



# Sustainable Development Goals and the European Environment and Health

## Process

### Aligning the Agenda

#### **Meeting Report**

**30 September 2014  
Bonn, Germany**





**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

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## ABSTRACT

The WHO Regional Office for Europe organized a meeting on 30 September 2014 with the goal of aligning the post-2015 development agenda on Sustainable Development Goals (SDG) and the European Environment and Health Process. The aim of this meeting was to inform about the current status of negotiations on the SDGs, targets and indicators; and provide a platform where Member States can discuss the relevance, accuracy, and viability of health-related goals, targets and indicators for the WHO European Region. The global ambition and required transformative change for sustainable development was discussed, whilst Member States also highlighted key environment and health priorities in their countries, notably water and sanitation, climate change mitigation and adaptation, air quality, waste management, chemical pollution and contaminated sites, renewable energy, and sustainable and active transport. In September 2015, a summit of Heads of State will adopt the SDGs at the United Nations in New York; Member States and international organizations need to prepare for their implementation now.

### Keywords

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## List of abbreviations

BMUB	Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Germany
CGS	Climate change, green health services and sustainable development programme
EHP	European Environment and Health Process
EHTF	European Environment and Health Task Force
ENHIS	Environment and Health Information System
EU	European Union
HIA	health impact assessment
HIC	Working Group on Climate Change and its Impacts on Health
MDG	Millennium Development Goal
MTR	Mid-Term Review of the EHP and Parma commitments
OWG	Open Working Group on Sustainable Development Goals
REC	Regional Environmental Center for Central and Eastern Europe
Rio+20	United Nations Conference on Sustainable Development; 20–22 June, 2012
SDG	Sustainable Development Goal
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
WHA	World Health Assembly
WHO	World Health Organization

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We also thank the German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety for co-sponsoring and hosting this meeting.

*There is no 'Plan B' for action as there is no 'Planet B'*

– Ban Ki-moon, Secretary-General of the United Nations (UN) at the Climate Summit 2014

## **SCOPE AND PURPOSE OF THE MEETING**

The environment is a major determinant of health, estimated to account for almost 20% of all deaths in the WHO European Region. In 1989, concerned about the growing evidence of the impact of hazardous environments on human health, WHO Regional Office for Europe initiated the first ever Environment and Health Process, with the aim to eliminate or reduce the most significant environmental threats to human health. Progress towards this goal is driven by a series of ministerial conferences held every five years and coordinated by the Regional Office. The Fifth, and most recent, conference was held in Parma, Italy, on 10–12 March, 2010. The Parma Declaration is the first time-bound outcome of the Environment and Health Process. Governments of the 53 European Member States set clear-cut targets to reduce the adverse health impact of environmental threats for this decade. The European Environment and Health Process will continue towards the Sixth Ministerial Conference on Environment and Health in 2016.

Following the request of the WHO European Member States participating in the European Environment and Health Process (EHP), a meeting on 30 September 2014 was organized by the WHO Regional Office for Europe, in close collaboration with WHO headquarters in Geneva, with the goal of aligning the Sustainable Development Goals (SDG) and EHP agendas.

The proposed aim of this meeting was to:

- inform about the current status of negotiations on the SDGs, targets and indicators; and
- provide a platform where Member States can discuss the relevance, accuracy, and viability of health-related goals, targets and indicators for the WHO European Region;

Representatives from 22 WHO European Member States, international organizations, the Open Working Group on Sustainable Development Goals (OWG), and civil society discussed the regional relevance, accuracy, appropriateness and viability of health- and environment-related goals, targets and indicators.

## INTRODUCTION

*Many steps were taken to strengthen sustainable development all over the globe in the last decade. But the journey towards a real sustainable development is far from being over. We have to finish the unfinished business of the Millennium Development Goals and start a new effort, the post-2015 agenda for sustainable development.*

— Gertrud Sahler, German Federal Ministry for the Environment,  
Nature Conservation, Building and Nuclear Safety

In 1992, at the United Nations Conference on Environment and Development, in Rio de Janeiro, Brazil, 27 principles were adopted, together with a global programme, entitled Agenda 21<sup>1</sup>, and two legally binding conventions: the Convention on Biological Diversity and the United Nations Framework Convention on Climate Change. The first principle of the Rio Declaration on Environment and Development recognized that “Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature”. Agenda 21 identified primary health care, control of communicable diseases, protection of vulnerable groups, urban health and reducing health risks from environmental pollution and hazards as essential measures.

In 2012, the United Nations Conference on Sustainable Development, known as Rio+20, promised to strive “for a world that is just, equitable and inclusive, and committed to work together to promote sustained and inclusive economic growth, social development and environmental protection and thereby to benefit all, in particular the children of the world, youth and future generations of the world.”<sup>2</sup> The Conference resulted in a focused political outcome document entitled the *Future We Want*.<sup>3</sup> It underscored “the need to further mainstream sustainable development at all levels, integrating economic, social and environmental aspects and recognizing their interlinkages, so as to achieve sustainable development in all its dimensions”. It also called for the “full realization of the right to the enjoyment of the highest attainable standard of physical and mental health” as well as recognized health “as a precondition for and an outcome and indicator of all three dimensions of sustainable development”. This position was reinforced by the Rio Political Declaration on Social Determinants of Health and by the General Assembly’s resolution 67/81<sup>4</sup> on global health and foreign policy, which, *inter alia*, recommended that consideration be given to including universal health coverage in the discussion of the post-2015 United Nations development agenda.

One of the main outcomes of Rio+20 was the agreement by UN Member States to launch a process to develop a set of sustainable development goals, which should build upon the Millennium Development Goals and converge within the so-called post-2015 development agenda, thus contributing to the achievement of sustainable development and serving as a driver for implementing and mainstreaming sustainable development in the UN system as a whole.

<sup>1</sup> <http://sustainabledevelopment.un.org/content/documents/Agenda21.pdf>

<sup>2</sup> <http://sustainabledevelopment.un.org/focussdgs.html>

<sup>3</sup> <http://sustainabledevelopment.un.org/futurewewant.html>

<sup>4</sup> [http://www.un.org/en/ga/search/view\\_doc.asp?symbol=A/RES/67/81](http://www.un.org/en/ga/search/view_doc.asp?symbol=A/RES/67/81)



## THE POST-2015 DEVELOPMENT AGENDA

The world is entering a crucial phase in the global negotiations of the post-2015 development agenda, concluding next year. Member States of the United Nations have given clear mandates to the United Nations Secretary-General at the High-level Plenary Meeting of the General Assembly on the Millennium Development Goals (New York, 20–22 September, 2010)<sup>5</sup> and the United Nations Conference on Sustainable Development (Rio+20; Rio de Janeiro, Brazil, 20–22 June, 2012) on how the process of preparing for the post-2015 United Nations development agenda should unfold.

As part of the process, and as a follow up to Rio+20, the UN General Assembly convened the Open Working Group (OWG), to discuss and develop sustainable development goals and targets. This was accompanied by a multitude of global, regional and national dialogues and developments. The OWG has met thirteen times, with one thematic session on human health.

Having completed its initial stocktaking discussions in 2013, the OWG began to consider potential goals and targets in early 2014. By the time of the opening of the General Assembly in September 2014, all the work set in train following the Rio+20 conference, including the development of a set of seventeen sustainable development goals, and 169 targets formed the basis of a report by the Secretary-General to the General Assembly.

