

Opinion of the European Economic and Social Committee on the 'Communication from the Commission to the Council, the European Parliament and the European Economic and Social Committee: A European Environment and Health Strategy'

(COM(2003) 338 final)

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On 12 June 2003 the Commission decided to consult the European Economic and Social Committee, under Article 262 of the Treaty establishing the European Community, on the above-mentioned communication.

The Section for Agriculture, Rural Development and the Environment, which was responsible for preparing the Committee's work on the subject, adopted its opinion on 13 November 2003. The rapporteur was Mr Ehnmark.

At its 404th plenary session held on 10 and 11 December 2003 (meeting of 10 December), the European Economic and Social Committee adopted the following opinion by 114 votes for, 2 against and 2 abstentions.

1. Gist of the opinion

1.1. Environment and health issues are getting increasing attention, at local, national and EU level. This is logical: as our understanding of environment-related risks to our health increases, political support for concrete action grows. Until now Environment and Health issues have been dealt with primarily at national and local level; now is the time for the EU to make its contribution.

1.2. The European Commission has launched a far-reaching and inspiring initiative with its Communication on Environment and Health. The purpose is twofold: to provide a basis for consultation, and to outline an action plan to be presented in the spring of 2004. The priority group for the first six-year action plan are children.

1.3. The EESC welcomes this new initiative. It is timely, with regard to enlargement, forthcoming WHO initiatives, and with regard to the implementation of the Johannesburg World Summit on Sustainable Development. Moreover, the Commission is giving a very concrete example of practical policies for sustainable development.

1.4. The communication raises, however, a number of questions that should be solved before the action plan is presented. It is not clear how the new environment and health initiative relates to a number of other Commission initiatives — on public health, or on a number of environmental issues. Nor is it clear how the necessary policy coordination within the Commission will be achieved.

1.5. The EESC regrets that the communication does not try to set out more specific objectives for the new initiative. The EESC suggests that the Commission should seek to adopt cycle objectives such as the well-known Millennium objectives for the developing countries. Such objectives, however general, provide at least a basic platform for evaluation and follow-up.

1.6. The EESC supports the proposed list of priority health issues for children. The EESC points out, however, that it may soon be necessary to include the issue of child obesity.

1.7. The EESC welcomes the Commission's broad consultative approach in launching the new initiative. The EESC regrets that relatively limited time has been made available for this consultation. Furthermore, the EESC would point out that with children as the priority for the first six years, the Commission should endeavour, together with national authorities, to establish channels of information and communication with institutions and professionals dealing with children, and if possible, with parents. This initiative is — or could provide — a clear example of EU-level action providing concrete advantages at grass-roots level.

2. A long-term initiative

2.1. The link between the environment and health has become a concrete reality. Alarming reports in the media in particular have raised awareness of the issue, along with anxiety levels surrounding the adverse health effects caused by a polluted or degraded environment. In country after country, health and environmental issues have come increasingly to the fore, including in the political arena. The European Commission has now submitted the basis for a large-scale initiative on health and environmental issues. The Commission's new communication focuses on this growing concern and attempts to demonstrate that the EU level can make a significant contribution towards reducing, in the long-term, cases of disease caused by environmental factors. Special emphasis is given to the most vulnerable groups in society, and to children in particular.

2.2. The EESC welcomes the Commission's broad approach to environmental and health issues. There are a number of existing programmes and measures dealing in whole or in part with the environment and health, but the picture is fragmented and lacks any overall coordination or consolidation. This makes the new initiative all the more important and urgent. It is also important that these issues should be addressed more from a cross-border perspective rather than just nationally or regionally. The initiative is timely as there is currently broad support for specific measures to reduce environment-related diseases. The ten new Member States will, from the very outset, be able to play a full role in framing and implementing the strategy. In an area in which 'EU value added' is often called into question, a wide-ranging initiative in the field of the environment and health would help to demonstrate the benefits of such cooperation.

