Report of the thirteenth meeting of the European Environment and Health Task Force

Brussels, 20–21 April 2023
Abstract

The thirteenth meeting of the Environment and Health Task Force was convened in Brussels, Belgium, on 20 and 21 April 2023, with many representatives attending online. Representatives of Member States of the WHO European Region and stakeholders discussed the proposed outcome document and programme of work of the Seventh Ministerial Conference on Environment and Health (Budapest, Hungary, 5–7 July 2023).

Keywords: ENVIRONMENT; HEALTH; NATIONAL PRIORITIES

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Report of the thirteenth meeting of the European Environment and Health Task Force

Brussels, 20–21 April 2023
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The meeting was generously hosted by the nongovernmental organization, Health and Environment Alliance (HEAL). Financial support was also provided by the Federal Ministry of Health of Germany and the Swedish International Development Agency.

Acronyms and abbreviations

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<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>CoLSA</td>
<td>EHTF Working Group on Collaboration of Local and Subnational Authorities</td>
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<td>COVID-19</td>
<td>coronavirus disease</td>
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<td>ECEH</td>
<td>WHO European Centre for Environment and Health</td>
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<td>EHP</td>
<td>European Health and Environment Process</td>
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<td>EHTF</td>
<td>Environment and Health Task Force</td>
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<td>HEAL</td>
<td>Health and Environment Alliance</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>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>WASH</td>
<td>water, sanitation and hygiene</td>
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Introduction

1. The thirteenth meeting of the European Environment and Health Task Force (EHTF) took place in Brussels, Belgium, on 20–21 April 2023, with many representatives attending online. The meeting was chaired by Ms Brigit Staatsen (Kingdom of the Netherlands), Chair of the EHTF, and Professor Raquel Duarte-Davidson (United Kingdom of Great Britain and Northern Ireland), Co-Chair. The meeting was generously hosted by the nongovernmental organization, Health and Environment Alliance (HEAL). Financial support was also provided by the Federal Ministry of Health of Germany and the Swedish International Development Agency. See Annex 1 for the scope and purpose of the meeting, Annex 2 for the programme of work and Annex 3 for the list of participants.

Opening and adoption of agenda and programme

(Documents EURO/EHTF13/01, EURO/EHTF13/02, EURO/EHTF13/03, EURO/EHTF13/04 and EURO/EHTF13/12)

2. Dr Nino Berdzuli, Director, Division of Country Health Programmes, WHO Regional Office for Europe, formally opened the 13th meeting on 20 April and welcomed 88 representatives of 36 Member States and 10 institutional stakeholders. The purpose of the meeting was to finalize the agenda and programme of the Seventh Ministerial Conference on Environment and Health, which would take place on 5–7 July 2023 in Budapest, Hungary, by kind invitation of the Government of Hungary. The previous day, Dr Berdzuli had met members of the Permanent Representation of Hungary to the European Union and had briefed representatives of the European Commission Directorates-General for Climate Action, Environment, Research and Innovation, Health Emergency Preparedness and Response and Health and Food Safety on the forthcoming Ministerial Conference.

3. Ms Génon K. Jensen, Executive Director, HEAL, welcomed participants and noted that her organization was celebrating its 20th anniversary in 2023. HEAL had produced a range of infographics related to environment and health. The infographics were available in hard copy at the current meeting or in downloadable form from HEAL’s website (https://www.env-health.org/).

4. Ms Francesca Racioppi, Head of the WHO European Centre for Environment and Health (ECEH), likewise welcomed participants to the meeting, which was the first EHTF meeting ever to be hosted by a nongovernmental organization. The Secretariat had amended the original agenda, programme and draft Budapest declaration in the light of comments and suggestions made by Member States at the previous session of the Task Force and subsequently in writing (see document EURO/EHTF13/12).

5. In its current form, the draft declaration comprised an initial formal declaration by ministers, including the commitments undertaken, followed by an annex describing the rationale and proposed actions for each commitment. The emphasis on the “triple crisis” of climate change, environmental pollution, and biodiversity loss and land degradation, requested by the Task Force, had been maintained. Energy and climate change had been addressed together. The parts of the text dealing with the health dimensions of environmental challenges, the importance of water, sanitation and health (WASH) measures, waste transport and management and previously less emphasized issues, such as noise, had been strengthened. The separate elements of essential public health services and the built environment had been more clearly distinguished.

