Report of the Seventh Ministerial Conference on Environment and Health

Budapest, 5–7 July 2023
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Abstract
The Seventh Ministerial Conference on Environment and Health of the World Health Organization (WHO) European Environment and Health Process (EHP) took place in Budapest, Hungary, on 5–7 July 2023, at the kind invitation of the Government of Hungary. It was attended by over 600 high-level representatives of Member States, institutional stakeholders, youth organizations and nongovernmental organizations. The Conference adopted the Budapest Declaration, which prioritizes urgent, wide-ranging action on health challenges related to climate change, environmental pollution, biodiversity loss and land degradation, as well as governance issues and human resources for health, in the context of recovery from the pandemic of coronavirus disease. The Declaration provides for a new implementation mechanism, the EHP Partnerships: the first four Partnerships, on human biomonitoring, health-sector climate action, healthy active mobility and youth, were launched during the Conference. The Conference further considered the updated second edition of the report Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region.

Keywords: ENVIRONMENTAL HEALTH; ENVIRONMENTAL POLICY – trends; CONGRESSES; EUROPE

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<tbody>
<tr>
<td>AMR</td>
<td>antimicrobial resistance</td>
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<tr>
<td>ATACH</td>
<td>WHO Alliance for Transformative Action on Climate and Health</td>
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<tr>
<td>COP28</td>
<td>28th meeting of the Conference of the Parties to the United Nations Framework Convention on Climate Change</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>EEA</td>
<td>European Environment Agency</td>
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<td>EEHYC</td>
<td>European Environment and Health Youth Coalition</td>
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<td>EHP</td>
<td>European Environment and Health Process</td>
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<td>EHTF</td>
<td>European Environment and Health Task Force</td>
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<td>ESA</td>
<td>European Space Agency</td>
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<td>EU</td>
<td>European Union</td>
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<td>FAO</td>
<td>Food and Agriculture Organization of the United Nations</td>
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<td>GBF</td>
<td>Kunming-Montreal Global Biodiversity Framework</td>
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<td>HEAL</td>
<td>Health and Environment Alliance</td>
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<td>HERA</td>
<td>Health and Environment Research Agenda</td>
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<td>HIA</td>
<td>health impact assessment</td>
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<td>IANPHI</td>
<td>International Association of National Public Health Institutes</td>
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<td>IFMSA</td>
<td>International Federation of Medical Student Associations</td>
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<td>NHS</td>
<td>National Health Service (England)</td>
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<td>PFAS</td>
<td>per- and polyfluoroalkyl substances</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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<td>THE PEP</td>
<td>Transport, Health and Environment Pan-European Programme</td>
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<td>UN</td>
<td>United Nations</td>
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<td>UNECE</td>
<td>United Nations Economic Commission for Europe</td>
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<td>UNEP</td>
<td>United Nations Environment Programme</td>
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<td>UNFCCC</td>
<td>United Nations Framework Convention on Climate Change</td>
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<td>UN-Habitat</td>
<td>United Nations Human Settlements Programme</td>
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<td>WASH</td>
<td>water, sanitation and hygiene</td>
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<td>WBS</td>
<td>wastewater-based surveillance</td>
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<td>WGBU</td>
<td>Wissenschaftlicher Beirat der Bundesregierung Globale Umweltveränderungen [German Advisory Board on Global Change]</td>
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<tr>
<td>YHO</td>
<td>International Youth Health Organization</td>
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Introduction

1. The Seventh Ministerial Conference on Environment and Health took place in Budapest, Hungary, at the kind invitation of the Government of Hungary. See Annex 1 for the scope and purpose of the meeting, Annex 2 for the programme of work, Annex 3 for the programme of parallel events, Annex 4 for selected declarations and statements, Annex 5 for the Budapest Declaration adopted by acclamation at the end of the meeting and Annex 6 for the list of participants.

2. A ministerial lunch for ministers and senior officials took place on 6 July, with discussions on the theme “how health systems can meet the challenge of climate change” and on the updated second edition of the report Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region.1

3. An extensive series of parallel sessions began on the morning of 5 July and continued during the lunch break on 6 July. An exhibition space and poster display were available to view in the public areas adjacent to the conference room, as well as artwork on environment and health themes by Hungarian schoolchildren.

4. The conference sessions were chaired by representatives of the host country and by Ms Brigit Staatsen, Chair of the European Environment and Health Task Force (EHTF) and Professor Raquel Duarte-Davidson, Co-Chair. The agenda and programme of work were adopted.

1. Opening of the Ministerial Conference

(EURO/Budapest2023/1; EURO/Budapest2023/2; EURO/Budapest2023/3; EURO/Budapest2023/4; EURO/Budapest2023/INF1; EURO/Budapest2023/INF4)

5. An introductory video was shown, highlighting the importance of working together and translating existing scientific knowledge into action in order to resolve the major environment and health challenges facing the WHO European Region.

6. Dr Hans Kluge, WHO Regional Director for Europe, opened the Ministerial Conference and welcomed participants. He thanked the Government of Hungary for its generous hospitality in hosting the Ministerial Conference for the second time, and paid tribute to the hard work of the host country, the officers of the EHTF, the Member States and other stakeholders, which had made the Conference possible. Over 600 participants from 43 Member States and stakeholders, civil society and youth organizations were in attendance. For the full text of Dr Kluge’s address, see Annex 4.

7. Mr Kristóf Altusz, Ambassador and Diplomatic Adviser to the President of Hungary, welcomed participants on behalf of Her Excellency Katalin Novák, President of Hungary. The aim of the Ministerial Conference was to establish a meaningful dialogue and a healthy and sustainable vision for the future: to ensure that families had all they needed to live a healthy life by creating a secure, sustainable and viable world for future generations. For the full text of President Novák’s statement, see Annex 4.

8. A cultural performance was presented by Hungarian singer Ági Szalóki, accompanied by musicians and folk dancers.

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9. Dr Tedros Adhanom Ghebreyesus, Director-General of WHO, addressed the Ministerial Conference via live videolink. Many of the major challenges currently facing the world – including climate change, infectious diseases, pollution and food scarcity – were issues relevant to both the environment and the health sector. It was essential to redirect the vast subsidies awarded to fossil fuels by the world’s governments to the technology needed to produce cheap, reliable, renewable energy, in particular for health-care facilities and other critical infrastructure in low-income communities. Moving from fossil fuels to green energy would also help to address the root causes of climate change, reduce pollution, improve human health and preserve biodiversity. The strong commitments contained in the draft Budapest declaration, submitted to the present Ministerial Conference for adoption, formed a roadmap for strengthening climate resilience, moving towards net zero carbon, reducing fossil fuel emissions, accelerating health adaptation measures against climate change, fighting pollution and protecting nature. For the full text of Dr Tedros’ address, see Annex 4.

10. Mr Sandór Pintér, Minister of the Interior of Hungary, said that his country was honoured to host such an important conference, to which over 30 Member States had sent ministerial-level representatives. The Ministerial Conference would address the existential “triple crisis” of climate change, environmental pollution and land degradation and biodiversity loss. Hungary would contribute its experiences and participate in the joint effort to create a safer environment and a healthier and longer life for all.

11. Mr Csaba Lantos, Minister of Energy of Hungary, said that the future Budapest declaration would provide specific and effective responses to the challenges posed by the triple crisis. Although Hungary, as a small country, could not have a major influence on global greenhouse gas emissions, at a national level the country had reduced those emissions by 28% compared with 2010 levels. The proportion of renewable energy used for electricity production had risen from 7.7% in 2010 to 14.0% in 2021. In 2022, Hungary had the third-highest level of electricity produced by solar energy in the European Union (EU). Despite the economic impact of the pandemic of coronavirus disease (COVID-19) and the enormous rise in energy prices due to the current war in Ukraine, his Government was focusing on energy security while maintaining progress on its climate objectives under a revised National Energy and Climate Plan that aimed to increase the proportion of renewable energy in the country’s energy mix to 29% by 2030.

12. Mr Csaba Körösi, President of the UN General Assembly, said that, at the midpoint of the period covered by the UN Sustainable Development Goals (SDGs), implementation of the ambitious targets stood at only 15–19%. At the forthcoming SDG Summit in September 2023, UN Member States would need to prove that greater transformation could be achieved in the second half of the SDG implementation period than had been achieved in the first. High-level meetings of the General Assembly on pandemic preparation, preparedness and response; universal health coverage; and tuberculosis, likewise scheduled for September 2023, would provide opportunities to strengthen political support for holistic action on health issues. Investment in health was an investment in sustainable development.

13. Ms Brigit Staatsen, Chair of the EHTF, said that the draft Budapest declaration laid out the urgent and transformative changes needed to address the triple crisis – improving the quality and availability of water and air, and protecting ecosystems. The draft declaration was the result of 18 months of negotiation by Member States and other stakeholders, including the United Nations Economic Commission for Europe (UNECE), the United Nations Environment Programme (UNEP) and nongovernmental and youth organizations. The final draft had been adopted by consensus at a special session of the EHTF the previous day. The EHTF had also adopted the new European Environment and Health Process (EHP) Partnerships mechanism;
the first four Partnerships would be launched during the Ministerial Conference. It was highlighted that the older generation must form relationships and work together with new partners, especially young people.

14. Mr Dmitry Mariyasin, Deputy Executive Secretary of UNECE, drew attention to the 2022 resolution of the UN General Assembly on the human right to a clean, healthy and sustainable environment (General Assembly resolution A/RES/76/300 of 28 July 2022). Forthcoming UN conferences to which the EHP could contribute included the Climate Ambition Summit 2023 (New York, 20 September 2023).

15. One major area of synergy between the work of the EHP and UNECE was that of sustainable transport. The UNECE Regional Forum on Sustainable Development in March 2023 had agreed on the need for a radical shift towards decarbonized transport and investment in green transport infrastructure. He called upon all Member States to join the Transport, Health and Environment Pan-European Programme (THE PEP), which was a fine example of cross-sectoral collaboration. He further called upon Member States to accede to the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes which, as a legally binding cross-sectoral agreement linking management, sanitation, hygiene and health, was an essential tool in efforts to increase the resilience of all societies. Turning to another major environmental cause of death and ill health, air pollution, he noted that 99% of the world population breathed air with levels of pollution exceeding the WHO air quality limits: action at local and national level and, importantly, new regional and global policy frameworks were essential to reduce both indoor and outdoor air pollution.

16. Mr Arnold Kreilhuber, Director, UNEP Europe, said that the current high-carbon, linear models of consumption must give way to a more sustainable model, incorporating One Health principles, to allow both people and the planet to heal and thrive. UN Environment worked with governments, UN entities, civil society and the private sector to safeguard ecosystems, aid the transition to low-carbon economics, strengthen environmental governance and law and provide an evidence base for policy decisions.

17. The EHP could capitalize on the current increasing interest in environment and health issues, shown by the creation of new intergovernmental bodies such as the One Health High-Level Expert Panel, the Quadripartite (WHO, Food and Agriculture Organization of the United Nations (FAO), UN Environment and World Organisation for Animal Health) and the Global Leaders Group on Antimicrobial Resistance. Recent relevant international resolutions included UN Environment Assembly resolution UNEP/EA.5/Res.6 of 2 March 2022 on biodiversity and health and UN General Assembly resolution 77/300 of 26 June 2023 on mental health and psychosocial support, which made reference to the potential adverse effects of climate change anxiety. The EHP could further contribute to the forthcoming High-level Political Forum on Sustainable Development of the UN General Assembly (New York, 18–19 September 2023, to the implementation of the Kunming-Montreal Global Biodiversity Framework (GBF), adopted at the 15th meeting of the Conference of the Parties to the Convention on Biological Diversities.

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Diversity in 2022, and to the UN Environment activities to create nature-based solutions to the climate crisis.

**Dialogue with Hungarian youth representatives**

18. Dr Kluge took questions from Hungarian youth representatives, noting that he had participated in a lively youth forum on the day preceding the Ministerial Conference.

*What can WHO and young people do to mitigate the environment and health challenges that currently threaten young people’s future?*

19. Dr Kluge emphasized that no one could resolve the enormous problems facing the world by acting alone. WHO had three main roles: to bring Member States and other stakeholders – including young people – together to develop and implement measures to create a safer environment; to collect evidence for and draft new environmental standards; *What is the chance of more global pandemics like COVID-19, and what can WHO do to prevent a new pandemic and increase resilience?*

20. Dr Kluge said that there was an estimated 28% chance of a new global pandemic within the next 10 years. One proposed framework for addressing the next pandemic was the “7-1-7” target, meaning that every suspected outbreak was identified within 7 days of its emergence (for instance through enhanced wastewater surveillance), reported to public health authorities with initiation of investigation and response efforts within 1 day, and effectively responded to – as defined by objective benchmarks – within 7 days. International agreements such as the pandemic treaty currently under negotiation, as well as mutual trust between Member States and regional economic groupings such as the European Commission, the Shanghai Cooperation Organisation, the Turkic Council and the Non-Aligned Movement, would be a prerequisite for success. An effective response would require action to ease the burden on exhausted healthcare workers and global solidarity in the supply of and access to vaccines.

*How can WHO help to ensure that young people’s voices are heard and their views taken seriously?*

21. Dr Kluge drew attention to the WHO Europe youth network, which would be formally launched at the 73rd session of the Regional Committee for Europe in October 2023, and said that he had written to all 53 Member States to encourage them to include youth representatives in their delegations to the Regional Committee.

**From Ostrava to Budapest: “passing the baton”**

(EURO/Budapest2023/2; EURO/Budapest2023/BG.3; EURO/Budapest2023/BG.6)

22. Mr Václav Plátenik, Deputy Minister of Health, Czechia, said that it was an honour to pass the baton from Ostrava to Budapest. For many years, Ostrava had not symbolized good health or a healthy environment; its reputation had been built on coal, first as a symbol of pride in hard work and the security of a warm house in winter and, later, by the realization of the link between environment and health as generations were left to breathe in solid particles. Ostrava had been revitalized due to successful actions by the Government, municipalities and citizens working together to improve health, well-being and the environment. In the current situation, it was difficult to do “business as usual” and to talk about “One Health” when faced by the environmental destruction caused by Russian aggression in Ukraine. There could be no health and no healthy environment without peace. He wished all a successful and fruitful conference that would produce effective solutions for the environment, health and the people of the WHO European Region.
23. Dr Péter Takács, State Secretary for Health, Hungary said that there was a significant task ahead if the conference in Budapest was to live up to that held in Ostrava, itself a wonderful example of how a former industrial site could be revitalized. The Compendium of Possible Actions to Advance the Implementation of the Ostrava Declaration\(^4\) remained a guide and inspiration for identifying potential environmental health interventions and had been used by many countries in the WHO European Region to develop their own national portfolios of action, aligned with national strategies on environmental protection and climate change. Building on such synergies with well-coordinated, cross-sectoral action would contribute to achieving the goals of the national portfolios.

24. Three of the six years that had passed since the Ostrava conference had been overshadowed by the COVID-19 pandemic, which had hindered or stalled progress in many areas, but it had also brought benefits to preserve health in a wider context, including a focus on health, hygiene and improved ventilation and air quality in indoor settings, as well as new tools such as wastewater surveillance for tracking public health risks. Hungary’s forthcoming presidency of the EU would enable it to bring the outcomes of Ministerial Conferences to the fore, including the Protocol on Water and Health adopted at the Third Ministerial Conference in 1999. Hungary aimed to find and use the synergies in those processes in order to accelerate progress towards joint environment and health goals.

2. Plenary session 1: tackling the “triple environmental crisis” to protect health and building forward from the COVID-19 pandemic

(EURO/Budapest2023/6; EURO/Budapest2023/BG.1; EURO/Budapest2023/BG.4; EURO/Budapest2023/BG.5)

Chair: Dr Judit Bidló, Deputy State Secretary for Professional Healthcare Management, Ministry of Interior, Hungary

25. A video was shown on the health impacts of the triple environmental crisis of climate change, environmental pollution and biodiversity loss.

Keynote address

26. Dr Harry Rutter, Professor of Global Public Health, University of Bath, United Kingdom of Great Britain and Northern Ireland, said that, in addition to the triple crisis already enumerated, there was a further triple crisis following on from the more than 7 million recorded deaths attributable to COVID-19. The three new threats were: a risk of further global pandemics; the threat of noncommunicable diseases which were responsible for about 90% of all deaths in the WHO European Region and which were linked to deep and divisive inequalities; and environmental degradation and climate change, including pollution and wild fires.

27. In current work with Professor Marteau of Cambridge University at The Lancet-Chatham House Commission on improving population health post COVID-19, he was examining the triple threats of pandemics, noncommunicable diseases and environmental degradation, identifying and examining the shared common drivers of the threats and the potential common responses as well as solutions that could act across all three. High levels of

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urban air pollution and environments that predisposed to sickness and obesity all hugely increased the risks from a disease like COVID-19.

28. There had been an extraordinary emergency response to COVID-19, with the introduction of lockdowns and working online, massive mobilization for testing and highly effective efforts to produce vaccines, although with inequitable distribution. But building forwards better and fairer, with tackling inequalities as a thread running through any response, would require moving on from highly reactive responses and thinking about actions that could be put in place to reduce the risk of future pandemics, increase the healthiness of populations and reduce harm to environments. Examples included: ways in which energy was generated; ways in which food was produced and the types of food produced; how goods were transported and how people moved around; and the construction of quality, sustainable urban environments.

29. The results of the Lancet/Chatham House study would be published in early 2024, but its broad findings were that there were potential common and long-term solutions. The question was to identify a goal and then the steps to achieve it within the political cycle. The problems must be thought of as systems problems, not in isolation, but as problems in which multiple different factors interacted and adapted in response to interventions and in which there were feedback loops that might be amenable to intervention. There were a host of possible solutions including promoting intergenerational equity. Conference participants knew what they needed to build forward to: the question was how to get there.

Panel discussion

Panel members: Dr Nino Berdzuli, Director, Division of Country Health Programmes, WHO Regional Office for Europe (moderator); Dr Majlinda Bregu, Secretary General, Regional Cooperation Council; Dr Silvia Calzón, Secretary of State for Health, Spain; Dr Tamar Gabunia, First Deputy Minister of Health, Georgia; Dr María Neira, Director, Environment, Climate Change and Health, WHO; Dr Péter Takács, State Secretary for Health, Ministry of Interior, Hungary

30. Dr Berdzuli highlighted the potential to address complex and interconnected challenges in environment and health through efficient use of scientific and technological innovations such as wastewater surveillance and biomonitoring for chemical exposure as well as new ways of governing with collaborative leadership. In order to build forward, decisions would need to be made on what people were willing to change in order to achieve better health and well-being.

31. Responding to a question about the most pressing challenges and the changes they wished to introduce, the panellists said that priorities had been reordered in many countries as a result of COVID-19, including prevention of infection and management of disease outbreaks; for example, there had been a new focus on good indoor ventilation. Even though 90% of time was spent indoors, there had been a tendency to ignore indoor air quality in the past. COVID-19 had provided evidence of the role of the indoor environment in disease transmission and the importance of air exchange in protecting against chemical hazards.

32. It was hoped that experiences of the pandemic would lead to long-term, well-established root practices and higher recognition at the policy level. Hungary had focused on environment and health partnerships in childcare settings to protect the most vulnerable.

33. COVID-19 had led to a renewed focus on hand hygiene, an aspect of infection prevention first championed by the Hungarian Dr Ignaz Semmelweis 175 years previously. Universal hand hygiene was a useful tool that should not be forgotten. The pandemic had also highlighted the vulnerability of health-care facilities and the insufficiency of infection
prevention and control measures. Safe water, sanitation and hygiene (WASH) which had been taken for granted in high-income countries, had been revisited. Hungary, with the support of WHO, had just completed a review of health-care establishments with respect to WASH and climate change. In recent years, there had been unprecedented acceleration in health research and vaccine development. Wastewater surveillance was an emerging tool of disease outbreak and management that would not have been introduced without the pandemic. All countries should support the Protocol on Water and Health to advance that agenda.

34. Panellists said health ministries had worked across vulnerable sectors during the pandemic and continued to improve the resilience of systems for health and social protection and to prepare for future health threats. Georgia had invested in improving access to health-care services, including in primary health care, hospital infrastructure and WASH services. Thought had gone into providing adequate infection prevention and control, including protecting health-care workers. At the outset of the COVID-19 pandemic, WASH had turned out to be the most effective weapon against infection prior to the development of the vaccine. Before the pandemic, the Ministry of Education had agreed to introduce handwashing in educational facilities, a practice that was unusual at that time: an intersectoral approach would be key to building resilient systems in the future. Basic infection control strategies must be constantly in place and WASH was integrated in numerous strategies, including combating antimicrobial resistance (AMR), which had been identified as a future challenge. In additional to infection prevention and control in health-care facilities, WASH had been incorporated in “One Health” action plans in human and veterinary health sectors. Better training in infection control and WASH was essential, including in rural facilities. Developing integrated strategies and intersectoral cooperation between the ministries of health, environment and education and with the support of the finance ministry would improve preparedness and strengthen systems to better respond to future emergencies.

35. The WHO Manifesto for healthy recovery from COVID-19 had outlined six prescriptions as well as actionable steps to address healthy recovery and building forward better. As opinion polls showed, a positive development during the pandemic had been that people wanted to protect the environment.

36. Panellists, examining what had been learned during the pandemic and how it could be used to implement change, said that references to “building back better” and then to “building forward better” had emerged in virtual meetings as the pandemic progressed. The prescriptions, which had been outlined in March 2020, were wise and provided common sense solutions for the public health community, the environmental community and society at large. The medical community needed to become more impatient and proactive and to drive the recovery agenda through the six basic public health prescriptions in the WHO Manifesto.

37. As set out in the first prescription, it was essential to deliver the message that people should stop destroying nature, including stopping aggressive agricultural practices and destroying biodiversity. Establishing green walls would help to prevent the amplitude of a future pandemic. The second prescription, to provide access to safe water and sanitation, meant investing in the basics. The third prescription was to provide clean sources of energy: 7 million premature deaths a year were caused by poor quality air. Those responsible for health should be passionate in petitioning their energy ministries to effect change. The transition to sustainable food systems was also essential, with a holistic approach to producing healthy diets. Urban planners must be urged to reduce pollution in cities and mayors to consider public transport as if they were ministers of health. Finally, governments must stop using taxpayers’ money to finance fossil fuels and accelerate the transition to green energy. Health systems bore the costs of treating those whose health was harmed by pollution. For the first time, a Health
Day would form part of the proceedings at the 28th meeting of the Conference of the Parties to the UN Framework Convention on Climate Change (UNFCCC) (COP28) (Dubai, United Arab Emirates, 30 November–12 December 2023) and the opportunity should be taken to highlight the need for climate action for health.

38. The Spanish Ministry of Health, in cooperation with the Ministry for Ecological Transition, had developed a national strategic plan for environment and health and a national portfolio of actions which was a powerful instrument for intersectoral action. The plan was holistic in nature and drew inspiration from European and international initiatives such as the EU 7th Environment Action Programme, the European Green Deal, the WHO Ostrava Conference and the Paris Agreement on climate change. The plan was based on the One Health approach that included animal health and the environment. The strategic plan had two main objectives: to achieve a collaborative approach in the Spanish administration and to change social behaviours at all levels of society. The goal was to mitigate climate change by working on the reduction of greenhouse gas emissions and the transition to renewable energy sources and sustainable lifestyles. The health-care sector was both an active greenhouse gas emitter and a safeguard of society’s health. An Observatory of Health and Climate Change had been created in Spain. Environmental degradation and biodiversity loss could increase the risk of zoonotic disease outbreaks and the strategic plan reinforced surveillance of vector-borne diseases, promoted research on their spread and encouraged sustainable management of ecosystems and agricultural practices.

39. Under its presidency of the EU, Spain would lead efforts to address the triple environmental crisis, implement ambitious policies to reduce greenhouse gas emissions, promote adaptation to climate change and protect the health of citizens. Spain would also promote consolidation of EU policies and ask for international collaboration on cross-border threats in order to respond to health and environmental challenges. A global and collaborative approach was essential.

40. Panellists said that when the World Economic Forum had asked leaders for their top 10 priorities, geopolitical and economic problems had taken precedence over environmental disasters. The Green Agenda for the western Balkans had been set up post-pandemic and comprised seven pillars; the challenge lay in the implementation phase against a background of the war in Ukraine and the energy crisis. The paradox was that the Green Agenda in the western Balkans had not prevented coal projects from receiving US$ 1.5 trillion of support over the previous three years, with coal and fuel demand in 2023 reaching 8 billion tonnes across Europe. Nevertheless, in a recent “Balkan Barometer” survey of public opinion, citizens and businesses had placed climate change and pollution as top concerns affecting their health. Air pollution in the region caused more than 3000 premature deaths annually, with childhood bronchitis and related health problems costing up to €12 billion per year. Coal emissions in the western Balkans were more than double the average of countries in the EU. While the level of awareness of the harms done were present in civil society, the tools and the finances to effect change were not yet in place. Strong cooperation would be necessary, including with the EU, to achieve a specific focus on environmental protection.

41. In a video statement, Mr Oliver Várhelyi, Commissioner, Directorate-General for Neighbourhood and Enlargement Negotiations, European Commission, said that there was a clear correlation between the environment, health standards and the wealth of a society. Countries around the continent had different levels of means to address environmental challenges. The EU had developed three comprehensive development plans to assist economic growth, introduce higher environmental standards and close the economic, digital and green divide. Tackling pollution and the transition from coal to greener energy would be key for the
western Balkans and the wider region. A network for clean hydrogen was being built across the Mediterranean. Through its “Terre Verte” project, the EU was supporting green, inclusive and innovative agriculture in Morocco. Recent European support for clean energy and clean water infrastructure initiatives in the western Balkans totalled €2.1 billion. The private sector and all partners were encouraged to join forces to leverage investments.