2.3. The communication is designed to pave the way for a broad consultation on priorities and specific measures before the final strategy proposal is submitted in spring 2004. The strategy is intended to be implemented in six-year cycles and will be incremental in scope. It builds on five basic factors and has been given the acronym 'SCALE', since it is based on Science, focuses on Children, aims at raising Awareness, uses Legal instruments and includes constant Evaluation. The first cycle, 2004-2010, will focus on four health effects: (i) childhood respiratory diseases, asthma, allergies, (ii) neuro-development disorders, (iii) childhood cancer and (iv) endocrine disrupting effects.

2.4. The proposal to focus the first six-year cycle on environment-related diseases in children is wise and appropriate. There is still fairly limited knowledge of the long-term effects on humans of environmental change and pollution. Over the last fifty years, some two hundred new chemicals have come into use. Adults now come into contact with hundreds of new chemicals compared with previous generations. What this means from a lifetime and — more importantly — generational perspective is hard to say and is a cause for concern. It is also logical to focus on children from this perspective.

2.5. The Commission communication stresses that there is still a significant lack of information on the links between the environment and health, not least as regards groups of children. Naturally, information gaps in certain areas cannot be allowed to freeze initiatives in others. The Commission has tried to avoid this by highlighting four important health and disease factors affecting children. This is a wise approach, and it also addresses the need for rapid clarification of the measures.

3. Towards a comprehensive strategy for sustainable development

3.1. The Commission's broad approach to environmental and health issues can also be seen as part of the drive to develop new aspects of the comprehensive strategy for sustainable development. Following the decisions taken at the Gothenburg Council meeting in June 2001, sustainable development became an overall objective for the EU's development. Although the strategy has only been partly successful in translating practically into EU policy, it has gained considerable importance as an indicator and as a firm reminder of the fact that an economic, social and environmental balance needs to be struck when framing specific measures. Moreover, there is a clear, long-term dimension to 'sustainable development': it involves taking responsibility for ensuring that future generations do not have to live their lives in worse conditions than the present generation has had.

3.2. The Commission has been working particularly hard in 2003 to make the sustainable development strategy a reality, whilst preparations are in hand for it to be reviewed. The communication on environment and health issues must be seen in this perspective, as one of several concrete strands of the vision of sustainable development for the EU. The communications on environmental technology and on integrated product policy are other topical examples. However, it has been difficult to get the sustainable development message across to a wider audience in the Member States. It is generally seen as a somewhat vague expression whose real meaning is unclear. The Commission's communication on the environment and health attempts to clarify some aspects of 'sustainable development'.

3.3. The communication on environment and health can also be seen as the EU's follow-up to the UN conference on sustainable development in Johannesburg in August/September 2003, where environment and health issues were key agenda items.

4. The need to coordinate EU action

4.1. The Commission's new initiative is to be welcomed. The approach is both appropriate and timely. However, the question is, how does it lock in with other initiatives in the field of health? It should be remembered that environment and health issues are dealt with in a not inconsiderable number of other programmes and activities. The 6th environmental action programme contains specific indicators for measures to reduce the health risks posed by the environment. The EU's major public health programme (for the period 2003-2008) adopts

specific measures to reduce environment-related health risks. The 6th R&D framework programme contains a section on environment and health research initiatives. The new chemicals policy makes it easier to track human exposure to chemicals, even over a long time, thus providing grounds for action.

4.2. In Europe, the World Health Organisation (WHO) launched a specific environment and health programme with a declaration by European health and environment ministers in 1989. This work has continued with similar summits in Helsinki in 1994 and London in 1999. It will be followed up in spring 2004 in Budapest. The Commission communication on environment and health must also be seen in this perspective, i.e. as an EU contribution to the Budapest conference.