6. The agenda and programme of work were adopted.

Discussion on the draft Budapest Declaration and proposals for the EHP Partnerships

(Documents EURO/EHTF13/6 and EURO/EHTF13/12)

7. Participants expressed general approval of the updated draft and provided specific comments, which are summarized below.
Preamble and commitments (paras. 1–17)

8. Participants generally approved of the wording of the preamble. The actor expected to fulfil each commitment (e.g. central government, the health sector, the environment sector, etc.) should be explicitly stated. Suggested improvements included greater emphases on: the role of young people; the impact of the triple crisis across generations; the need for research; and the importance of education and training. Reductions in greenhouse gas emissions must be both “sustained”, i.e. maintained in the long term, and “sustainable”, i.e. not causing further environmental harm. One participant suggested that indoor and outdoor air pollution should be mentioned separately, since different policies were required to tackle them. The Secretariat clarified the concept of a “dual track” approach, combining recovery and improvement in everyday health care with increased preparedness to tackle future health emergencies.

9. Some participants argued strongly for a specific reference to the environmental impact of health systems and health policies, and the need for the health sector to pay more attention to its own climate impact. However, the consensus was that the commitments should be addressed equally to the health and the environment sectors.

10. Suggested additions included the need for action to counter gender and other inequalities, particularly given the persistent impact of the pandemic of coronavirus disease (COVID-19); monitoring, surveillance and risk evaluation; green and blue spaces; radiation hazards; the impact of extreme temperatures; the declarations of previous Ministerial Conferences on Environment and Health; the Beating Cancer Plan and other noncommunicable disease initiatives of the European Commission.

11. Participants called for the inclusion of a statement on peace as a precondition for sustainable development, good health and well-being in the light of the ongoing conflict in Ukraine. Such a statement would be in line with the WHO Global Health and Peace Initiative. The Chair noted that the commitments in the declaration should be sufficiently uncontroversial that they could enjoy the support of as many ministers as possible.

12. With reference to specific commitments, participants suggested referring in commitment 2 to “determinants” of ill health and diminished well-being, rather than “drivers”. Commitment 4 should include a reference to research in the environment–health nexus. The Secretariat clarified the concept of “accelerators” (commitment 4) by describing them as new activities aimed at speeding up the implementation of existing activities. Examples of “accelerators” included high-level meetings or workshops on governance.

13. In commitment 7, one participant cited the considerable effort involved in developing national portfolios for health, and questioned the feasibility of intensifying action to develop and implement them. Instead, reviewing and updating existing portfolios might be more appropriate. Another participant called for a reference to all previous declarations on environment and health, including the Ostrava Declaration.

14. In commitment 8, participants saw a need to review the indicators used for national reporting under the Sustainable Development Goals (SDGs) and other monitoring frameworks in the light of experience before undertaking a commitment to use them. For instance, the indicators on air and water quality were relevant, but there were no indicators to measure the quality of the urban environment. The Secretariat recalled that Member States had opted to use existing monitoring frameworks, even if they were not a perfect fit in the environment and health context, in order to reduce their burden of reporting.

15. In commitment 11, one participant stressed the importance of avoiding undue interference or conflicts of interest in dealings with the private sector. In response, another participant noted that ministries of health and environment would already have private sector engagement policies in place.

16. The Secretariat suggested moving commitment 12 to the section on EHP Partnerships in the Environment and health roadmap (Budapest Declaration, Annex 1).

17. In commitment 13, one participant suggested the standard wording, “chemicals, their mixtures and waste”. Another suggested adding a reference to the Convention on Biological Diversity.
Annex 1. Environment and health roadmap for healthier people, a thriving planet and a sustainable future 2023–2030

18. In general remarks on the draft roadmap, participants emphasized that the recommended actions should be presented as a list of options from which Member States could choose in accordance with their national priorities. They reiterated the need to distinguish the “commitments”, which specified desired results, from the “accelerators”, which were practical actions aimed at achieving the said results. One participant called for a detailed list of actions at the beginning of each section of the roadmap.

Annex 1A. Prioritizing action to tackle the most pressing health challenges related to climate change, pollution and biodiversity loss

Climate change (paras. A1.1–A1.10)

19. The Secretariat noted that a paragraph on heat health had been added since the previous draft, and reminded participants that the EHTF Working Group on Health in Climate Change was preparing a second edition of the 2021 publication, *Zero regrets: scaling up action on climate change mitigation and adaptation for health in the WHO European Region*. Any new partnerships in the area of climate change should complement, not duplicate, the work of the Working Group.

