



The EU Environment and Health Action Plan (EHAP)

Assessment and Outlook for future action

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Executive Summary

The EU Environment and Health Action Plan (EHAP) comes to an end this year. The Belgian Federal Minister in charge of Environment has commissioned this study to review its achievements and to identify issues and opportunities for what should come next.

The report is divided into three parts. The first part provides an assessment of the current Action Plan in terms of consistency on priority themes, institutional support, perceived "added value", and limitations. In the second part, the study considers the current political context and the opportunities over the next five years to better integrate environment and health in Community policies. Finally, the third part of the report outlines options for the format, mechanisms and themes of a second EHAP, as well as the action that needs to be taken.

The study starts with an assessment of EU institutional views on the EHAP from document reviews and interviews. The assessment demonstrates consistent support and a general consensus on the key themes which form the backbone of the current SCALE strategy and EHAP. These key themes include better protection of vulnerable groups, indoor air quality (IAQ), improving policy tools, such as human biomonitoring (HBM), environment and health information systems, and the transfer of EU funded environment and health research into policy making. The assessment also shows institutional support for recently emerging challenges, such as climate change and the combination effects of chemicals. The European Commission's progress report on EHAP cites especially HBM and IAQ as the EHAP successes to date but highlighted also other added value related to the mechanisms put in place to support the EHAP.

Since the EU launched its SCALE strategy in 2003, significant progress in policy, research and information related to reducing ill health linked to the environment has been achieved. EHAP has served as a vehicle to increase coordination among the Commission Directorates-General and among member states. It has also provided a framework for greater participation of wider civil society actors through the Consultative Forum. One of the major obstacles in implementing the EHAP however has been a lack of dedicated resources.

In the second prospective part of the study, the motivation of the key players for a 2nd EHAP has been investigated with positive signals from the new Health Commissioner and some key MEPs. The EU Member States pledged their support to environment and health action in the signing of the WHO Parma Ministerial commitments in March 2010. The new European Commission's progress report foresees further discussions on the content of a second EHAP, which could be proposed in 2011. The study identifies policy opportunities to take forward substantial environment and health work on priority EHAP themes over the next five years. For example, during the Belgian presidency, it will be crucial to ensure that environment and health remains a priority in discussions on a 7th Environment Action Programme. In this way, the report provides a first foundation for the creation of a second EHAP. The study addresses existing environment, public health and research programme structures as sources of funding for EHAP actions and also the opportunities within scheduled revisions of other EU funding policies.

The study concludes with future perspectives on taking forward Environment and Health in the EU, and provides some recommendations for a second EHAP including strengthening its format and funding, mechanisms for the science-policy transfer and consultation, as well as possible topics and themes. The study proposes how different EU institutions could help take the second EHAP forward, such as convening the member state and stakeholder Consultative Forum on Environment and Health, and working towards Council conclusions during the EU Presidency of Belgium and Hungary.

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Aims and Methodology

Aims

This study has been commissioned by the Belgian Federal Minister of Environment as a discussion document for use by the Belgian EU Presidency during the second half of 2010. The study was carried out by the Health and Environment Alliance (HEAL) between January and May 2010 under the supervision of the working group of the national environment and health cell, which defined the study's scope, aims and methodology.

The study aims to review the existing EHAP and current political and policy context to identify possibilities and themes for taking forward environment and health policies within a second Environment and Health Action Plan or other policy frameworks. It provides an assessment of the current EU Action Plan in terms of key themes, institutional support, "added value" and limitations as a contribution to this discussion. Furthermore, the study aims to identify EU policy opportunities and EU resources to better integrate environment and health themes in Community policies in the coming five years. The study also presents options for the format, mechanisms and the themes of a second EHAP as well as a way forward for institutional actors in the field.

Methodology

The study was comprised of a "cross fertilisation" involving analysis of key political documents, selected interviews with Members of the European Parliament, European Commission officials and member state civil servants and stakeholders.

The study covers the EU SCALE strategy, the EU Environment and Health Action Plan including the European Commission's Communications and staff working papers, European Parliament Resolutions and Council Conclusions to identify priorities for key environment and health themes. The Pan European WHO Environment and Health Declarations from Budapest and Parma, as well as the CEHAPE Action plan were also included.¹

These institutional documents were analysed by method of cross-fertilisation (and scoring) of key environment and health themes in EHAP to assess which themes ranked highest in consistently gaining institutional support and drawing out those themes where EU added-value has been cited or future directions indicated by the institutions. The cross fertilisation analysis scoring contained in Appendix E also highlights where differences occur between institutions about priority themes during the evolution of the environment and health process.

The themes used in the cross fertilisation analysis were initially proposed in the scope of the study and verified in the first document review. They are derived from the actions, issues and themes contained in SCALE and EHAP.²

¹ See Appendix B for the list of documents used in the study.

² For more information and an explanation of the themes see Appendix C.

1 Environment and Health in the EU

1.1 Introduction

From the very beginning, the goal of better health has been an important driving force in EU action on environment. Over the past decade, the interconnections between environment and health have been intensified in EU policy. The EU has increasingly been recognised, both domestically and globally, for its leadership role in promoting strong environmental and sustainable developments policies which protect public health and the environment.

SCALE, the first ever European Community environment and health strategy in 2003 brought to the forefront the improved public health arguments as a lever for more protective environmental policies, and put forward the vision on how this could be done.³ In the wider European region, this focus on integrating the health dimension into environmental policy-making has been strengthened through the WHO Environment and Health process which was formalised in 1989.⁴ Both the EU and WHO work has provided valuable evidence, processes and inspiration for other regions around the world to embark on similar environment and health strategies and action plans.

SCALE and the developments in the WHO Environment and Health process highlighted the need for coordinated action at EU level to reduce the environmental burden of disease through more protective environmental policies. WHO estimates that 24% of the global disease burden and 23% of all deaths can be attributed to environmental factors.⁵ Since EU harmonization for environmental policy has steadily increased, and now accounts for 80% of national member states policy, a coordinated approach to environmental health makes sense, and offers significant potential for public health prevention gains. As the Commission stated in the SCALE strategy, a coordinated approach was and is also needed to consolidate the research and information base, and to ensure that the same research and monitoring parameters are used effectively in policy evaluation and revisions.⁶ The added value of an EU level approach is to create synergies and facilitate the sharing of data and methodologies. Nevertheless SCALE and EHAP do not preclude member state action as one explicit goal of SCALE is to foster cooperation between member states. This can be seen as recognition of the subsidiarity principle.

The first EU Environment and Health Action Plan EHAP (2004-2010)⁷ attributes its origin in part to the growing evidence and public recognition that the environment plays an important role in people's overall health. In a Eurobarometer survey, 89% of respondents said they were worried about the potential impact of the environment on their health, and many believe that the EU could be doing more.⁸ In the

³ For SCALE text see: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2003:0338:FIN:EN:PDF>

⁴ See: <http://www.euro.who.int/en/what-we-do/health-topics/environmental-health/european-process-on-environment-and-health>

⁵ WHO, Preventing Disease through Healthy Environments, Towards an estimate of the environmental burden of disease, 2006 http://www.who.int/quantifying_ehimpacts/publications/preventingdisease/en/

⁶ See SCALE strategy, page 11

⁷ See: <http://ec.europa.eu/environment/health/pdf/com2004416.pdf>

⁸ Special Eurobarometer n. 217 (2005): Attitudes of EU citizens towards the environment. See: http://ec.europa.eu/public_opinion/archives/ebs/ebs_217_en.pdf

next part, we consider the development of EU policies on Environment and Health through the key policy documents and EU programmes that contributed core elements.

1.2 Key environment and health policy milestones

There are five major programmes and policy documents that have provided milestones in the development of EU policy on environment and health: the Sixth Environment Action Programme (6 EAP); the SCALE Strategy; the 2004-10 EU Environment and Health Action Plan (EHAP); the 2004 WHO Budapest Declaration (plus CEHAPE); and the 2010 WHO Parma declaration and commitment to act. Other important policy developments in the public health and research domain will be considered in Part 2, and are thus not included below.

1.2.1 2002: Sixth Environment Action Programme 2002-2012 (6 EAP)

It was the adoption of the 6 EAP in 2002 that set out 'environment and health' as one of the four key priorities for environmental policy-making in the European Union for the period 2002-2012⁹. Between 1973 and 2002, five earlier EU Environment Action Programmes had provided the mechanism to define the European Community vision for environmental policy. One of the goals of the 6 EAP is to contribute "...to a high level of quality of life and social well-being for citizens by providing an environment where the level of pollution does not give rise to harmful effects on human health and the environment."¹⁰ This commitment to reduce health problems from environmental pollution contributed to new or revised legislative proposals in the areas of chemicals, pesticides, water and air quality, and supported the development of an EU Strategy on Environment and Health.

1.2.2 2003: Commission Communication: Strategy on Environment and Health (SCALE)

Shortly after the launch of 6 EAP, the Commission published a communication on the EU Strategy on Environment and Health. It set out the EU's vision on how to address the complex relationship between environment and health and to identify priority diseases and environmental factors, with an emphasis on biologically vulnerable groups, such as children. Its ultimate objectives were:

- to reduce the disease burden caused by environmental factors in the EU;
- to identify and to prevent new health threats caused by environmental factors, and
- to strengthen EU capacity for policymaking in this area.

The Strategy built on both the 6 EAP and a recognition that the EU needed to meet its objectives of sustainable development and human health protection. The strategy, launched with the acronym SCALE, has five key elements: S stands for Science, C for Children, a group that is particularly vulnerable to environmental hazards, A for raising Awareness on urgent health needs, L for Legislation and E for

⁹ Decision No. 1600/2002/EC laying down the Sixth Community Environment Action Programme: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:32002D1600:EN:NOT>

¹⁰ See Decision No. 1600/2002/EC, Article 2

constant Evaluation¹¹. The strategy was supported by SCALE technical working groups which looked at priority diseases and environmental factors.¹²

1.2.3 2004: EU Environment and Health Action Plan 2004-2010 (EHAP)

Following the launch of SCALE, the first cycle of the new Environment and Health Action Plan (EHAP) to implement Europe's environment and health strategy was presented by the European Commission in 2004. EHAP had the following objectives: to generate the information base needed to analyse all the potential impacts; to assess whether current action is sufficient; and, to identify areas where new action is needed.

The EHAP was designed to:

- Provide the EU with the scientific information needed to reduce the adverse health impacts of certain environmental factors through more protective policies, and
- Endorse better cooperation between actors in the environment, health and research fields.

One of the added values of an EU level action plan was the potential to develop a Community System for integrating information on the state of the environment, the ecosystem, and human health to render the assessment of the environmental impact on human health more efficient. The majority of the 13 actions foreseen in the first EHAP focused on increasing and consolidating research and getting the information systems right.¹³ According to this review of key documents, policy action on prevention and reducing environmental risks were mostly delegated to the second cycle/second EHAP.

1.2.4 2004: WHO Budapest Ministerial Declaration on Environment and Health and the Children's Environment and Health Action Plan for Europe (CEHAPE)

The European Community Strategy and Action Plan relates to the 53-country WHO Europe Environment and Health process which began in 1989. For example, the current EHAP was presented by the European Commission as a contribution to the WHO Budapest Ministerial conference on Environment and Health in 2004. The first ever WHO Children's Environment and Health Action Plan for Europe (CEHAPE) was also launched at that meeting. It contains four regional priority goals to reduce ill health and diseases related to unclean water and sanitation, poor air quality, exposure to hazardous chemicals and radiation, and accident prevention.

1.2.5 2010: WHO Parma Ministerial Declaration and Commitment to Act

In March 2010, the 53 member countries of the WHO European Region renewed their support for continued environment and health work. During the Parma Fifth Ministerial Conference on Environment and Health, the member countries also, for the first time, adopted time-bound targets to reduce children's environmental threats and committed to tackling a series of key environmental health challenges. The European Commission itself issued a Declaration¹⁴ and stressed that it was committed to working to

¹¹ For the Summary of the SCALE strategy see: http://ec.europa.eu/environment/health/pdf/x_sum.pdf

¹² The SCALE Technical Working Groups were divided as follows: Priority diseases: childhood cancer, neuro-developmental and respiratory diseases; Integrated Monitoring: dioxin & PCBs, heavy metals and endocrine disruptors; Research needs: biomonitoring of children, indicators and research. See: http://ec.europa.eu/environment/health/03121819_consultativegroup_en.htm

¹³ See Appendix D for the 13 EHAP Actions.

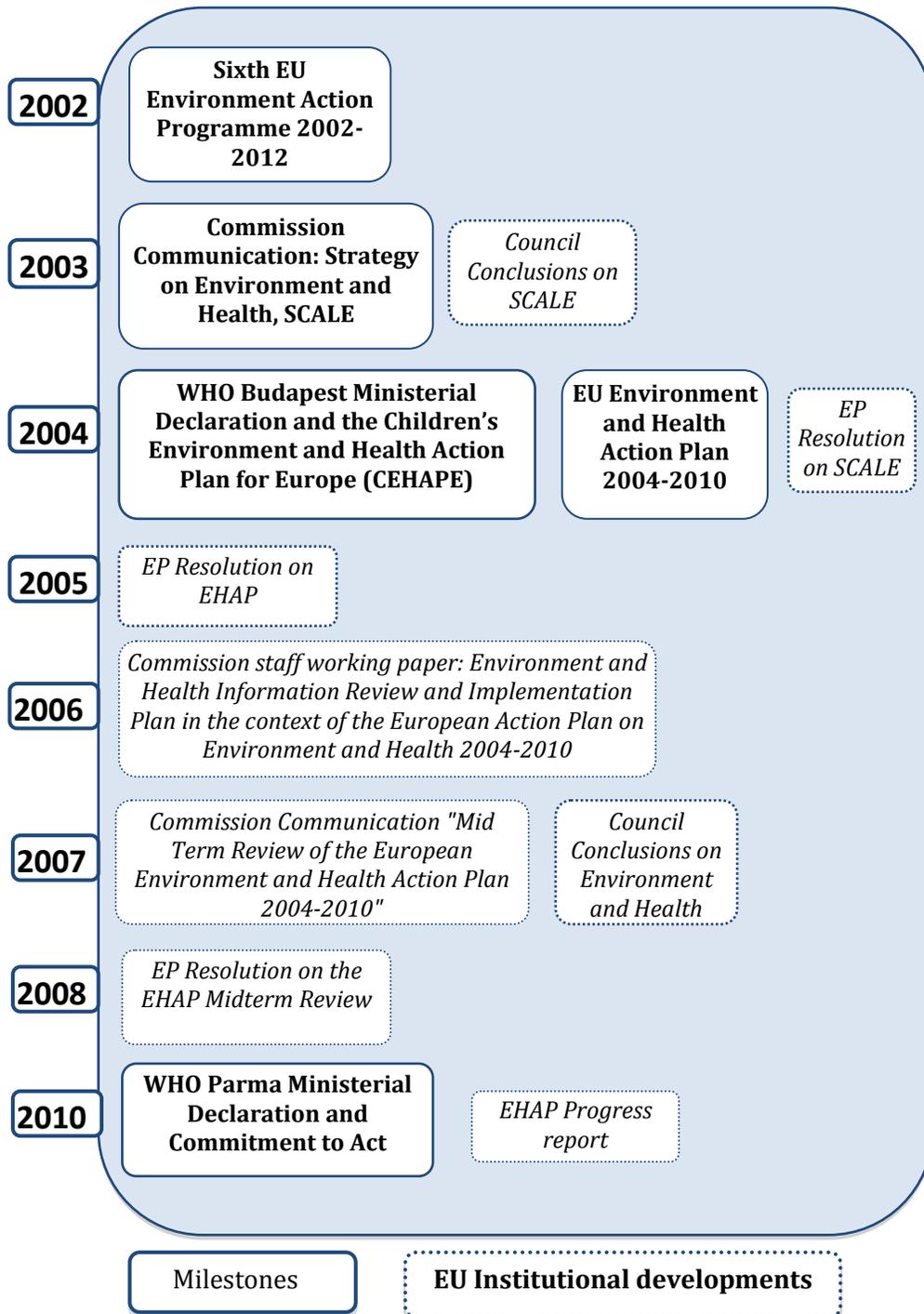
¹⁴ "The Commission is committed to working with governments, civil society and with international organisations, in particular the World Health Organization, to support as appropriate the achievement of the goals set out in the Parma Declaration. In implementing its European

support the Parma Goals, and to ensuring synergies between this process through the future implementation of its Strategy and EHAP.

The environment and health policy milestones outlined above have been widely discussed. Formal assessments and responses to each milestone by various institutions can be seen in the chart below. The following section (part 1.3) provides an analysis of the contents of all the documents highlighted in the chart.

