



Workshop report

Addressing environment and health risk factors of children in Estonia:
implementing the commitments of the Fourth Ministerial Conference
on Environment and Health 2004 –
“The future for our children”

Tallinn, Estonia, 26 April 2006

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1. Opening session

Dr Ülla-Karin Nurm, Head of the Public Health Department of the Ministry of Health welcomed participants. They were mostly from the health sector, and some had been involved in the previous environment and health action plan.

2. Addressing health impacts of environmental risk factors

Dr Lucianne Licari, Regional Adviser, Environment and Health Coordination and Partnership, and Leda Nemer, technical officer, children's health and environment, from the WHO Regional Office for Europe gave an overview of the environment and health process which had started in 1989, and which had led countries to make commitments at the Fourth Ministerial Conference on Environment and Health in Budapest in June 2004, to revise their national environmental health plans (NEHAPs) to include child-specific actions for the protection of child health from environmental risk factors.

Children used to be seen as little adults, but in fact they were different: they had unique exposures, they were politically powerless, they had a developing physiology and a longer life expectancy. They could be exposed to hazards from their early life in the womb; through breastfeeding; through their hand to mouth exploratory behaviour; and living close to the ground, and they had a high surface area to volume ratio. They did not understand danger and in adolescence often engaged in high-risk behaviour. There were specific windows of vulnerability to particular organs.

The fraction of disease attributed to environmental factors varied. Enough was not known of exactly what children were exposed to, the magnitude of this exposure, or the health impacts, although the links between some risk factors and disease outcomes were well established. One great area of worry was that children's brains were at risk: only five substances had been fully documented as toxic to developing brains in humans, yet over 1000 chemicals were considered neurotoxic to animals, and 20 of these were known to be neurotoxic to humans. There was no evidence that the others were safe for children. In 2004 WHO carried out a Burden of Disease study on children aged 0 – 19, looking at outdoor and indoor air pollution, water, injuries and lead. It focused on risk factors where data was available, focusing on: acute respiratory infections, diarrhoeal disease, mild mental retardation, and injuries. If data was not available, estimates were used. A third of all deaths and 26% of DALYs were caused by environmental risk factors and injuries.

The cost was high not only in human terms but also money. Injuries cost the Region 189 billion euros. There was a huge potential to save lives – across the Region overall, 100 000 people died on the roads, 54% of whom could be saved if the appropriate measures were taken. Savings would also be economic: in the Region overall, road traffic accidents cost an estimated 2% of GDP on average. Many cost effective measures existed: for example for every euro spent on smoke detectors, 69 euros would be saved. For every euro spent on improving roads, 3 could be saved in treating victims.

By the Member States, for the Member States, had been the approach at Budapest. Agreements were negotiated line by line at four high level meetings. This enhanced a sense of ownership and this had continued. The Declaration and CEHAPE were both non-binding but nevertheless were having an impact. The rationale for CEHAPE was to create political visibility to the issue and emphasize the key message that children have specific needs and threshold levels. It contained four Regional Priority Goals (RPGs), on:

- gastro-intestinal disorders arising from water,
- accidents and injuries, health effects of lack of physical activity;
- respiratory disorders linked to air pollution; and
- exposure to chemicals and other physical agents and occupational hazards..

There were other sections, including commitments by Member States to start national plans by 2007 with child-specific actions and quantitative targets. The basis of most countries' planning would be the NEHAPS, which most countries were revising with a child-specific chapter or actions. Others were preparing a separate CEHAP.

Tools were being developed to assist reporting back on implementation for the Intergovernmental Mid Term Review in 2007. These included a concordance on health and environment, the table of actions, case studies, indicators, legal instruments, projects on youth involvement and web-based country reporting.

3. The Estonian NEHAP and Estonian environment strategy

Annika Soa, environment and health focal point for Estonia explained that the Estonian NEHAP was first developed in 1999, and revised three years earlier. The workshop would help to examine how measures to protect children from environmental hazards should be developed, through revising the NEHAP or developing a CEHAP, and through incorporating the issues into other existing strategies and plans. An environmental plan was currently being developed, which would run from 2005-2010. A strategy was being drafted and in May 2006 there would be a public forum open to all for input. Estonia was very involved in the ENHIS project on environment and health information, and was aware that assistance was needed to support education and training for environment and health specialists.