*Rio+20 has given us a solid platform to build on. And it has given us the tools to build with. The work starts now.”*

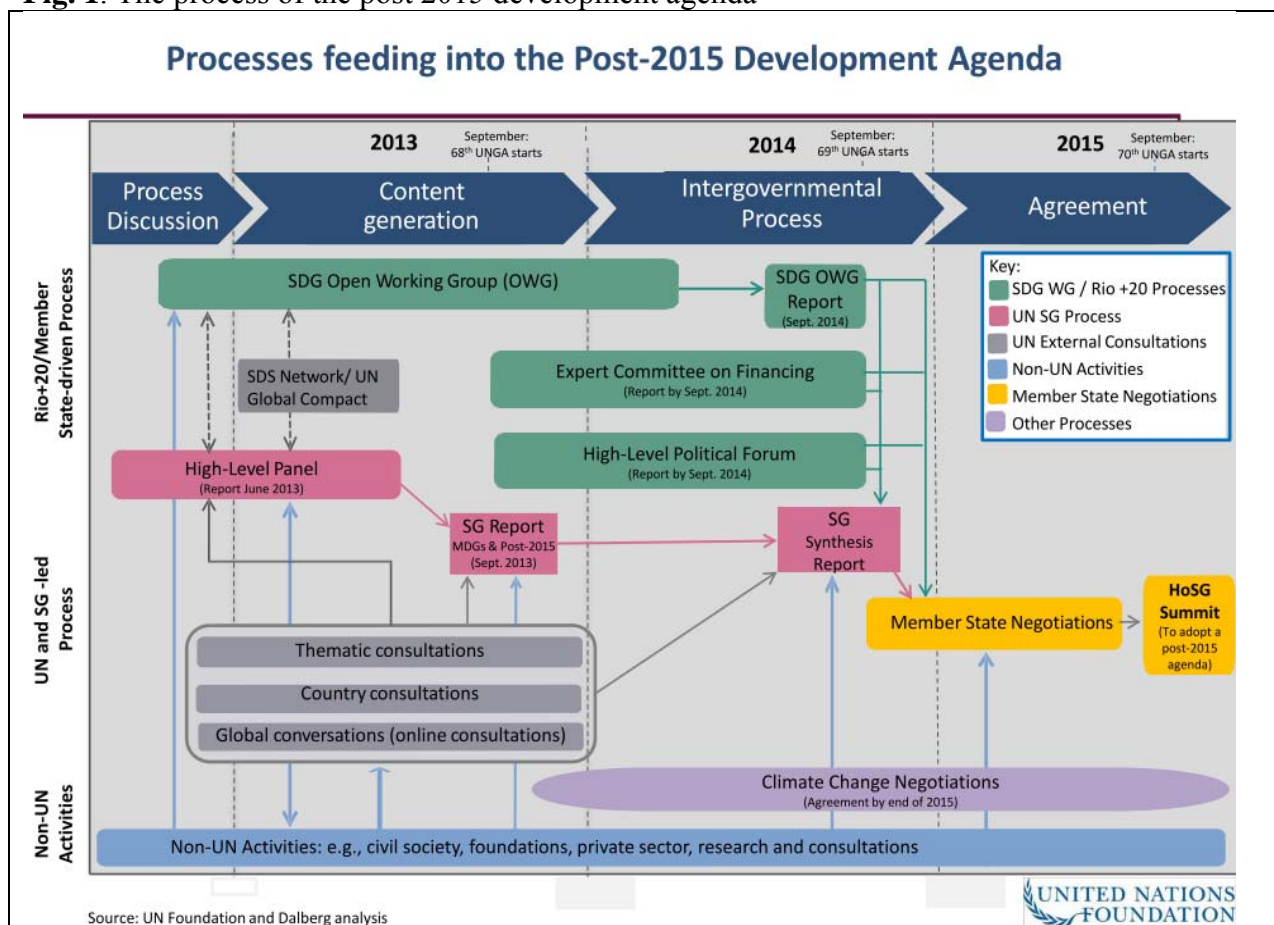
– Ban Ki-moon, Secretary-General of the United Nations

The next phase in the process will be the creation of a single framework – including a set of goals and measurable targets, as well as mechanisms of implementation, cooperation, technology and financing —the post-2015 United Nations development agenda— (see also **Fig. 1**).

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<sup>5</sup> [http://www.un.org/en/mdg/summit2010/pdf/outcome\\_documentN1051260.pdf](http://www.un.org/en/mdg/summit2010/pdf/outcome_documentN1051260.pdf)

**Fig. 1.** The process of the post 2015 development agenda<sup>6</sup>



## The proposed sustainable development goals and targets

As of July 2014, seventeen goals were proposed by the Open Working Group for Sustainable Development Goals (see

**Box 1**)<sup>7</sup>

<sup>6</sup> UN Foundation and Dalberg analysis: <http://www.unfoundation.org/assets/pdf/post-2015-process-slide-1114.pdf>

<sup>7</sup> Final compilation of amendments to goals and target by major groups and other stakeholders including citizen's responses to MY World 6 priorities to inform the Thirteenth and last Session of the Open Working Group on Sustainable Development Goals, 14–18 July, 2014.

<http://sustainabledevelopment.un.org/content/documents/4438mgscompilationowg13.pdf>

**Box 1.** The seventeen goals proposed by the OWG

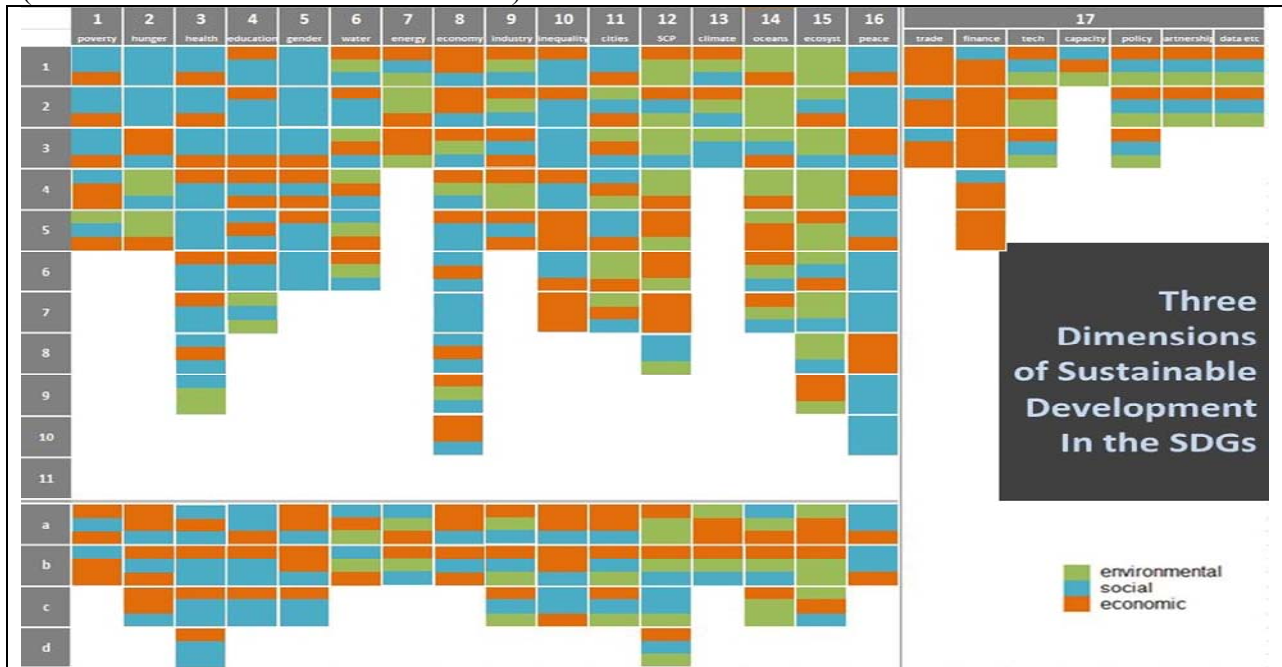
1. End poverty everywhere
2. End hunger, improve nutrition and promote sustainable agriculture
3. Attain healthy lives for all
4. Provide quality education and life-long learning opportunities for all
5. Attain gender equality, empower women and girls everywhere
6. Ensure availability and sustainable use of water and sanitation for all
7. Ensure sustainable energy for all
8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
9. Promote sustainable infrastructure and industrialization and foster innovation
10. Reduce inequality within and between countries
11. Make cities and human settlements inclusive, safe and sustainable
12. Promote sustainable consumption and production patterns
13. Tackle climate change and its impacts
14. Conserve and promote sustainable use of oceans, seas and marine resources
15. Protect and promote sustainable use of terrestrial ecosystems, halt desertification, land degradation and biodiversity loss
16. Achieve peaceful and inclusive societies, access to justice for all, and effective and capable institutions
17. Strengthen the means of implementation and the global partnership for sustainable development

