



MEETING MINUTES OF THE HEALTH AND ENVIRONMENT WORKING PARTY

24 MAY 2007, 9H30 - 17H30 JMO BUILDING, ROOM M1 LUXEMBOURG

1. OPENING OF THE MEETING

The Health and Environment Working Party chair, Mrs Brigit Staatsen, welcome the participants and introduced the agenda, followed by the presentations of the participants.

Mrs Viviana Siclari was introduced as the SANCO C2 official responsible for coordinating the H&E WP replacing Mr Arturo Furtado. It was announced that Mr John P Ryan had left his position as Head of Unit of SANCO C2 and been appointed new Head of Unit of SANCO C3. Mr Antoni Montserrat had been nominated C2 acting Head of Unit. DG SANCO thanked the Public Health Executive Agency (PHEA) for their support in organising the meeting.

2. THE INTRODUCTORY SESSION TO THE STATUS AND FUTURE DEVELOPMENTS OF HEALTH AND ENVIRONMENT POLICY IN EUROPE

2.1. **The first session was initiated with the presentation of the Midterm Review of the E&H Action Plan: update and preparation in view of IMR Conference on Health and Environment, which will be hold on 13-15 June 2007, in Vienna by Mr Giulio Gallo, from DG Sanco C4.**

The purpose of the mid term review was presented as an assessment aiming to identify the progress/weaknesses, to orient the new action plan, to set new priorities and/or to give new focus, in order to provide better orientation to resources allocation, and at same time cover points not well addressed previously. It was stressed that priorities might have changed, as E&H is a dynamic topic. Moreover, the Midterm review had to be placed as part of the new cycle for setting the strategy for 2010 onwards.

The structure of the communication was presented as follows: a document of approximately 20 pages, covering the following topics: 1. Context; 2. Integrating environment and health; 3. Progress on the implementation of the action plan (improving information chain, knowledge gaps and reviewing and adjusting risk; 4. summary of progress on health related environmental policies and 5. Conclusion. More than 100 pages had to be counted for the annex. The aim of the communication was to highlight the important work on E&H in relation to the sustainable development strategy and Lisbon agenda; the integration of E&H as a good example of inter-sectoral work on the "Health in all policies" and the main achievements can be summarised as strengthened cooperation between Environment, Health, and research fields at the community and MS levels.

The main focus would concern integration of E&H information, outcomes of projects in policy actions and sharing of responsibilities, and need to strengthen cooperation. The latter is understood as efforts to improve collaboration between international organisation and MS, sharing the use of national competencies and collaboration with NGOs. Other important topic

addressed were the need for actions to be more focused on vulnerable groups (i.e. children and chronically ill persons), priority diseases, and emerging issues like health effects of climate change. The report sets some future orientations on information, filling knowledge gaps and reviewing and adjusting risk reduction policies. Finally, the preliminary conclusions can be foreseen as the importance to assure the continuation of the implementation of the 13 actions from the Action Plan and the 14 tasks from the Information Review undertaken by the Commission in 2006; the need to work towards integration of environment and health aspects into other policy areas; the importance to orient actions to address vulnerable groups needs and the integration of actors involved; the exploitation of project outcomes for the development of policy actions; the focus of actions on emerging issues. The mid term review report will be presented officially at the Commission's Green Week on the 12th June 2007 in Brussels and at the Intergovernmental Midterm Review Conference on environment and health in Vienna (13-15 June 2007).

Discussion

The Health and Environment Alliance made a comment on the definition of priorities for the next phase of the Action Plan E&H after 2010 indicated in the Midterm Review by saying that this was the right opportunity to identify future needs at Commission level. Mr. Gallo stressed that the Midterm Review Action Plan can only indicate emerging priorities. The exact definition of actions and activities post-2010 will need to be defined in the framework of a comprehensive consultation of the responsible Commission services. The need to improve the links with the R&D Framework Programmes and the cooperation between Commission services and to establish common strategies was raised by Mrs. Staatsen and Mr. Biot (Belgium). A meeting in this sense might be held after the summer 2007.

Another important comment was that the E&H WP missed a session where the priorities for the future were clearly stated. The Environmental & Health is a field that needs more evidence-based actions. The E&H WP offered the opportunity to promote common good practices and to support the transfer of knowledge from the projects to other stakeholders. Indoor housing pollution in urban environment was also considered as a very important issue, and experts were looking forward to receive guidance on how to address in a multi-sectoral approach.

Another comment concerned the definition of "vulnerable groups" and the need to address the topic of ageing and environment.

Mr Gallo informed about a Youth meeting organised in cooperation with the WHO. He mentioned that a feed back on the Mid-term Review of the EU Action Plan on Environment and Health as well as on the Mid-term Review of the Budapest process would be given by the Youth in Vienna at the Intergovernmental Conference organised by the WHO (13-15 June).

