

CONCLUSION

The small number of topics presented in this part, to be linked to the lack of data on exposure and effects at the regional level, does not allow general conclusions to be drawn regarding the health effects of all potentially harmful environmental factors to which the Walloon population may be exposed.

The fact that only "noise" and "pathogenic agents of native wildlife" are presented here does not mean that they are of greater concern in terms of environmental health, but that the data related to them meet the criteria for inclusion in this part.

Although some environment-health projects are supported by the regional authorities, it seems that the ambitions expressed in this area a few years ago have run out of steam. The evolution of the Walloon institutional framework undoubtedly testifies to a certain difficulty in giving the environment-health dimension its proper place, and in precisely defining the missions of the teams involved. It would seem useful to outline this development here, as it has implications for the production of environmental health data.

Following this, a summary of the fact sheets presented in this part is provided, accompanied by an assessment of the current situation and trend.

Evolution of the institutional framework in terms of environment-health

The impact of the environment on health has been addressed in a variety of policy responses at the international, national and regional levels.

In 1989, at the instigation of the World Health Organization (WHO) Europe, the 1st Ministerial Conference on Environment and Health was held in Frankfurt, at which the Belgian State adopted the European Charter on Environment and Health. This Charter enshrined the right of every individual "to an environment conducive to the highest attainable level of health and wellbeing".

In 1994, at the 2nd Ministerial Conference on Environment and Health in Helsinki, the member states of WHO Europe undertook to draw up National Environmental and Health Action Plans (NEHAPs). A first National Environmental and Health Action Plan (NEHAP 2003-2008) was consequently adopted in 2003 by the Belgian Ministers of Health and Environment. The Plan established a reference framework for developing environment-health policy and conducting pilot projects involving federal, regional and community health and environment authorities. This was followed by a second National Environmental and Health Action Plan (NEHAP 2009-2016), which has recently been the subject of an internal assessment and which focused mainly on

reducing the incidence of respiratory problems, with priority given to children, studying the impact of air pollution, fine particles and climate change on health and indoor pollution. A NEHAP III should be developed in 2018, based on the NEHAP II assessment of the recommendations of the last WHO-Europe Ministerial Conference on Environment and Health held in June 2017, and on the basis of the priorities identified by public authorities.

In Wallonia, the institutional framework relating to environment-health has been modified several times since its creation, as have the objectives and operating methods of the various public actors in the field.

- In 2008, the Walloon Government adopted the Programme of Regional Environment-Health Actions 2008-2013 (*Programme d'actions régionales environnement-santé 2008-2013-PARES*) and at the same time decided to set up a transversal structure within the General Secretariat of the Public Service of Wallonia (SPW) specifically dedicated to environment-health, the Permanent Environment-Health Unit (*Cellule permanente environnement-santé-CPES*), responsible in particular for coordinating the implementation of PARES. Operational in 2010, the CPES was first transferred in 2012 to the Operational Directorate General for Local Authorities, Social Action and Health (DG05) and then in 2016 to the Operational Directorate-General for Agriculture, Natural Resources and the Environment (DG03).
- The Walloon Observatory for Health (*Observatoire wallon de la santé - OWS*) was also created in 2008 as a collaborative body between the DG05 and the Walloon Institute for Evaluation, Foresight and Statistics (*Institut wallon de l'évaluation, de la prospective et de la statistique - IWEPS*), with expertise in environment-health. The OWS's tasks included centralising territorial health data and, where appropriate, collecting new data to be used for the benefit of regional policies, including environment-health policy, developing indicators and publishing Walloon health dashboards. As such, the 2009 dashboard included a chapter dedicated specifically to environment-health links. The 2016 scoreboard was characterised by a more transversal approach to the environment, with environmental factors likely to have an impact on health being covered disease by disease. In 2016, the OWS was integrated into the Agency for Quality of Life (*Agence pour une vie de qualité-AViQ*), a public interest body created in 2015 (Decree of 03/12/2015) following the 6th reform of State, and more specifically within the Research, Statistics and Policy Monitoring Directorate.

CONCLUSIONS

- Finally, the environment-health aspect was also managed by the Environmental Health Directorate of the DG05. This directorate was operational until the transfer of most of its agents to the AViQ in 2016 and its reorganisation into a Directorate for the Promotion, Prevention and Surveillance of health.

Collaborations in the field of environment-health between AViQ and CPES will soon be the subject of a memorandum of understanding in order to clearly demarcate the missions of these two bodies.

The CPES currently carries out a wide range of duties. As such, the CPES is responsible for managing Wallonia's one-stop shop for environment-health. This one-stop shop is a place where people can ask questions about the impact of the environment on their health. The CPES therefore acts as an interface between the public and the institutions. In addition, it has set up and manages the environment-health portal¹, a website providing information on topics related to environment-health. Finally, the CPES has coordinated the implementation of PARES.

PARES 2008-2013 has not been assessed as regards the level of completion of the various actions of the Programme.

Through its 2017-2019 Regional Policy Declaration (*Déclaration de politique régionale 2017-2019*), the

Walloon Government intends to commit itself to a strong environment-health prevention policy, with particular attention to endocrine disruptors, pesticides and plant protection products, as well as air quality.

