serious long-term needs for social and econom-
ic reintegregation. Mine victims must be permitted
to realise, with dignity, their place within their
families and their societies. These issues must be
be the highest political importance
and practical commitment by States Parties and
all those in the international community who can
in any way assist.
16. To this end, we commit ourselves to mobil-
ise resources and energies to universalize the
Conventions in all the countries in the world, to
eradicating the human suffering caused by anti-personnel
mines, including by striving to meet my goal of
“zero victims”.
17. For these purposes, we, the States Parties,
will implement an intersessional work pro-
grame to take us steadily forward to the next
Meeting of the Parties, which will take place
in Geneva from 11 to 15 September 2000. This
will enable us to focus and advance our mine
action efforts and to measure progress made in
achieving our objectives. This work will be
based on our tradition of inclusivity, partnership,
dialogue, openness and practical cooperation.
In this regard, we invite all interested govern-
ments, international organizations and institu-
tions and non-governmental organizations to
join us in this task.
18. Our work programme will draw together ex-
erts, building on the discussions held here in
Maputo, to address the key thematic issues of:
• the general status and operation of the
Convention;
• mine clearance;
• victim assistance and mine awareness;
• stockpile destruction; and, technologies for
mine action.
This intersessional work will, inter alia,
assist us in developing, with the United Nations,
a global picture of priorities consistent with the
obligations and time-frames contained within
the Convention, including with regard to inter-
national cooperation and assistance. It will also
begin to address the damage being done at the
international, regional and sub-regional levels.
19. The work of our experts will begin just four
months from now, in Geneva. We appreciate
and accept the offer of the Geneva International
Centre for Humanitarian Demining to support
our efforts. Our work will complement and rein-
forse the impressive activities being undertaken by mine-affected States working in
partnership with other States, international and
regional organizations, non-governmental orga-
izations and the private sector also recognizing
the United Nations system as an important actor
in global mine action efforts.
20. Meeting here in one of the most mine-af-
fected continents on earth and in a country
which has experienced the ravages wrought by
these weapons on the Mozambican people and
the social fabric of the nation, we focus our
minds and strengthen our conviction on the
need to make the killing fields of anti-personnel
mines that have terrorized, maimed and killed
people, destroyed lives and hope for too long, a
relic of the past.
We are determined to succeed in our com-
mon task.
We are determined to work in partnership
with this end.
We are determined to apply the principle of
international humanitarian law, enunciated in
the final preambular paragraph of the Conven-
tion itself that the right of the parties to an
armed conflict to choose methods or means of
warfare is not unlimited.
This is our firm pledge to future generations.

WHO/ECE

Declaration on Environment and Health*

Preamble
1. We, ministers and representatives of Euro-
pean Member States of WHO and Members of the
European Commission (EC) responsible for
health and the environment gathered in London
from 16 to 18 June 1999. Our meeting built on
foundations laid at the previous Environment
and Health conferences in Frankfurt (1989) and
Helsinki (1994) and marked a new commitment
to action in partnership for improving the envi-
ronment and health in the twenty-first century.

