



Accelerating action for healthier people, a thriving planet, a sustainable future

**Seventh Ministerial Conference
on Environment and Health**

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Draft Declaration of the Seventh Ministerial Conference on Environment and Health

We the ministers and representatives of Member States in the European Region of the World Health Organization (WHO), responsible for health and the environment, have come together at the Seventh Ministerial Conference on Environment and Health, generously hosted by the Government of Hungary in Budapest from 5 to 7 July 2023, to accelerate our collective commitment for healthier people, a thriving planet and a sustainable future.

Alarmed by the substantial and persistent burden of ill health due to environmental risk factors in the WHO European Region, accounting for at least 1.4 million premature deaths per year, 569,000 of which are attributable to ambient air pollution, and 154,000 to household air pollution, and *concerned* that environmental risks contribute to one-fourth of all non-communicable diseases globally, including cancer, and cardiovascular, respiratory and mental diseases, as well as to infectious diseases;

Concerned that the “triple crisis” brought by the intertwining of climate change, environmental pollution and biodiversity loss is causing unprecedented and rapidly unfolding impacts on our lives, threatening eco-systems, human and animal health and well-being across generations in our Region;

Recognizing that the convergence of the coronavirus disease (COVID-19) pandemic with the environmental and climate crises has exacerbated existing environment and health pressures and inequalities between and within countries. It also highlighted the interdependencies between the health of humans, animals, plants, and ecosystems at large, and the need to enhance the understanding and evidence on the interlinkages between drivers of biodiversity loss, ecosystems degradation, climate change and the emergence and spread of infectious diseases, and highlighting the urgent need to reduce pressures on biodiversity and decrease environmental degradation to reduce risks to health;

Concerned about the increasing threat to mental health and well-being, including eco-anxiety among young people, brought by the converging climate and environmental crises but aware of the health protecting and promoting co-benefits brought about by policies that enable a positive relation to nature, and green and blue spaces;

Highlighting the importance of integrating the environmental and climate change dimensions within health systems for the provision of quality of care and towards attaining universal health coverage;

Underlining that peace is a precondition for sustainable development and *recognizing* the right to a clean, healthy and sustainable environment;

Mindful that the on-going energy crisis requires a further acceleration of an equitable and just transition to clean and sustainable energy sources, *concerned* that countries may roll back climate commitments to address the energy crisis contrary to the Paris Agreement, *re-emphasizing* the urgent need for a rapid and sustained and sustainable reduction in greenhouse gas emissions, along with providing energy security for all countries, regions and individuals, particularly the vulnerable and marginalized;

Emphasizing that, in an interdependent world, successfully tackling complex, multidimensional challenges requires urgent, inclusive, intersectoral and transformative action for a healthy, green and sustainable recovery from the COVID-19 pandemic, as advocated by the One Health and Planetary Health approaches;

Recognizing the importance of planning and investing in health promoting and equitable environments for sustainable development, including both the natural and the built environments, as well as essential service provision, to achieve resilient and healthy communities;

Acknowledging the pivotal role of local and subnational levels of government in promoting innovation, improving preparedness, decreasing inequalities, including gender inequalities, and strengthening resilience;

Mindful of the UN General Assembly's Resolution 76/300 on the human right to a clean, healthy and sustainable environment, and of the urgent need to achieve the objectives of existing international commitments relevant to health, environment, climate and biodiversity, as well as of the relevant Resolutions of the World Health Assembly and the WHO Regional Committee for Europe, including the European Programme of Work 2020-2025, "United Action for Better Health";

Acknowledging the role played by Member States of the WHO European Region and taking note of the European Union (EU) policies and legislation relevant to environment and health, including the European Green Deal, the EU Global Health Strategy, the EU Research and Innovation Framework Programmes Horizon 2020 and Horizon Europe, the EU Regulation on serious cross-border health threats, the EU Beating Cancer Plan, and the EU Care Strategy, in supporting national policy developments across a large number of European countries;

Commending the role played by the European Environment and Health Process (EHP) and its Ministerial Conferences and Declarations as a unique catalyst for setting the policy agenda, an enabler of intersectoral action to address priority environment and health challenges in the European Region, and an accelerator in achieving the environment and health related Sustainable Development Goals, at the halfway mark of the Agenda 2030.