20. Participants remarked that some of the recommended actions, for instance those relating to heat health, did not fall within the mandate of health or environment ministries. Rather, they might be the responsibility of regional or local authorities, not the central government. Thus, ministries of health or environment could not undertake the relevant action, but could only support or encourage it.

21. Suggested additions to the text included a reference to the Global Stocktake (an accountability exercise to be undertaken in 2023 under the United Nations Framework Convention on Climate Change); the European partnership for the assessment of risks from chemicals; food security and safety and resilience of food systems in the context of climate change; wildfires.

Environmental pollution (paras. A1.11–A1.26)

22. The Secretariat listed the changes included since the previous draft, including: a new paragraph on environmental noise (A1.15); action to complement and support the future regional roadmap on antimicrobial resistance; and a call for epidemiological surveillance of wastewater.

23. Some participants asked for the inclusion of specific diseases (e.g. cancer, respiratory diseases, cardiovascular diseases) linked with environmental pollution, while others preferred a more general reference to health risks and burden of disease. Some participants suggested, in a number of paragraphs, the use of “softer” wording, i.e. to replace “commit to” with “consider”. Some participants thought that “softer wording” would allow more Member States to use a wider range of evidence, beyond that which was cited specifically in those paragraphs. However, other participants disagreed with that notion. One participant drew attention to a draft resolution1 to be considered by the forthcoming World Health Assembly on the impact of chemicals, waste and pollution, including plastics, on human health. Some suggestions were made to reorder or shorten paragraphs.

24. Suggested additions included: the “cocktail effect” of multiple exposures to hazardous chemicals or pollutants; the response to fires or other adverse incidents in chemical plants; monitoring of air pollutants; regulation of hazardous chemicals at regional and national levels; endocrine-disrupting chemicals, cancer risk and effects on reproductive health; and all the types of threat covered by the One Health concept.

Biodiversity loss and land degradation (paras. A1.27–A1.33)

25. The Secretariat introduced the new text, much expanded and amended from the previous version. It provided that Member States should undertake to include nature, biodiversity and health in their national portfolios for action on environment and health, and do more to integrate the environmental

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1 Subsequently adopted in World Health Assembly resolution WHA76.17.
dimension into their operationalization of the One Health approach. The text also included a new paragraph (para. A1.33) on the Global vector control response 2017–2030 strategy.

26. Participants made a number of suggestions to shorten and clarify the text. Suggested additions included a reference to the implications of biological particles for persons with allergies and the health-care practitioners who treated them. One participant noted that the pandemic preparedness treaty, currently being negotiated at the global level by WHO, would cover the Global vector control response 2017–2030 strategy, and that paragraph A1.33 could, accordingly, be deleted.

Annex 1B. Delivering essential services and a safe built environment for healthy and resilient communities

27. The Secretariat presented an expanded text with a clearer distinction between essential services (e.g. WASH, waste management and transport and mobility) and the built environment, including urban planning. Participants noted that the section made no reference to the health and environmental impact of energy use, to indoor air pollution or to the rural-urban linkages promoted by UN-HABITAT. One participant called for a specific reference in the commitments section to the Transport, Health and Environment Pan-European Programme (THE PEP), which formed a valuable complement to the European Environment and Health Process (EHP). Another participant suggested a reference to green and blue areas in peri-urban and fluvial environments, as well as urban areas. Several clarifications to the wording of the section were proposed.

Water, sanitation and hygiene (paras. A1.34–A1.36)

28. The Secretariat presented the new version of the text, which covered risk-based approaches, WASH in health care facilities and safe management of wastewater, as requested by Member States. Participants’ suggested additions included a new paragraph on the environmental impact of menstrual health products, for which indicators were available through the WHO/UNICEF Joint Monitoring Programme for WASH data. In response to suggestions for additions relating to indoor air pollution, microplastics and energy, the Secretariat noted that those issues were already covered elsewhere in the Roadmap.

Waste and contaminated sites (paras. A1.37–A1.38)

29. One participant suggested the addition of a reference to non-toxic circular economy solutions. Another noted that the circular economy approach should also be applied to health-care waste. A third participant called for a reference to illegal or uncontrolled waste and poor waste management, which was a major problem in many countries, as well as the need to reduce waste production overall.