Europe's environment and health
at the turn of the twenty-first
century
2. We welcome the WHO report An overview of the environment and health in Europe in the
1990s. It demonstrates that the ten years since
our first conference have seen various achieve-
ments, which give grounds for optimism about
improvements in Europe's environment and
health in the 21st century. However, it also shows
that the Region still faces many urgent
environment and health challenges.
3. Many problems remain unsolved and new
challenges have emerged.
• In the Region as a whole, serious problems remain and some are increasing. We draw par-
ticular attention to the increasing inequity
between and within countries and the need for
international cooperation on transboundary
problems, such as air pollution; to the con-
fining lack of reliable access to sufficient safe
toilet and sanitation for many communities, as a basic
prerequisite for health; and to transport, where
solutions have yet to be found to the adverse
environment and health impacts of increasing
traffic, especially due to road transport.
• Within countries, the lack of economic
growth and stability are urgent problems for
equality, and a sustainable basis for
protecting the environment and health. Special
assistance is needed for countries in transition
and some Member States which face more
severe and often worsening environment and
health problems. We express our horror at the
continued actions of armed conflicts in some coun-
tries of the Region, with the resulting loss of life
and destruction of natural environments, health
care establishments and recreational zones;
there is a need for international assessment of
the damage being done to the environment and
health.
• Some trends are of great concern, such as
climate change and ozone depletion; unsustain-
able patterns of consumption and production;
and the tendency to conceive of development
and economic growth as unrelated issues,
unaware of the fact that economic development
is fundamentally linked to improvements in peo-
ple's health.
4. However, there are many reasons for being
confident that improvements can be made.
• In the Region as a whole, democracy has
continued to be strengthened, and cooperation
between countries has increased notably. In
addition to the Environment and Health process,
many other processes such as Environment for
Europe, programmes of EC and the process of
enlargement of the European Union (EU), have
also contributed to this; coordination
with them can yield added value for the environ-
ment and health. WHO's Health for All policy
framework for the European Region for the
twenty-first century (HEALTH21) provides an
additional, positive framework for making further
progress, and its European Centre for Environ-
ment and Health (ECEH) can serve as a plat-
form of scientific and operational support for
effective action.
• Within countries, most have exploited the
foundations laid by international cooperation, by
developing health strategies that embody
the principles of Health for All, National Environ-
mental Health Action Plans (NEHAPs), National
Environmental Action Programmes (NEAPs)
and Agenda 21 strategies.
• There are many positive trends, such as
increases in life expectancy at birth in many
countries; advances in technology and in its use
for the benefit of human health; improved edu-
cation; progress in research and understanding;
greater involvement of civil society in environ-
ment and health matters; and the continuing
willingness of governments to take strong meas-
ures to protect the environment and the
environment.
5. In the past ten years we have learnt that by
working in intersectoral partnerships and in-
creasing coordination of relevant initiatives, we
can have a greater effect in reducing the nega-
tive impacts of human activity on the environ-
ment and health. We are determined to
strengthen and expand our coordination and
partnership, as we work towards improved envi-
ronment and health within sustainable develop-
ment.

Commitment to action
6. We wish to record here, in the paragraphs
below, the actions that we have agreed at our
third Conference.

Cross-cutting action
7. We will carry out environmental impact as-
sessments fully covering impacts on human
health and safety. We invite countries to intro-
duce and/or carry out strategic assessments of
the environment and health impacts of proposed

* Third Ministerial Conference on Environment and Health,
London, 16–18 June 1999. See also page 156.
Nations Development Programme (UNDP) and between UN/ECE, WHO, the United Nations. We call for close cooperation in this work in the framework of existing budgets.

11. We recognize that transport plays a major part in life today, contributing to quality of life, access to goods and services, and economic and social development. We are, however, concerned that the current patterns of transport in the European Region, dominated by road motor vehicles, are not sustainable and have significant adverse impacts on health and the environment.

12. We are determined at international and national levels to effectively reduce the significant adverse effects that arise from community development created by transport-related air, soil and water pollution, accidents and noise, greenhouse gases emissions and loss of forests and to increase the health benefits of physically active transport modes, notably cycling and walking (including to and from means of public transport).

13. Although positive steps have been taken internationally and within our countries, present transport strategies still result in high damage costs, of which only a small part is borne by the transport sector. We will apply the Protocol’s provisions to the 1992 Convention on the Protection and Use of Transboundary Watercourses and Internationa...
(a) the integration of environment and health concerns, on a reciprocal basis, into national policies and plans, plans for economic sectors, legislation and finance; (b) the implementation and further development of NEAPs through action at sub-national and local levels, in coordination with other local plans, and with support for environment and health professionals with relevant training and resources, and for capacity-building in environment and health management; (c) the development of national communication and public information strategies, as a two-way process, in matters affecting the environment and health; (d) efforts to involve the public and NGOs at the earliest possible stage in the implementation and further development of NEAPs and related initiatives under Agenda 21; and (e) capacity-building by Member States, international organizations, subregional groups and institutions for strengthening environment and health implementation initiatives. These mechanisms should also promote a holistic concept of health and environment and health research, and encourage our approach to public participation in environment and health matters.

