

# Lessons learned and challenges: An introduction

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### Lessons learned

- Joint involvement of health and environment sectors as well as of other relevant stakeholders as the most effective way forward
- Use of positive approaches in conveying the messages (e.g. gain in life expectancy if complying with certain standards - WHO AQ Guidelines)
- Providing evidence for the economic benefits of Health & Environment interventions as the part of the policy making process.

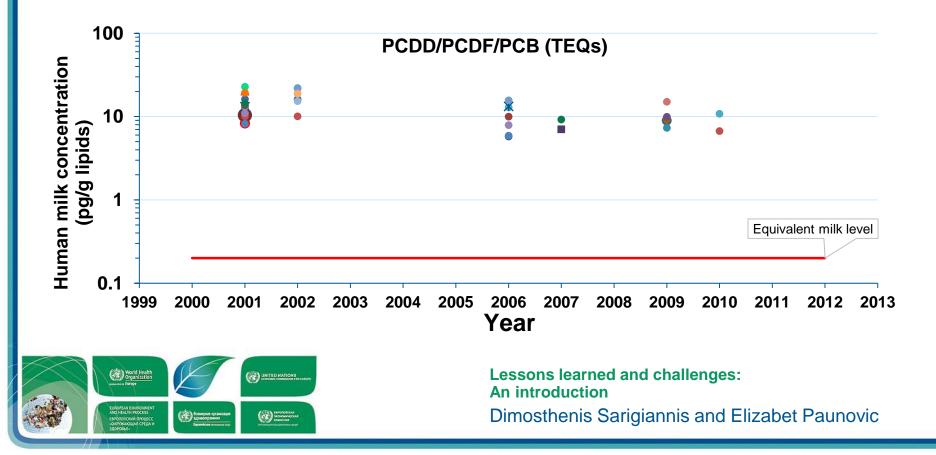


# HEALTH 2020 framework

- Investing in health through a life-course approach and empowering people;
- Tackling the Region's non communicable and communicable disease health challenges;
- Strengthening **people-centered health systems**, public health capacity and emergency preparedness, and surveillance and response; and
- Creating **resilient communities** and supportive environments.



#### Temporal trends of PCDDs/PCDFs/PCBs in human milk



# Examples of stakeholders involvement – an effective way forward

- Health and Environment Alliance (HEAL), which represents almost 100 NGOs, and
- Eco Forum which, through Women in Europe for a Common Future (WECF), represents about 150 NGOs in the environmental sector.

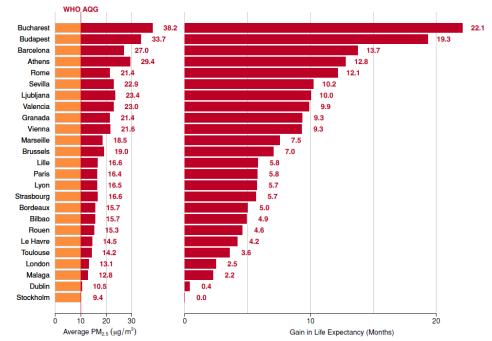
Practical example in Belgium: National project "Training in environmental health and medicine for Belgian health professionals".



# Conveying the messages

Predicted average gain in life expectancy (months) for people aged 30 years for a reduction in average annual levels of PM2.5 down to the WHO AQG annual mean level of 10µg/m<sup>3</sup> in 25 European cities participating in the APHEKOM project





Source: Medina S. Summary report of the APHEKOM project 2008–2011. Saint-Maurice Cedex, Institut de Veille Sanitaire, 2012 (www.endseurope.com/docs/110302b.pdf)

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# Providing economic evidence

- 600 000 premature deaths (2010)
- US\$ 1.6 trillion
- One tenth of the Gross Domestic Product (GDP) of the entire European Union in 2013



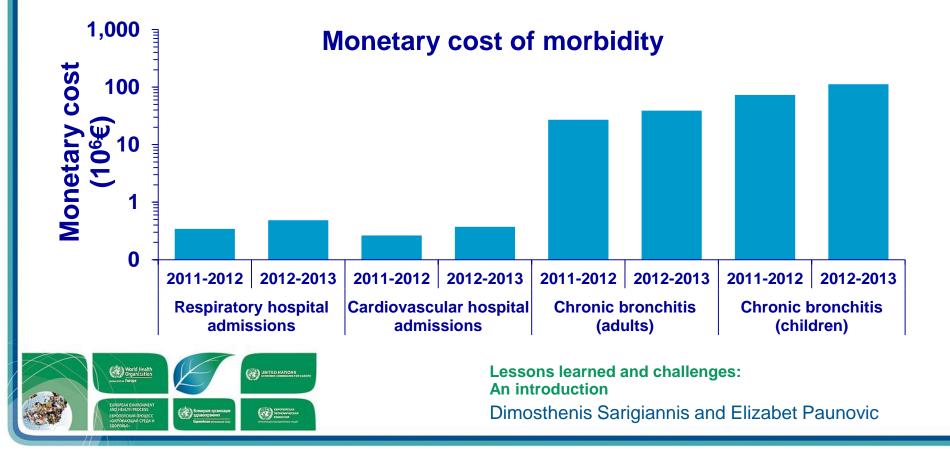
#### Thessaloniki example

- Increased taxes for light heating oil
- Increased exposure to PM2.5 during the winter period (from 43.5 to 62.5 ug/m<sup>3</sup>)
- Translated to an additional monetary cost of approximately 150M
  EUR for the area of Thessaloniki.
- Overall result: reduced tax revenues to the state and urban air quality deterioration