42. In a video statement, Ms Leonore Gewessler, Minister for Climate Action, Environment, Energy, Mobility, Innovation and Technology, Austria, said that the EHP would promote the transition to a climate-friendly and healthy society. In order to become climate-neutral, a significant switch to renewable energy was required. The transport system should switch from a 90% dependency on fossil fuel to electro mobility based on renewable energy. Solutions lay in subsidizing public transport and boosting healthy, active mobility with infrastructure to promote walking and cycling. Greening of urban spaces and avoiding urban sprawl should be encouraged. At its fifth High-level Meeting in 2021, THE PEP had adopted the first European Masterplan for Cycling Promotion, a milestone for healthy mobility in Europe. The Budapest declaration would further advance the EHP by addressing the close links between health and the triple crisis of climate change, environmental pollution and biodiversity. Austria welcomed the Roadmap for healthier people, a thriving planet and a sustainable future 2023–2030 as an integral part of the declaration. Austria also strongly supported the partnership approach envisaged in the declaration as action in partnership was the key to achieve ambitious goals and commitments. By way of example, the new EHP Partnership on Human Biomonitoring could serve as an essential tool to share knowledge and develop actions to reduce the chemical burden.

43. Speakers from the floor underlined that the environment was a critical determinant of public health requiring advocacy and intersectoral efforts. The ecological crisis was a challenge and an opportunity to lock in as many health benefits as possible in progressing towards sustainability. The advances in health care in the European Region that had led to longer life expectancy had also made health care more expensive. Health bore the costs of inaction on clean air, climate stability, ecosystem health, chemical safety and the lack of an enabling environment for physical activity.

44. Health ministers must speak up on the need for environmental change and promote transport, spatial planning, health and environmental change. In the 5th century before the common era, Hippocrates had stated: “if you want to learn about the health of a population, look at the air they breathe, the water they drink and the places where they live”. In the 21st century, the enjoyment of human health would depend on the ability to secure green, sustainable and healthy lifestyles.

45. The COVID-19 pandemic had highlighted the link between the triple environmental crisis and health in terms of the cause and effects of the disease. Recognizing human dependency on the environment and drawing on lessons learned from the pandemic it would be possible to protect the environment and citizens’ health. In June 2023, Switzerland had voted to become carbon neutral by 2050. Given the risks to health posed by climate change, pollution and biodiversity loss, national coordination as well as multilateral and multisectoral action must be pursued as it had been in response to COVID-19. Unsustainable human practices fundamentally threatened human and animal health and ecosystems across the European Region.

46. National climate vulnerability analyses would be undertaken in Norway every four years with the results being used to inform policy. Healthy food was healthy for the planet and was part of national guidelines. Activity-friendly and green and blue spaces as well as public
transport promoted well-being and were good for the climate and nature. There should also be a focus on global solutions with only 7 years remaining to achieve the SDGs.

47. Participants requested that urgent action be taken to save the region from the catastrophe of a nuclear explosion following the possible mining of the Zaporizhzhia nuclear power plant in Ukraine, which could lead to the release of radioactive materials, the destruction of economies and terrible health impacts for surrounding communities and neighbouring countries. The International Atomic Energy Agency should be granted full access to the plant. The matter should be considered as a priority by ministers of health at the conference.

48. Climate change, environmental pollution and biodiversity loss was a global challenge, compounded by new and emerging threats including armed conflicts. The destruction of the Kakhovka Dam in Ukraine had resulted in devastating floods, displaced communities and the destruction of infrastructure. Water quality had been compromised. Hospital visits in Ukraine had shown that the conflict had also resulted in a huge loss of mental and physical health. There was a need to protect life and the planet through peace, justice and international cooperation.

49. Speakers drew attention to the impact of COVID-19 lockdowns on mental health and, in particular, on the lives of young people. Awareness of human overuse of nature and biodiversity collapse had added to young people’s anxiety and the few psychology sessions provided by governments in response had done little to compensate. Young people needed collective, long-term and ambitious measures; they wanted access to nature, to restore nature and an end to exposure to hazardous chemicals and air pollution.

3. Plenary session 2: addressing the health effects of environmental pollution

(EURO/Budapest2023/6)

Chair: Dr Tamás Pándics, Head of Department, National Public Health Centre, Hungary

50. A video was shown on addressing the multiple health risks associated with pollution of the air, water and soil and exposure to hazardous chemicals.

Keynote address

51. Professor Paolo Vineis, Chair of Environmental Epidemiology, Imperial College London, United Kingdom described four conceptual frameworks which could contribute to a systems approach to tackling environmental pollution and land degradation. The “planetary boundaries” or “Earth systems boundaries” framework described eight areas adversely affected by human activity (including the climate, ecosystems and chemicals (especially previously unstudied chemicals or “novel entities”)) and the boundaries beyond which they would be unable to recover from the stresses placed on them – several boundaries had already been exceeded.

52. The EU taxonomy for sustainable activities defined a large set of indicators and thresholds to evaluate the extent to which specific economic activities made a substantive contribution to one of six environmental objectives; did no significant harm to the other five, where relevant; and complied with minimum safeguards (e.g. the Organisation for Economic Co-operation and Development Guidelines on Multinational Enterprises and the UN Guiding Principles on Business and Human Rights). Another approach relevant to economic evaluations was the “virtual water trade” (also called embedded or embodied water trade), namely measurement of the hidden flow of water, in food or other commodities, that was traded between one place and another when goods and services were exchanged.
53. The exposome approach sought to measure all exposures suffered by the human body, particularly those of harmful chemicals, from conception onwards in a life-course approach. New tools, including metabolomics and proteomics, were now available to measure external exposures and internal changes in the body. However, more tools were needed to measure exposure to new chemicals and combinations of chemicals, for instance by studying the water exposome to determine which chemicals were priorities for further study – a “bottom-up” exposomics approach as opposed to the “top-down” approach of measuring chemical levels directly in human blood.

54. The health cobenefits of action to mitigate climate change included improved health resulting from reductions in air pollution; increased energy security in health-care facilities thanks to local production of renewable energy by sustainable means such as solar panels; and healthier diets with lower meat consumption (which would itself reduce greenhouse gas emissions) and greater variety in the foods consumed.

55. Desirable policy changes included: recognizing the complexity of the current situation; being truly interdisciplinary; accepting responsibility for environment and health issues not only in the “here and now”, but also in the “there and then” – in the future and in other contexts; identifying cobenefits and investing resources accordingly, while avoiding negative consequences where possible; having environmental health equity as a core value; adopting an evidence-led approach to behaviour and rapidly evaluating and sharing solutions; creating an evaluative culture in public health, using managerial concepts such as stewardship theory, organizational learning theory and systems thinking; and allocating budgets based on interministerial and intersectoral collaboration.

Panel discussion
Panel members: Professor Raquel Duarte-Davidson, Head of Department, Chemicals and Environmental Effects, United Kingdom Health Security Agency (moderator); Dr Anita Breyer, President of the 5th Session of the International Conference on Chemicals Management; Mr Joachim d'Eugenio, Policy Adviser, Directorate-General for Environment, European Commission; Ms Genon Jensen, Executive Director, Health and Environment Alliance; Professor Frank Louwen, President-Elect, European Board and College of Obstetrics and Gynaecology; Dr Cecilia Müller, Chief Medical Officer, National Public Health Centre, Hungary; Mr Dragoslav Šćekić, Minister of Health, Montenegro; Ms Nino Tandilashvili, First Deputy Minister of Environmental Protection, Georgia; Dr Thomas Waite, Deputy Chief Medical Officer, Department of Health and Social Care for England, United Kingdom

56. Panellists reported on activities in their countries to combat the major challenges of poor air quality, water and sanitation management and chemical safety. In Georgia, the main challenge was air pollution, particularly in urban and industrial areas. Action to combat air pollution was guided by the 2014 Association Agreement between Georgia and the EU, in support of the country’s bid to accede to the EU. The Government had introduced measures to combat air pollution arising from transport, including the use of fuel compliant with the European E5 standard, a mandatory vehicle inspection system including emissions testing and tax incentives for the importation of more fuel-efficient cars. Action at the municipal level, including better public transport and green spaces, was particularly important. Around 25 major industrial complexes had joined a voluntary emissions self-monitoring scheme. Parliament had agreed on new emissions targets compliant with EU standards, while emissions in the industrial city of Rustavi had already fallen by 15%. The air quality monitoring network would be expanded by late 2024, with plans to make the data publicly available online around the clock.
57. In the United Kingdom, great progress had been made in reducing outdoor air pollution, e.g. levels of sulfur dioxide and lead, although ammonia and particulate matter 2.5 microns or less in diameter had not yet been reduced. The nature of particulate matter was changing, with higher levels derived both from direct sources (e.g. vehicle engines) and indirect sources (e.g. ammonia used in agriculture). Reducing pollutant levels further would require both policy decisions and engineering solutions (e.g. to improve vehicle tyres and brakes and road surfaces). The challenge now was to improve indoor air quality, particularly in public areas over which individuals had no control.

58. Hungary had adopted the risk-based water safety plan approach 20 years before. It had been made mandatory for large water suppliers at first and was now being extended to smaller suppliers. Following central consultative audits, water safety plans were being implemented by local government authorities and water suppliers. A 2015 regulation had been adopted to prevent environmental transmission of Legionella and other pathogens in health-care facilities, but there was a need for greater awareness-raising among health-care personnel. A weekly wastewater monitoring regime was in place to detect severe acute respiratory syndrome coronavirus 2, responsible for COVID-19; it was also potentially useful for detecting poliovirus or pathogens associated with AMR.

59. Panellists noted that, despite the many benefits of the use of chemicals, appropriate legislation, a regulatory framework defining all roles and responsibilities and strict enforcement were necessary to ensure that they were used without harming human health or the environment. The Montenegrin Law on Chemicals was well harmonized with relevant EU legislation, but enforcement remained a problem. Montenegro was working with WHO, UNECE and other strategic partners to overcome those problems, and looked forward to the creation of the EHP Partnerships for further collaboration. Sound data management, including fully interoperable platforms and data formats, would improve regulatory practices and increase trust and transparency, leading to better decision-making by both regulators and industry. Montenegro was working on institutional arrangements for poisons control, emergency preparedness capacity and climate change mitigation, guided by the WHO Roadmap on health and well-being in the western Balkans.\(^5\)

60. The health effects of exposure to harmful chemicals disproportionately affected the poorest groups and the poorest countries; the World Bank estimated that 2.5 million deaths had been caused by exposure to lead in 2019 alone. The forthcoming fifth session of the International Conference on Chemicals Management (Bonn, 25–29 September 2023) would discuss proposals for a new high-level political instrument to replace the expired Strategic Approach to International Chemicals Management and consider ways of raising awareness of chemical safety among policy-makers and the public. Areas of particular interest included the safe production and, in particular, the safe use of pesticides in agriculture; knowledge that would enable the chemical industry to produce “safe by design” products; and “downstream” safety issues, i.e. measures to protect both workers and consumers after the product left the factory. The support of the health sector was essential, particularly in identifying the long-term health effects of chemical exposures.

61. Many initiatives to improve air quality had been launched as part of the EU Green Deal. They took environmental factors into account and were consistent with the principles of One Health. The revision of the Ambient Air Quality Directives, currently the subject of intense

negotiations, was intended to achieve zero air pollution in the EU by 2050, ensure regular evidence-based reviews of air quality standards and increase accountability and enforceability of the legislation. The economic justification for stricter regulation, estimated at a €7 saving for each €1 spent, had been strongly emphasized in the draft revision document. Those issues would be further discussed at the fourth EU Clean Air Forum, scheduled for 23 and 24 November 2023 in Rotterdam, Netherlands (Kingdom of the). It was vital to raise awareness among all stakeholders, through consultations, publications such as the EU Zero Pollution Monitoring and Outlook Report 2022 and, of course, the future Budapest declaration.

62. The medical profession was becoming increasingly conscious of the lifelong effects of chemical exposures before birth and in early life, both on the individuals concerned and on their descendants. Accumulated exposures to per- and polyfluoroalkyl substances (PFAS) were of particular concern. Medical professionals and their professional associations could share their experiences and make a valuable contribution to the awareness-raising work of WHO.

63. The nongovernmental organization Health and Environment Alliance (HEAL), which was celebrating its 20th anniversary in 2023, worked with decision-makers to achieve the “three zeros”. First, zero harm from pollution, whereby particular attention should be paid to environmental hazards that disproportionately affected the health of children and people already disadvantaged by existing health conditions and social inequality. Second, zero subsidies for pollution, which would mean ending all the current subsidies on fossil fuels and enforcing polluter-pays and no-harm policies. Third, zero delay in taking action: important measures that should be implemented by 2030 included universal adherence to the WHO air quality guidelines; elimination of PFAS and endocrine-disrupting chemicals from everyday items like cosmetics and toys; and a ban on the burning of fossil fuels.

64. A number of participants shared their views. In a prerecorded video statement, the delegation of Ukraine drew attention to the impact on wildlife and crops of the destruction of the Kakhovka Dam and the disturbing prospect of deliberate damage to the Zaporizzhia nuclear power plant leading to radioactive contamination of the surrounding area. Other participants shared their national experiences and stressed the cobenefits of action to reduce air pollution and measures to combat climate change and the importance of protecting soil quality and limiting soil sealing, as well as the need to collect and share reliable data. The European Committee of the Regions invited contributions to its forthcoming Opinion on the role of local government in health promotion, covering measures to combat particulate-matter air pollution and extreme heat.

4. Plenary session 3: protecting health through nature and biodiversity

(EURO/Budapest2023/6; EURO/Budapest2023/BG.1)

Chair: Mr Levente Körösi, Head of Biodiversity and Gene Conservation Department, Ministry of Agriculture, Hungary

65. A video was shown on protecting health through nature and biodiversity.

Video message from Dr Jane Goodall, UN Messenger of Peace

66. In a video message, Dr Jane Goodall, UN Messenger of Peace, said that healthy ecosystems were being compromised by human actions: the warming planet was causing changes in weather patterns with more and worse hurricanes, floods, droughts, heat waves and extreme heat.

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wild fires. It was important to understand the interconnection between human, animal and environmental health reflected in the One Health and planetary health approaches. The destruction of natural habitats was forcing people into ever-closer contact with animals, which could lead to the spillover of a pathogen from a stressed animal and the creation of new and fatal diseases such as COVID-19. Everyone must do their best to protect nature and reduce their carbon footprint, working together across different sectors and disciplines and ensuring that all stakeholders were listened to, especially those from indigenous communities. Every individual had a role to play in embracing a change in mindset, rejecting short-term gain and striving to save the environment for future generations.

**Challenges and policy approaches**

67. Dr Benjamin Roche, French National Research Institute for Development, France, keynote speaker, said that the number of outbreaks of pathogens had increased over the previous 50 years and they affected the whole world. Most outbreaks remained at local or subregional scale but they had the potential to degenerate into global pandemics and they were occurring more frequently as a result of the increasing connectivity between human populations. In seeking to understand the process behind the emergence of infectious diseases, it was essential to understand the nature of the pathogens; on closer examination, 75% of them were zoonoses or pathogens that were secreted by animals and that spilled over to the human population. It was there that integrated approaches, such as the One Health approach, were useful in considering the interaction between animal and human health. It was concerning that more than 300,000 viruses had not yet been identified; it was not possible to develop vertical programmes for all of them, and therefore the preferred approach was to identify the core risk factor that could prevent their emergence.

68. Scientists had tried to understand how microbial communities were modified by anthropogenic changes. The knowledge learned could be translated into primary prevention strategies to decrease the likelihood that humans would be exposed to pathogens, as well as to develop responses and preparedness. It was estimated that pandemic prevention would cost about US$ 20 billion per year, while the cost of the COVID-19 pandemic could be counted in trillions of dollars. The return on investment of prevention strategies was obviously positive, to which could be added the number of human lives saved. Conservation biology and protecting diversity would be a very important way to prevent the spillover process, bearing in mind local contexts that would require different approaches.

69. More emphasis was required on better tracing in the wildlife trade, which was known to be a major driver of zoonotic disease emergence. Taxes could be imposed on activities with a high pandemic risk in order to decrease their viability. Thought had also been given to the creation of an intergovernmental panel on pandemic prevention to coordinate and develop pandemic prevention strategies based on scientific evidence. An initiative had been launched, but efforts would need to be amplified if the world wished to prevent the next disease X.

**Panel discussion**

Panel members: Dr Arnold Kreilhuber, Director, UN Environment Europe (moderator); Mr Kubat Kaseinov, Deputy Minister of Natural Resources, Ecology and Technical Supervision, Kyrgyzstan; Ms Zakia Khattabi, Federal Minister of Climate, Environment, Sustainable Development and Green Deal, Belgium; Ms Jihyun Lee, Director, Science, Society and Sustainable Futures Division, Secretariat of the Convention on Biological Diversity; Ms Steffi Lemke, Federal Minister of Climate, Environment, Nature Conservation, Nuclear Safety and Consumer Protection, Germany; Dr Andrzej Ryś, Principal Scientific Adviser, Directorate-General for Health and Food Safety
70. Panellists strongly supported the principle of One Health: it was embedded in ministries of health and in interagency cooperation, and used to encourage more integrated thinking and to promote awareness of the warning signs of environmental health that could negatively affect human health. All panellists stressed the inextricable links between environment and health and the need to tackle them in a whole-of-government approach. Ministries could systematically consider the environmental consequences of their decision-making, such as by banning the use of palm oil and soya oil in biofuels.

71. Panellists emphasized that more focus should be given to prevention, with care taken not to forget the lessons learned following the COVID-19 pandemic. States should set the example, for instance when choosing the composition of their vehicle fleets. In terms of preventing the spread of zoonotic diseases, ministries were drawing up plans to discourage trading in exotic animals and had launched public awareness campaigns. Preserving biodiversity was a challenge in countries that were vulnerable to the effects of climate change and still reliant on fossil fuels. National adaptation plans were being developed to protect rural and isolated communities and vulnerable groups.

72. Damage to the environment caused economic loss as well as harm to health. The establishment of the Multi-Partner Trust Fund on Nature for Health was an important and unique initiative in the area of One Health that would help to make policy-making a reality. WHO was one of the partners. The Nature for Health initiative had been unveiled at the 15th meeting of the Conference of the Parties to the Convention on Biological Diversity in 2022 with Germany as a major contributor. Countries were invited to support the initiative.

73. Government agencies pursued efforts to preserve flora and fauna and protect healthy ecosystems in mountains, grasslands and forests, supported by action taken at UNFCCC conferences and at the 41st session of the General Conference of the UN Educational, Scientific and Cultural Organization, where a resolution on strengthening mountain glacier monitoring and research had been adopted. The GBF had been adopted at the 15th meeting of the Conference of the Parties to the Convention on Biological Diversity in 2022. It could be implemented in line with the One Health approach as a basis for national health strategies and policies for incorporation in national targets in a biodiversity-inclusive way. It set out 23 targets for 2030 and four outcome-oriented goals. Many targets in the framework addressed the interlinkages between biodiversity and human health. It was acknowledged that many of the drivers of infectious diseases arose from changes in land use and food production practices.

74. National governments could take prompt action to achieve the GBF targets, examples of which included: ensuring that the use, harvesting and trade of wild species was sustainable and safe, thereby reducing the risk of pathogen spillover (target 5); sustainable management of agriculture, aquaculture and forestry (target 10); restoring and managing nature’s contribution to people through regulation of air, water and climate, soil health, pollination and reduction of disease risk (target 11); and increasing the urban benefits from green and blue spaces for both physical and mental health (target 12). Target 2 dealt with restoration of degraded ecosystems and the well-known target 3 was to protect and conserve at least 30% of land, inland waters, marine and coastal areas by 2030. The targets would provide opportunities to improve health outcomes and cost-effective ways for prevention and treatment of human health concerns.

75. The COVID-19 pandemic had presented challenges for the global economy, for society and for young people, who might bear the mental health effects for years to come. The European Commission strongly supported the One Health concept and had given it practical effect in its work with stakeholders on AMR and in legislative proposals in various areas such as veterinary medicine. It was important for Member States to work collectively to prevent and predict future risks, in consultation with chief medical officers and chief veterinary officers. In
June 2022, five European agencies had created a One Health cross-agency task force to promote stronger transdisciplinary collaboration as an essential means to address the growing complexity in science and society.

**Nature-related governance, data, science and innovation**

76. Professor Stefano Ferretti, Directorate of Earth Observation Programmes, European Space Agency (ESA), keynote speaker, said that the Directorate used sensors and satellites to monitor the Earth and to gather data on a daily basis. ESA worked in cooperation with the UN and the international community on climate change, global health, sustainable development and disaster management, gathering data in areas including the carbon cycle, photosynthesis, the greenhouse effect, ice cover and the water cycle. It also undertook operational missions with the European Commission, such as the Copernicus programme,\(^7\) which monitored forests, biodiversity, soil, pollution and energy, thereby supporting implementation of the European Green Deal. There was a specific focus on health resilience, with data being made available to Member States during the COVID-19 pandemic and ESA participation in a range of conferences and symposiums.

77. For the blue environment, ESA had composed data cubes with layers of epidemiological datasets, working in partnership with WHO and the European Centre for Disease Prevention and Control. For the green environment, there was surveillance of vector-borne diseases, in partnership with FAO. Free, full and open data were made available for users to view through innovative tools and applications; examples included artificial intelligence used to track and predict outbreaks of cholera in India. Projects linked to climate change could monitor flooding and water contamination. Artificial intelligence, combined with Earth observation, had been used to monitor West Nile virus re-emergence, and innovative applications had also been used to track outbreaks of malaria. Maintaining green and blue areas in cities was supported, including reducing heat islands by monitoring the health of trees in urban settings.

78. ESA was engaged in capacity-building, transferring data in a free and open way and supporting governments and scientists in learning how to use it. One programme launched with the support of the European Commission, the Plymouth Marine Laboratory and other partners was dedicated to investigating aquatic ecosystems and waterborne diseases and its results were fully available online. ESA welcomed requests from partners wishing to address specific needs or interests.

**Panel discussion**

Panel members: Dr Arnold Kreilhuber, Director, UN Environment Europe (moderator); Dr Agnès Firmin Le Bodo, Deputy Minister for Territorial Organization and the Health Professions, attached to the Minister for Health and Prevention, France; Mr Moshe Bar Siman Tov, Director-General, Ministry of Health, Israel; Ms Signe Ratso, Deputy Director-General, Directorate-General for Research and Innovation, European Commission; Mr Stewart Maginnis, Deputy Director-General, Programme, International Union for Conservation of Nature

79. Panellists acknowledged that the COVID-19 pandemic had highlighted the interaction between human, animal and environmental health and the need for a multi-sectoral, multilateral and collective response. National health strategies had incorporated One Health,

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multidisciplinary approaches that included research on existing and emerging diseases as well as AMR. Administrations now acknowledged the value of working in coordination at national, international and regional level. Emphasis was placed on finding practical ways to achieve whole-of-government and whole-of-society approaches to problem solving and solution sharing. Robust frameworks were needed to help decision-making and take account of ancillary consequences with respect to nature conservation, supported by data that could predict and assess systems including ecosystem collapse. Work on nature conservation must continue to be integrated with new applications within the health community, thereby reinforcing the One Health link. France and Germany had proposed setting up a One Health high-level expert council, bringing together experts to disseminate scientific information and issue recommendations to help public leaders in their response to future health crises.

80. Panellists emphasized that actions to promote human, animal and environmental health should be mutually beneficial. Under the One Health approach, one administration was investing a growing share of resources in strong and accessible community services. In addition to community health, there was recognition of the role of diet in promoting health and the benefits of the “Mediterranean diet”. Hospitals were also encouraged to reduce pollution and become more environmentally friendly. Introducing more technology and interoperability was improving the quality of health care and enabling customization of services. Localization of services avoided unnecessary patient travel and allowed for early interventions that reduced the need for intensive medical care.

81. Research and policy tools were used in tandem to promote One Health, including through the European Green Deal, a programme to protect and preserve the EU’s natural capital and protect the health of citizens from environment-related risks and impacts. The experience of the COVID-19 pandemic had provided an opportunity to reconnect with nature and had underlined the need to protect the environment. The importance of funding research and innovation in order to provide an evidence base and solutions was stressed.

82. The EU biodiversity strategy for 2030, set within the European Green Deal, provided a framework for biodiversity recovery and building resilience to future zoonotic disease outbreaks. Horizon Europe was a key funding programme for research and innovation set-up to tackle climate change and achieve the SDGs. EU missions on climate-neutral and smart cities and adaptation to climate change promoted large-scale actions for climate mitigation and adaptation, including blue and green infrastructures and nature-based solutions; the latter were seen as fundamental to delivery of the One Health agenda.

83. A speaker from the floor underlined the risks to human life and health caused by loss of biodiversity and the degradation of nature. A national environmental protection strategy in Lithuania outlined policies on sustainable use of natural resources, waste management, water quality and adaptation to climate change. Cities within Lithuania were preserving green and blue spaces, including blue flag beaches, and promoting healthy recreational activities. Goals had been introduced for 30% of Lithuanian cities to be green by 2030.

5. Plenary session 4: elevating health in climate change

(EURO/Budapest2023/7; EURO/Budapest2023/BG1; EURO/Budapest2023/BG2; EURO/Budapest2023/BG6)

Chair: Professor Raquel Duarte-Davidson, Co-Chair, EHTF

84. A video was shown detailing the adverse health effects of climate change.
Personal testimonies

Moderator: Dr María Neira, Director, Environment, Climate Change and Health, WHO

85. Ms Sophie Gepp, Germany, who had recently graduated from medical school, expressed her concerns about the impact of climate change on her generation. The current unprecedented climate events warranted unprecedented action. The world knew what to do to mitigate climate change, but was not acting quickly enough. She called upon the current generation of leaders to work towards greater equity, including intergenerational equity, regulate industry more strictly – and act without delay.

