



COMMISSION OF THE EUROPEAN COMMUNITIES

Brussels, 9.6.2004  
COM(2004) 416 final

Volume I

**COMMUNICATION FROM THE COMMISSION  
TO THE COUNCIL, THE EUROPEAN PARLIAMENT,  
THE EUROPEAN ECONOMIC AND SOCIAL COMMITTEE**

**“The European Environment & Health Action Plan 2004-2010”**

{ SEC(2004) 729 }

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### Origins of the Action Plan

Good health is something which everyone wants – for themselves, their children and for the wider economic and social benefits it brings to our society. It plays a major role in long-term economic growth and sustainable development – there is increasing evidence showing that it is not so much the cost of health that is high, but rather the cost of ill-health (in terms of healthcare, medicines, sick leave, lower productivity, invalidity and early retirement)<sup>1</sup>.

Europe's citizens are concerned about the potential impact of the environment on their health and expect policy makers to act. Based on these public concerns and Treaty obligations<sup>2</sup> the Commission has a responsibility to better map-out adverse environment and health connections in order to address them more efficiently. In addition to improving well-being the aim of the Action Plan is to maximise the potential economic benefits, since spending on remedial actions and lost productivity often outweighs costs of prevention.

As individuals we can make certain choices about our lifestyles which affect our health but we also rely on public authorities to provide us with reliable information on which to base our decisions, and to protect us from those threats to our health and wellbeing which are beyond our own control. We cannot select the quality of air we breathe or always protect ourselves from exposure to pollutants that may build up in our bodies – sometimes even before we are born. Recent studies on the environment and health link include estimates that each year between six and nine thousand French city dwellers die prematurely because of air pollution<sup>3</sup> and that about one sixth of the total burden of death and disease for children can be attributed to environmental factors<sup>4</sup>.

Environmental effects on vulnerable groups are of particular concern. The Strategy puts special emphasis on children in so far as their exposure and susceptibility are greater than those of adults. The challenge now is to put into practice the commitments regarding children's right to grow and live in healthy environments made not only in the Strategy, but also in the Convention on the Rights of the Child and at the World Summit on Sustainable Development.

Both national and EU level research has significantly improved our knowledge about some of the links between environmental stressors and health and allowed us to take

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<sup>1</sup> For example : the total annual financial burden of lung disease in Europe is estimated at €102 billion, a figure comparable to the GDP of Ireland. Chronic obstructive pulmonary disease (COPD) is the most costly respiratory disease in Europe, with annual costs estimated at €38.7 billion, of which 74%, (€28.6 billion) result from lost work days. The indirect costs in productivity losses are almost 3 times the costs for direct health care. *European Lung White Book, European Respiratory Society (ERS) and the European Lung Foundation (ELF), November 2003.*

<sup>2</sup> Articles 152 and 174 of the Treaty.

<sup>3</sup> French Agency for Environmental Health Safety 2004 report:  
([http://www.afsse.fr/documents/Rapport\\_1.pdf](http://www.afsse.fr/documents/Rapport_1.pdf))

<sup>4</sup> Burden of Disease and Injuries Attributable to Selected Environmental Factors among Europe's Children and Adolescents, Francesca Valent, D'Anna Little, Fabio Barbone, Giorgio Tamburlini; WHO, Geneva 2004 (in press).

action, for example by phasing out lead in petrol. However, the health consequences of several environmental hazards are the result of complex interactions that are far less well understood.

Research is crucially important in establishing the knowledge base and providing concrete measures by which European environment and health research results will be fed into policy-making, for analysing and filling the gaps in European environment and health activities. Policies on the work environment also have an impact on health, both in and beyond the workplace and synergies should be developed with the Community Strategy on Health and Safety at Work<sup>5</sup>. For these reasons the Commission launched an Environment and Health Strategy in June 2003 (referred to as the SCALE initiative<sup>6</sup>) proposing an integrated approach involving closer co-operation between the health, environment and research areas. Its added value is the development of a Community System *integrating* information on the state of the environment, the ecosystem and human health. This will render the assessment of the *overall* environmental impact on human health more efficient by taking into account effects such as: cocktail effects, combined exposure, and cumulative effects. The strategy's ultimate goal is to develop an environment and health "*cause-effect framework*" that will provide the necessary information for the development of Community policy dealing with sources and the impact pathway of health stressors.