On 08/06/2017, a preliminary draft of a Walloon Strategic Plan for Environment-Health was approved. The new Walloon strategic vision is divided into 4 strands:

1. address environmental health issues: outdoor air quality, indoor air quality, chemicals (pesticides, endocrine disruptors, persistent organic pollutants, asbestos, nanomaterials), water quality, soil quality, noise pollution, light and visual pollution, electromagnetic radiation, vector-borne diseases, allergic diseases, food, green spaces and ecosystem services, climate change;
2. inform, train and raise awareness;
3. improve the level of knowledge as regards environment-health
4. ensure collaboration between the various levels of government and the transversal nature and coherence of actions related to the environment-health.

This Strategic Plan will shortly be supplemented by an operational plan setting out the concrete actions to be implemented for the period 2019-2023: objectives, pilot schemes, partners and indicators of achievement.

<p>HEALTH 1 Exposure to road traffic noise</p>	<p>According to the noise exposure mappings drawn up in 2008 and 2016 (roads frequented by 3 to 6 million veh./year and roads with more than 6 million veh./year), more than 948,600 people were exposed to noise levels that could have health effects. An action plan was approved by the Walloon Government (first reading) in mid-2017.</p> <p>Unfavourable status —Reference: (i) WHO guidelines of 40 dB(A) L_{night}, (ii) Walloon Government Decree deadlines of 13/05/2004 (Directive 2002/49/EC) —Nearly 26% of the Walloon population was exposed to road noise levels > 45 dB (A) L_{night}. For both the mappings and the action plans, the legal deadlines have not been respected. A first action plan (roads with traffic > 6 million veh./year) was expected in 2008.</p> <p>Assessment of trend not achievable It is only on the basis of future revisions (every 5 years) of noise exposure maps that a trend can be assessed.</p>
<p>HEALTH 2 Exposure to rail traffic noise</p>	<p>According to the noise exposure mappings (tracks on which the rail traffic > 30,000 trains/year), in 2016, nearly 90,000 people were exposed to noise levels that could have health effects. Limit values for the implementation of measures and an action plan are expected in 2018.</p> <p>Unfavourable status —Reference: (i) WHO guidelines of 40 dB(A) L_{night}, (ii) Walloon Government Decree deadlines of 13/05/2004 (Directive 2002/49/EC) —Less than 2% of the Walloon population was exposed to rail traffic noise levels \geq 50 dB(A) L_{night}. However, for both the mappings and the action plans, the legal deadlines have not been respected. A first action plan (tracks on which the rail traffic > 60,000 trains/year) was expected in 2008.</p> <p>Assessment of trend not achievable It is only on the basis of future revisions (every 5 years) of noise exposure mappings that a trend can be assessed.</p>

^[1] <http://environnement.sante.wallonie.be/home.html>

CONCLUSIONS

HEALTH 3 Exposure to noise in agglomerations	<p>According to noise exposure mappings within the agglomerations of Liège and Charleroi, noise from urban road and rail traffic affected almost 80% of the population of these agglomerations in 2015. An action plan is being drawn up.</p> <p>Unfavourable status —Reference: (i) WHO guidelines of 40 dB(A) L_{night}, (ii) Walloon Government Decree deadlines of 13/05/2004 (Directive 2002/49/EC) —In 2015, the proportion of the population exposed to traffic noise levels > 50 dB(A) L_{night} was 70% in Liège and 63% in Charleroi. For both the mappings and the action plans, the legal deadlines have not been respected. A first action plan was expected in 2013.</p> <p>Assessment of trend not achievable It is only on the basis of future revisions (every 5 years) of noise exposure mappings that a trend can be assessed.</p>
HEALTH 4 Exposure to air traffic noise	<p>Given the current air traffic, the regional airports are not affected by the application of the noise directive according to the Walloon Government. However, measures have been taken since 2004 to limit noise at source and reduce nuisance at the airports of Liège and Charleroi.</p> <p>Assessment of status not relevant —Reference: (i) Walloon Government Decree 13/05/2004 (Directive 2002/49/EC) and (ii) Regulation (EU) No 598/2014 —According to the Walloon Government, by defining the flights to be considered on the basis of the above-mentioned regulation, the threshold of 50,000 movements per year triggering the need to draw up a noise exposure mapping and an action plan has not been reached at the airports of Liège and Charleroi (excluding aircraft movements of < 34 t or < 19 passenger seats).</p> <p>Assessment of trend not achievable Only on the basis of an air traffic noise exposure mapping and its subsequent updates (every 5 years) can a trend be assessed.</p>
HEALTH 5 Diseases related to native wildlife	<p>Certain infectious diseases affecting wildlife can be transmitted to humans. In Wallonia, these are multilocular echinococcosis, tularemia, leptospirosis, hantaviriosis, anaplasmosis and borreliosis. These zoonoses are epidemiologically monitored.</p> <p>Assessment of status not achievable — No reference</p> <p>Assessment of trend not achievable The fact sheet presents data on six distinct diseases. As such, a single assessment of the trend cannot be made.</p>