4. The Estonian children's rights strategy

Iisi Saame, Chief specialist from the Ministry of Social Affairs of Estonia , described this strategy whose starting point was the Convention on the Rights of the Child. It gave an opportunity to focus on welfare and development and have a family-centred approach. It would focus on the social and psychological environments of children. Specifically it would address these areas:

- equal opportunities and access to high quality education, better health, mental, emotional and physical welfare
- educational activities for children outside home

- children living in poverty as they are more vulnerable to environmental risk factors
- children with special educational needs
- integration of minority children
- special emphasis on the family environment and assuring a “child friendly environment”
- child protection organization system
- social and voluntary activities and leisure activities
- provision of education on environmental protection
- improvements in the general physical and social environment such as housing, playgrounds and sport grounds, safety in traffic, increase environmental awareness, implementation of the NEHAP, restrictions on alcohol and drugs, healthy family environments
- development of indicators on a supportive and secure environment

Many activities underway and planned also related directly to children’s health and environment: for example in 2006 they had implemented projects to increase children’s practical skills in traffic and in 2007 the focus would be on injury prevention, prevention of alcohol use, mental health and social skills using education, information, and media with aim of reaching students, parents, teachers and general society. The main cause of death among children and young people was trauma, accident and injury, which caused more than 50% of deaths. There were also problems in the physical environments in schools and child care institutions, such as ventilation, furniture and lighting problems.

It was agreed that within this children’s rights strategy there were a lot of entry points to insert and strengthen environmental health.

5. Working groups

The participants broke into two working groups to discuss the institutional framework needed for a children’s environment and health action plan (CEHAP), whether and how any of the topics were already touched on by other activities underway in Estonia and the challenges that needed to be overcome.

The first group considered that a CEHAP needed to be a stand-alone one and not be integrated into other plans or it would risk losing focus and impact. It must give an overall picture of a strategy. A stand-alone plan would also make it easier to use resources in a focused manner. It would be important for the plan to be drafted by partners from across the sectors, since this would help everyone feel responsible for it and will lead to agreement from different stakeholders. A stand-alone plan would also lead to more support for scientific research, surveys, information exchange, and education on the topic. If, on the other hand, environment and health was just integrated into different sections of other strategies it would lose impact and the big picture will be lost – the issue was too important for it to be lost.

Estonia had many related and relevant strategies and programmes, which could reflect the concerns and issues within CEHAPE, on topics such as child rights strategy, heart disease, health policy, environment, child abuse, injury prevention, cancer, radiation, noise, ENHIS, health promoting schools, HBSC survey, student lifestyle survey, noise and indoor air quality in

schools and kindergartens, global youth tobacco smoke survey, chemical safety, and radon in childcare facilities.

The group were concerned that lack of political will would hinder the development of a CEHAP, as well as lack of funding. It was thought that Estonia should focus particularly on chemical, physical and biological factors. The impact of the previous NEHAP had not been assessed. It was agreed that a lot of lobbying would be required, and wide range of stakeholders involved, to raise public awareness and clearly state what needed to be done with the NEHAP to get buy-in. It was

also important to improve the implementation of the Aarhus convention which would help increase access to data and information.

There was agreement that the committee should include some high level representatives, but be expert and neutral so that the action plan would not be subject to frequent political change. One example of this was a recently formed committee, a health assembly, which had developed a health policy document. There could be a steering committee and a practical implementation committee or working groups, which would report to it

The second group were not convinced that Estonia should have a stand-alone CEHAP. However they did agree that currently no single programme covered children's environmental health and no appropriate strategy. They recognized that there was a need for coordination since everyone was doing different things but in a very fragmented way. There was thus no overview at the moment, and no cross-mapping of child health issues with environment issues - and no mechanism to do this. It needed more capacity, more human resources, competence and funding. Human and professional capacity to deal with the issues was also lacking; there was a 10 year gap in the education of health professionals. Discussions on a holistic health policy had been going on in Estonia for 7-10 years but nothing comprehensive had been developed; there were a lot of vertical programmes but nothing horizontal

The health policy document, due to go to the government for approval in May 2006, did offer some hope as it did include horizontal dimensions and placed the child within a real context. A health promotion approach was needed and not just prevention. The topic of children was already high on the political agenda and presidential candidates were becoming involved. Local health committee and local municipalities were dealing more holistically with these issues, so should be involved.

Child specific actions and the CEHAPE Action Pack

Leda Nemer presented the web-based tool, the Action Pack, which would help countries to see what good practice existed, and what measures could be considered to help implement CEHAPE. See <http://www.euro.who.int/childhealthenv>

