



**National  
Environment and Health  
Action Plan  
Summary and Priorities**

**A Review**

“We recognize the relevance of national environment and health action plans (NEHAPs) or equivalent initiatives throughout the Region as an effective mechanism for environment and health policy-making and commend the continuing efforts to implement and evaluate them. We commit ourselves to updating these plans as required, in the light of the outcomes of this Conference. We will ensure closer coordination with the European Commission’s Environment and Health Strategy and its Action Plan 2004–2010, as well as with other action plans, programmes and strategies on the environment, health and sustainable development ”

“We adopt the Children’s Environment and Health Action Plan for Europe (CEHAPE) and reaffirm our commitment to attaining the Regional Priority Goals referred to in the CEHAPE. We will ensure that the comprehensive policies described in those documents are effectively implemented on a national basis. In doing this we will refer to and be guided by the Table of child-specific actions of environment and health for possible inclusion in national plans, that has been developed by WHO with contributions from Member States, intergovernmental organisations, international agencies and nongovernmental organisations. We commit ourselves to reporting back on progress towards these goals at the intergovernmental meeting convened by WHO by the end of 2007 and at the next European Ministerial Conference on Environment and Health to be held in 2009.”

Ministerial Declaration, WHO Fourth Ministerial  
Conference on Environment and Health, Budapest 2004

# CONTENTS

## Foreword

### 1. Introduction

### 2. Main Objectives of the Plan

### 3. Background

- 3.1 Water
- 3.2 Accidents and Injuries and Supportive Environments
- 3.3 Air
- 3.4 Chemicals
- 3.5 Food Safety
- 3.6 Waste
- 3.7 Ionising and non-ionising Radiation
- 3.8 Noise and Vibrations
- 3.9 Occupational Health and Safety
- 3.10 Major Disasters
- 3.11 Climate Change

### 4. Sectoral Involvement

- 4.1 Industry
- 4.2 Transport
- 4.3 Tourism
- 4.4 Agriculture
- 4.5 Energy

### 5. National Actions for Implementation

- 5.1 Regional Priority Goal I: Water
- 5.2 Regional Priority Goal II: Accidents and Injuries
- 5.3 Regional Priority Goal III: Air
- 5.4 Regional Priority Goal IV: Chemical and Physical agents

### 6. Further information and links

# 1. INTRODUCTION

The revised National Environmental Health Action Plan (NEHAP), 2006-2010<sup>1</sup>, being reviewed in this document, was intended as a policy framework document for implementation across government departments and major sectors. Many of the actions proposed in the NEHAP fall under the responsibility of national and local authorities other than those responsible for environment or health, and implementation therefore requires ongoing advocacy and continued collaboration with other sectors. To this end, an Inter-ministerial Committee (IMC) on Environment and Health, chaired by representatives from the health and environment ministries, was set up, with representation by key players including young people. The main role of the IMC was a collaborative one in assisting the ministry responsible for health to review and implement this action plan. Sharing the vision across the various sectors through this Committee facilitated sectoral commitment towards reaching a number of measurable objectives and identified common goals as listed in the table of actions.

The very first NEHAP was launched in 1997. Although the challenges have been and continue to be great and there is much yet to be done, most of the targets committed to then were reached. During the Fourth Ministerial Conference on Environment and Health in Budapest in June 2004, health and environment ministers reaffirmed the relevance of national environment and health action plans as an effective mechanism for environment and health policy-making and commended the continuing efforts to implement and evaluate them. A national stakeholder forum was organised in February 2006 with a view to establishing agreement on the revised NEHAP and identifying national priorities. The priorities identified include the protection of public health through ensuring clean indoor and outdoor air, the prevention of accidents and injuries, and the reduction of obesity through the provision of supportive environments. Two new sections, on chemicals and climate change were introduced through this document. New targets and priority actions were established for the period 2006-2010. A number of priority and evidence-based actions were presented to this effect. Where the evidence is doubtful, a precautionary approach is advocated. A table of priority actions for implementation and the progress made in each area is presented in Chapter 5.

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<sup>1</sup> <http://www.sahha.gov.mt/showdoc.aspx?id=42&filesource=4&file=NEHAPDG.pdf>

## 2. MAIN OBJECTIVES OF THE PLAN

(1) To continue to ensure, through the establishment of appropriate government machinery, and a stepped-up inter-sectoral approach, that decisions and long-term strategic planning affecting the natural environment, and through it health, are taken not merely on the basis of economic factors alone but also with full consideration of potential environmental health consequences in accordance with the requirements of sustainable development; and

2) Similarly, to ensure that decisions on economic development are taken in full knowledge of their environmental implications and potential consequences for health through effective consultation.

3) On the recommendation of and in agreement with World Health Organisation, the revision of Malta's NEHAP was to include the commitments to implement the Children's Environment and Health Action Plan for Europe (CEHAPE).

The Children's Environment and Health Action Plan for Europe (CEHAPE) recognises that 'children are not little adults' and that they are uniquely vulnerable due to their development and physiology, and are therefore especially deserving of our attention as adults, parents and policy makers towards ensuring a clean and sustainable environment for their future. For this reason, it was agreed in the IMC to use the CEHAPE Regional Priority Goals (I to IV) to guide actions for implementation, including 'child-specific actions' in the knowledge that what is good for children is also beneficial for other people. For the purposes of this action plan and in line with CEHAPE, the term 'children' includes all children in the age group 0-18 years of age, including prenatal exposures.

In line with the Budapest Declaration, which encourages the involvement of young people in preventing children's exposure to environmental health hazards, young people were also included in preparing the action plan.

The process of revising Malta's NEHAP involved consultation with the major players in environmental health in Malta, listed below.

Ministry for Social Policy

- Parliamentary Secretary for Health
- Office of the Director General (Public Health Regulation)
- Department for Environmental Health
- Department for Health Information and Research
- Department for Health Promotion and Disease Prevention
- Directorate for Policy Development
- Directorate for Programme Implementation

Office of the Prime Minister

- Malta Environment and Planning Authority (MEPA)
- Local Government
- Tourism and Sustainable Development Unit

Ministry for Resources and Rural Affairs (MRRA)

Commissioner for Children

Ministry for Infrastructure, Transport and Communications (MITC)

- Malta Transport Authority (ADT)

Ministry of Education and Culture

- Health and Safety Unit
- School Resources Management Department,
- Directorate for Educational Services

Ministry for Justice and Home Affairs

- Civil Protection

Self-Regulators of Industry e.g. Federation of Industry (FOI)

National Youth Council

'Health in All Policies is an innovative policy strategy that responds to the critical role that health plays in the economies and social life of 21st century societies. It introduces better health (improved population health outcomes) and closing the health gap as a shared goal across all parts of government and addresses complex health challenges through an integrated policy response across portfolio boundaries. By incorporating a concern with health impacts into the policy development process of all sectors and agencies it allows government to address the key determinants of health in a more systematic manner as well as taking into account the benefit of improved population health for the goals of other sectors. Health in All Policies is committed to the achievement of sustainability and the health and wellbeing of both present and future generations.'

*Kickbusch 2007*