2.2. The "Environment for Europe" Belgrade Conference: an update was presented by Mrs Dorota Jarosinska, European Environmental Agency who introduced the process of elaboration of the 4th pan-European assessment, and the Belgrade report, which will be presented in October 2007 in Belgrade.

The assessment of the environmental situation for Europe started in 1991, by the elaboration of the Dobris report, which was followed by Lucerne (1993), Sofia (1995), Aarhus (1998) and Kiev (2003). The Environment for Europe reports are an initiative of multilateral partnership of the countries in the UNECE region to promote environment protection and sustainable development. At the last Ministerial meeting in Kiev (2003) there was a call for the preparation of the 4th report by the European Environment Agency in collaboration with UNECE and UNEP. The report should be short, policy oriented, indicators based, respond to the Belgrade agenda, support in assessing progress on EECCA strategy, based on recent information and oriented towards awareness raising on the issue of environment.

The method adopted for the elaboration of an indicator-based report will be useful as a tool for the sustainable and more policy relevant process, it will use the EEA core set of indicators, EECCA proposed core set and Environment and Health indicators from the WHO. This indicator-based approach is complemented by an assessment at the regional scale, where information is

limited or gaps are identified. It identifies case studies and uses outlooks and scenarios, when available.

The Belgrade report was started in January 2006 and is currently being finalised. It will be presented in Belgrade on 10 October 2007. The review tool will become the main dissemination tool when the report will be ready. There was two consultation meetings funded under EU TACIS activity: EECA NGOs & others 16-17/11 and UNECE/WGEMA 27-29.

The Belgrade report coordinates with other initiatives currently preparing reports such as the assessment of the EECCA strategy expected for September 2007 by EAP task force OECD, the OECD environment outlook expected for 2007 or early 2008, the WHO Mid-term Review of the Budapest process to be presented in June, the UNEP GE04, the IPCC report and the Assessment of transboundary waters and international lakes.

The Belgrade report is structured as follows:

1. Setting the scene (Europe and the world, trade and environment, sustainable development, socio-economic parameters);
2. Environment and health and quality of life (E&H perspective, air, water, soil, hazardous chemicals);
3. Climate change;
4. Nature and biodiversity;
5. Marine environment;
6. Sustainable consumption and production;
7. Sectoral integration (energy, transport, agriculture, tourism, etc).

Chapter 2 on environment and health and quality of life gives an overview of the environment and health strategies and policies (EECCA strategy, EU 6 EAP, EU E&H Action Plan and WHO Budapest process), a topic addressing examples of implementing activities (presenting the implementation progress on a pan-European, regional and national level) and the human impacts of natural and man made hazards (heat waves, long term environment impacts on humans and the coexistence natural and man made hazards).

Furthermore, the chapter presents the major environmental impacts on health in Europe, noise as an emerging E&H concern, air pollution and health, including IAQ, water and sanitation, complexity of interactions between E&H and the challenges for research and action in E&H.

Finally, the Belgrade Ministerial Conference will address the assessment of progress and implementation of the agreed commitments, it will consider the issue of capacity building and partnership at sub-regional level, and define the future of the Environment for Europe process.

2.3. The ENHIS 2 Project conclusions and main messages was presented by Mr Michal Krzyzanowski and Mrs Dafina Dalbokova, from WHO Euro - Centre for Environment and Health, Bonn Office.

The ENHIS 2 Project was financed by DG SANCO with the objective to establish an environmental and health information system to support decision making. The methodology used included consultation of different sources of information as international and national databases, collection of data from surveys and the use of 29 indicators, which were analysed and assessed (a Health Impact Assessment–HIA was included), in view to preparing 26 fact sheets. The synthesis of information was fed in the web based E&H information platform and in the ENHIS report (also available on web).

An extensive list of databases were used from major institutions such as EUROSTAT, WHO, surveys for policy indicators of Health and Environment Ministries , projects, epidemiological studies, etc. After analysis, four page fact sheets were produced in standard format: indicator name, key messages and rationale, 1-2 charts with description, health and environment context, policy relevance and context, assessment (including HIA), meta data and references. The sections are available on web or as pdf printout, they are updated regularly when new or more information is available.

The method for the Fact Sheet preparation was described, highlighting the large involvement of the network ENHIS 2, who provided technical contributions. The following step will be the fact sheet (FS) review and evaluation, which is done by the organisation of editorial meetings (44 experts in topic specific areas), EHIS meetings (Public Health professionals from 29 MS, US CDC and Health Canada).

The children health and environment in Europe baseline assessment is an example: in the introduction, the development of the ENHIS process and key questions to be addressed by the report are presented. This is followed by the assessment of the EH situation in the WHO European Region, taking country cases as examples. Finally a summary of the available information is prepared with the data available by indicators, examples of application of the system in the MS.