86. Mr Enzo Lattuca, Mayor of Cesena, Italy, described the devastation caused by an extreme weather event – heavy rainfall following a prolonged drought, which had led to widespread flooding in the Emilia Romagna region of northern Italy in May 2023. At least 15 people had died, some areas had remained cut off from the world for weeks, and homes, businesses and roads had been destroyed. The long-term cost of rehabilitation would be enormous, and an adverse event of that kind could very easily happen again.

87. Mr İsmail Dok, Medlife Medical Centre Bodrum, Türkiye, shared his experience of dealing with the health effects of the forest fires in Bodrum in the summer of 2021, such as respiratory problems due to smoke, burns, eye problems, trauma and insect bites, and stressed the importance of prevention, appropriate technology and support for firefighters, volunteers and emergency medical staff. To build a safer future, the public and health professionals need to be made more aware of the health of the health risks associated with climate change and how to deal with extreme heat and wildfires.

88. Sir Andy Haines, London School of Hygiene and Tropical Medicine, United Kingdom, stressed the particular risks of climate change for vulnerable groups, including increased rates of haemorrhagic dengue and West Nile fever in more northern latitudes and crippling mental health problems (“climate anxiety”), particularly among young people, which were placing an increasing strain on health systems throughout the world. He called for measures to ensure social justice, so that those who contributed the least to climate change would no longer continue to suffer the most. Measures such as increasing active mobility and introducing low-carbon food systems could help to mitigate the worst effects. Health systems could play their part in that endeavour by cutting carbon emissions on their own premises and throughout their procurement chains; he urged Member States to join the WHO Alliance for Transformative Action on Climate and Health (ATACH), to which 70 countries were already committed. COP28 was scheduled for November/December 2023 and would feature the first-ever Health Day; he called upon Member States to give a higher priority to health in their nationally determined contributions and climate action plans.

Panel discussion

Panel members: Dr Maria Neira, Director, Environment, Climate Change and Health, WHO (moderator); Mr Oliver Schmoll, Programme Manager, Water and Climate, European Centre for Environment and Health, WHO Regional Office for Europe (moderator); Ms Zorica Kršmanović, State Secretary, Ministry of Ecology, Spatial Planning and Urbanism, Montenegro; Dr Ernő Kuipers, Minister of Health, Welfare and Sport, Netherlands (Kingdom of the); Ms Hildegarde Naughton, Minister of State, Ireland; Dr Azat Ovezov, Deputy Minister of Health and Medical Industry, Head of State Sanitary and Epidemiological Services,

Turkmenistan; Mr Kurt Vandenberghe, Director General, Directorate-General for Climate Action, European Commission (by live video connection); Dr Nick Watts, Chief Sustainability Officer, National Health Service, United Kingdom

89. Panellists emphasized that climate change was one of the most serious, albeit long-term, threats to people’s health. The Health Service Executive in Ireland had adopted a radical climate strategy, the Climate Action Strategy 2023–2050, using a whole-of-government approach and ambitious targets enshrined in legislation. The Department of Health worked with the Department of Transport to draw up appropriate policies for health-care staff transport. Creative solutions had been found to reduce the carbon footprint of buildings and vehicles in health-care facilities and identify lower-carbon alternatives to the standard anaesthetic gases.

90. Montenegro suffered many of the climate change problems typically experienced by small countries: it was responsible for only 0.009% of global greenhouse gas emissions, but suffered a disproportionate impact from climate change. The action taken by the Government under its international commitments, including the Energy Community Decarbonisation Roadmap and its bid to become a member of the EU, included the revision of the country’s Nationally Determined Contribution in 2021, with a new target of a 35% reduction in greenhouse gas emissions compared with the 1990 level. The Government was conscious of the need to strengthen climate change adaptation in the health sector; the main problem was a lack of reliable data on the impact of climate change on human health, an area in which international support would be greatly appreciated. Climate change in cities, where 75% of the population lived and which used large quantities of energy and had high levels of carbon dioxide emissions, was another area of concern.

91. By 2040, western Europe could be endemic for malaria and haemorrhagic dengue. Current health systems created large volumes of greenhouse gases – for instance, in the Netherlands (Kingdom of the), health care was responsible for 7% of greenhouse gas emissions, more than the aviation sector. Thus health systems were helping to create the patients of tomorrow. The Netherlands (Kingdom of the) would submit a draft resolution on climate change mitigation in the health-care sector to the Seventy-seventh World Health Assembly in 2024, and urged all Member States to support it.

92. The revised National Strategy of Turkmenistan on Climate Change, adopted in 2019, sought to mitigate the severe adverse consequences of climate change, including those affecting human health. The national action plan to prevent the effects of heat on population health, adopted in 2022, focused particularly on the most vulnerable groups, including older people, children, migrants and those exposed to heat in the course of their work. The measures adopted included awareness-raising and dissemination of information and recommendations. The Government gratefully acknowledged the support of international partners, including the WHO Regional Office.

93. In the United Kingdom, the Health and Care Act 2022 stipulated that the National Health Service (NHS) in England must contribute to achieving the United Kingdom zero carbon targets and other environmental targets, with an emphasis on governance at a high level. Suppliers of goods and services must comply with the zero carbon criteria adopted by the NHS. Carbon reduction was measured in terms of kilotonnes of carbon dioxide equivalent. A total of 817 million pounds sterling had been invested in reducing the carbon footprint of hospitals, with research showing that every pound spent on those measures would be recouped in 3.6 years. The entire transport fleet of the children’s hospital in the city of Sheffield was now electric-powered, including a 32-tonne truck. Research continued into reducing the carbon footprint of anaesthetics and asthma inhalers; the anaesthetic desflurane would be banned from
2024. Health systems could not bring about those reforms alone: they needed the full support of WHO and other partners.

94. The European Climate and Health Observatory, founded in 2021 by the European Commission and the European Environment Agency (EEA), aimed to support Europe in preparing for and adapting to the impacts of climate change on human health. Climate change was already affecting human health, as shown in the Zero regrets report, but there was a lack of awareness of the real impact it would have on human lives and health. The 2023 European Commission Communication on a comprehensive approach to mental health (Commission Communication COM(2023) 298) referred specifically to the mental health impact of climate anxiety, especially affecting young people and leading to distress and a feeling that they had been betrayed by their governments. The European Commission welcomed the contribution of the health sector to increasing the momentum for climate change adaptation and stood ready to provide know-how, funding and capacity-building support for Member States as they began to implement the future Budapest declaration. The Observatory and the EEA were conducting the first-ever comprehensive risk assessment on climate change in Europe, which would identify the main risks, the agencies responsible for dealing with them and appropriate policies. Health issues would feature largely in that assessment.

95. Asked to provide a single “takeaway” message, the speakers and panellists made suggestions which included the following:

- recognize the urgency of the current situation and act without delay in closing the implementation gap;
- ask the health sector to be more ambitious in reducing its carbon footprint and becoming climate-resilient;
- collect reliable data to show where progress has been made;
- promote partnerships and collaboration for joint action;
- make it clear that health ministries are indispensable allies of climate ministries; and
- involve youth at every stage in implementing the climate commitments of the Budapest declaration.

96. In comments from the floor and online, participants called for further work to identify the links between climate change and health in order to create “well-being societies” without breaching ecological limits. They stressed the need for political commitment, research to fill knowledge gaps and engagement of civil society.

97. Participants shared the experiences of their countries and organizations. The 2022 report of the Lancet Countdown on Health and Climate Change had reported data under 33 policy-relevant indicators that showed increases in heat-related deaths, unsafe conditions for exercising or working outdoors and rates of infectious diseases and pollen seasons; existing mitigation and adaptation policies were insufficient. The Arctic Monitoring and Assessment Programme had amassed data over 30 years that showed the risks and economic impact of climate change for Arctic dwellers, including chemical contamination and pollution of waterways. Azerbaijan, although itself a producer of oil and gas, was seeking to achieve a 30% increase in the share of renewables in its energy mix. Israel had adopted a climate change adaptation plan for the health sector and was preparing a climate health risk assessment. Spain

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had launched a study on the carbon footprint of the health sector and worked to raise awareness about the urgency of the climate change issue among health-care personnel.

6. Launch of the EHP Partnerships

(EURO/Budapest2023/6; EURO/Budapest2023/INF3)

Moderators: Dr Nino Berdzuli, Director, Division of Country Health Programmes, WHO Regional Office for Europe; Dr Francesca Racioppi, Head of Office, WHO European Centre for Environment and Health.

98. The moderators noted that the EHP Partnerships formed a new mechanism of the EHP that would accelerate implementation of the future Budapest declaration, bringing together countries and partnerships to unlock practical solutions and share knowledge, know-how, innovation and research.

EHP Partnership on Human Biomonitoring in the WHO European Region

(Georgia, Germany)

99. Ms Steffi Lemke, Federal Minister for the Environment, Nature Conservation, Nuclear Safety and Consumer Protection, Germany, underlined the need to protect people from harmful chemicals, to identify the sources of harmful chemicals, assess exposure and effects and to produce safer chemicals. Germany had a long experience of human biomonitoring: it was known that humans were contaminated by chemicals but more knowledge was required about the quantities in circulation and their effects on different population groups. Germany looked forward to continuing its work on biomonitoring in partnership with Georgia and other countries joining the Partnership.

100. Ms Nino Tandilashvili, First Deputy Minister of Environmental Protection and Agriculture, Georgia, expressed gratitude to the Government of Germany and to WHO for having facilitated the partnership that would lead to the establishment of a human biomonitoring system in Georgia. Human biomonitoring demonstrated the importance of integrating environmental policies into health policies in order to build comprehensive and well-functioning surveillance systems to track chemicals and their negative impacts. The partnership would be a complex endeavour requiring significant resources; it would provide an opportunity to share learning with the global community.

101. The agreement creating the EHP Partnership on Human Biomonitoring in the WHO European Region was signed by Ms Lemke (Germany), Ms Tandilashvili (Georgia) and Dr Kluge, WHO Regional Director for Europe.

EHP Partnership for Health-Sector Climate Action

(Ireland)

102. Ms Hildegarde Naughton, Minister for Public Health, Wellbeing and the National Drugs Strategy of Ireland, said that she was glad to receive international support at the launch of the EHP Partnership for Health Sector Climate Action. Climate change, by its nature, posed challenges and required responses that were cross-sectoral and transboundary. The health sector was keen to support climate action and to tackle its own mitigation and adaptation challenges. The partnership would build on the COP26 Health Programme. She was pleased to launch the partnership with the support of representatives from Austria, Belgium, Netherlands (Kingdom of the), Norway and the United Kingdom. Work was due to begin in the following weeks with the aim of also informing Ireland’s policies and supporting shared learning.
103. The agreement creating the EHP Partnership for Health Sector Climate Action was signed by Ms Naughton (Ireland) and Dr Kluge, WHO Regional Director for Europe.

Extended THE PEP/EHP Partnership on Healthy Active Mobility

(Austria, France, Netherlands (Kingdom of the))

104. Ms Pui-Yuen Cheng, Adviser Sustainable Mobility International, Netherlands (Kingdom of the), said that the extension would strengthen the involvement of the health sector in the current THE PEP/EHP Partnership on Healthy Active Mobility, finding synergies between similar activities.

105. Mr Robert Thaler, Austrian Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation and Technology, said that acting in partnership was the key to the success of the processes that had begun with the Charter on Transport, Environment and Health adopted at the Third Ministerial Conference in 1999 and continued with the adoption of the THE PEP Pan-European Master Plan for Cycling Promotion in 2021. A plan to promote walking in Europe was currently under development. He encouraged Member States to join the partnership.

106. Dr Agnès Firmin Le Bodo, Minister Delegate for Health, France, said that healthy active mobility was a subject embedded across ministries in France and she was delighted to support its promotion in European countries whether through cycling, walking or in other forms.

107. The agreement creating the extended THE PEP/EHP Partnership on Healthy Active Mobility was signed by Mr Thaler (Austria), Dr Firmin Le Bodo (France), Ms Pui-Yuen Cheng (Netherlands (Kingdom of the)) and Dr Kluge, WHO Regional Director for Europe.

EHP Partnership on Youth

(Slovenia)

108. Mr Tomaz Gorenc, Co-founder and Director at the Institute for Health and Environment and Mr Žiga Barbarič, Board Member of the International Youth Health Organization (YHO), Slovenia, said that young people had always been the driving force behind climate action but, sadly, they were not always involved in policy-making and decision-making processes. The EHP Partnership on Youth would ensure that their voices were listened to, enable sharing of experiences and allow Europe to be brought to a better, more sustainable future.

109. The agreement creating the EHP Partnership on Youth was signed by Mr Gorenc (Slovenia), Mr Barbarič (Slovenia) and Dr Kluge, WHO Regional Director for Europe.

110. Dr Kluge, in his concluding remarks, said that all of those present understood the changes needed to turn the tide on the triple environmental crisis and espouse a clear, common purpose. The four environmental partnerships would be key in changing mindsets and implementing environment and health commitments in Europe. He congratulated those who had signed partnerships and encouraged others to join them.

7. Adoption of the Budapest Declaration on Environment and Health

(EURO/Budapest2023/6)

Chair: Ms Brigit Staatsen, Chair, EHTF

111. Ms Staatsen said that the present draft declaration was the seventh in a line of ministerial declarations that had already been implemented in European countries and had
brought benefits to the Region. The declaration had been drafted by the EHTF in collaboration with the ministries of health and environment of all Member States of the WHO European Region, youth and civil society stakeholders and UN organizations. During the COVID-19 pandemic, further information had been gathered in online dialogues on environmental health, that had connected science, practice and policy-makers.

112. The draft declaration contained a preamble and commitments, including promoting partnerships. Its Annex 1 contained a roadmap with commitments and accelerators for the years 2023-2030 and a list of actions that would lead to healthier people, a thriving planet and a sustainable future. Its Annex 2 contained the Terms of Reference of the EHP Partnerships. Four partnerships were already in existence, but more could be created by Member States.

113. The commitments included a “just transition” towards resilience and healthy, equitable and sustainable societies. Health actions related to climate change, pollution and biodiversity loss would be prioritized. There were commitments regarding prevention as well as addressing the determinants of health, including through the provision of safe, equitable and sustainable WASH services, the safe management of waste and contaminated sites, and transport modalities and planning of built environments. The commitments undertaken in the 2017 Ostrava Declaration were reaffirmed. Progress would be measured and reported upon using the national reporting frameworks already in place for the SDGs.

114. There was universal agreement on the need for horizontal, cross-sectoral collaboration across different administrations and professions. Transformative action would require expertise and better education on advocacy and how to work with people from different disciplines. More emphasis on research and innovation would help to identify effective actions which had the most co-benefits.

115. During a meeting held on 4 July, Member States had achieved consensus on the draft declaration and it was therefore ready for adoption. She noted that the Russian Federation was dissociating itself from the declaration.

116. A representative from Czechia said that the declaration reconfirmed the commitments made in the 2017 Ostrava Declaration that were still relevant in addressing the triple crisis. He expressed strong support for the draft Budapest declaration, which would make an important contribution to the achievement of the 2030 Agenda for Sustainable Development and the SDGs.

117. A representative from Norway strongly supported the declaration and in particular the commitment to joint action and partnerships. A high degree of trust was required to achieve a transition to a just, resilient, sustainable, healthy and equitable society. Strategies must be transparent and build on broad involvement. Reducing social inequalities in health was important to build resilient communities and health systems for the future. She supported the commitment to promote healthy mitigation measures such as a sustainable diet and active mobility in order to meet both health and climate objectives. Complex and interlinked challenges called for comprehensive measures and strong coordination. The declaration provided a solid framework to tackle the triple crisis and its effect on health and well-being.

118. A representative from the United Kingdom expressed appreciation for WHO’s leadership and the convening role it played in addressing global issues at the interface between environment and health. Member States had a unique opportunity to use a collective focus to accelerate further advances. The United Kingdom was very pleased to sign the Budapest

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declaration and recognized the hard work of all involved in preparing the document. However, the United Kingdom was disappointed by the inclusion of paragraphs 25 and 58, as it was important that national contexts were factored into the considerations in both paragraphs. The United Kingdom remained committed to working with partners to continue to progress work on the triple challenges of climate change, biodiversity loss and environmental pollution, including supporting the proposal to submit a resolution on climate and health at the World Health Assembly in 2024.

119. A representative from the Russian Federation said that the draft declaration contained a number of items of concern to the Russian Federation, including a large number of cross-sectoral issues that did not correspond to the mandate of the EHTF and WHO. If adopted, the declaration would disrupt or jeopardize many established international processes and erode the technical mandate of UN programmes, funds and specialized agencies, including on the issues of biodiversity, climate change, environment, energy and transport. The focus on health in the draft declaration had been substantially diluted by non-core issues.

120. The financial implications of the commitments had not been discussed and implementation was therefore unfeasible. Many of the instruments cited in the declaration, such as the European Green Deal, the Gothenburg Protocol\(^{11}\) and the Aarhus Convention\(^{12}\) were not inclusive and could not serve as the universal basis for cooperation on health for the European Region. Some of the recommendations prejudged the outcome of the fifth session of the International Conference on Chemicals Management, to be held in September 2023.

121. Therefore, the Russian Federation could not support the proposed draft document nor consider itself bound by its provisions. The Russian Federation had not joined the consensus on the document.

122. The Chair confirmed that the statement by the Russian Federation would appear in the record of the meeting.

123. A representative of HEAL welcomed the draft declaration with its clear diagnosis and urgency to act. Nongovernmental organizations played a vital role in strengthening health protection. Ministers must show leadership in putting the commitments of the declaration into effect through tangible time-bound goals and measures on transportation, energy and the use of chemicals and pesticides.

124. A representative from Ukraine expressed gratitude for the opportunity to discuss efforts to counter the modern environmental problems of climate change, pollution and loss of biodiversity which could have potentially catastrophic consequences for the future of the planet and human health. The Russian war against Ukraine had left a toxic ecological legacy with attacks on chemical plants, forests burned by rockets, the blowing up of the Kakhovka hydroelectric power plant and the threat of an explosion at the Zaporizhzhia nuclear power plant. The environmental damage had been estimated at US$ 56 billion in Ukraine alone. She thanked the many countries that had supported a joint statement condemning the environmental consequences of the war.


125. Dr António Marques Pinto, European Environment and Health Youth Coalition, presenting the Budapest youth declaration, recognized the influence of previous declarations and actions taken to protect and enhance health and the environment and reaffirmed the commitments set out in the youth declarations of 2004 (Budapest), 2010 (Parma) and 2017 (Ostrava). The present Budapest youth declaration had been put together over a number of years with input from youth delegates across the WHO European Region.

126. The youth declaration welcomed Member States’ reaffirmed commitments to ensuring youth engagement and intergenerational equity, quality information and education, climate, biodiversity and pollution action, addressing youth health and health systems and improving transparency and accountability. Consolidating youth involvement still required Member States to increase real support for youth participation. Member States were urged to reinforce collaboration between ministries of health, environment, youth and education.

127. In the Budapest youth declaration there were 10 commitments, from which an implementation plan would be developed. Young people requested that Member States should reflect before making choices that would have lasting consequences and young people in turn would make every effort to achieve a victorious result in the fight over time.

128. Young people looked forward to making a reality of the aspirations set out in the Budapest declaration and the Budapest youth declaration.

129. Amid applause, Dr António Marques Pinto signed the Budapest Youth Declaration on behalf of the European Environment and Health Youth Coalition and YHO. For the full text of the Youth Declaration, see Annex 4.

130. Ms Miriam Weber, Healthy Cities Network and Ms Ana Maria Carriazo, Regions for Health Network, in a joint statement, said that action to address the triple crisis must begin at all levels and without delay. The Healthy Cities Network and Regions for Health supported the outcomes of the ministerial declarations of Ostrava and Budapest including promoting innovation, decreasing inequalities and strengthening resilience. They stressed the importance of bringing together stakeholders to take forward action to implement the Budapest declaration.

131. Dr Péter Takács, State Secretary for Health, Ministry of Interior, Hungary, recalled that the 2004 Ministerial Conference in Budapest had been a turning point in the approach to achieving a healthier and greener Europe. There was a resolve to act together and recognition of the need for partnerships with multiple different stakeholders, working in a cooperative way to achieve efficient implementation of the declaration.

132. Dr Anikó Raisz, State Secretary for Environment and Circular Economy, Ministry of Energy, Hungary, said that the declaration covered important challenges and strived to offer solutions for a clean and healthy environment in the Region. Strong cooperation at the pan-European level with the WHO Regional Office for Europe, governments and all stakeholders would be essential to its implementation. The Budapest Youth Declaration was a source of pride and hope for the future.

133. Dr Marco Keiner, Director of Environment Division, UNECE, congratulated the Ministerial Conference on the draft declaration and on the four EHP Partnerships that had been established. He stood ready to support implementation of the declaration.

134. Dr Arnold Kreilhuber, Director, UN Environment Europe, thanked all participants for their contribution to the declaration and Dr Pinto for his presentation of the Youth Declaration. The declaration would help to strengthen investment in healthy cities, regions and environment in a more inclusive way.
135. Dr Kluge emphasized the inclusive and participative nature of the process of preparing for the Seventh Ministerial Conference and drafting the declaration, which had included small and subregional groups of countries, youth representatives and other partners. He was mindful in particular of the wish expressed by young people for a healthy and peaceful future.

136. After completion of the signing ceremony, the Budapest Declaration of the Seventh Ministerial Conference on Environment and Health was adopted by acclamation.

8. Plenary session 5: promoting healthy and resilient settings

Chair: Ms Brigit Staatsen, Chair, EHTF

Keynote address

137. Dr Graham Alabaster, Chief of Geneva Office, UN Human Settlements Programme (UN-Habitat), said that recent events had raised awareness that the world was constantly changing, whether as a result of climate, conflict or the COVID-19 pandemic. Solutions lay in intersectoral approaches to changing landscapes, in which there was increasing urbanization. There had been success in the rapid development of vaccines, although access to them was not equitable around the world; classic public health interventions had been indispensable; local authorities had been constrained in their ability to manage COVID-19 and to provide surveillance and feedback; early warning systems required further development. Much of the management of the pandemic had relied on local knowledge of customs and behaviour. It was time to rethink existing and new urban plans, building in resilience and awareness of possible new zoonotic diseases.

138. As part of efforts to better understand and analyse the presence of COVID-19 in cities, UN-Habitat had contributed to a comprehensive global database, compiled using disaggregated data and a more granular approach to data collection. UN-Habitat’s 2021 report on cities and pandemics had examined the public health effects of the COVID-19 pandemic and its impact on the economy, examining how the form, function and governance of cities and urban settings could be changed in response. The report had concluded that more coordination was needed between cities, regions and territories. While COVID-19 protection measures had proved useful in protecting against other infectious diseases, strict planning guidelines were required to prioritize air quality and public health, such as those produced by UN-Habitat. The supply of essential provisions had also been affected, underlining the need for localized means of production as far as possible.

139. The resilience of cities must be improved against future shocks and stresses, with investment in weak spots. Equitable access to urban services and amenities was recommended through well-planned densities and mixed-use developments. There was room to rethink existing zoning ordinances and building codes to allow for high residential densities, while

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avoiding overcrowding. Safe, affordable and reliable public transport was also key in preventing the spread of pandemics.

140. At the neighbourhood level, it was important to design, provide and maintain well distributed and connected systems of public space and to explore opportunities to retrofit and include mixed-use spaces. At the building level, there was a need to ensure adequate housing and to revisit building regulations that had been in place for many years. Weak points had been noted in public buildings which had been at the epicentre of disease outbreaks. Access to personal and urban space was recommended for good physical and mental health.

141. UN-Habitat had just completed a publication on malaria\textsuperscript{16} as well as participating in a WHO technical consultation on the burden of and response to malaria in urban areas; it had also contributed to the work of the Lancet Commission on dengue and other Aedes-transmitted viral diseases.\textsuperscript{17}

142. There was now an improved understanding of the relationship between communicable and noncommunicable diseases and the links to comorbidity in the global north and global south. Good disaggregated data were needed to understand the changing demography in urban and rural spaces, including age profiles. In looking to the future, leaders needed to assess immediate resilience and procedures and practices at city level to make cities safe for residents. The urban landscape was changing as a result of conflict and climate change. The most important opportunity lay in the urban space; 60% of the urban areas where people would live in 2050 had yet to be built and could be future-proofed for disease pandemics and designed with noncommunicable disease reduction in mind.

Panel discussion

Panel members: Dr Katja Čič, YHO (moderator); Ms Chen Arieli, Deputy Mayor of Tel Aviv, Israel; Dr Anna Páldy, Senior Expert, National Public Health Centre, Hungary; Dr Jorge del Diego Salas, Director General, Public Health and Pharmaceutical Management, Regional Government of Andalusia, Spain; Dr Lucy Saunders, Director, Healthy Streets Ltd, United Kingdom; Professor Vesna Turkulov, State Secretary for Health, Ministry of Health, Republic of Serbia; Mr Erion Veliaj, Mayor of Tirana, Albania

143. In Tirana, the capital city of Albania, the Mayor had been required to respond, in successive years, to long periods of drought at some times and flooding at others; major fires on the surrounding hillsides; snow and the COVID-19 pandemic. Many events that experts had predicted would happen once every 100 years were occurring with increasing frequency, leaving city mayors to put in place emergency response and mitigation measures. Despite the difficulties, there was opportunity in crisis: the pandemic had proved to be an ideal time to introduce improvements such as cycle lanes. It was also important to look for advocates to help implement change, and children and young people had proved to be excellent partners in promoting child-friendly cities, whether in improving the diets in kindergartens or in tree-planting initiatives. Although they were not taxpayers or voters, young people were


shareholders and stakeholders who could be highly influential in promoting changes in lifestyle.