4.3. It is clear from the above that there is a very real need for a coordinated, consolidated EU environment and health policy. The Commission's present communication gives no indication as to how the Commission intends to solve the problem of coordinating the various initiatives and programmes. The EESC regrets this. The EESC expects the Commission's forthcoming proposal for a specific environment and health strategy to spell out the shape coordination is to take. For the EESC it would seem natural to see the public health programme as the umbrella initiative to improve the health of EU citizens, and the new environment and health initiative as a more specific, in-depth part of the broader health promotion drive. The final choice of method is perhaps less important than actually clarifying coordination.

5. A multitude of needs

5.1. The vast array of problems and desirable actions in the environmental and health field do, of course, make prioritisation a risky affair. The Commission focuses on a limited number of objectives and on active use of present and future research as providing the specific added value of the new strategy and action plan. However, this restriction should not necessarily be seen as the value added of the initiative. Instead, there should be a clear commitment to providing the coordination needed for measures and programmes. The EESC believes that clarification is needed regarding the type of added value the forthcoming strategy is expected to provide.

5.2. One of the shortcomings in the Commission's communication is the paucity of data underpinning the choice of priorities and target groups. There are currently some 160 million children in the European Union. Health and disease statistics are available, as is a significant amount of basic data from many Member States. It would have been useful if the Commission proposal had included a comprehensive data report, focusing on comparative data. The EESC assumes that the new strategy proposal will provide relevant statistics and other basic data in support of the concrete proposals submitted. This would, of course, also be useful for the debate that is expected to take place in the Member States and at local level.

5.3. Another shortcoming of the communication is the fact that, apart from some general indications, it is difficult to specify targets for the forthcoming action plan. The EESC is fully aware of the difficulty involved in setting more concrete targets in such a problematic area as the environment and health sector. In this respect, the EESC would, however, refer to the 'Millennium Goals' which are often used as a reference in planning and assessing development and development aid. In the EESC's view, the Commission should consider the possibility of using the Millennium Goals as a template for environment and health objectives. This would involve trying to give a relative picture of the improvements that should have been made by the end of the first six-year cycle, such as a drop in cases of certain child diseases and at certain age intervals.

5.4. The EESC would stress that it should also be possible to set Millennium-type goals for new cases of asthma or allergies. For other child diseases, such as child cancer, it is undoubtedly more difficult to set targets. With environment and health issues, however, it is not just a matter of preventing new cases of illness, but also of reducing major risk factors in the long-term, e.g. water- or air-borne heavy metals. Here too, it should be possible to set improvement objectives. Millennium-type objectives must, of necessity, be long-term objectives, stretching over at least 6-7 years and preferably 10-15 years. It will be difficult for the programme to be credible unless it gives some clarification of the desired objectives and of the impact assessment criteria.

5.5. The approach to the new strategy and action plan implies that it would be possible to focus on children as a target group without substantially affecting other target groups. This is clearly not the case; a number of child health measures also have a very real impact on certain groups of adults.

5.6. As the Council conclusions to the Commission communication also underline, a comprehensive environment and health strategy should not be drawn up without taking socio-economic environmental health factors into account.

6. Broad consultation with stakeholders

6.1. The EESC welcomes the approach, which aims for the broad, long-term involvement of stakeholders in framing and implementing the strategy and the action plan. The social partners and civil society organisations have a clear, important duty to play an active role in the strategy. The EESC would express its satisfaction at the Commission's clear prioritisation in this area. However, the EESC would highlight the need for sufficient time to be provided for the consultation process, otherwise there is a risk that this laudable initiative will give rise to some disappointment.

6.2. It is very important that the new Member States and candidate countries should be involved in planning and implementation. From the very beginning the Commission has sought the active involvement of stakeholders in the new Member States. In this connection, the EESC would highlight the considerable improvements made in these countries in terms of particle, sulphur and sulphur dioxide emissions. Although these improvements are partly thanks to radical industrial conversion — including closure of ageing production plant — discrepancies in environmental protection and policy are no longer so great as they were 5-8 years ago. This should enable the new Member States to be usefully involved from the outset in planning and implementing the new environment and health strategy.

