## NEWS:

### 1ST SEMESTER 2016

**THE ERA-ENVHEALTH GENERAL ASSEMBLY IN BRUSSELS, BELGIUM, 21 OCTOBER**

**THE ERA-ENVHEALTH OPEN CONFERENCE IN BRUSSELS, BELGIUM, 22 OCTOBER**

**FINAL MEETING OF THE PROJECT “ACCEPTED”**

**ERA-ENVHEALTH COLLOQUIUM: “FORESIGHT AND FUTURE ENVIRONMENTAL RISKS”**

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**METHODOLOGICAL FOUNDATIONS OF THE WHO ENVIRONMENTAL BURDEN OF DISEASE (EBD) METHOD – OPPORTUNITIES, RISKS AND LIMITATIONS FROM SCIENTIFIC, LEGAL AND ETHICAL PERSPECTIVES (EBDREVIEW)**

**THE ERA-ENVHEALTH NETWORK**

### EDITORIAL

2015 finished strong regarding the issue of environment and health. Several important meetings took place one after the other: the 3rd ERA-ENVHEALTH* annual meeting, the 6th French National Congress on Environment and Health and the COP21.

After the previous ERA-ENVHEALTH network meetings in Rome, in December 2013, and in Stockholm, in June 2014, the 2015 meeting took place in Brussels on October 21, 22 and 23, along with the ACCEPTED project final meeting (Assessment of changing conditions, environmental policies, time-activities, exposure and disease, funded by ERA-ENVHEALTH). This year’s theme concerned national environment and health action plans.


The COP21 (21th United Nation Framework Convention on Climate Change) of which France held the Presidency, took place in Paris in December 2015. The main objective of the COP was to reach a common agreement to reduce emissions of greenhouse gases based on voluntary commitments by countries embodying the broader goal of keeping global warming below 2°C compared to the beginning of the 20th century. This agreement also mobilised the finances needed for mitigation, adaptation and compensation for losses and damage already recorded and engaged non-governmental actors to this transition.

2016 will also start strong with the writing and signing of a new Network Agreement by all the active members of the ERA-ENVHEALTH network. The previous one expired on December 31st 2015. The members wish to continue the collaboration and sharing of experience and practices, and have chosen to maintain the network and its activities continue focusing on information exchange, communication and implementation of joint activities such as seminars, workshops…


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**REMINDER:**

**SAVE THE DATE**

- **17–19 April 2016**: 2nd International Conference on Human Biomonitoring, Berlin, Germany
- **27–28 September 2016**: ERA-ENVHEALTH annual conference, Utrecht, The Netherlands

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**WWW.ANSES.FR/EN/CONTENT/ERA-ENVHEALTH-NETWORK**

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**ERA-ENVHEALTH GENERAL ASSEMBLY IN BRUSSELS (BELGIUM) 21 OCTOBER 2015**

When the ERA-ENVHEALTH project (Environment and Health European Research Area Network) ended in December 2012, the members of the network signed a Network Agreement to continue bringing together expertise in the E&H field and maintain the tools developed, which provide valuable support in tackling the challenges in E&H research. This Network Agreement expired on 31 December 2015.

During the 2015 general assembly meeting, restricted to network members only, the members agreed that a new Network Agreement should be prepared and signed in order to continue the work in progress. The new Network Agreement covers a 3-year period 2016-2018. Emphasis is put on the core work of the Network: Environment and Health issues in relation to policy-making.

The members of the network also discussed future joint activities, information exchange and communication.

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**ERA-ENVHEALTH OPEN CONFERENCE IN BRUSSELS (BELGIUM) 22 OCTOBER 2015 ON NATIONAL ENVIRONMENT AND HEALTH ACTION PLANS (NEHAP)**

The 2016 ERA-ENVHEALTH open conference was organised on 22 October 2016 in Brussels (Belgium) by the Federal Public Service Food Chain Safety and Environment, Belgian Science policy and the region Wallonne (Cellule Permanente Environnement-Santé).

This year’s theme was NEHAP: National Implementation and Evaluation Processes”. About 40 participants took part in the discussions and debates.

1. THE BELGIAN NEHAP

Francis Brancart  
Direction of the environmental policy,  
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The Belgian National Environment and Health Action Plan (NEHAP) was drawn up between 2000 and 2002. It was approved in 2003.

