

Opinion of the European Economic and Social Committee on the 'Communication from the Council, the European Parliament, the European Economic and Social Committee — The European Environment and Health Action Plan 2004-2010'

(COM(2004) 416 final)

(2005/C 157/10)

On 10 June 2004, the Commission decided to consult the European Economic and Social Committee, under Article 262 of the Treaty establishing the European Community, on the abovementioned 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 16 November 2004. The rapporteur was Mr Braghin.

At its 413th plenary session, held on 15 December 2004, the European Economic and Social Committee adopted the following opinion by 146 votes, with two abstentions.

1. Gist of the Opinion

1.1 The Committee, believing environmental and health issues to be strategic priority objectives, but considering that the proposed plan falls short of presenting a cohesive and comprehensive plan of concrete actions with accompanying timescales, urges the Council and the European Parliament to support the Commission's efforts to define a more concrete action plan, and thereby to ensure that an integrated approach is adopted for such matters, with more clearly defined objectives and precise guidelines for the establishment of appropriate Community and national policies.

1.2 With this objective in mind, the EESC recommends that the relevant authorities continue to engage with renewed commitment and with the full participation of experts and stakeholders with a view to:

- identifying existing possibilities for integrating the identified objectives into specific research programmes that are related to the theme, as well as actions provided for in the action programme for public health and the Community programme for the environment;
- taking immediate steps to include environmental and health issues as priority areas in the recently initiated FP7 debate, and to do likewise in the future debate on the new public health action programme;
- identifying the financial resources, within the context of such programmes, to be allocated to the three main objectives identified as priorities (with which the EESC fully concurs) and the 13 declared objectives;

- developing scientific methods for risk assessment and standardising and testing methods so as to ensure a solid scientific basis for the endpoints and targets to be achieved;

- implementing and promoting cooperation and benchmarking activities to accelerate the consolidation of data relevant to effective action, and to identify successful interventions at national, regional and local level, which could be applied to other territories;

- defining the precise responsibilities and duties of the relevant authorities and identifying efficient cooperation and action coordination procedures, and the financial resources earmarked to implement them.

1.3 The EESC recommends that further efforts be made to find specific ways to rise above a predominantly cognitive approach and to adopt a genuine and authentic action plan with specific and, wherever possible, quantitative objectives. It urges the Commission to take steps to accelerate the implementation of the action plan and to identify the objectives and actions that are particularly relevant to the second phase of the plan itself.

1.4 Finally, the EESC reminds all European institutions and Member States of their political responsibility to ensure that due attention is paid to the fundamental objectives outlined in the Communication under consideration during ongoing discussions regarding the funding of the European Union and its activities from 2007 to 2013. Furthermore, it urges the Commission to draft, in good time, the necessary documentation to provide more targeted appropriations for these widely shared priorities.

2. Summary of the Commission Communication

2.1 The Commission launched an Environment and Health Strategy in June 2003 (referred to as the SCALE initiative⁽¹⁾) proposing an integrated approach involving closer cooperation 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.

2.2 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.

2.3 The SCALE initiative involved 150 experts subdivided into 9 technical working groups and an equal number of representatives from all Member States, including members of national agencies, research centres, universities, health and environmental services, industry and social enterprises that have helped to draft recommendations in consultative and coordination groups, regional conferences, fora, and informal meetings amongst Member States.

2.4 The Action Plan for the period 2004-2010 outlined in the Communication⁽²⁾ 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 cooperation between actors in the environment, health and research fields.

2.5 The Action Plan has three main themes:

- 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);

⁽¹⁾ Communication from the Commission on a European Environment and Health Strategy COM(2003) 338 final. The EESC delivered its opinion on this Communication at its 404th plenary session of 10 December 2003. The rapporteur was Mr Ehnmark. OJ C 80 of 30.3.2004

⁽²⁾ Communication from the Commission – The European Environment and Health Action Plan 2004-2010, COM(2004) 416 final of 9.6.2004, Volumes I and II

- reviewing policies and improving communication (actions 9-13).