Transport and mobility (para. A1.39)

30. The Secretariat noted the increased emphasis in the current version on the Vienna Declaration, adopted at the Fifth High-level Meeting on Transport, Health and Environment (Vienna, Austria and online, 17–18 May 2021) and the further development of THE PEP. More data were needed, especially from the eastern part of the WHO European Region. One participant called for greater emphasis on active mobility (walking, cycling) rather than transport.

Urban planning (paras. A1.40–A1.43)

31. Participants suggested the addition of references to rural as well as urban planning, renewable energy, health and environment impact assessments and healthy and green design principles and assessment. The Secretariat suggested that the references to the WHO Healthy Cities Network, the Regions for Health Network and, potentially, the EHTF Working Group on Collaboration of Local and

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Subnational Authorities (CoLSA), should be moved to the section on partnerships. One participant noted that CoLSA was preparing a policy brief on its activities.

**Annex 1C. Strengthening governance, intersectoral collaboration, human resources and knowledge for health and environment (paras. A1.44–A1.54)**

32. The Secretariat introduced the new version of the text, noting that the original paragraph 7, on research and innovation, would be moved to section C. Paragraph A1.54, on initiatives in the Aral Sea basin, was provisionally presented in square brackets. The Secretariat noted that a partnership or other initiative in the Aral Sea basin was currently under discussion.

33. Suggested amendments and additions included a statement on peace as a precondition for sustainable development, good health and well-being; the creation of new programmes for youth education and training programmes and the creation of a separate paragraph for the Protocol on Strategic Environmental Assessment to the Convention on Environmental Impact Assessment in a Transboundary Context. One participant noted that ministries of health or environment might not have the mandate to influence education and training. Moreover, even in professional education, for instance in medical schools, environment and health education had to compete with many other priorities.

34. Following informal discussions, a wording was agreed for the statement on peace as a precondition for sustainable development, good health and well-being, with the proviso that a reference would be added to any decision taken by the forthcoming World Health Assembly on the future WHO roadmap for the Global Health and Peace Initiative.\(^4\)

**Next steps and timeline**

35. The Secretariat undertook to revise the draft roadmap to reflect Member States’ comments and suggestions. In particular, the section on climate change would be revised to promote action by both health and environment ministries, and emphasize the need to involve the health sector more closely in the climate change agenda, with a specific reference to the forthcoming second edition of the *Zero regrets* paper. The revised draft of the Budapest Declaration would be circulated to WHO National Counterparts for an online consultation, and then discussed in an extraordinary meeting of the EHTF Bureau, tentatively planned in early May. A final EHTF meeting would take place the day before the Ministerial Conference to iron out any remaining points.

**Annex 2. Proposals for the EHP Partnerships**

36. The Secretariat introduced the proposed terms of reference of the new EHP Partnerships. They were modelled on the successful Partnerships created by THE PEP, and were intended to be action-oriented, flexible and tailored to specific countries or subregions. Each EHP Partnership would have a lead Member State or stakeholder, with the network of partnerships being coordinated by the EHTF. The partners would be responsible for funding and resource mobilization.

37. A number of participants shared their proposals for EHP Partnerships. The representative of Germany reported on a new EHP Partnership on human biomonitoring, chosen because of her country’s experience in that area and the lack of regional instruments governing chemical safety. The EHP Partnership was intended as a network for sharing experiences and information, and would not conduct original research. Germany had presented its proposal at a WHO meeting on health-related priorities in chemical safety in October 2022. Georgia had already expressed interest in joining the EHP Partnership, and the ECEH Secretariat had recently launched an online consultation seeking further expressions of interest. The EHP Partnership covered the entire WHO European Region and was open to all EHP stakeholders. Ideally it would bring together policy-makers, officials working in public health and chemicals regulation, academic institutions, civil society and relevant international organizations. Members would undertake to contribute some time and effort to the EHP Partnership. No financial contribution was required, since the German Federal Ministry for the Environment, Nature

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\(^4\) See subsequent World Health Assembly decision WHA76(12).
Conservation, Nuclear Safety and Consumer Protection would meet the basic operating costs, including one in-person/hybrid meeting per year. Germany could also share experiences and publicly available information from its time as lead stakeholder of the now-disbanded Human Biomonitoring Initiative for Europe. A launch ceremony for the EHP Partnership was planned during the Ministerial Conference.