6.3. The objectives of the forthcoming strategy require some consideration of resources and financial assistance, and not just for the new Member States. A strategy that does not address the financial implications will rapidly decline in interest. The EESC assumes that the new strategy will shed light on the type of resources that might be earmarked for implementation, and that the question of support to the new Member States will be given specific attention.

6.4. Legislation is obviously one of the tools for implementing the strategy. However, while the issue of environment and health has to be addressed at EU, national, regional and local level, the communication has nothing of note to say on the question of distribution of competences. The responsibilities of every level should be clarified as far as possible. In this connection, the EESC would express its hope that the Commission will set up a standing advisory committee on the development and assessment of the strategy.

6.5. The new environment and health strategy will make significant organisational demands in terms of involving the various parties in planning and implementation. No similar programme, focusing on children for the first six years, has yet been undertaken at EU level. With children as the target group, new channels of communication can be established, and there is scope for a wide-ranging information and consultation exercise.

6.6. The way stakeholder participation in planning and implementation is conducted in practice is a very important issue. Stakeholder involvement in planning is one thing, involvement in actual implementation is another. Although individual organisations might find it difficult to play an active role in the implementation process, their contribution in planning, garnering support and in the follow-up process is extremely important. Raising awareness and establishing grass-roots support and commitment will be essential, and the social partners and civil society organisations have a key role to play here. However, this will require a strategy with concrete and operational objectives.

7. Research efforts and assessment

7.1. The Commission communication stresses the importance of coordinated research efforts in order to improve knowledge of the link between the environment and health. The 6th R&D framework programme includes specific indicators for this research. While the EESC welcomes the link made by the Commission between specific strategy efforts and continued research, it would also point out that significant research findings already exist in the area of the environment and health. New research efforts should therefore build on existing research findings. This might seem self-evident, but there is a risk that the enthusiasm generated by the chance to undertake new research could make people forget to take on board existing research properly.

7.2. The EESC would particularly highlight the need for research into health risks resulting from a combination of environmental factors. In recent decades the environment and health debate has tended to focus on one environmental factor at a time, and less often on combinations of environmental factors where covariance can accelerate health risks.

7.3. The research and development work implied by the new action plan will also require a considerable number of new researchers, and consequently more researcher training. The availability of qualified staff could be the new programme's Achilles' heel. The EESC assumes that this question will be addressed in the forthcoming action plan.

7.4. The communication underlines the need for evaluating progress in the implementation of the strategy. The EESC welcomes the fact that the evaluation is to be part of the strategy from the outset, but would point out that this will necessitate concrete and measurable objectives for the strategy, and formulating such objectives will at the same time serve as an instrument for the definition of the strategy's added value.

7.5. The new strategy and action plan will be reported to the WHO European Conference on 'The Future for our Children' in June 2005 in Budapest. The EESC welcomes the opportunity to work with the WHO on European environment and health issues.

7.6. In this connection, the EESC would point out that the WHO uses a somewhat broader definition of the environment than that employed by the Commission in its communication. The WHO definition includes socio-economic factors, poverty, lack of infrastructure etc., whereas the Commission focuses on chemical and biological pollution.

7.7. The Commission and the EU have had limited competence for health questions under the Treaties thus far. This is currently to be found in Articles 152 and 174. The draft constitutional treaty for the EU extends it to include cross-border health questions in the broad sense. This should give the Commission the basis needed for the new environment and health programme.

8. Occupational environment issues and the new strategy

8.1. The Commission believes that the strategy will develop synergies with the Community strategy on health and safety at work, but the communication does not elaborate on how or where synergies might be expected or possible. The EESC considers occupational health issues an obvious part of the concept of environment and health and recommends giving more attention to these issues in the strategy. The Commission communication tends to make only passing references to the occupational environment and related problems. This is unfortunate, as it could create the impression that occupational health is not generally a priority issue for the Commission. This is clearly not the case; there is a major action programme dealing specifically with working environment issues.