144. In Hungary, work on air quality and health had focused also on healthy indoor environments in schools and other public spaces. Hungary had participated in international research projects to measure indoor air quality and to determine the definition of indoor comfort. Problems identified included: inadequate air exchange including CO₂ concentrations, especially in schools, and air particulate matter. National public health authorities had developed and disseminated guidelines on indoor air quality and engaged with school administrators in explaining their use. The next step had been to establish the scientific basis for regulation, because there was no European-wide regulation on indoor air quality. The effectiveness of using risk-reduction methods was also communicated. Indoor and outdoor air quality had been measured in combination to determine how far indoor air was contaminated from the surroundings, which had led to measures aimed at reducing traffic around schools.

145. Studies of the air quality and comfort quality of 15 passive houses in summer and winter conditions in Hungary had shown that, while the houses themselves were energy-saving and reduced the impacts of climate change, there were still indoor risks such as inadequate air exchange, very high temperatures and pollution from suspended particulates.

146. Urban planning in Tel Aviv, Israel, put people at the heart of the solutions to rising temperatures and climate change through management of its blue and green spaces. Infiltration wells had been installed to prevent flooding and care was taken not to pollute the sea with wastewater. People used the beach as a means to cool down in hot weather. Programmes to cool the city included planting 100 000 trees by 2030 in public and private areas. Public transportation was changing, with priority being given to walkers and cyclists. During the pandemic, cycle paths had been rebuilt. Parks and green spaces were open both day and night with special cycle and running lanes for women so that they could exercise safely. The river was used to cool temperatures around the city and to encourage rowing sports.

147. In Serbia, progress had been made in ensuring equitable access to WASH services, including in health-care and school settings. WASH facilities in schools had been monitored since 2017 by a national system, in a joint initiative by the ministries of health and environment with the support of WHO and the Government of Italy. The COVID-19 pandemic had demonstrated the role of hygiene practices and WASH in preventing the spread of infectious diseases. There was a national programme for infection prevention and control and a national action plan on improving health-care facilities in Serbia.

148. Since 2015, it had been a legal requirement in the Spanish region of Andalusia to conduct a health impact assessment (HIA) for all new industrial and infrastructure projects, including on climate change, air pollution and water resource management. The environmental and social determinants of health were identified in the impact assessment, with particular attention paid to inequities. The assessments were also useful in raising awareness among construction companies of issues involving the well-being of populations and in amplifying public health actions. A publication by the WHO European Region described the experiences of health impact assessments in Andalusia and in other European settings. Andalusia had published a manual of human health indicators for use by local city council administrations to assist them in urban planning and conducting HIAs. A group of 80 multidisciplinary HIA practitioners operated in the provinces after receiving technical and practical training. It was

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not possible to conduct HIAs in every setting and a screening tool was used to determine where efforts should be focused. The programme had been a success and a majority of infrastructure and construction companies had voluntarily submitted their HIA to the public authorities. Its success was a contribution to the strategic aims of “Health For All” policies and Health in All Policies. More work was required on how to better disseminate results and how to communicate better with local administrations. Other Spanish regions were demonstrating interest in HIAs.

149. In the United Kingdom, it had been found that people were reluctant to walk and cycle on roads that were dominated by motorized traffic. Work was under way with practitioners and policy-makers to reduce motorized traffic dominance. Motorized traffic tended to be used by the wealthiest and most articulate sections of society and a healthy streets framework, based on a foundation of public health, was used to change perspectives, bearing in mind the issues of social isolation, road danger, air and noise pollution and the many people not meeting their physical activity needs. Presenting a positive perspective of what healthy streets would look and feel like was easier for politicians to communicate and easier for the public to engage with. It was much easier to get public support for interesting and vibrant environments that were built with input from different private and professional sectors.

150. In lessons learned from experience, panellists emphasized the need to involve multiple sectors from the planning stage through implementation to follow-up. In speaking with different sectors, it was apparent that there were different professional languages and part of the working process involved agreeing on and training in a simple, common language that could be used to help all participants to make a contribution. It was very important to encourage different sectors to incorporate a health component from the beginning in planning each project. All panellists recognized that changing mindsets and removing stigma and fears was the most difficult task for public administrators to perform. For 100 years, cities had been designed for motorized vehicles and more attention was required to adapt them for all groups of people to move around; retrofitting of buildings was also necessary. Working in cross-sectoral and cross-border cooperation brought benefits from learning opportunities and the administrations of cities could work responsively and faster than national governments to redesign cities for the future.

151. National public health institutions carried out research and engaged in international cooperation, and were involved in national regulation and action plans which they disseminated at national and local level. The primary responsibility of city administrators was to ensure public transportation and to promote a healthy environment. Cities were often best placed to manage local issues: during the COVID-19 pandemic. Tirana accounted for 50% of Albania’s economy and 40% of the country’s population, and city administrators had been able to take initiatives, such as banning plastic bags or planting orbital “green wall” forests, which had been adopted subsequently by the national government. In that sense, policies adopted at city level could be a catalyst for national governments.

152. When changes were made to street environments to meet basic needs such as the ability to cross the street safely or enjoy low noise levels, it disproportionately benefited the most disadvantaged, such as children, women, people with disabilities, older people and those on low incomes: however, framing arguments in favour of change in those terms would not gain the support of the majority. Everyone benefited from a healthier environment and therefore arguments needed to be framed in terms of the benefits for all stakeholders. Promoting safe water and hygiene practices in schools and hospitals benefited everyone, including the most vulnerable. HIAs covered the whole population but by focusing on the most vulnerable they could also prevent inequities becoming even wider. It was very important to involve public groups in decision-making in all sectors and at regional and local levels.
153. Referring to the comments of panellists, participants emphasized the need to respond to climate change by targeting carbon reduction in health care. In France, an interministerial roadmap had established targets to reduce the carbon footprint of the health sector and ensure environmental transition, prioritizing energy efficiency, adapting infrastructure, waste reduction and engagement in the circular economy. In Lithuania, the health ministry prioritized building communities and environments that fostered resilience and good health through initiatives such as THE PEP and WASH. Lithuania had introduced a street and road safety programme with the aim of reducing road deaths to zero by 2050. Finally, the COVID-19 pandemic had highlighted the need to strengthen the sanitation and hygiene skills of all citizens and to strengthen environmental engineering controls, enabling access to adequate water and sanitation services as a human right.

154. It was highlighted that cities were crucial to building healthier and more resilient communities and the WHO European Health Cities network was foremost in promoting healthy cities. The Norwegian Healthy Cities network promoted green infrastructure, public transport and short distances for the fulfilment of daily tasks, designed to conserve biodiversity and the climate. Linked legislation on public health and on planning and building served as an important management tool for municipalities and counties for sustainable and healthy regional and local development. Norway ensured that the SDGs and national climate goals were included in planning. A zero-growth target for passenger cars in cities had been introduced in Norway, with decreasing car traffic achieved by more people walking, cycling and taking public transport, as well as a children’s transport plan aimed at encouraging children to walk or cycle to school.

155. Climate change affected health-care centres operationally, financially and structurally and it also directly impacted the health of patients. The health-care sector should seize the opportunity to address its own contribution to climate change, including by reducing its own emissions. It was also a cause for concern that over 3000 of the 13 000 chemicals used in the production of plastics were toxic and that no data were available for a further 6000 chemicals: application of the precautionary principle and behavioural change were required. Health care must lead by example in advocating for zero emissions and zero toxicity.

156. A civil society partnership in central Asia, with the backing of the EU, had promoted stronger norms for healthy environment in schools; children spent one third of their time in schools and future generations depended on their healthy development. The partnership had focused on access to safe drinking-water, indoor and outdoor air quality and school grounds standards, introducing indicators for accreditation of schools.

157. The Chair, in her closing remarks, noted that while much of the environmental agenda could be regulated at the national and international level, it needed to be implemented and enforced at subnational level. She called upon all to support the important work carried out by local and regional authorities.

158. The representative of Ukraine delivered a joint statement on behalf of Andorra, Belgium, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Germany, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands (Kingdom of the), Poland, Portugal, Republic of Moldova, Slovakia, Sweden and the United Kingdom referencing relevant resolutions of the UN General Assembly, including resolution 68/262 on the territorial integrity of Ukraine, and resolution ES-11/1 on aggression against Ukraine, and reaffirming their enduring support for the sovereignty, independence, unity and territorial integrity of Ukraine within its internationally recognized borders and the inalienable right of the citizens of Ukraine to an environment safe for life and health. They condemned in the strongest possible terms the military actions of the Russian Federation which had led to humanitarian challenges in Ukraine.
in the field of health care and to environmental contamination of drinking-water sources; impeded access to quality and timely medical services for citizens; and negatively impacted the environment and caused significant economic, social and environmental damage. The WHO Director-General’s report of 17 May 2023 clearly demonstrated the disastrous consequences of the invasion. They condemned the Russian war of aggression against Ukraine, which directly contradicted the objectives of the Ministerial Conference. The Russian Federation must be held to account for any violations of international law in or against Ukraine and the Russian Federation must bear the legal consequences of its internationally wrongful acts, including making reparation for the injury caused by such acts.

159. The Chair noted that the present conference was not an official governing body of WHO.

160. The representative of the Russian Federation, speaking in exercise of the right of reply, said that the Russian Federation strongly objected to any discussion of the joint statement; it had not been included in the agenda of the conference and it did not appear in the list of working documents. In addition, the statement did not correspond to the goals, objectives, authority or status of a ministerial-level conference. It was an outrageous violation of the established rules and procedures for holding such an event. The Russian Federation opposed the joint statement and called on all participants not to support it. It would not contribute to the cessation of hostilities.

161. The Chair confirmed that the Russian statement would appear in the record of the meeting. She reiterated that the Ministerial Conference was not a governing body meeting and that its purpose was to allow colleagues to share ideas and proposals for a better environment.

9. Plenary session 6: strengthening governance, knowledge and competencies for health and environment

(EURO/Budapest2023/6; EURO/Budapest2023/BG1; EURO/Budapest2023/BG2; EURO/Budapest2023/BG3; EURO/Budapest2023/BG6)

Chair: Dr Tamás Pándics, Head of Department, National Public Health Centre, Hungary

Keynote address

162. Professor Karen Pittel, Co-Chair, Wissenschaftlicher Beirat der Bundesregierung Globale Umweltveränderungen (WGBU) [German Advisory Board on Global Change], Munich, Germany, introduced the latest report of the WGBU, an independent group of nine experts advising the German Government. The report, entitled Healthy living on a healthy planet,19 identified five fundamental concepts: the inseparability of human civilization and nature; the preservation of planetary boundaries; inclusion of vulnerable groups and global solidarity; prevention and increased resilience; and collaboration across countries and systems. It advocated three equal and complementary approaches: reacting to and repairing damage; preventing and reducing risks; and strengthening resilience and the potential for development.

163. Global governance of health and environment issues must be better coordinated, with both immediate benefits and a long-term vision going beyond the 2030 Agenda. The right to a healthy environment must be enshrined in national constitutions and human rights instruments. The pandemic preparedness treaty currently being negotiated at the global level by WHO

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would help to establish a broad understanding of pandemic preparedness, response and prevention and promote solidarity. Respect for the principles of One Health and appropriate distribution of responsibilities between the pandemic treaty and the International Health Regulations (2005) would also be essential. Financial intermediary funds should be extended to cover prevention activities, for instance action to prevent zoonotic outbreaks.

164. In addition to promoting planetary health literacy among individuals and societies, it was essential to increase collaboration and promote networking and transregional funding in scientific research, both nationally (i.e. involving civil society and industry) and internationally. It was also vital to rectify the existing inequalities and power imbalances between the research communities of different countries.

165. The transformative power of the health sector could reach far beyond health policies alone; health should be a central element of the SDGs and the post-2030 agenda. Governments should take advantage of the windows of opportunity offered by platforms such as the UN, the G7 and G20 meetings of industrialized nations, multistakeholder alliances and the future WHO pandemic treaty.

Panel discussion

Panel members: Ms Brigit Staatsen, Chair of the EHTF (moderator); Dr Sumina Azam, National Director of Policy and International Health, Public Health Wales, United Kingdom; Professor Robert Barouki, Health and Environment Research Agenda (HERA) project, Paris, France; Dr Sébastien Denys, International Association of National Public Health Institutes, France; Mr Daniel Dirul, International Federation of Medical Student Associations (IFMSA), Republic of Moldova; Dr Luca Lucentini, Director, National Centre for Water Safety, Istituto Superiore di Sanità, Italy; Professor Dirk Ramaekers, Board Member, Health Emergency Preparedness and Response Authority; Dr Maral Taulesovna Rakhimzhanova, Deputy Chairman of the Sanitary and Epidemiological Control Committee of the Ministry of Health of the Republic of Kazakhstan (represented by Ms Staatsen)

166. Panellists noted that, despite the many lessons the world had learned from the COVID-19 pandemic, with advances in vaccine technology, unprecedented European solidarity and fundamental changes in the behaviour of individuals, the pandemic had also shown up the inadequacy and fragmented nature of governance structures, duplication of efforts, mixed messages from different government agencies and the rise of misinformation and disinformation. In response, the EU had adopted Regulation (EU) 2022/2371 on serious cross-border threats to health, and the European Commission had set up the Health Emergency Preparedness and Response Authority, which was currently studying chemical, biological, radiological and nuclear risks.

167. In Italy, the national regulatory framework for water had been amended to create an unprecedented institutional synergy between health and environment authorities and the Italian Regulatory Authority for Energy, Networks and Environment. The new National Centre for Water Safety audited and approved water safety plans and collected data on equitable access to WASH services.

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168. Kazakhstan had conducted indoor air quality monitoring since 2022, using WHO tools and training courses, and had conducted exposure risk assessments.

169. In Wales, United Kingdom, the Well-being of Future Generations (Wales) Act gave the public sector the mandate and authority to protect the social, economic, environmental and cultural future of all individuals. To that end, the Welsh Government had employed a number of tools. First, HIAs had been conducted on the social distancing policy during the pandemic, which had shown that not only COVID-19 itself, but also the response to the pandemic, had increased health inequalities. Second, a survey of around 2000 people on attitudes to climate change had shown that four people out of five were worried about climate change and had identified action that they were willing, or not willing, to take to mitigate it. Third, “citizen storytelling” techniques had been used to canvass the views of groups that often remained unheard.

170. The European-Commission-funded HERA project had concluded in 2022, but the research was continuing independently through the Single Planet Health Environment Research Agenda, which had selected as its priorities the “three Cs” – climate, cities and chemicals – as well as the links between biodiversity loss and health, the circular economy and health, transformative action and implementation research. Researchers must be highly competent in their own field, but also aware of major developments in other disciplines and willing to keep learning. A Europe-wide mechanism was needed to keep both scientists and the public, especially children, informed about new scientific developments.

171. The Roadmap for Action on Health and Climate Change, launched at COP26 in 2021 by the International Association of National Public Health Institutes (IANPHI), aimed to promote the sharing of experiences between public health institutes in different countries. Most institutes already possessed the required skill set, but needed to organize their activities more effectively and work with agencies beyond the health sector, with the public and with other disciplines (e.g. physics for climate change). Their role in advocacy for policy-making was also essential.

172. In a survey of 112 countries by IFMSA, 30% of medical schools did not teach their students anything about the adverse effects of climate change on health. IFMSA sought to fill that gap by conducting awareness campaigns, workshops and webinars and by contributing to policy documents and providing a youth perspective in research projects.

173. Asked for a single take-home recommendation, panellists and the keynote speaker suggested the following: appreciating the urgency of the triple crisis and adopting a crisis management approach; taking action based on the information available, even if it was incomplete; monitoring and, where possible, increasing the number of young people in every institution and involving them in decision-making; finding a common language between different sectors.

174. Participants recommended that countries’ nationally determined contributions should place more emphasis on collaboration between ministries, with environment and health taken into account in all policies. They shared their national experiences. In Armenia, there was a greater awareness of the problems of water safety, pollution and environmental justice, and it was involving the ministry of finance in policy discussions, using mechanisms such as the Green Bond. Belarus had a cross-sectoral action plan on water quality, which had provided valuable data during the pandemic. Switzerland had conducted a number of pilot projects on

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climate adaptation and created networks which would now be expanded across the country. Models developed at the federal level could be adapted by each canton to suit its own situation.

10. Plenary session 7: acting in partnership

(EURO/Budapest2023/6; EURO/Budapest2023/BG1; EURO/Budapest2023/BG2; EURO/Budapest2023/INF3)

Chair: Professor Raquel Duarte-Davidson, Co-Chair, EHTF

Panel discussion

Panellists: Dr Marco Keiner, Director of Environment Division, UNECE (moderator); Dr Martin Adams, Head of Programme, EEA; Mr Wondwosen Asnake Kibret, Policy and Partnerships Coordinator, UN Environment; Dr António Marques Pinto, International Representative of the European Environment and Health Youth Coalition; Ms Katalin Tarr, Policy Officer, Clean Air Action Group Hungary, Ecoforum; Mr Robert Thaler, member of the Bureau, THE PEP, Austria; Dr Mártá Vargha, Chair of the Protocol on Water and Health, Hungary; Dr Miriam Weber, Senior Policy Adviser, Healthy Cities Network, Utrecht, Netherlands (Kingdom of the); Ms Francesca Zanni, President, European Network of Medical Residents in Public Health

175. One panellist, in examining how far the Protocol on Water and Health could support implementation of the commitments of the Ministerial Conference, said that the question would have been relatively simple with respect to the Ostrava Declaration, where water had been dealt with in one discrete area; by contrast, references to water appeared throughout the Budapest Declaration, reflecting the complex and interwoven nature of environment and health. The effects of climate change, pollution and biodiversity loss were devastating for water ecosystems and human health. WASH services were the most essential for health, well-being and human dignity.

176. The Budapest Declaration called for environmental health partnerships as vehicles of implementation. The Protocol on Water and Health, founded in 2005 as a legally binding instrument, was convening its Parties in a spirit of cooperation, supporting national target-setting and accountability by allowing countries to define their own priorities on water and health using indicators, target dates and a reporting mechanism. An international programme of work was developed at meetings of the Parties which guided regional priorities; all of them were supportive of the Budapest Declaration, including equitable access to water and sanitation. A wide inventory of tools developed under the Protocol on Water and Health could be used by partners in any country within or outside the Region. All participants were encouraged to become Parties to the Protocol and engage in its activities.

177. In examining the synergies between the EHP and THE PEP, with a focus on the health benefits of sustainable mobility and transport, one panellist noted that operating in a silo and making single-sector policies would not achieve success; compromises would be needed to find common ground for action. It had not been possible to reach consensus on whether a legally binding instrument should be introduced for THE PEP, but there had been a focus on working with others on a common platform to achieve concrete, targeted actions, including partnerships on tourism mobility and the Pan-European Master Plan for Cycling Promotion. National governments might query the necessity of contributing to programmes in the absence of legally binding agreements; it should be communicated to governments that their contributions, whether financial or in-kind, represented their investment in a programme. Those building partnerships should not lose sight of the fact that they were working for the benefit of all citizens, and especially the young.
178. One panellist, speaking on policy and partnerships and the need to join forces to achieve environmental and health objectives, noted that many of the SDGs would not be achieved by 2030 and progress on some targets, in particular in relation to the environment, had regressed. National biodiversity and action plans would be developed at the 16th meeting of the Conference of the Parties to the Convention on Biological Diversity in 2024.

179. At the 15th meeting of the Conference of the Parties to the Convention on Biological Diversity in 2022, One Health had been adopted as an integrated, unifying approach to environmental health which would be further strengthened. In 2022, UN Environment had passed a resolution on nature-based solutions for supporting sustainable development. The fifth meeting of the International Conference on Chemicals Management, due to be held in September 2023, would also have impacts for health. UN Environment was in the process of setting up a science policy panel to contribute further to the sound management of chemicals and waste and to prevent pollution. Negotiation of a global treaty on plastic pollution was under way. UN Environment had joined the alliance to implement the One Health approach.

180. The WHO European Healthy Cities Network was another example of local level decision-making that contributed to national and international policies on environment and health. The Network sought partnerships with national governments, and key enablers included a shared vision and agenda and good political leadership at all levels, a cross-sectoral and evidence-based approach, with good cooperation between the public sector and academic institutions. Successful partnership initiatives were coherent with national and international legislation and looked to national and international organizations for funding.

181. In Utrecht, Netherlands (Kingdom of the), the municipal authorities had taken the decision to promote healthy urban living, integrating health into all policy domains and making it the key topic for the city. The language and philosophy embodied in the “Utrecht Heart of Health” had been adopted at local level by public health clinics and in the private sector, including life sciences, and promoted nationally and internationally; however, it required good leadership that carried forward the vision over the longer term, from one political administration to the next. Part of the policy entailed allowing full participation in policy-making and even allowing others to take over the agenda from time to time: in Utrecht, it was citizens who had written the sustainable energy plan. It was also important that sectors worked together rather than remaining in silos and policy-makers were encouraged to meet citizens and to work in a collaborative manner. Local government ensured that health was included in all policies. Health policy often came from the EU and guidance on implementation of health policies was provided by WHO. Sometimes national norms did not go as far as local policy-makers would like: Utrecht had introduced far more ambitious regulations on noise and air pollution than those implemented at national or international level. In cooperation at the regional level, Utrecht was providing case-study information to the WHO European Centre for Environment and Health.

182. Knowledge and networking were at the heart of the EEA, which worked with 38 European countries in two main areas: the first was in delivering evidenced-based knowledge to help policy implementation and to shape new policies that would support the societal transitions required to address the triple crisis; the second was ensuring that knowledge and information were made available to countries at the right time. As a networking agency, EEA was working on describing the status of environment, climate and health in Europe and understanding how climate stresses impacted both people’s health and ecosystem health. Three enabling conditions for EEA to carry out its work were: resources; digitalization, the power of big data and how to derive knowledge from it; and the strategic objective of further developing networks and partnerships. The value of EEA was in sharing knowledge and experience on
solutions and responses to the challenges. EEA had partnered with WHO in examining implementation of new environmental noise guidelines for the European Region.

183. Ecoforum had advocated for many years with some success for the alignment of national and EU legislation and had coordinated local campaigns such as those on the removal of toxic waste. Nongovernmental organizations had supported tree-planting, safer streets and cycling actions in a bid to make cities greener and healthier. Unfortunately, in many countries in the Region, governments were trying to limit and undermine civil society engagement. In order to increase their participation, nongovernmental organizations requested the extension of public participation rights and an end to the criminalization of civil society, including respect for the Convention on Access to Information, Public Participation in Decision-Making and Access to Justice in Environmental Matters (Aarhus Convention) to better protect environmental defenders. A dialogue was required with administrations and the support of critical thinkers and actors. A diversity of opinion was important because it made societies, decisions and policies stronger. Policy-making should build on good civil society practices and integrate them into national programmes and legislation. Broad awareness should be raised in local communities in order to translate science-based information on health and the environment into action.

184. The European Environment and Health Youth Coalition gave visibility to young people’s participation, strengthening youth advocacy groups, providing quality research to interact with public authorities and fostering the creation of partnerships with national and international stakeholders. The coalition also represented young people in national decision-making processes and communicated outcomes to relevant stakeholders. Collaboration with youth organizations was recommended including, inter alia, through: the establishment of youth advisory councils; increased youth representation in government committees and public health institutions; fostering educational initiatives and incorporating sustainable development and health topics in school curriculums; establishing mentorship programmes that connected young people with policy-makers; providing financial support to youth-led initiatives; engaging with youth through technology and social media; celebrating youth achievements; supporting youth-led research and innovation; promoting international youth exchanges; engaging with the private sector; creating opportunities for youth to address policy-makers and incorporating youth perspectives into policy documents. Empowering the younger generation required a long-term commitment to involving young people, listening to their perspectives and ensuring that their contributions were integrated into policy-making.

185. Young people under the age of 30 represented one in every three people in the WHO European Region, while those under the age of 25 would make up 90% of the workforce by 2050: young people were therefore key stakeholders in environment and health policy-making and decisions taken at the present time would affect their lives in the future. For young people, the triple crisis raised existential questions such as whether they would be able to have children or put healthy food on their plates or have access to fresh water. Young people were already experiencing a lower level of well-being than their parents and they feared that they would live in a society that would become ever more unequal. Young people did not wish to inherit such a political legacy nor to leave it for their own children. As outlined in the Budapest Youth Declaration 2023 [see Annex 4], young people looked forward to advancing action with those present to improve and safeguard the environment and health.

186. Participants underlined the value of working in partnerships and gave examples of regional scientific and health partnerships on chemical and radiation safety and risk assessment; preventing tobacco use by children; and AMR. They drew attention to the need to train environment and health specialists in the fields of hygiene; environmental protection; food
and agriculture; and the chemical industry. Member States found value in cooperation and shared expertise and knowledge at the national level, regional and international level, including with the Regional Office, EEA, UNEP and others. A platform of Russian-speaking experts on environment and health had been established which all were welcome to join.

187. Environmental challenges in the central Asian region were addressed through cooperation platforms including the Regional Environmental Centre for Central Asia, which organized regional conferences on climate change, with tangible outcomes including climate pledges and finance; environmental forums; a central Asian leadership programme and regional ministerial meetings. Regional cooperation and coordination were essential to tackle environmental and health challenges, with collaboration between stakeholders to achieve the goals outlined in the Budapest Declaration.