Environment and Health Strategy through the EU Action Plan on Environment and Health, the Commission will ensure that synergies between EU level actions and those arising from the Parma Conference are fully exploited." See: http://ec.europa.eu/health/healthy_environments/docs/parma_declaration_en.pdf

Figure 1. Milestones and key developments in Environment and Health



1.3 Assessment of environment and health themes

The study now addresses what top priorities have emerged from milestone policy processes and the assessments from the EU institutions - European Commission, European Parliament and EU Member States in the Council.

The institutional documents related to the European Environment and Health process¹⁵ were analysed in a two-step process. The first step consisted in determining a set of environment and health themes contained in SCALE or EHAP.¹⁶ The second step consisted of a quantitative assessment on each theme: whether it was mentioned or not, and how strong the political support was.¹⁷ The scores generated a priority list of themes supported by all three EU institutions.

This ranking of themes by total scores provides an overall picture, but it has its limitations. The scoring does not capture well the emerging environment and health themes which may have climbed onto the agenda after SCALE and EHAP were adopted. For example, climate change and nanotechnology, which were both barely mentioned in 2003, have since emerged as clear priorities for future EU action. Additionally, the scores in isolation do not show if one institution has pushed strongly for a certain issue or in a particular direction.

This ranking is accompanied below by a more in-depth description of each theme. This draws out some of the key statements. It also brings in the synergies and contributions from the wider WHO European and Health process and commitments.

Overall, the analysis has shown that both SCALE and the EHAP received strong support from the institutions from the outset. This is highlighted by the repeated contributions that both the European Parliament and the Council made in the form of resolutions and conclusions; in the critique of the design and themes of the Strategy and the Action plan; in the coordination that was sparked between the different Directorates-General in the European Commission; and, in the strong pick-up in the EU research agenda.

Seventeen issues and themes were identified and scored (see Figure 2) as priorities for the EU Environment and Health agenda. The top five are: Vulnerable groups; Human biomonitoring; Environment and Health Information Systems; Environment-related health actions; and Indoor air quality. In the next part, information on these five priority themes is provided first, followed by information on all the other priority themes (in alphabetical order).

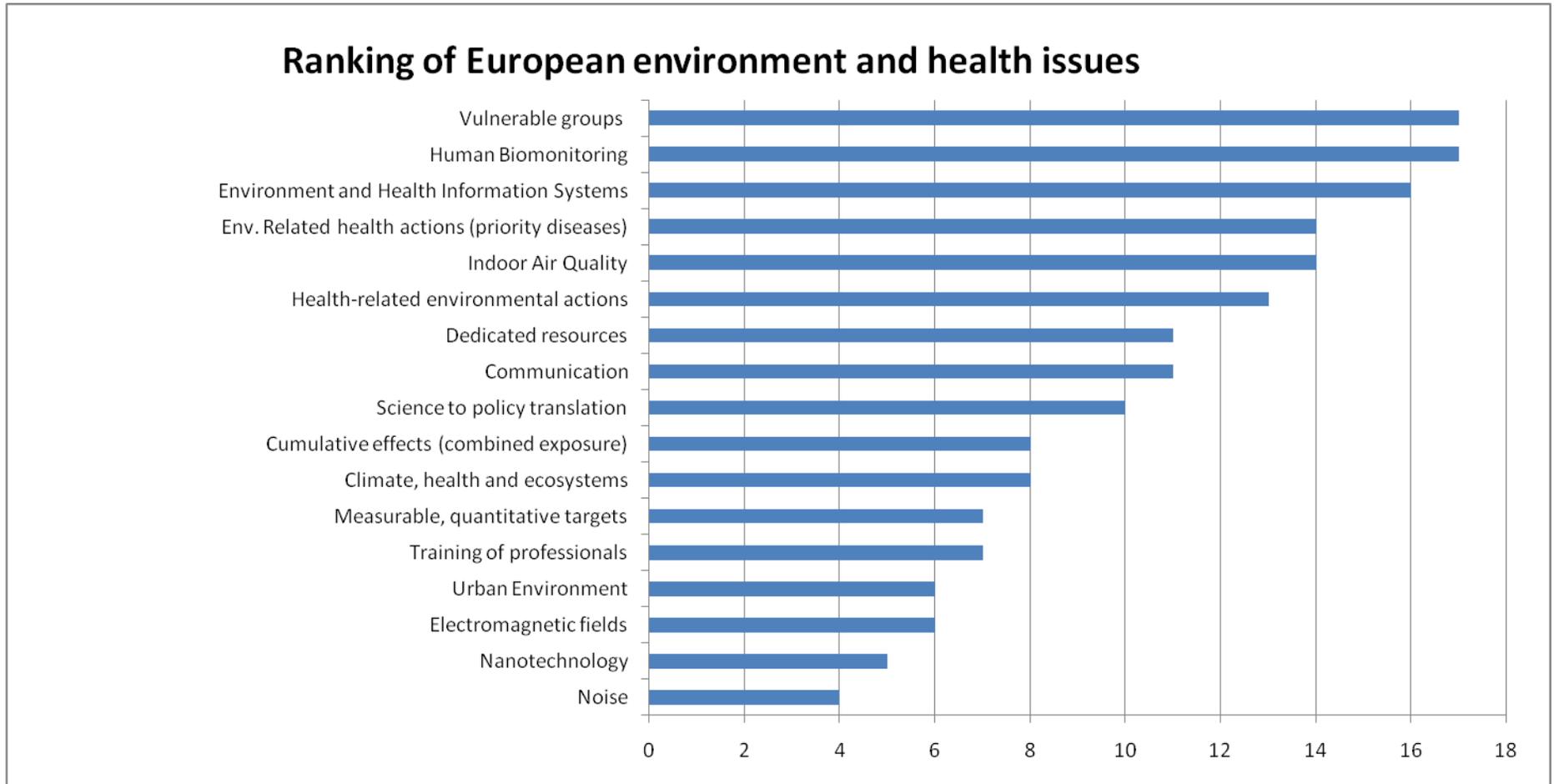
¹⁵ For the list of documents see Appendix B.

¹⁶ For the list of themes, see Appendix C.

¹⁷ For details on the scoring system see Appendix E.

Figure 2. Strength of support for different EHAP themes by EU institutions

Ranking of EHAP themes according to political support given by EU Institutions. The list of documents used to score the themes and methodology can be found in Appendix B and E.



1.3.1 Priority themes

The priority themes in the European environment and health programmes and plans are taken from the cross fertilisation ranking as seen in Figure 2.

1.3.1.1 Vulnerable groups

The theme of better protection of vulnerable groups such as children, fetuses, pregnant women and older people was one of the overarching goals of the SCALE strategy in 2003, particularly in relation to children. The term "vulnerable groups", in this context, refers to those with increased biological susceptibility to environmental stressors such as pollution.

The European Parliament has criticised the lack of attention given to vulnerable groups in the design of the current EHAP and in its most recent resolution in 2008. MEPs specifically said that this issue should be a top priority for a second EHAP. The 2010 Commission progress report¹⁸, however, does not respond directly to these calls, and only mentions vulnerable groups in relation to Health Impact Assessments and EU research projects.

As a result of EHAP and the WHO CEHAPE, several health-related environmental policies that were revised during this period now include a greater recognition of vulnerable groups, for example, the pesticide regulation and directive and the ambient air quality directive. The latter encourage member states to include specific measures aimed at the protection of sensitive population groups, including children, in air quality plans.¹⁹

In 2010, EU member states and the WHO member countries endorsed the Parma Ministerial Declaration which considers that the health risks to children and other vulnerable groups are a "...key environment and health challenge of our time", on which they commit themselves to act.²⁰ In this context, the word "vulnerable" covers not only biologically susceptible groups, such as children, but also vulnerable groups in terms of socio-economic status.

1.3.1.2 Human Biomonitoring

Human biomonitoring (HBM) has had consistent support from all institutions since the Strategy's inception in 2003. It is seen as contributing directly to achieving the EHAP's objectives. The SCALE Strategy foresees that "...in the long-term the Commission will consider together with Member States the development of a permanent harmonised European biomonitoring system. Such a system will allow better understanding of environment and health linkages and long-term health effects and will be used as a tool for the development of further environmental policy."²¹ In the most recent Commission progress report on EHAP, HBM is cited as one of two successes of the action plan. In particular, it has contributed to policy coherence and integration and to overall EU added value. HBM is also cited in relation to its potential to meet another EHAP objective - identifying new themes and assessing the effectiveness of policy.

¹⁸ Commission EHAP Progress report 2010: <http://register.consilium.europa.eu/pdf/en/10/st08/st08201.en10.pdf>

¹⁹ See Directive 2008/50/EC, especially Annex XV, Point B (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2008:152:0001:0044:EN:PDF>)

²⁰ Parma Ministerial Declaration and Commitment to Act: http://www.euro.who.int/_data/assets/pdf_file/0011/78608/E93618.pdf

²¹ See SCALE, page 14

One specific measure in the current EHAP (Action 3) aims to develop a coherent approach to Human biomonitoring in Europe. However, activities to implement more coordination and a pilot project have been delayed due to difficulties in securing EU funding. This is despite support from Member States and the European Parliament. Some increase in available resources is on its way. In late 2009, the COPHES project began work under the EU's 7th Programme for Research (FP 7), and in late 2010 the EU LIFE+ project DEMOCOPHES will begin. They will provide the expertise, the infrastructure and resources to carry out a pilot project for results in 2012.²²

In March 2010, HBM gained support in the WHO Parma Ministerial outcomes in which 53 countries committed to developing coherent HBM for policy making and disease prevention.

1.3.1.3 *Environment and health information systems*

An integrated Community environment and health information system was the central element of the SCALE Strategy. From the outset, SCALE was intended *"to provide the necessary information for assessing the overall environmental impact on human health and the cause-effect link, for identifying and monitoring health threats caused by environmental factors and for preparing and reviewing policy related to environment and health."*²³ The first EHAP contains the goal of improving the information chain by developing integrated environment and health information to understand the links between sources of pollutants and health effects. Yet, the ambitious goal of an information system is still far from being met despite the range of environment and health information projects such as the "European Environment and Health Information System (ENHIS)"²⁴ or "Connectivity between Environment and Health Information Systems (CEHIS)"²⁵ which are collecting comparable information and looking at information flows.

In 2006, the Commission's working document on the Environment and Health Information review²⁶ highlighted the need for information systems to address the effects of combined exposures. It stated that: *"...the priority for the future must be to focus on potentially vulnerable groups (such as pregnant women), attempt to identify sets of pollutants to which the groups may be exposed in combination, and assess their combined effects. However, concrete policy measures on combined exposures must thus await the conclusions of the research."*

1.3.1.4 *Environment-related health actions (priority diseases)*

Environment-related health actions as described in the context of SCALE and EHAP focus on priority diseases linked to environmental factors such as childhood cancer, asthma and respiratory diseases, endocrine disruptor and neuro-developmental related diseases. The EHAP, as a framework for action, was successful in increasing the overall research budget on these priority diseases, with many of them foreseen to publish results in 2010-2012.²⁷ In its conclusions on the EHAP Midterm Review, the Council highlights its concern *"...about the health problems associated with environmental determinants, such as respiratory diseases, asthma and allergies, neurodevelopment disorders, cancer, and endocrine disrupter effects, and particularly those affecting vulnerable population groups such as children in their*

²² <http://www.eu-hbm.info>

²³ See SCALE

²⁴ ENHIS website http://enhiscms.rivm.nl/object_class/enhis_Environment_and_health_policy.html

²⁵ CEHIS workshop report at <http://envihealth.jrc.ec.europa.eu/CEHIS/>

²⁶ See Appendix B for document reference.

²⁷ See Appendix F on Overview Research Projects

different developmental stages, pregnant women, the elderly, and the socio-economically disadvantaged."²⁸

An example of the achievement of the environment and health programmes is the recognition of environmental factors in the EU cancer strategy as outlined in the Commission Communication on the European Partnership on Action Against Cancer in 2009, which begins the process of integrating environmental factors within prevention efforts.²⁹

1.3.1.5 Indoor air quality

A common call from all institutions since the inception of the SCALE strategy and EHAP has been for more focused EU policy work to improve indoor air quality (IAQ), particularly to achieve smoke free indoor environments. Other top priorities have been guidelines on indoor air pollutants and protecting vulnerable groups. Indoor air quality is determined by a number of separate community policy files that go beyond environment and health, such as product emission and construction materials standards as well as climate change.

Public health concerns over IAQ have emerged particularly in relation to the negative impact on health that energy efficient buildings might have and the need for adequate ventilation guidelines. The European Parliament called on the Commission to come forward with concrete measures on IAQ in its resolution on the midterm review 2008, and member states have welcomed the IAQ focus in the 2007 Council conclusions and the 2009 Consultative Forum.

The current EHAP has a specific action on IAQ (Action 13) which provided a framework to agree key indoor air pollutants and health effects, establish criteria on monitoring, and increase public awareness. DG SANCO has taken the lead on this issue through the creation of an expert working group and identification of technical and policy needs. As a result of being an EHAP priority, major EU research projects linking IAQ to diseases are currently being funded, and will provide policy relevant results in the coming years.³⁰

In the Commission's most recent progress report³¹, indoor air quality is cited as an example of added value for coordination and integration at EU level. "*One important achievement since 2004 is a strengthened cooperation between stakeholders on Indoor air quality ...*", as well as work with WHO to develop health based IAQ guidelines for several pollutants. The progress report also calls for IAQ to be a priority within a second EHAP: "*The next action plan needs to put more emphasis on the policy side. The issue of indoor air needs to be more prominent and to have momentum. This should become part of a broader strategy on healthy environments.*"³²

1.3.2 Other themes

This second part of this section highlights the additional themes identified as priorities in the cross fertilisation analysis, in alphabetical order.

²⁸ See 2007 Council conclusions, page 1.

²⁹ See http://ec.europa.eu/health/ph_information/dissemination/diseases/cancer_partnership_en.htm

³⁰ Appendix F on Research projects for detailed overview.

³¹ Commission EHAP Progress report (2010), page 14.

³² See Commission Progress report, page 13.

1.3.2.1 *Climate change and health*

The Commission's most recent progress report on EHAP³³ identifies climate as a key priority for future work, which was unanimously supported by both member states and stakeholders during the parallel Consultative Forum discussing themes for a second EHAP. The focus has been broadened to consider the health co-benefits of climate measures and the need to green health care systems. The steady elevation of this issues has been mirrored in the WHO European Region environment and Health process which welcomed the "European Regional Framework for Action: Protecting health in an environment challenged by climate change" in the WHO Parma Ministerial commitment.³⁴

Climate change is one of the themes absent in the initial Commission proposal on SCALE, but mentioned in the Council and EP Parliament resolutions. Yet, it is not prominently featured within current EHAP. However, in parallel with increasing EU and international climate policy developments, it has risen as a priority in terms of research funding budgets and activities related to the health impacts. In 2007, during the mid-term review of the EHAP, the Commission noted that efforts needed to be stepped up on climate change and health.³⁵ Most of the EHAP related work on climate change and health has focused on early warning and surveillance systems, communicable diseases and extreme weather events.

1.3.2.2 *Combined exposures and cumulative effects of chemicals*

The inadequate risk assessment of, and knowledge about, the cumulative and combination effects of chemicals (also referred to as "cocktail effects") on health were mentioned from the beginning as one of the reasons why SCALE was needed. One goal of an integrated approach to EHAP would render impact assessment more efficient, by prioritising more research and taking into account combination effects. In both the Commission Environment and Health Information Review (2006) and the EHAP mid term review (2007), the Commission acknowledges that "cumulative effects" *"...is clearly a genuine issue: risk assessment as it proceeds at the moment considers stressors in isolation, and takes no account of the effects of simultaneous exposure to a combination of stressors"*. It stresses that *"assessing how to take account of such impacts in risk assessment is a key research priority, the aim of which is to make practical proposals for handling combined effects in policy."* In 2010, the Parma Ministerial Commitment to Act also refocuses political attention, research and action on the potentially adverse effects of persistent, endocrine-disrupting and bio-accumulating chemicals and their combination effects.

1.3.2.3 *Communication*

Communication is a priority within the SCALE strategy which highlights that *"...the need for on-going education of the public on the links between environmental risks and health is even more pronounced as it would contribute significantly to increasing public awareness and facilitating prevention of environment related diseases."* The EHAP recognises that communication on environment and health needs to be improved.

1.3.2.4 *Dedicated resources for implementation of EHAP*

For further analysis of this theme, see Resources under point 1.4 Mechanisms.