We make the following commitments:

1. We will accelerate the just transition towards resilient, healthy, equitable and sustainable societies, taking into account the lessons learned from the COVID-19 pandemic. In so doing, we will apply a dual track approach:
 - on the one hand, we will increase efforts in prevention, preparedness, and early detection of and response to emergencies to protect all people, especially vulnerable populations. These actions aim to enhance health systems' resilience and capacity to withstand and respond to disasters and crises;

- on the other hand, we will increase efforts to address the environmental determinants of disease.
2. We will prioritize action on the health challenges related to the triple crisis of climate change, environmental pollution, and biodiversity loss, including by strengthening the engagement of the health sector in these agendas and recognizing the centrality of these factors in the global health agenda. In particular, we will:
 - enhance health sector action to tackle the impacts of climate change, including by making health systems more environmentally sustainable, decarbonizing them and making them climate-resilient;
 - step up action to reduce the health impacts of pollution, through addressing both established and emerging environmental risk factors;
 - integrate nature and biodiversity in environment and health policies, and in the implementation of the One Health approach;
 - provide universal and equitable access to essential services, such as safe drinking water, sanitation and hygiene, energy and food supplies, waste management, wastewater management, and healthy and sustainable transport systems;
 - promote a safe, clean and healthy built environment across all settings.
 3. For this purpose, we commit to:
 - strengthening interlinkages between environment and health, including through: transformative governance for environment and health; a workforce with integrated and up-to-date competencies on environment and health; research and innovation;
 - adopting whole-of-government and whole-of-society approaches, while paying particular attention to vulnerable populations and indigenous communities.
 4. To enable such transition, we commit to use the “Roadmap for healthier people, a thriving planet and a sustainable future 2023-2030” as an integral part of this Declaration, leveraging the set of “accelerators” identified in the Roadmap to facilitate the transition towards resilient, healthy, equitable and sustainable communities.
 5. We reaffirm the commitments taken in the 2017 Ostrava Declaration, “Better Health, Better Environment, Sustainable Choices”, and the continued relevance of the priority areas identified therein, adding the links between nature, biodiversity, and health as a new priority for action. We will continue to develop and improve the implementation of National Portfolios for action on environment and health.
 6. We will continue to measure and report on progress towards the implementation of our commitments using national reporting on the achievement of the Sustainable Development Goals and other relevant reporting frameworks.
 7. We will support and promote the activities of the European Environment and Health Task Force (EHTF) and its Bureau, as drivers for implementing the commitments taken in this and previous Declarations, especially the Ostrava Declaration.

Acting through joint action and partnerships:

8. We commit to intensify efforts to come together with relevant partners and stakeholders to strengthen the implementation of our commitments. We establish the “EHP Partnerships” as a new, voluntary and flexible mechanism to accelerate uptake of new approaches, promote peer-to-peer support, share knowledge and experiences, provide a platform for communities of practice and increase opportunities for “twinning” (see Annex II, Terms of Reference for the EHP Partnerships).
9. We will continue to promote the effective, inclusive, and action-oriented engagement of civil society, academia, the private sector, local communities and other stakeholders in the decision-making process at all levels. We will strengthen the means and further develop tools for

communication, awareness-raising and promotion of literacy about the links between health, environment and climate change. Our aim is to enhance access to information on and public participation in environment and health related decision-making.