These goals are accompanied by 169 targets. Those will be “further elaborated through indicators focused on measurable outcomes”. Targets “are action oriented, global in nature and universally applicable. They take into account different national realities, capacities and levels of development and respect national policies and priorities. They build on the foundation laid by the MDGs, seek to complete the unfinished business of the MDGs, and respond to new challenges. Targets are defined as aspirational global targets, with each government setting its own national targets guided by the global level of ambition but taking into account national circumstances. The goals and targets integrate economic, social and environmental aspects and recognize their interlink ages in achieving sustainable development in all its dimensions.”<sup>8</sup> **Fig. 2** illustrates the three dimensions—environmental, social and economic—of sustainable development in the proposed SDGs.

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<sup>8</sup> Ibid.

**Fig. 2.** The three dimensions of sustainable development in the proposed SDGs and targets  
(Source: Presentation of Csaba Korösi)



## The global ambition: a transformative change

Nations and the world have different views on how the world should be looking like in 2030 and beyond. The new SDGs are likely to affect global development policies for many years to come. Sustainable development has the potential to bring about an ultimate paradigm change: *a change in the purpose of development and the way of development and the interconnections of the issues we try to fix*. There are a number of pre-requisites to sustainable development: For example it is only possible in non-conflict societies; this has been evident in the lack of progress on the Millennium Development Goals in conflict zones. It is also only possible if no one is left behind; sustainable development is at the core; jobs and inclusive growth ensured; open and accountable public institutions for all are available and new global partnership forged.

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*“The business as usual scenario tells us we are not going to achieve sustainable development. In order to achieve something close to what we described in terms of SDGs, we need to rethink the roles of the governments and markets. We need to rethink regulations, taxation policies, systems of cooperation; and how we encourage research and development; how we direct government-induced investments; and how we use the science-policy interface.”*

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— Csaba Korösi, Co-Chair of the Open Working Group

The SDGs are an expression of nations willing to change their role in development. As noted by Csaba Korösi, in order to achieve these SDGs, we will need to rethink the current roles of all parts of society and government and to encourage a whole-of-society approach to implementation. Many nations like to change their pace of growth. Sustainable development can be illustrated as being a set of bridges: bridging health and environment, society and business,

the rich and poor, north and south, and even south and south. Furthermore, within the process we need to consider the “five capitals” of society and civilization: human capital, social capital, natural capital, built capital, and financial capital; a stage of sustainable development will only be attained whereby these five capitals are in equilibrium.

Many lessons can be learnt from the past: A real transformation has happened in the past, during the industrial and digital revolution. It helped to change our way of living. Now the joint challenge is to design a process that leads to transformation. There are also many perceptions: for example there is a perception that reducing GHG emissions is economically costly and hence political unfavourable; however, by strengthening the health arguments of co-benefits of emission reduction this can support a transformative change.

There are also lessons to be learnt from the negotiation process in the development of the draft SDGs. The development of the SDGs started with an evidence based approach on the risk factors—the threats, such as climate change and disease—arriving at a selection of global aspirations which now need to be translated into opportunities to motivate governments, business and civil society.

The next steps in the development will include a new “feature”: back casting: A scenario analysis will be carried out on how to get to achieve the goals by 2030. The targets are not unlike in the case of the MDGs applicable to each and every country – but they are a global aspiration – an aggregated result, of 193 countries developments. Each and every country has different priorities and different capabilities, an aggregated target will allow for this. However – what will be important is that the result will not be a “zero-sum” result.

To measure progress a data revolution has been proposed. How this will look like is still unclear. In many areas there is a decline in data collection over the years, especially with regard to environmental statistics.

## Health in the post-2015 development agenda

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*“There are major opportunities. If you look across all the goals, actually health is integrated into many of them: many of them are environmental and social determinants of health”*

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— Professor Sir Andy Haines, London School of Hygiene and Tropical Medicine

In May 2013, the Health Assembly in resolution WHA66.11<sup>9</sup> requested the Director-General to include the discussion of health in the post-2015 UN development agenda as an agenda item in the 2013 meetings of the WHO regional committees and to present a report on those discussions, through the Executive Board at its 134th session in January 2014, to the Sixty-seventh World Health Assembly.

Discussion at the WHO regional committees in 2013 emphasized the importance of accelerating work on the health-related Millennium Development Goals. At the same time, there is growing recognition that the health agenda is now broader and that noncommunicable diseases must be included, which will need government and society-wide action. In addition, there has been a strong drive to embed health equity; to give increased attention to sexual and reproductive

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<sup>9</sup> [http://apps.who.int/gb/ebwha/pdf\\_files/WHA66/A66\\_R11-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R11-en.pdf)

health, especially for young people; and for health to be framed as a fundamental right. Given this wide range of interests within the health sector, the challenge has been to find an inclusive way of framing a health goal that would accommodate all these different concerns. Further, there is a need to demonstrate clearly the links between health and other aspects of sustainable development.

One of the lessons of the Millennium Development Goals is that the way global goals are defined influences how the world understands development. Goals therefore shape political agendas and influence resource transfers. For these reasons, WHO will give particular priority to securing the place of health in the post-2015 development agenda.<sup>10</sup> While there are many strands to the discussion, there is little disagreement that health makes a direct contribution to poverty reduction; it benefits from better environmental policies and provides a robust means for measuring progress across the three pillars of sustainable development. The challenge is to develop a narrative that accommodates a broader health agenda, particularly in relation to noncommunicable diseases and health systems, and avoids competition among different sectoral interests.