Local processes for environment and health action

23. We welcome the book produced by WHO entitled Resource Book on implementing local environment and health projects. We recommend that a strong commitment should be made, involving multi-partner approaches, to implementing local environment and health actions identified as a result of both national and local planning processes. We encourage national plans to improve health and the environment should be drawn up and implemented in our countries, either as part of other relevant plans, such as Local Agenda 21 or National Action Plans and Action Plans, or separately. These should be developed preferably by existing bodies and designed to achieve distinct local environment and health improvements.

24. We will identify mechanisms within each of our countries, involving but not limited to public sector organizations, community groups and NGOs, to promote well managed local environment and health projects, develop data and monitoring systems, and devise a training and information exchange programme on alternative intersectoral approaches for local implementation. These mechanisms should also promote health issues within the context of HEALTH21 and Agenda 21.

25. We recommend that the European Environment and Health Committee (EEHC) should promote steps by WHO and other relevant organizations, to:
(a) provide policy advice and guidance on local environment and health implementation initiatives; and
(b) assess the need for, and prepare as needed, appropriate technical and practical publications for implementers of local environment and health projects on:
- strengthening community involvement in local implementation; - the roles of private sector and financing institutions in local implementation; - data collection and local needs assessment.

Environment and health research for Europe

26. We take note of the principles enshrined in the document Environment and health research for Europe, prepared by the European Science Foundation (ESF) in liaison with EC and WHO. We will use it as a basis for pan-European, integrated and coordinated effort for research in the priority areas identified in this Declaration.

27. We recognize our need for research of the highest reliability and quality as a tool for decision-making, and we will encourage and support EC, ESF and WHO and, where relevant, other international organizations in developing their collaboration to this end. Such collaboration would foster joint project consultation and coordinated action on environment and health research. We will encourage our approach to public participation in environment and health matters in our countries such as local authorities, NGOs, social and private insurance institutions, educational and research institutions, auditing bodies, and providers of prevention services. The current regulatory frameworks and economic appraisal related to health and safety should be, if necessary, strengthened for this purpose and self-regulatory mechanisms (voluntary initiatives and agreements) should be used as complementary measures. We invite all concerned intergovernmental organizations of instruments to work together to assist countries in developing processes, involving all stakeholders, for implementation of environmental practices which also promote public health, and to develop close cooperation with the European Commission to assist the candidate countries for membership of the European Union to meet their obligations.

28. We recognize the rights and needs of workers to be informed of occupational hazards and of the risks to their health caused by exposure to occupational and environmental hazards in the workplace, and that of the public to be informed of hazards posed to the community by the activities, processes and products of enterprises. We will create or strengthen information systems on health, environment and safety management and performance in enterprises, making them accessible to employers and employees as well as to national and foreign investors.

29. We will use it as one of the bases for a pan-European consultation document and recommend it for consideration and recommendation for adoption by the European Union. We welcome the current regulatory frameworks and economic appraisal related to health and safety should be, if necessary, strengthened for this purpose and self-regulatory mechanisms (voluntary initiatives and agreements) should be used as complementary measures. We invite all concerned intergovernmental organizations of instruments to work together to assist countries in developing processes, involving all stakeholders, for implementation of environmental practices which also promote public health, and to develop close cooperation with the European Commission to assist the candidate countries for membership of the European Union to meet their obligations.

30. We recognize that policies and individuals’ behaviour do not take sufficiently into account the link between the environment and health. We call upon researchers to investigate this gap and to develop methods aimed at overcoming it.

Access to information, public participation and access to justice in environment and health matters

31. We request WHO to explore options for strengthening public rights to information, participation and access to justice in the public in environment and health matters. We warmly welcome the document Access to information, public participation and access to justice in environment and health matters and recommend it for consideration, inter alia by the Signatories to the Århus Convention, in further deliberations in this field.