10. We will support ratification and/or advance the implementation of multilateral agreements relevant for this agenda, such as the Protocol on Water and Health, the Convention on Long-Range Transboundary Air Pollution, including its Gothenburg Protocol, and the relevant international Conventions on hazardous chemicals, their mixtures, waste and the Convention on Biological Diversity.
11. We welcome the resolution 5/14 entitled “End plastic pollution – Towards an international legally binding instrument”, adopted by the fifth session of the United Nations Environment Assembly.
12. We welcome the commitments of the Vienna Declaration “Building forward better by transforming to new, clean, safe, healthy and inclusive mobility and transport” and will further support the Transport Health and Environment Pan European Programme (THE PEP) and THE PEP implementation mechanisms.
13. We will further leverage the WHO Healthy Cities Network and the Regions for Health Network to develop demonstration projects and facilitate the exchange of knowledge and experiences.
14. We will support and empower the European Environment and Health and Youth Coalition (EEHYC) and other international youth organizations at international, regional, national, and local levels, to make their action more relevant in policymaking and implementation.
15. We will convene the next Environment and Health Ministerial Conference by 2030.
16. We will make every effort to mobilize the necessary resources nationally and internationally, and call upon the governing bodies of WHO and UNECE for their support, in close collaboration with UNEP in particular, and with other relevant UN and international organizations in the region.
17. We express our gratitude to the government of Hungary for hosting this Conference and we wish to thank both the government and the people of Hungary for their warm hospitality.

Signed in Budapest, Hungary on 6 July 2023

ANNEX 1

ROADMAP FOR HEALTHIER PEOPLE, A THRIVING PLANET AND A SUSTAINABLE FUTURE 2023-2030

This Roadmap is an integral part of the Declaration of the Seventh Ministerial Conference on Environment and Health.

It describes a set of actions for Member States' consideration that facilitate the implementation of the commitments of this Declaration and accelerate progress to prevent and reduce the health consequences posed by climate change, environmental pollution, and biodiversity loss, as well as to strengthen governance, human resources, financing and knowledge for health and the environment.

The Roadmap also highlights the continuing need to improve the universal provision of essential health-determining services, such as water, sanitation and hygiene, management of waste and wastewater and healthy and sustainable mobility and transport, in an equitable, sustainable and resilient manner. A proper planning of the built environment is recognized as a potential enabler for action towards this end, which will be paramount to the achievement of the Sustainable Development Goals in the WHO European Region.

A. Prioritizing action to tackle the most pressing health challenges related to climate change, pollution and biodiversity loss

Climate change

Why urgent action is needed

Between 1991 and 2021 temperatures in the WHO European Region have warmed at an average rate of about 0.5 °C per decade. This is more than twice the global average and it makes the Region the fastest-warming region globally. This demonstrates the urgent need to significantly reduce greenhouse gas emissions and to act on the consequences of climate change on human health and well-being. Climate change compromises health systems and causes communicable and non-communicable diseases, including mental illnesses, that result from extreme weather events (e.g., heat waves, floods, drought spells, wildfires) and slow-onset developments (e.g., water scarcity, loss of permafrost). Indirect impacts include the spread of vector-, food- and water-borne diseases, allergies, compromised food and water security, diminished well-being, and reduced labour productivity, especially in vulnerable populations.

Our commitment: We will enhance our efforts to tackle the health and well-being impacts of climate change through adaptation and mitigation action by the health and health-determining sectors, by:

1. making health systems and facilities climate-resilient and environmentally sustainable, and by striving for decarbonizing service delivery in alignment with the COP26 Health Programme;
2. establishing health-centred targets in national planning, in particular in the Nationally Determined Contributions (NDCs) under the Paris Agreement under the United Nations Framework Convention on Climate Change;
3. developing, updating, and implementing Health National Adaptation Plans (H-NAPs), either as stand-alone documents or integrated as part of National Adaptation Plans (NAPs);
4. developing and updating heat-health action plans to effectively prevent, prepare for and respond to heat-related health risks, while adapting urban planning to address the impacts

- of urban heat island effects, taking into account the competencies of different levels of governance;
5. establishing and updating regulatory requirements to ensure the climate resilience of water and sanitation services, and, where appropriate, promoting the reuse of wastewater, while ensuring that it is safe for health and protects the environment;
 6. strengthening natural disaster risk reduction policies and climate-informed health early-warning and surveillance systems for extreme weather events and climate-sensitive disease outbreaks;
 7. promoting healthy mitigation measures such as renewable and fossil-free energy provision, active mobility, improved waste management and healthy and sustainable diets;
 8. strengthening the climate-literacy of health professionals to empower them to respond to climate health impacts and engage meaningfully on climate change policy development in the health sector.

