



HELSINKI DECLARATION ON ACTION FOR ENVIRONMENT AND HEALTH IN EUROPE

Notes:

1. In this document “Europe” and “the Region” refer to the European Region of the World Health Organization.

2. Throughout this document where the term “governments” (“countries”) is used, it will be deemed to include the European Community within its areas of competence.

1. We, the Ministers of the Environment and the Ministers of Health of the European Member States of the World Health Organization (WHO) and the Members of the European Commission (EC) responsible for environment and health, have met here in Helsinki under the auspices of the Finnish Government and the WHO Regional Office for Europe, in accordance with the European Charter on Environment and Health adopted at our First Conference, held in Frankfurt, Germany in 1989, and the mandate given to us through Agenda 21 adopted at the United Nations Conference on Environment and Development (UNCED) in 1992.

2. We have a shared goal before us: to improve the living and health conditions of the present generation, to ensure that the carrying capacity of nature is not exceeded and that the right of future generations to a satisfying and productive life is safeguarded. Sustainable development can only be assured by radical changes in present patterns of production and consumption. Coexistence between man and nature is a prerequisite for the future of humankind. Prosperity and the continuing development of society must be based on full recognition and sustained protection of the biological diversity of nature.

PROGRESS

3. This Second Conference takes place in a politically and economically different Europe from that of 1989. Major

political changes have led to a substantial increase in the number of European Member States of WHO. Some countries are torn by armed conflicts. Many now face the problems of transition from a centrally planned to a market economy. Economic recession has affected most parts of the Region. In this new geopolitical setting, a number of related international initiatives are being taken which address environment and health issues of direct concern to Europe. (See note 3). We draw attention to the importance of the Environment for Europe process initiated at Dobris Castle in 1991, which led to the adoption by the Pan-European Ministerial Conference in Lucerne in 1993 of the Environmental Action Programme for Central and Eastern Europe and the elements for a long-term Environmental Programme for Europe. The initiatives taken under the Environment for Europe process and our commitments to action in environment and health must be mutually supportive and closely related to the work of the Commission on Sustainable Development established by United Nations General Assembly resolution. It is only in this way that the European family can make a common and coherent response to the challenges of environment, health and development.

Note 3: We take particular note of the Basle Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, the Framework Convention on Climate Change and the Convention on Biodiversity, all of which have now entered into force, while the provisions of the Montreal Protocol to the Vienna Convention for the Protection of the Ozone Layer have been updated and strengthened. Three new conventions have been developed

Declaration & UN Instrument

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under the auspices of the United Nations Economic Commission for Europe (UN/ECE): the Convention on the Protection and Use of Transboundary Watercourses and International Lakes, the Convention on Environmental Impact Assessment in a Trans-boundary Context and the Convention on the Transboundary Effects of Industrial Accidents.

4. We are satisfied that the most important decisions of our First Conference have been followed through. Many countries now base their policies on health and the environment on the European Charter. A WHO European Centre for Environment and Health (WHO/ECEH) is established and operational. In preparing the report Concern for Europe's Tomorrow (CET), the Centre developed a comprehensive regional analysis which gives an overall assessment of health in relation to the environment.
5. In 1993 the World Health Assembly adopted a Global Strategy on Health and Environment in response to the recommendation of the WHO Commission on Health and Environment and the results of the UNCED. This provides a unifying framework for objectives and actions in the area of health and environment.

THE CHALLENGE IN ENVIRONMENT AND HEALTH

We note that the nature and extent of issues requiring preventive or remedial action have been highlighted by the work carried out in preparation both of the CET report and the Pan-European State of the Environment Report prepared under the Environment for Europe process. (See note 4). We are disturbed at the serious consequences for the health and wellbeing of large numbers of people within the European Region resulting from unsatisfactory living, working and recreational environments, such as: Note 4: Both reports are being finalized for publication later in 1994.