It is divided into three complementary, informative documents:

- **Part I** provides an inventory (based on 2000 data) of relationships between the environment and health. The NEHAP acknowledges that this field is complex and subject to numerous uncertainties. Above all, it is therefore important to take into account the existing knowledge on diseases and illnesses influenced by environmental factors. Part I also lists the actions and measures undertaken at each level of administration in Belgium.

- **Part II** facilitates a general understanding of document I. It is a summary of the first part, along with a certain number of conclusions.

- Finally, **part III** contains seven recommendations, broken down into 36 practical measures, to be undertaken in the short, medium and long term.

One of the first actions was setting up the cooperation agreement on December 10th 2003 which establishes the framework for concerted action between the Federal State, Regions and Communities, thereby facilitating the practical implementation of the NEHAP.

In 2004, the initial joint projects were launched, focusing on the major priorities of the NEHAP and following the Budapest conference, the decision was taken to incorporate actions from the Belgian CEHAP (the Children’s Environment and Health Action Plan) within the structure of the NEHAP.

After the evaluation of the first phase, a second phase (2008-2013) was launched and focused on reducing the incidence of respiratory problems, especially children’s’ but not only.

3 kinds of actions could be cited:

- International projects: e.g. Persistent Organic Pollutants (POPs) in human milk (WHO), DEMOCOPHES (EU biomonitoring)

- Specific Belgian projects: e.g. Education of health professionals, Cities and pollution, Child cancer and environment, Nurseries

- More permanent work through working groups: e.g. Exotic mosquitoes, Ozone and heat waves

The evaluation of the second phase is currently ongoing.
2. EVALUATION OF THE FRENCH SECOND NEHAP (PNSE2) BY THE HIGH COUNCIL OF PUBLIC HEALTH (HCSP)1

Denis Zmirou-Navier,
Evaluation committee chair,
Lorraine University and EHESP school of public health,
France

The High Council of Public Health (HCSP) was requested to evaluate the second NEHAP (PNSE2 in French) late 2012. The task took a year and was used as an input for the preparation of the 3rd NEHAP (PNSE3) that was issued at the end of year 2014.

A set of 10 topics covering 58 “actions” of PNSE2 were selected for an in depth analysis, based on a series of criteria (public health importance; degree of public perception; potential for collaboration across institutions and other parties; potential contribution to improvement of information systems; expected efficacy of the action), and a wide range of information systems on the quality of environmental media or on exposure factors were browsed to describe their evolution patterns over a 5 to 10 years period and to answer two key evaluation questions: Could one observe:

- a reduction of exposure of the population targeted by the action, at the national level?
- and a reduction of spatial and/or social inequalities of exposure to environmental nuisances and risks?

A multidisciplinary evaluation committee composed of 20 experts and professionals conducted the project whose key steps (evaluation plan and preliminary results and recommendations) were submitted to a consultation committee composed of stakeholders (environmental and consumers associations, labor unions, employers unions, local authorities and national competent administrations and agencies).

1 Two evaluation reports were issued:
Descriptive data: http://www.hcsp.fr/explore.cgi/avisrapportsdomaine?clefr=375

3. RESEARCH AND ACTIONS TO SUPPORT ENVIRONMENT AND HEALTH POLICIES IN ITALY

Liliana Cori,
Institute of Clinical Physiology, National Research Council,
Pisa, Italy

In Italy, several Institutions are committed to work in the framework of the European Environment and Health Action Plan, especially after the Fifth Ministerial Conference, held in Parma, Italy, in March 2010. A formal National plan was not agreed, but several initiatives and projects are contributing to address the challenges linked to this complex and multidisciplinary issue.

The issue of competencies represents a first challenge, with different levels of action of Ministries, Regions, Local Authorities, in health (national planning, regional legislation & implementation, local health services), and in environment (implementation of EU regulations, regional surveillance activities). Nevertheless, other policies are relevant for E&H, promoted by the Ministry of Transport, Labour, Agriculture, Economy, Foreign Affairs, Education and Research.

The Italian research community, often working within international consortia, operated during the last decade on the following E&H issues, with the specific aim to support public prevention policies: Air Pollution, Noise, Contaminated Sites, Health Impact Assessment, Knowledge Transfer and Exchange. Several competencies and scientific field are involved, including environmental epidemiology, toxicology and medical sciences, information technology, sociology and policy studies.