We will accelerate progress by considering the following actions:

9. joining the Alliance for Transformative Action on Climate Change and Health (ATACH) and forming a regional community of practice of European countries that takes into account sub-regional specificities and prevailing vulnerabilities to climate change;
10. leveraging the Health in Climate Change (HIC) working group, established under the EHTF, as a platform for sharing experiences and innovations, promoting tools, communicating evidence, showcasing good practices in climate change and health, and fostering partnerships among countries and stakeholders;
11. making use and contributing to the work of existing initiatives and platforms, such as the European Climate and Health Observatory;
12. relying on WHO’s guidance on heat-health action planning and for climate resilient and environmentally sustainable health care facilities, among others, and building and intensifying collaboration with a wide range of different actors and stakeholders across all levels of governance;
13. leveraging the EHP Partnership on Health Sector Climate Action, aiming to provide a regional community of practice to support countries' efforts to develop climate-resilient, low-carbon and environmentally sustainable health systems in line with the COP26 Health Programme and the ATACH initiative.

Environmental Pollution

Why urgent action is needed

Pollution of air, water and soil, exposure to hazardous chemicals, noise, and other physical risk factors (such as UV or radon) are responsible for a major burden of disease, which still need to be fully estimated. Exposure to different types of pollution poses a multitude of health risks to people throughout the life course, contributes to the burden of non-communicable and communicable diseases, and can lead to both acute episodes and long-term adverse effects. These health impacts include cardiovascular and respiratory diseases, endocrine, immunologic and metabolic disorders, and cancer. Exposure to pollution can also impair children’s development and affect mental health. In addition to urgent actions needed to address a wide range of pollutants, for which the health evidence is well-established and advancing, new and emerging issues, such as electromagnetic radiation, require attention and response and addressing multiple exposures to pollutants.

Our commitment: We will continue and enhance our efforts to reduce the substantial burden of diseases caused by different types of pollution and work to reduce exposure and prevent adverse health impacts of pollution in the future, by:

14. updating policies and taking action, including revisions and gradual setting of stricter air quality standards, taking into account available technology and economic conditions, to achieve reduction of exposure to air pollution and its health impacts, together with measures that improve air quality, in particular source control;
15. supporting the transition to generation of and equitable access to renewable energy, recognizing its crucial role in reducing air pollution, mitigating climate change, and delivering multiple health benefits;
16. improving indoor air quality to protect health, with particular focus on children and other vulnerable groups, for example by considering ventilation systems in schools, chemicals in building and furniture materials, household fuel combustion and energetically retrofitted housing;
17. developing and implementing policies and actions to reduce exposure to environmental noise, and exploring the health and well-being benefits of interventions that target both air quality and environmental noise;
18. developing and implementing preventive regulation of chemicals, their mixtures and waste at the national and regional level as well as in the context of international and regional Conventions, and ensuring a greater involvement of the health sector in sound chemicals and waste management;
19. enhancing efforts to reduce emissions and releases of chemicals to the environment, in particular, persistent and so called ‘forever’ chemicals, pharmaceuticals, pesticides, endocrine disrupting chemicals, etc., through legislative and other measures to reduce exposure and the risks of adverse health effects;
20. promoting the establishment and use of human biomonitoring as an effective instrument to help guide policies and actions to prevent health impacts caused by chemicals through exposure reduction;
21. ensuring access to poison centres equipped with essential capabilities, in particular to prevent and respond to poisonings and contribute to sound chemicals management;
22. reducing water pollution, including through minimizing the amount of untreated or insufficiently treated wastewater and biosolids released into the environment, and ensuring their safe reuse, where applicable;
23. addressing the environmental dimension of antimicrobial resistance (AMR) by supporting measures to minimize releases of antimicrobials, residues, resistant microorganisms and genes into the environment, as well as by addressing environmental aspects into AMR national action plans, including through the operationalization of the One Health Approach;
24. strengthening and maintaining core public health capacities for surveillance of environment and health threats, and establishing environmental surveillance of disease agents in wastewater, for the effective response to outbreaks and incidents, and informed public health action.