CONTAMINATED FOOD AND WATER

Four years after the end of the United Nations International Drinking Water Supply and Sanitation Decade, over 100 million people in the Region lack access to reliable supplies of safe drinking water and an even greater number are not provided with sanitation services.

Waterborne infections such as hepatitis A and diarrhoeal diseases are a major problem in the eastern parts of the Region where, in addition to difficulties in provision of reliable supplies, inadequate water treatment and maintenance of distribution systems result in microbiological contamination of the water supply.

Illnesses due to microbiological contamination of food are increasing throughout the Region owing to unwise or deficient practices and technologies in food production, processing and storage.

Some 130 million people a year are estimated to be at risk of disease due to Salmonella and Campylobacter alone.

AMBIENT AND INDOOR AIR POLLUTION

The respiratory systems of millions living in some urban areas are at risk because of the levels of ambient air pollution from existing power plants, industry and growing vehicular traffic.

Indoor air pollution, including pollution from tobacco smoke and from radon, aggravated by the lack of adequate ventilation, is increasingly recognized as a cause of ill health.

Air pollution may be a cause of reported increases in asthma attacks and other allergic reactions.

In some areas, emissions of lead from industry and from vehicles using leaded gasoline cause blood levels of lead in young children which may be associated with impaired mental development.

DEATH AND INJURIES FROM ALL FORMS OF ACCIDENT, INCLUDING NUCLEAR EMERGENCIES

Within the Region, road, home and occupational accidents are the cause of over 200 000 deaths each year and a large number of injuries and permanent disabilities. Environmental factors contribute to many of these accidents; their incidence could be reduced by effective preventive measures.

Eight years after Chernobyl, the design and operational condition of many nuclear power plants are still in need of urgent improvement in order to prevent another such accident.

Already, in some areas affected by the Chernobyl accident, the frequency of thyroid cancer in children has risen about one hundredfold; many more people are suffering from psychosomatic disorders brought on by the accident and uncertainties as to its long-term effects on their health.

Some countries, seeking a guarantee against major disasters and the resulting threats to human health or for other reasons, have adopted an energy policy which excludes nuclear power.

ECOLOGY AND HEALTH

A number of major policy decisions in the past, such as those relating to the development of the Aral Sea basin for intensive agriculture and the use of Semipalatinsk for nuclear weapons testing, have created situations which are today hazardous to the health of millions of people.

URBAN HEALTH

Deteriorating living conditions in many urban areas have adverse effects on the health of large numbers of citizens.

Structural and technological change in the economy has resulted in unacceptably high levels of unemployment, especially among young people, which can have adverse effects on physical and mental health. Levels of deprivation and squalor are already unacceptable in many places. Lack of action on these issues could threaten the very cohesion of our society.

OCCUPATIONAL HEALTH

About half the workers out of a total of 400 million in the Region do not have access to adequate occupational health services.

There are 25 000 fatal accidents at work each year, together with an estimated 10 million injuries. About 16 million workers may be exposed to carcinogenic agents.

CONSEQUENCES OF ARMED HOSTILITIES

Armed conflicts have created very large numbers of refugees and resulted in the destruction and disruption of water supplies and other essential environmental health services, threatening the health of entire communities.

COMMITMENT TO ACTION

7. In implementing this Declaration, we will follow the recommendations of the 1992 report of the WHO Commission on Health and Environment, which emphasized that there is complementarity, not conflict, in the promotion of health and the protection of the environment. The WHO Commission's concept has been endorsed by the Commission on Sustainable Development, which has stressed the need to integrate health, environment and development goals and activities: we will be guided by its decisions as these relate to environment and health in Europe. We recognize that the need for better utilization of the limited resources available within and to countries calls for extended and intensified international cooperation. Sustainability must be built into the strategies of all sectors; the real cost of utilization of scarce non-renewable resources must be made transparent.
8. We shall abide by the policies and principles embodied in the European Targets for Health for All and the European Charter on Environment and Health, especially its provisions for preventive measures. We pledge ourselves to act:
 - to maintain solidarity, both within