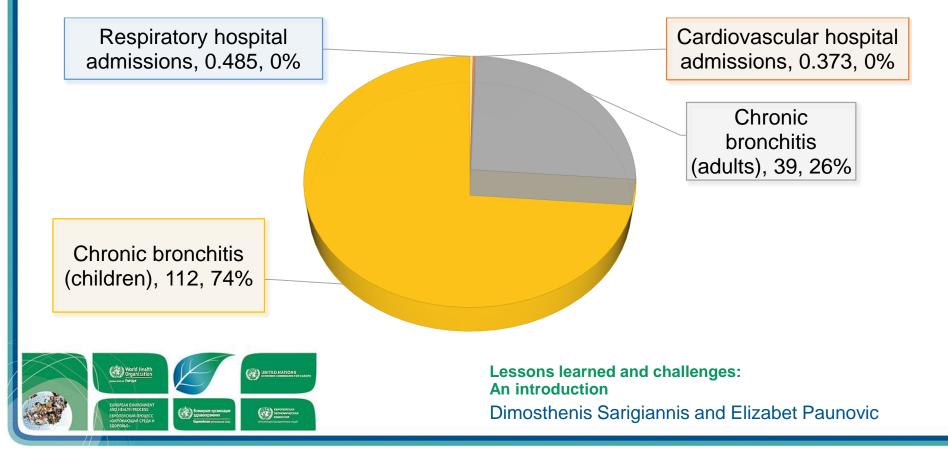


Source: Sarigiannis et al. Health impact and monetary cost of exposure to particulate matter emitted from biomass burning in large cities. Science of the Total Environment 524-525 (2015): 319-330

#### Cost of morbidity endpoints in Thessaloniki



#### Cost of morbidity endpoints in Thessaloniki



# What counts? The case of multiple opportunities in reducing GHG emissions for different audiences

City planners	Health system managers	Occupants of buildings
Improved air quality	Reduced costs	Improved indoor air quality
More physical activity	Access to health care, technology and medication	Less indoor heat and cold
Better road safety	Less hospital admissions from reduced EH	Money savings
Less noise		More time
Less time in congestion	More resilient infrastructure	Less pollution Electricity, heating and clean
Fuel savings		water



- Is it everything that simple with monetary cost?
- Properly accounting for monetary cost of benefits from mitigating environmental exposure, could be an interesting option against the cost of implementing the technological options required for a better environment



- Burden of disease
- Low-level signals are usually lost in the overall noise
- Advances in human exposome studies move towards this direction
- We do need always to look for phenotypes of disease. Early biological responses that predispose individuals to disease should be sufficient to trigger policy action
- Precautionary principle in policy development
- Unfinished business



## Unfinished business: water and sanitation

- Complacency: overall high access figures mask setbacks
- Universal access not reached: closing wealth & ethnicity gaps
- Attention to child settings: turn WASH policies into action
- Beyond access: focus on safe management

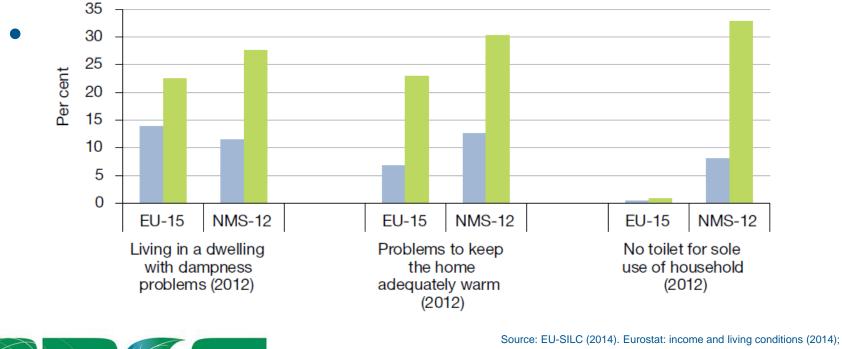


Change in use of improved drinking-water sources in % (1990–2012) 30 24 25 18 20 16 15 10 6 5 0 -5 Sub-Saharian Africa outh-eastern Asia Oceania aucasus and central Asia Eastern Asia Vothern Africa Latin America and Caribbean Vestern Asia outhern Asia

## **Environmental inequalities**

Not at risk of poverty

At risk of poverty



World Health Organization (A) UNITED HATIONS

(a) more and

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- Emerging risks:
  - nanoparticles
  - endocrine disruptors
- Work focused primarily on pre-identified risks difficult to catch up with technological progress
- Need to operate and make decisions under large uncertainty
- Need for preventive course of action Set up observatory function for emerging risks (OFFER)



- Maintain relevance of EEHP to MS irrespectively of their level of socio-economic development and the consequently diversified priorities
- Ensure appropriate, sustainable resources for the implementation of Parma commitments



# Thank you for your kind attention