We will accelerate progress by considering the following actions:

25. using the WHO guidelines on air quality, on water quality, on safe use of wastewater, on environmental noise, and on the establishment of poison centres, as evidence informed reference for national standard setting or actions/interventions;
26. leveraging the existing platforms, like the Joint Task Force on Health Aspects of Air Pollution under the UNECE Convention on Long-range Transboundary Air Pollution, and

- tools to strengthen capacities and systems to monitor air pollutants and to assess the health impacts of air pollution;
27. promoting the creation of an international toxicovigilance network and to share experiences and to facilitate targeting the risks associated with new practices and products as well as long used substances;
 28. supporting the adoption of a new framework for the sound management of chemicals and waste at the 5th Meeting of the International Conference on Chemicals Management (ICCM 5) and contributing to the implementation of the recommendations of the ICCM meetings in the European Region;
 29. promoting the active engagement of WHO in the ad hoc open-ended working group tasked with supporting the establishment of a science-policy panel to contribute further to the sound management of chemicals and waste and prevent pollution, as outlined in Resolution UNEP/EA.5/Res.8 adopted by the Fifth Session of the United Nations Environment Assembly in 2022;
 30. leveraging the EHP Partnership on Human Biomonitoring, as an innovative mechanism to advance monitoring of exposure to chemicals and their mixtures, to share data and to contribute to risk assessments on chemicals;
 31. aligning efforts with the (forthcoming) regional AMR roadmap for the WHO European Region for 2023-2030.

Biodiversity loss and land degradation

Why urgent action is needed

Rapidly accumulating evidence shows how changes in the global environment result in profound and negative impacts on nature and biodiversity. The interconnections between the health of humans, domestic and wild animals, livestock, plants and ecosystems are now recognised along with the critical role played by biodiversity loss, land degradation, climate change and the environment as driving forces in this human-animal-environment health interface. Depletion of natural resources has an enormous impact on human health. At the same time, nature and biodiversity provide basic conditions to human health and protect it through essential ecosystem services, such as exposure to quality green and blue spaces for promoting mental and physical health, clean water, air and soil, and healthy food. Maintaining the integrity of natural ecosystems is critical in preventing zoonotic and vector-borne diseases, and pandemics.

Our commitment: We will integrate nature and biodiversity in health policies and adopt the One Health approach interlinking policies and actions related to health of humans-animals-and ecosystems, while taking into account benefits and risk associated with human interaction with nature, by:

32. conserving, protecting, restoring, and sustainably using and managing natural ecosystems to protect human health, including from vector borne and zoonotic diseases;
33. promoting and strengthening the integration of the environmental dimension in the operationalisation of the One Health approach;
34. monitoring biological particles and invasive species to better inform environment and health professionals and the public, especially susceptible people, on the level of risk.

We will accelerate progress by considering the following actions:

35. integrating nature, biodiversity and health in our National Portfolios for action on environment and health;

36. leveraging the 2022 Kunming-Montreal global biodiversity framework of the Convention on Biological Diversity, including the integration of the One Health approach in National Biodiversity Strategies and Action Plans (NBSAPs);
37. leveraging the UNEA-5 Resolution "Nature-based solutions for supporting sustainable development" while ensuring the protection of human health;
38. making use of the 2024 European High-Level Conference on One Health to exchange experiences and good practices, stimulate collaboration and coordination among all relevant sectors and stakeholders, and operationalizing the quadripartite One Health Joint Plan of Action (2022-2026).

B. Delivering essential services and a safe built environment for healthy and resilient communities

Why urgent action is needed

Provision of essential public services and safe built environments are central in preventing disease and promoting health and well-being. They are critical to enhance the resilience of human settlements to environment and health threats and for a healthy and green recovery from the pandemic. Essential public services in communities include the provision of safe, equitable and sustainable water, sanitation and hygiene services, the safe management of waste and wastewater, and healthy and sustainable transport services. They must be sustained, improved and adequately resourced. Sustainable and healthy design, planning and management of built environments promote public health and healthy lifestyles. There is a need to work across different levels of government, maximising the potential of each respective level.