Given the wide scope and complexity of the issue, the Strategy set out a long-term approach which will be implemented in cycles, gradually expanding its coverage as our knowledge base improves. The Strategy was welcomed by the Council, the European Parliament and the European Economic and Social Committee who stressed the need for an Action Plan built on existing policies and programmes, and for close co-operation with relevant international organisations.

This Action Plan for the period 2004-2010 is designed to give the EU the scientifically grounded information needed to help all 25 EU Member States reduce the adverse health impacts of certain environmental factors and to endorse better co-operation between actors in the environment, health and research fields. It takes the concerns of the other Institutions into account in the identification of the actions proposed and is designed to fit with existing actions at regional, national, European and international level, notably to the WHO pan-European Environment and Health process, and its commitments to ensuring safer environments for children.

### **Key elements of the Action Plan**

This Action Plan covers the period of the first cycle and has been developed in close co-operation with experts from the Member States and representatives of the main stakeholders, including from the new Member States who have been involved since the beginning of this process (see Annex II for details on the consultation process). It has three main themes:

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<sup>5</sup> An example is Council Directive 92/85/EEC on the introduction of measures to encourage improvements in the safety and health at work of pregnant workers, and workers who have recently given birth or are breastfeeding, and which protects not only the health of mothers but also of children.

<sup>6</sup> Communication from the Commission on a European Environment and Health Strategy COM(2003) 338 final

- improving the information chain to understand the links between sources of pollution and health effects (actions 1-4).
- Filling the knowledge gap by strengthening research and addressing the emerging issues on environment and health (actions 5-8).
- reviewing policies and improving communication (actions 9-13).

The concrete actions in terms of “response” will be further defined and developed as our understanding improves. The first step is to assess the contribution that environmental factors make to health problems. This involves completing the knowledge and information chain from the environmental cause including pollution sources through different pathways to the human health effects. Improvements in environment and health monitoring are required to ensure that both policies are properly co-ordinated. In addition, the EU Framework Programme for Research will reinforce the scientific research efforts to analyse and improve our knowledge on the causal links between environmental factors and human health. Only when sufficiently clear evidence is available, also in line with the precautionary principle<sup>7</sup>, can appropriate policy options be developed in order to review and if necessary revise existing policy responses and develop new ones.

The Action Plan can be summarised as follows and are set out in more detail in Volume II “Annexes to the European Environment and Health Action Plan 2004-2010”:

<p><b>1 - IMPROVE THE INFORMATION CHAIN by developing integrated environment and health information</b> to understand the links between sources of pollutants and health effects:</p> <p><i>Action 1: Develop environmental health indicators</i></p> <p><i>Action 2: Develop integrated monitoring of the environment, including food, to allow the determination of relevant human exposure</i></p> <p><i>Action 3: Develop a coherent approach to biomonitoring in Europe</i></p> <p><i>Action 4: Enhance coordination and joint activities on environment and health</i></p>
<p><b>2 - FILL THE KNOWLEDGE GAP by strengthening research on environment and health and identifying emerging issues</b></p> <p><i>Action 5: Integrate and strengthen European environment and health research</i></p> <p><i>Action 6: Target research on diseases, disorders and exposures</i></p> <p><i>Action 7: Develop methodological systems to analyse interactions between environment and health</i></p> <p><i>Action 8: Ensure that potential hazards on environment and health are identified and addressed</i></p>
<p><b>3 - RESPONSE : REVIEW POLICIES AND IMPROVE COMMUNICATION by developing Awareness Raising, Risk Communication, Training &amp; Education</b> to give citizens the information they need to make better health choices, and to make sure that professionals in each field are alert to environment and health interactions.</p> <p><i>Action 9 : Develop public health activities and networking on environmental health</i></p>

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<sup>7</sup> The criteria for application of the precautionary principle are defined in the Commission Communication COM(2000) 1 final.

*determinants through the public health programme*

*Action 10 : Promote training of professionals and improve organisational capacity in environment and health*

**by reviewing and adjusting risk reduction policy**

*Action 11 : Coordinate ongoing risk reduction measures and focus on the priority diseases*

*Action 12 : Improve indoor air quality*

*Action 13 : Follow developments regarding electromagnetic fields*

During this initial period the Action Plan focuses particularly on gaining a better understanding of the links between environmental factors and respiratory diseases, neuro-developmental disorders, cancer and endocrine disrupting effects. For these multi-causal diseases and conditions, there are indications and some initial evidence that environmental factors can play a role in their development and aggravation. To characterise the environmental contribution more precisely and to focus on the most important diseases and conditions within the disease groups more information is needed. The Action Plan will set up targeted research actions to improve and refine knowledge of the relevant causal links, and at the same time, health monitoring will be improved to obtain a better picture of disease occurrence across the Community.