The main messages indicate huge disparities in environment-related health conditions both between the various parts of the WHO European Region as well as between population sections within the same MS. On the question of data availability, the main message is that international reporting developed by EUROSTAT, EEA, WHO, OECD facilitates access to standardised data, improved surveillance reveals unnoticed problems, the internationally coordinated population-based surveys are important sources for most relevant data. Future steps included the maintenance of the system to ensure that it could be used for policy monitoring, improvement of geographical coverage (53 WHO/EURO MS), extension of the thematic scope and national extensions of the system (sub-national data, country specific indicators, etc).

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

On the question of vulnerable groups, it was agreed that children should be included, but there remained a need to develop research on the estimation of impact of measures control.

The ECCA report addresses the issue of the definition of vulnerable groups. In general, an open question is how to present progress from research and reports. The consideration of children as vulnerable group is well accepted; however other vulnerable groups as the elderly still need to be included.

Mr. Biot (BE) questioned the dissemination strategy of ENHIS. Why the option to use a specific website which was under reconstruction? What were the links to existing EU websites, like EU portal or ECHI? The ENHIS replied that on the new website edition, there will be links with health issues of Health Portal and an ECHI link as an external database.

There is under discussion the construction of a mega system, covering various policies with more pronounced way to identify the issues and increase visibility. A main concern is how to be integrated on health without dilution of the health and environmental issues. The principle to create ENHIS was first to have a study basis, to be able to link some indicators already included in the ECHI list, try to create flexible databases and later to provide access to other EU databases.

The representative of BASF commented the focus on the four priority diseases and asked if there was any plan to change the priorities? Perhaps a clearer definition or focus on respiratory diseases might be ensured. Mr Gallo replied that as the review action plan is in progress, there will be an opportunity to check policy or research results which might bring the disease priority problem to evidence and new priorities could be included possibly in the next action plan.

Mrs Viviana Siclari informed that DGSANCO is organising a meeting on the 20 - 21 November in Luxembourg, about children health. The information about the meeting will be circulated later.

Further questions concerned how the system might be sustained and how climate change and health issues were addressed in the Belgrade report. On the human health aspects related to climate change and heat waves, there is the initiative to collect data, to show the issue by its public health relevance, and discuss if the heat waves health outcomes can be labelled as climate changes effects. There is specific restriction due to the Belgrade report structure, as it should report on progresses, which are sometimes difficult to identify. Next report on climate changes will be produced together with WHO Mr Betina Menne.

The ENHIS team explained that the main issues or topics were defined in 2004 and are being completed; the database without automatic data retrieval is available now. There are several initiatives addressing the need to ensure the maintenance of the system, how to keep the network alive, how to ensure sufficient human resources to keep the system functioning. The ENHIS team expected that after the presentation of the results in Vienna there will be a decision to ensure continuity, in a way to make a systematic analysis of policies, using the example of the Belgrade report. It was proposed that the WP prepares a recommendation to DG SANCO on how the ENHIS project could continue.

The ENHIS team is analysing the options how to better ensure integration with other systems, in a very dynamic structure, without losing the identity and at same time, trying to find clarity for the users, to involve users of the information.

Mr Karjalainen, DG RTD referred to the question on prioritisation of diseases. 45 projects were launched addressing this issue and he advised to wait until the end of programme (2009) to have the impact of the priority diseases projects. This is a very dynamic field, which required estimating the burden of diseases, measuring the public perception, and defining how we shall prioritise the issues for future actions.

3. GENERAL DISCUSSION ON THE STATUS OF ENVIRONMENT AND HEALTH IN EUROPE IN VIEW OF THE VIENNA IMR ON HEALTH AND ENVIRONMENT AND FUTURE OF THE E&H PROCESS. FUTURE DEVELOPMENTS OF ENVIRONMENT AND HEALTH INFORMATION SYSTEMS AND DISCUSSION ON ECHI INDICATORS.

Reference was made to the activities of the WP Indicators, ECHI scientific secretariat, and the country reports discussion with MS, with an open question what can be done to implement the ECHI list at country level? It was considered important to review the current surveillance system, and check on the few environment and health indicators, which are included in the short list and should be adopted by the end of 2008.

Antoni Montserrat, Acting Head of Unit - SANCO C2, explained that ECHI included 40 fully operational indicators and 800 (by the end of 2007) still to be finalised. The ECHI strategy aimed to support the development of subsystems of regional, local, sustainable, structured health indicators in different areas. It was very important to keep the coherence between systems and subsystems with the ECHI system.