38. One participant referred to successful existing Partnerships, in the framework of THE PEP, and stressed the great commitment required from the lead stakeholder and the desirability of providing financial assistance, if possible, to enable lower-resource countries and youth representatives to fully participate. Other participants drew attention to the need to guard against potential direct or indirect conflicts of interest on the part of the private sector, including industry associations, which would require strict compliance with the WHO Framework of Engagement with Non-State Actors. They also cited the difficulties involved in motivating and retaining volunteers to give regular blood samples for biomonitoring. The representatives of Austria and the Kingdom of the Netherlands expressed interest in joining the Partnership.

39. The representative of the Kingdom of the Netherlands reported on a proposal, still in its very early stages, to set up an EHP Partnership for healthy and sustainable living environments and active mobility, which would aim to highlight the associated health benefits. Provisionally, it was planned to hold some in-person meetings and to set up an online platform where queries could receive a quick response. It would be important to avoid potential duplication with the activities of the existing Partnership on Active Mobility under THE PEP. An online consultation to gauge Member States’ interest was planned for May 2023.

40. The representative of the Kingdom of the Netherlands presented a second, likewise very provisional, proposal for an EHP Partnership on healthy and sustainable living environments for all, intended to create a local or subregional community of practice to achieve transformational change and coherence across different administrative levels, both horizontal and vertical. The EHP Partnership would operate through in-person and online meetings, site visits, thematic webinars and innovative approaches such as hackathons. It would be particularly suitable for smaller towns and cities that did not already have links with similar cities in other countries, although the associated costs would need to be considered. An online consultation to gauge Member States’ interest was planned, also for May 2023.

41. One participant noted that, although the health benefits of cycling were indisputable, there were also risks involved (road traffic crashes, etc.); the cost of preventing and mitigating adverse incidents must be taken into account. Others reiterated the risk of duplicating the activities carried out in THE PEP and diluting the impact of and resources on offer for activities in that area.

42. The representative of Ireland described a tentative proposal for an EHP Partnership on climate mitigation activities in the health sector, which would share experiences and best practices, particularly those arising from the grass-roots level, in areas not covered by existing processes. The Secretariat welcomed the proposal, which would be a good example to convince ministers of the value of the EHP’s work in climate action, and offered its support. The Kingdom of the Netherlands and the United Kingdom expressed interest in the proposal.

43. The representative of the United Kingdom introduced a tentative proposal for an EHP Partnership that would provide support and networking for the establishment of poison centres, particularly in smaller countries of the Region. It might focus, for instance, on the health impacts of poisons or on surveillance and use of data. Member States were invited to express interest in the proposal.

**Update on the progress of preparation for the Seventh Ministerial Conference**

*(Documents EURO/EHTF13/7; EURO/EHTF13/8; EURO/EHTF13)*

44. Ms Kitti Almer, of the Hungarian Ministry of the Interior, presented an update on the preparations for the Ministerial Conference, to be held at the HungExpo conference centre in Budapest. Evening receptions would be held at the Museum of Fine Art and the Castle Garden Bazaar.
Discussion on the draft programme of the Ministerial Conference

(Document EURO/EHTF13/9)

45. The Secretariat presented the revised provisional programme of the Ministerial Conference. On the first day, 5 July, the official opening ceremony, attended by the President of Hungary, would take place, followed by a “setting the scene” session describing the triple crisis of climate change, environmental pollution and biodiversity loss. Day 2, which was expected to enjoy the greatest participation by ministers, would feature sessions on the health effects of pollution, on biodiversity and on health in climate change. The day would end with the launch of the EHP Partnerships and the adoption of the Budapest declaration. A statement by youth representatives might also be scheduled for that day. The final day, 7 July, would focus on promoting healthy and resilient settings, strengthening governance, capacities and knowledge, and acting in partnership. The Conference would be accompanied by parallel sessions, site visits and new information product launches. Participants were invited to make use of the conference promotional materials developed by the Secretariat and encourage their senior officials to participate at the highest level and in person.

46. Participants from Azerbaijan, Belgium, France, Georgia, Germany, Kyrgyzstan and the Kingdom of the Netherlands indicated that their ministers or deputy ministers planned to attend the Conference. The President and high-level representatives of the Ministry of Interior and Ministry of Energy of Hungary would attend.

47. Member States were encouraged to nominate at least one youth delegate. Other suggestions included considering low-carbon means of transport to Hungary, such as rail travel, and Member States considering the possibility of sponsoring attendance by a nongovernmental organization.