In the final OWG document, health is included as Goal 3, to “ensure healthy lives and promote well-being for all at all ages”, with nine targets and two additional targets (see Box 2). This is in line with the principle that sustainable development is only possible if people are healthy.

**Box 2. Goal 3: Ensure healthy lives and promote well-being for all at all ages**

- 3.1.by 2030 reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- 3.2.by 2030 end preventable deaths of newborns and under-five children
- 3.3.by 2030 end the epidemics of AIDS, tuberculosis, malaria, and neglected tropical diseases and combat hepatitis, water-borne diseases, and other communicable diseases
- 3.4.by 2030 reduce by one-third pre-mature mortality from noncommunicable diseases (NCDs) through prevention and treatment, and promote mental health and well-being
- 3.5.strengthen prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6.by 2020 halve global deaths and injuries from road traffic accidents
- 3.7.by 2030 ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8.achieve universal health coverage (UHC), including financial risk protection, access to quality essential health care services, and access to safe, effective, quality, and affordable essential medicines and vaccines for all
- 3.9.by 2030 substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water, and soil pollution and contamination
- 3.a.strengthen implementation of the Framework Convention on Tobacco Control in all countries as appropriate
- 3.b.support research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration which affirms the right of developing countries to use to the full the provisions in the TRIPS agreement regarding flexibilities to protect public health and, in particular, provide access to medicines for all

The goals and targets of the OWG document are very closely interlinked. Widely observed health is featuring as an outcome of many of the goals, while not especially mentioned (see Table 1). However indicators that show both changes in exposure to health-related risks and progress towards environmental sustainability are not yet well reflected<sup>11</sup>.

<sup>10</sup> [http://www.who.int/about/resources\\_planning/A66\\_6\\_en.pdf?ua=1](http://www.who.int/about/resources_planning/A66_6_en.pdf?ua=1)

<sup>11</sup> Dora, Haines, Balbus, Fletcher, Adair-Rohani, Alabaster *et al.*, 2014. Indicators linking health and sustainability in the post-2015 development agenda. *The Lancet* ([http://dx.doi.org/10.1016/S0140-6736\(14\)60605-X](http://dx.doi.org/10.1016/S0140-6736(14)60605-X))

**Table 1.** Proposed goals and targets that affect health or the environment (red = health goal; green = environment-specific goals).

(Source: Adapted from presentation of Christoph Hamelmann)

Goals	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
<b>No of main targets</b>	5	5	9	7	6	6	3	10	5	7	7	8	3	7	9	10	19
<i>Targets that improve health</i>	5	5	9	6	4	6	2	9	4	7	6	8	3	5	7	8	19
<i>Targets that improve the environment</i>	3	3	5	5	1	6	3	6	4	7	6	8	3	7	9	7	19

A whole-of-government, whole-of-society and a life-course approach will be crucial for addressing the social, economic and environmental determinants of health and for the well-being of societies at large<sup>12</sup>.

## THE POST-2015 DEVELOPMENT AGENDA AND THE WHO EUROPEAN REGION

*“Better health for Europe, equitable and sustainable’ is our common priority across the 53 Member states of the WHO European Region.”*

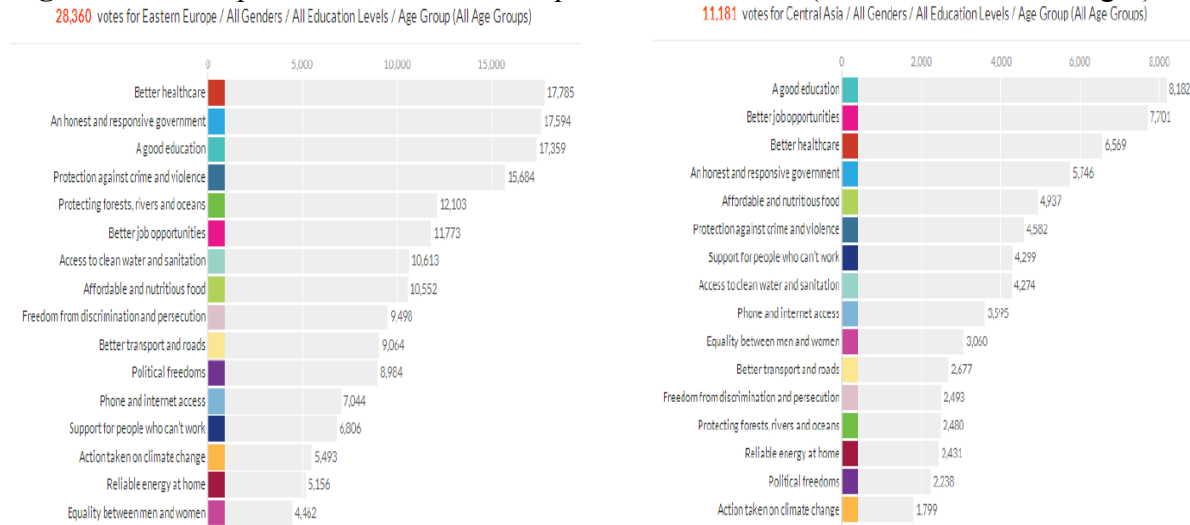
— Nedret Emiroglu, Deputy Director DCE, WHO Regional Office for Europe

A global consultation, called a million voices, highlight people’s priorities in the Region. Health, education, a better government and better job opportunities are among the top four priorities of 40,000 people<sup>13</sup>

<sup>12</sup> <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>

<sup>13</sup> World We Want 2015. <http://www.worldwewant2015.org/>

**Fig. 3. Perceived priorities in eastern Europe and central Asia (all education and all ages)**



## Health priorities

Participants at this meeting, as well as participants to the Regional Consultation on *Inclusive and Sustainable Development: Perspectives from Europe and central Asia on the Post-2015 Development Agenda*<sup>14</sup>, echoed the necessity of taking a holistic approach and concluded that the unfinished business of the MDGs, Universal health Coverage, noncommunicable diseases and sexual and reproductive rights should be addressed in the post-2015 development Agenda, in addition to tackling the social, environment and economic determinants of health.

*The MDGs have been very useful in focussing international attention on development, but there is still some way to go with implementation.*

— Professor Sir Andy Haines London School of Hygiene and Tropical Medicine

The Member States of the European Region have made significant advances towards the Millennium Development Goals. Areas remain, however, in which action has stagnated and inequities in progress persist across the Region: for example the HIV epidemic, concentrated in socially marginalized populations, remains a serious public health challenge; or the majority of TB cases is concentrated in eastern Europe with the WHO European Region having the highest TB rates in the World. Maternal mortality and viral hepatitis continue to be regional health priorities.

The WHO European Region has the highest burden of disease of noncommunicable diseases: The impact of the major noncommunicable diseases (NCDs) (diabetes, cardiovascular diseases, cancer, chronic respiratory diseases and mental disorders) account for an estimated 86% of the deaths and 77% of the disease burden in the Region.

High inequalities exist in and between European countries: for example there is a sixteen year gap between the highest and the lowest life expectancy at birth, with marked gender differences.