2.6 The Action Plan focuses particularly on gaining a better understanding of the links between environmental factors and respiratory diseases, neurodevelopmental disorders, cancer and endocrine disrupting effects, all with a rising incidence in children. 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.

2.7 The other key information aspect is to monitor exposure to environmental risk factors, including food, the home environment, and behaviour that could be associated with health risks, such as specific life styles.

2.8 In order to achieve the Action Plan, the Commission will engage with and promote cooperation with the European Environment Agency, the European Food Safety Agency and the principal stakeholders (Member States, national, regional and local authorities, health, environmental and research centres, the industrial and agricultural sectors, and other relevant bodies). It will also coordinate with international organisations, such as the WHO, OECD and relevant United Nations agencies.

2.9 In 2007 the Commission will carry out 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.

3. Problematic issues within the scope of the Action Plan

3.1 The Committee, like the Commission and the Member States, pays ever increasing attention to environment and health issues and upholds the need for a clear strategy and efficient action plan to ensure an integrated approach to these issues and to contribute to the development of appropriate Community and national policies. These should successfully contribute to citizens' wellbeing and quality of life through sustainable development.

3.1.1 The preparatory work was complex. It was subdivided into a series of tightly-scheduled working groups and meetings, which took place during the year. The EESC commends such commitment and recognises the value of the work undertaken by the participants, and in particular by the experts involved in the technical phases. However, the EESC maintains that the limited time available prevented an in-depth analysis of complex and hitherto little-understood areas. As a consequence, the Communication generally fails to present a cohesive and comprehensive plan of specific actions, nor does it specify any clear deadlines for their implementation.

3.1.2 The differences in scope between the Commission's and Member States' competencies in the fields of environment and health undoubtedly complicated the process of establishing their respective responsibilities, and therefore, the actions to be proposed within the context of the principle of subsidiarity. The EESC considers that the Commission and the Member States should intensify their efforts to coordinate and accelerate the process of acquiring basic knowledge and exchanging information and data and to allocate appropriate funding for the proposed actions.

3.1.3 The EESC therefore considers the action plan to be the initial, not the final, phase of the process. The following comments were framed within this context.

3.2 In particular, the EESC draws attention to the need for appropriate funding since the action plan has not been allocated specific funds for the implementation of the actions it outlines. It is assumed that each action can be integrated in existing initiatives and EU funded programmes such as the EU Public Health Programme, the Sixth Environment Action Programme (mentioned in Volume II only), and the Sixth Framework Programme for Research.

3.2.1 This approach could help to avoid the dispersion of funds and the futile duplication of projects with identical objectives, but imposes upon the identified strategic priorities the measures and structures of programmes that are geared towards other objectives that do not necessarily coincide with the objectives outlined in the Communication.

3.2.2 The EESC considers the promotion of health to be a strategic priority objective, especially where the more vulnerable sectors of the population are concerned (i.e., primarily children, who are the target beneficiaries of SCALE because

they are amongst the most vulnerable, but, in the future, also the elderly and workers exposed to health hazards). It is therefore advisable to first allocate the necessary funds for the key issues and objectives identified. These needs should be taken into consideration during the ongoing discussions of the EU budget for 2007-2013, and its breakdown.

3.3 Another extremely sensitive issue is the legal and financial interaction with other independent bodies and organisations. Many actions will be implemented as part of international cooperation projects, and this will provide greater scope for the proposed initiatives. However, there is a risk that the focus and pace of implementation might suffer. The coordination and cooperation mechanisms envisaged do not guarantee cohesive and uniform development of the relevant actions, nor will it be easy to identify the parties responsible for implementing specific phases of the actions.

3.3.1 The diversity of stakeholders and their fields of competence and expertise (consider, for instance, organisations such as the WHO and the Environment Agency on the one hand and local and regional authorities on the other) will add to the complexity of implementation, and perhaps result in cumulative delays in identifying objectives and the appropriate measures to achieve them.