The ECHI list will be public by October 2007. The problem of sustainability will be addressed under the new PHP Programme, which will offer better possibilities to maintain health information systems. SANCO is currently preparing a Communication to have a legal base for the existing systems. After years of work, it is possible now to have a visible, system adapted to EU needs, some areas are not developed like the health impact of climate change, but two projects "Euroheat" and "Canicule" produced a good set of information. EUROSTAT and the regulation of health statistics, will define better elements to collect the information. The Regulation is expected to be approved in October 2007.

Mrs Staatsen suggested holding a discussion on new priority indicators at the next WP meeting.

Mr. Krzyzanowski, ENHIS, stressed that the ECHI indicators are currently used based on the availability of collected data, meaning that the sustainability of sources is assured. A discussion at the next meeting can provide orientation by their future adoption by MS.

4. AIR QUALITY SESSION

4.1. Recent activities on indoor air quality presented by Giulio Gallo, DG Sanco C4.

Mr Gallo introduced his presentation by stressing the importance to define indicators for policy development on health effects of climate change. He recalled an inter-service consultation to define policies for the reduction of air pollution due to motor transport.

The EnVIE project, Coordinated action on Indoor Air Quality and Health effects supported by the EU 6th Framework Programme, presents the state of national smoke free regulations. Smoking remains an issue in public places and work environments. An EU mapping presents progress in the adoption of smoke-free regulation in the EU depending of country policy.

http://ec.europa.eu/health/ph_determinants/life_style/Tobacco/smoke_free_en.htm

A few questions remain about smoking indoor and the Commission is preparing a Green Paper on Environmental Tobacco Smoke (ETS), which is open for public consultation until 1 June 2007.

The SCHER opinion on indoor air quality was published for public consultation; the final opinion is expected in July. The SCHER committee addressed 3 questions: RA strategy, adequacy of information and data and identify areas of concern. The three questions included:

1. To identify a risk assessment strategy to support policy taking into account: vulnerable groups and combined exposure and cumulative effects of specific air pollutants: the toxicological RA used for chemicals (hazard identification, dose-response assessment, exposure assessment and risk characterisation), on the use of the paradigm on vulnerable groups the SCHER committee chose to use the case-by-case approach and the combined effects can only seldom be assessed due to limitation on data availability and methodology.

2. To identify the adequacy of current information and data requirements for filling in gaps (exposure/effect, dose/response relationships, existing measurements standards). Most of the information is on classical pollutants; effects and risks of them are sufficiently known so that strategies to mitigate the problem can be created. SCHER supports the development of health based guidelines values and other guidance for key pollutants to help risk assessment and management. Some examples were presented, like:

1. the need for compilation of existing data (European database of indoor air pollutants and the range of their concentrations in each MS, quantification of exposure - short and long term in different environments),
2. the need for research on the identification of main source of pollutants, the emission of chemicals from consumer products and exposure patterns, and
3. the gaps in knowledge related to primary health effects (effects of combined exposure, exposure effects relationship in vulnerable groups, and contribution of indoor air pollutants to childhood respiratory diseases.

3. To identify potential areas of concern in relation to:

- Specific chemical compounds, presented on the INDEX report (Radon, ETS, particles, lead, organophosphate pesticide). For this five priority compounds, to define simple actions for mitigation, including chemicals which were not dealt previously by legislation.
- The questions of household chemicals, we are still confronted with the lack of quantitative exposure data on emissions, the actual methodology is limited.
- On building dampness, moisture and microbial growth (moulds and bacteria), characterisation of the association of adverse health effects with dampness and water damage buildings is repeatedly shown in epidemiological studies but the causative factors and all health effects and consequences are not known.

The WG IAQ first meeting was held in November 2006, since then several actions were taken like the creation of a circa website which will allow exchange of information on projects and reports.

The next meeting will be on the 25/5/2007, and the main objective is the definition of a work plan for the IAQ group through a participatory method, the experts will be divided in four subgroups to address the following topics: information to the public, working together with MS, working with manufacturers and coordination of activities within the Commission services.

The next steps will be taking into account the Scher opinion, split into subgroups during July 2007 which will be coordinated by a work group leader. After the initial brainstorming, the subgroups will develop the work plan proposals till August 2007 when the detailed working group action plan to be implemented from 2007- 2010 will be compiled to be approved on the next meeting planned for end September and early October 2007.

Mr. Biot would like to have some comments on the contribution of the workshop on IAQ, organised in Brussels by VITO, which presented some interesting ideas. How they would be taken into account by the WG IAQ?

Mr. Gallo explained that the call for tenders for the study of possible monitoring systems in IAQ, was assigned to VITO in Belgium, that is a feasibility study of monitoring systems and MS policies, including building legislation. Actually, with the exception of few outdoor air pollutants, there are no legal limits when working with IAQ. The questions of rights how to reduce the sources could be a useful discussion, like how to use this principle in public IAQ environment. The report of the study will be published in October 2007, when it will be analysed by the WG IAQ.