³³ See Commission EHAP Progress report (2010): <http://register.consilium.europa.eu/pdf/en/10/st08/st08201.en10.pdf>

³⁴ See European Regional Framework for Action: http://www.euro.who.int/_data/assets/pdf_file/0005/95882/Parma_EH_Conf_edoc06rev1.pdf

³⁵ Commission Midterm Review: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0314:FIN:EN:PDF>

1.3.2.5 *Electromagnetic fields*

Electromagnetic fields (EMF) are mentioned in the SCALE strategy. The Commission states that it "...will take all necessary actions to study any possible health effects of exposure to electro-magnetic fields and will pay particular attention to the protection of children and teenagers as specially exposed vulnerable groups." One specific EHAP action is to follow developments on the EMF (Action 13), and work by the EU risk assessment scientific committees is highlighted. The European Parliament EHAP mid-term resolution calls on the Council to amend its recommendation to set stricter exposure limits, but the Council has not specifically mentioned EMF within its conclusions on Environment and Health. In 2010, both the Commission progress report and the Parma commitments recommend additional research into EMF.

1.3.2.6 *Health-related environmental actions (environmental policies)*

Health related environmental actions are seen as one area of achievement in the Commission EHAP progress report, where health evidence and concerns have been successfully integrated, or partially integrated, into environmental policies such as REACH, pesticides, water, mercury and climate change. However, the European Parliament, WHO and other stakeholders have highlighted the need for better integration of vulnerable groups in environment policies and to ensure policy coherence between EU funded research project results and their uptake in environmental policy revisions.

1.3.2.7 *Measurable and quantitative targets*

Although measurable and quantitative targets are not explicitly mentioned in the SCALE strategy, one of overall objectives is to reduce the disease burden of environment factors which would imply the need for base line figures in order to set targets for reduction. The 2007 Council conclusions mention the need to "...define, in close cooperation with Member States, priorities, resources and, if necessary, associated reporting requirements to be devoted to a second cycle of the EU strategy on E&H..." The European Parliament criticizes the EHAP in its 2008 Midterm resolution for a lack of clear, quantifiable targets. The 2010 Parma Ministerial Conference adopted for the first time clear time-bound targets for children's health, namely: access to safe water and sanitation by 2020; access to healthy and safe environments by 2020; tobacco smoke-free child care facilities, kindergartens, schools and public recreational settings by 2015; and elimination as far as possible of risks posed by exposure to harmful substances and preparations by 2015. These could serve as a basis for consideration for targets in a 2nd EHAP.

1.3.2.8 *Nanotechnology*

Nanotechnology was first mentioned in the SCALE strategy in the context of other ongoing Commission work or research, and the need to better integrate of Environment and Health into nanotechnology policy. The EHAP mid term review highlights nanotechnology as an emerging issue and the SCENHIR EU scientific committee reported on the issue. Both the Commission EHAP progress report and the Parma Ministerial outcomes call for more research into adverse effects of nanoparticles, and the Parma Declaration qualifies nanoparticles as one of the key environment and health challenges of our time. Although the EU Commission has maintained that nanotechnology is "in principle" covered by existing EU policies and legislation, such as REACH, the European Parliament has recently firmly rejected this. Consequently, the Commission is undertaking a re-evaluation of how EU policies cover nano themes, and it is expected it will publish its report at the end of 2010. Some legislation could be proposed for revision. The European Parliament has been consistently introducing nanotechnology considerations in

legislative proposals where it was absent, for example in the areas of cosmetics, "novel food" and biocides.

1.3.2.9 Noise

Although neither the Council nor European Parliament has mentioned noise as a priority area, the SCALE strategy highlights noise as a possible priority for a second cycle of EHAP. In the 2006 Commission Environment and Health Information Review and Implementation Plan, activities were foreseen in the implementation of the Environmental Noise Directive, such as collecting, analysing and reporting noise exposure and related impacts across EU (using noise maps). Noise has re-surfaced on the political agenda as a result of the Parma Ministerial outcomes, where member countries commit "...to work together to reduce children's exposure to noise, including that from personal electronic devices, recreation and traffic, especially in residential areas, at child care centres, nurseries, schools and public recreational settings."

1.3.2.10 Science to policy translation

For further analysis of this theme, see point 1.4 Mechanisms.

1.3.2.11 Training of professionals

Although training of professionals in environment and health was not mentioned in SCALE, the EHAP has one action (Action 10) devoted to promoting the training of professionals and improving organizational capacity in environment and health. The 2007 Council conclusions encourage integration of E&H literacy in school curricula and increasing training of professionals. Member states are invited to "...increase the training on environment and health issues of professionals in relevant fields".³⁶

1.3.2.12 Urban environment

Although the SCALE strategy mentioned the importance of a healthy urban environment and its relation to the priority diseases as one of the goals of the Thematic strategy on urban environment, the European Parliament and the Council have not highlighted it extensively in their contributions to EHAP's direction, and relatively little work has been carried out in this area in comparison to other themes. The 2010 Parma Ministerial Declaration however takes up the issue of urban environment by stating that governments will work in partnership with local, regional and national authorities to counteract the adverse effects of urban sprawl.

1.4 Assessment of the environment and health mechanisms

Several EU mechanisms, such as the relevant EU scientific committees, the EU formal stakeholder platforms, and inter-service consultation, have contributed to overall environment and health developments. However, the lack of a funding structure has been a problem.

³⁶ See 2007 Council conclusions.

1.4.1 EU Scientific committees

Three EU scientific risk assessment committees exist which provide opinions on environment and health themes, and are overseen by DG SANCO: the Scientific Committee on Health and Environmental Risks (SCHER) and the Scientific Committee on Emerging and Newly Identified Risks (SCENHIR), and the Scientific Committee on Consumer Safety (SCCS).³⁷ The scientific committees provide scientific advice to the Commission on policy and proposals relating to consumer safety, public health and the environment. The Committees also draw the Commission's attention to the new or emerging problems which may pose an actual or potential threat and, since 2009, can call on additional expertise from a pool of scientific advisors and a database of experts. They have provided opinions for example on nanotechnology, indoor air pollutants and phthalates in medical devices. However a formal mechanism does not exist to link the work of the scientific committees to the priorities or the implementation of the EHAP, nor is it evident how the results of EU funded environment and health research is fed into the deliberation of the committees opinions. Except for cosmetics, there is no legal mandate for the Commission to use the Committees' opinions in formulating or revising EU legislation.

1.4.2 Science to policy transfer process

Throughout the evolution of environment and health policy, the need to strengthen and bring new mechanisms for transferring science to policy making and opportunities has been flagged up and strongly supported by the European Parliament, the EU Commission, the Council, and stakeholders. The weak link between ensuring that environmental health research results are brought into appropriate EU policy regimes was pointed out by all three institutions during the 2007/2008 EHAP mid-term review. The Council stated its desire to see more research funding directed at linking priority diseases to appropriate policy processes and information systems, and to ensure that the Commission steps up *"its effort to exploit the outcomes of research projects and other information gathering efforts and their translation into policy"*.³⁸ In the March 2010 Progress report on EHAP, the Commission states that *"...the results of the many environment and health research projects funded under FP 5, FP 6 and FP 7 and of other information gathering efforts could be better exploited at policy level. An efficient mechanism to ensure the science-policy interface should be identified."*³⁹

The progress report also gives an overview of past and present EU funded environment and health research. The table in the Appendix F highlights the projects, time frames and policy linkages in the short to medium term, and illustrates that there are significant policy opportunities to exploit this knowledge such as in chemical policy regimes such as REACH, pesticides, and the forthcoming Community Review of the strategy on endocrine disrupting chemicals (EDCs) as well as policies on air quality, climate change and indoor air quality guidelines.

1.4.3 Consultation platforms

1.4.3.1 Consultative Forum on Environment and Health

The Consultative Forum on Environment and Health⁴⁰ was set up as the stakeholder consultation body for the Environment and Health Strategy in 2003, and continues to provide input into the implementation

³⁷ http://ec.europa.eu/health/scientific_committees/policy/index_en.htm

³⁸ See Council Conclusions on Environment and Health, page 4 and 6

³⁹ See Commission Progress report, page 15

⁴⁰ For more information on Consultative Forum see http://ec.europa.eu/environment/health/consul_forum.htm

of the Action Plan. The Forum meets once or twice a year, and the documents, presentation and minutes are publicly accessible. The Forum's agenda mirrors the EHAP implementation activities, and the minutes highlight the consensus views on priority themes such as HBM, indoor air quality, environment and health information systems and emerging themes. The Forum has also provided feedback on the priorities and results from projects funded by DG Research Framework on environment and health. The Consultative Forum is generally preceded by an informal meeting of representatives from member states.

1.4.3.2 Working Parties on Health and Environment

As part of Community action in the field of health on information systems, several working parties (e.g. Working Party on Environment and Health) and task forces (Task Force on Health Examination Survey) set up by DG SANCO have contributed to discussions about environment and health related themes and the implementation of EHAP.⁴¹

1.4.3.3 Expert Group on indoor air quality

In 2008, an EU expert group on indoor air quality⁴² was created by DG SANCO which includes member state experts, stakeholders and Commission officials and representatives from the Joint Research Centre. It seeks to reduce chronic respiratory diseases and cancer due to indoor environmental pollutants and discusses both legislative and non-legislative solutions. The expert group meets once or twice a year, and has contributed to the EHAP work on IAQ.

1.4.3.4 Inter-service consultations

This process is undertaken within the Commission especially for legislative proposals, and non-legislative Communications, Action Plans and Strategies. The lead department for a file must usually consult any other DGs and Commission services that have an interest in the file; and ultimately the file must be adopted by the College of Commissioners as a whole. The existence of the EHAP has fostered close coordination between the three DGs (Environment, Health and Research) involved for themes covered by the action plan. This can be seen for example in the close collaboration of the three DGs in the Consultative Forum.

1.4.4 Dedicated resources for EHAP implementation

In the cross fertilisation analysis, the European Parliament and member states have pointed out that one of the greatest obstacles in implementing the EHAP has been its design and resources, which meant that it did not have its own dedicated programme resources from the start. Even the Commission acknowledged this fact in the Midterm Review. Moreover, the joint ownership for implementation between DG Environment, DG SANCO and DG Research of EHAP without such a programme budget made it more difficult to secure and keep staff resources for EHAP coordination.

This lack of resources has delayed the start of one the EHAP's flagships: coordinated EU HBM activities. Similarly, this lack of resources has stalled the further development of the Environment and Health Information System, one of the ultimate objectives and added values for better environment and health policy. The Commission itself admits that only limited progress has been made in achieving this objective

⁴¹ See http://ec.europa.eu/health/ph_information/implement/wp/working_parties_en.htm

⁴² DG SANCO page http://ec.europa.eu/health/healthy_environments/working_groups/index_en.htm

due to scarce human and financial resources. It recommends that "...the modest but essential human and financial resources needed to develop this integrated European Environment & Health Information System should be made available".⁴³

Lastly, the paucity of resources has hampered the potential synergies of working more closely with WHO and members states, including those achievable through greater support for the Budapest and Parma Ministerial commitments in countries beyond the EU within the European Region.

1.5 Summing up

Both SCALE and EHAP have received strong support from all institutions from the outset. Since their inception they have been seen as an expression of a political commitment to address the environmental factors for health through research and policy action. Such activities contribute to a "healthy environment for Europeans" and are recognised to be an area in which working at the EU level offers "added value". The SCALE strategy stated that implementation would be carried out in cycles, and EHAP relegated policy actions to the next cycle.

Agreement exists on the priorities to be tackled. Rapid scientific progress linking air pollution to ill health and defining the special needs of children has helped make air quality and vulnerable groups top priority themes. Other important priorities include human biomonitoring to ensure that policy improvements can be measured. Climate change and nanotechnology have risen up in the agenda in recent years and represent concerns that will create further added value from EU coordination.

Both member states as well as the European Parliament have repeatedly voiced the need for greater resources for this work. In December 2009, the European Commission provided its draft report of the EHAP's implementation to the Consultative Forum on Environment and Health, which includes representatives from member states, the Commission and stakeholders. Human biomonitoring and indoor air quality were cited as the two success stories. Participants highlighted the weaknesses of the current EHAP design and resources. Without adequate resources, complete success could not be achieved even with political will and agreement on priorities.

Members of the Consultative Forum also expressed support for a second EHAP. Priority themes highlighted in the Consultative Forum minutes are human biomonitoring, indoor air quality, health information systems, vulnerable groups and climate change. Four of these five priority themes are already part of the current EHAP priorities; all four have demonstrated added value in the initial cycle. The study's cross fertilisation assessment and ranking also confirms the institutional support for these themes.

A second EHAP would further develop policy tools to achieve a reduction in the disease burden and greater protection of vulnerable groups. The strong call to address the "climate change and health" issue shows how it has gained importance in recent years, in line with international and EU climate

⁴³ See 2010 Commission EHAP Progress report, page 12.

negotiations. A second EHAP could focus on a continuation of the current priority EHAP themes, as well as on some emerging environment and health challenges. This analysis has shown that the current EHAP came into being in a political context of strong support for environment and health links and an agreement on themes to be tackled. With the first EHAP coming to a close, the question therefore is whether the political context remains the same within the new European Parliament and Commission and whether new and important policy opportunities exist for environment and health in a second EHAP.

2 Current opportunities for Environment and Health

The current Environment and Health Action Plan (EHAP) will end in 2010. A new European Parliament is in place and a second European Commission under the presidency of Barroso has started work on its new "Europe 2020" strategy. This new context provides both opportunities and threats for a new EHAP.

2.1 Developments in the European Parliament

Members of the European Parliament, who are the only directly elected EU institution members and thereby the most representative of citizen's interests, have been one of the strongest and most vocal advocates of the environment and health process enshrined in SCALE and EHAP as can be seen in their resolutions on SCALE, the initial EHAP proposal and the Commission Midterm review.⁴⁴ Their crucial and often visionary input has helped shape the direction of EHAP. They have often pointed out important emerging themes. For example, the European Parliament was the first one to push for the climate change and health impacts to be addressed within EHAP, a call which they already put forward in the 2003 resolution on SCALE.

In the previous European Parliament (2004-2009), MEPs offered especially critical input towards including a clear, quantified objective and rectifying the omission of resources in EHAP in order to make it a success. They also stressed the need to identify resources and to come forward with a Green Paper and measures on indoor air quality.⁴⁵

As part of this study, a written and telephone survey⁴⁶ on the current and future EHAP was undertaken to assess political support among the 129 members and substitutes of the Environment, Public Health and Food Safety committee. The survey and methodology is available in Appendices G and H. Three of the five MEPs who completed the survey included the Chair and two Vice-Chairs of the Environment Committee. These five unanimously supported a second EHAP. MEPs views on the format that a second EHAP should take vary, two supported a second EHAP as a separate Action Plan again, and three were undecided.

In terms of themes that the next EHAP should address, endocrine disruptors were a high priority both as an issue on which EHAP should focus but also in terms of considering the health impacts of endocrine disruptors as a priority disease. Other priority themes for a second EHAP included climate change and

⁴⁴ Appendix B for with list of documents for EP resolutions.

⁴⁵ See EP Resolution on Midterm Review of EHAP 2008

⁴⁶ Our survey was distributed to all 129 members and substitutes of the Environment, Public Health, and Food Safety Committee. The survey included questions about perspectives on the implementation of the current EHAP and priorities for a potential second EHAP. Five MEPs completed our survey, for a response rate of 4%. This low response rate is explained in part by the policy of many MEPs to not participate in any surveys (7 MEPs replied to us and explained that this was their policy, but the proportion of MEPs to have such a policy may be even higher since many with this policy might not even respond to explain this) as well as the busy workload of MEPs in the ENVI committee.

nanotechnology. For priority diseases, MEPs see the need to address asthma and cancer. Three MEPs also want to see money going to actions to reduce the environmental burden of disease and further research.

2.2 Changes in the European Commission

One of President Barroso's first reforms in the new college was the re-allocation of several health related environmental policy files within the Directorates-General of the European Commission. For example, responsibilities for pesticides and GMO authorizations were moved from DG Environment to DG SANCO. A separate DG and Commissioner for Climate Change was also created.

The current Community Strategy and the Environment and Health Action Plan have been led by DG Environment, and jointly developed and carried out by two additional DGs, DG Health and Consumers (DG SANCO) and DG Research, as well as the Joint Research Centre (JRC). Each DG has provided some internal human resources for coordination of EHAP, as well as resources from its relevant programme budgets.