and among nations, by our participation in collaborative efforts to improve

- environmental health and by giving priority to conditions in the worst affected areas of the Region;
 - to ensure sustainability in development, through appropriate action in the environment and health sectors, in order to meet the needs of the present population without compromising the ability of future generations to meet theirs;
 - to practice cooperation and partnership, in pursuit of improvements in environment and health, not only between the health and environmental sectors but also with other economic sectors and with all social partners having contributions to make in setting targets and implementing plans;
 - to apply the principle of subsidiarity, in order to ensure that in all circumstances decisions are made at the most effective level.
9. Member States decide their priorities in the light of their own situations, but there are certain issues such as water and air quality which, because of the severity or scale of the problems caused, demand the attention of all countries. We endorse the Environmental Health Action Plan for Europe (EHAPE) as the means through which we may protect and promote health and conserve and improve the environment. We are committed to implementing its major thrusts, as follows.

COUNTRY, REGIONAL AND LOCAL ACTIONS

10. We commit our respective health and environment departments to developing jointly, not later than 1997, action plans on health and the environment, working with and through competent authorities or inviting them to draw up such action plans where appropriate and legally or constitutionally required. These plans should be integrated in or closely linked with

both environmental action programmes and with health planning processes, and specifically the action plans required by the UNCED follow-up and the Environment for Europe process. We will intensify cooperation with other governmental authorities, such as those responsible for agriculture, energy, industry, transport and tourism, in order to integrate environment and health issues into their existing policies, as an important step towards sustainability.

11. We are convinced that there is a pressing need for a more comprehensive, integrated approach to creating healthy and ecologically sound local communities and for a much better understanding of the interplay of the many factors contributing to their wellbeing. We will act in response to UNCED's call for countries "to develop plans for priority actions based on cooperative planning by the various levels of government, nongovernmental organizations and local communities".

TRANSFRONTIER AND EUROPE-WIDE ACTIONS

12. In order to ensure that health considerations are given appropriate weight in determining action to be taken, we request WHO, in partnership with other relevant international organizations, to intensify its contribution to the further elaboration and implementation of provisions regarding air, water and soil pollution in those environmental conventions which have among their aims the protection of human health. (See note 5). This should include the development of mechanisms for effective implementation in countries. Such mechanisms for effective implementation are legislation; the assignment of responsibilities, including those for coordination between environmental and health sectors; and ensuring that levels of pollutants in air, water, soil and food are monitored for the purpose of achieving and sustaining reductions of exposure. Having in mind potential

health effects, we recommend that, wherever pollution across borders is known to make a significant contribution to total exposure, efforts made should ensure that sources of pollutants are adequately controlled.

Note 5: In particular, the Convention on Long-Range Transboundary Air Pollution and its related protocols as well as the Convention on the Protection and Use of Transboundary Watercourses and International Lakes; the Convention on Environmental Impact Assessment in a Transboundary Context; the Convention on the Transboundary Effects of Industrial Accidents; the International Atomic Energy Agency Convention on Early Notification of a Nuclear Accident, and the International Atomic Energy Agency Convention on Nuclear Safety which is open for signature.

13. We give our support to WHO's environmental health programme in Europe and to all other related European programmes designed to develop and strengthen environmental health management. We place special emphasis on actions for the improvement of essential environmental health services including occupational health, information systems, systems for risk assessment and management, professional training, and public awareness and participation.
14. We resolve, as a matter of urgency, to develop increased European collaboration on defining interrelationships between the urban environment and health. Innovative approaches to and measures for empowering inhabitants to develop their living environments are now required, to reverse the negative trends in the quality of life which are being experienced in many cities. In order to stimulate action on environmental, health and social problems, we strongly support efforts to improve urban living conditions through the activities of the Europe-wide "Healthy Cities" and other such networks.
15. We undertake to strengthen coordinated action in our countries to reduce

the growing toll of human lives taken by accidents. As a first step, we propose that consideration should be given to the collection, on a uniform basis throughout the Region, of information on the environmental and behavioural causes of different categories of accidents, in order to determine where remedial action can most usefully be applied.