There were few announcements

- The participants were invited to submit proposals to the secretariat of SANCO, about the presentation of an evaluation of the WP strategy. How to develop indicators? How to evaluate the impact of this information, and they are used? What are the outcomes, effectiveness of the health information actions?
- The next meeting of the E&H WP was set for November 22, Thursday, just after the Children and Health Workshop.

5. THE CLIMATE CHANGE SESSION

5.1. Policy developments: presentation of a forthcoming Commission communication on the consequences of climate change on human and animal health, Mrs Viviana Siclari DG SANCO C2.

The objective of the Communication is to set out a coherent approach to address health effects of climate change-related phenomena and bring EU added value to problems of common concern. The scope includes human and animal health and in particular the following climate change related effects: extreme weather events such as heat waves, floods and cold spells, airborne allergens and air pollution related effects ultraviolet radiations, vector borne and other infectious diseases, water, food borne diseases and zoonotic diseases.

Actions and measures might include: adaptation as key response strategy (Commission and Member States dialogue to be launched), update or amend the relevant EU veterinary measures, and adapt existing EU human public health legal framework, as needed; make use of health systems and veterinary services, and involve private practitioners; strengthen cooperation with international organisations, ensure effective communication between the Commission, the national authorities and the public; identify needs for further analysis and research. The foreseen timeline: June 2007, initiate intra Commission discussions, Autumn 2007: Stakeholder's consultation, end 2007: impact assessment and adoption of Communication expected for first quarter 2008.

The Health and Environment Alliance asked how this Commission communication relates to the Green Paper prepared by DG Environment. Mrs Siclari replied that the GP looks at climate change effects in a wider context and from an environmental point of view, while SANCO's Communication will focus specifically on health effects of climate change.

The Green Paper, chapter on health, can be an opening to DG SANCO to present the PH perspective on the environmental issues.

5.2. EuroHeat and Canicule projects presented by Mrs Bettina Menne from WHO Euro and Mr Jean Marie Robine from Inserm.

The Canicule project was undertaken to estimate the death toll excess in Europe during the summer of 2003. The project uses the concept of healthy life years, the information system to study life expectancy in Europe, collaboration with SANCO and EUROSTAT. The estimation of

deaths in Europe depending on data source, methodology and reference period, there was no precise estimation of the excess mortality.

The method of data collection was the daily number of deaths at regional level since January 1998 in 16 EU countries. The summer mortality was analysed for reference period 1998-2002 to set a threshold. Some risk factors were identified as influencing the heat illness: behaviour (physical or cognitive impairment, psychiatric illness, infants and low socioeconomic conditions), increased heat gain (exercise, outdoor activity, and use medication), cardiac output (cardiovascular diseases), plasma volume disturbance (diarrhoea, pre existing renal and metabolic diseases) and sweating disorders (dehydration, aging, diabetes, scleroderma, cystic fibrosis). It was found that the elderly are subject to the greatest effects of heat, but age interacts with many other determinants, particularly gender and co-morbidities. The excess mortality observed in adults during extreme heat waves was related to other co-morbidities, like mental illness/disability or occupational exposures.

The Euroheat project aimed at improving public health responses to heat waves. Interventions can be presented to influence heat exposure (factors affecting exposure) -> heat stress (factors affecting sensitivity to a given heat exposure) -> heat illness, clinical signs (factors affecting access care) and heat deaths.

To reduce the risks of heat health impacts an analysis of health measures is needed to define good practices by country and type of measures, who is the target, who implements, how good it is, how can the action be improved.

The core elements of heat action plans include developing collaborative mechanisms between health and a lead body to coordinate emergency responses, accurate and timely meteorological forecasts, reduction of exposure to heat, provision of particular care to vulnerable groups, provision of health care, social services and infrastructure, risk communication mechanisms, urban planning, energy and transport policies and monitoring and evaluation of the actions.

16 European countries with heat warning systems could be identified. Most systems were implemented after 2003 using different methods (heat wave definitions), sometimes regional specific thresholds, not all countries have heat plans and the lead times can vary between 1-3 days.

The Euroheat project presents a seasonal forecasting, a map of today, and the probability of heat wave.

www.euro-heat-project.org/dwd/index.php

The important messages for awareness rising were found to be simple, like keep your house cool, keep your body cool and hydrated, help others, like persons who are dependent and specially be alert. Particular care should be offered to people at risk: organisation of local and social services is needed and here the importance of the role of the general practitioners becomes essential. The GPs should be able to understand and advice people on: thermoregulation and cardiovascular response, pathogenic mechanisms, clinical manifestations, diagnosis and treatment, early signs of heatstroke and initiate cooling, risk factors for morbidity and mortality, identification of patients at risk - education, pre-heat-wave medical assessment, side effects of prescribed medication and adjust dose and monitor drug therapy and fluid intake.