11. Closing session

188. Dr Péter Takács, State Secretary for Health, Ministry of Interior, Hungary, congratulated participants on an intensive and successful three days of work and commended the EHTF and its Secretariat for their hard work on the Budapest Declaration. He welcomed the designation of the new WHO Collaborating Centre on Environmental Health Risk Management in Hungary. The hard work was now about to begin. To quote a famous movie: “This is the way”.

189. Dr Anikó Raisz, State Secretary for Environment and Circular Economy, Ministry of Energy, Hungary, said that the implementation of the Budapest Declaration would require concerted effort by all relevant actors, not merely those in the health and environment sectors. Hungary was taking action to reduce levels of air pollution, and planted 10 trees for every child born.

190. Ms Brigit Staatsen, Chair, EHTF, thanked the Government of Hungary for its generous hospitality and commended the EHTF members and the Secretariat for their hard work. She called upon participants to publicize the outcomes of the Ministerial Conference as much as possible in their own countries.

191. Dr Marco Keiner, Director of Environment Division, UNECE, welcomed the creation of the first four EHP Partnerships and expressed appreciation for the excellent parallel sessions during the Ministerial Conference, which had covered issues from nature-based solutions to governance.

192. Mr Arnold Kreilhuber, Director, UN Environment Europe, said that the Budapest Declaration addressed the issues which had become more acute since the adoption of the Ostrava Declaration in 2017, including pandemics, food security and armed conflict. The addition of nature and biodiversity in the list of issues covered in Member States’ national portfolios was a welcome development. The sixth session of the UN Environment Assembly, scheduled for February/March 2024, would discuss sustainable multisectoral action to combat the triple crisis.

193. Dr Hans Kluge, WHO Regional Director for Europe, thanked all participants for the inspiring and thought-provoking discussions of the previous three days, and commended the generosity, vision and commitment of the Government of Hungary, the host of the Ministerial Conference. He welcomed the four new EHP Partnerships. Now Member States and other stakeholders should decide on the elements of the Budapest roadmap that they wished to focus on and clearly indicate to the Secretariat how it could be of most help to them. A draft resolution on climate and health would be submitted to the Regional Committee in 2025.
194. Dr Kluge declared closed the Seventh Ministerial Conference on Environment and Health.
Annex 1. Scope and purpose

The Seventh Ministerial Conference on Environment and Health will be held in Budapest, Hungary from 5 to 7 July 2023 under the European Environment and Health Process (EHP).23

The event is organized by the WHO Regional Office for Europe, in close partnership with the United Nations (UN) Economic Commission for Europe (UNECE) and the United Nations Environment Programme (UNEP). The Conference is generously hosted by the Government of Hungary under the patronage of the President of Hungary, Ms Katalin Novák.

Despite progress in implementing environment and health policies in the past 30 years since the inception of the EHP, there are still more than 1.4 million premature deaths occurring each year in the WHO European Region due to environmental risk factors. Air pollution is the single most significant environmental risk factor for health, and climate change is rapidly becoming a matter of growing concern for health and well-being. The pandemic of coronavirus disease (COVID-19) has uncovered systemic failures in preventing and addressing environmental factors that increase the risk of zoonotic diseases. It has also highlighted how human health and well-being are intrinsically linked to the health of the environment and affected by environmental crises.

The triple crisis of climate change, environmental pollution and biodiversity loss poses the greatest threat to the health and well-being of current and future generations. These three interlinked issues reinforce each other, amplifying the threats to our health and well-being and calling for urgent action to change course and steer humankind back to safety.

The Conference aims to achieve strong political commitment to accelerate progress in addressing health challenges arising from these issues. It will call for a commitment to transformational change, implying renewed governance, a new workforce with integrated competencies in environment and health, the use of cross-sectoral approaches, support for research and innovation as the main drivers for sustainable development, increased resilience of health systems, and better health and well-being for all.

Over three days, the Conference will assess, at the halfway point of the 2030 Agenda for Sustainable Development, recent achievements and challenges, launch new action-oriented partnerships and discuss new strategies and approaches for better prevention, resilience, flexibility and effectiveness while considering opportunities for a healthy recovery from the COVID-19 pandemic. The Conference will emphasize and promote the active engagement of youth representatives in decisions related to health and the environment and further strengthen cooperation among Member States, WHO, UNECE, UN Environment, other relevant intergovernmental organizations and civil society, including by promoting coordination and coherence at the national, subnational and local levels of decision-making.

The main outcome of the Conference will be a political document, the declaration of the Seventh Ministerial Conference on Environment and Health, or the Budapest declaration, which will be the result of an inclusive and transparent political negotiation process involving Member States and stakeholders.

In particular, the Seventh Ministerial Conference on Environment and Health aims to:

23 The EHP provides a unique intersectoral platform to shape the environment and health policy landscape in the WHO European Region. The Process supports the development and implementation of effective, evidence-based policies and promotes actions that improve health, well-being and the environment. The First Ministerial Conference on Environment and Health was held in Frankfurt, Germany in 1989, and was followed by conferences in Helsinki, Finland in 1994; London, United Kingdom of Great Britain and Northern Ireland in 1999; Budapest, Hungary in 2004; Parma, Italy in 2010; and Ostrava, Czechia in 2017.
1. take stock of the most recent developments in understanding the health impact of the triple environmental crisis and of major trends and current and future concerns in the Region, in the wake of the COVID-19 pandemic;

2. enhance the commitment of the health sector to tackling the impacts of climate change, including by making health systems more environmentally sustainable, low-carbon and climate-resilient;

3. reaffirm the need for urgent efforts to reduce the health effects of pollution, addressing both established and emerging environmental risk factors;

4. integrate nature, biodiversity and health considerations in environment and health policies, and in the implementation of the One Health approach;

5. adopt a roadmap as an integral part of the Budapest declaration, with a set of concrete actions and commitments to prevent and address the health effects posed by the triple crisis;

6. agree on a series of accelerators for achieving the environment and health-related Sustainable Development Goals (SDGs), at the halfway point of the 2030 Agenda, and a transition towards resilient, healthy, equitable and sustainable communities; and

7. launch the EHP Partnerships as a new and flexible mechanism to support the implementation of commitments on specific topics of common interest at the national and international levels.

The Conference will also reaffirm the commitments made at the Sixth Ministerial Conference on Environment and Health, held in Ostrava, Czechia, including the development and implementation of national portfolios of actions on environment and health, and the critical role of essential services such as the provision of clean energy, water, sanitation and health services and sustainable transport in preventing disease and promoting health.
Annex 2. Programme of the Conference

Tuesday, 4 July 2023

Arrival in Budapest and hotel transfer from the airport

08:00–17:00 Registration
09:00–18:30 **Youth pre-event:** Empowering youth voices for a sustainable future (location to be confirmed)
15:00–18:30 **Special Session of the European Environment and Health Task Force (EHTF)** (Marble Hall, Ministry of Interior)

Wednesday, 5 July 2023

Setting the scene

08:00–09:00 Transfers to Conference venue
07:30–17:00 Registration
09:00 Opening of exhibitions
09:00–10:15 **Parallel sessions – slot A**
A1. Regions for Health: accelerating action for health on climate change champions
A2. Poisons centres: playing a key role in chemical surveillance
A3. Building research capacities for chemical risk assessment in Europe
A4. Providing access to knowledge on environment, climate and health: EEA in support of policy-making with and for Europeans
A5. Contaminated sites and waste, research, environmental justice and health equity: priorities and perspectives for sustainability

10:30–11:45 **Parallel sessions – slot B**
B1. Grandurbia against the heat: an interactive simulation exercise on heatwaves
B2. From assessment to action: realizing the human rights to water and sanitation through the Protocol on Water and Health (English/Russian)
B3. Celebrating youth milestones and actions in environment and health: young people paving the way for the EHP success
B4. Integrating the environment into One Health
B5. Healthy cities: addressing the triple crisis through urban planning

12:00–13:15 **Parallel sessions – slot C**
C1. Building a roadmap to zero-emission health systems
C2. Leveraging THE PEP Partnerships to accelerate the transition to healthy, sustainable and climate-neutral mobility in the pan-European region (English/Russian)
C3. Enabling health professionals and health policy-makers to become
sustainability champions
C4. Translating evidence into policy and climate action for health and the environment
C5. A new perspective in public health monitoring: wastewater surveillance

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<td>13:00–14:00</td>
<td>Welcome lunch</td>
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<td>13:00–13:45</td>
<td>Press conference</td>
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<td>14:00–15:30</td>
<td>Opening session</td>
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<td>15:30–15:40</td>
<td>From Ostrava to Budapest: “passing the baton”</td>
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<td>15:40–15:50</td>
<td>Youth intervention</td>
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<td>15:50–16:00</td>
<td>Adoption of the agenda</td>
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<td>16:00–16:30</td>
<td>Coffee break</td>
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<td>16:30–18:00</td>
<td>Session 1</td>
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<td>Tackling the “triple environmental crisis” to protect health and building forward from the COVID-19 pandemic</td>
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<td>Halfway towards implementing the 2030 Agenda for Sustainable Development, the session will set the main framework for the Conference. It will highlight the latest developments and new scenarios for environment and health policies in the WHO European Region in the aftermath of the coronavirus disease (COVID-19) pandemic. It will focus in particular on options, opportunities and experiences in addressing the health impacts of the triple environmental crisis caused by climate change, environmental pollution and biodiversity loss.</td>
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<td>18:00–20:00</td>
<td>Transfers from Conference venue to hotels and to reception venue</td>
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<td>20:00</td>
<td>Evening reception hosted by Hungary</td>
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Thursday, 6 July 2023

Taking action to address the health impact of the triple crisis

08:00–09:00 Transfers to Conference venue
08:00–17:00 Registration
09:00–10:30 Session 2

Addressing the health effects of environmental pollution

This session will focus on actions to address multiple health risks associated with pollution of the air, water and soil, and exposure to hazardous chemicals and noise, recognizing that environmental pollution can affect people's health throughout the life course, impair children's development, contribute to the burden of noncommunicable and communicable diseases, and affect mental health. Policy-makers and experts will discuss policies and interventions to effectively tackle these challenges, bringing different perspectives on developing the evidence, translating it into policy and action, and involving civil society. The session will provide an opportunity to present good practices, to demonstrate intersectoral cooperation and experiences at different levels of governance, and to express commitments for follow-up actions, such as launching partnerships or strengthening health considerations in relevant policy frameworks.

10:30–11:00 Coffee break

11:00–12:30 Session 3

Protecting health through nature and biodiversity

The critical links between nature, ecosystems, and human health and well-being are the focus of this session, which draws on evidence from various fields, including health, and natural and social sciences. The session will highlight how nature degradation and biodiversity loss can threaten human health, which can relate to psychological, social and biophysical processes, but also how nature and biodiversity provide us with the basic conditions to promote human health and protect it. The session will discuss nature-based solutions and the positive relationship of humans with nature (e.g. how access to green and blue spaces can protect and promote health and well-being). It will provide a broad, global context for action on linking biodiversity and human health, particularly in the WHO European Region, and will explore forthcoming commitments, initiatives and implementation mechanisms, including the One Health approach. Experts and panellists who play crucial roles in national and international policy-making will have an opportunity to share their views, highlight key initiatives and best practices, and announce their commitment to supporting follow-up actions.

12:30–14:30 Lunch break
12:45–14:15 Ministerial lunch for heads of delegations

(Topic: How health systems can meet the challenge of climate change)

13:00–14:15 Parallel sessions – slot D

D1. The benefits of cycling for a healthy living environment and how to encourage cycling in various settings (English/Russian)
14:30–16:00 Session 4
Elevating health in climate change
The session will take stock of the latest developments in understanding the impact of climate change on health in the WHO European Region and will provide an opportunity to discuss the challenges ahead, but also, and most importantly, the opportunities for mitigation measures that manifest themselves as health co-benefits. The session will articulate the need for the health sector to “walk the talk” by assuming a strong leadership role in addressing the climate change-health nexus and recognizing its own role as a significant source of emissions. The session will highlight the benefits of striving for a sustainable and low-carbon service economy, while making investments that increase the sector’s climate resilience and adaptive capacity, including by coordinating the development and implementation of national health adaptation plans and heat-health action plans.

16:00–16:30 Coffee break

16:30–18:00 Launch of the EHP Partnerships
Adoption of the Budapest Declaration on Environment and Health
Presentation of the youth statement
Supportive statements from the floor
Photograph of all participants

18:00–20:00 Transfers from Conference venue to hotels and to reception venue
20:00 Evening reception hosted by the WHO Regional Director for Europe (Museum of Fine Arts)

Friday, 7 July 2023

Enabling implementation

08:00–09:00 Transfers to Conference venue
08:00–12:00 Registration
09:00–10:30 Session 5
Promoting healthy and resilient settings
This session aims to explore how sustainable, healthy and resilient environments can be established in local and institutional settings. Contributions will especially indicate how national and subnational policies and actions can support settings. Good practices to promote health at subnational level will be presented and discussed, including urban design that supports adequate environments, healthy lifestyles, low emissions, climate change challenges, active and safe transport and mobility and the affordable and equitable provision of clean and sustainable basic services in institutional settings.
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tr>
<td>10:30–11:00</td>
<td><strong>Coffee break</strong></td>
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| 11:00–12:30 | **Session 6**  
*Strengthening governance, capacities and knowledge for health and environment*  
The session will reflect on the need for a fundamental shift in environment and health policies towards a more holistic cross-sectoral approach. This means breaking down traditional barriers and silos between the two sectors and implementing institutional reforms and mechanisms that enable governments to address complex, interrelated issues related to the environment, climate, nature and health. The session will focus on enabling factors such as developing or expanding professional capacities, introducing new professional profiles in education programmes, advancing research and innovation and fostering new leadership within the institutions responsible for health. |
| 12:30–13:30 | **Session 7**  
*Acting in partnership*  
The session will focus on enhancing collaboration and partnership among stakeholders, including governmental authorities, United Nations (UN) agencies, civil society and academic institutions. Stakeholders will bring their knowledge, strength, expertise and resources to address complex challenges and implement the commitments made in this Conference. The session aims to inspire common actions and identify synergies for cooperation to achieve common goals, by sharing successful partnership models, best practices and knowledge. |
| 13:30–14:00 | **Closing session**                                                    |
| 14:00–15:00 | **Farewell lunch**                                                     |
| 15:00–19:00 | Possible technical site visits/excursions                              |
| 15:00–19:00 | Transfers from Conference venue to hotels and airport                  |
## Annex 3. Programme of parallel events

### Accelerating action for healthier people, a thriving planet, a sustainable future

<table>
<thead>
<tr>
<th>A1. Title</th>
<th>Regions for Health: accelerating action for health on climate change champions</th>
</tr>
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</table>
| Lead organizer(s) | WHO Regions for Health Network  
| | WHO Healthy Cities Network |
| Partner(s) | Health and Environment Unit, Department for Care, Flanders Region, Belgium  
| | Department of Epidemiology, Lazio Regional Health Service, Lazio Region, Italy  
| | Healthy Settings Division, Centre for Health, North Rhine-Westphalia Region, Germany  
| | Healthy City Coordination Office, Province of Utrecht, Netherlands (Kingdom of the)  
| | Division of Human Health, Monaco Scientific Centre, Monaco |
| Language | English |
| Room | F1 |
Description

RHN is at the forefront of action on climate change. For example, Flanders Region has developed an action plan for health; North Rhine-Westphalia Region has plans in place for heatwave measures; the Lazio Region is engaged in advancing health protection measures against the adverse effects of climate change (e.g. a heatwave adaptation plan); the Monaco Scientific Centre advises on the climate change of oceans and its health impact.

RHN members are important partners on climate change and health implementation, and thus will contribute to the outcome of the Ministerial Conference. The implementation mechanisms of the climate health plans are aligned with the zero regret approach and detailed actions under the existing broader climate change mechanisms. Climate change is a long-term process with severe short-term impacts on people, societies and health systems. A central question to be addressed by this session is the response from a health prevention perspective. In order to address the local critical aspects of climate change adaptation and mitigation it is crucial to understand and support cooperation among the different governance levels. It is important to build a shared understanding of effective actions and to identify key lessons to help shape policy priorities, such as sharing subnational climate and health policies; identifying how to best prepare for the changes in climate; and to discuss the lessons learned on communication and on best practices to develop climate-neutral regions and health systems.

A2.
Title
Poisons centres: playing a key role in chemical surveillance

Lead organizer(s)
• United Kingdom Health Security Agency

Partner(s)

Language
English

Room
F2

Description

Poisons centres have an important role to play in chemical surveillance – assessing and addressing exposures and risks posed by chemicals to human health. Poisons centres are recipients of clinical information, which if utilized correctly, may identify both chemical emergencies and emerging threats to the health of the public. In certain scenarios, poisons centres may be the first to detect a chemical emergency that requires a coordinated multistakeholder and multisectoral response. Similarly, emerging threats may be identified by toxicovigilance systems and may require data analysis over a longer period. Both immediate and emerging threats require good engagement and planning with policy- and decision-makers – nationally and internationally via poison centre networks. Establishing poisons centres or upgrading the capability of existing centres is key to improving chemical
surveillance and response nationally and globally. This session will explore some of the roles of poisons centres in acute chemical emergencies, such as mass poisonings and deliberate or accidental large-scale chemical releases, and in toxicovigilance, providing examples from coronavirus disease (COVID-19), pharmacovigilance and emerging threats. The session will also explore the establishment of robust chemical surveillance systems, highlighting the important links between poisons centres, public health agencies and laboratories.

### A3.

**Title**
Building research capacities for chemical risk assessment in Europe

**Lead organizer(s)**
- RECETOX, Masaryk University, Czechia
- Agency for Food, Environmental and Occupational Health and Safety, France

**Partner(s)**
- WHO

**Language**
English

**Room**
F3

**Description**

With the development of the EU Chemicals Strategy for Sustainability, adopted under the wider framework of the European Green Deal, it has become evident that under the status quo, we will not be able to achieve the goal of a healthy, clean and safe environment. In order to tackle the most imminent challenges, several projects have been launched that should create a new paradigm in how we look at chemical risk assessment. This session will give an overview of where we stand in terms of their implementation and societal, policy and research impacts. The following initiatives will be presented:

- Single Planet Health Environment Research Agenda – a continuously updated research agenda to support societal priorities
- Environmental Exposure Assessment Research Infrastructure – a technical infrastructure for assessment of human exposome
- Partnership for the Assessment of Risks from Chemicals – a partnership to align multidisciplinary research on chemical risks with policy needs
- European Human Exposome Network – the scientific challenge of the human exposome: where we are and what the next steps are.
### Providing access to knowledge on environment, climate and health: European Environment Agency (EEA) in support of policy-making with and for Europeans

**Lead organizer(s)**
- EEA

**Partner(s)**
- European Commission

**Language**
- English

**Room**
- F4

**Description**

EEA is a key provider of robust and independent environmental information and knowledge for policy-makers in Europe. Through our network across 38 European countries, we collect, quality-assure and quality-check massive streams of data on the environment, climate and sustainability. When published, this allows an unprecedented level of access to environmental data by institutions, professionals and the public.

The aim of the session is to present key messages from the recent EEA data-driven work on environment, climate and health that is targeted at a non-technical audience. The outputs of this work include the European Environment and Health Atlas, the European Climate and Health Observatory, and interactive storylines on extreme weather events. These outputs draw attention to the present and future state of the environment and climate, and their impact on human health; highlight the main areas where actions are urgently needed; and present examples of solutions in policy and practice.

The presentations from EEA will be followed by a panel discussion involving European Commission representatives from the Directorates-General for Climate Action, Environment and Health and Food Safety. The discussion, involving the audience, will focus on the take-up of environmental knowledge by decision-makers in various policy areas and the engagement of environmentally-aware citizens and third-sector organizations in policy-making.

### A5.

**Title**
Contaminated sites and waste, research, environmental justice and health equity: priorities and perspectives for sustainability

**Lead organizer(s)**
- National Institute of Health, Rome, Italy (WHO Collaborating Centre for Environmental Health in Contaminated Sites)
- Ministry of Environmental Protection, Jerusalem, Israel

**Partner(s)**
- Ministry of Health, and Soroka Clinical Research Centre, Israel
The session will address the impact of contaminated sites and hazardous waste on the environment and human health, and present some current collaborative initiatives carried out by the WHO Collaborating Centre for Environmental Health in Contaminated Sites. One goal of the session is to provide key elements of guidance for practitioners across Member States to develop a common framework for etiological research, monitoring and surveillance, risk and impact assessment, response and participative communication. The session will also examine needs and priorities in Member States in this domain, highlighting the need to adopt intersectoral and multidisciplinary community-based approaches. The session will also consider key cases and experiences of health risk and impact assessment related to air pollutants emitted by industrial activities, one of the main determinants of climate change, and to illegal and informal waste management and trafficking. Other priority areas will be addressed in this session, including those related to the 2030 Agenda for Sustainable Development, with special attention on environmental health inequalities and environmental justice issues associated with living in highly polluted sites, such as urban areas close to industrial settings and hazardous waste landfills.

**B1.**

**Title**  
Grandurbia against the heat: an interactive simulation exercise on heatwaves

**Lead organizer(s)**
- German Ministry of Health

**Partner(s)**
- German Red Cross – Anticipation Hub

**Language**
- English

**Room**
- F1

**Description**
Heatwaves represent a growing threat for human health – especially in cities. This simulation exercise provides an interactive opportunity for participants to step into a mayor’s shoes and help protect the fictitious city of Grandurbia against a predicted heatwave. The participants are encouraged to actively take decisions to help mitigate the multifaceted impacts of the incoming heat event. Throughout the exercise they will engage with the ministry of health, the public health information body, the meteorological department and city agencies to learn about options and identify the best solutions. Thanks to the engaging facilitation and a scenario that discusses real problems and options but also includes some humorous elements, participants of all knowledge levels on heat and health can expect a lively and interesting learning experience with creative takeaways.

### **B2.**

**Title**
From assessment to action: realizing the human rights to water and sanitation through the Protocol on Water and Health

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<tr>
<th>Lead organizer(s)</th>
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<tr>
<td>• UNECE</td>
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<td>• WHO European Centre for Environment and Health</td>
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<td>• France</td>
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<td>• Hungary</td>
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<td>• Republic of Moldova</td>
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<th>Partner(s)</th>
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<td>English/Russian</td>
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| Room |
| F2 |

**Description**

The COVID-19 pandemic has reinforced the importance of access to clean water, adequate sanitation and hygiene services as a first line of defence against infectious diseases and as a means to prevent future epidemics for all members of the population, especially for vulnerable groups. The Protocol on Water and Health is a unique legally binding multilateral agreement aimed at achieving adequate supplies of safe drinking-water and sanitation for all and effectively protecting water resources. The session will showcase the tools and guidance developed under the Protocol to support countries in realizing the human rights to safe drinking-water and sanitation. Emphasis will be on tools that support conducting baseline assessments, strengthening surveillance,
identifying areas for improvement, and driving action for equitable access to services in communities and institutional settings to successfully address the needs of vulnerable groups. Examples include the Equitable Access Score-card,\(^{24}\) an analytical self-assessment methodology currently undergoing revision, and the Practical tool for situation assessment and improvement planning on WASH in health-care facilities.\(^{25}\)

The session aims to inspire countries that have applied or plan to apply the mentioned tools to discuss benefits and translating findings into policy in the context of new environmental and health challenges. The outcome will inform the implementation of the Protocol programme of work for 2023–2025 and feed into the ongoing process of revision of the Score-card.

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| **Lead organizer(s)** | - European Environment and Health Youth Coalition  
- International Youth Health Organization |
| **Partner(s)** |  
- |
| **Language** | English |
| **Room** | F3 |
| **Description** | The session will provide information around the topic of how youth contribute to the European Environment and Health Process (EHP). It will showcase milestones since 1980 and how the WHO Regional Office for Europe developed a substantial programme on environment and health which ensures that young people’s priorities are recognized and represented at all levels and gives visibility to their participation. The session will facilitate the sharing of knowledge and best practices among youth, practitioners and policy-makers on programmes, policies and initiatives that have a positive impact on youth development and promote collaboration and partnership among stakeholders. Youth organizations and representatives will showcase young people’s actions and initiatives in relation to environment and health, and discuss the factors that enable or hinder efforts, in order to provide inspiration. The session is intended to push young people to take an active role in |

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The session will include a presentation of the 2023 virtual consultation process among the participants. The results of this, together with the outcomes from other consultation processes conducted in previous years (Youth Position Paper, Vienna 2021, Tirana 2022 Health and Well-being Forum for Youth, etc.) will provide the basis for the Budapest Youth Declaration 2023, which will be presented in the plenary.

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<th>B4.</th>
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<td>Integrating the environment into One Health</td>
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**Lead organizer(s)**
- UN Environment
- WHO European Centre for Environment and Health

**Partner(s)**
- Quadripartite Joint Secretariat on Antimicrobial Resistance
- Netherlands (Kingdom of the) and Malta (members, Global Leaders Group on Antimicrobial Resistance)

**Language**
- English

**Room**
- F4

**Description**

The COVID-19 pandemic, the emergence of other zoonosis, along with the increasing antimicrobial resistance (AMR) make clear that we need to approach the topic of health with a broader understanding regarding the close links between the health of humans, animals and the environment using the One Health approach. Since the diversity of species and habitats on Earth is vital to all life, including human life, it is essential to protect the natural environment in all its diversity, lessening the risk of future pandemics and vector-borne diseases.