Water, sanitation and hygiene

Our commitment: We will ensure universal and equitable access to safe drinking water, sanitation and hygiene services for all in all settings and promote continuous investment in maintaining such services, by:

39. updating policies to adopt a risk-based approach for the safe and climate-resilient management of the drinking-water supply chain from catchment to consumer;
40. updating policies to adopt a risk-based approach for the safe and climate-resilient management of the sanitation service chain;
41. implementing national strategies on universal hand hygiene, in particular in community settings, and promoting effective behaviour change actions;
42. ensuring quality of care through improved water, sanitation and hygiene in health care facilities;
43. establishing policies that promote menstrual health and access to affordable means for menstrual hygiene.

We will accelerate progress by considering the following actions:

44. leveraging the Protocol on Water and Health as a regional policy instrument supporting the implementation of commitments at the national level, also capitalizing on the Protocol's technical tools and resources;
45. mainstreaming the recommendations of the WHO guidelines for drinking-water quality and on sanitation and health, including through building capacity for the implementation of water and sanitation safety plans (WSPs and SSPs) as public health benchmarks in consistently ensuring safe water and sanitation services;

46. capitalizing on the WHO/UNICEF Hand Hygiene for All initiative and promoting implementation at the national level through its principles and tools;
47. strengthening implementation of the 2019 WHA resolution on water, sanitation and hygiene in health care facilities, including menstrual health services, making use of relevant WHO guidance and recommendations.

Waste and contaminated sites

Our commitment: We will set up strategies and frameworks for safe management of waste and for the identification and remediation of contaminated sites, to move towards an effective and safe implementation of the circular economy approach in line with the Basel-Rotterdam-Stockholm Conventions, by:

48. ensuring the safe collection, treatment and disposal of waste and promoting reduction of waste, while addressing in particular illegal and uncontrolled waste disposal;
49. developing appropriate systems to safely manage health care waste to prevent infectious and non-infectious risks for human health and the environment, and strengthening the related national regulations and standards;
50. further developing and implementing safe processes for cleaning contaminated sites and redeveloping such sites for safe human use.

We will accelerate progress by considering the following actions:

51. enforcing standards and monitoring of emissions, discharges and waste from economic activities;
52. implementing the WHO guidance on safe management of wastes from health-care activities.

Transport and mobility

Our commitment: We will promote healthy, safe, climate-friendly and inclusive mobility and transport for all, while reducing inequalities, including in and between cities and rural areas, by:

53. developing and implementing national and international policies and strategies to promote healthy, safe, climate-friendly and active mobility, including a switch to zero-emission transport systems and mobility management;
54. creating favourable conditions and planning safe infrastructures for walking and cycling suitable for all populations to use;
55. striving to reduce land-take by motorised road transport and parking infrastructure;
56. promoting clean, reliable, accessible, affordable and high-quality public transport services.

We will accelerate progress by considering the following actions:

57. promoting initiatives towards sustainable transport and mobility;
58. leveraging and strengthening THE PEP activities and its Partnerships, and implementing the Vienna Declaration, adopted at the Fifth High-level Meeting on Transport, Health and Environment;
59. directing investments, fiscal incentives and green finance initiatives towards sustainable transport and mobility;
60. promoting and supporting partnerships on healthy and sustainable mobility;
61. leveraging the extended THE PEP/EHP Partnership on Healthy Active Mobility, aiming at strengthening the health focus and the involvement of the health sector in this endeavour.

Planning of built environments

Our commitment: We will work in close partnership with cities and regions to support green, healthy, resilient and equitable settings to the benefit of all citizens, working across different levels of governments to maximise policy coherence and synergies among the different levels, by:

62. implementing nature-based solutions and circular economy approaches, promoting sustainable investments for spatial planning and climate friendly infrastructure;
63. reducing soil sealing in urban, suburban and rural areas, and counteracting urban sprawl;
64. reducing environmental pollution including noise exposure;
65. promoting the decarbonisation of urban processes;
66. increasing green and blue spaces.