The new Health and Consumers' Commissioner, John Dalli, has publicly supported the added value of environment and health work during the WHO Parma Ministerial Conference in March 2010. The March 2010 Commission progress report and minutes of the Consultative Forum indicate that the new Commission will be responsible for future work on the Action Plan, and that a public consultation on EHAP will be considered. The Commission foresees proposing a new plan in 2011 after an in-depth debate with member states and stakeholders on the current EHAP progress report (for suggestions on the way forward with the EHAP progress report, see Part 3). However, at the time of this study, it is not clear which DG will take the lead in continuing the EHAP work, including the discussion with stakeholders on the future format of a second EHAP.

Within the European Commission, the work of different policy sectors has influenced how the first EHAP was run and financed. The recent changes contribute to changing policy opportunities within each of the three Directorates-General responsible for EHAP.

2.3 Opportunities for Environment and Health in EU programmes and strategies

2.3.1 EU Environment Action programme (EAP) – DG Environment

As outlined in Part 1, the 6 EAP's Environment and Health priority provided the basis for the EU SCALE strategy and current EHAP. The funding mechanism of the 6 EAP - LIFE and the current LIFE+ programme - provided some resources for the EHAP, and in particular partial financing for the HBM pilot project proposed in 2009.⁴⁷

⁴⁷ For further information on LIFE+ see <http://ec.europa.eu/environment/life/>

The EU institutions and stakeholders are currently debating the need and content for a possible 7 EAP in a similar discussion to that about a second EHAP. The new EU Environment Commissioner Janez Potocnik has also expressed his openness for a 7 EAP, but no final decision has been reached. The 2010 Commission Work Programme states that the final assessment of the 6 EAP will feed into discussions about the future Environment Action Programme⁴⁸. The Belgian EU Presidency will also highlight the need and discuss the content for a 7 EAP and plans to hold an international conference in October 2010. The European Environment Agency will be publishing its fifth report on the State of the Environment in November 2010, which will also contain information on environment and health. This will be a key document for analysing the future role of DG Environment in the environment and health information systems development.

Given the importance of the current EAP for EHAP, the discussion and decisions on the future 7 EAP present a major policy opportunity for environmental health, both in terms of setting themes as well as providing funding. Its high prominence should be continued in a future 7 EAP to ensure synergies and integration with the next EHAP.

In terms of added value among the priority EHAP themes outlined in Part 1, several areas would tie into forthcoming environmental policy initiatives which are currently led by DG Environment. These include among others further development of an EU-level human biomonitoring system as a mechanism for environment and health assessment impacts, assessment of cumulative and combination effects in chemicals legislation (REACH, pesticides, water, air quality revisions), and the fourth report on the implementation of the Community Endocrine Disrupter Strategy in 2010.

2.3.2 EU Together for Health / EU Health Programme – DG SANCO

Environmental health is also an important concern for the EU strategy “Together for Health” (2008-2013) and its implementing health programme.⁴⁹ The funding action in the EU Health programme has focused so far on indoor air quality, exposure to toxic chemicals (where not addressed by other Community initiatives) and socio-economic determinants.⁵⁰

Both the programme’s 2009 and 2010 annual work plans contain a section on healthy environments, which make explicit reference to EHAP.⁵¹ For indoor air quality, the actions include identifying best practices in the EU member states to improve Indoor air quality in homes and schools, and a pilot project for IAQ measurements of key pollutants in different settings in the EU member states.

As indoor air quality was identified as a priority issue in Part 1, the focus of the EU health programme presents a major opportunity to develop EU policy on indoor air quality further. The health programme also recognizes the need to protect vulnerable groups, although it is defined in the context of lifestyles, not in relation to environmental susceptibility. Nevertheless, it is also an opportunity to drive this priority

⁴⁸ http://ec.europa.eu/atwork/programmes/docs/cwp2010_en.pdf

⁴⁹ http://ec.europa.eu/health/strategy/policy/index_en.htm

⁵⁰ See Action 2.2.3 of the EU Health program (Decision no. 1350/2007/EC): “Address health effects of wider environmental determinants, including indoor air quality, exposure to toxic chemicals were not addressed by other Community initiatives, and socio-economic determinants”, see: <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2007:301:0003:0013:EN:PDF>

⁵¹ See point 3.3.2.8. Healthy environments: “In line with the European Environment and Health Action Plan, particular focus will be given to the following activities:” (<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2009:340:0001:0046:EN:PDF>)

further. The link between environmental factors, socio-economic status and vulnerable groups could be made stronger during future revisions of the EU Health Strategy which should begin in 2011 or 2012. A feasibility study on Health Examination surveys is currently underway and offers the possibility of incorporating environmental health information and Human Biomonitoring, and could thus provide a policy vehicle for future revisions of Community environmental policies.

Currently, climate change policy is included in the EU health programme, with a focus on communicable diseases and adaptation of the health sector. In the short to medium term, this priority should be expanded to include the WHO European Region Framework on climate, health and the environment policy, including the co-benefits to health of climate mitigation.

2.3.3 EU Research Framework Programme – DG RTD

The EU Research programme, DG Research and the JRC have contributed significant resources and coordination in the development and implementation of the first EHAP and many of the 13 EHAP action areas.

Environment and health was first introduced as a key action in the FP 5 (1998-2002). In FP 6 (2002-2006) various multi-national and multi-disciplinary projects have been funded, and funding is also provided for under FP 7⁵². In the current FP 7 programme, "environment & health" is a subsection of the environment theme of the research programme on cooperation⁵³.

The priorities for FP 8 are currently being discussed at various stakeholder events and within the Commission. This will be an important medium term opportunity to ensure that the current and potential future EHAP priorities are conveyed and taken up. In the current EHAP, the majority of the programme budgetary resources are derived from FP 6 and FP 7. Thus, it is difficult to see how future and policy coherent research allocation would be ensured without the overarching framework of the EHAP for strategic vision.

2.3.4 The Europe 2020 Strategy

The new European Commission presented its Europe 2020 strategy in March 2010, as a follow up to the Lisbon agenda.⁵⁴ While the Lisbon agenda did have a link to environment and health through the "Sustainability" pillar, the new Europe 2020 strategy with its five headline targets⁵⁵ and seven flagship initiatives⁵⁶ does not refer to environment and health directly. Since EU 2020 is the overarching strategy for EU policy until 2020, with the three mutually reinforcing principles of smart, sustainable and inclusive

⁵² http://ec.europa.eu/research/environment/index_en.cfm?pg=health; as well as Appendix F on Research overview.

⁵³ It falls under the area "climate change, pollution and risks; other areas are: sustainable management of resources: environmental technologies; earth observation; assessment tools for sustainable development

⁵⁴ http://ec.europa.eu/eu2020/index_en.htm

⁵⁵ EU 2020 Strategy: Targets: 75% of population aged 20-64 should be employed; 3% of EU's GDP should be invested in R&D; 20/20/20 climate targets should be met (increase to 30% GHG emission reduction if conditions are right); Share of early school leavers under 10%, at least 40% of younger generation should have tertiary degree; 20 million. Less people should be at risk of poverty;

⁵⁶ Flagship initiatives: "Innovation Union" to improve framework conditions and access to finance for research and innovation, so that innovation can be turned into products, services that create growth and jobs; "youth on the move" to enhance performance education systems, facilitate entry young people labour market, "digital agenda for Europe" for high-speed internet, reap benefits of digital single market, "resource efficient Europe" to help decouple economic growth from use of resources, low carbon economy, increase use of renewable energy sources, modernise transport sector, promote energy efficiency; "industrial policy for globalisation era" to improve business environment, notably for SMEs, development of strong, sustainable industrial base able to compete globally; "agenda for new skills and jobs" to modernise labour markets and empower people; "European platform against poverty" to ensure social and territorial cohesion.

growth, it will be crucial to use this policy opportunity for the EHAP priority themes and environment and health as such.

Under the flagship initiative "Resource Efficient Europe", activities foreseen under climate change and energy efficiency do not refer to the potential negative health impacts. Yet, extreme weather events, such as heat waves and flooding, are likely to adversely affect health and quality of life in Europe. Indoor air quality is a growing public health concern in relation to energy efficiency measures, with the need to ensure that better energy efficiency does not impact negatively on people's health. A second area is within the EU's climate targets of reducing green house gases by 20% by the year 2020, where health impacts of climate measures should be better integrated into the EU's climate policy goals. These themes provide opportunities for better integration of EHAP and "Environmental Health" within the Europe 2020 strategy.

The 2020 Strategy also contains several others targets and potential synergies to consider, such as the European platform against poverty and targets to reduce poverty levels across the EU, which tie into environmental health inequalities; initiatives to create new skills and jobs, which could be linked to the Parma Ministerial outcome of increasing green jobs, and those to reduce the overall environmental impact for workers and the environment.

2.3.5 Other EU programmes for financing

The EU financial perspectives define the overall EU budget and policy opportunities. As the Commission is expected to publish an orientation paper in 2010 and proposals for the next EU budget in 2011, the next two years will be key. As part of this study, an analysis of existing EU finance mechanisms outside of DG Environment, DG Health and DG Research programmes was carried out to identify how far environment and health priorities were featured in current financing mechanisms. The analysis also looked for opportunities for greater integration of EHAP and other environmental and health priorities agreed in the context of the WHO 53 country European region environment and health process. Appendix J provides further details on the funding opportunities.

2.3.5.1 EU Regional Development Programmes

Environment is one of the themes of EU regional development policy, with the aim to contributing to sustainability and measures targeted at the protection of water, air, biodiversity and nature protection.⁵⁷ For the funding period 2007-2013, a further focus is on climate change. In the funding programmes of the European Regional Development Fund (ERDF) and the Cohesion Fund (CF), there is little emphasis on projects making the health link with environmental actions, even though health and environment and the quality of life are an EAP priority, and could potentially fall under the priority criteria. The majority of programmes focus on water and natural protection, and some include clean air.⁵⁸ For the upcoming legislative proposals on ERDF and Cohesion fund, possibilities for synergies with EHAP should be fully explored as the programmes could potentially provide some resources for a 2nd EHAP.

⁵⁷ See http://ec.europa.eu/regional_policy/index_en.htm

⁵⁸ For further details on the country programmes see Appendix J

2.3.5.2 EU External Programmes

Environment policy is a component in the **EU instrument for pre-accession assistance IPA** under regional development.⁵⁹ Actions so far have focused on water and waste management, with no obvious environmental health component. Thus, possibilities for funding should be explored for Croatia, Turkey and FR Macedonia.

One of the goals of the **EU Neighbourhood programme** is to support countries who want to improve the environment. From 2007 onwards, financing for this is provided through the **European Neighbourhood and partnership instrument (ENPI)**.⁶⁰ The funds are allocated to individual or multiple country programmes, or cross-border cooperation with the aim of supporting democratic transition and the protection of human rights, transition towards a market economy, the promotion of sustainable development and policies of common interest. The possibilities for financing activities contained in the WHO Children's Environment and Health Action Plan for Europe (CEHAPE) could be explored.

The **EU external cooperation programmes**⁶¹ includes the "Thematic programme for environment and sustainable management of natural resources including energy". This includes financing to take policy leadership in fighting climate change and the protection and proper management of chemicals and waste. It should be reviewed how far these budget lines have taken environmental health concerns into account.

Another source of financing for major projects is through the **European Investment Bank**⁶², which cites the environment as one of the fundamental areas of their financing. The bank lends up to 50% of the investments costs of a project, in individual loans to projects for public and private sector, as well as small and medium enterprises. The EIB also finances a wide range of research and technological development projects, and supports "European Research Initiatives". In 2009, the EIB signed loan agreements for 176 environmental projects for the amount of 25.3 billion Euros that is 32% of its total lending, in EU countries, enlargement and Mediterranean partner countries.

⁵⁹ See http://europa.eu/legislation_summaries/enlargement/ongoing_enlargement/e50020_en.htm

⁶⁰ See http://ec.europa.eu/world/enp/index_en.htm

⁶¹ See http://ec.europa.eu/europeaid/index_en.htm

⁶² See <http://www.eib.org/>

Figure 3. Overview of E&H opportunities in key strategies, programmes and resources

	Indicative Policy opportunities 2010	Indicative Policy opportunities 2011 -2015
Strategies/ Programmes	Decision on EU 2020 Strategy: Integration of E&H in general Preparations for future 7 Environment Action Programme: environment and health as priority Stakeholder consultation and Commission proposal for 8 Research Framework Programme: Ensuring budget for future E&H research	2011-2013: Annual Work programmes of EU LIFE+ Programme and EU Health Strategy 2011: Preparations for new EU Health Strategy 2013: New EU EAP with E&H priority, new EU Health Strategy with strategic objectives 2015: Midterm review EU 2020 Strategy
Resources	Commission orientation paper on the financial perspectives (budget) expected in 3rd quarter Commission Legislative proposals for ERDF and CF: Reviewing Environment theme with view to better integrate environment and health priorities Revision of EU Neighbourhood and partnership instrument Revision Multiannual programmes of EU external cooperation programmes	2011: Commission proposals for next EU budget multi-annual framework: integration of E&H in general

2.4 EHAP Policy opportunities 2010-2015

The policy opportunities for taking the Community Environment and Health Strategy and the EU Action Plan below are numerous, but not exhaustive. Figure 4 provides policy opportunities in relation to the EHAP themes in 2010 and Figure 5 provides policy opportunities in relation to EHAP themes 2011-2015. The policy opportunities included in Figures 4 and 5 are indicative and comprise a summary of recommendations and options obtained through an analysis of the most recent institutional documents.⁶³ They are analysed in relation to institutional support in Part 1 and highlight the many possibilities available for taking these themes forward.

⁶³ The analysis has drawn on the March 2010 Commission EHAP progress report; the 2010 European Commission Work Programme, as well as interviews and meetings with Commission officials, member state representatives and other stakeholders during the first three months of 2010. EHAP policy opportunities are also identified in relation to scheduled results of EU research projects. The list is indicative and not exhaustive.

Figure 4. Policy opportunities in relation to the EHAP themes: 2011 - 2015 (in alphabetical order)

EHAP Themes	Indicative Policy opportunities 2010
Climate change and health	1. Integrate health concerns and benefits into discussions on EU Climate Change position regarding GHG emission reduction goal.
Combined exposures and combination effects of chemicals	1. Integrate risk assessment for combination effects into EU Biocides revision. 2. Integrate latest research and policy options on assessing combination exposures and cumulative effects in preparations for COM report on the "Community strategy for Endocrine disruptors".
Communication	1. Publicise EC and EEA 2010 report on the state of Environment and Health knowledge and achievements (publication expected 2010).
Dedicated resources for implementation	1. Identify staff resources for EHAP coordination in leading 3 DGs (DG Environment, DG SANCO, DG Research). 2. Integrate E&H issues and funding in next EU Research framework programme proposal expected in 2010.
Electromagnetic fields	1. Review and integrate major EMF research results such as EU funded projects and the INTERPHONE study for policy implications. 2. European Commission may carry out a Eurobarometer.
Environment & Health Information systems	1. Integrate data from ENHIS and CEHIS projects in INSPIRE, which will create an EU-wide harmonized database with geographical information to support environmental protection policies. The INSPIRE Directive includes in Annex III the data theme "Human health and safety" and work on this data theme started in 2009.
Environment-related health actions (priority diseases)	1. Integrate E&H issues in the implementation of the EU Partnership against Cancer. 2. For the rest of actions see health-related environmental actions.
Health-related environment actions	1. Integrate EHAP issues in EU Biocides revision and expected revision of priority hazardous substances under Water Framework Directive, and the ongoing REACH and pesticides implementation discussions. 2. Ensure that Directive 2008/50/EC on ambient quality reporting requirements include information on vulnerable groups and use the EU SEIS/INSPIRE platforms to increase real-time information to citizens on the health impacts of air pollution.
Human Biomonitoring	1. Continue to identify policy opportunities for the integration of EU HBM pilot projects, such as review of the Community Strategy concerning Mercury.
Indoor Air Quality	1. Further development and launch of the EU Indoor Air Quality and Health website (currently internal version available) 2. Integrate E&H issues in discussions on a proposal for a framework of harmonised criteria for labelling schemes for building materials lead by JRC and DG SANCO. 3. Potential creation of a Safe, Healthy and Energy Efficient and Sustainable Buildings platform by DG SANCO
Measurable and quantitative targets	1. Identify EU policy files to consider integration of the WHO Parma targets on children's environment and health.
Nanotechnology	1. Integrate results from FP6 health impacts of nanotechnology (8 projects totalling 20 million Euro) and FP7 (18 projects) in ongoing EU policies and initiatives, such as the planned communication on the revision of EU legal frameworks, and the public consultation on nanotechnology.
Noise	1. Integrate health concerns and research into revision of EU Environmental Noise Directive 2010/2011.
Science to policy translation	See Appendix F on Research projects.
Training of professionals	1. Publicise results from a DG SANCO funded project on Training of Professionals.
Urban Environment	1. Integrate urban environment and health into the forthcoming European Commission White Paper on the Future of Transport.
Vulnerable groups	1. Integrate children's environmental health priorities into revision of EU strategy on the Rights of the Child. 2. Integrate measures for protection of vulnerable groups in the EU Biocides revision currently under discussion in the EP and Council.