At the same time, antimicrobials are used to prevent and treat infections in human medicine, aquaculture, livestock and crop production. Their effectiveness is now in jeopardy because a number of antimicrobial treatments that once worked no longer do so, because microbes evolve and become resistant and antimicrobial treatments are rendered less effective. Today, AMR is listed among the top 10 threats for global health and represents a major threat across human, animal, plant, food and environmental sectors. Limiting the emergence and spread of resistant pathogens is critical to preserving the world's ability to treat diseases in humans, animals and plants, reduce food safety and security risks, protect the environment and maintain progress towards the Sustainable Development Goals (SDGs).
The parallel session will show case the role of the environment in animal-mediated diseases; the development, transmission and spread of AMR and solution to tackle this growing threat; and the steps taken to turn the One Health approach into concrete actions.

### B5.

**Title**  
Healthy cities: addressing the triple crisis through urban planning

**Lead organizer(s)**  
- WHO Healthy Cities Network  
- WHO Regions for Health Network

**Partner(s)**  
- National Institute for Public Health and the Environment, Netherlands (Kingdom of the)  
- Province of Utrecht, Netherlands (Kingdom of the)  
- French Healthy Cities Network  
- Hungarian Healthy Cities Network  
- City of Utrecht, Netherlands (Kingdom of the)

**Language**  
English

**Room**  
F5

**Description**

Cities face many global challenges, including climate change, rising inequality and a rise in threats from zoonotic viruses, such as the COVID-19 pandemic. But cities are also part of the solution. With the right approach, cities can address inequality, climate change, pollution and poverty.

In this session the role of cities in healthy urban planning – in light of the triple crisis – is presented with examples from Utrecht, Netherlands (Kingdom of the); the French Healthy Cities Network; and the Hungarian Healthy Cities Network.

The province and city of Utrecht will showcase collaboration practices on healthy urban living, involving the public and private sector, knowledge organizations, education institutions and citizens. Hungary will illustrate the role of developing city health plans in creating healthy urban environments. France will explain how cities can concretely address climate change and biodiversity challenges in urban planning, with co-benefits for physical, mental and social health.

The aim is to inspire and to invite government representatives and others to discuss joint next steps. Join the conversation and share thoughts on a new partnership involving all these government levels and sectors.
C1.
Title
Building a roadmap to zero-emission health systems

Lead organizer(s)
• Health Care Without Harm Europe

Partner(s)
• Arup

Language
English

Room
F1

Description
Join Health Care Without Harm Europe for a practical session on how to develop a decarbonization roadmap for your health system. Organized in collaboration with our technical partner Arup, we will show you how the groundbreaking Operation Zero project can support Member States on the path to net zero emissions health care.

Health care is responsible for 4.4% of global net emissions, and the sector needs to address its own contribution to climate change, and the impact of a changing climate on public health.

In this session, we will:
• improve your understanding of carbon management in national and regional health systems;
• showcase the Operation Zero methodology as a practical tool for developing health system decarbonization plans;
• provide best practice examples from Member States already developing or implementing roadmaps to achieve net zero health care;
• complement the work of the Alliance for Transformative Action on Climate and Health, enabling Member States to follow through on their COP26 Health Programme commitments;
• connect you with like-minded colleagues working to address health sector emissions and drive health-care climate action across Europe.

C2.
Title
Leveraging the Transport, Health and Environment Pan-European Programme (THE PEP) Partnerships to accelerate the transition to healthy, sustainable and climate-neutral mobility in the pan-European region
Healthy and sustainable mobility, such as walking and cycling, plays an essential role in reducing air pollution, noise, greenhouse gas emissions, energy consumption and road congestion. Mobilizing resources in these areas is essential for enhancing public health, combating climate change, promoting economic development, fostering social equity and ensuring urban sustainability. Ultimately, these efforts pave the way for a more resilient, prosperous and inclusive society.

Active mobility can prevent noncommunicable diseases, which account for more than 70% of all deaths in the pan-European region. Evidence shows that shifting short car trips (accounting for 40% of emissions) to active mobility can significantly reduce greenhouse gas emissions and promote everyday physical activity.

This session, organized under the Transport, Health and Environment Pan-European Programme (THE PEP), a tripartite policy framework, will demonstrate why and how to promote sustainable and healthy mobility at national and local levels. A module on e-biking under the Health Economic Assessment Tool for walking and cycling will be officially launched, with a practical demonstration including good-practice examples on how the tool can be utilized to assess the health benefits associated with e-biking. Finally, the session will showcase how THE PEP Partnerships on Active Mobility and on Child- and Youth-friendly Mobility can help accelerate the transition to healthy, clean and sustainable mobility in the pan-European region.

C3.
Title
Enabling health professionals and health policy-makers to become sustainability champions

Lead organizer(s)
- EuroHealthNet (European partnership for health, equity and well-being)

Partner(s)
Members of the EuroHealthNet partnership:
The session will discuss how to provide health professionals and health policy-makers with the tools and resources they need to drive a green and healthy transition, both within as well as beyond health systems, contributing to broader shifts at the policy and societal level. This would mean firstly enabling health professionals and policy-makers to advocate for sustainable change within the institutions in which they work (both public health and healthcare settings as well as health authorities). Secondly, it would mean facilitating them to move towards more sustainable practices, including engaging in promoting health and preventing disease, encouraging self-care, minimizing wasteful activities and prioritizing low-carbon alternatives.

Health professionals are a trusted source of information and can help to promote behavioural change among the public towards more sustainable lifestyles (e.g. plant-based diets, active travel), clearly presenting the case for joint health and environmental benefits, scaled up for societal impact. By developing and delivering tailored education and training for health professionals and health policy-makers and providing them with the resources to speak with knowledge and confidence to colleagues, patients and the general public, we can leverage a critical stakeholder to help deliver on the needed green transition, enabling health professionals to become sustainability champions.
This interactive session will focus on the intersection of climate change, health and the environment, highlighting challenges and opportunities for win–win policies and actions in the context of multiple intersecting crises and recovery from the COVID-19 pandemic. It will aim to foster dialogue between researchers, policy-makers, technical experts and other key stakeholders to accelerate action to address climate change and linked crises of biodiversity loss and environmental pollution, while promoting human health and equity, with a particular focus on the WHO European Region. After a brief overview of the impacts of climate change on health in the Region, the session will: (i) address the need for integrated, cross-sectoral climate adaptation and mitigation policies that bring benefits to health and the environment; (ii) identify how scientific insights and tools can support the implementation and evaluation of policies and actions for climate, health and the environment; (iii) facilitate international collaboration and knowledge exchange through sharing examples of solutions and best practice across sectors; and (iv) formulate a vision of how policy-makers and technical experts in the Region can implement solutions at the local level.

C5.
Title
A new perspective in public health monitoring: wastewater surveillance

Lead organizer(s)
- Turkish Water Institute
- European Commission Joint Research Centre
- Hungarian National Public Health Centre
- National Institute for Public Health and the Environment, Netherlands (Kingdom of the)

Partner(s)
- Environment Agency Austria
- Statens Serum Institut, Denmark
- Water Research Institute, Delft University of Technology, Netherlands (Kingdom of the)
- Luxembourg Institute of Science and Technology
- Marmara University Environmental Engineering Department, Türkiye
Belgian Institute for Health
Finnish Institute for Health and Welfare, University of Helsinki
WHO

Language
English

Room
F5

Description
Wastewater-based surveillance (WBS) identifies and quantifies chemical and/or biological markers using wastewater samples. It is a very efficient tool for detecting illicit drugs, personal care products, industrial chemicals and enteric viruses. Unlike clinical diagnostic tests, WBS is an important tool to monitor the presence and spread of infectious diseases such as COVID-19 in real time and without symptomatic/asymptomatic distinction in a cost-effective manner. Routine COVID-19 monitoring with WBS has allowed decision-makers to take quarantine measures in the correct places at the right time, based on disease intensity trends. In non-sewered countries, WBS studies allow the collection of mass case numbers at low costs. WBS allows increases in the numbers of cases in a community to be observed on a daily/weekly basis, and is a powerful early warning method to detect new surge waves and epidemics. Under the One Health approach, WBS could be used to detect viruses, pathogens, emerging contaminants and antibiotic-resistant genes in wastewater. Through this session, we hope to raise awareness of the added benefits of WBS, as a promising tool for public health monitoring; enhancing cooperation among water networks, health experts and policy-makers.

D1.
Title
The benefits of cycling for a healthy living environment and how to encourage cycling in various settings

Lead organizer(s)
- Ministry of Infrastructure and Water Management, Netherlands (Kingdom of the)

Partner(s)
- Dutch Cycling Embassy
- Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation and Technology, Austria
- National Institute for Public Health and the Environment, Netherlands (Kingdom of the)
In establishing a healthy living environment, cycling is a crucial tool. Regular physical activity is a well-established protective factor against developing obesity and related diseases. Cycling makes an important contribution to overall physical activity. In the Netherlands (Kingdom of the), for example, 25% of the people who meet the WHO physical activity guidelines achieve this purely by cycling and walking. Join this session to hear more about the advantages that cycling brings to our physical and mental well-being, and discover how it can revolutionize public health and transport policies and practices.

The session starts with a presentation about the impact of cycling on our health and how integrating cycling infrastructure into urban planning can revolutionize public health. Discover successful case studies from the Netherlands (Kingdom of the) and Austria that showcase the positive impact of cycling on air pollution reduction, congestion alleviation and the promotion of sustainable active transportation options. We will provide an overview of lessons learned regarding the implementation of cycling policies in various settings across the European Region.

Lastly, there will be an opportunity for participants to exchange experiences and challenges they encounter in cycling promotion and development of policies and programmes to implement cycling-friendly environments.

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### D2.

**Title**

Addressing inequalities in environment and health

**Lead organizer(s)**

- EEA
- WHO Collaborating Centre for Environmental Health Inequalities, Institute of Public Health and Nursing Research, University of Bremen, Germany

**Partner(s)**

- Centre for Research on Environment, Society and Health, School of GeoSciences, University of Edinburgh, Scotland, United Kingdom
- Health & Wellbeing Unit, An Roinn Sláinte [Department of Health], Ireland

**Language**

English/Russian
### Description

Inequalities in exposure to environmental health risks exist in all countries across the WHO European Region and contribute to health inequity. Continuous monitoring is essential to assess the extent of inequalities and whether all population subgroups benefit from improvement of environmental conditions.

In the first part of the session, data and evidence will be presented:

EEA has in recent years assessed socioeconomic inequalities in exposure to air pollution, noise, climate-related hazards and availability of urban green space. The issue of just resilience to climate change is an ongoing and ever-evolving topic. The results of such assessments are available in EEA publications and portals. Further, the recently launched European environment and health atlas\(^{26}\) ensures equitable access to information about environmental quality.

Since 2022, a fact sheet series on environmental health inequalities has been produced by the WHO Collaborating Centre for Environmental Health Inequalities. To date, the extent and temporal trends of inequalities have been analysed for housing conditions, access to basic amenities, noise annoyance and utility costs and energy poverty.

In the second part of the session, an overview of integration of environmental equity aspects in the voluntary national reviews published by countries in the WHO European Region will be provided. Awareness and actions taken to address environmental inequalities will be discussed.

An example of national actions on environmental health inequalities will be provided for Ireland, focusing on inequalities concerning air pollution and policies to address those inequalities.

The final part of the session will include an open discussion with participants on the enablers and barriers for environmental health inequality action, and the importance of equity-sensitive monitoring and surveillance for supporting action against disparities in exposure to environmental risks.

### D3.

**Title**

Nature-based solutions to tackle the triple crises and prevent and reverse the worst impacts on human health, well-being and our environment

**Lead organizer(s)**

- UN Environment
- WHO European Centre for Environment and Health

Nature-based solutions are approaches to addressing environmental and health challenges by utilizing nature’s processes, such as the restoration of degraded ecosystems, reforestation or afforestation, green infrastructure, coastal and wetland restoration and sustainable land use management. These solutions aim to protect and enhance the natural environment while also providing numerous benefits to society, including reducing greenhouse gas emissions, improving air and water quality, increasing biodiversity and promoting human health and well-being. By leveraging the power of nature, these approaches offer a cost-effective and sustainable pathway towards a more healthy, resilient and equitable future.

Nature-based solutions can be a cost-effective and sustainable way to tackle climate change; to help address the loss of biodiversity; can be used to tackle pollution and waste by promoting sustainable waste management and reducing the amount of waste generated. Today nature seems willing to help us keep the upper hand over devastating impact of climate change, degradation of ecosystems and tsunami of waste, and continue to provide us with air, water, food, jobs and income. But the willingness of nature to accommodate the continuation of the self-inflicted planetary crises is running out by the day, and as a result our actions are putting the well-being of current and future generations at unacceptable risk.

The parallel session is intended to show case examples of nature-based solutions to tackle the climate, biodiversity and pollution crises and prevent and reverse the worst impacts to our environment and health.
## D5.

**Title**
The contribution of pan-European research collaboration to evidence-based zero pollution and health policy

**Lead organizer(s)**
- European Commission Directorate-General for Research and Innovation

**Partner(s)**
- European Commission, Directorate-General for the Environment
- EEA
- Health and Environment Alliance (HEAL)

**Description**
Environmental pollution is an increasing threat for human health, with recent assessments attributing 9 million annual deaths worldwide and over 10% of annual premature deaths in the European Union (EU) alone to pollution. This session will highlight the extensive...
framework of initiatives under the EU Green Deal aimed at protecting public health from the impacts of environmental degradation. In this session the Directorates-General for Research and Innovation and Environment and EEA will present the available EU support for research and innovation for evidence-based policies in environment and health, the recent developments in major policy initiatives such as the EU Zero Pollution Action Plan and legislative package, and the key findings of the EEA 2022 zero pollution monitoring assessment. More than 20 ongoing research projects – supported with an EU contribution of over €150 million and involving more than 300 research groups – are tackling the impacts of urban indoor and outdoor pollution, air quality, chemical exposures and micro and nanoplastics on human health. A panel moderated by HEAL will showcase the outcomes of four large-scale collaborative initiatives – the European Urban Health Cluster, European Cluster on Health Impacts of Micro- and Nanoplastics, Green Deal Health Cluster and Indoor Air Quality Health Cluster – and their potential to inform policy implementation measures.

Annex 4. Statements and declarations in support of the Budapest Declaration

Welcoming remarks by Dr Hans Henri P. Kluge, WHO Regional Director for Europe

I would like to express my sincere thanks to the Government of Hungary for hosting this Ministerial Conference. This is the second time that Hungary has been the meeting point for our discussions on environment and health, and by hosting us once again, you are demonstrating your long-term commitment and dedication to moving this agenda forward in the WHO European Region.

Hungary has an illustrious history of advancing public health, through the work of seminal figures such as Ignaz Semmelweis, whose ideas on hygiene 175 years ago were way ahead of their time – his introduction of handwashing in the maternity clinic where he worked slashed maternal mortality rates. And in recent years, we have Karikó Katalin to thank for pioneering the messenger RNA technology that is the basis for several life-saving coronavirus vaccines.

As we discuss how to solve the complex environmental crisis we face, it is worth keeping Katalin’s ethos at the forefront of our minds. She has said, “Keep believing in your idea, even if everyone else tells you it will never work. Don’t give up easily, because you might be right.”

These meetings do not just happen from one day to the next. All parties involved have been preparing for months to bring us here today. Let me express our appreciation and gratitude to the team in Hungary involved in organizing this event. We thank you for your hard work with the WHO Secretariat over many months, to make this Conference possible.

Since the Sixth Ministerial Conference in Ostrava in 2017, the Environment and Health Task Force (EHTF) has driven the implementation of the commitments of the Ostrava Declaration,32 paving the way to Budapest 2023. I want to thank the EHTF Chair, Brigit Staatsen and its co-Chair, Raquel Duarte-Davidson, along with all EHTF members and its Bureau, for your work and support throughout the preparatory process.

Partnerships – including within the United Nations (UN) family – are crucial to building successful events such as this one, tackling issues both urgent and complex. So I would like to extend my thanks to the United Nations Economic Commission for Europe and United Nations Environment Programme for the excellent collaboration in preparation for the Conference.

Looking around the room, I am delighted that we are more than 600 participants from 44 Member States, stakeholders’ organizations, as well as representatives, observers and youth advocates from across Europe and central Asia, gathered here today.

I know it’s warm outside, but we are all ready to roll up our sleeves and start our discussions for the next three days.

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Welcoming remarks by President Katalin Novák of Hungary
[delivered by Ambassador Kristóf Altusz]

Esteemed conference: for Hungary, my home country, it is of high prestige to host the World Health Organization’s Ministerial Conference on Environment and Health here at Hungexpo. I was delighted to accept the invitation to be the main patron of the event, as the distinguished members here in Budapest over the next few days will have the opportunity to exchange views about the challenges that our planet is facing and, of course, discuss the consequences that threaten our daily lives with the aim of course, and I’m relatively certain [of this], that concluding remarks and concrete solutions will also [emerge] as a result at the end of this high-level conference.

Hungary has long been a partner of the World Health Organization. This is well demonstrated by the more than three decades of growing and expanding cooperation between Hungary and the WHO and also by the fact that my home country is performing an increasing number of important tasks in partnership with the WHO and of course also with its respective Member States.

Personally, I had the chance to participate already four times in the past at the regional Ministerial Conferences so, believe me, I perfectly know what lies ahead of you, what are the issues to tackle in the coming days. Since this time, due to an unforeseen reason, I will not be able to attend personally, I would like to draw your attention to [an issue] which I hope is dear to many of you. The key to sustainability is the family. As individuals, as a community, as decision-makers, as mothers and fathers, the yardstick of our actions may be nothing else but the goal to create a secure, sustainable environment for the future generations. We are here today because we feel a responsibility for the future. And we have the capacity and the means to develop and propose a healthy and sustainable vision for the societies in Europe and the world.

Development becomes sustainable when optimal environmental conditions are ensured for all and [harmony] with nature is restored. The accelerated pace of development in the world has resulted in our natural resources being depleted and the pressure on our environment increasing. The consequences are present all over the world, right down to the smallest settlement. We live in an age of threats. Wars, famine, shortage in drinking-water supplies, population migration, unequal development, epidemics, climate change, increasing and more severe natural disasters, biodiversity destruction and pollution have all become a threatening part of our lives as we approach the end of the first quarter of the 21st century. We are feeling and experiencing the consequences of this, and it is upsetting, the way how we have lived our lives, presenting us with new and ever more difficult challenges, affecting our environment and our physical and mental health.

In this situation, we need a strong cooperation, cooperation unaffected by the bias of interests. That is why this Conference is so important, as it is a place for meaningful dialogue and exchange of professional opinions. So, in this distressing situation, the first questions to ask are: what is the role of the family in this process? What is needed to enable the families to live their lives in good health and strength? How can we, as responsible politicians, doctors, scientists, professionals, protect them, the families, and encourage them to adopt environmentally conscious behaviour and healthy lifestyles? How can we empower them to protect and care for the creative world we have been given? How can we reinforce and rebuild the harmony between nature and the human being, something that our grandparents and great-grandparents still understood?
Society is healthy and viable when its most basic components, the families, are healthy and happy. This is the basis for success: this is the basis of our success. I understand that never before in the history of Ministerial Conferences has there been such an extensive representation of high-level decision-makers as today. This is a good indication of the sense of responsibility and the urgency and timelessness of our common issues to be discussed.

Welcome to Budapest! I wish you a fruitful deliberation, an effective time and, to all of us, results which assist families in their daily lives.
Welcoming remarks by Dr Tedros Adhanom Ghebreyesus, Director-General of WHO

A warm welcome to you all, and my sincere thanks to the government of Hungary for hosting this important event. I am sorry that I could be in person with you because of other competing commitments in Geneva.

Climate change, the spread of infectious disease, pollution, food scarcity – the overlapping crises in the headlines are a stern reminder that environment and health issues are intimately linked.

We must work across sectors to address this catastrophic convergence.

The Budapest declaration that you are considering today contains comprehensive commitments, from tackling pollution and strengthening climate action to integrating nature and biodiversity considerations into policies across sectors.

Addressing environmental issues is critical to one of WHO’s top priorities: addressing the root causes of disease.

Every year, more than 1.4 million people in the European Region and more than 13 million people globally die prematurely as the result of air and water pollution, and other preventable environmental factors.

We need to change the narrative. Currently, governments provide an estimated US$ 600 billion per year in subsidies for fossil fuels.

It is time to redirect that investment towards cheap, reliable, renewable energy, and in particular for health-care facilities and other critical infrastructure in low-income communities.

Moving from fossil fuels to green energy will also help us tackle the root causes of climate change, reduce pollution, improve human health and preserve biodiversity.

We’re making progress. At the COP28 meetings in December, European countries will make important joint commitments for climate action.

Going forward, I urge you to leverage your regional efforts at the High-Level Political Forum on Sustainable Development in New York next week and at the Sustainable Development Goal (SDG) Summit at the United Nations General Assembly in September.

The Budapest Declaration is a roadmap towards strengthening climate resilience, striving for “net zero” before 2050, reducing fossil fuel emissions, accelerating health adaptation, fighting pollution and protecting nature.

We need to work together, both as a region and globally, to take the necessary environmental actions for healthier populations, a thriving planet and a sustainable future. I thank you.

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33 COP28 28th meeting of the Conference of the Parties (COP) to the United Nations Framework Convention on Climate Change.
Budapest Youth Declaration

Budapest Youth Declaration 2023
Seventh Ministerial Conference on Environment and Health
5–7 July 2023, Budapest, Hungary

We, the youth, inhabitants of Member States in the European Region of the World Health Organization (WHO) or otherwise involved in the conversation in the WHO European Region, active in the fields of health and the environment, in the presence of the Ministers of Health and Environment of the European Region of WHO, the WHO Regional Director for Europe, the President of the United Nations General Assembly (UNGA), the Deputy Executive Secretary of the United Nations Economic Commission for Europe (UNECE), the Regional Director of the United Nations Environment Programme (UNEP), and high-level representatives of the European Union and other United Nations and intergovernmental organizations, have gathered to engage in overcoming the environment and health challenges of today and tomorrow, since we recognize the triple crisis of climate change, nature and biodiversity loss, and environmental pollution as three of the fundamental challenges of modern times that need immediate action in order to secure a healthy and sustainable environment for present and future generations.

Our declaration is built around the values that inspire a livable future for all societies. These core principles are equity, collaboration, accountability and climate justice. We believe that the drivers of impact are responsible decision-making, scientific knowledge integration, and immediate climate action.

The UNGA resolution A/RES/76/300 on the right to a clean, healthy and sustainable environment as an essential human right reinforces and strengthens the principal argument of youth on why environmental challenges must be addressed immediately and with short- and long-term objectives. It is the right of all current and future generations to survive and thrive in planetary peace and equality of rights.

To achieve our aims we need a paradigm shift. Specifically, transformative change on the systemic and individual level that radically alters the mindset and behaviours of all entities whose actions are adversely affecting the environment and health or have done so in the past. We must step away from practices such as excessive deforestation, addiction to fossil fuels, and overfilling our landfills, and instead normalize environmental stewardship, address green transition through climate justice and invest in environment and health. We wish to coexist with nature rather than push it to the fringes.

As the generation that will suffer disproportionate impacts of the triple crisis, we represent a key stakeholder in climate action and climate-related policy-making. As such, we call for total transparency from governments and institutions in the WHO European Region.

We highlight the importance of collective memory, hence remembering the legacy of previous generations of young people whose work led to concrete and positive outcomes. We build upon such previous efforts and acknowledge the influence of previous statements from the

For a long time, we, the youth, were excluded or only included in a tokenistic manner in the policy- and decision-making processes affecting our lives, livelihoods, and futures. Although we recognize improvements, we want stronger commitments from Member States to completely and meaningfully include us in such processes. The slow progress of youth inclusion is not for a lack of trying on our part or for a lack of good practice examples, some stemming directly from WHO European Region spaces, where the youth contribution has been formalized through the European Environment and Health Youth Coalition (EEHYC) the official youth organization within the European Environment and Health Process (EHP), the engagement of youth at previous Ministerial Conferences on Environment and Health and additional high-level meetings, youth consultations and more. We need such examples to become an everyday practice and at all levels of decision-making, thus building on the previous efforts and using them as a platform for future work. Meaningful youth engagement should be as the term itself states: meaningful.

Advancing action to improve and safeguard the environment and health at all levels should be a shared effort, where all stakeholders act immediately and hold up their commitments. A highly notable concern of young people is regarding the lack of action, the absence of concrete changes for the better or, when implemented, being too late.

We call not only on researchers and experts from different sectors, health and care professionals, governments and intergovernmental organizations, but also civil society and youth, patient groups, climate refugees and other vulnerable groups, anyone affected by climate, environmental and health drivers, and the silenced voices, to step together for strong and urgent action in the WHO European Region.

[For youth commitments, see Annex 1.]

CALL TO ACTION
We do hereby reaffirm the need for urgent and scaled-up action, calling upon the Member States and other stakeholders to follow up on their commitments, together with us, the youth, on the following topics.
Take action with us by:

**Youth engagement and intergenerational equity**

- Adopting concrete strategies on engaging youth in addressing environment and health issues and encouraging young people to actively participate in decision-making processes.
- Generating a paradigm shift to rid the perception of youth being “nonexperts”.
- Establishing a balance of power – for youth to be included at all levels, at all times, through proposing binding, equitable and cross-cutting systems of participation and establishing youth quotas and age-diversified criteria.
- Creating and supporting inclusive youth platforms that share ideas, insights, concerns and perspectives that may be integrated into policies and action plans.
- Avoiding the establishment of youth mechanisms separate from main processes or forming echo chambers, but instead facilitating access of youth to the main decision-making table at the local, national and international level.
- Facilitating access to experts and other stakeholders for young people.
- Fostering partnerships between youth organizations, health and care providers and policy-makers to amplify the impact.
- Facilitating systemic change against episodic involvement of youth through a holistic approach and adoption of techniques and instruments on meaningful youth engagement.
- Putting focus on the protection of younger generations in decision-making settings and ensuring a link between youth, environment and health to be actively included in all policies and strategies concerning sustainability, the environment and health.
- Implementing a generational impact assessment to assess how today’s policies will impact future generations, supported by additionally conducting vulnerability and adaptation assessments.
- Encouraging participation in opportunities that foster a sense of connection and stewardship towards the natural world, build conservation networks within communities and create collective impact.
- Raising awareness that tackling barriers to youth engagement and coming up with solutions is not the youths’ responsibility.
- Promoting equality of opportunity and ensuring the inclusion of youth of all backgrounds – from different origins, education levels, socioeconomic statuses, lived experiences, genders, and age subgroups, among other categories.