The approach of the studies has been multidisciplinary and the involvement of community is usually included, with the aim to boost communities’ participation and empowerment.

To finally summarize, the background for adequate action to address E&H challenges exists in Italy, but, as a result of different levels of competencies and actions, the activities on E&H are not coordinated, losing in efficacy and effectiveness. The lack of a National Action Plan represents a relevant obstacle.
4. HEALTH & ENVIRONMENT PROCESS IN GREECE

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Director of MSc “Environment and Health. Capacity building for Decision Making”
Medical School of National and Kapodistrian University of Athens, Greece

Health care in Greece is mostly provided through national health insurance. However, since July 2011, with the recent austerity measures, unemployed Greeks receive benefits for a maximum of a year, and after that period, health care is no longer universal and patients must pay for their own treatment. Austerity measures have also resulted in citizens being forced to contribute more towards the cost of their medications. The economic crisis has predominantly impacted the health of vulnerable populations with a rise in suicides and deaths due to mental and behavioral disorders. Overall, attempted suicides have increased by 36 percent between 2009 and 2011, and there has also been a parallel increase in the prevalence of people with major depressive disorders. Increases in certain illness, such as heart attacks and respiratory problems are associated with the chronic stress suffered by Greeks and worsening living conditions engendered by the crisis.

However there are major world health and social issues: Climate Change, Migration, EcoJustice and Poverty. Greece is involved in these issues, so the question is "What are the steps to be taken towards problem solving?"

Public consultation is a powerful tool for awareness raising and facilitation of policy implementation. The French Government has supported the activity of World Wide Views aiming at rising public awareness on climate change at the University of Athens in the frame of the Master Science Programme “Environment and Health. Capacity Building for Decision Making” in collaboration with the Marioliopoulos – Kanaginis Foundation for Environmental Sciences. The Climate Change Impacts Study Committee (CCISC) of the Bank of Greece (BoG) also organised activities of public consultation and awareness raising in Greece concerning Climate Change in view of the COP21 in Paris.

REFERENCES:

FINAL MEETING OF THE PROJECT “ACCEPTED” FUNDED IN THE SECOND CALL ERA-ENVHEALTH

On 23 October 2015, BELSPO (Belgian Science Policy) hosted the Final meeting of the ACCEPTED project funded under the ERA-ENVHEALTH second call for projects.

The aim of this Final Meeting was to summarise the state of knowledge and assessments of how future exposure situations in cities were estimated to have an impact on health. Key note speakers and members of the ACCEPTED Project were present and discussed recent reports and new results. A posters session also took place to present recent results of the different work packages of the project. The programme of the meeting and these posters can be consulted on the ACCEPTED project website: http://www.acceptedera.eu/news-and-meetings/project-meetings/

A FEW WORDS ABOUT THE ACCEPTED PROJECT

The project name ACCEPTED is an acronym for Assessment of Changing Conditions, Environmental Policies, Time-activities, Exposure and Disease. The research project started in December 2012 and finished in December 2015. ACCEPTED involved 11 different partners (from Sweden, Germany, France and Belgium) and was funded by 5 organisations (ADEME and ANSES in France, BELSPO in Belgium, Swedish EPA in Sweden, and UBA in Germany) within the framework of the ERA-ENVHEALTH network.
The study by Tim Nawrot and Bianca Cox (U-Hasselt - BE) shows that exposure of mothers with higher than average summer temperatures in late pregnancy can lead to premature births. This work focused on the retrospective statistical study of some 446,000 births recorded between 1998 and 2011 in Belgium. The study involved only changes in temperature in summer and a temperate region (ambient temperature as trigger of preterm delivery in a temperate climate).

Another study of the ACCEPTED project on the health of future babies whose mother lives in town (Dries Martens, U-Hasselt - BE), has shown that maternal exposure to fine particles during pregnancy was reflected by the presence in the baby's cord blood of more inflammatory biomarkers showing a modified susceptibility.

As we know, global warming is exacerbated by anthropogenic greenhouse gas. These emissions are not limited only to these gases. Other pollutants have also caught the attention of researchers, including fine particles, very present in cities, and largely from car engines. The evolution of this pollution was modelled by the team of Pr. Bertil Forsberg at Umea University in Sweden (coordinator of the ACCEPTED project). Their conclusions are clear: more exposure to fine particles (PM10) will have a direct impact on hypertension in the mother and may also increase the risk of premature births.