Presentation of the programme for parallel sessions, exhibitions and posters

(Document EURO/EHTF13/9)

48. The Secretariat described the process of selecting topics and speakers for the parallel sessions. Eleven priority topics had been selected, including air quality, chemical safety, climate change and environmentally sustainable health systems. The gratifyingly large number of 25 applications had been received; some speakers with similar topics had agreed to hold a joint session, and the original 15 sessions had been increased to 20, so all requests could be taken into consideration. There had been 15 applications for posters and four applications to host an exhibition space, but the call for those was still open. The parallel events would be listed in a booklet and on the conference app.

Update on youth involvement and activities in the run-up to and during the Ministerial Conference

49. The Secretariat and youth delegates, noting that youth representatives had now been involved in the EHP for 20 years, introduced the proposed youth activities at the Ministerial Conference, which included a position statement and/or a portfolio for youth action, as well as, potentially, a youth EHP Partnership, for which Member State support was requested. A parallel session would be held in which youth representatives would present the results of consultations with young people’s organizations across the Region. Furthermore, research results would be presented relating to environmental hazards and associated health risks, practical guidelines on minimizing environmental exposure to hazards and risk prevention. Youth organizations in the host country would organize a hackathon to encourage innovation and promote collaboration. Youth delegates called upon Member States to include young people in their delegations.
Update on the development of the background documents

50. The Secretariat reported on the status of the background documentation to be submitted to the Ministerial Conference, in addition to the second edition of the Zero regrets document. The documentation would provide regional-level data on the burden of environment-related diseases in Europe, mostly dating from 2019, in two main areas. The first was key environmental risks to health, including ambient and household air pollution, WASH, chemicals, climate change and radiation. The second was healthy European cities, including sustainable and climate-smart health systems. Key recommended actions for Member States and WHO, and possible areas for intersectoral collaboration, would be included. Country-level data on the number of deaths per 100 000 population, attributable to ambient and indoor air pollution, would also be provided. One participant noted that any discrepancies in the data due to differences in methodology should be duly explained.

51. The Secretariat presented the results of the assessment of Member States’ national portfolios of action on environment and health, which would be summarized in a forthcoming policy brief. In all, 30 Member States had created a portfolio, and nine more planned to do so. Future portfolios would include data on nature and biodiversity, two topics which had not been featured in the original list of thematic priorities.

52. The challenges identified in the portfolios included risk assessment of emerging hazards, as well as monitoring and evaluation. Further challenges associated with the COVID-19 pandemic included a high turnover of health workers, management of large volumes of clinical waste and the need to counter misinformation and disinformation. Opportunities identified included increased political priority and legitimacy; improved communication with other sectors, regional and local authorities and the general public; and increased awareness of public health measures such as wastewater surveillance, as well as the availability of post-COVID-19 recovery funding. Suggested improvements included increased exchanges of experience between Member States, thematic webinars and training provided by the Regional Office and country offices, as well as a template for the national portfolio. The results of the assessment were broadly consistent with the commitments prepared for the draft Budapest declaration. One of the Secretariat’s conclusions was that, while the portfolios were not yet dynamic enough to be used as a strategic planning tool, they had the potential to be further developed and used for future agenda setting and policy prioritization.

53. Participants commented that more cross-sectoral policies had emerged since the adoption of the Ostrava Declaration. For instance, nationally determined contributions for greenhouse gas emissions or on single-use plastics had emerged, which would influence the future development of the national portfolios.

54. The Secretariat presented a forthcoming report on lessons learned from the pandemic which had, in particular, provoked a renewed emphasis on communicable diseases in the Region and on issues such as ventilation of indoor environments, waste management and mobility. A review of existing and emerging research tools would also be submitted to the Ministerial Conference to raise awareness of new technologies, new areas of research such as One Health and the exposome and new behavioural and cultural insights. Participants noted that the identified measures could also be useful in other contexts. Examples of measures included improved indoor ventilation and mask-wearing in periods of high air pollution.