32. We recognize the desirability of the public having streamlined, low-cost and timely access to high-quality environment and health information. We note that electronic information technologies are dramatically increasing the possibilities for such access and we recognize that many key instruments and agencies, including the Food and Agriculture Organization of the United Nations (FAO), the Organization for Economic Co-operation and Development (OECD), UNESCO, UNEP, UNDP, the European Commission and its European Environment Agency (EEA), WHO in cooperation with NGOs are already making efforts towards this end. To further this objective, we request EEA, with the involvement of NGO representatives from both the environmental and health sides, to take steps to promote the development of a comprehensive, easily accessible network of databases on environment and health matters, involving as appropriate representatives of major providers and users of environment and health information. Furthermore, we encourage governments and international organizations to incorporate this objective in their information policies.

33. We recommend that the European Environment and Health Committee (EEHC) should establish a working group, involving representatives of the media, environmental health professionals, NGOs and other key partners in assessment or communication of risks, to elaborate guidelines on risk communication, having regard to relevant international work in this field and taking into account the need to rigorously apply the precautionary principle in assessing risks and to adopt a more preventive, pro-active approach to hazards, and to report to the next Environment and Health conference.

34. We resolve to promote the application of the Århus Convention to local environment and health matters.

35. We recognize the rights and needs of workers to be informed of occupational hazards and of the risks to their health caused by exposure to occupational and environmental hazards in the workplace, and that of the public to be informed of hazards posed to the community by the activities, processes and products of enterprises. We welcome the current regulatory frameworks and economic appraisal related to health and safety should be, if necessary, strengthened for this purpose and self-regulatory mechanisms (voluntary initiatives and agreements) should be used as complementary measures. We invite all concerned intergovernmental organizations of instruments to work together to assist countries in developing processes, involving all stakeholders, for implementation of environmental practices which also promote public health, and to develop close cooperation with the European Commission to assist the candidate countries for membership of the European Union to meet their obligations.

Environmental policy and law for Europe

36. We recognize the importance of instituting workplace measures to meet public health needs and goals, and the rights and responsibilities to be involved in the decision-making process on those measures. We will promote good practice at workplace level, in enterprises, in collaboration with stakeholders in our countries such as local authorities, enforcement agencies, business (including small and medium-sized enterprises), trade unions, and other key partners in the preparation and implementation of environmental and health policies and plans, plans for economic sectors, restructuring of the economy and performance in enterprises, involving as appropriate representatives from both the environmental and health sides, to take steps to promote the development of a comprehensive, easily accessible network of databases on environment and health matters, involving as appropriate representatives of major providers and users of environment and health information. Furthermore, we encourage governments and international organizations to incorporate this objective in their information policies.

37. We recognize the rights and needs of workers to be informed of occupational hazards and of the risks to their health caused by exposure to occupational and environmental hazards in the workplace, and that of the public to be informed of hazards posed to the community by the activities, processes and products of enterprises. We will create or strengthen information systems on health, environment and safety management and performance in enterprises, making them accessible to employers and employees as well as to national and foreign investors.

38. We invite all concerned intergovernmental bodies and international organizations to promote a holistic concept of health, environment and safety management in enterprises, both nationally and internationally, by applying a precautionary, step-by-step approach.

39. We recognize that humankind-induced changes in the global climate system and in stratospheric ozone depletion pose a range of severe health risks and that potentially threaten economic development and social and political stability. National action is ur-
gently required by all countries to reduce and prevent as far as possible these environmental challenges. The exposure of human populations in Europe to climate change and increased ultraviolet irradiation, and the consequent rise in the coming decades is a major concern for the environment.

40. We endorse** the conclusions and recommendations of the document Early human health effects of climate change and stratospheric ozone depletion in Europe and recommend the establishment of a Europe-wide interagency network for monitoring, researching and registering children health. We will human health effects of climate change and of stratospheric ozone depletion, developing and advocating prevention, mitigation and adaptation policies and identifying specific research priorities in that field. We invite WHO-ECEH to act as a co-ordinator in this network as part of the global programmes under the framework of the Agenda endorsed in 1998 by the World Health Assembly and to link it to other relevant global programmes under the United Nations Framework Convention on Climate Change and the Montreal Protocol on Substances that Deplete the Ozone Layer.