The project has also permitted to bring others results in terms of urbanism or vehicle use (bicycle/car) in urban area, etc. For more information about the project and its results, don’t hesitate to consult the project.

MORE INFORMATION

ACCEPTED project: http://www.acceptedera.eu/
IMPACT2C http://impact2c.hzg.de/
IPCC: http://www.ipcc.ch/
ERA-ENVHEALTH COLLOQUIUM: “FORESIGHT AND FUTURE ENVIRONMENTAL RISKS”

FORESIGHT IN THE ERA ENVHEALTH CONSORTIUM

Exposure of citizens and workers to potentially toxic biological and chemical agents has been varying in time for centuries, with a strong acceleration at the middle of last century. Significant changes in exposure are expected in the next 25 years, with respect to demography, environmental pressure, scarcity of resources, evolutions of products and processes. Some of these changes may have positive effects on health while new risks may also appear. ERA-ENVHEALTH members look into such questions using different tools varying from reviews of scientific state of the art and societal developments to foresight exercises.

An ERA-ENVHEALTH colloquium was organised at ANSES, Paris on the 18-19 February 2016. Its aim was to gather about 30 people, to compare methodological approaches, future visions of various European organisations and discuss possible common actions.

A WIDE VARIETY OF TOOLS

Most of the organisations which were represented at the meeting use part of their resources to develop visions of what could be the future. It is interesting to note that in some countries such activities are strongly encouraged. The exact purpose of these foresight activities and who uses the results may vary from one organisation to the other. This can be: providing visions of future for the ministries, understanding what is at stake, providing insights for research programming and support research and innovation policy cycles, research on social dynamics. The techniques used for foresight depend on the purpose of the exercise, the available resources and on the users (agency staff, politicians, general public): quantitative or qualitative modelling, explorative scenarios, horizon scanning, web survey, polls...

These exercises are often encouraged by the Ministries or sometimes the agencies’ management boards. Most of the time foresight exercises do not add information but bring together existing data so that their added value must be explained. Various factors influence the impact of foresight exercises such as:

- Who requested this activity and the way he endorses the results.
- The form of the result and the way it fits the purpose.

The communication made around the foresight results is of utmost importance.

For many participants the clearest outcome of such an exercise is an “intangible good”: new skills for staff involved in these exercises, opening minds, cohesion of groups.

COMMON ISSUES AND POSSIBLE ACTIONS

Some technical questions are shared by most of the organisation. For instance:

- What is the best suited tool?
- Tackling complexity: How to build systemic approaches with rigorous methods?
- How to analyse structure data (maps, clustering, ordering information, ...)?
- How to couple qualitative and quantitative (indicators, trend analysis, modelling)?
- How to foster collective intelligence and creativity?
- How to involve a variety of stakeholders?
- How to communicate results and use foresight for action?

There is room to develop a common activity in the perimeter of an ensemble of agencies.

- Exchanges on methodologies, benchmarking.
- Sharing watch, horizon scanning (especially to have multilingual information).
- Common exercise on foresight (keeping in mind that many of the issues at the interface between health and environment are also tackled at the European level).

This room for common activities should be considered when looking for research of funding to develop a common activity.

A good starting point to identify a possible common project could be to:

- Gather a few normalised data about the methods used by the members.
- Identify issues that everybody would like to share with other members.
COP21: A PARIS AGREEMENT BY CONSENSUS

The COP21 ended on Saturday 12 December with the adoption, by consensus, of the Paris Agreement. This agreement consists of a preamble and 29 articles. The Paris Agreement is a universal agreement, fair, differentiated, sustainable, dynamic, balanced and legally binding. It is a major advance in the fight against climatic disturbances.

It sets the objective of containing the temperature rise well below 2°C, and strive to limit it to 1.5°C. It calls for it to a peak of emissions of greenhouse gases as soon as possible and neutrality of emissions in the second half of the century.

Ever more ambitiously, it requires each country to update every 5 years its national contribution. A collective assessment will also take place every 5 years to take stock of countries' commitments. The first assessment will take place in 2023. Previously, the decision accompanying the agreement provides that States meet a first time in 2018 to assess their progress.