Other recommendations were prepared for home and hospital care managers and staff, as the preparation of the building and facilities, working arrangements, residents, organisation for home care and staff training.

Some actions on reduction of heat exposure can be taken at short term (access to cooled spaces, thermometers use, fans and drinking water and mobile evaporative coolers) and medium term (increase external shading, cool paints on outside walls, cool pavements/ roof gardens, building structures: radiant barriers, insulation, energy efficient air conditioning and risk maps). Other actions can influence the urban planning, energy and transport policies, land use changes and other actions to mitigate climate changes.

The next steps are to assure the dissemination of results and products, the continuation of Euroheat network, to assist countries in developing and implementing heat action plans,

coordinate monitoring and evaluation, develop guidance materials for extreme events such as flooding, droughts, fires, etc.

5.3. Results of the Intergovernmental panel of climate change (IPCC): on human health, by Mrs Bettina Menne, video conference from WHO EUROPE.

The report was prepared with the contribution of 2500 scientific expert reviewers, 900 contributing authors, 450 lead authors from 130 countries, 6 years, 1 report and 4 governmental approval sessions. The health chapter used 400 articles as sources and the final document is summarised in 45 pages.

The key messages are that the climate is changing; it has already affected health, that the projected climate change-related exposures are likely to affect the health status of millions of people; that all regions in the world are affected; the adaptive capacity needs to be improved everywhere. Critically important will be education, health system development, access to care, information, etc. Review, development or adjustments of public health activities are necessary.

Capacity to cope needs to be improved: how population will be affected, how the health system will adapt? Climate change drivers (greenhouse gases and aerosols), climate change impacts that have direct exposure (temperature and precipitation changes, sea level rise, extreme events), indirect exposure (changes in ecosystems, water resources, food security, biodiversity, settlements and air quality) and socio economic development (governance, literacy, education, equity, technology, consumer behaviour, etc). The expected health impacts are on mortality and morbidity from extreme temperatures, windstorms, floods and droughts, malnutrition, food, water problems, rodent and vector borne diseases, cardio respiratory diseases, allergic disorders, occupational health and mental health.

Climate change already contributed to 0.3-0.4% of the global burden of disease and premature deaths in 2000. Millions of people will be at additional risk of malnutrition. Other consequences of extreme weather events are diarrhoeal diseases, cardio respiratory diseases from air pollutants, mixed effects on malaria distribution, changes in ranges of some vectors and reduction of cold deaths.

Two main strategies foreseen mitigation and adaptation: Health co-benefits from reduced air pollution as a result of actions to reduce GHG emissions. The benefit can be substantial and may offset a large fraction of mitigation costs. The adaptation actions at different scales from local, national, regional and international level and their possible health system responses, include reviewing and strengthening current primary and secondary prevention and integration across scales.

www.euro.who.int/globalchange

Mrs Viviana Siclari asked which are the eight countries that were cited as having a climate change health assessment in the EU? The answer was: UK, PT, SE, FI, Kg, UK, SW, GE, IT from 26/6.

Another question was if there is a specific part of the IPCC report that addresses research priorities. There are several priorities for research but they are presented in general, not specifically for the EU and rather addressing the needs in developing countries. Some topics are related to the cost benefit analysis of the mitigation strategies, like in hydraulics, etc.

There was an additional question about the consideration of green house gases as the only factor that triggered climate change; did the study consider the impact of other factors like biological or solar irradiation? The report analyses the contribution of the other factors. However, global and continental temperatures have been rising since the last century. When by modelling the plot of the current temperatures was split in natural sources, additional CO2 emissions and other radiated forces, the only explanation found was the unprecedented CO2 increase.

The Health and Environment Alliance asked for more information to convince parliamentarians including, if we implement pollution control measures we should reduce the disease burden as a

direct or indirect effect. The report finding orients to the following explanation, the cost of mitigating green gases emission reduction will counter balance the cost of disease burden. There is however the need to evaluate the benefit of options like walking and biking, and the impact of other mitigation strategies.

5.4. Activities related to climate change and health issues, Mr Peter Pärt, JRC

The Joint Research Centre mission is to provide scientific and technical support for EU policies, by performing research or compiling data. With respect to climate change and health several aspects can be studied such as temperature variation (heat waves, sea level rise, vector and food borne diseases), extreme weather conditions (winds, floods, drought, and fires), the environmental integrity (infectious diseases, water quality (algal bloom), and influence on the food chain quality).

The JRC has competences on space technology, and one of the applications is the calculation of one indicator namely, the heat wave duration index; or other risk indicators include the estimation of the vulnerable population.

