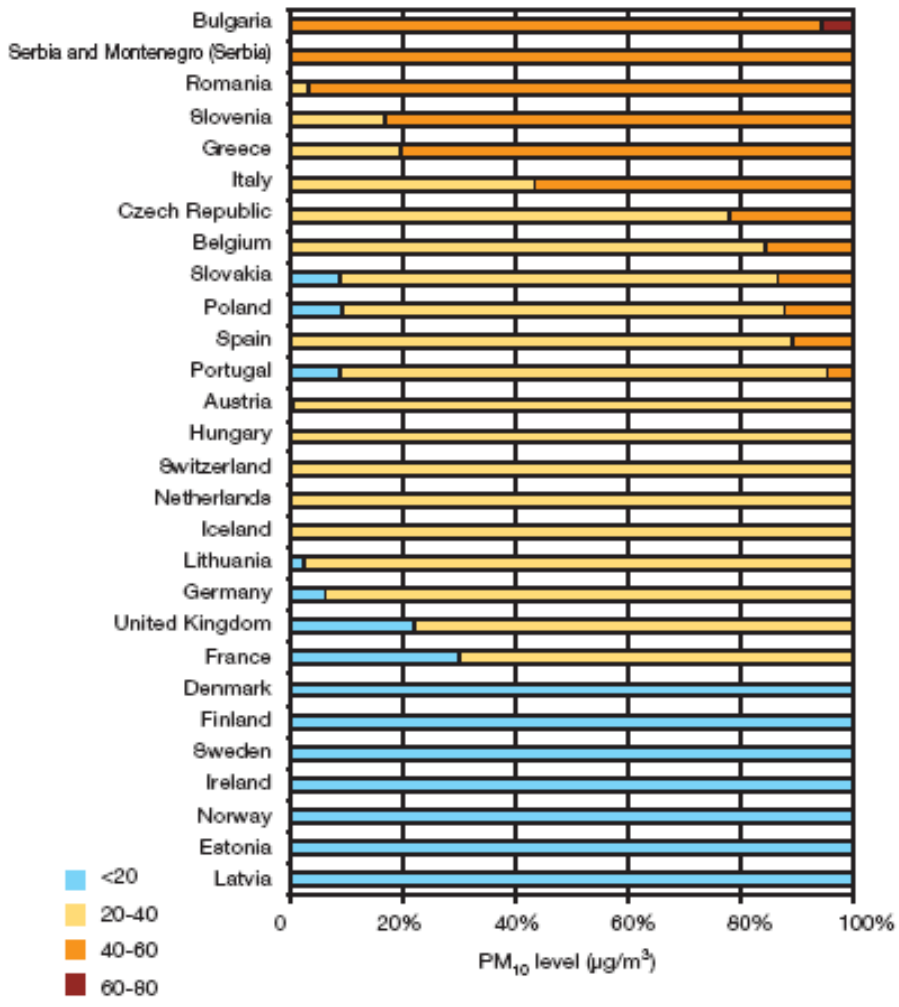
Fig. 1. Percentage of children living in cities with various PM_{10} levels, 2004 (or last available year)



Note. In several countries the assessment is based on one city only.
Source: AirBase for PM_{10} concentration data (2); EUROSTAT for city population data (3).

Indicator Fact Sheets: Policies to reduce ETS exposure

Smoking ban of in bars and restaurants still insufficient

ETS exposure at home remains a problem

ETS exposure monitoring enables assessment of policy effectiveness

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Policies to reduce the exposure of children to environmental tobacco smoke

FACT SHEET NO. 3.7 · MAY 2007 · CODE: RPG3_Air_A1

Composite index of capacity to implement policies to reduce exposure to environmental tobacco smoke (ETS) and promote smoke-free areas for children

This summary is based on data on the capacity to implement policies to reduce the exposure of children to ETS (also known as exposure to second-hand tobacco smoke or passive smoking) and promote smoke-free areas for children.

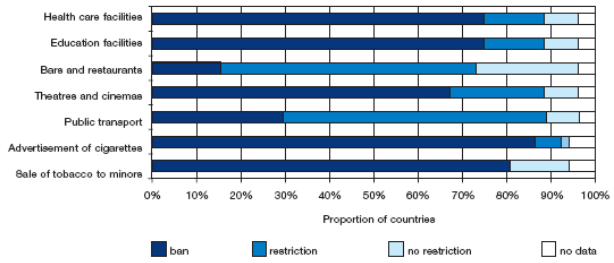
KEY MESSAGE

Most countries in the WHO European Region are implementing policies to restrict smoking in public areas and on public transport, the direct advertisement of tobacco products and the sale of tobacco products to minors, with the aim of reducing the exposure of children to tobacco smoke in public areas and discouraging active smoking. However, some countries still have no legal restrictions on smoking, even in health care or educational facilities. The exposure of children to tobacco smoke, both before and after birth, has been linked to multiple health impacts, including sudden infant death syndrome (SIDS), respiratory problems, cancer and impaired mental and social development.