55. The Secretariat introduced a background document on the use of Member States’ annual reporting on their implementation of the SDGs to monitor their implementation of the Ostrava Declaration. A total of 39 SDG indicators had been identified as suitable, of which data were available for 31 indicators. Most data came from 2019 and 2020, and were disaggregated into six subregions. The Secretariat had measured the coverage for each indicator and, where possible, created a time series showing changes in the data for a specific country over time. An annex showed national profiles for each of the 31 indicators, as far as the available data allowed. WHO headquarters had launched an initiative, the Health and Environment Country Scorecards, which gave a brief overview of the status of two indicators in each of six categories, the health impact of the risks involved, and the associated policies. One participant noted that several Member States had noted discrepancies in the data reported from the SDG
monitoring system, compared with their own data. An appropriate explanation of possible differences in methodology and, where necessary, disclaimers, would be required. Another participant drew attention to the Global sustainable development report 2023, which identified key transformative interventions and capacity needs, but also the adverse effects that action in one area could have on other areas.

Communications action plan for the Ministerial Conference

(Document EURO/EHTF13/11; EURO/EHTF13/13)

56. The Secretariat introduced the communications action plan for the Ministerial Conference, divided into activities during the run-up to the Conference, with diplomatic briefings, a website, an advocacy package and a concise ministerial briefing; activities during the Conference itself, including videos and interviews, press conferences and social media content; and activities to publicize the outcomes of the Conference to external audiences, including the United Nations High-Level Political Forum on Sustainable Development, the WHO Regional Committee for Europe and the Annual Business Meeting of the WHO Healthy Cities Network. The communications were available on the ECEH SharePoint for Member States to download and adapt as they wished.

57. The Secretariat appealed to EHTF members to supply the names and contact details of appropriate contact persons in their own media relations departments, so that communications materials could be sent directly to them. Suggestions from participants included the opportunity to contribute to the daily news summaries and press releases, to prepare quote cards with remarks contributed by panel members and other major speakers, and to coordinate the hashtags used on social media.

Any other business, summary of decisions, next steps and closure of meeting

58. The representative of Austria invited all EHTF stakeholders to attend the forthcoming meeting of THE PEP Partnership and klimaaktiv mobil (Vienna, Austria, 25–27 April 2023).

59. The Secretariat described the next steps in preparation for the Ministerial Conference: preparation of the final draft of the Budapest declaration; approval by the EHTF officers and by Member States in an online consultation; final feedback and approval by an EHTF meeting on 4 July.

60. Ms Racioppi thanked the host of the meeting, HEAL, the EHP Secretariat and all staff responsible for preparing for the meeting. She paid tribute to Mr Massimo Cozzone, Programme Manager, Multisectoral Partnerships for Environment and Health, who would be retiring shortly, and welcomed his successor, Ms Nino Sharashidze.

61. Ms Staatsen thanked all participants and declared the meeting closed.

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Annex 1. Scope and purpose

The thirteenth meeting of the EHTF is convened to conclude the preparation of the Seventh Ministerial Conference on Environment and Health, which will take place in Budapest, Hungary, on 5–7 July 2023. The primary objective of this meeting is to advance in the preparation for the Conference, finalizing the drafting of the Ministerial Declaration and the Conference programme.

In particular, the EHTF is expected:

- to discuss and provide input to the draft Declaration, as revised by the Secretariat on the basis of the input received at the eleventh meeting of the EHTF Bureau (28 February–1 March 2023, Budapest, Hungary) and in written form after the meeting;
- to be informed by the host country and the Secretariat on the progress of preparation for the Conference;
- to discuss proposals for the EHP Partnerships: EHTF members will be encouraged to propose concrete ideas for leading and/or joining the Partnerships;
- to be informed and discuss various aspects of the Conference programme such as format, scope of sessions, speakers and panellists. Member States may wish to inform the EHTF about their participation at the political level;
- to be informed on the programme of parallel sessions, exhibitions, and posters;
- to be informed about and discuss the communications action plan for the Conference, including a communications package developed for Member States and stakeholders;
- to be informed on the status of development of the background documents for the Conference;
- to be informed about and discuss the youth involvement and activities in the run-up to and during the Conference.
# Annex 2. Programme of work