**Quality information and education**

- Initiating and/or strengthening the collaboration between governmental bodies in charge of health, environment, youth and education, as well as civil society, intergovernmental organizations and other relevant institutions, in order to set-up
and/or increase formal, informal and non-formal education, and implement training courses on environment and health issues.
- Ensuring access to free, reliable and evidence-based information at all times. Information should be presented in a way that is culturally, linguistically and age appropriate, as well as palatable for youth.
- Fighting against information manipulation, post-truth phenomena and political misinformation.
- Leading continuous efforts to raise awareness amongst the general public about environment and health challenges by utilizing social media, events, democratic processes and opportunities to amplify the voices of people.
- Increasing efforts to educate young people about the impacts of the triple crisis on health, and teaching them about the connections between health and well-being, water and sanitation, air quality, waste and pollution, chemical safety, extreme weather events, and various health conditions to help them make healthier and sustainable choices, as well as champion for change.
- Integrating education about climate change and environmental health in the curriculums at primary and secondary education levels, as well as in the curriculums at higher education level for crucial disciplines, including but not limited to medicine, health sciences, urban planning and engineering.
- Advocating for incorporating biodiversity into educational settings, ensuring that future generations understand the value of nature and the need for its conservation, and using alternative means and non-formal methodology such as documentaries, virtual reality experiences and interactive online platforms to diversify the learning experience.
- We strive, in partnership with governments and United Nations (UN) agencies (WHO, UNEP, UNECE, UNESCO, UN Country Teams (UNCT)), to acquire knowledge and skill needed to promote sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship, and appreciation of cultural diversity and of culture’s contribution to sustainable development.

**Climate, biodiversity and pollution action (tackling the triple crisis)**

- Strengthening the recognition and inclusion of interlinkages between the three components of the triple environmental crisis into cohesive policy approaches.
- Facilitating intersectoral and multigenerational collaboration.
- Ensuring the mitigation and adaptation strategies in all policies, and prioritizing synergies with the well-being economy initiatives, emphasizing how climate policies positively impact both our planet and personal well-being by highlighting the economic and health co-benefits of sustainable practices and policies, as well as supporting policies that prioritize biodiversity conservation.
- Increasing focus and investment on prevention, mitigation and adaptation strategies, including turning quick-fix into permanent solutions, rather than prioritizing band aid solutions that postpone the need to deal with underlying issues.
- Utilizing the precautionary approach in Member States to reduce environmental harm and drive action.
- Creating a platform for sharing best practices between different stakeholders.
- Equipping young people by providing access to tools and resources needed to overcome barriers and challenges in climate action, and empowering them with knowledge and skills to drive change.
- Designing ambitious national plans for climate action and health and stimulating good policies at subnational levels.
- Advocating for the implementation of a system that recognizes and rewards governments that achieve the most impact when fighting the triple crisis, and that actively pursue and implement climate action measures.
- Advocating for global incentives for governments that are not inclined towards climate action to generate positive change.
- Implementing a system of fiscal policies that penalizes the biggest contributors to climate change, pollution and loss of biodiversity by imposing higher carbon footprint taxes, plastic taxes and other types of environmental taxes.
- Actively assisting in ensuring a fairer redistribution of resources within the WHO European Region and protecting the basic human rights when it comes to the access to clean water and air, safe food, healthy environment and more.
- Kicking the fossil fuel dependence to the curb by supporting renewable energy transition at government level and holding corporations accountable.
- Fostering the required respect of One Health as a vision of a world full of systems designed to protect and promote health of humans, animals, plants, and their shared environment.
- Advocating for strengthening and further inclusion of nature and biodiversity in health policies and actions, and participation and contribution of young people in the One Health approach.
- Integrating biodiversity protection and restoration into environmental action plans as these measures buffer against infectious diseases, capture carbon and help regulate the climate.
- Considering biodiversity health in urban planning and development policies in order to preserve natural habitats and create additional green spaces.
- Fostering empathy and respect for the nature by promoting the appreciation of the intrinsic value of animals and plants. This includes tackling deforestations, eliminating illegal wildlife trade and stepping away from viewing animals as a means for human entertainment through stricter law enforcement, international cooperation and public education.
- Providing support to conservation in the wild and ethical alternatives such as wildlife sanctuaries and nature reserves, that protect and preserve natural habitats, prioritize the welfare, rehabilitation and conservation of animals without subjecting them to captivity and thus ensure their long-term survival and well-being through natural behaviours and maintenance of their ecological roles.
- Perceiving the demographic impacts of climate change such as but not limited to the effect on birth rates, the impact of eco-migrations on families, the empowerment of
women and girls on the topic of reproduction, climate vulnerability and rapid growth of consumption of goods.

**Addressing youth health and health systems**

- Putting youth health and well-being on the agenda.
- Addressing mental health of young people and other generations, with a specific focus on climate and eco-anxiety (distress relating to the climate and ecological crises), long-lasting trauma and PTSD due to experiencing extreme weather conditions, forced migration and other climate-driven causes.
- Investing in mental health resources and support services to help youth cope with climate-related stressors and to build resilience.
- Building more sustainable and resilient health-care systems in the context of climate change, and raising awareness about the knock on effect of the health and care sector that plays a pivotal role in a Member State’s overall well-being and can have significant impacts on various aspects, including increased health risks, altered disease patterns, infrastructure vulnerability, and increased demand for health care services.
- Eliminating environmental inequalities and tackling different socioeconomic as well as commercial determinants of health to bring us closer to health equity.
- Encouraging policies and practices that reduce air pollution, such as promoting and subsidizing cleaner transportation options, improving air quality monitoring systems and disseminating real-time information to alert young people about periods of poor air quality so they can take necessary precautions.
- Creating safe and accessible infrastructure for active transportation, such as cycling lanes and walkways, as well as invest in measures that promote the use of transportation options which not only reduce carbon emissions but also promote physical activity and better overall health.
- Increasing the availability and accessibility of green spaces to provide youth with opportunities for physical activity, stress reduction, and connection with nature, improving mental and physical well-being.
- Promoting sustainable and affordable dietary choices, including plant-based diets, reduced consumption of resource-intensive foods like meat and dairy, and increased use of locally sourced and seasonal foods that have a lower environmental footprint and are healthier for both individuals and the Region.
- Implementing sustainable practices and climate-friendly policies in the public sector in general but especially schools and hospitals, such as energy-efficient buildings, waste reduction and recycling programmes, sustainable water management, inclusion of climate change considerations into health care planning, green procurement practices, etc.
- Enhancing climate-related disaster preparedness by developing robust response plans, ensuring adequate medical supplies and emergency equipment, training of staff and establishing communication protocols.
- Designing and retrofitting health care facilities to withstand extreme weather events.
- Investing in research on the direct and indirect health impacts of the triple environmental crisis on youth to identify specific vulnerabilities, develop targeted interventions, and inform evidence-based policies.

- Accelerating knowledge sharing and innovation addressing socioeconomic and commercial determinants of health and environmentally sustainable policies by increasing individual health literacy as well as improving the capacity of health and environment professionals.

- Supporting innovation in the health-care sector to develop climate-resilient health systems and technologies that promote youth health.

- Investing in telemedicine and digital health care to enhance access for vulnerable populations and youth in remote areas and reduce the amount of waste and carbon footprint.

**Transparency and accountability**

- Upholding commitments to international agreements, resolutions and treaties and committing to raise public awareness and literacy about them.

- Making governmental actions on climate change transparent by using national reporting or other relevant reporting mechanisms, such as the Ostrava monitoring framework, and by making the reports on progress towards the implementation of Member States’ commitments more available and publicized.

- Implementing financial obligations and commitment in a prompt manner, and transitioning towards bigger and more proactive contributions to global mechanisms.

- Taking proportionate responsibility within the European Region regarding the historical harmful impacts on health and environment in other Regions, proactively upholding the international frameworks and addressing the ecological debt.

- Ensuring access to free, reliable, data-driven information on the impacts of the triple crisis in the WHO European Region, widely available in clear, understandable, youth-palatable language.

- Holding regular consultations with young people and youth-led organizations, where updates on current happenings and actions by governments and institutions are presented, and where young people’s feedback is collected and used for optimizing policies and legislation.

- Including young people in transparency processes, especially the monitoring and evaluation concerning accountability.

- Providing support to youth organizations who take on more prominent stewardship roles, operate in an independent watchdog role and perform services of updating their communities on new developments.

- Utilizing the data and recommendations from watchdog organizations in decision-making.

- Making the objectives of climate negotiations clear in advance, neatly stating the optimum target to be reached and informing the public on the negotiations goals in a transparent manner.
- Providing a public brief on conflicts of interest by each entity taking part in negotiations and implementing viable measures towards stakeholders that fail to disclose existing conflicts of interest.
- Devoting substantial and measurable efforts to avoiding backdoor lobbying in negotiations and policy-making.

Signed in Budapest, Hungary on 6 July 2023

We, the Executive Board of the EEHYC, on behalf of EEHYC, of the National Platforms and of all the young people in the European Region of WHO, together with the Youth Informal Working Group which was gathered for this Ministerial Conference on Environment and Health, in the presence of the above-mentioned entities, hereby fully assume the statements and commitments made in this Declaration.
Annex 1. Commitments by youth

1. We commit to promote, advocate for and monitor the institutionalization of meaningful youth engagement practices in environment and health processes in the WHO European Region by taking on roles such as but not limited to implementers, role models and watchdogs. We will also enhance the existing mechanisms of youth engagement, including within the institutional framework of the EHP.

2. We will continue to actively engage in advocacy and lobbying efforts to influence decision-makers and bring about legislation that promotes sustainability, strengthens climate, biodiversity and pollution actions. Furthermore, we will also advocate for youth engagement mechanisms that are inclusive, accessible, diverse and decentralized, putting a special focus on accessibility for different youth backgrounds to capture the diversity of social attributes and perspectives of youth on environment and health.

3. We will create partnerships with various relevant stakeholders to address systemic inequality at different levels that hinders youth participation in environment and health agenda. We commit to work with UNEP, UNECE and the UN Europe and Central Asia Issue-Based Coalitions on youth to further advance the environment and health agenda in our region and beyond.

4. We commit to supporting the efforts of the WHO European Region and its Member States, engage in its processes, initiate strong collaborations to drive environment and health action, and sustainable development across countries and provide technical support, insights and contributions on relevant topics through the youth lens.

5. We will assess the impact of environment and health policies, and sustainable development policies on youth, provide recommendations, especially if they are found to either disproportionately benefit or negatively affect young people, and strengthen global and local data on youth vulnerability to the impacts of the triple environmental crisis.

6. We will continue upholding a strong connection with our communities, strengthen linkages amongst youth organizations active in the field, and act as focal points for reaching vulnerable and marginalized youth.

7. We commit to actively supporting youth engagement in environment and health on all levels, highlighting the importance of regular communication and meetings between WHO and youth representatives, eliminating barriers through resource mobilization, capacity building, peer-to-peer learning, and procurement of opportunities for peers and younger generations.

8. We will implement and promote activities to mainstream education for climate action and sustainable development, incorporating planetary health education, and ensure differentiated activities for youth with multiple, diverse and marginalized identities.

9. We pledge to advocate for the adoption and implementation of sustainable habits and practices, as well as raise awareness and educate our communities on impacts and structural causes of the triple environmental crisis, and the importance of sustainable living and conservation. Additionally, we will build the capacity and understanding amongst other young people about the impacts of different consumption patterns (especially fast fashion, tobacco products, and the meat and dairy industry).
10. We promise to make conscious and educated choices, and to consider the environment when making decisions in our daily lives (e.g. by buying locally sourced products, reducing single-use plastic, supporting brands with transparent and sustainable supply chains, and using climate-conscious modes of transportation, etc.).
Annex 5. Budapest Declaration

Accelerating action for healthier people, a thriving planet, a sustainable future

Seventh Ministerial Conference on Environment and Health
Budapest, Hungary
5–7 July 2023

DECLARATION OF THE SEVENTH MINISTERIAL CONFERENCE ON ENVIRONMENT AND HEALTH

We the ministers and representatives of Member States in the European Region of the World Health Organization (WHO), responsible for health and the environment, have come together at the Seventh Ministerial Conference on Environment and Health, generously hosted by the Government of Hungary in Budapest from 5 to 7 July 2023, to accelerate our collective commitment for healthier people, a thriving planet and a sustainable future.

Alarmed by the substantial and persistent burden of ill health due to environmental risk factors in the WHO European Region, accounting for at least 1.4 million premature deaths per year, 569,000 of which are attributable to ambient air pollution, and 154,000 to household air pollution, and concerned that environmental risks contribute to one-fourth of all non-communicable diseases globally, including cancer, and cardiovascular, respiratory and mental diseases, as well as to infectious diseases;

Concerned that the “triple crisis” brought by the intertwining of climate change, environmental pollution and biodiversity loss is causing unprecedented and rapidly unfolding impacts on our lives, threatening eco-systems, human and animal health and well-being across generations in our Region;

Recognizing that the convergence of the coronavirus disease (COVID-19) pandemic with the environmental and climate crises has exacerbated existing environment and health pressures and inequalities between and within countries. It also highlighted the interdependencies between the health of humans, animals, plants, and ecosystems at large, and the need to enhance the understanding and evidence on the interlinkages between drivers of biodiversity loss, ecosystems degradation, climate change and the emergence and spread of infectious diseases, and highlighting the urgent need to reduce pressures on biodiversity and decrease environmental degradation to reduce risks to health;

The Russian Federation disassociates from this Declaration.
Concerned about the increasing threat to mental health and well-being, including eco-anxiety among young people, brought by the converging climate and environmental crises but aware of the health protecting and promoting co-benefits brought about by policies that enable a positive relation to nature, and green and blue spaces;

Highlighting the importance of integrating the environmental and climate change dimensions within health systems for the provision of quality of care and towards attaining universal health coverage;

Underlining that peace is a precondition for sustainable development and recognizing the right to a clean, healthy and sustainable environment;

Mindful that the on-going energy crisis requires a further acceleration of an equitable and just transition to clean and sustainable energy sources, concerned that countries may roll back climate commitments to address the energy crisis contrary to the Paris Agreement, re-emphasizing the urgent need for a rapid and sustained and sustainable reduction in greenhouse gas emissions, along with providing energy security for all countries, regions and individuals, particularly the vulnerable and marginalized;

Emphasizing that, in an interdependent world, successfully tackling complex, multidimensional challenges requires urgent, inclusive, intersectoral and transformative action for a healthy, green and sustainable recovery from the COVID-19 pandemic, as advocated by the One Health and Planetary Health approaches;

Recognizing the importance of planning and investing in health promoting and equitable environments for sustainable development, including both the natural and the built environments, as well as essential service provision, to achieve resilient and healthy communities;

Acknowledging the pivotal role of local and subnational levels of government in promoting innovation, improving preparedness, decreasing inequalities, including gender inequalities, and strengthening resilience;

Mindful of the UN General Assembly’s Resolution 76/300 on the human right to a clean, healthy and sustainable environment, and of the urgent need to achieve the objectives of existing international commitments relevant to health, environment, climate and biodiversity, as well as of the relevant Resolutions of the World Health Assembly and the WHO Regional Committee for Europe, including the European Programme of Work 2020-2025, “United Action for Better Health”;

Acknowledging the role played by Member States of the WHO European Region and taking note of the European Union (EU) policies and legislation relevant to environment and health, including the European Green Deal, the EU Global Health Strategy, the EU Research and Innovation Framework Programmes Horizon 2020 and Horizon Europe, the EU Regulation on serious cross-border health threats, the EU Beating Cancer Plan, and the EU Care Strategy, in supporting national policy developments across a large number of European countries;

Commending the role played by the European Environment and Health Process (EHP) and its Ministerial Conferences and Declarations as a unique catalyst for setting the policy agenda, an enabler of intersectoral action to address priority environment and health challenges in the

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2 As adopted by UN General Assembly Resolution 76/300 of 28 July 2022.
European Region, and an accelerator in achieving the environment and health related Sustainable Development Goals, at the halfway mark of the Agenda 2030.

**We make the following commitments:**

1. We will accelerate the just transition towards resilient, healthy, equitable and sustainable societies, taking into account the lessons learned from the COVID-19 pandemic. In so doing, we will apply a dual track approach:
   - on the one hand, we will increase efforts in prevention, preparedness, and early detection of and response to emergencies to protect all people, especially vulnerable populations. These actions aim to enhance health systems’ resilience and capacity to withstand and respond to disasters and crises;
   - on the other hand, we will increase efforts to address the environmental determinants of health.

2. We will prioritize action on the health challenges related to the triple crisis of climate change, environmental pollution, and biodiversity loss, including by strengthening the engagement of the health sector in these agendas and recognizing the centrality of these factors in the global health agenda. In particular, we will:
   - enhance health sector action to tackle the impacts of climate change, including by making health systems more environmentally sustainable, decarbonizing them and making them climate-resilient;
   - step up action to reduce the health impacts of pollution, through addressing both established and emerging environmental risk factors;
   - integrate nature and biodiversity in environment and health policies, and in the implementation of the One Health approach;
   - provide universal and equitable access to essential services, such as safe drinking water, sanitation and hygiene, energy and food supplies, waste management, wastewater management, and healthy and sustainable transport systems;
   - promote a safe, clean and healthy built environment across all settings.

3. For this purpose, we commit to:
   - strengthening interlinkages between environment and health, including through: transformative governance for environment and health; a workforce with integrated and up-to-date competencies on environment and health; research and innovation;
   - adopting whole-of-government and whole-of-society approaches, while paying particular attention to vulnerable populations and indigenous communities.

4. To enable such transition, we commit to use the “Roadmap for healthier people, a thriving planet and a sustainable future 2023-2030” as an integral part of this Declaration, leveraging the set of “accelerators” identified in the Roadmap to facilitate the transition towards resilient, healthy, equitable and sustainable communities.

5. We reaffirm the commitments taken in the 2017 Ostrava Declaration, “Better Health, Better Environment, Sustainable Choices”, and the continued relevance of the priority areas identified therein, adding the links between nature, biodiversity, and health as a new priority for action. We will continue to develop and improve the implementation of National Portfolios for action on environment and health.

6. We will continue to measure and report on progress towards the implementation of our commitments using national reporting on the achievement of the Sustainable Development Goals and other relevant reporting frameworks.

7. We will support and promote the activities of the European Environment and Health Task Force (EHTF) and its Bureau, as drivers for implementing the commitments taken
in this and previous Declarations, especially the Ostrava Declaration.

**Acting through joint action and partnerships:**

8. We commit to intensify efforts to come together with relevant partners and stakeholders to strengthen the implementation of our commitments. We establish the “EHP Partnerships” as a new, voluntary and flexible mechanism to accelerate uptake of new approaches, promote peer-to-peer support, share knowledge and experiences, provide a platform for communities of practice and increase opportunities for “twinning” (see Annex II, Terms of Reference for the EHP Partnerships).

9. We will continue to promote the effective, inclusive, and action-oriented engagement of civil society, academia, the private sector, local communities and other stakeholders in the decision-making process at all levels. We will strengthen the means and further develop tools for communication, awareness-raising and promotion of literacy about the links between health, environment and climate change. Our aim is to enhance access to information on and public participation in environment and health related decision-making.

10. We will support ratification and/or advance the implementation of multilateral agreements relevant for this agenda, as appropriate, such as the Protocol on Water and Health, the Convention on Long-Range Transboundary Air Pollution, including its Gothenburg Protocol, and the relevant international Conventions on hazardous chemicals, their mixtures, waste, as well as the Convention on Biological Diversity and its Kunming-Montreal Global Biodiversity Framework.

11. We welcome the resolution 5/14 entitled “End plastic pollution - Towards an international legally binding instrument”, adopted by the fifth session of the United Nations Environment Assembly.

12. We welcome the commitments of the Vienna Declaration “Building forward better by transforming to new, clean, safe, healthy and inclusive mobility and transport” and will further support the Transport Health and Environment Pan European Programme (THE PEP) and THE PEP implementation mechanisms.

13. We will further leverage the WHO Healthy Cities Network and the Regions for Health Network to develop demonstration projects and facilitate the exchange of knowledge and experiences.

14. We will support and empower the European Environment and Health and Youth Coalition (EEHYC) and other international youth organizations at international, regional, national, and local levels, to make their action more relevant in policymaking and implementation.

15. We will convene the next Environment and Health Ministerial Conference by 2030.

16. We will make every effort to mobilize the necessary resources nationally and internationally, and call upon the governing bodies of WHO and UNECE for their support, in close collaboration with UNEP in particular, and with other relevant UN and international organizations in the region.

17. We express our gratitude to the government of Hungary for hosting this Conference and we wish to thank both the government and the people of Hungary for their warm hospitality.
Signed in Budapest, Hungary on 6 July 2023

Péter Takács
State Secretary for Health
on behalf of Sándor Pintér
Minister of Interior Hungary

Anikó Raisz
State Secretary for Environment and Circular Economy on behalf of Csaba
Minister of Energy, Hungary

Hans Henri P. Kluge
Regional Director WHO Regional Office for Europe

Lantos
Minister of Energy, Hungary
ANNEX 1
ROADMAP FOR HEALTHIER PEOPLE, A THRIVING PLANET AND A SUSTAINABLE FUTURE 2023–2030

This Roadmap is an integral part of the Declaration of the Seventh Ministerial Conference on Environment and Health. It describes a set of actions for Member States’ consideration that facilitate the implementation of the commitments of this Declaration and accelerate progress to prevent and reduce the health consequences posed by climate change, environmental pollution, and biodiversity loss, as well as to strengthen governance, human resources, financing and knowledge for health and the environment.

The Roadmap also highlights the continuing need to improve the universal provision of essential health-determining services, such as water, sanitation and hygiene, management of waste and wastewater and healthy and sustainable mobility and transport, in an equitable, sustainable and resilient manner. A proper planning of the built environment is recognized as a potential enabler for action towards this end. which will be paramount to the achievement of the Sustainable Development Goals in the WHO European Region.

A. Prioritizing action to tackle the most pressing health challenges related to climate change, pollution and biodiversity loss

Climate change

Why urgent action is needed

Between 1991 and 2021 temperatures in the WHO European Region have warmed at an average rate of about 0.5 °C per decade. This is more than twice the global average and it makes the Region the fastest-warming region globally. This demonstrates the urgent need to significantly reduce greenhouse gas emissions and to act on the consequences of climate change on human health and well-being. Climate change compromises health systems and causes communicable and noncommunicable diseases, including mental illnesses, that result from extreme weather events (e.g., heat waves, floods, drought spells, wildfires) and slow-onset developments (e.g., water scarcity, loss of permafrost). Indirect impacts include the spread of vector-, food- and water-borne diseases, allergies, compromised food and water security, diminished well-being, and reduced labour productivity, especially in vulnerable populations.

Our commitment: We will enhance our efforts to tackle the health and well-being impacts of climate change through adaptation and mitigation action by the health and health-determining sectors, by:

1. making health systems and facilities climate-resilient and environmentally sustainable, and by striving for decarbonizing service delivery in alignment with the COP26 Health Programme;
2. establishing health-centred targets in national planning, in particular in the Nationally Determined Contributions (NDCs) under the Paris Agreement under the United Nations Framework Convention on Climate Change;

The commitments in paragraphs 68 and 77 of this Roadmap may not apply to countries that are not party to the legal instruments mentioned therein.
3. developing, updating, and implementing Health National Adaptation Plans (H-NAPs), either as stand-alone documents or integrated as part of National Adaptation Plans (NAPs);
4. developing and updating heat-health action plans to effectively prevent, prepare for and respond to heat-related health risks, while adapting urban planning to address the impacts of urban heat island effects, taking into account the competencies of different levels of governance;
5. establishing and updating regulatory requirements to ensure the climate resilience of water and sanitation services, and, where appropriate, promoting the reuse of wastewater, while ensuring that it is safe for health and protects the environment;
6. strengthening natural disaster risk reduction policies and climate-informed health early-warning and surveillance systems for extreme weather events and climate-sensitive disease outbreaks;
7. strengthening the climate-literacy of health professionals to empower them to respond to climate health impacts and engage meaningfully on climate change policy development in the health sector.

We will accelerate progress by considering the following actions:

8. promoting healthy mitigation measures such as renewable energy provision, active mobility, improved waste management and healthy and sustainable diets;
9. joining the Alliance for Transformative Action on Climate Change and Health (ATACH) and forming a regional community of practice of European countries that takes into account sub-regional specificities and prevailing vulnerabilities to climate change;
10. leveraging the Health in Climate Change (HIC) working group, established under the EHTF, as a platform for sharing experiences and innovations, promoting tools, communicating evidence, showcasing good practices in climate change and health, and fostering partnerships among countries and stakeholders;
11. making use and contributing to the work of existing initiatives and platforms, such as the European Climate and Health Observatory;
12. relying on WHO’s guidance on heat-health action planning and for climate resilient and environmentally sustainable health care facilities, among others, and building and intensifying collaboration with a wide range of different actors and stakeholders across all levels of governance;
13. leveraging the EHP Partnership on Health Sector Climate Action, aiming to provide a regional community of practice to support countries’ efforts to develop climate-resilient, low-carbon and environmentally sustainable health systems in line with the COP26 Health Programme and the ATACH initiative.
Environmental Pollution

Why urgent action is needed

Pollution of air, water and soil, exposure to hazardous chemicals, noise, and other physical risk factors (such as UV or radon) are responsible for a major burden of disease, which still need to be fully estimated. Exposure to different types of pollution poses a multitude of health risks to people throughout the life course, contributes to the burden of non-communicable and communicable diseases, and can lead to both acute episodes and long-term adverse effects. These health impacts include cardiovascular and respiratory diseases, endocrine, immunologic and metabolic disorders, and cancer. Exposure to pollution can also impair children’s development and affect mental health. In addition to urgent actions needed to address a wide range of pollutants, for which the health evidence is well-established and advancing, new and emerging issues, such as electromagnetic radiation, require attention and response and addressing multiple exposures to pollutants.