41. We will support the identification, development and implementation of standards, evaluation and broad use of systems for monitoring and assessing changes in indicators, bio-indicators of health risk and impacts on health as well as indicators of population health status across Europe. These systems will be coordinated with global monitoring activities.

42. We will develop our capacities, as necessary, to undertake national health impact assessment on climate change and to strengthen the capacities of other stakeholders. This will require the cooperation of population health indicators and subgroup and will ensure the necessary transfer of knowledge among countries. We will support this process through national and international collaboration.

43. We will carry out ongoing reviews of the social, economic and technical prevention, mitigation and adaptation options available to reduce the adverse impacts of climate change and stratospheric ozone depletion on human health. We will support the implementation of prevention and mitigation strategies and adapt existing strategies to the needs of children and vulnerable groups.

Economic perspectives on environment and health

44. We recognize that policy in many sectors affects environmental health, and that economic and social data is a powerful tool for understanding human health. We recognize that economic factors are important in determining health outcomes and that addressing these factors is crucial for improving health. We also recognize that economic policies must be consistent with environmental policies to achieve sustainable development.

45. We will develop, so far as is needed, our capacities to carry out economic analysis, in order to place this tool at the service of efforts to meet our commitments, and in particular to strengthen our national systems of strategic environmental impact assessment so as to include health concerns, and to ensure the integration of environmental and health considerations into policies (paragraph 21 (a)). We will promote the full internalization of environmental and health costs, and the preparation of strategies for achieving this.

46. We welcome the principles for action set out at the end of the door area Economic perspectives on environment and health and we invite the relevant organizations including OECD, UNEP, ECE/UNWTO and the World Bank:

(a) to consider these principles for strengthening their cooperation on environment and health economics;

(b) to further integrate environment and health concerns as they relate to economics into their activities and development operations.

We invite the following entities to participate actively in them and to ensuring that the relevant actors provide the support and commitment required.

Children’s health and the environment

48. We recognize the special vulnerability of children and reproductive health to environmental threats. We are determined to develop policies and programmes that provide children with a safe environment, including during prenatal and postnatal development, towards the highest attainable level of health. We will take effective measures to make rapid progress towards WHO targets for improving child health and arresting the worrying trends of certain childhood diseases currently occurring in the Region. To this end, we support the 1997 Declaration of the Environmental Leaders of the Eight on Children’s Environmental Health as a framework for developing policies and actions for our countries.

49. We recognize that both the social and the physical environments influence health, behaviour and the social and personal development of children. We advocate the development of prevention-oriented policies and actions, including education, as the most effective means of protecting children from environmental threats to health.

50. We will develop initiatives in our countries to give greater emphasis in all relevant programmes to the need to prevent the exposure of children to environmental hazards. To this end, we endorse the priority areas identified in the document Children’s Health and the Environment and will develop policies and implement actions and public health interventions in these areas. We request EEHC to identify methods and mechanisms to:

(a) promote the exchange of information and experience across the Region on the management of preventive strategies on, and research into, asthma and other allergies;

(b) support and enable the exchange of information and experience in implementing public health interventions on childhood accidents and injuries;

(c) develop and implement public health interventions to prevent smoking and the effects of environmental tobacco smoke, in particular by encouraging Member States to participate in the global and regional Tobacco-Free Initiative;

(d) promote and encourage public health measures in areas of emerging concern about environmental impacts on children’s health, on the basis of the precautionary principle;

(e) establish how the particular needs of children can be highlighted and prioritized within the NEHAP process and other relevant national programmes.