6. The importance of communication

Viv Taylor Gee, Communications officer, WHO Regional Office for Europe, introduced the web map on the EEHC website (which could be accessed at www.euro.who.int/eehc). The internet

provided unprecedented opportunities to communicate, and WHO was using it to give each Member State, including Estonia, a platform to convey what they were doing to implement Budapest commitments. WHO worked closely with the environment and health focal points who had access to this platform. She listed the countries who had decided to revise their NEHAPs, those who were developing separate CEHAPs, and those developing NEHAPs for the first time. This reflected the wave of activity across the Region which had developed over the past few years, to reduce the environmental risk factors which affect children. There were 76 focal points, some had ongoing research studies, and most countries had inter-sectoral committees to ensure implementation. Effective communication to certain sections of the population, such as professionals, NGOs, and the media, would help to ensure that they become allies to the process, which would increase implementation. Schools provided a special and effective medium for communication with the public, giving access to children, parents and teachers, all in a position to spread the knowledge gained. A communication strategy would help to ensure that communication was built into the process. Actions for reaching specific targets could include the organization of workshops or special (dedicated) days, competitions, slogans or logos, leaflets and information in media such as the press or slots on TV. The media should be taken seriously, as the media could be a significant ally especially during the dissemination of information and the instigation of implementation. Finally, the audience was reminded of the public's right of access to information, public participation, and decision-making and access to justice in environmental matters, which were brought to the fore when Estonia ratified the Aarhus Convention.

7. Working group second session

The participants formed into working groups to discuss the priorities for Estonia's children, the data needed to develop plans, who should be involved, and how they could all contribute to ensure its success. They listed the following areas as priorities, most of which fell into one of the Regional Priority Goals (RPGs) in the CEHAPE:

- injuries and intoxications (poisoning) (RPG 2)
- malformations in newborns
- physical activity (RPG 2)
- food safety/unhealthy diet
- suicides (violence and injury prevention)
- cancers (RPG 4)
- some problems in ground water (nitrates) (RPG 1)
- indoor air quality (RPG 3)
- children's dental hygiene

They agreed that health and environment information and data needed to be linked, and all illnesses should be registered in the database. There was already good data on

- drinking and bathing water
- environmental monitoring
- food safety
- indoor air quality

The following sectors would need to be involved in the creation of CEHAPE: local authorities, interior affairs, research, environment, agriculture, veterinary agency for food safety, economics,

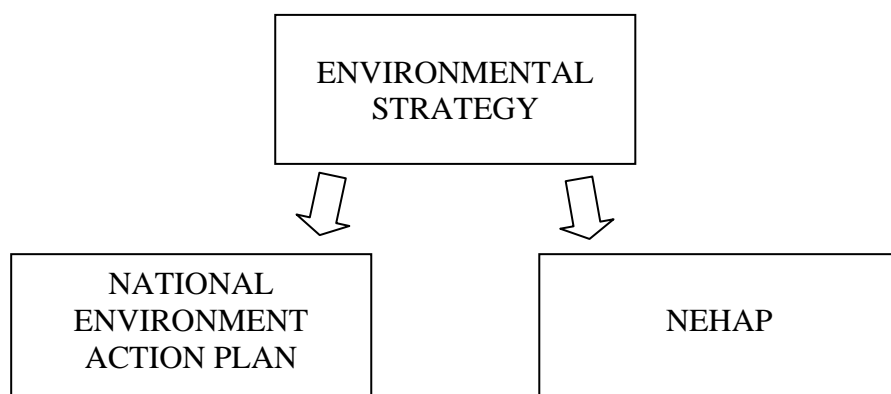
communication, transportation, Estonian health insurance fund, research and development institutes, social affairs, data protection, and health inspection inspectorate. NGOs should be involved such as student unions, allergy NGOs, student body (council), parent associations, green movements, disabled people, cities, and local groups. Other strategies to be involved in CEHAPE included the environment strategy and action plan, the child rights strategy and the health strategy (health policy). They emphasized the importance of local authorities, who should involve local population: they did their own action plans to achieve multisectoral goals

The groups said they could best contribute to the process by:

- raising the profile of the topic
- improving networking between different stakeholders
- carrying out mapping activities
- keeping the topic high on the political agenda
- improving legislation
- incorporating health topics in every policy they wrote
- improving monitoring systems with data they had
- ensuring public access to all databases
- enhancing their education as specialists

8. Recommendations

- There should be a working group formed to discuss how the NEHAP or CEHAP should be approached and revised, since there was currently no certainty as to what should happen. They should concentrate only on the priorities for Estonia. Which were mainly issues falling under CEHAPE RPGs 2 and 3.
- Children's environmental health should be inserted into other relevant strategies: lobbying would be needed for this. Lobby whenever possible to get the topic of CHE into other strategies
- The CEHAPE should form part of the considerations of the environment strategy to be discussed on 5 May 2006, and there should be adequate representation from the health sector on the environment committee, since currently the environment committee was very active. The diagram below explained the relationship: it would need to change and develop to be able to incorporate the very real concerns of the CEHAPE and serve the interests of children's health in Estonia.



9. Next steps

Annika Soa closed the meeting by saying that the Committee developing the Environmental Strategy should be invited to meet the participants of the meeting to consider how to develop the two plans coherently together, since in any case the NEHAP needed to be revised, and all the plans should take into account the issues of protecting Estonian children from environmental threats. She would ask workshop participants to meet again soon.