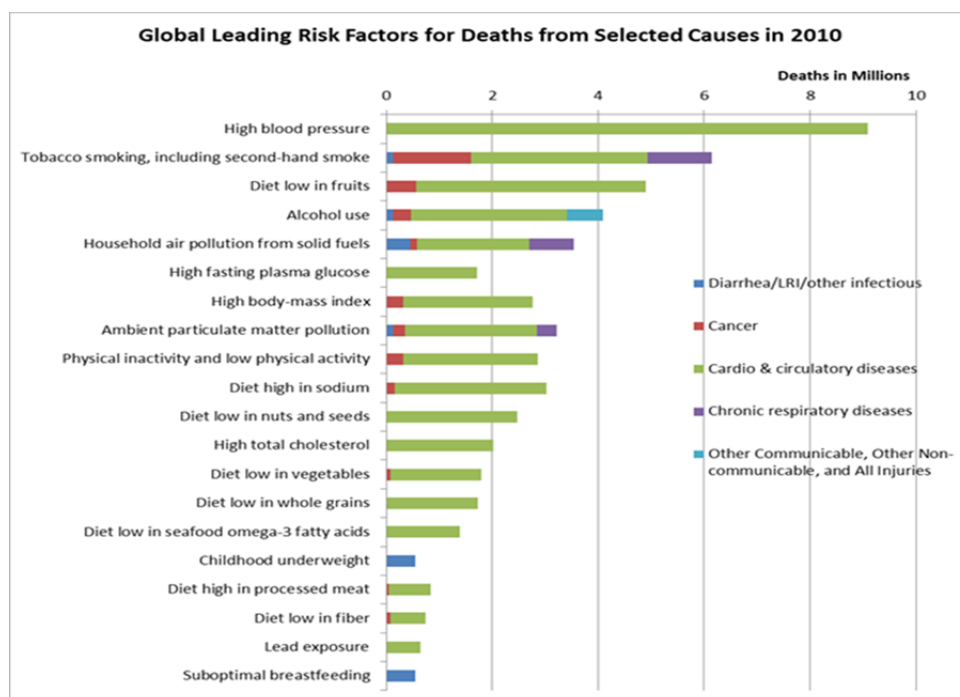
<sup>14</sup> <http://sustainabledevelopment.un.org/index.php?page=view&type=400&nr=1464&menu=35>



Health systems require strengthening to deliver services that improve, maintain or restore the health of individuals and their communities. Moving towards universal health coverage will require strong, efficient health systems that can respond to the full range of health determinants and deliver high-quality and affordable services for a broad range of health priorities in the country, with access for most vulnerable groups. Health financing systems are required, that can raise sufficient funds for health and also provide access to essential medicines and other supplies and equipment, good governance, health information and a well-trained, motivated workforce.

## Environment and health priorities

**Fig. 4.** Global burden of disease: The environment represents globally around 25% of the burden of disease.



Participants at the meeting mainly discussed environment and health priorities in their countries:

- Water and sanitation:** MDG7 has not been achieved in all European countries. Today 67 million people still lack access to basic sanitation, 100 million lack access to piped water on premises, more than 6 million still rely on surface water as their primary source and 10 deaths per day attributable to water and sanitation, with significant inequalities in access. Six of the Member States present<sup>15</sup> expressed it as a current development priority. Water safety and security was used as an example to illustrate the need for “systems thinking”: the fact that the entire hydrological cycle, from access and usage to waste and reuse and ultimately to its return to the environment needs to be achieved in a sustainable manner.
- Climate change:** As part of their national legislation and obligations under the United Nations Framework Convention on Climate Change, almost all European countries have taken some level of action to reduce greenhouse gas emissions. In 2012, 67% of global greenhouse gas emissions were subject to national legislation or strategies. Seven of the

<sup>15</sup> Bosnia and Herzegovina, Georgia, Italy, Kyrgyzstan, Moldova, Slovenia

Member States present<sup>16</sup> highlighted climate change mitigation and/or adaptation as a priority. There is a need to further develop adaptation strategies; 22 European MS have developed NAPs so far, but further development, government approval and/or implementation is required. The problem of more extreme weather events building on the example of the 2014 Balkans floods, was highlighted with the need to strengthening of health system resilience was also highlighted,

- **Air quality:** Almost 600 000 deaths occurred in the European Region in 2012 from air pollution: 482 000 attributable to (outdoor) ambient air pollution and 117 200 attributable to (indoor) household air pollution. The carcinogenicity of outdoor air pollution has also been determined and was published in *The Lancet Oncology* in October 2013.<sup>17</sup> Many cities do not reach the air quality guidelines values, which can have significant costs for health care.
- **Waste management:** Data shows that Municipal Solid Waste (MSW) generation is about 520 kg/capita/year since 2000.<sup>18</sup> Development of proper regulations and implementation is still required in many areas. Both Moldova and Bosnia and Herzegovina noted waste management as a national priority with other Member States linking this issue with that of chemical pollution and contaminated sites.
- **Chemical pollution:** Globally, 4.9 million deaths (8.3% of total) and 86 million disability-adjusted life years (DALYs) (5.7% of total) were attributable to environmental exposure and management of selected chemicals in 2004. In particular, the problem of contaminated sites was highlighted to be a continuing problem in many European Member States<sup>19</sup> whilst others have made significant progress (e.g. Sweden). Most Member States either noted the need for an inventory of contaminated sites, or that one has already been developed in the country.
- **Renewable energy:** Proposed SDG7 aims to ensure sustainable energy for all. Several Member States provide good examples of use of renewable energy, and there are also some examples of its use in health care settings. A deep decarbonization strategy will be required to meet emission reduction targets whilst simultaneously working towards SDG7 and improving health through co-benefits such as improved air quality.
- **Sustainable and active transport:** Very closely linked to SDG11, to make cities and human settlements inclusive, safe and sustainable, the goal of improving transport will have significant benefits on health, both directly (through promoting active transport) and indirectly (through improved air quality).

## TOWARDS THE POST-2015 DEVELOPMENT AGENDA

Global pursuit of the SDGs in the post-2015 agenda will require implementation to occur at all levels. At the meeting, mechanisms were proposed to promote the SDGs in the negotiations towards the post-2015 development agenda, as well as the implementation of SDGs. They included:

- Governance and management;
- Accountability and transparency;
- Opportunities for human health and well-being;

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<sup>16</sup> Bosnia and Herzegovina, Germany, Kyrgyzstan, Moldova, Serbia, Slovenia, the former Yugoslav Republic of Macedonia

<sup>17</sup> [http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045\(13\)70487-X/fulltext#article\\_upsell](http://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(13)70487-X/fulltext#article_upsell)

<sup>18</sup> <http://www.eea.europa.eu/data-and-maps/indicators/municipal-waste-generation/municipal-waste-generation-assessment-published-4>

<sup>19</sup> Bosnia and Herzegovina, Italy, Kyrgyzstan, Moldova, Serbia, Slovenia

- Technical, financial and data cooperation and partnerships among sectors, Member States and the international community.

## Governance and management

Sustainable development requires a paradigm change to overtly recognize the interdependency of health, well-being and environment. Building the governance requires to orchestrate a coherent response across government and society that results in sustainable development and ultimately well-being. A “common future” above all, requires an understanding of each actor’s responsibility.

Health 2020—the European policy for health and well-being—aims at Improving health for all and reducing health inequalities as well as improving leadership and participatory governance for health.