51. The future of the environment and health process

The role of the International Environment and Health Committee

52. We appreciate the usefulness of the European Environment and Health Committee (EEHC) in achieving the goals set out in paragraph 23 of the Helsinki Declaration on Action for Environment and Health in Europe and acknowledge its achievements. We have given an undertaking that the EEHC should continue as an advisory body for a further five years from 1 July 1999. We still consider the terms of reference of EEHC as given in paragraph 27 of the Helsinki Declaration to be appropriate, with the addition of the following three functions which will be necessary to follow up on the decisions we have made here:

• to monitor, facilitate and promote the implementation of actions decided by environment and health ministers at the London Conference;

• to promote cooperation and coordination with associated organizations and related processes, and in particular the linkage between the Environment and Health process and the Environment and Health process;

• to develop further the Environment and Health process in Europe by facilitating and promoting partnerships and intersectionality at all levels in the field of environment and health that lead towards sustainability.

53. We wish to encourage greater transparency in the work of EEHC. We agree to extend the membership of EEHC by adding six representatives of major groups, including NGOs, local government, business, trade unions, environment and health professionals nominated by their respective organizations, to assist EEHC in its method of working and secretariat arrangements as set out in EEHC’s report to our conference.

Commitment to partnership

54. We reaffirm the commitments to partnership made at our previous conferences. We request EEHC to take forward the further development of partnership in the Environment and Health process as set out below.

55. We will continue to collaborate with all EEHC member organizations and other European and global organizations and processes. Partnership with the international community should include:

(a) increasing cooperation and coordination between relevant international activities, including by encouraging interagency accords so as to streamline efforts and increase effectiveness,

(b) enhancing close coordination of the Environment and Health and Environment for Europe processes;

(f) develop an effective mechanism for monitoring and reporting progress annually throughout the Region on the basis of key indicators of the state of children’s health and the relevant environmental conditions.

In doing this we request EEHC to take fully into account the work already carried out by other international and regional bodies such as UNEP, the United Nations Children’s Fund (UNICEF), the European Commission and its Environment Agency, WHO and other international organizations and NGOs. We express our willingness to cooperate in the exchange of information and experiences through a coordinating mechanism, and to help one another in developing policies and implementing public health interventions.
order to minimize environmental concerns in the era of globalization;
(c) exchange of information with environment and health processes in other regions;
(d) reaching out to the scientific community, particularly through its research organizations, recognizing that we live in a rapidly changing world and therefore need to improve our fore-
sight of environment and health matters and ant-
ticipate future developments, as well as dealing with problems already identified.

56. The European Centre for Environment and Health (ECEH) was established after our first conference (Frankfurt, 1989) and has served as a source of technical expertise for the Region and of scientific support for the identification of effective evidence-based environment and health policies. We are extremely grateful for the support given to ECEH, principally by Italy, the Netherlands and France. Partnership with ECEH should include:

(a) ensuring that ECEH continues to play an effective role and further develops its capacities, especially for implementation of the actions we have agreed at this conference;
(b) encouraging more Member States and WHO to share in providing the necessary finan-
cial support to ECEH.

57. We want to enhance solidarity and, in particu-
lar, to recognize and effectively address the dif-
ferences in environment and health status be-
tween countries of the Region. Partnership with Member States should include:

(a) assisting countries of central and eastern Europe (CCEE) and newly independent states (NIS), particularly through building up their ca-
pacity to develop and implement the acquis communautaire as part of the process of accession to the EU for a number of CCEE, so as to maximize benefit to the environment and health;
(b) a "bottom-up" approach, in which countries identify priorities for international activity and are committed to implementing them;
(c) promoting sub-regional collaboration, for example to build on the successful model offered by the Visegrad, Nordic/Baltic, Central Asian and South Caucasus regions, and other collaboration between countries such as that between Azerbaijan, Arme-
nia and Georgia in the south Caucasus region, in developing and implementing NEHAPs;
(d) sharing information and promoting increas-
es in scientific, technical and economic matters, as a basis for innovative and effective policies; (e) carrying forward a strong programme of im-
plementing NEHAPs in partnership, as envisaged in this Declaration and coordinated by EECHE.