The other key information aspect is to monitor exposure through the environment, including food, to the factors most linked to the occurrence of these diseases. In order to develop a coherent framework for integrated exposure monitoring, three pilot projects were carried out on substances for which data collection and monitoring is already in place (dioxins & PCBs<sup>8</sup>, heavy metals and endocrine disrupters). The Action Plan will apply this framework to assess exposure not only to the pilot substances but to all the principal environmental factors associated with health problems, and will adapt environment and food monitoring where needed.<sup>9</sup>

Once the necessary risk-based information is available the appropriate risk management decisions can be taken, either by individuals or public policy makers. In both cases communication and awareness-raising will be important in ensuring that well informed, science based decisions are made.

The concerns of children are integrated throughout the Action Plan. A number of major child health issues will be covered in the monitoring, as will exposure to the environmental stressors to which children are particularly sensitive. Research on susceptibility is particularly important, so that policy responses can be adjusted to the needs of children in those cases where they are particularly vulnerable. The proposals in the Action Plan on indoor air pollution are a case in point, as the scientific evidence shows that the health impacts of, for instance, Environmental Tobacco Smoke (ETS) are particularly evident for children.

The Commission communication in June 2003 highlighted the regional disparities that exist throughout Europe in relation to environmental health problems. For example, the prevalence of waterborne diseases and exposure to outdoor pollution is

<sup>8</sup>

Polychlorinated Biphenyls.

<sup>9</sup>

In addition to developing a general methodology the working groups made many substance specific recommendations. These will be taken into account in the Commission initiatives targeted on these substances, for example the Dioxin & PCB Strategy (COM(2001) 593), the Endocrine Disrupter Strategy (COM(1999) 706) and the forthcoming Mercury Strategy.

higher in a number of the new Member States while the prevalence of asthma is higher in other Member States. Much has been and is already being, undertaken to reduce these disparities and there has already been a notable reduction in the number of deaths and illnesses from respiratory diseases as a result of efforts to reduce air pollution. The Action Plan will also seek to improve information and knowledge on the disparities that exist between regions and countries in the enlarged Union, taking into account the results of ongoing EU funded projects on emissions in the new Member States (for instance dioxins).

### **How will the Action Plan be implemented ?**

Understanding and tackling environment-related health problems requires sustained co-operation between many actors – Member States, national, regional and local authorities, environmental, health and research communities, industry, agriculture and stakeholders. Responsibility for making progress in this complex area will have to be shared between:

- Member States who have responsibility for implementing monitoring and risk management measures. Moreover, they are also responsible for the research, education and training that is a key aspect of the environment and health interface and play a central role in ensuring that the results obtained at national level are fed into discussion at EU level and for disseminating EU information at the national and local level.
- Stakeholder groups such as industry and civil society who play a key role in translating information about identified threats into preventive action and innovative responses.
- The Commission who will continue to engage with all the main actors and promote co-operation at EU level, within its areas of competence, and liaise with the European Environment Agency, the European Food Safety Agency and other relevant bodies. Stakeholders will be fully involved in the implementation process through the Consultative Group (comprised of Member States, stakeholders and international organisations). As appropriate, relevant Scientific Committees and working groups will be consulted. In 2007 the Commission will proceed to a mid term review of the implementation of the Action Plan. The Commission will implement the actions through existing initiatives and programmes, which already have allocated resources, notably the Public Health Programme, the Sixth Framework Programme for Research and under the operational budget of the services concerned.
- International organisations, such as the WHO, OECD and United Nations bodies who have long experience in environment and health matters. Further collaboration with them will be essential to ensure that this expertise is used in guiding future activities.

### **The international dimension – The Budapest Ministerial Conference on Environment and Health**

The Action Plan serves as the Commission's contribution to the Fourth Ministerial Conference on Environment and Health, organised by the WHO in Budapest in June 2004. It has been developed to be consistent with the Ministerial Declaration and the

Children's Environment and Health Action Plan for Europe (CEHAPE) scheduled to be adopted in Budapest.

In the implementation of the Budapest conclusions the Commission will continue to cooperate actively with the WHO on all aspects of the environment and health interaction.