Figure 5. Policy opportunities in relation to the EHAP themes: 2011 - 2015 (in alphabetical order)

EHAP Themes	Indicative Policy opportunities 2011 - 2015
Climate change and health	1. Integrate EU funded research project results such as CLEAR and EDEN into EU Adaptation strategy and implementation.
Combined exposures and combination effects of chemicals	1. Continue integration of EHAP issues in REACH implementation (2011-2015) 2. Integrate E&H research into EU Commission report on risk assessment and combination effects (foreseen publication in 2012).
Communication	1. Link E&H issues to work programme of DG Communication, but also to other relevant DG's.
Dedicated resources for implementation of EHAP	1. Identify opportunities for dedicated E&H resources in next cycle of EU Budget starting 2013 (EU funding mechanisms such as cohesion funds and Neighbourhood policy).
Electromagnetic fields	1. Revisit the SCENIHR 2009 Opinion on the potential health effects of EMF to incorporate latest scientific studies from EU projects and major studies such as INTERPHONE. 2. Integrate results expected in 2012 from MOBI-KIDS international multi-centre study on the associations between childhood brain cancer and mobile phone use. 3. Possible revision of Council recommendation from 1999.
Environment & Health Information systems	1. Integrate E&H information in the Shared Environmental Information System (SEIS) foreseen to be developed by 2012, and linked to the existing EU Health portal. SEIS is a decentralised web-enabled information system based on a network of public information providers sharing environmental data and information. 2. Continue E&H integration into INSPIRE Directive. The Commission will adopt implementing rules for the interoperability and harmonization of spatial data sets and services for human health data by May 2012.
Environment-related health actions (priority diseases)	1. Identify opportunities in the EU Health Strategy to focus on a priority disease, similar to the EU Cancer Strategy. 2. Continue to integrate E&H issues into EU Partnership for Action against Cancer. 3. For the rest of actions see health-related environment actions.
Health-related environment actions	1. Continue integration of EHAP issues in REACH and pesticides implementation (2011-2015). 2. Integrate health objectives and priorities in the 7 EU Environment Action Programme (2013). 3. Integrate EHAP research issues (priority diseases) in the revision of Air Quality Directive (2013).
Indoor Air Quality	1. Integrate the results from IAQ research and public health projects into a coherent policy framework such as a Green Paper or other mechanism. 2. Integrate HBM activities with the harmonisation of IAQ monitoring requirements in EU. 3. Potential development of an EU guidance document on IAQ in schools based on results of pilot project launched in 2010. 4. Integrate DG funded study recommendations on priority indoor air pollutants (ETS, Formaldehyde, NO ₂ , PM) as part of work on Indoor Air Quality Guidelines. 5. Integrate E&H issues into work on indoor emissions labelling schemes for construction products. 6. Integrate results from DG SANCO funded project on EU health-based ventilation guidelines are considered in Energy Efficient Buildings Directive. 7. Ensure coherence between different policies affecting IAQ (EPBD, CPD, Product labelling, exposure levels limits)

EHAP Themes	Indicative Policy opportunities 2011 - 2015
Human Biomonitoring	<p>1. Incorporate future HBM activities in an established framework such as the European Health Examination Survey which SANCO aims to set up in 2011.</p> <p>2. Identify sustainable operational funding of a future HBM surveillance framework (LIFE+, European Environment Agency (EEA))</p>
Measurable & quantitative targets	1. Integrate WHO Parma targets on children's environment and health into relevant EU policy files.
Nanotechnology	1. Integrate results from NANODEVICE project in 2014 on measuring indoor nano particles.
Noise	1. Integrate research results on environmental noise exposure and health related impacts and WHO/JRC risk assessment guidelines in the revision of the Environmental Noise Directive in 2011, and to ensure comparable data for the second round of noise maps in 2012 (ensure that policy and research recommendations from ENNAH ending in 2011 are considered).
Science to policy translation	See Appendix F on Research projects.
Training of professionals	1. Integrate E&H research and information into potential EU Directive on the Use of Biocides. 2. Explore potential to incorporate E&H issues in EU Marie Curie Research Funding.
Urban Environment	1. Integrate WHO Parma commitment on urban sprawl (RPG 2) into relevant EU policy files.
Vulnerable groups	1. Integrate available EU funded research on the health impacts of vulnerable groups into policy discussions on pesticide NAPs in the EU Expert Group on Thematic Strategy to discuss progress on member state national action plans.
	2. Integrate EU E&H research on measures for protection of vulnerable groups into the revision of the EU Air Quality legislation in 2013.

2.5 Overall context for moving forward

The analysis shows that both the European Commission and European Parliament support taking forward discussions for a second EHAP.

Moreover, the structures are in place within the Directorates-Generals that can be built on. The DGs for Environment, Health, and Research of the European Commission have all accommodated EHAP actions and priorities and provided resources.

But it is not only existing opportunities that should be considered; the question of better synergies is also of vital importance. One conclusion from the analysis of the EU institutional support was that resources are central for the current EHAP. This also holds true for the future. Therefore, when looking at policy opportunities in the years to 2015, better synergies with the financial mechanisms is a major concern.

As the analysis has demonstrated, there is only a weak environment and health link in key EU internal and external programmes. To secure better funding for environment and health actions and to increase EHAP's success, the first step is to ensure a clear link is made to environment and health in the strategic directions of the programmes with multiannual frameworks. The next step is to make sure that annual work programmes adequately take up the environment and health link as outlined in the frameworks. Therefore, it will be useful to work on the upcoming legislative proposals for the Regional Development and Cohesion Funds.

Some of the programmes highlighted take as a basis for their rationale and funding the EU Environment Action Programme. This fact underlines the need for a close linkage of the 6th Environment Action Programme (EAP) with EHAP to support adequate funding for environment and health measures. This requires keeping an environment and health priority in EAP and making the best use of synergies with all possible funding programmes. The future of EHAP is strongly connected to the future of EAP.

The table listing policy opportunities for each EHAP theme shows that there are many promising options to highlight environment and health and to bring it up higher on the EU agenda, thereby pushing EHAP forward.

3 Conclusions: Future perspectives for environment and health in the EU

As illustrated in the study's assessment so far, institutional support exists for the continuation of Environment and Health in the form of a second EU Action Plan. However, the imperfect design and lack of dedicated resources in the first EHAP suggests important steps must be taken if a second, more effective, EHAP is to be achieved.

Any opportunity to ensure that environment and health is made a priority in EAP and to firmly link the theme in relevant internal and external programmes should not be missed. A safe and healthy environment is an important concern of European citizens and an area in which the EU has a strong capacity for added value.

The Commission's EHAP progress report of March 2010 stresses that *"...the Action Plan demonstrated its added-value by:*

- 1) creating and maintaining a strong process of coordination and collaboration between the health, environment and research sectors at Member States and EU levels;*
- 2) consolidating the progress made on well-defined inter-sectoral actions such as human bio-monitoring and Indoor air quality thanks to coordination and integration;*
- 3) providing a broad and coherent framework for all the EU initiatives designed to address health issues related to the environment, whether they originated under environment policy, public health activities or research activities."*⁶⁴

The added-value of a second overarching EU Action Plan is also its potential to contribute to better and more protective implementation of existing environmental legislation on air quality, pesticides, chemicals by using the policy tools such as human biomonitoring, information systems and research results.

The analysis in Part 2 demonstrated a further added value. The policy opportunities for environment and health (E&H) at EU level can also result in added value for national level without any problem related to subsidiarity. Funding E&H projects at EU level (in the FP 7, Life+, call for tender of the health programme and so on) open possibilities to support ongoing national activities. Harmonization works on methodologies that make national results more powerful. An EU approach with some coordination between member states increases the efficiency of the resources dedicated to E&H themes at national level (by pooling together information and surveillance, by increasing exchange of best practices and by creating networking opportunities).

A second EHAP could also provide added-value in driving new policies identified as key environment and health challenges, such as indoor air quality, climate change and nanotechnology, and ensure that that results from EU Research Framework Programmes are consistently used in environment and health

⁶⁴ Commission EHAP Progress report, page 17.

related risk assessment and policy developments. Equally, it will provide the evidence base for fine tuning existing policy for a healthier Europe.

The "environment and health" theme could be more purposefully extended in EU activities beyond the Member States to countries of the wider Europe and beyond. Many opportunities for further integration of environment and health themes in EU policies exist, both internal and external.

3.1 Format and funding issues

As this study has outlined, the current EHAP environment and health themes were implemented in several DGs. The Commission progress report highlights that the current format encouraged coordination and collaboration between the health, environment and research sectors at member state and EU level and should be emphasized in the future. The design in the form of an overarching action plan also provided a framework for further policy integration of environmental health issues in public health policy, environment policy and research.

However, in the design and format of the current EHAP, inadequate resources to carry out activities was a major obstacle, as a dedicated budget was not allocated. All European institutions concerned with the future of EHAP have consistently cited the need for dedicated and increased resources. For the second EHAP, a clear finance and resource mechanism should be a priority to improve implementation and overcome obstacles faced by the first one.

This could start with the allocation of human and financial resources by each Directorates-General involved. Further funding options in the LIFE+, the Health, and the Research Framework programme should be sought.

3.2 Mechanisms towards a stronger policy link

As outlined in Part 1, the main aim of the first cycle of EHAP was to increase the information and knowledge base for a better science-policy link. However, much of the action on making this link and policy review was relegated to the second EHAP. This analysis has shown that EU institutions and stakeholders support a stronger science-policy link. Already in the EHAP Midterm review in 2007, the Commission stated that the results of the research projects could be better exploited at policy level, and an efficient mechanism should be identified. Outlining options for this mechanism should be a clear priority for a second EHAP. As this study has also shown, the Consultative Forums with stakeholders and member states have provided added value for the implementation of EHAP. For the next EHAP, member states could be given a more formal or structured role in the direction and implementation of EHAP. This would increase synergies with country level activities, such as national environment and health action plans. Institutional mechanisms that would enable more member state participation in the implementation of the action plan could be explored.

Options should also be explored in achieving greater synergy with the EU Scientific Committees, for example by establishing a regular exchange of information between the Scientific Committees and Member States in the Consultative Forum meetings and expert groups. The development of the next EHAP could benefit from greater participation by the relevant EU agencies, such as the European Centre for Disease Prevention and Control (ECDC), the European Chemicals Agency (ECHA), the European Environment Agency (EEA) or the European Food Safety Agency (EFSA).

The results from research projects, especially the "Coordinating Actions" projects should be incorporated in a system of policy implementation, with relevant Commission staff. Each project could identify potential policy frameworks and questions to be answered as part of its results. This requirement could be an obligatory part of the dissemination tools of FP 7 and FP 8 projects.

3.3 Issues to be considered

For the EU action plan post 2010, the Commission's EHAP Progress report recommends focusing on well-defined inter-sectoral actions in a number of priority areas: human bio-monitoring; indoor air quality; the environment & health information system and disease predictive models; and climate change and health.⁶⁵

This study analysis of EHAP themes, ranked by EU institutional support, is in line with the Commission's EHAP report. The same four themes rank highest, as well as a fifth overarching topic, vulnerable groups.

The focus on these themes should be continued in the second EHAP, as the foundations have been set, but many actions have not yet been implemented. Other emerging themes, where new research results may require policy revisions, should also be considered.

⁶⁵ See Commission EHAP Progress report, page 17.

3.4 The way forward

The Commission's EHAP Progress report and the resources contained in this study and its Appendices provide a roadmap for further opportunities to drive forward implementation of the current EHAP and to consider a second EHAP.

Responses from institutional actors on the content and timing for developing a second EHAP could be the following:

- *European Commission*

The European Commission should convene a Consultative Forum on Environment and Health in the second half of 2010 to discuss the EHAP progress report and develop content for a new EHAP as well as present a timeline for preparing the second EHAP.

- *Council of Ministers (Member States)*

Discussions should begin on EHAP Council conclusions during the EU Presidency of Belgium and Hungary. They should consider responding to the EHAP progress report as well as results from the various events, studies and publications related to EHAP themes as part of the EU Belgium Presidency during the second half of 2010.

- *European Parliament*

The European Parliament could provide its response to the EHAP progress report in the context of discussions on the 7th Environmental Action Programme foreseen in the second half of 2010. The European Parliament could also contribute to the deliberations through an "own initiative" report on EHAP or at least an exchange of views in the ENVI Committee.

- *WHO Environment and Health process / International level*

EU member states can ensure that a future EHAP contributes to synergies in the implementation of the Parma Ministerial commitments. These will be discussed by WHO European Region assembly in September 2010 in Moscow, and in the UN-ECE body during the second half of 2010.

End note

The current EHAP has set the groundwork for European leadership in environmental protection for better health. The incoming EU Presidencies (Belgium and Hungary) and the EU Commission are crucial to bringing together the strands that can ensure a second EHAP is strong and effective. This report demonstrates the support from the European Parliament, the Commission and the Member States, which all recognise the "added value" of environment and health work at the EU level. The report's conclusions set out a roadmap for the way ahead. The task now is to create a second European Health Action Plan in 2011 taking advantage of all the opportunities identified.

Appendix A: Acronyms used in the report *(listed in alphabetical order)*

CEHAPE – Children's Environment and Health Action Plan for Europe

CEHIS - Connectivity between Environment and Health Information Systems

CF – EU Cohesion Fund

COM – European Commission

COPHES - Consortium to Perform Human biomonitoring on a European Scale

DEMOCOPHES - Demonstration of a study to coordinate and perform Human biomonitoring on a European scale.

DG SANCO – Directorate General for Health and Consumers

E&H – Environment and health

EAP – Environment Action Programme

EDCs – Endocrine disruptors

EHAP - Environment and Health Action Plan

EMF – Electromagnetic fields

ENHIS - European Environment and Health Information System

ENPI - European Neighbourhood and partnership instrument

EP – European Parliament

EU - European Union

EU FP 7 - 7th EU Research Framework Programme

EU LIFE+ - The LIFE programme is the EU's funding instrument for the environment. LIFE+ is the continuation of this funding from 2007 – 2013.

FP - Framework Programme (for Research)

HBM – Human Biomonitoring

IAQ – Indoor air quality

JRC - Joint Research Centre

REACH - Registration, Evaluation, Authorisation and Restriction of Chemical substances

SCALE - Science, Children, Awareness, Legislation, Evaluation

SCCS - Scientific Committee on Consumer Safety

SCENHIR - Scientific Committee on Emerging and Newly Identified Risks

SCHER - Scientific Committee on Health and Environmental Risks

WHO – World Health Organization

Appendix B: List of documents used in study (also for methodology in cross-fertilisation between EHAP themes and institutional support)

The below documents were used for the assessment and analysis contained in this document and were set out in the scope of the study.

- European Environment and Health Strategy (and preparatory working groups) – COM (2003)338
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2003:0338:FIN:EN:PDF>
- 2004-2010 EHAP of the EU Commission – COM(2004)416
<http://ec.europa.eu/environment/health/pdf/com2004416.pdf>
- Commission Mid-term review of the European Environment and Health Action Plan 2004-2010 COM(2007)314, final version
<http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=COM:2007:0314:FIN:EN:PDF>
- Commission Staff working document: Progress report on the implementation of the “European Environment and Health Action Plan 2004-2010”, SEC(2010)387 final
<http://register.consilium.europa.eu/pdf/en/10/st08/st08201.en10.pdf>
- Commission Staff Working Document: Environment and Health Information Review and Implementation Plan in the context of EHAP, 8 November 2006 (SEC(2006)1461
http://ec.europa.eu/environment/health/pdf/review_and_implementation_plan.pdf
- Council Conclusions on SCALE, 27 October 2003
<http://europa.eu/rapid/pressReleasesAction.do?reference=PRES/03/305&format=HTML&aged=0&lq=mt&guiLanguage=en>
- Council Conclusions on Environment and Health (2842nd ENVIRONMENT Council meeting, Brussels, 20 December 2007)
<http://www.apambiente.pt/politicasambiente/AmbienteSaude/Documents/Na%20Europa/Documents%20relevantes/Conclus%C3%B5es%20do%20Conselho%20Ambiente%20e%20Sa%C3%BAde.pdf>
- European Parliament Resolution on SCALE, 31 March 2004 (P5_TA-PROV(2004)0246)
http://ec.europa.eu/environment/health/pdf/res_31_3_04_en.pdf
- European Parliament Resolution on EHAP, 2005 P6_TA(2005)0045
http://ec.europa.eu/environment/health/pdf/res_2005_45_en.pdf
- Opinion of the European Parliament (EP) - European Parliament resolution of 4 September 2008 on the mid-term review of the European Environment and Health Action Plan 2004-2010 (P6_TA(2008)0410)
<http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P6-TA-2008-0410>
- Reports from consultative forums http://ec.europa.eu/environment/health/consul_forum.htm
- Declaration of the WHO Ministerial conference on environment and health, Budapest 2004
http://www.euro.who.int/_data/assets/pdf_file/0008/88577/E83335.pdf
- The Children’s Environment and Health Action Plan for Europe, 2004
http://www.euro.who.int/_data/assets/pdf_file/0006/78639/E83338.pdf
- WHO Ministerial Conference on environment and health, Declaration and commitment to act, Parma 2010
http://www.euro.who.int/_data/assets/pdf_file/0011/78608/E93618.pdf

Appendix C: List of EU Environment and Health Action Plan (EHAP) themes

The themes used in the study and the cross-fertilisation analysis were initially proposed in the scope of the study and verified in the first document review. They are derived from the actions, issues and themes contained in SCALE and EHAP. Two additional themes were added to this list, climate change and nanotechnology as they were highlighted as an emerging priority issue through institutional responses or by stakeholder platforms.