8.2. The EESC would also stress that it is through the protection of occupational health and the relationship between industrial installations and the surrounding territory that some of the most important environmental protection initiatives have been accomplished. These initiatives underpin all the legislative advances achieved by society in the area of protection of health and the environment.

8.3. The EESC therefore calls upon the Commission to bridge this gap by giving meaning to the brief point in the Communication that refers to occupational health issues. This point should be extended to cover the whole relationship between the environment and occupational health, within the overall context of the new strategy and its cyclical priorities. The social partners should be actively involved from the very beginning.

9. Specific comments

9.1. The EESC strongly supports the reference to developing a thematic strategy for the improvement of air quality. The Clean Air for Europe programme, addressing in particular nitrogen dioxide and ozone, will provide a basis for a review of Directive 1999/30/EC, which sets limit values for the concentration of SO₂, NO₂, NO_x, lead and particulate matter, before the end of 2003. A proposal for a new directive on heavy metals and polyaromatic hydrocarbons is due to be adopted. The EESC recommends linking the efforts for improving air quality more closely to other relevant Commission initiatives. The added value of the strategy in this context is not clear.

9.2. The regions of the enlarged EU will differ considerably in their needs for concrete measures to foster better health conditions. The EESC suggests that the strategy should investigate which regions have particular difficulty with environment and health risks, and consequently need priority treatment under the strategy's action programme or under other related EU-programmes. Regions and projects that can be expected to yield concrete, cost-effective results should also be given priority.

9.3. The launch of the new chemicals policy will make available new instruments for assessing health threats, particularly to children. The EESC would stress the urgent need for the Commission to assess how the chemicals policy might, hopefully, provide a support mechanism for the environment and health strategy.

9.4. Children are indoors for much of the day, and therefore need the indoor environment to be of a satisfactory quality (as regards air pollution, noise, etc.). At the same time it is useful to point out that several possible child-health measures also include occupational health issues (e.g. nursery schools).

9.5. Smoking is a significant environmental factor affecting child health. The Commission communication does not address smoking risks to child health, despite the fact that the evidence would appear to be convincing. The EESC recommends that the action plan should also address the effect of tobacco on children's health.

9.6. The EESC has on previous occasions addressed the need for integrated environment and health indicators to measure the long-term effects of the new programme. The EESC would point out that a significant amount of development work is being conducted on indicators for sustainable development in the broad sense. An annual progress report on sustainable development and on the Lisbon Strategy is prepared for every Spring European Council. The EESC recommends that environment and health issues should also be reported annually, preferably in time for the Spring European Council.

9.7. The EESC has also previously touched on the proposed six-year cycle approach. The arguments for a six-year cycle have not emerged clearly. On the other hand, perhaps the number of years selected is not so important, as long as future multi-annual periods can be planned well in advance, and that the introduction of new priorities does not lead to a sudden shift in emphasis. Long-term continuity is, of course, worth aiming for, and should be planned for well in advance.

9.8. With regard to child health priorities, the EESC notes that little attention has been devoted to obesity. For most EU

countries, the problem of child obesity is still fairly contained, but the signs are that the EU will eventually have the same problems as the US — and which countries such as the UK are already beginning to experience. It is a moot point whether obesity is an environment-related problem or not; it is more to do with lifestyle than the environment. Depending on how broadly one wishes to interpret the 'social environment' — which is directly related to obesity — child obesity could benefit from being included in the strategy.

10. The role of the EESC

10.1. Within the EESC there is considerable expertise on environment and health issues. With enlargement this will no doubt be enhanced by the experience of the new Member States.

10.2. The EESC is actively participating in the consultation process, as part of the commitment of the Committee to these issues.

10.3. The EESC will use its own specific channels of communication to disseminate information on the development of the new initiative, once it has been launched.

10.4. The EESC is ready to give its active support to future efforts in this field, by way of organising stakeholder consultations, or in other ways.

Brussels, 10 December 2003.

*The President
of the European Economic and Social Committee*

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