The conference on climate change, environmental changes and infectious diseases, Stockholm 29 – 30/3/07 organised by the ECDC summarises in the conclusions the important to strengthen the surveillance networks, adapt the technical competence or maintain expertise in taxonomy (insects).

Several tools are used for monitoring environmental conditions. Drought risk is for instance estimated from the daily soil moisture maps of Europe, the forest fire information system (historical records, prone areas), the flooding and precipitation changes as climate change effect, flood risk maps (hazard, vulnerability), environmental integrity and biodiversity: effect on health and wealth being; the burden of diseases, quantification of health impacts caused by environmental risks at population level expressed in deaths, and or incidence, and/or summary measures (DALY, QALYs, etc).

5.5. Community Research on Climate Change and Health: From FP5 to FP7 presented by Mr Tuomo Karjalainen, DG Research, Climate change and environment risks unit

Past/ongoing EU projects: FP5 (1998-2002) financed 92 projects in the environmental-health sector, with an annual budget of 40 Millions; the FP6 (2002-2006) financed 46 projects within priority area 5 (on food quality and in the safety-environmental health risks) and priority area 6 (focused on global change and ecosystems), with a 50M annual budget. However, only 2 projects on climate change and health impact: 1. PHEWE assessment and prevention of acute health effects of weather conditions in Europe www.epiroma.it/phwe and 2. cCASH climate change and adaptation strategies for human health www.euro.who.int/ccashh.

Impetus for increased spending on Environmental Health issues: the launching of the Environmental Action Plan 2004-2010, with 38 projects financed under FP6 covering € 210 Millions. Actions covered were: Action 5. Integrate and strengthen European environmental research, action 6. Target research on diseases, disorders and exposures (asthma, allergy, neuro immune disorders, cancers, and endocrine disrupting effects), action 7. Develop methodological systems to analyse interactions between environment and health (risk assessment, development of new methodologies, improve economic valuation and impact analyses of prevention strategies) and Action 8. Ensure that potential hazards on environment and health are identified and addressed (such as climate change and health, water pollution, emerging pathogens and health, nanoparticles and health). More information on the projects can be found on FP5 E&H projects:

http://ec.europa.eu/research/quality-of-life/ka4/index_en.html

<http://ec.europa.eu/research/fp6/projects.cfm?p=5>

<http://cordis.europa.eu/sustdev/environment/projects.htm>

5.5.1. Framework Programme 7

The duration was increased from five to seven years. The annual budget increased in average 40% per year. The environment budget will grow from around €220 M in 2006, around €250 M in 2010 and €350 M in 2013. Basic research will be funded via ideas programme, flexible funding schemes, joint technology initiatives (long term public-private partnerships in the fields of high industrial/policy relevance), simpler procedures and logistical and administrative tasks can be provided by external structures. The climate change issue can be found in several FP7 topics as: food, agriculture and fisheries, and biotechnology, information and communication technologies, energy, environment (including climate change) and transport (including aeronautics).

The topics of climate change, pollution and risks cover the environmental and health aspects, further information on http://cordis.europa.eu/fp7/home_en.html. The next call will be published in November 2007 with several topics under consideration: 6th environmental action plan, actions plans on environmental technologies and environmental health, European directives as water framework, REACH (chemicals), CAFÉ (air quality) and INSPIRE, etc.

The main political priority of current Commission research is to: 1. support the EU international commitments and initiatives such as: Kyoto and Montreal Protocols and post Kyoto climate initiatives; UN conventions on desertification, biological diversity, international strategy for disaster reduction, world summit on sustainable development, etc; 2. contribute to; intergovernmental panel on climate change (IPCC), global earth observation systems of systems (GEOSS) and International Programmes (IGBP, WCRP), and 3. Contribute to EU policies such as: 6th environmental action plan and associated thematic strategies, European Climate change programme, actions plans on environmental technologies and environmental health and the water framework directive.

Mr Krizanovsky pointed out that in the last slides on the policy documents supported by FP7, the action plan on Environment and Health was missed.

Mr Biot asked if DG RTD intended to publish a FP6 projects review. As reply we were informed that the review FP5 projects is on the press, the FP6 is still on preparation.

The Health and Environment Alliance asked what level of consultation will be involved under the consultation phase. There is already an established consultation network on environment and health, different DGs and discuss policy priorities and development (list of 5 names).

The chair asked the contribution of the members for the recommendations to be presented on the meeting of working party leaders.