The WHO European Health 2020 provides a model framework for action across government and society. It calls for a combination of governance approaches that promote health, equity and well-being across all societal action. Governance is the process through which governments and other social organizations interact, relate to citizens and take decisions in an increasingly complex and interdependent world (Commission on global governance, 1995).<sup>20</sup> Pressure on policy-makers to be innovative and responsive to today’s quickly changing circumstances is high. In the WHO European Region, the European Union “acquis communautaire” and the “co-decision process” play an important role for the 28 EU countries as well as in the legislative changes required by the candidate and accession countries.

The WHO European Health 2020 called for the need for a “whole-of-government” and “whole-of-society” approach. It is a desirable multilevel (from local to global) government activity and an approach that goes beyond institutions mobilizing local and global culture and media, rural and urban communities and all relevant policy sectors. It requires building trust, common ethics, a cohesive culture and new skills. A similar model could be applied to the post 2015 agenda.

## Accountability and transparency

*“Governments are the primary duty-bearers: they are the key actors to be held accountable. But accountability also needs to involve parliaments, organized civil society groups and citizens, the private sector, and international organizations.”*

— Monika Linn, Principal Adviser, United Nations Economic Commission for Europe

Political accountability is the responsibility of a government to openly justify its actions to the national legislature and judiciary, and to the public. As the post-2015 development agenda will not be legally binding, the discussion on accountability needs to start now as an integrated part of the process, which will also encourage commitment to achieving the goals. The Regional Ministerial Consultation “*Monitoring and Accountability for the Post-2015 Development Agenda –The Regional Dimension*”<sup>21</sup> discussed how to give ‘teeth’ to a non-legally binding

<sup>20</sup> Commission on global governance (1995). Our global neighbourhood. Report of the Commission on Global Governance. Oxford, Oxford University Press

<sup>21</sup> <http://www.unece.org/post-2015/regionalministerialconsultation2014.html>

framework that will formulate an ambitious agenda of transformation towards sustainability for all countries. Building on a questionnaire<sup>22</sup>, a number of issues were identified to take into account in the forthcoming round of negotiations: A monitoring and accountability framework should be an integral part of the post-2015 development agenda. It would be important that it builds on a multilayered and multistakeholder model ensuring linkages between various levels (local, national, regional, global), actors (state and non-state actors) and sectors. In order to be inclusive, it requires to be participatory. This requires cooperation and an interactive dialogue between multiple stakeholders. Incentives for countries and other stakeholders to participate in a monitoring and accountability framework were considered to be a critical factor for success. Ranking of the performance of countries in achieving SDGs in a clear and transparent way could be a powerful incentive and information on relative performance and could inform the decisions of investors and donors.

## Opportunities for health and well-being of the SDGs

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*Globally 13 million deaths can be avoided if we tackle environment risk factors and even more if we move on a low carbon economy trajectory. [...] We must be ready if we want to be part of this incredible opportunity ... for the most ambitious public health agenda. Health is not exclusively the responsibility of the health sector and the health care providers but is the responsibility of many other sectors and parts of society that need to be contributing to enable us to create a healthy environment and well-being for the population.*

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— Maria Neira, Director PHE, WHO

Health and well-being are a result of sustainable development. Further the post-2015 agenda presents a renewed opportunity for the Health in All Policies approach. Even in the short term, reducing greenhouse gas emissions and pollution now, creating sustainable energy, water, agriculture systems –can have immediate and long term benefits by reducing communicable and noncommunicable diseases.

The United Nations sustainable development solution network (SDSN) has issued a draft indicator report, Indicators and a monitoring framework for Sustainable Development Goals proposing an indicator and monitoring framework for the draft SDGs proposed by the OWG. A recent paper published in *The Lancet* on “Indicators linking health and sustainability in the post-2015 development agenda”<sup>23</sup> further highlights how environment and health indicators can address multiple goals and targets.

In the WHO European Region, there is a decadal tradition to measure several environment and health indicators. Just to mention one of the many examples presented at the meeting: the percent of the urban population exposed to small or fine urban particulates (PM<sub>10</sub> or PM<sub>2.5</sub>) in concentrations exceeding WHO Air Quality Guidelines, and the estimated burden of disease from urban ambient air pollution, It was shown that in 357 European cities in 33 countries, almost 83% of the population in these cities was exposed to PM<sub>10</sub> levels exceeding the WHO

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<sup>22</sup> [http://www.unece.org/fileadmin/DAM/post2015/Synthesis\\_questionnaire\\_\\_final.pdf](http://www.unece.org/fileadmin/DAM/post2015/Synthesis_questionnaire__final.pdf)

<sup>23</sup> <http://www.sciencedirect.com/science/article/pii/S014067361460605X>

guidelines of  $10\mu\text{g}/\text{m}^3$ . While this proportion was still high, it represents an improvement compared to previous years, as average  $\text{PM}_{10}$  levels slowly decreased in most countries in the last decade. It also showed that on average one year of life expectancy can be gained by reducing PM exposure to less than  $10\mu\text{g}/\text{m}^3$ . This indicator could be measured under goal 3, 7 or/and 11. It could help to shift responsibilities for health to those creating a major environment determinant of health like cities or the energy systems.

At the meeting it was proposed to further explore economic arguments in particular externalities and the costs of inaction. Many negative externalities are related to the environment and health consequences of pollution. For example climate change is projected to cause globally around 220 000 deaths per year in 2030. Anthropogenic climate change is attributed to greenhouse gas emissions from fossil fuel burning. Environment and health externalities have not been systematically assessed, as well as approaches that internalize externalities, such as compensation schemes, government intervention banning or discouraging pollution, economic incentives such as green taxes or the reduction of subsidies.

### **Technical, financial cooperation and partnerships among sectors, Member States and the international community**

Crucially, implementation will be achieved at the national level; finances will not be allocated by SDG but rather by programmes and projects. Such programmes are already currently in the development phase, even in cases where national development plans are not. All countries will need to adopt the SDGs into their own national structure, and many countries may well require assistance to do so. Cooperation in the design of these plans, and assistance in data collection and processing will strongly need support. All organizations will need to evaluate whether they are in a position to effectively support the implementation of these goals.

The UNSG stressed the need for a “data revolution”. Data needs for the post-2015 development agenda are millions. However there are already some initiatives to build upon, including the recommendations of the Conference of European Statisticians on how to measure sustainable development. Technological progress and “big data” offer new opportunities to strengthen real time monitoring and contribute to a transparent accountability framework. The European Region, in particular, has a solid set of institutions and mechanisms with mandates and data capacity to review and monitor socioeconomic and environmental developments as well as democratic governance, the rule of law and respect for human rights.

While a pragmatic approach, building on existing mechanisms, should prevail, in some countries there is a need to further develop local capacity, strengthen laboratories, strengthen national health information systems, civil registration and vital statistics, to district level and below, as a prerequisite for measuring and improving equity. Crucial will be the access to information: this will allow the public, as well as the private sector, to engage governments on implementation.

At the Regional Ministerial Consultation “*Monitoring and Accountability for the Post-2015 Development Agenda –The Regional Dimension*”<sup>24</sup> it was stressed that the High-Level Political Forum on Sustainable Development (HLPF) is called to play the central role in ensuring the coherence of the overall accountability framework. It was underlined that the HLPF, under the auspices of ECOSOC, will conduct meaningful reviews from 2016 onwards, also taking into account the results of regional reviews. Regional commissions as well as processes can promote the exchange of experiences and good practices and facilitate capacity building. The regional

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<sup>24</sup> <http://www.unec.org/post-2015/regionalministerialconsultation2014.html>

level also is the natural platform to address trans-boundary challenges like water cooperation, infectious disease outbreaks or the green economy.