3.3.2 The EESC believes that the roles and responsibilities of the parties involved should be clearly identified (especially those pertaining to the Commission, Member States and regional and local authorities) and that competencies should be specifically assigned according to the type of actions required and the respective competencies delegated under the Treaties. The Communication under consideration does not clarify these crucial points and thereby confirms the concerns expressed by the Committee in its earlier opinion on a European environment and health strategy. ⁽¹⁾

3.4 The specific actions described in Volume II do not define precise objectives to be achieved, but serve to identify needs and — in the best hypothesis — tools that the Commission and other stakeholders might use to respond to knowledge deficits or needs. Regrettably, it would appear that the EESC's ⁽²⁾ concerns are likely to be confirmed, i.e. that the lack of concrete objectives other than the so-called Millennium Goals, constitutes a serious shortcoming that calls into question the viability of the plan itself.

⁽¹⁾ Opinion on a European Environment and Health Strategy, point 6.4 – OJ C 80 of 30.3.2004. The rapporteur was Mr Ehnmark. See footnote 1.

⁽²⁾ Ibid, point 5.3

3.5 The actions in the plan all share one common factor: they offer specific details for the first two- or three-year period but are more general, not to say vague, for the subsequent four-year period. This framework gives rise to concern since the plan should result in the practical implementation of a strategy, which by definition aims to make a significant long-term impact. Nor can this shortcoming be justified by the fact that the resources to be made available as of 2007 have not yet been specified. The clarity of the desired results is a basic requirement to ensure that funding commensurate with the strategy's importance is made available by political decision-makers.

3.6 The 2007 mid-term review cannot be deemed sufficient. The EESC recommends two mid-term reviews, one in 2006, and the other in 2008.

3.6.1 The first mid-term review would make it possible to take into consideration the results of a series of programmes and/or actions (not mentioned in the Communication) that are nearing completion, and would facilitate a rapid assessment of progress made during the first two years. This would provide a firm foundation prior to initiating actions that would be financed by new appropriations from the 2007 budget.

3.6.2 The second review would ensure that preparations for subsequent phases and further cycles are based on specific and timely assessments, extending their application to other vulnerable target groups (the elderly, for instance), on the basis of a deeper analysis of the progress achieved and the obstacles encountered.

4. Specific comments

4.1 The first group of actions is intended to improve the information chain by developing integrated environment and health information to better understand the links between sources of pollutants and health effects. The EESC regrets that information needs are still so great, despite the adoption of a Community action programme 1999-2003 on pollution-related diseases ⁽¹⁾ and a Community action programme on health monitoring ⁽²⁾ within the framework for action in the field of public health. It also regrets the fact that the Communication is not accompanied by progress reports on the programmes, and reports on the specific shortcomings to be remedied during the plan's first implementation phase.

4.1.1 Action 1 (developing environmental health indicators) and Action 2 (developing integrated monitoring of the environment, including food, to allow the determination of relevant human exposure) are predominantly cognitive in their

approach. As a result, the development of the actions in the second phase is poorly conceived. Even in a knowledge deficit situation, targets such as the comparability and accessibility of health related data should have been mentioned explicitly, with a view to facilitating the interoperability and integration of existing databases, recommending, where appropriate, the allocation of resources, including financial resources, for the required methodological studies, and networking existing data, with the long-term view of creating a European database in the future.

4.1.1.1 The EESC recommends, in order to integrate environmental and human health monitoring, the timely selection of clinical/epidemiological and experimental research activities to enhance and refine our knowledge of the causal links between specific environmental factors and disease.

4.1.2 The biomonitoring action (the use of biomarkers that are indicative of environmental exposures, diseases, and/or disorders and genetic susceptibility) appears to be more an account of the — albeit real — difficulties involved, than a course of action. The EESC recommends that immediate steps be taken to define the mandate and targets of the multidisciplinary working group on coordination, in order to ensure that it is an effective and, indeed, a credible operational tool at both national and Community levels.

4.1.2.1 The EESC recommends that priority spheres of action and optimal coordination procedures amongst specialised operational centres be developed on the basis of activities carried out by existing technical working groups, in order to obtain optimal biomonitoring results. It further recommends that cohort studies (in particular, mother-child studies) be developed to evaluate bio-indicators for exposure effectively.