16. We call on WHO to collaborate with other organizations in the establishment or strengthening of effective preventive measures, including the use of early warning systems and appropriate public health counter-measures, so that potentially affected countries can take timely action.
17. We recognize that the scientific basis for action on some problems of concern to us needs to be strengthened. To this end, we endorse the proposal for a joint programme of research involving the WHO Regional Office for Europe, the European Science Foundation and the European Commission. We agree that the establishment of a regular series of international meetings to share the results of this programme and other research would be valuable.

ACTIONS TO SUPPORT COUNTRIES IN TRANSITION AND THOSE SUFFERING FROM THE RESULTS OF ARMED CONFLICT

18. We stand ready to respond to requests from countries in economic and social transition which may need assistance to make improvements in their environmental health services, both bilaterally and through existing international mechanisms. We pledge support to programmes aimed at remedying specific environmental situations in relation to health in those countries where internationally based action is warranted, with particular reference to international agreements already reached. We request WHO, in partnership with other international organizations and funding agencies, to develop and coordinate the health dimensions of such programmes in

concert with the Environmental Programme for Europe and in liaison with the implementation of the Environmental Action Programme for Central and Eastern Europe, as well as international river basin, enclosed seas and other subregional action programmes.

19. We acknowledge that external assistance will be effective only if countries' efforts are directed to enhancing and as necessary reforming environmental health services and information systems, training environmental health professionals and building public awareness. We pledge support to the continuation of technical assistance, for which the National Integrated Programmes on Environment and Health, developed by WHO/ECEH, may serve as a model.
20. Aware that many cities and towns in countries in transition suffer from poorly maintained public services, we call on WHO and other organizations concerned to give priority to the low-visibility but important task of rehabilitating services such as those for water supply and water and waste treatment that are essential to health. In view of the long neglect of these services in many countries, we stress the need for adequate training of the staff responsible for their efficient operation and proper maintenance. In pursuing these objectives, countries should draw on the Action Plan on Drinking Water and Sanitation adopted by the Commission on Sustainable Development.
21. We express our horror at the hostilities and civil strife in the disputed areas of the Region, which have already resulted in hundreds of thousands of people being killed, many more wounded and millions displaced. We acknowledge the urgent need for our solidarity to be expressed in operational terms, in order to hasten the return of the survivors of the hostilities to normal life. We support and strongly encourage the intensification of actions taken by WHO, in cooperation with other United Nations bodies,

relief organizations and individual Member States of WHO, to protect public health conditions in the countries and areas that are now or have recently been the theatre of armed hostilities. The task of restoring healthy living conditions will be even more daunting. We request WHO, in close cooperation with Member States and all relevant organizations, including funding agencies, to start now to contribute to planning the major efforts that will be required to alleviate adverse health conditions and restore basic environmental health services once peace is achieved.

INSTITUTIONAL SUPPORT

22. We recognize that the successful sustained implementation of EHAPE is dependent on collaboration between the partners in the Environment for Europe process and the WHO Regional Organization for Europe. (See note 6) utilizing existing coordinating mechanisms so far as possible.

Note 6: The term "regional organization" (WHO Constitution Chapter 11, Articles 44-53) refers collectively to the separate but interactive roles and responsibilities of WHO Member States, the Regional Committee and the Regional Office.

23. We have judged that fulfilment of EHAPE will require its own machinery. To harness the cooperation and involvement of Member States through their ministries of the environment and of health, together with relevant international organizations and funding agencies, in the fulfilment of EHAPE we resolve that a European Environment and Health Committee (EEHC) be established.
24. We consider that the Committee should comprise four representatives designated by the WHO Regional Committee for Europe, four representatives selected by the UN/ECE Committee on Environmental Policy and, subject to the approval of the respective institutions, representatives

designated by UN/ECE, United Nations Environment Programme (UNEP), WHO, EC, the Council of Europe and the Organisation for Economic Co-operation and Development (OECD) and possibly other inter-governmental organizations and international funding agencies.