METHODOLOGICAL FOUNDATIONS OF THE WHO ENVIRONMENTAL BURDEN OF DISEASE (EBD) METHOD – OPPORTUNITIES, RISKS AND LIMITATIONS FROM SCIENTIFIC, LEGAL AND ETHICAL PERSPECTIVES (EBDREVIEW)

In December 2011 the project team consisting of the Ecologic Institute, Berlin and the Institute for Energy Economy and rational Energy Use (IER) at Stuttgart University started the research project - Methodical Foundations of the WHO Environmental Burden of Disease (EBD) - Opportunities, Risks and Limitations from scientific, legal and ethical perspectives (project acronym: EBDReview). The project ran over a period of 25 months. It examined the methodological details of the WHO approach to calculate the environmental burden of disease with respect to its scientific, ethical and legal advantages and limitations, including the changes made during that time to the ongoing Global Burden of Disease (GBD) - approach. The analysis was conducted with the aim to support political decision processes regarding the feasibility to conduct an EBD study on national level in Germany. The research project further developed a list of environmental stressors and their associated health endpoints, which are considered highly relevant currently and in the near future for the German context. An in-depth literature search identified the disability weights for these health endpoints as far as they are available and potentially applicable for a German EBD study. For the missing disability weights the project proposes a framework for their determination. The study overall ties into two other UBA-funded research projects: the VegAS project and the ongoing GENUS project. The final report is available on the website of the German Environment Agency: http://www.umweltbundesamt.de/sites/default/files/medien/378/publikationen/umwelt_und_gesundheit_05_2015_methodische_grundlagen_des_env_burden_disease-ansatze.pdf

Regarding the funding, the agreement implements an obligation for developed countries to provide and mobilize financing that will gradually increase. It also recognizes that public funds must constitute a significant share of funding devoted to climate. The agreement maintains a funding of $100 billion per year until 2025, as a basis for a more ambitious financial target. The need to rebalance the funding for the adaptation, including public funding and grants, is affirmed. The agreement also mentions that some developing countries may, on a voluntary basis, become donors to help the poorest countries.

Regarding transparency, a strengthened framework is in place. It will build trust between countries, and ensure the effectiveness of the agreement. This framework will apply to all, taking into account the capacity of countries.

The English version of the extended summary includes all deliverables of the EBDreview research project in summarised form:

- The tabular summary of the scientific, legal and ethical strengths and limitations of the WHO EBD method.
- Criteria for the selection and prioritisation of relevant current and likely future environmental stressors and risk factors in Germany and a list of the 10-15 most important of them and their associated health effects.
- The list of health effects, for which currently no applicable disability weights could be determined.
- A proposal for a framework for deriving and calculating the missing disability weights in Germany that also takes into account the findings of the EBD review project.

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THE ERA-ENVHEALTH NETWORK

COLLABORATION IN RESEARCH TO HELP TACKLE THE CHALLENGES IN E&H AND THEIR POLICY IMPLICATIONS

The European Environment and Health Action Plan for 2004-10 pointed a need to strengthen networks between researchers, policy-makers and stakeholders. The FP7 ERA-ENVHEALTH project was set up to bring together European organizations planning research in the Environment and Health (E&H) arena with the objectives of providing policy support. ERA-ENVHEALTH's task was to mobilize scientific research in support of European and national policies on E&H issues.

Goals and activities

ERA-ENVHEALTH facilitates better communication and deeper understanding of the drivers and priorities in E&H for both scientists and policy-makers. ERA-ENVHEALTH is a unique active transnational network in the E&H field. ERA-ENVHEALTH has shown that transnational collaboration in E&H fills an important niche and the network is an innovative forum to discuss challenges, visions and emerging issues. In this respect

- access to, sharing and communicating information is a crucial success factor, and
- joint activities are essential to promote exchange and collaboration and foster new ideas to enhance the uptake of environment and health issues and co-benefits in different sectors and provide valuable support in tackling the future challenges for better health and well-being.

Join us!

- Become a member: signature of the Network Agreement, contribution on a voluntary basis
- Register for the ERA-ENVHEALTH newsflash: with regular up-to-date information on E&H activities
- Participate in its annual conferences and help build up this innovative discussion forum

The structure of the network is based on “contributing and sharing” and involves no centralized budget; each organization participates on a voluntary basis.

CONTACTS

www.era-envhealth.eu

Do not hesitate to get in touch with the network either through your national contact point and member of the network or by contacting:

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