## **NEXT STEPS**

### **Next steps in the post-2015 process**

The UN Secretary-General launched the final intergovernmental process at the Sixty-ninth session of the UN General Assembly in September 2014<sup>25</sup>. The SG will further present Member States with a synthesis of the full range of inputs received, by November, 2014. It will draw on an unprecedented global discussion including thematic and national consultations, as well as reports from the High-Level Panel, the SDSN, and many others.

The global negotiations on sustainable development will culminate in three major international conferences in 2015 that will together define the post-2015 agenda. First, in July 2015 world leaders will meet in Ethiopia for the Financing for Development (FfD) conference that will adopt a financing framework for the sustainable development priorities. The conference will draw on the findings of the Intergovernmental Committee of Experts on Sustainable Development Financing. Second, in September 2015, a summit of Heads of State will adopt the Sustainable Development Goals (SDGs) at the United Nations in New York. Finally, in December 2015 governments will meet in Paris for the 21<sup>st</sup> Conference of the Parties to the UNFCCC to adopt a climate agreement. This conference will culminate several years of negotiation on climate change.

In addition, the President of the General Assembly convened events for all United Nations Member States during 2014 under the theme “The post-2015 development agenda: Setting the Stage”. These events provide a forum to focus on issues that may require more detailed discussion, such as accountability, cooperation and partnership. More discussion has therefore been requested also by European Member States on the implementation of the post-2015 agenda.

Led by United Nations country teams, supported by the United Nations Development Group, the following six themes are addressed in the European Region, during 2014.

- localizing the post-2015 development agenda (Armenia, Tajikistan)
- participatory monitoring, existing and new forms of accountability (Kosovo<sup>26</sup>, Montenegro)
- helping to strengthen capacities and institutions (Republic of Moldova, Turkmenistan)
- partnerships with civil society and other actors (Azerbaijan)
- partnerships with the private sector (Turkey)
- culture and development (Serbia)

Further several countries in the Region are currently formulating their sustainable development strategies.

### **Next steps in the EHP process**

WHO Regional Office for Europe is currently assessing the implementation of the Parma “Commitment to act” which will be published in a report for the Mid-Term Review, to take place

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<sup>25</sup> <http://www.un.org/en/ga/meetings/>

<sup>26</sup> In accordance with Security Council resolution 1244 (1999)

in early 2015 as part of the roadmap towards the Sixth Ministerial Conference on Environment and Health. An *ad hoc* working group of the Environment and Health Task Force, consisting of national focal points from several Member States supporting the Chairperson and the Co-Chairperson of the Task Force and the Secretariat to prepare the Mid-Term Review meeting, held its first meeting online on 12 June 2014 and its second meeting at the Regional Office in Copenhagen, Denmark, on 15 July 2014. The *ad hoc* working group made decisions regarding the format and content, participation by partners, meeting documentation and communication aspects of the EHTF Mid-term Review meeting as well as discussing specific objectives and expected outcomes.

## Next steps as a follow up of this meeting

*The European Environment and Health Process can play an important role in the implementation of the Sustainable Development Goals, and vice versa, the SDGs should influence the future development of EHP focus areas.*

— Alexander Nies, German Federal Ministry for the Environment,  
Nature Conservation, Building and Nuclear Safety

The UN common vision<sup>27</sup> suggests that the European environment and health process can play a critical role in shaping governance, policies, actions and partnerships in the European Region. The process can contribute to formulating a transformative agenda that: identifies inclusive key environment and health policy areas; works towards major behavioural changes; contributes to designing healthy, whole government strategies; contributes to formulating and measuring the conditions and outcomes of a green economy; as well as works towards equity. Integrating the benefits to health and well-being into decisions to improve sustainability can encourage change towards more sustainable patterns of resource use and consumption and can improve public health.

Shaping appropriate policies and actions in the Region will be critical to tackling environmental threats to human health. Setting the framework for the post-2015 development agenda should go hand in hand with identifying ‘means of implementation’, or the way in which the goals will be delivered. As a result of this meeting, key messages and discussion points will be highlighted to the follow – up process in the region. This will start with a short summary for the national representatives to the environment and health process. The WHO Regional Office for Europe and its partners will further provide information on the post-2015 developments to its Member States.

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<sup>27</sup> UN, 2013. Building more inclusive, sustainable and prosperous societies in Europe and Central Asia.

## ANNEX I: Final programme

- 08:30 – 09:00 Registration
- 09:00 – 09:20 Welcome and opening of the meeting  
*Nedret Emiroglu, WHO (on behalf of the Regional Director)*  
*Gertrud Sahler, German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety*
- 09:20 – 09:30 Appointment of chair and quick tour de table of participants
- 09:30 – 09:40 The scope of the meeting  
*Elizabet Paunovic, WHO*
- 09:40 – 10:00 Sustainable Development Goals, targets and environment and health indicators. A global overview  
*Keynote address by Andy Haines, London School of Hygiene and Tropical Medicine*
- 10:00 – 10:30 The SDG process: outcomes and further developments:  
Open working group (OWG)  
*Csaba Korösi, Permanent Representative of Hungary to the United Nations, New York*
- 10:30 – 11:00 The post-2015 process and the view from international organizations:  
World Health Organization  
*Maria Neira, WHO*  
UNECE: accountability for the post-2015 development agenda  
*Monika Linn, UNECE*  
UNDP vision for the post-2015 agenda for Europe and central Asia  
*Christoph Hamelmann, UNDP*
- 11:00 – 11:15 *Coffee break*
- 11:15 – 12:30 Interventions by representatives from European countries, agencies and NGOs and discussion
- 12:30 – 13:30 *Lunch*
- 13:30 – 14:00 The SDG process and the Environment and Health Process:  
Linkages with the European Environment and Health Process  
*Alexander Nies, German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety*  
Environment and health status in the WHO European Region by SDG.



*Bettina Menne, WHO*

- 14:00 – 15:30 Moderated discussion
- 15:30 – 15:45 *Coffee break*
- 15:45 – 16:30 The Environment and Health Process as a means of implementation:  
Round table discussion with representatives from European countries and agencies
- 16:30 – 17:00 Summary of the discussion by the chair and next steps

## **ANNEX II: Final list of participants**

### **Armenia**

Hovsep Hovhannisyan  
Head of Dept of Occupational Health and Radiation & Chemical Safety  
National Centre of Disease Surveillance and Prevention  
Ministry of Health, Yerevan

### **Austria**

Fritz Wagner  
Deputy Head, Dept III/6 “Health Promotion and Health Prevention”  
Federal Ministry of Health, Vienna

### **Belarus**

Maryna Sachek  
Director  
Republican Scientific and Practical Center for Medical Technologies, Informatization, Administration and Management of Health (RSPC MT), Minsk

### **Belgium**

Frederic Denauw  
Senior Attache, International Relations  
FPS Health, Food Chain Safety and Environment, Brussels

Pol Gerits  
Adviser to the DG  
DG Health Care, Brussels

### **Bosnia and Herzegovina**

Aida Vilic-Svraka  
Specialist in Environmental Health  
Public Health Institute of Federation of Bosnia and Herzegovina, Sarajevo