We will accelerate progress by considering the following actions:

67. making use of existing WHO tools and approaches;
68. integrating the assessment of environmental, including health, effects, in decision-making and planning procedures by leveraging the Protocol on Strategic Environmental Assessments under the Espoo Convention on Environmental Impact Assessment in a Transboundary Context, and by utilizing tools such as health impact assessment;
69. implementing urban-related measures from international commitments (such as the Sustainable Development Agenda, the New Urban Agenda, the Paris Agreement and the Sendai Framework);
70. further developing the work on policy coordination at different levels of decision-making done by the Working Group on Collaboration of Local and Subnational Authorities (CoLSA), possibly within the framework of a new EHP Partnership.

C. Strengthening governance, intersectoral collaboration, human resources and knowledge for health and environment

Why urgent action is needed

Recovering from Covid-19 and tackling the triple crisis challenges call for a transformative change. It further calls for a whole-of-society approach, including effective collaboration across government sectors at the national, subnational and local levels. Environment and health leaders and professionals need adequate mandates, knowledge and tools to address the environmental and climate threats to health and promote the societal benefits of healthy environments. Research and innovation must be translated into action at increasing speed.

Our commitment: We will strengthen the interlinkages between environment and health, including by:

71. promoting a transformative governance for environment and health, by strengthening mechanisms and tools for intersectoral collaboration;
72. preparing the environment and health workforce to be able to tackle challenges associated with the triple crisis;
73. promoting research and innovation to address environment and health challenges, including by identifying emerging issues with the potential to harm human health, such as plastic pollution, and other knowledge gaps, promoting research to address them, and on translating science into policies and actions.

We will accelerate progress by considering the following actions:

Governance:

74. organizing and supporting national multisectoral policy dialogues, exchanges of experiences among countries and in-country action, with the aim to facilitate the implementation of commitments in this Declaration, and to make evidence-based guidance and tools available through a web portal;
75. convening an executive officers meeting on Governance and Capacities for Environment and Health by the end of 2024, to foster the identification of good practices in governance mechanisms and intersectoral collaboration and to exchange information on enablers and barriers to sustainable and equitable development at the national level;
76. creating an environment and health leaders' course on governance for policy makers and senior practitioners, to strengthen education and foster practical exchange to advance environmental and health governance;
77. promoting awareness raising, effective and inclusive access to information, public participation in decision-making and access to justice on environmental matters that impact health, especially considering the health of children and young people, in accordance with the Aarhus Convention;
78. leveraging relevant sub-regional platforms, such as the WHO Western Balkans and Central Asia Roadmaps for health and well-being, the Small Countries Initiative and the Arctic Council to promote exchanges of experiences among countries sharing similar sub-regional priorities and needs;

Competencies:

79. leveraging the WHO Bonn School on Environment and Health to coordinate an initiative to review the existing professional profiles for environment and health and produce recommendations by the end of 2025 to be considered by Member States for developing their own environment and health professional profile;
80. advocating to create, review, update and prioritize youth education, training programmes and curricula for environment and health in collaboration with relevant ministries and national partners;
81. promoting the establishment of learning programmes integrating environmental aspects in the curricula of health care professionals;
82. leveraging programmes and projects carried out across the WHO European Region and by the European Union, addressing shortages of professionals and skills, education and training, as well as innovative research initiatives on established and emerging environment and health risks;

Research and innovation:

83. leveraging opportunities for sharing scientific information and knowledge on the interlinkages between the degradation of ecosystems, climate change and biodiversity loss, and the emergence and spread of infectious diseases.

ANNEX 2

TERMS OF REFERENCE OF THE EHP PARTNERSHIPS

I. Introduction

Addressing the existing and emerging environment and health challenges requires additional, strong joint action, and concrete mechanisms to improve coordination and cooperation, while recognizing that different countries have different environment and health priorities, which reflect country-specific political, economic, social, cultural and natural conditions.

To this aim, the seventh Ministerial Conference on Environment and Health is launching a new agile thematic action-oriented mechanism – the “EHP Partnerships” – to facilitate the implementation of the commitments taken in this Declaration.