58. We welcome the extensive activity taking place at local level to protect the environment and health, through projects in the City Network, Local Agenda 21 and many other networks and initiatives. We want to pay more attention to en-
hancing local-level activity and making full use of the skills and experience available. Partner-
ship with local agencies should include:

(a) promoting the recognition and representa-
tion of local level as a priority, both for health agencies and other local agencies in the Environment and Health process and in other relevant international and regional actions;
(b) supporting local initiatives aimed at meet-
ing NEHAP and Agenda 21 objectives.

59. We appreciate the value of the contribu-
tions made by NGOs and members of the public to environment and health matters, and we spe-
cifically welcome NGOs’ contributions to prepa-
rations for this Declaration and the actions we have set out in it. Partnership with NGOs should include:

(a) promoting NGO participation in the future development of the Environment and Health process and maximizing the contribution that NGOs and members of the public can make to actions that it initiates;
(b) promoting public participation, access to in-
formation and access to justice as a cross-cut-
ting priority in line with the 1998 UN/ECE Con-
vention on Access to Information, Public Partici-
pation in Decision-making and Access to Justice in Environmental Matters (the “Århus Conven-
ion”);
(c) ensuring that NGOs can participate in the implementation of the commitments to action agreed at this Conference and in regular and transparent reporting of progress.

60. We recognize that economic activity can make a significant difference to the environment and health, as well as to social and economic development. Partnership with business, indus-
try, trade unions and private and public sector enterprises should include:

(a) making greater use of the existing knowl-
edge and capacities that the economic sectors often have to support our efforts;
(b) promoting the economic sectors’ participa-
tion in the Environment and Health process.

61. We pledge ourselves to work in partnership to implement the actions we have set out in this Declaration. We stress the importance of moni-
toring the results and invite EECHE to present an updated overview of the environment and health in Europe at our fourth conference. We recog-
nize that much remains to be done to address the challenges that environmental degradation poses to the health of the people of the Europe-
an Region. We believe that we must continue our joint efforts in order to build on the progress we have so far made towards this goal.

62. We reaffirm our support for the global and regional conventions and commitments, and stress our belief that this Declaration is an important part of the "F" process and in other relevant internation-
al conferences.

The way forward
63. We will work with all relevant international organizations in taking forward the actions agreed in this Declaration and maintaining mo-
mentum in the European Regional Committee of WHO and the Committee on Environmental Pol-
cy of UN/ECE, on:

• our achievements and areas needing greater efforts;
• its activities, workplan and budget require-
ments.

64. Furthermore, we invite EECHE to present detailed proposals to all Member States in 2002, on how Member States, NGOs and major groups that this represents. We wish to make our work more visible and to strengthen, [to be completed in the light of the outcome of the next Ministerial Conference in 2004], to be hosted by [?].

Protocol on Water and Health*

The Parties to this Protocol,
Mindful that water is essential to sustain life and that the availability of water in quantities, and of a quality, sufficient to meet basic human needs is a prerequisite both for improved health and for sustainable development,
Acknowledging the benefits to human health and well-being that accrue from wholesome and clean water and a harmoni-
ous and properly functioning water environ-
ment,
Aware that surface waters and groundwa-
er are renewable resources with a limited ca-
pacity to recover from adverse impacts from hu-
man activities on their quantity and quality, that any failure to respect those limits may result in adverse effects, in both the short and long terms, on the health and well-being of those who rely on those resources and their quality, and that in consequence sustainable manage-
ment of the hydrological cycle is essential for both meeting human needs and protecting the environment,

Aware also of the consequences for public health of shortfalls of water in the quantities, and of the quality, sufficient to meet basic human needs, and of the serious effects of such short-
tfalls, in particular on the vulnerable, the disad-
vantaged and the socially excluded,
Conscious that the prevention, control and reduction of water-related disease are important and urgent tasks which can only be satisfactorily discharged by enhanced cooperation at all lev-
els and among all sectors, both within countries and between States,
Conscious also that surveillance of water-
related disease and the establishment of early-
warning systems and response systems are im-


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