25. The Committee will become operational with effect from 1 January 1995, the membership initially comprising the representatives of those bodies specifically mentioned above that have been nominated by that time, thereby confirming the acceptance by those bodies of the functions of the Committee as proposed below.
26. A secretariat will be provided by the WHO Regional Office for Europe alone or in cooperation with one or more of the other organizations involved.
27. We agree that the functions of EEHC will be:
 - to promote the concept of sustainability as it is to be applied in relation to environment and health.
 - to coordinate and evaluate the implementation of EHAPE;
 - when requested by countries, to facilitate and support the development of environmental health action plans, including assistance in analysis of the economic, environment and health implications of particular policy and intervention options;
 - and to assist in the identification of external resources for the development of plans;
 - to cooperate with the bodies of the Environment for Europe process, in order to promote the inclusion of actions addressing health issues in, or their close linkage with, action plans for the environment and to promote and facilitated development of joint projects by international organizations at European level in support of EHAPE;
 - to provide advice on environmental health issues to organizations and donors ready to support countries
- in economic transition or recovering from the effects of armed hostilities;
- to assist in the identification of emerging environmental health issues that require collaborative action or further study;
- to promote a common research policy involving continuing collaboration between the WHO Regional Office for Europe, the European Science Foundation and other appropriate bodies that might wish to be involved, such as EC;
- to foster information exchange and dissemination.
28. We request that EEHC should report annually on EHAPE implementation to the WHO Regional Committee for Europe and through the UN/ECE Senior Governmental Officials, Environment for Europe to the UN/ECE Committee on Environmental Policy.
29. We resolve that EEHC will be established initially for a period of five years. An evaluation of its achievements and of its future potential will be made and a report submitted to our Third Ministerial Conference.
30. We propose that WHO/ECEH, working closely with the European Environment Agency and with other inter-governmental and nongovernmental organizations, should be recognized as the principal technical instrument for providing support to EHAPE and as the principal executive arm of EEHC on technical issues. The Centre should, to the extent that resources permit, respond to the needs of Member States and to requests from EEHC in such fields as:
 - technical cooperation with individual Member States in the European Region of WHO in relation to the implementation of EHAPE and specific environmental health issues, in close coordination with multilateral and bilateral funding agencies;
 - development of a comprehensive environmental health information system capable of identifying priority

issues, risk factors and trends and measuring impact of interventions;

- contribution to the development of scientific environmental health criteria and guidelines as a basis for the assessment of levels of safety and the definition of European norms and standards;
 - provision of guidance on environmental health research and development priorities aimed at effective action and, in close cooperation with other international bodies, at securing the optimal deployment of funding and resources that such research and development require.
31. We consider that the capacity of WHO/ECEH to provide support to Member States of WHO and to EEHC in the implementation of EHAPE should be strengthened. We will endeavour to ensure that requisite resources for this purpose are made available alongside the valuable contributions now provided principally by France, Italy, the Netherlands and WHO itself.

CONCLUSIONS

32. We are encouraged by the progress achieved since the adoption of the European Charter on Environment and Health in 1989 but remain concerned about the continuing need for vigilance and improvement. We welcome the support of our partners in Europe and in the international community. We note with satisfaction the resolution of the European Parliament submitted to this Conference. We are confident that collectively we have the will, the means and the commitment to succeed in these endeavours.
33. We request the WHO Regional Office for Europe to convene a Third European Conference on Environment and Health in 1999, to review progress, particularly the implementation of EHAPE, and to set the agenda for environment and health in the early years of the twenty-first century.

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(See also the books on environment and health in the WHO/Europe publications catalogue.)

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