II. Scope and purpose of the EHP Partnership

The EHP Partnership will serve the following purposes:

1. to support the implementation of the EHP commitments at national and international level, by fostering collaboration and exchange of knowledge among partners interested in addressing together specific environment and health challenges;
2. to strengthen ownership among potential partners, who would be closely involved in the work to be carried out under the umbrella of the Partnership;
3. to facilitate the mobilization of human and financial resources for the implementation of concrete activities at the national, subnational and local level.

The Partnerships can bring together countries and other partners in their efforts to implement the Budapest Declaration. The activities under the Partnerships could include projects, capacity building, trainings, events, dissemination and uptake of relevant WHO norms and standards, as well as of tools and methods for assessing the health effects of environmental risk factors and monitor progress in addressing them, identification of good practices and documentation of case studies.

In the framework of the Partnerships, countries and stakeholders interested in addressing specific challenges would work together, providing each other with technical support, sharing knowledge and experiences, including on institutional strengthening.

The EHP Partnerships would entail the following main functions:

- a) implementing and disseminating guidance, methods, tools and training packages for integrated approaches in health and environment policy making;
- b) fostering capacity building and training and the exchange of know-how and expertise, possibly with a focus on the needs of low and middle-income countries;
- c) providing technical assistance at the national and subnational level for the development, implementation and evaluation of integrated policy approaches and the application of developed guidance, methods and tools;
- d) exploring the feasibility of project-related subregional cooperation including the joint use of technical facilities and expertise;
- e) developing supportive material, promoting research and dissemination of results;
- f) providing international advocacy and cooperation;
- g) supporting information sharing and increased visibility of the EHP.

The EHP Partnerships should aim at establishing synergies with on-going similar activities within the EHP or other frameworks, bringing added value to common objectives.

III. The EHP Partnerships governance

Each Partnership will have a lead country/s and/or organisation/s from the EHP members. The Partnership can include representatives of other EHP members, as well as other intergovernmental organizations, international financial institutions, local authorities, non-governmental organizations, private sector, academic and professional associations, and research institutions, of relevance to the EHP¹. All partners commit to actively participating in partnership activities in accordance with their respective needs and capacities.

The EHP Partnerships are established by a decision of the EHTF. Leading countries and/or organizations will compile the EHP Partnership Form provided below and will submit it to the Secretariat for approval by the EHTF.

If proposals of new Partnerships are submitted during the intersessional period between the annual EHTF meetings, they can be approved through on-line EHTF consultations. The EHTF can also entrust its Bureau to approve them on its behalf.

New partners could join a Partnership at any stage. In such case, the lead country/organization should submit a revised Partnership Form to the EHP Secretariat, which in turn will inform the EHTF for its approval.

The Partnerships operate under the EHTF, and their activities are to be agreed by the EHTF.

The lead country/s and/or organisation/s will regularly report to the EHTF on progress achieved.

Lead country/s and/or organisation/s will have full authority to manage the work of the Partnership, in particular, they are expected to:

- establish and maintain contacts with Partnerships' members, including Member States, intergovernmental, non-governmental and other organizations;
- identify and engage relevant experts, who would support its work;
- organize Partnership's meetings and follow-up activities;
- prepare agendas, technical documents, meeting reports and publications;
- report regularly to the EHTF;
- present the work of the Partnership in relevant intergovernmental events;
- support fund raising activities.

Financing of the Partnerships activities, including organization of meetings, funding of participants attending meetings and events, translation and interpretation costs, are entirely of a voluntary nature, and tailored to specific circumstances and availability of resources.

The WHO Secretariat will support the Partnerships by providing input to their scope and programme of work, with the objective of ensuring alignment and synergy with relevant WHO policies, priorities and initiatives. WHO will make available relevant guidance, methodologies and tools, and could also consider contributing by relevant expertise and technical support.

These Terms of Reference can be revised anytime through a decision by the EHTF.

¹ Participation of non-state actors may be subject to an assessment in line with the WHO Framework for Engagement with Non-State Actors.

EHP Partnership Form

1. Name of the Partnership

2. Leading country and/or organization

3. Partners

4. Objectives

5. Description (max 200 words)

6. Expected outcomes

7. Any additional optional information/document