Our commitment: We will continue and enhance our efforts to reduce the substantial burden of diseases caused by different types of pollution and work to reduce exposure and prevent adverse health impacts of pollution in the future, by:

14. updating policies and taking action, including revisions and gradual setting of stricter air quality standards, taking into account available technology and economic conditions, to achieve reduction of exposure to air pollution and its health impacts, together with measures that improve air quality, in particular source control;
15. supporting the transition to generation of and equitable access to renewable energy, recognizing its crucial role in reducing air pollution, mitigating climate change, and delivering multiple health benefits;
16. improving indoor air quality to protect health, with particular focus on children and other vulnerable groups, for example by considering ventilation systems in schools, chemicals in building and furniture materials, household fuel combustion and energetically retrofitted housing;
17. developing and implementing policies and actions to reduce exposure to environmental noise, and exploring the health and well-being benefits of interventions that target both air quality and environmental noise;
18. developing and implementing preventive regulation of chemicals, their mixtures and waste at the national and regional level as well as in the context of international and regional Conventions, and ensuring a greater involvement of the health sector in sound chemicals and waste management;
19. enhancing efforts to reduce emissions and releases of chemicals to the environment, in particular, persistent and so called ‘forever’ chemicals, pharmaceuticals, pesticides, endocrine disrupting chemicals, etc., through legislative and other measures to reduce exposure and the risks of adverse health effects;
20. promoting the establishment and use of human biomonitoring as an effective instrument to help guide policies and actions to prevent health impacts caused by chemicals through exposure reduction;
21. ensuring access to poison centres equipped with essential capabilities, in particular to prevent and respond to poisonings and contribute to sound chemicals management;
22. reducing water pollution, including through minimizing the amount of untreated or insufficiently treated wastewater and biosolids released into the environment, and
ensuring their safe reuse, where applicable;

23. addressing the environmental dimension of antimicrobial resistance (AMR) by supporting measures to minimize releases of antimicrobials, residues, resistant microorganisms and genes into the environment, as well as by addressing environmental aspects into AMR national action plans, including through the operationalization of the One Health Approach;

24. strengthening and maintaining core public health capacities for surveillance of environment and health threats, and establishing environmental surveillance of disease agents in wastewater, for the effective response to outbreaks and incidents, and informed public health action.

We will accelerate progress by considering the following actions:

25. using the WHO guidelines on air quality, on water quality, on safe use of wastewater, on environmental noise, and on the establishment of poison centres, as evidence informed reference for national standard setting or actions/interventions;

26. leveraging the existing platforms, like the Joint Task Force on Health Aspects of Air Pollution under the UNECE Convention on Long-range Transboundary Air Pollution, and tools to strengthen capacities and systems to monitor air pollutants and to assess the health impacts of air pollution;

27. promoting the creation of an international toxicovigilance network and to share experiences and to facilitate targeting the risks associated with new practices and products as well as long used substances;

28. supporting the adoption of a new framework for the sound management of chemicals and waste at the 5th Meeting of the International Conference on Chemicals Management (ICCM 5) and contributing to the implementation of the recommendations of the ICCM meetings in the European Region;

29. promoting the active engagement of WHO in the ad hoc open-ended working group tasked with supporting the establishment of a science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, as outlined in Resolution UNEP/EA.5/Res.8 adopted by the Fifth Session of the United Nations Environment Assembly in 2022;

30. leveraging the EHP Partnership on Human Biomonitoring, as an innovative mechanism to advance monitoring of exposure to chemicals and their mixtures, to share data and to contribute to risk assessments on chemicals;

31. aligning efforts with the (forthcoming) regional AMR roadmap for the WHO European Region for 2023-2030.
Biodiversity loss and land degradation

Why urgent action is needed

Rapidly accumulating evidence shows how changes in the global environment result in profound and negative impacts on nature and biodiversity. The interconnections between the health of humans, domestic and wild animals, livestock, plants and ecosystems are now recognised along with the critical role played by biodiversity loss, land degradation, climate change and the environment as driving forces in this human-animal-environment health interface. Depletion of natural resources has an enormous impact on human health. At the same time, nature and biodiversity provide basic conditions to human health and protect it through essential ecosystem services, such as exposure to quality green and blue spaces for promoting mental and physical health, clean water, air and soil, and healthy food. Maintaining the integrity of natural ecosystems is critical in preventing zoonotic and vector-borne diseases, and pandemics.

Our commitment: We will integrate nature and biodiversity in health policies and adopt the One Health approach interlinking policies and actions related to health of humans, animals, and ecosystems, while taking into account benefits and risk associated with human interaction with nature, by:

32. conserving, protecting, restoring, and sustainably using and managing natural ecosystems to protect human health, including from vector borne and zoonotic diseases;
33. promoting and strengthening the integration of the environmental dimension in the operationalisation of the One Health approach;
34. monitoring biological particles and invasive species to better inform environment and health professionals and the public, especially susceptible people, on the level of risk.

We will accelerate progress by considering the following actions:

35. integrating nature, biodiversity and health in our National Portfolios for action on environment and health;
36. leveraging the 2022 Kunming-Montreal global biodiversity framework of the Convention on Biological Diversity, including the integration of the One Health approach in National Biodiversity Strategies and Action Plans (NBSAPs);
37. leveraging the UNEA-5 Resolution ”Nature-based solutions for supporting sustainable development” while ensuring the protection of human health;
38. making use of the 2024 European High-Level Conference on One Health to exchange experiences and good practices, stimulate collaboration and coordination among all relevant sectors and stakeholders, and operationalize the Quadripartite One Health Joint Plan of Action (2022-2026).
B. Delivering essential services and a safe built environment for healthy and resilient communities

Why urgent action is needed

Provision of essential public services and safe built environments are central in preventing disease and promoting health and well-being. They are critical to enhance the resilience of human settlements to environment and health threats and for a healthy and green recovery from the pandemic. Essential public services in communities include the provision of safe, equitable and sustainable water, sanitation and hygiene services, the safe management of waste and wastewater, and healthy and sustainable transport services. They must be sustained, improved and adequately resourced. Sustainable and healthy design, planning and management of built environments promote public health and healthy lifestyles. There is a need to work across different levels of government, maximizing the potential of each respective level.

Water, sanitation and hygiene

Our commitment: We will ensure universal and equitable access to safe drinking water, sanitation and hygiene services for all in all settings and promote continuous investment in maintaining such services, by:

39. updating policies to adopt a risk-based approach for the safe and climate-resilient management of the drinking-water supply chain from catchment to consumer;
40. updating policies to adopt a risk-based approach for the safe and climate-resilient management of the sanitation service chain;
41. implementing national strategies on universal hand hygiene, in particular in community settings, and promoting effective behaviour change actions;
42. ensuring quality of care through improved water, sanitation and hygiene in health care facilities;
43. establishing policies that promote menstrual health and access to affordable means for menstrual hygiene.

We will accelerate progress by considering the following actions:

44. leveraging the Protocol on Water and Health as a regional policy instrument supporting the implementation of commitments at the national level, also capitalizing on the Protocol's technical tools and resources;
45. mainstreaming the recommendations of the WHO guidelines for drinking-water quality and on sanitation and health, including through building capacity for the implementation of water and sanitation safety plans (WSPs and SSPs) as public health benchmarks in consistently ensuring safe water and sanitation services;
46. capitalizing on the WHO/UNICEF Hand Hygiene for All initiative and promoting implementation at the national level through its principles and tools;
47. strengthening implementation of the 2019 WHA resolution on water, sanitation and hygiene in health care facilities, including menstrual health services, making use of relevant WHO guidance and recommendations.
**Waste and contaminated sites**

**Our commitment:** We will set up strategies and frameworks for safe management of waste and for the identification and remediation of contaminated sites, to move towards an effective and safe implementation of the circular economy approach in line with the Basel-Rotterdam-Stockholm Conventions, by:

48. ensuring the safe collection, treatment and disposal of waste and promoting reduction of waste, while addressing in particular illegal and uncontrolled waste disposal;
49. developing appropriate systems to safely manage health care waste to prevent infectious and non-infectious risks for human health and the environment, and strengthening the related national regulations and standards;
50. further developing and implementing safe processes for cleaning contaminated sites and redeveloping such sites for safe human use.

**We will accelerate progress by considering the following actions:**

51. enforcing standards and monitoring of emissions, discharges and waste from economic activities;
52. implementing the WHO guidance on safe management of wastes from health-care activities.

**Transport and mobility**

**Our commitment:** We will promote healthy, safe, climate-friendly and inclusive mobility and transport for all, while reducing inequalities, including in and between cities and rural areas, by:

53. developing and implementing national and international policies and strategies to promote healthy, safe, climate-friendly and active mobility, including a switch to zero-emission transport systems and mobility management;
54. creating favourable conditions and planning safe infrastructures for walking and cycling suitable for all populations to use;
55. promoting clean, reliable, accessible, affordable and high-quality public transport services.

**We will accelerate progress by considering the following actions:**

56. promoting initiatives towards sustainable transport and mobility;
57. leveraging and strengthening THE PEP activities and its Partnerships, and implementing the Vienna Declaration, adopted at the Fifth High-level Meeting on Transport, Health and Environment;
58. striving to reduce land-take by motorised road transport and parking infrastructure;
59. directing investments, fiscal incentives and green finance initiatives towards sustainable transport and mobility;
60. promoting and supporting partnerships on healthy and sustainable mobility;
61. leveraging the extended THE PEP/EHP Partnership on Healthy Active Mobility, aiming at strengthening the health focus and the involvement of the health sector in this endeavour.
Planning of built environments

Our commitment: We will work in close partnership with cities and regions to support green, healthy, resilient and equitable settings to the benefit of all citizens, working across different levels of governments to maximise policy coherence and synergies among the different levels, by:

62. implementing nature-based solutions and circular economy approaches, promoting sustainable investments for spatial planning and climate friendly infrastructure;
63. reducing soil sealing in urban, suburban and rural areas, and counteracting urban sprawl;
64. reducing environmental pollution including noise exposure;
65. promoting the decarbonisation of urban processes;
66. increasing green and blue spaces.

We will accelerate progress by considering the following actions:

67. making use of existing WHO tools and approaches, such as health impact assessments;
68. integrating further the assessment of environmental, including health, effects, in decisionmaking and planning procedures by leveraging the Protocol on Strategic Environmental Assessments under the Espoo Convention on Environmental Impact Assessment in a Transboundary Context;
69. implementing urban-related measures from international commitments (such as the Sustainable Development Agenda, the New Urban Agenda, the Paris Agreement and the Sendai Framework);
70. further developing the work on policy coordination at different levels of decision-making done by the Working Group on Collaboration of Local and Subnational Authorities (CoLSA), possibly within the framework of a new EHP Partnership.

C. Strengthening governance, intersectoral collaboration, human resources and knowledge for health and environment

Why urgent action is needed

Recovering from Covid-19 and tackling the triple crisis challenges call for a transformative change. It further calls for a whole-of-society approach, including effective collaboration across government sectors at the national, subnational and local levels. Environment and health leaders and professionals need adequate mandates, knowledge and tools to address the environmental and climate threats to health and promote the societal benefits of healthy environments. Research and innovation must be translated into action at increasing speed.

Our commitment: We will strengthen the interlinkages between environment and health, including by:

71. promoting a transformative governance for environment and health, by strengthening mechanisms and tools for intersectoral collaboration;
72. preparing the environment and health workforce to be able to tackle challenges associated with the triple crisis;
73. promoting research and innovation to address environment and health challenges, including by identifying emerging issues with the potential to harm human health, such as plastic pollution, and other knowledge gaps, promoting research to address them, and
on translating science into policies and actions.

**We will accelerate progress by considering the following actions:**

**Governance:**

74. organizing and supporting national multisectoral policy dialogues, exchanges of experiences among countries and in-country action, with the aim to facilitate the implementation of commitments in this Declaration, and to make evidence-based guidance and tools available through a web portal;

75. convening an executive officers meeting on Governance and Capacities for Environment and Health by the end of 2024, to foster the identification of good practices in governance mechanisms and intersectoral collaboration and to exchange information on enablers and barriers to sustainable and equitable development at the national level;

76. creating an environment and health leaders’ course on governance for policy makers and senior practitioners, to strengthen education and foster practical exchange to advance environmental and health governance;

77. promoting awareness raising, effective and inclusive access to information, public participation in decision-making and access to justice on environmental matters that impact health, especially considering the health of children and young people, in accordance with the Aarhus Convention;

78. leveraging relevant sub-regional platforms, such as the WHO Western Balkans and Central Asia Roadmaps for health and well-being, the Small Countries Initiative and the Arctic Council to promote exchanges of experiences among countries sharing similar subregional priorities and needs;

**Competencies:**

79. leveraging the WHO Bonn School on Environment and Health to coordinate an initiative to review the existing professional profiles for environment and health and produce recommendations by the end of 2025 to be considered by Member States for developing their own environment and health professional profile;

80. advocating to create, review, update and prioritize youth education, training programmes and curricula for environment and health in collaboration with relevant ministries and national partners;

81. promoting the establishment of learning programmes integrating environmental aspects in the curricula of health care professionals;

82. leveraging programmes and projects carried out across the WHO European Region and by the European Union, addressing shortages of professionals and skills, education and training, as well as innovative research initiatives on established and emerging environment and health risks;

**Research and innovation:**

83. leveraging opportunities for sharing scientific information and knowledge on the interlinkages between the degradation of ecosystems, climate change and biodiversity loss, and the emergence and spread of infectious diseases.
ANNEX 2

TERMS OF REFERENCE OF THE EHP PARTNERSHIPS

I. Introduction

Addressing the existing and emerging environment and health challenges requires additional, strong joint action, and concrete mechanisms to improve coordination and cooperation, while recognizing that different countries have different environment and health priorities, which reflect country-specific political, economic, social, cultural and natural conditions.

To this aim, the seventh Ministerial Conference on Environment and Health is launching a new agile thematic action-oriented mechanism - the “EHP Partnerships” - to facilitate the implementation of the commitments taken in this Declaration.

II. Scope and purpose of the EHP Partnership

The EHP Partnership will serve the following purposes:

1. to support the implementation of the EHP commitments at national and international level, by fostering collaboration and exchange of knowledge among partners interested in addressing together specific environment and health challenges;
2. to strengthen ownership among potential partners, who would be closely involved in the work to be carried out under the umbrella of the Partnership;
3. to facilitate the mobilization of human and financial resources for the implementation of concrete activities at the national, subnational and local level.

The Partnerships can bring together countries and other partners in their efforts to implement the Budapest Declaration. The activities under the Partnerships could include projects, capacity building, trainings, events, dissemination and uptake of relevant WHO norms and standards, as well as of tools and methods for assessing the health effects of environmental risk factors and monitor progress in addressing them, identification of good practices and documentation of case studies.

In the framework of the Partnerships, countries and stakeholders interested in addressing specific challenges would work together, providing each other with technical support, sharing knowledge and experiences, including on institutional strengthening.

The EHP Partnerships would entail the following main functions:

(a) implementing and disseminating guidance, methods, tools and training packages for integrated approaches in health and environment policy making;
(b) fostering capacity building and training and the exchange of know-how and expertise, possibly with a focus on the needs of low and middle-income countries;
(c) providing technical assistance at the national and subnational level for the development, implementation and evaluation of integrated policy approaches and the application of developed guidance, methods and tools;
(d) exploring the feasibility of project-related subregional cooperation including the joint use of technical facilities and expertise;
(e) developing supportive material, promoting research and dissemination of results;
(f) providing international advocacy and cooperation;
(g) supporting information sharing and increased visibility of the EHP.
The EHP Partnerships should aim at establishing synergies with on-going similar activities within the EHP or other frameworks, bringing added value to common objectives.

III. The EHP Partnerships governance

Each Partnership will have a lead country/s and/or organisation/s from the EHP members. The Partnership can include representatives of other EHP members, as well as other intergovernmental organizations, international financial institutions, local authorities, non-governmental organizations, private sector, academic and professional associations, and research institutions, of relevance to the EHP. All partners commit to actively participating in partnership activities in accordance with their respective needs and capacities.

The EHP Partnerships are established by a decision of the EHTF. Leading countries and/or organizations will compile the EHP Partnership Form provided below and will submit it to the Secretariat for approval by the EHTF.

If proposals of new Partnerships are submitted during the intersessional period between the annual EHTF meetings, they can be approved through on-line EHTF consultations. The EHTF can also entrust its Bureau to approve them on its behalf.

New partners could join a Partnership at any stage. In such case, the lead country/organization should submit a revised Partnership Form to the EHP Secretariat, which in turn will inform the EHTF for its approval.

The Partnerships operate under the EHTF, and their activities are to be agreed by the EHTF. The lead country/s and/or organisation/s will regularly report to the EHTF on progress achieved.

Lead country/s and/or organisation/s will have full authority to manage the work of the Partnership, in particular, they are expected to:

- establish and maintain contacts with Partnerships’ members, including Member States, intergovernmental, non-governmental and other organizations;
- identify and engage relevant experts, who would support its work;
- organize Partnership’s meetings and follow-up activities;
- prepare agendas, technical documents, meeting reports and publications;
- report regularly to the EHTF;
- present the work of the Partnership in relevant intergovernmental events;
- support fund raising activities.

Financing of the Partnerships activities, including organization of meetings, funding of participants attending meetings and events, translation and interpretation costs, are entirely of a voluntary nature, and tailored to specific circumstances and availability of resources.

The WHO Secretariat will support the Partnerships by providing input to their scope and programme of work, with the objective of ensuring alignment and synergy with relevant WHO policies, priorities and initiatives. WHO will make available relevant guidance, methodologies and tools, and could also consider contributing by relevant expertise and technical support.

These Terms of Reference can be revised anytime through a decision by the EHTF.

37 Participation of non-State actors may be subject to an assessment in line with the WHO Framework for Engagement with Non-State Actors.
EHP Partnership Form

1. Name of the Partnership

1. Leading country and/or organization

2. Partners

3. Objectives

4. Description (max 200 words)

5. Expected outcomes

6. Any additional optional information/document
Annex 6. List of participants

Andorra
Jesús Galindo
Chief of Service Food Safety and Environment Area
Govern d'Andorra

Armenia
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Deputy Director General
National Center of Disease Control and Prevention

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Deputy Minister
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Austria
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Austrian Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation and Technology

Rafael Haigermoser
Board Member
Austrian National Youth Council

Ilonka Horváth
Senior Health Expert
Austrian National Public Health Institute

Ruperta Lichtenecker
Head of Department Climate and Health
Austrian National Public Health Institute

Renate Nagy
Official
Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation and Technology

Andrea Schmidt
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Judith Schübl-Reiterer
Expert
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Azerbaijan
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Ministry of Ecology and Natural Resources

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Araz Nasirov
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Public Hospitals Administration

Teymur Mirzabayli
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Belarus
Sergei Sychik
Director, Ph.D. Ass.prof.
Scientific Practical Centre of Hygiene of the Ministry of Health

Alena Drazdova
Deputy Director for Science
Republican Scientific-Practical Centre of Hygiene

Belgium
Zakia Khattabi
Minister of Climate, Environment, Sustainable Development and Green Deal
Federal Government of Belgium
Dirk Ramaekers  
President  
Committee of Directors  
Federal Public Service Health, Food  
Chain Safety and Environment  

Raphaël Schröder  
Deputy Head of Mission  
Embassy of Belgium in Budapest  

Bart Bautmans  
Public Health Officer  
Environmental Health Care  
Flemish Ministry of Welfare, Public  
Health and Family Matters  
Department of Care  

Priscilla Declerck  
Analyst air quality  
Brussels Environment  

Eveline DeCoster  
Environment Advisor  
Office of the Belgian Federal Minister of  
Climate, Environment, Sustainable  
Development and Green Deal  

Bram Lefever  
Coordinator of the National Environment  
Health Action Plan  
Federal Public Service Health, Food  
Chain Safety and Environment  

Marie-Esther Poivre  
United Nations (UN) Youth Delegate for  
Biodiversity  
Youth Forum  

Marielle Smeets  
Strategic Advisor Environment & Health  
Federal Public Service Health, Food  
Chain Safety and Environment  

Clara Symoens  
Personal Assistant to the Minister  
Office of the Belgian Federal Minister of  
Climate, Environment, Sustainable  
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Fabrice Thielen  
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Chain Safety and Environment  

**Bosnia and Herzegovina**  
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Expert Advisor  
Ministry of Foreign Trade and Economic  
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Anita Kos-Dragičević  
Senior Public Health Associate  
Ministry of Health and Social Welfare,  
Government of Republic of Srpska  

Bojana Racic  
Senior Official for Strategic  
Environmental Assessment and  
Preliminary Environmental Assessment  
Ministry of Spatial Planning,  
Construction and Ecology,  
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Sabina Salihbegović  
General Secretary  
Ministry of Environment and Tourism of  
Federation of Bosnia and Herzegovina  

Aida Vilić-Švraka  
Medical doctor, Specialist of Hygiene  
and Health Ecology  
Public Health Institute, Federation of  
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**Bulgaria**  
Momchil Sidjimov  
Head of Department  
National Centre of Public Health and  
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**Croatia**  
Pavle Jelicic  
Head of Environmental Health Service  
Croatian Institute of Public Health
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Rebecca Kokkinofta
Deputy Director of the State General Laboratory
Ministry of Health

Georgios Sava
Public Health Officer
Ministry of Health

Czechia
Vaclav Platenik
Deputy Minister
Ministry of Health

Dominika Bachmanová
Officer
Ministry of the Environment

Marcela Kubicova
Head of Unit of Bilateral Cooperation and International Organizations
Ministry of Health

Frantisek Mudronka
Official
Ministry of Health

Estonia
Heidi Alasepp
Deputy Secretary General on Health
Ministry of Social Affairs

Ramon Nahkur
Adviser
Ministry of Social Affairs

Aive Telling
Head of Environmental Health and Chemical Safety
Ministry of Social Affairs

France
Valentine Bekka
International Policy Officer
Ministry of Health

Pierre Breton
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Laetitia de la Maisonneuve
Cheffe de Cabinet
Ministry of Health

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Ministry of Health

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<td>Vice President of External Affairs</td>
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<tr>
<td>European Network of Medical Residents in Public Health</td>
<td>Francesca Zanni</td>
<td>President</td>
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<tr>
<td>European Public Health Alliance</td>
<td>Cale Lawlor</td>
<td>Senior Policy Manager for Global Public Health</td>
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</table>
European Public Health Association
Mariëke Verschuuren
Executive Director

European Respiratory Society
Barbara Hoffmann
Advocacy Council Chair elect

Health and Environment Alliance
Julianna Angelova
EU Research Projects Coordinator

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Anne Stauffer
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Health Care Without Harm Europe
Aurore Bardellin

Sam Bishop
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Will Clark
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Helena Uhl
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Circular Healthcare Programme Manager

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Katalin Mózer-Zima

Attiláné Nyerges

Gyáni Réka
Ádám Siklós
<table>
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<tr>
<th>Organization</th>
<th>Name</th>
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<tr>
<td>World Organisation for Animal Health</td>
<td>Chadia Wannous</td>
<td>One Health Global Coordinator</td>
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<td>United Nations and related organizations</td>
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<tr>
<td>Food and Agriculture Organization of the UN</td>
<td>Raimund Jehle</td>
<td>Regional Programme Leader</td>
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<td>Jeremy Schlickenrieder</td>
<td>Natural Resources Officer</td>
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<td>International Agency for Research on Cancer</td>
<td>Joachim Schüz</td>
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<td>Office of the United Nations High Commissioner for Refugees</td>
<td>Muriel Tschopp</td>
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<td>Maria Osbeck</td>
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<td>UNECE</td>
<td>Armin Bigham Ghazani</td>
<td>Associate Expert</td>
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<td>Nicholas Bonvoisin</td>
<td>Chief, Operational Activities and Review Section</td>
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<td>Virginia Fuse</td>
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<td>Marco Keiner</td>
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<td>Sonja Koeppel</td>
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<td>Dmitry Mariyasin</td>
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<td>Nataliya Nikiforova</td>
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<td>Carolin Sanz Noriega</td>
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<td>UN Environment</td>
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<td>Wondwosen Asnake Kibret</td>
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<td>Tomas Marques</td>
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<td>Zsófia Havasi</td>
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<td>Valentyna Kyrychenko</td>
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<tr>
<td>World Health Organization</td>
<td>Susan Ahrenst</td>
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<td>Kossara Alexandria</td>
<td>Technical Officer</td>
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<td>Saida Aliyeva</td>
<td>Partnerships and Resource Mobilization</td>
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<td>Hilaire Armstrong</td>
<td>Technical Officer, Youth Initiative</td>
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<td></td>
<td>Judit Balai</td>
<td>Business Operations Associate</td>
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<td></td>
<td>Philip Baumann</td>
<td>ICT Specialist</td>
</tr>
</tbody>
</table>
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