Further policy developments were presented by Mrs Abigail Howell, from DG Environment (by video link), with introduction of the general discussion on the Green Paper on adaptation to climate change, prepared by the climate change unit, under DG ENV. We know that there is already one impact on the environment, the human society, risk on the world and we would like to estimate which impact will that have in Europe, especially on the most vulnerable countries. What are the actions to tackle and to identify the most useful mitigation measures, there is a clear need to address adaptation. The review process started 2 years ago and will have as results the elaboration of a Green Paper, about the state of play in Europe, which will be presented to the expert meeting, to orient the mainstream actions and needs of cross country policy areas. Including, the main streaming adaptation of existing EU policies and inclusion of climate change analysis in all EU policies. The main streaming on funds, taking on board the impact of climate change, projects must be climate resilient. The adaptation to all external actions, related to climate risks. There is already the estimation that the millennium goal will be affected, especially in small economies that are likely get the higher impact of climate change. The information available is to be compiled and analysed, and disseminate project research results. Another option is the adaptation strategy that we carry on with the involvement with the stakeholders, in continuation of the meeting organised last year on human health, particularly in the research area.

The Health and Environment Alliance asked when the Green Paper was expected. The document should be adopted in 20/6, presented to the Environment Council on 28/6, followed by the organisation of a Conference on 30/6 in Brussels, which will be used for the presentation of the Green Paper and initiation of dialogue with stakeholders. The content of other expected policy events as the launching in January 2007 of the communication on climate and energy package, in April 2007, 2nd work group food assessment report, obliged the review of some parts of the Green Paper.

6. BEST PRACTICE EXCHANGES SESSION

6.1. New effective pollen information system against allergic diseases, in Hungary by Anna Paldy, National Institute of Environmental Health.

The aim was to develop a pollen forecast system which is able to give expectable intensity and composition of the pollen concentration at a given geographical point and the warnings of the forecast system inform sensitive patients about the areas from which they should keep away in their own interest.

Knowing the forecast can be useful to adapt individual behaviour (avoid areas with high concentration, plan summer holidays) and orient the doses of drug intake.

The main results was the identification of ragweed in infected areas by remote sensing, implementation of automated image system for pollen identification, elaboration of pollen forecast (19 network stations) and creation of a website for pollen information including 7 day forecast, and investigation of the pattern of aeroallergen sensitization in areas with different level of ragweed pollen load.

Examples of map with remote sensing ragweed infected areas can be found on the site of www.fomi.hu or for Europe in Ambrosia, www.polleninfo.org, which shows the 2006 invasion in south of Europe by ragweed.

The web site information is available to inform the public, presenting the survey results how many allergens were identified and measured? The projects have found that the majority of sensitised person present an increase IgG against ragweed, in invaded areas.

A question was presented on the resolution of the satellite used? And the precision was given that has a precision of 1kmx1 km. Another questions was on the rate of ragweed in Hungary, the reactivity rate was found to be of 50% of patients are reactive to ragweed, but the allergy rate in the general population 15-20%. The allergy rates are still increasing in time.

A general question was why this topic was chosen to be presented on the WP meeting? The answer was the decision to include in the agenda examples of best practices in the MS. The initiative was very much appreciated by the participants of the WP E&H, and should be further promoted on the future meetings; how to identify good examples, invite best practices models, raise new research and action. A suggestion was given that the members of the WP could be invited to present suggestions for the next meeting agenda.

7. REQUEST OF SUGGESTIONS FOR THE NEEDS FOR THE PHP 2008 - 2013

Mr Krizanovsky presents the suggestion to create a mechanism to promote the adoption of best practices and new public health knowledge based on the results of the DG Research and Public Health projects. The primary prevention potential of environmental health actions is very low; the solutions for the environmental health problems need to be discussed, in the perspective of Health in all Policies Initiative.

There was a proposition to promote interaction between the Public Health Programme (PHP) strands by the adoption of a more integrative approach, as the information needs is one approach to orient prevention. The WP participants would like to know what has been done in the other strands. A review PHP will give an overview of the PHP results on the E&H and identify the

gaps. Last November some tasks were presented as an overview. Another suggestion was to include in the best practices sessions presentations from the E&H projects from different strands.

Another idea was to invite the MS to present the national experiences as a method to identify the public health needs and provide suggestions for the new PHP.

Suggestion to create a CIRCA system to improve the communication within the WP members

The suggestion can be forwarded until the 31st August to Mrs Siclari, SANCO C2.

8. RECOMMENDATIONS

- Environmental health indicators, few suggestions were presented to measure the impact of climate change on human health. This could be done by the setting of priority indicators, which could be identified after the performance of a survey to identify the currently use by MS, and the availability of data. This topic could be discussed on the next meeting.
- Dissemination of project results to promote best practices and public health knowledge
- Develop an interface with research and other Commission services to disseminate project results and promote PH interventions
- Promote best practices examples from the MS, covering health information and determinants actions
- The evaluation of the WP strategy: the participants were invited to submitted proposals to the secretarial of SANCO.
- The WP Members will be invited to present suggestions for the next meeting agenda

Written on 2/7/2007 by Cinthia Menel Lemos, PHEA Project officer.