The themes are list below in alphabetical order with a reference as to how they relate to SCALE and EHAP:

1. Climate change and health: Not included in current EHAP, but one of the themes that consultative forum saw as priority for next cycle
2. Combined exposures and combination effects of chemicals: Focus of SCALE and also highlighted in EHAP
3. Communication: One of main themes of EHAP is improving communication
4. Dedicated resources for implementation of EHAP: SCALE aims to pool dedicated resources; as EHAP is an action plan, the question of dedicated resources is central for implementation.
5. Electromagnetic fields: Action 13 of the EHAP
6. Environment and Health Information Systems: Focus of EHAP to improve the information chain and several EHAP actions.
7. Environmental-related health actions (priority diseases): Priority diseases are focus of SCALE and Action 6 and 11 of EHAP
8. Health-related environmental actions (environment policies): Focus of SCALE on how to integrate health concerns into EU environment and chemicals policy
9. Human biomonitoring: Action 3 of the EHAP
10. Indoor air quality : Action 12 of the EHAP
11. Measurable and quantitative targets: One SCALE objective is to reduce disease burden caused by environmental factors
12. Nanotechnology: An emerging environment and health issue
13. Noise: Issue of SCALE
14. Science to policy translation: Main goal of SCALE and EHAP was to increase information and knowledge base for policy making
15. Training of professionals: Action 10 of EHAP
16. Urban environment: Issue of SCALE
17. Vulnerable groups: Focus of SCALE

Appendix D: EU Action Plan on Environment and Health – List of Actions

1 - IMPROVE THE INFORMATION CHAIN by developing integrated environment and health information to understand the links between sources of pollutants and health effects.

- *Action 1:* Develop environmental health indicators.
- *Action 2:* Develop integrated monitoring of the environment, including food, to allow the determination of relevant human exposure.
- *Action 3:* Develop a coherent approach to human biomonitoring in Europe.
- *Action 4:* Enhance coordination and joint activities on environment and health.

2 - FILL THE KNOWLEDGE GAP by strengthening research on environment and health and identifying emerging issues

- *Action 5:* Integrate and strengthen European environment and health research.
- *Action 6:* Target research on diseases, disorders and exposures.
- *Action 7:* Develop methodological systems to analyse interactions between environment and health.
- *Action 8:* Ensure that potential hazards on environment and health are identified and addressed.

3 - RESPONSE: REVIEW POLICIES AND IMPROVE COMMUNICATION by developing Awareness Raising, Risk Communication, Training & Education to give citizens the information they need to make better health choices, and to make sure that professionals in each field are alert to environment and health interactions.

- *Action 9:* Develop public health activities and networking on environmental health determinants through the public health programme.
- *Action 10:* Promote training of professionals and improve organisational capacity in environment and health

by reviewing and adjusting risk reduction policy

- *Action 11:* Coordinate ongoing risk reduction measures and focus on the priority diseases
- *Action 12:* Improve Indoor air quality.
- *Action 13:* Follow developments regarding electromagnetic fields.

Appendix E: Summary of political support for EHAP themes

EHAP Themes	COM SCALE (2003)	Council Concl. on SCALE (2003)	EP Res. on SCALE (2004)	EHAP COM proposal (2004)	EP Res. on EHAP (2005)	COM E&H Inf. Review (2006)	COM Midterm Review (2007)	Council Concl. On E&H (2007)	EP Res. Midterm Review (2008)	COM EHAP Progress report (2010)	Score	Budapest Decl.(2004)	CEHAPE (2004)	Parma Decl., Com. To Act (2010)	Score
Climate change and health	0	1	1	0	0	1	1	1	1	2	8	2	0	2	4
Combined exposures and combination effects of chemicals	2	1	0	1	0	1	1	0	1	1	8	0	0	1	1
Communication	2	1	1	1	1	1	1	1	1	1	11	1	1	1	3
Dedicated resources	0	0	2	0	2	0	1	2	2	2	11	2	2	1	5
Electromagnetic fields	1	0	0	1	0	0	1	0	2	1	6	0	0	1	1
Environment and health information systems	2	1	2	2	1	2	2	2	1	1	16	2	2	1	5
Environmental-related health actions (priority diseases)	2	1	1	2	2	2	1	1	1	1	14	1	2	2	5
Health-related environmental actions (environment policies)	2	2	1	2	1	1	1	1	1	1	13	2	2	2	6
Human biomonitoring	2	0	2	2	1	2	2	2	2	2	17	0	0	2	2
Indoor air quality	1	1	2	2	1	1	1	1	2	2	14	1	2	2	5
Measurable and quantitative targets	1	0	0	0	2	1	0	1	2	0	7	1	2	2	5
Nanotechnology	0	0	0	0	0	1	1	1	1	1	5	0	0	1	1
Noise	1	0	0	0	0	1	1	0	0	1	4	0	2	1	3
Science to policy translation	1	1	1	1	1	1	1	1	0	2	10	1	1	1	3
Training of professionals	0	0	0	2	1	0	1	1	1	1	7	1	1	1	3
Urban Environment	1	1	1	1	0	0	0	0	1	1	6	1	2	1	5
Vulnerable groups	2	2	2	1	2	2	2	1	2	1	17	2	2	2	6

Methodology for Appendix E: The methodology for the cross-fertilisation consisted of different steps. First, the documents used were those outlined in the call and agreed upon during client meeting (See Appendix B). The themes used for cross-fertilisation analysis were proposed in the scope of the study and derive from the actions, issues and themes contained in SCALE and EHAP (See Appendix C).

The goal of the cross-fertilisation was to determine which of the themes listed above are priorities for all 3 EU institutions, as well as for the WHO Environment and Health process. Therefore, the following scoring for cross fertilisation was devised: 0 = not mentioned; 1 = problem recognition (theme is merely mentioned); 2 = strong support for a theme, with a call for action/political recommendation.

Criteria for 2: the place where theme is mentioned: in recital or paragraph, at the beginning of resolution or end; the actual amount of text devoted to the theme: how comprehensive is description of theme; is there a political demand, call to action connected to it or not.

The numbers were then added up for a final score, and we distinguished between EU Institutions and WHO European Region.

Appendix F: Overview of EU funded research projects on environment and health

Project	Full name	Time	EU funding	Short description	Policy linkages	Website
Climate change and health (EHAP study theme 1)						
MICRODIS	Integrated health, social and economic impacts of extreme events	02/2007-01/2011	5 million Euros	Health, social, economic impacts of natural disasters	EU Climate Adaptation Policy, Health Strategy	www.microdis-eu.be
EDEN	Emerging Diseases in a changing European environment	11/2004-05/2010	11.3 million Euros	Impacts of environmental change on spatial, temporal distribution of human pathogenic agents	EU Climate Adaptation Policy, Health Strategy	www.eden-fp6project.net
ArcRisk	Arctic Health risks: impacts on health in the arctic and Europe owing to climate-induced changes in contaminant cycling	06/2009-11/2013	3.5 million Euros	Health risks for Arctic populations from climate change, how environment. Contaminants are affecting human reproductive health	EU Climate Adaptation Policy, Health Strategy	www.arcrisk.eu
CLEAR	Climate change, environmental contaminants and reproductive health	05/2009-04/2013	2.38 million Euros	Role played by climate change in distribution of environment contaminants, effects on reproductive health	EU Climate Adaptation Policy, Health Strategy	http://cordis.europa.eu/fetch?CALLER=FP7_PROJ_EN&ACTION=D&D_OC=1&CAT=PROJ&RCN=92242
Combined exposures and combination effects of chemicals (EHAP study theme 2)						
NOMIRACLE	Novel methods for integrated risk assessment of cumulative stressors in Europe	11/2004-10/2009	10 million Euros	Development Of methods for assessing cum. Risk from combined exposure to multiple stressors	REACH, Pesticides, Biocides	http://nomiracl.e.jrc.ec.europa.eu/Pages/lib/Objectives.aspx
Environment and health information systems (EHAP study theme 6)						
INTARESE	See 'Environment and Health - general' below					www.intarese.org
HEIMTSA	Health and environment integrated methodology and toolbox for scenario assessment	02/2007-01/2011	5 million Euros	Methodology for HIA, and cost benefit analysis	All E&H related legislation	http://www.heimtsa.eu/
Environmental-related health actions (priority diseases) (EHAP study theme 7)						
<i>Asthma, Allergies</i>						
Under FP 5, 23 projects addressed various aspects of allergies and asthma, with a total of 30 million Euros						
GABRIEL	Multidisciplinary study to identify genetic and environmental causes of asthma in the EU	03/2006-08/2010	11.3 million Euros	Project to identify key factors of asthma	EU Air Quality Legislation, EU Climate Change Legislation	www.gabriel-fp6.org
GA2LEN	Global allergy and asthma European network	02/2004-01/2010	14 million Euros	To establish internationally competitive network, enhance quality of research, address all aspects of disease	EU Health Strategy, EU Air Quality Legislation, EU Climate Change Legislation	http://www.ga2len.net/

EFRAIM	Mechanisms of early protective exposures on allergy development	02/2008-01/2012	2.9 million Euros	Mechanisms of early protective exposures on allergy development	EU Health Strategy, EU Air Quality Legislation, EU Climate Change Legislation	http://cordis.europa.eu/fetch?CALLER=FP7_PROJ_EN&ACTION=D&D&OC=1&CAT=PROJ&RCN=88400
ESCAPE	European study of cohorts for air pollution effects	06/2008-05/2012	5.9 million Euro	Air pollution, respiratory diseases, ESCAPE combines health data from EU cohort studies to investigate exposure-response relationships, development asthma in children	EU Health Strategy, EU Air Quality Legislation, EU Climate Change Legislation	www.escapeproject.eu
<i>Neurodevelopmental</i>						
In FP 5, 25 projects address neuro-immune, neuro-developmental, neurotoxic effects of chemical contaminants with around 50 million Euros funding.						
In FP 6, an additional 14 projects were launched with at least partly addressing neuro-developmental disorders, with a funding of some 60 million Euros.						
In FP7, already 7 projects study neuro-developmental effects, for example NEURONANO						
<i>Cancer</i>						
ECNIS	Environmental cancer risk, nutrition and individual susceptibility	05/2005-10/2010	11 million Euros	Nutrition, genetic disposition affecting susceptibility to cancer	EU Partnership for Action against Cancer and related initiatives	www.ecnis.org
NEWGENERIS	Development and application of biomarkers of dietary exposure to genotoxic and immunotoxic chemicals and of biomarkers of early effects, using mother-child birth cohorts and biobanks	02/2006-01/2011	13.59 million Euros	Maternal exposure increased risk of cancer in childhood	EU Partnership for Action against Cancer and related initiatives	www.newgeneris.org
COGS	Collaborative oncological gene-environment study	05/2009-04/2013	11.72 million Euros	Interaction genetic susceptibility, environmental lifestyle factors for development of several types of cancers, following 200.000 individuals	EU Partnership for Action against Cancer and related initiatives	http://ec.europa.eu/research/health/medical_research/cancer/fp7-projects/cogs_en.html
<i>Endocrine disrupting effects</i>						
In FP 5, 25 relevant projects with research on endocrine disrupting effects, with EU funding amounting to 55 million Euros						
In FP 6, EU funding for projects that partly addressed endocrine disruptors amounted to 53 million Euros						
CREDO	Cluster of research into endocrine disruption in Europe	No information given	20 million Euros	Included in FP 5 projects	REACH, Pesticides, Biocides	http://ec.europa.eu/research/endocrine/projects_clusters_en.html

CASCADE	Chemicals as contaminants in the food chain: an NOE for research, risk assessment and education	02/2004-01/2010	14.4 million Euros	Included in FP 6 projects, mechanisms of food-borne chemical contaminants interfering with hormone signalling	REACH, Pesticides, Biocides	www.cascade.net.org
NECTAR	Network for environment chemical toxicants affecting reproduction	No information given	10 million Euros	No information given	REACH, Pesticides, Biocides	www.nectarcluster.eu
OBELIX	Obesogenic endocrine disrupting chemicals: Linking prenatal exposure to the development of obesity later in life	05/2009-04/2013	3 million Euros	Testing hypothesis prenatal exposure to ED compounds in food play role in dev. Of obesity later in life	REACH, Pesticides, Biocides, Food Contact Materials	http://ec.europa.eu/research/endocrine/pdf/obelix.pdf
CONTAMED	Contaminant mixtures and human reproductive health - novel strategies for health impact and risk assessment of endocrine disruptors	05/2008-10/2011	3.49 million Euros	Health impacts of endocrine disruptors	REACH, Pesticides, Biocides	www.contamed.eu
Human biomonitoring (EHAP study theme 9)						
COPHES	European Coordinated Action on Human Biomonitoring	12/2009-	no information	To perform actions designed to develop functional framework that contributes to definition, organisation, management of a coherent approach towards HBM in Europe, including strategies for data interpretation and integration with environmental and health data	All E&H related policies	www.cophes.eu
Indoor air quality (EHAP study theme 10)						
HITEA	Health effects of indoor air pollutants: integrating microbial, toxicological and epidemiological approaches	04/2008-03/2013	2.75 million Euros	Role of indoor biological agents in development of respiratory, inflammatory, allergic health impacts among children	EU Health Strategy, Construction Products Directive	www.hitea.eu
INDEX	Critical appraisal of setting and implementation of indoor exposure limits in EU	2002-2004	Funding received from DG SANCO and JRC/IHCP/PCE	Identified list of priority compounds	EU Health Strategy, Construction Products Directive	No website
THADE	towards healthy air in dwellings in Europe	2001-2003	no information	Association of indoor air pollutants and respiratory diseases	EU Health Strategy, Construction Products Directive	http://www.efanet.org/activities/documents/THADEReport.pdf
HESE	Health effects of schools environment	2002-2005	no information	Highlighted high presence of particulate, moulds and allergens related to poor ventilation in European classrooms	EU Health Strategy, Construction Products Directive	http://ec.europa.eu/health/ph_projects/2002/pollution/fp_pollution_2002_frep_04.pdf

AIRMEX	European Indoor air monitoring and exposure assessment project	2003-	JRC funded	Identifying, quantifying main air pollutants in public buildings, main sources of these pollutants, estimating people's exposure	EU Health Strategy, Construction Products Directive	www.irs.ec.europa.eu/projects/airmex/index.htm
BUMA	Prioritisation of building materials as indoor pollution sources	2006-2009	579.318 Euros	Formation of comprehensive database, classification, prioritisation building materials, creation of indoor exposure expert modelling systems, production of relevant guidelines	EU Health Strategy, Construction Products Directive	http://www.enman.uowm.gr/bumaproject/
HealthyAIR	Network of actions and activities that address the effect of construction products on indoor air	2006-2009	249.613 Euros	Defining, initiating, developing activities that improve Indoor air quality , reduce exposure	EU Health Strategy, Construction Products Directive	http://ec.europa.eu/eahc/projects/database.html?prino=2006314
GERIE	Geriatric studying Europe on health effects of air quality in nursing homes	36 months	598.962 Euros	To analyse health impacts of indoor air pollutants to elderly people living permanently in nursing homes, to identify best practices	EU Health Strategy, Construction Products Directive	http://ec.europa.eu/eahc/projects/database.html?prino=2006314
HESEINT	Interventions on Health effects of health environment	36 months	600.000 Euros	To contribute to improve healthy growth, development of European children improving quality of school environment	EU Health Strategy, Construction Products Directive	http://ec.europa.eu/eahc/projects/database.html?prino=2006314
RADPAR	Radon prevention and remediation	36 months	750.000 Euros	Reducing public health burden of radon	EU Health Strategy, Construction Products Directive	http://ec.europa.eu/eahc/projects/database.html?prino=2006314
EnVIE	Indoor air quality and Health effects	2004-2008	DG SANCO	To collect results of scientific studies, especially EU funded research and to interpret them	EU Health Strategy, Construction Products Directive	www.envie-iaq.eu
INDOOR-EXPO	No information given	No information given	Coordinated by JRC	Perform systematic meta analysis of publications, projects for related to INDEX priority compounds, review, discuss exposure from indoor PM, review data on indoor pollutants	EU Health Strategy, Construction Products Directive	No website
TRANSPHORM	Transport related air pollution and health impacts	03/2010-02/2014	6.9 million Euros	Aim to develop and implement methodology to assess health impacts of PM air pollution covering whole chain from emissions to health burden	EU Air Quality Legislation	http://cordis.europa.eu/fetch?CALLER=FP7_PROJ_EN&ACTION=D&DOC=1&CAT=PROJ&RCN=94120