RATIONALE

This indicator illustrates the existence and stage of implementation and enforcement of national legal instruments to ensure smoke-free areas, smoke-free public transport, restricted advertising of tobacco products and bans on the sale of tobacco to minors. Legal instruments are effective tools to provide protection against exposure to tobacco smoke.

Fig. 1. Proportion of countries in the WHO European Region implementing policies to reduce exposure of children to ETS



Source: WHO Tobacco Control Database (1).

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Indicator Fact Sheets: Examples

Outbreaks of water-borne diseases

Case studies from 7 volunteering countries: only one – children age-group

Finland:

- population has a high (100%) access to safe drinking water and sanitation

- A new surveillance system (compulsory reporting of water-borne outbreaks) was introduced in Finland in 1997

- Detection rate has improved: waterborne dis. outbreaks which occurred in small communities (small water supplies) were reported.

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Outbreaks of waterborne diseases

FACT SHEET NO. 1.1 · MAY 2007 · CODE: RPG1_WatSan_E1

Number of outbreaks of waterborne diseases attributable to drinking-water and bathing water each year.

This summary is based on data describing outbreaks of waterborne diseases related to drinking- and bathing water. An outbreak of waterborne disease is generally defined as a situation in which at least two people experience a similar illness after exposure to water and the evidence suggests a probable water source.

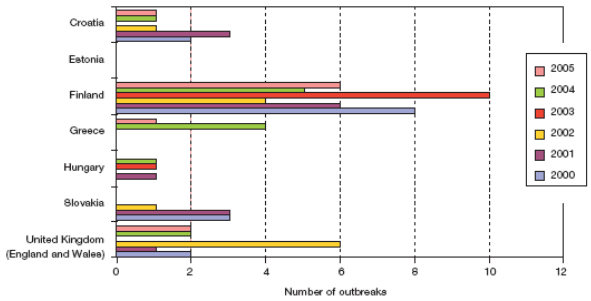
KEY MESSAGE

The indicator shows that in seven European countries surveyed there were 75 outbreaks of water-borne diseases related to drinking-water resulting in over 12 000 episodes of illness between 2000 and 2005. The data must be interpreted cautiously, as differences between countries are likely to reflect the efficiency of surveillance systems rather differences in outbreaks, and data were only available for a few countries. This underlines the need for more widespread and effective surveillance systems. Additionally, as the provision of adequate water and sanitation is associated with outbreaks of disease, the successful efforts to improve coverage in recent years must be continued.

RATIONALE

Safe drinking- and bathing water is vital for the health of the population, particularly children. The number of outbreaks of waterborne diseases provides an indication of the quality of the drinking- or bathing water.

Fig. 1. Number of reported outbreaks of diseases arising from drinking-water in selected European countries, 2000–2005



Source: Surveys of various national agencies (see below under Data underlying the indicator).

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ENHIS web-site (Under re-construction!!)

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Involvement of ENHIS-2 partners and Member States

Capacity building to prepare fact-sheet per each indicator

Fact-sheet preparation: ENHIS-2 project partners

Network involvement: 99 % ☺

Fact-sheet review and evaluation:

Editorial meeting (Bonn, 25-26 Jan 2007)
44 Experts in topic-specific areas

EHIS meeting (Bonn, 19-20 March 2007)
PH professionals from 29 MS, US CDC, Health Canada

Creating resources for putting ENHIS in operation

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„Children's health and environment in Europe: a Baseline assessment“ – indicator-based report

Introduction

Process of ENHIS development

Key questions to be addressed by the report

Assessment of the EH situation in the WHO European Region

RPG1

RPG2

RPG3

RPG4

Country case examples:

Effective surveillance, monitoring and control, prevention programmes, risk communication, etc.

Summary on the information in the EHIS

Data availability by indicator

Examples of application of the system in the MS

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Indicator-based assessment report

The report

IS:

- Identification baseline spatial and temporal EH patterns BEFORE CEHAPE
- Reporting on the availability of the SYSTEM PLATFORM;
- Stimulation of the MS to develop national systems;
- Preparation for the FIRST CEHAPE ASSESSMENT for the 2009 Ministerial Conference

IS NOT:

Assessment of CEHAPE effects

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Children's health and the environment in Europe: Main messages

Health-related environmental conditions:

Big disparities in between various parts of the European Region of WHO, or between various parts of population within the Member States

Data availability:

- International reporting (EUROSTAT, EEA, WHO) facilitates access to the standardized data
- Improved surveillance reveals „unnoticed" problems
- Internationally coordinated population-based surveys are important source of the most relevant data

Future steps:

- Maintenance of the system to assure its ability for policy monitoring
- Improvement of geographical coverage (53 WHO/EURO MS)
- Extension of the thematic scope
- National extensions of the system (sub-national data; country-specific indicators)

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Thank you

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This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.