### **Czech Republic**

Ruzena Kubinova  
Director of Environmental Health Monitoring  
National Institute of Public Health, Prague

### **Georgia**

Irma Khonelidze  
Deputy Director General, EMPA  
National Center for Disease Control and Public Health, Tbilisi

### **Germany**

Alexander Nies (*EH Task Force Chair*)  
Head of Directorate of Environmental Health, Chemical Safety  
German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Bonn

Gertrud Sahler  
Head of Directorate-General  
Environment and Health, Emission Control, Safety of Installations and Transport, Chemical Safety  
German Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety, Bonn

**Italy**

Mario Carere  
Researcher  
Italian Institute of Health (ISS)  
Environment and Primary Prevention, Rome

**Kyrgyzstan**

Azamat Imakeev  
Head of Department of Disease Prevention and State Sanitary Epidemiological Control  
Ministry of Health, Bishkek

**Latvia**

Kristine Klavina  
Head of the Division of Strategic Planning  
Ministry of Health, Riga

Liga Serna  
Health Counsellor  
Permanent Mission of Latvia to the United Nations Office in Geneva, Switzerland

**Portugal**

Eva Falcao  
Director of International Relations  
Directorate-General of Health, Lisbon

**Republic of Moldova**

Eugenia Berzan  
Head of Dept of Foreign Relations and European Integration  
Ministry of Health, Chişinau

Dorin Dusciac  
Deputy Minister  
Ministry of Environment, Chişinau

**Romania**

Mihaela Giza  
European Affairs Advisor  
Department Media Relations, European Affairs and International Relations  
Ministry of Health, Bucharest

**Serbia**

Branislava Matic Savicevic  
Head of Environmental Health & School Hygiene Department  
Institute of Public Health, Belgrade

**Slovakia**

Katarina Halzlova  
Senior Expert, Environment and Health Department  
Public Health Authority, Bratislava

**Slovenia**

Lucija Perharic  
Consultant Physician-Toxicologist  
Centre for Environmental Health  
National Institute of Public Health, Ljubljana

**Spain**

Maria Vazquez Torres  
Deputy Direction of Environmental Health and Labour Health  
Ministry of Health, Social Services and Equity, Madrid

**Sweden**

Asa Norrman  
Deputy Director General, Division for Chemicals  
Ministry of the environment, Stockholm

**Switzerland**

Marco Crugnola  
Policy Advisor, International Affairs Division  
Federal Department of Home Affairs FDHA  
Federal Office of Public Health FOPH, Bern

Sabine Unternährer  
Policy Advisor, Directorate of Political Affairs  
Sectoral Foreign Policies Division  
Federal Department of Foreign Affairs FDFA, Bern

**The former Yugoslav Republic of Macedonia**

Mihail Kochubovski  
Head of the Sector of Environmental Health  
Institute of Public Health, Skopje

**Turkmenistan**

Sulgun Atayeva  
Chief specialist of Information and statistics department  
Ministry of Health and Medical Industry, Ashgabat

**German Federal Ministry for the Environment, Nature Conservation, Building and  
Nuclear Safety**

Björn Ingendahl  
Division IG II 2, Environment and Health  
Bonn

Simone Irsfeld  
Division IG II 3, International Chemical Safety, Sustainable Chemistry  
Bonn

Birgit Wolz  
Head of Division IG II 2, Environment and Health  
Bonn

## **Temporary Advisers**

Jack Caravanos  
Associate Professor of Environmental Health  
School of Public Health, City University of New York  
and Senior Science Advisor to the Global Alliance for Health and Pollution (GAHP)  
United States of America

Michael Depledge  
University of Exeter  
United Kingdom of Great Britain and Northern Ireland

Andy Haines  
Professor of Public Health and Primary Care  
London School of Hygiene and Tropical Medicine  
United Kingdom of Great Britain and Northern Ireland

Biljana Jovanovic Ilic  
Communication Expert for Environment and Health  
Department for European Integration and International Cooperation  
Ministry of Agriculture and Environmental Protection, Belgrade  
Serbia

Wilfried Kreisel  
Director, Health and Environment, WHO headquarters, retired  
Bielefeld, Germany

Antje Hecheltjen  
Associate Expert, GIS and Remote Sensing  
United Nations Office for Outer Space Affairs  
UN-SPIDER, Bonn  
Germany

Il Young Oh  
1st Secretary  
Environment attaché  
Embassy of the Republic of Korea Bonn Office  
Germany

Anne Pustina  
Associate Expert  
Information and Media Officer  
United Nations Office for Outer Space Affairs  
UN-SPIDER, Bonn  
Germany

## **Representatives of other organizations**

### **Regional Environmental Center**

Eva Csobod  
Senior expert, leader of environment and health  
Environmental Policy Dept  
Szentendre, Hungary

**United Nations Development Programme**

Christoph Hamelmann  
Regional Team Leader HIV, Health and Development  
UNDP Regional Centre, Europe and the CIS  
Istanbul, Turkey

**United Nations Economic Commission for Europe**

Monika Linn *via Webex*  
Principal Adviser to the Executive Secretary  
Geneva, Switzerland

**United Nations Open Working Group on Sustainable Development Goals**

Csaba Korösi  
Ambassador, Permanent Representative of Hungary to the United Nations  
New York, United States of America

**World Health Organization**

**Regional Office for Europe**

James Creswick  
Technical Officer, Climate Change, Green Health Services and Sustainable Development

Andrey Egorov  
Technical Officer, Environment and Health Intelligence and Forecasting

Nedret Emiroglu  
Deputy Director, Division of Communicable Diseases, Health Security & Environment

Frank George  
Technical Officer, Environment and Health Intelligence and Forecasting

Vladimir Kendrovski  
Technical Officer, Climate Change, Green Health Services and Sustainable Development

Bettina Menne  
Programme Manager, Climate Change, Green Health Services and Sustainable Development

Elizabet Paunovic  
Head, WHO European Centre for Environment and Health

Gerardo Sanchez Martínez  
Technical Officer, Climate Change, Green Health Services and Sustainable Development

Oliver Schmoll  
Programme Manager, Management of Natural Resources: Water and Sanitation

Enkhtsetseg Shinee  
Technical Officer, Management of Natural Resources: Water and Sanitation

**Headquarters**

Maria Neira  
Director  
Public Health, Environmental and Social Determinants

*via Webex*

**Interpreters**

Oleg Dodon

Erika Rubenstein

**The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

**Member States**

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

The WHO Regional Office for Europe organized a meeting on 30 September 2014 with the goal of aligning the post-2015 development agenda on Sustainable Development Goals (SDG) and the European Environment and Health Process. The aim of this meeting was to inform about the current status of negotiations on the SDGs, targets and indicators; and provide a platform where Member States can discuss the relevance, accuracy, and viability of health-related goals, targets and indicators for the WHO European Region. The global ambition and required transformative change for sustainable development was discussed, whilst Member States also highlighted key environment and health priorities in their countries, notably water and sanitation, climate change mitigation and adaptation, air quality, waste management, chemical pollution and contaminated sites, renewable energy, and sustainable and active transport. In September 2015, a summit of Heads of State will adopt the SDGs at the United Nations in New York; Member States and international organizations need to prepare for their implementation now.

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