CLEAR-UP	Clean buildings along with resource efficiency enhancement using appropriate materials and technology	11/2008-10/2012	8.3 million Euros	Holistic approach to ensuring comfortable, healthy indoor environment based on resource efficient technologies	EU Health Strategy, Construction Products Directive	www.clear-up.eu
Nanotechnology (EHAP study theme 12)						
NANOIMPACTNET	European Network on the health and environmental impact of nanomaterials	04/2008-03/2012	2 million Euros	Multidisciplinary EU network on H&E impact of nanomaterials, 24 institutions, scientific basis for safe+ responsible dev. Of engineered nanoparticles, materials and products	All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy	www.nanoimpact.net
CELLNANOTOX	Cellular interaction and toxicology with engineered nanoparticles	11/2006-04/2010	2.6 million Euros	Included under FP6 projects: correlation physiochemical characteristics nanoparticles and toxic potential	All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy	http://www.fp6-cellnanotox.net
NANOSH	Inflammatory and genotoxic effects of engineered nanomaterials	11/2006-10/2009	2.4 million Euros	Inflammatory, genotoxic effects	All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy	http://www.ttl.fi/Internet/partner/Nanosh/
NEURONANO	Do nanoparticles induce neurodegenerative diseases? Understanding the origin of reactive oxidative stress and protein aggregation and mis-folding phenomena in the presence of nanoparticles	2009-2012	2.5 million Euros	Nanoparticles and neurodegenerative diseases, to determine if engineered nanoparticles present a significant neuro-toxicological risk to humans	All nano-related legislation, for example biocides, pesticides, REACH, Cosmetics Regulation, Health Strategy	http://www.neuronano.eu/
NANODEVICE	Novel concepts, methods, and technologies for the production of portable, easy-to-use devices for measurement and analysis of airborne engineered nanoparticles in workplace air	04/2009-03/2013	9.49 million Euro	Developing new, innovative concepts and methods for measuring, characterising airborne eng. Nanoparticles workplaces	EU Legislation related to workers protection	http://www.safenano.org/SafeNanoFP7Project_NanoDevice.aspx
Noise (EHAP study theme 13)						
ENNAH	European Network on Noise and Health	09/2009-08/2011	993.852 Euros	Establish future research directions and policy needs in Europe, focus on reviewing existing literature on environmental noise exposure and health focussing on consolidation of existing state of art knowledge, identification of gaps	EU Environmental Noise Directive	www.ennah.eu

Training of professionals (EHAP study theme 15)						
PHEEDUNET	European Network for the training and development of public health (environment) physicians	No information given	No information given	To coordinate training for public health environment physicians	All E&H related legislation	www.pheedunet.eu
TRISK	European Toxicology Risk Assessment Training	02/2009-01/2012	700.000 Euros	25 toxicologists for risk assessment training modules	EU chemicals legislation	no website
Vulnerable groups (EHAP study theme 17)						
PHIME	Public health impact of long-term, low-level mixed element exposure in susceptible population strata	02/2006-02/2011	13.4 million Euros	How long-term exposure to low levels of metals influences public health, map levels of exposure	EU Air Quality, chemicals legislation	http://www.ist-world.org/ProjectDetails.aspx?ProjectId=0dd00a8a4fb14341b7fa5a96f508cd25
MOBI-KIDS	Risk of brain cancer from exposure to radiofrequency fields in childhood and adolescence	03/2009-02/2014	3.5 million Euros	Assess exposure to radiofrequency fields on dev. Brain cancer in childhood, adolescence	EMF Limit values in Member States	http://www.mbkids.com/
VERHI Children	Valuation of environment-related health impacts: accounting for differences across age, latency and risk categories with particular focus on children	01/2006-06/2009	998.854 Euros	Environment and Health related impacts for children	EU Air Quality, chemicals legislation	http://ec.europa.eu/research/fp6/ssp/verhi_children_en.htm
Environment and Health – general						
ERA-ENVHEALTH	Coordination of national environment and health research programmes - environment and health ERA-NET	09/2008-08/2012	2 million Euros	16 organisations in funding of environmental health research at nat. or regional level. Objective: review relevant national research progress, identify joint priorities, promote greater coordination, cooperation in environmental health research in EU	All E&H policies, for example climate change	www.era-envhealth.eu
HEREPLUS	Health risk from environmental pollution levels in urban systems	09/2008-02/2011	1.4 million Euros	To promote greater coordination, cooperation among epidemiologists, biostatisticians, environmental scientists, GIS specialists to realise full potential of GIS technology; aim is to detect and analyse health risk of environmental pollution levels in urban systems	Air Quality	www.hereplusproject.eu
ENRIECO	Environmental Health Risks in European Birth Cohorts	03/2009-02/2011	919423.00 Euros	To advance knowledge on specific environment and health causal relationships in pregnancy and birth cohorts by providing support to exploitation of wealth of data generated by past or ongoing studies.	All E&H policies	www.enrieco.org

INTARESE	Integrated assessment of health risks from environmental stressors in Europe	11/2005-10/2010	12.38 million Euros	To collaborate on developing, applying new, integrated approaches to assessment of environment and health risks and consequences	Vulnerable groups, cumulative effects	www.intarese.org
2-FUN	Fullchain and uncertainty approaches for assessing health risks in future environmental scenarios	02/2007-01/2011	1.63 million Euros	Building long-term environmental and socio-economic scenarios, exposure and effects assessment, provision of uncertainty margins, identification of sensitive pathways and risks		www.2-fun.org
METHODEX	Methods and data on environmental and health externalities: harmonising and sharing of operational estimates	01/2004-07/2006)	1.2 million Euros	To advance best practice in external cost assessment, extend external analysis to agriculture, industry, waste, other sectors, review existing E&H externality studies for these sectors, to provide integrated methodology	EU Air Quality Legislation	www.methodex.org
DROPS	Development of macro and sectoral economic models aiming to evaluate role of public health externalities on society	11/2005-01/2008	800.000 Euros	Impact of health protection measures related to priority pollutants identified by EHAP, to support development of cost effective policy measures against pollution related diseases	Air Quality, REACH, Indoor air quality	http://drops.nilu.no
ENVIRISK	Assessing the risks of environmental stressors: contribution to development of integrating methodology	03/2007-02/2009	900.000 Euros	To develop integrated methodological framework to identify health risks caused by exposures to environmental factors, contribute to EHIS Integrated Environment and Health Information System		http://envirisk.nilu.no
HENVINET	Health and environment network	11/2006-04/2010	3.21 million Euros	Support informed policy making with integration of environmental and health issues	All E&H related policies, specifically on priority diseases	www.henvinet.eu ; http://henvinet.nilu.no
CEHIS	Connectivity environment and health information systems	04/2007 - 04/2008	DG-INFISO	Feasibility study, would need more resources	All E&H related policies	http://envihealth.jrc.ec.europa.eu/CEHIS/

Methodology for Appendix F: This table includes information from the Commission EHAP Progress Report 2010, with further research from HEAL - regrouped into EHAP themes (see Appendix C). For ease, a further category has been created for general Environment and Health projects.

Appendix G: Questionnaire for Members of the European Parliament (MEPs)



Your views on a Second EU Health and Environment Action Plan EHAP

Study carried out by the Health and Environment Alliance (HEAL) for Belgian “Service Public Fédéral Santé Publique, Sécurité de la Chaîne Alimentaire et Environnement”

A. Assessment of Current EHAP

1. Overall, has the current EHAP helped to improve environmental health in the EU in the last 6 years?

Yes	No	Partly	Don't know

If yes, can you provide a concrete example from your perspective:

2. Please state how in your opinion the 3 themes of the current EHAP have been implemented

Theme	Successful	Partly Successful	Not successful	Don't know
Theme 1: Improve Information Chain (Action 1-4)				
Theme 2: Fill the Knowledge Gap (Action 5-8)				
Theme 3: Response: Review Policies, Improve Communication (Action 9 – 13)				

2.a. Is there any of the 13 Actions which you think was particularly well implemented

- Yes, if so which: _____
- No

2.b. Is there any of the 13 Actions which you think little progress on implementation has been made on

- Yes, if so which: _____
- No

3. Scope

a. In your opinion, are there any gaps important for environment and health in the current EHAP which should be addressed in next Action Plan?

- Yes, they are: _____
- No

B. Form and Priorities of Second EHAP

4. Do you support a 2nd EHAP?

Yes	No	Don't know

If no, please state your reason why:

5. Should the next EHAP be its own Action Plan again (fulfilling the same role as its predecessor), or a Scoping paper to be implemented in other EU Programmes (such as EU Environment Action Programme, Research Programmes)?

Should be own Action Plan	Should be Scoping Paper	Undecided	Don't Know

6. Please tick three issues that you think next EHAP should prioritise

No changes in priorities	Climate Change	Indoor air quality	Endocrine Disruptors	Electro-magnetic Fields	Cumulative/combination Effects	Vulnerable Groups	Noise	Priority Diseases	Urban Environment	Nano-technology	Other (please specify)

7. Priority Diseases: which diseases or health conditions should be a priority for the next EHAP? (Multiple answers possible)

Asthma respiratory diseases	+	Endocrine effects and hormone diseases	disrupting and other related	Neuro-developmental Disorders	Cancer	Cardiovascular disease	Diabetes	Infertility

8. Resources:

Please tick two areas for which you think financial resources should be allocated (multiple answers possible):

Further research	Better science-Policy Link/ Translation	Policy Review	Actions to reduce environmental burden of disease	Awareness raising on environmental health	Certain priority area of EHAP	Development of indicators/ Methodology	Other (please specify)

9. Integration into other Programmes, Policies and Processes:

Please tick two areas where you think better integration with future EHAP should take place:

EU Environmental Action Programme	EU Research Programmes	EU Health Programmes	WHO Environment and Health Process	Other (please specify)

10. Any further comments on current and/or future EHAP:

+++++

C. For statistical purposes

Name: _____

EP\ Committee: _____

How were you involved in current EHAP? (for example EP rapporteur, EP shadow, involved in certain field): _____

If this is your first term, were you previously involved in environment and health work at local, regional or national level? _____

Appendix H: Results from MEP Survey

In order to assess the views of the Members of the European Parliament a specific questionnaire was designed (see below) in consultation between the contractor and client. The survey included questions on the implementation of the current EHAP, political support, and priorities for next one. The 10 questions are a mix of yes/no questions, multiple choice and open questions.

The questionnaire was distributed to all 129 members of the EP's Committee on Environment, Public Health and Food Safety, as the leading committee to EHAP and environment and health issues. The survey addressed both members who had been following EHAP closely in the last parliamentary term, as well as incoming MEPs from all EU member states. Repeated personal visits to the office and telephone calls were made to increase the return of the questionnaire, given the heavy workload of ENVI MEPs and pressure on their time.

The response rate was 4%. This is close to average, especially taking into account that many MEPs do not participate in any surveys.

MEPs who answered the survey included Jo Leinen, Chair of the ENVI Committee; Dan Jorgensen, Vice Chair of ENVI; Carl Schlyter, Vice Chair of ENVI; and Members Antonia Parvanova, and Claudiu Ciprian Tanasescu.

As not all MEPs filled in the part on the implementation of the current EHAP, the analysis has concentrated on the views expressed by the respondents on the 2nd EHAP

Answers received were codified for analysis

CODES:

- **Question 1:** Not answered = 0, Yes =1, No=2, Partly=3, Don't know=4
- **Question 2:** Not answered =0, Successful =1, partly =2, not successful = 3, Don't know=4
- **Question 2a:** Not answered =0, Yes=1, No=2
- **Question 2b:** Not answered=0, Yes=1, No=2
- **Question 3:** Not answered=0, Yes=1, No=2
- **Question 4:** not answered=0. Yes=1, No=2, Don't know=4
- **Question 5:** not answered=0, own=1, scoping =2, Undecided=3, Don't know=4
- **Question 6:** MEPs were asked to tick 3 issues that next EHAP should prioritise: No changes=1, climate change = 2, IAQ =3, EDCs=4, EMF=5, Combination effects=6, vulnerable groups=7, noise=8, priority diseases=9, Urban environment=10, nanotech=11, other=12
- **Question 7:** multiple answers where possible on which diseases or health conditions should be priority for next EHAP: Asthma=1, EDCs=2, Neurodevelopmental=3, Cancer=4, Cardiovascular=5, Diabetes=6, Infertility=7
- **Question 8:** MEPs were asked to tick 2 areas for which financial resources should be allocated: Research=1, Science-policy link=2, Policy review=3, Actions=4, Awareness=5, Priority area=6, Development indicators=7, Other=8

- **Question 9:** MEPs were asked to tick 2 areas where better integration with future EHAP should take place:

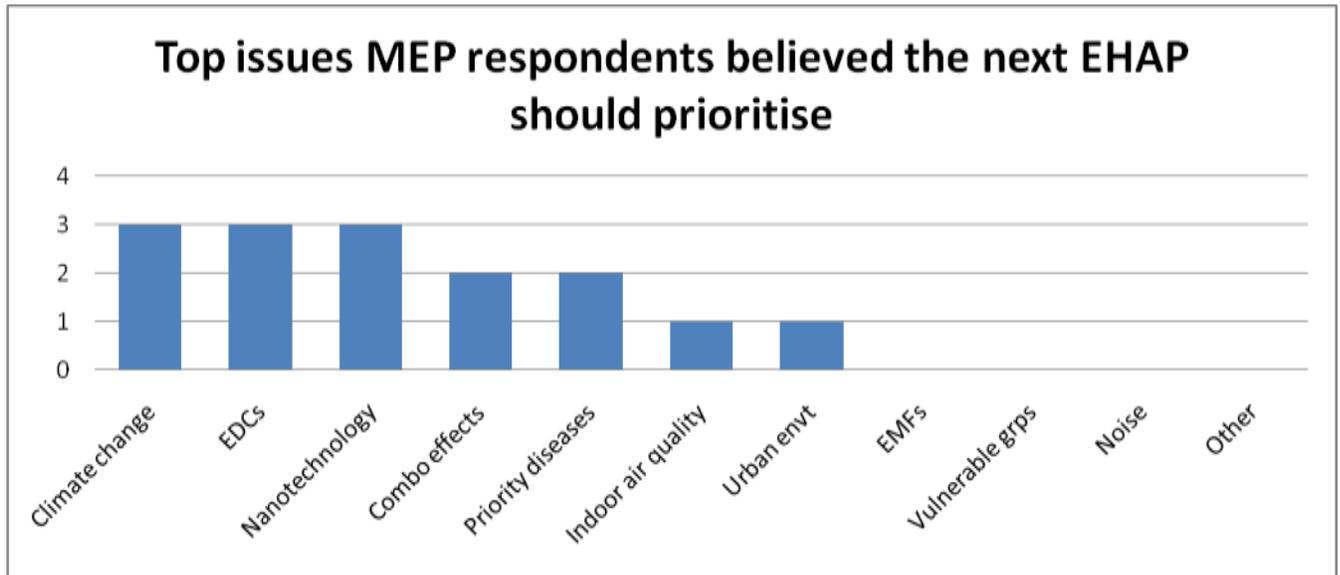
EAP=1, FP=2, Health=3, WHO=4, Other=5, n.a. = not applicable

Question 10: no codification necessary, no respondent provided further comments.