<table>
<thead>
<tr>
<th>Thursday, 20 April 2023</th>
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<tbody>
<tr>
<td><strong>8:30 – 9:30</strong> Registration</td>
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<tr>
<td><strong>9:30 – 9:45</strong> Session 1 – Opening, adoption of the agenda</td>
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<tr>
<td>The EHTF is invited to adopt the agenda and the programme of the meeting.</td>
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<tr>
<td>Relevant documents:</td>
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<tr>
<td>- EURO/EHTF13/1 List of documents</td>
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<tr>
<td>- EURO/EHTF13/2 Scope and Purpose</td>
</tr>
<tr>
<td>- EURO/EHTF13/3 Provisional Agenda Rev.1</td>
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<tr>
<td>- EURO/EHTF13/4 Provisional Programme</td>
</tr>
<tr>
<td><strong>9:45 – 11:00</strong> Session 2 – Discussion on the draft Budapest Declaration and proposals for the EHP Partnerships</td>
</tr>
<tr>
<td>The Secretariat will update the EHTF on the development of the drafting of the Budapest Declaration, following the discussion at the 11th meeting of the EHTF Bureau and the comments received thereafter. The EHTF is invited to discuss the draft Declaration. Participants will also discuss proposals for the EHP Partnerships.</td>
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<tr>
<td>Relevant documents:</td>
</tr>
<tr>
<td>- EURO/EHTF13/6 Draft Declaration of the Seventh Ministerial Conference on Environment and Health</td>
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<tr>
<td>- EURO/EHTF13/12 Annotated table of comments on the draft Declaration of the Seventh Ministerial Conference on Environment and Health</td>
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<tr>
<td><strong>11:00 – 11:30</strong> Coffee break</td>
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<tr>
<td><strong>11:30 – 13:00</strong> Session 2 (continued)</td>
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<tr>
<td><strong>13:00 – 14:00</strong> Lunch break</td>
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<tr>
<td><strong>14:00 – 15:30</strong> Session 2 (continued)</td>
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<tr>
<td><strong>15:30 – 16:00</strong> Coffee break</td>
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<tr>
<td><strong>16:00 – 17:00</strong> Session 2 (continued)</td>
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<td><strong>17:00 – 17:15</strong> Wrap up of the first meeting day</td>
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<tr>
<th>Friday, 21 April 2023</th>
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<tbody>
<tr>
<td><strong>9:30 – 11:00</strong> Session 2 (continued)</td>
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<tr>
<td><strong>11:00 – 11:30</strong> Coffee break</td>
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<tr>
<td><strong>11:30 – 12:00</strong> Session 3 – Update on the progress of preparation for the Seventh Ministerial Conference</td>
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<tr>
<td>In this session, the Secretariat and the host country will present updates on the preparations for the 7th Ministerial Conference, which will include preparatory steps towards the Conference (diplomatic briefings, subregional consultations), and information on logistics and organizational aspects.</td>
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<tr>
<td>Relevant documents:</td>
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<tr>
<td>- EURO/EHTF13/7 Provisional Agenda of the Ministerial Conference</td>
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<td>- EURO/EHTF13/8 Provisional Scope and Purpose of the Ministerial Conference</td>
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<td>- EURO/EHTF13/13 Communications and advocacy package</td>
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<td>Time</td>
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<td>12:00 – 13:00</td>
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<td>16:15 – 16:30</td>
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</tbody>
</table>
Annex 3. List of participants

**Armenia**
Anahit Aleksandryan (online)
Legal adviser
Ministry of Environment
Yerevan

Nune Bakunts
Deputy Director General
National Centre of Disease Control and Prevention
Ministry of Health
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**Austria**
Andrea E. Schmidt (online)
Head of Department
Austrian National Public Health Institute
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Robert Thaler (online)
Head of Department
Federal Ministry for Climate Action, Environment, Energy, Mobility, Innovation and Technology
Vienna

**Azerbaijan**
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Public Health and Reforms Center
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Aytan Seyidova
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Ministry Ecology and Natural Resources
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**Belarus**
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Head of International Cooperation Department
Scientific and Practical Center for Hygiene
Ministry of Health of the Republic of Belarus
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**Belgium**
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Anne Swaluë
International Relations Attaché
Federal Public Service for Public Health, Food Safety and Environment
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Analyst Air Quality
Brussels Environment
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Analytic Affairs and Reporting
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Ministry of Health of the Czech Republic
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Ministry of Social affairs
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France
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  Luxembourg
- Christine Redecker (online)
  Team leader, Health in all Policies
  DG Sante
  Luxembourg
- Dimitrios Sarikizoglou (online)
  Policy Analyst
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- António Marques Pinto
  President
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**European EcoForum**
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  Eco-Accord
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- Arianna Gamba
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**Health and Environment Alliance (HEAL)**
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  UNDP
  Ashgabat

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Shinee Enkhtsetseg (online)  
Technical Officer
THE WHO REGIONAL OFFICE FOR EUROPE

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

WHO/EURO:2023-7778-47546-69955

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Iceland
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