4.1.3 Similarly, Action 4 (enhancing coordination and joint activities on environment and health) proposes the establishment of a consultative group and general support for exchanges between the relevant authorities. The EESC considers these proposals to be entirely inadequate since it does not believe that a consultative group would be sufficient to ensure the regular exchange of data and best practice. Therefore, in view of the fact that the responsibility for health and environment is shared by several ministries, the Committee urges the Member States to appoint as soon as possible a body or authority with the responsibility and necessary powers and tools to coordinate efforts to achieve the desired goals. Similarly, the EESC urges the Commission to set up more appropriate coordination bodies and to propose more incisive tools to facilitate the process.

⁽¹⁾ OJ C 19 of 21.1.1998

⁽²⁾ OJ C 174 of 17.6.1996

4.2 The second group of actions aims to 'integrate and strengthen European environment and health research'. The concrete actions outlined in the Communication annexe are also indicative of the intention to consolidate fundamental information rather than the intention to set up concrete research projects. Action 5 consists of an analysis of what has already been achieved within the framework of the JRCs or existing research projects, together with plans for conferences on the subject. Action 6 is an analysis of the causes and mechanisms of specified diseases and the establishment of a Europe-wide research network rather than an attempt to 'target research on diseases, disorders and exposures' since it fails to indicate what course research should take. Finally, Action 7 aims to establish a methodological system to develop risk assessment methodologies taking account of complex interactions and externalities, and a methodological system for harmonising and validating these methods.

4.2.1 The EESC recommends that the current large scale epidemiological data deficit be remedied as soon as possible, especially in matters relating to neurobehavioural disorders in Europe, where there is insufficient scientific data regarding infants and children but where there is sufficient evidence to establish an etiological link, even if this cannot be exclusively attributed to environmental factors.

4.2.2 The EESC recommends that interdisciplinary research on health and the environment should be made priorities in the Seventh Framework Programme for Research. Furthermore, immediate steps should be taken to ensure that the specific programmes that are already funded have the resources they need to enable us to add to our knowledge and identify effective intervention tools and methods in the health and environmental sector.

4.2.3 Action 8 (Ensuring that potential health and environmental hazards are identified and addressed) puts forward more precise objectives. It aims to find ways to improve the health sector's early assessment and preparation for extreme climate change and other global environmental hazards. The EESC upholds these objectives, even if they are not strictly related to the overall objective of the SCALE initiative, i.e. safeguarding children's health. The EESC hopes that such actions should

make it possible to set up an appropriate programme with specifically allocated funds in the medium term. It should not be incorporated, as proposed, in an unsuitable framework that lacks specifically allocated funds.

4.3 The next two actions (Actions 9 and 10) aim to develop awareness raising, risk communication, training and education. They raise some interesting points but do not provide a solid basis for a real communication and training strategy that promotes appropriate behavioural changes and focuses the actions of Member States, which are responsible for this sphere of action. The EESC has already pointed out that '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'.⁽¹⁾

4.3.1 The last actions proposed (Actions 11, 12 and 13) aim to review and adjust risk reduction policy for risks that are directly related to the diseases primarily targeted by the plan (respiratory diseases, neurodevelopmental disorders, cancer, and endocrine disruption effects). They recommend initiatives such as pilot schemes, developing networks, encouraging coordination, or simply following developments regarding electromagnetic fields. In general, this reads more like a list of good intentions rather than an attempt to draw up a list of concrete and exhaustive conditions for high-risk scenarios. The EESC believes that such proposals are not commensurate with the grievously harmful effects on health already outlined in the previous Communication on the strategy. Nor are they likely to produce a genuine reduction policy within a reasonable period of time.

4.3.2 The EESC strongly recommends that research into factors that affect air quality in offices and homes should be addressed as a matter of urgency (as indicated in Action 12). Scientific data should be compiled by a clearly specified deadline in the not-too-distant future, in order to facilitate a re-assessment of the 1999 recommendation on electromagnetic fields. For the EESC, the lack of any specific objectives and outcomes expected within a specified timeframe raises the concern that the plan will not even succeed in identifying efficient mechanisms for the coordination of existing Community level activities, or coordination with Member States.

Brussels, 15 December 2004

The President
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⁽¹⁾ OJ C 80 of 30.3.2004