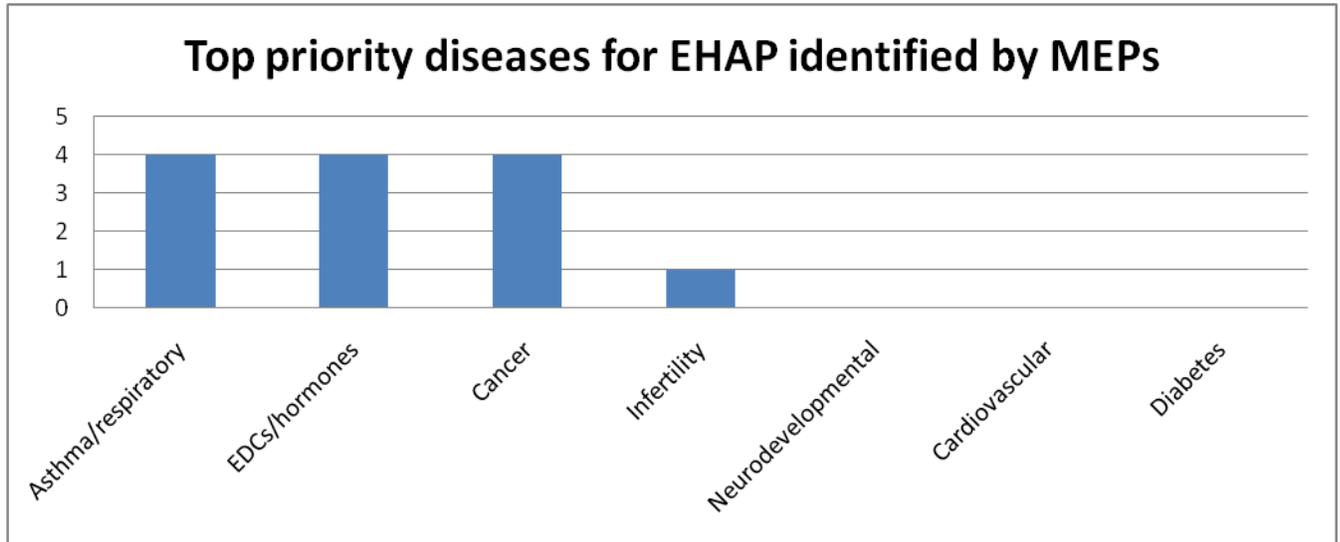
Question	MEP 1	MEP 2	MEP 3	MEP 4	MEP 5
1: EHAP helped improve EH	1	3	4	4	0
Concrete example	0	n.a.	n.a.	n.a.	0
2: implementation themes					0
Theme 1	1	2	2	4	0
theme 2	1	2	2	4	0
Theme 3	1	3	3	4	0
2a: any well-implemented	2	2	2	0	0
Which	n.a.	n.a.	n.a.	0	0
2b: any little progress	1	1	1	0	0
Which	0	2,8,10	review policies	0	0
Scope	2	1	1	0	0
Gaps	n.a.	TB, related diseases	deadlines implementation for actions	0	0
4: support 2nd EHAP	1	1	1	1	1
Why if no	n.a.	n.a.	n.a.	n.a.	n.a.
5: EHAP- action plan/scoping paper	1	1	3	3	3
6: three priority issues for EHAP					
Issue 1	2	2	4	6	2
Issue 2	4	4	10	9	3
Issue 3	6	9	11	11	11
7: priority diseases for EHAP					
Issue 1	1	1	1	2	1
Issue 2	2	2	2	4	4
Issue 3	7	4	4	0	
8: top two things to fund					
Area 1	2	1	3	1	1
Area 2	4	4	5	4	8
9: EHAP integration					
Area 1	1	1	5	1	1
Area 2	3	3	0	3	3
10: any further comments	0	0	0	0	0

Answers to specific questions

Answers to question 6



Answers to question 7



Appendix I: Overview of EU structures and programmes related to EHAP

Policy Field	Main issues and E & H integration	Outlook/next steps	Important Date	Council responsible
EU Environmental Action Programme	6 EAP runs from 2002-2012, defines objectives and actions in EU environmental policy fields. Current EAP has 4 priority areas: climate change, nature & biodiversity, environment & health, and natural resources & waste. 7 Thematic strategies stem from the EAP (Air, marine environment, waste, Sustainable use of resources, urban environment, soil, pesticides)	Final assessment of 6 EAP taking place in 2010, no decision yet if there will be 7 EAP	26.11. conference of the Belgian presidency on the EAP	Environment Ministers
	The funding mechanism for EAP is the LIFE+ programme			
	http://ec.europa.eu/environment/newprg/index.htm			
EU Strategy Together for Health	The strategy runs from 2008-2013 as an overarching strategic framework with 3 strategic objectives of fostering good health in an ageing Europe, protecting citizens from health threats and supporting dynamic health systems and new technologies. Environment & health is included under the first objective. The implementing mechanism is the EU Health programme 2008-2013 (financial volume: 312 500 000 Euros). Health & environment actions under this programme focus on Indoor air quality , exposure to toxic chemicals (where not addressed by other Community initiatives, socio-economic determinants)	EU Health programme implemented through annual work plan which outlines funding in E&H field, calls in first trimester of year	2011/2012 work on next strategy and health programme	Health Ministers
EU Research Framework Programme	Current FP 7 runs from 2007-2013 with 4 sub-programmes cooperation, ideas, people, capacities. Environment & health is subtheme of Environment budget line in cooperation.	currently consultation with stakeholders for assessment of FP7	Commission Midterm review of FP7 and legislative proposal for FP8 announced for 2010	Research Ministers
EU Strategy 2020	Follow up to Lisbon strategy, with 3 mutually reinforcing principles of smart, sustainable and inclusive growth. Proposal includes 5 headline targets and 7 flagship initiatives. No integration of E&H yet. http://ec.europa.eu/eu2020/index_en.htm	June Council to formally adopt and approve 2 of 5 targets not yet approved in March meeting.	Yearly assessment of progress;	EU Council (Heads of State, Government)
		Oct 2010 discussion on research & development; early 2011 discussion energy policy	Midterm Review of whole strategy 2015	
EU Sustainable Development Strategy	Adopted in 2006, Builds on Gothenburg strategy. Identified 7 challenges until 2010 including public health. Objectives, targets and actions listed under public health chapter put emphasis on environment & health.	In 2009 the Commission conducted a review for the SDS, did not address assessment of actions foreseen under public health.	Currently no timeline for future decision on possible comprehensive review.	EU Council (Heads of State, Government)

Methodology for Appendix I: Funding for EHAP actions came from different sources in DG Environment, DG Health, DG Research. Therefore, the main strategy and programme in this EU policy field was analysed to determine where they included environment and health, and which specific priority. The general overarching EU vision in the form of Europe 2020 was also considered to determine policy opportunities. The EU Sustainable Development strategy has been a crucial policy opportunity for environment and health since its inception, but because of the uncertainty of the future process is now only included in the Appendix, not the text of the report anymore. The analysis of the current environment and health situation in these programmes formed the basis for the next step of formulating concrete policy opportunities, which are listed in the overview table in the report.

Appendix J: Assessment of EU finance programmes in relation to Environment and Health Priorities

<u>The European Regional Development Fund (ERDF)</u>	
Time frame	2007 - 2013. Revision due in 2010.
General guidelines	ERDF is one of the instruments of EU regional policy and can intervene in 3 of its objectives: convergence, regional competitiveness and employment, European territorial cooperation. ERDF takes into account EU priorities, such as competition and innovation, jobs, environmental protection, risk prevention; the ERDF consists of country operational programmes, multiregional programmes and regional programmes, cross-border, transnational and interregional co-operation. Environment is one of the themes of EU regional development policy, which brings together the goal of contributing to sustainability (sustainable transport, energy, infrastructure) and measures targeted at protection of water, air, biodiversity, nature protection; in 2007-2013 the focus is also on climate change.
Eligibility criteria	Financing available for programmes of the EU Member States for companies or institutions, infrastructures, financial instruments and technical assistance measures.
Inclusion E & H issues?	In general, EU Commission ensures that projects developed under regional policy are respectful of environment. An assessment of their environmental impact must be conducted by Member State concerned. Specifically for ERDF, environment is one area of action under the convergence goal, health being another. Environment and risk prevention is an action goal the theme Regional Competitiveness and employment.
Examples	Bulgaria: operational programme environment (ERDF, CF): to protect, preserve natural resources, focused on water; Czech Republic: operational programme environment (ERDF, CF): to support sustainable development; 7 priorities including air quality emissions reduction, limitation industrial pollution, technical assistance; Estonia: operational programme development of living environment (ERDF, CF): 8 priorities including water, waste management infrastructure, development energy sector; also operational programme on development of economic environment (traffic); Greece: operational programme environment and sustainable development (ERDF, CF): priorities include air and climate change; Cyprus: sustainable development and competitiveness; Hungary: environment and society: priorities include water, management natural resources, renewable energy; Poland: infrastructure and environment: 14 priorities including waste and resource management, ecological habitats, environmentally friendly transports; Romania: environment: 6 priorities including water/wastewater, pollution reduction, mitigation climate change, nature protection; Slovakia: health programme not focused on environmental pollution, environmental programme priorities include water, air protection + climate change, natural environment.
Website	http://ec.europa.eu/regional_policy/funds/feder/index_en.htm
Comments	EU Member States and the Commission should review whether the programmes include environment and health concerns. Measures seem to concentrate on environmental policy of water and waste management, only rarely are measures on air pollution included.

<u>Cohesion Fund (CF)</u>	
Time frame	2010 – 2013. Revision due in 2010.0
General guidelines	Helps the least prosperous Member States whose gross national product (GNP) per capita is below 90% of the EU-average (to reduce economic and social disparities and to stabilise their economies). It finances up to 85 % of eligible expenditure of major projects involving the environment and transport infrastructure.
Eligibility criteria	Since 1/5/2004 countries eligible are Greece, Portugal, Spain, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Slovakia and Slovenia). Eligible for funding are also institutions on national and regional level.
Inclusion E & H issues?	By design, the cohesion Fund is specifically earmarked for transport and environment projects in poorest states of EU. The Fund gives priority to drinking-water supply, treatment of wastewater and disposal of solid waste. Reforestation, erosion control and nature conservation measures are also eligible. also areas of sustainable development which clearly present environmental benefits, energy efficiency and renewable energy, transport sector.
Examples	Projects under EDRF financed in conjunction with Cohesion Fund (see above).
Website	http://ec.europa.eu/regional_policy/policy/fonds/index_en.htm
Comments	The Cohesion Fund legislation refers directly to EAP and its principles and goals, yet in the actions there is little emphasis on the environment and health component. Programmes could be reviewed with view to including all EAP environment and health actions and on how to strengthen EHAP priority themes.

<u>Instrument for pre-accession assistance (IPA)</u>	
Time frame	Since 2007. <i>Due for revision 2011 for multi-annual indicative financial framework, detailing financial assistance; 2010 for multi-annual indicative financial framework</i>
General guidelines	Replaces series of EU programmes and financial instruments for candidate countries or potential candidate countries; 5 components including regional development (transport, environment, regional, economic development), and rural development.
Eligibility criteria	EU candidate countries: Croatia, Turkey, FYR Macedonia; potential candidate countries: Albania, Bosnia-Herzegovian, Montenegro, Serbia, Kosovo, but only for transition + institution building and cross-border cooperation.
Inclusion E & H issues?	Environment factor under regional development.
Examples	Croatia (2007-2009): environmental operational programme: waste, water, assisting in implementing the EU env. acquis; Macedonia: env. sector focus on waste water treatment and solid waste management; Turkey: environmental operational programme EOP: water management, solid waste management, technical assistance.
Website	http://europa.eu/legislation_summaries/enlargement/ongoing_enlargement/e50020_en.htm
Comments	Review possible on how infrastructure measures could include broader environment and health concerns and EHAP priority themes.

<u>EU External Cooperation programmes</u>	
Time frame	2007-2013.
General guidelines	Grants for actions: aim to achieve an objective that forms part of an external aid programme. Operating grants: finance the operating expenditure of an EU body that is pursuing an aim of general European interest or an objective that forms part of an EU policy.
Eligibility criteria	EU development assistance is distributed through multi-annual programmes coordinated by DG Development and DG External Relations. Mechanisms: General Strategy papers 2007-2013 (Country strategy papers, regional strategy papers), national indicative programmes, regional indicative programmes, detailed annual action programmes (AAP). 3 Geographic instruments: Development cooperation instrument (DCI), European Neighbourhood and Partnership instrument (ENPI), European Development Fund (EDF).
Inclusion E & H issues?	Environment (and sustainable management of natural resources) is one of the intervention areas of European Consensus on Development. Actions and issues falling under this theme are sustainable management of natural resources, stronger support on implementation of UN Convention on Biological Diversity, implementation of UN Convention to Combat Desertification, illegal logging; climate change, sustainable management of chemicals and waste, particular by taking into account their links with health issues; Environmental sustainability is supposed to be mainstreamed in all actions.
Examples	ENRTP: Thematic Programme for Environment and Sustainable Management of Natural Resources including Energy to address environment and natural resource management issues, also to help to meet obligations under multilateral environmental agreements, to take int. policy leadership in fighting climate change, land degradation, desertification, biodiversity, protection and proper management of chemicals, waste.
Website	http://ec.europa.eu/europeaid/index_en.htm http://ec.europa.eu/europeaid/how/finance/dci/environment_en.htm
Comments	To be reviewed in how far environment and health concerns are taken into account, for example in climate change, and in the chemicals management.

European Investment Bank	
Time frame	Ongoing. <i>No set date for revision</i>
General guidelines	The EIB furthers the objectives of the EU by making long-term finance available for sound investment. EIB funds its operating by borrowing on capital markets, has decision-making independence. The EIB finances a broad range of projects in all sectors of the economy, in 4 fundamental areas: economic, technical, environmental, financial. Projects must adhere to at least one of the EIB lending objectives. As a rule, the Bank lends up to 50% of the investment costs of a project. The EIB finances projects in most sectors. To be eligible projects must contribute to EU economic policy objectives.
Eligibility criteria	EIB instruments: individual loans to projects for both public and private sector, SMEs. The project promoted by the public or private client must be in line with the lending objectives of the EIB and be economically, financially, technically and environmentally sound. EIB also finances wide range of Research and technological development, and supports European Research Initiatives.
Inclusion E & H issues?	Environmental sustainability is one of the 6 priority objectives for lending activity (bank business plan). EIB promotes environmental sustainability and related social well-being, in support of the EU policy on sustainable development. EIB environment principles: heading increasing environmental and social benefits. EIB guidelines state that projects aim at high level of protection of protection based on the precautionary principle, and that preventative action should be taken.
Examples	In 2009, EIB signed loan agreements for 176 environment projects in amount of 25.3 billion = 32% of its total lending. Bulk of lending went to EU countries, most of funding went to climate change, environment and health and sustainable transport. In Enlargement countries volume was 695 million EUR. Mediterranean partner countries 446 million EUR.
Website	http://www.eib.org/about/index.htm EIB Statement on Environmental and Social Principles: http://www.eib.org/attachments/strategies/eib_statement_esps_en.pdf
Comments	To be reviewed how lending for neighbourhood countries could be increased.

European Neighbourhood & Partnership Instrument ENPI	
Time frame	2007-2013. <i>Due for revision 2010</i>
General guidelines	Supports the EU Neighbourhood Policy (ENP). Strategic objectives: supporting democratic transition and promoting human rights, transition towards market economy, promotion of sustainable development and policies of common interest. Country and multiple country programmes for support of partner country or promotion of regional and sub-regional cooperation between at least 2 partner countries. Or programmes of cross-border cooperation for cooperation of one or more EU MS and partner countries or one or more partner countries in regions of a common border with EU.
Eligibility criteria	For institutions, mixed organisations, international/regional organisations, international financial institutions, NGOs in: Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Lebanon, Libya, Moldova, Morocco, Occupied Palestine, Russia, Syria, Tunisia, Ukraine.
Inclusion E & H issues?	Regulation on ENPI: EU assistance to support promoting environmental protection, nature conservation, sustainable management of natural resources; environmental sustainability one of the sectors financed.
Examples	No examples provided.
Website	http://ec.europa.eu/world/enp/index_en.htm
Comments	To be reviewed if country programmes reflect environment and health principles and actions.

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References to the study

All references to this study should be quoted as follows: The EU Environment and Health Action Plan (EHAP): Assessment and outlook for future action (June 2010). A study commissioned by the Belgian Federal Minister in charge of Environment and carried about the Health & Environment Alliance.

For further information:

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Belgian EU Presidency (July 2010 – December 2010)

For a list of environment and health related events during the Belgian EU Presidency, please see website:

www.eutrio.be ; www.nehap.be

Health and Environment Alliance (HEAL)

The Health and Environment Alliance (HEAL) is an international non-governmental organisation that aims to improve health through public policy that promotes a cleaner and safer environment.

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