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SIMULTANEOUS EXTRAORDINARY MEETINGS OF THE C ONFERENCES OF THE PARTIES TO THE BASEL, ROTTERDAM AND STOCKHOLM CONVENTIONS ON ENHANCING COOPERATION AND COORDINATION AMONG THE THREE CONVENTIONS

In Bali, Indonesia, from 22nd to 24th February 2010 there will be held three simultaneous meetings: the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal, the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade and Stockholm Convention on Persistent Organic Pollutants. Each of the three conventions envisage the holding of extraordinary meetings of the Conference of the Parties to the

convention. The working languages of the meetings will be Arabic, Chinese, English, French, Russian and Spanish.

Info: <http://excops.unep.org>; excops@pic.int

EARTH DAY 40 TO START A REVOLUTION

From Washington, D.C. to London, Berlin to Rabat, Kiev to Shanghai, tens of thousands of organizations around the world are working together to start a green revolution, using the 40th anniversary of Earth Day as a starting point. The world is in greater peril than ever from the threat of climate change and now more than ever it's time to unite behind our common purpose. They're asking you to join with 17,000 organizations in 180 countries that are already working with Earth Day Network - your participation will make this Earth Day a truly unifying event with the real potential to motivate action on behalf of the planet. There are lots of ways you can participate! The Earth Day 2010 program will include: "Days of Service" on 17th and 18th April 2010 - this is your chance to organize events, or participate in action already planned for your community, with a goal of galvanizing volunteer action to help stem climate change; "Work with them" to reach a Billion Acts of Green™ - individual or collective acts of service or advocacy on behalf of the environment - in parks, beaches, schools and forests - will be collected through our website. Help us reach our global goal and send a powerful message to every government, business and community in the world regarding climate change! "A Day of Action" on Earth Day, 22nd April 2010 where a billion people will be asked to take action on global warming. This worldwide rally to demand government action will include a Global Day of Conversation where 500 mayors will take part in meetings with their communities on how they can work on the climate issue. "Day of Celebration" on 25th April 2010 - cities all over the world will take part in this global celebration of what they've accomplished on Earth Day. Live events featuring top musical talent and environmental speakers will round-out the 40th anniversary of Earth Day program. They, at Earth Day Network, are in the process of creating "country pages" that will highlight each organization's effort within a country in combating climate change. You will be able to post content, pictures, videos and other media related to your actions and connect them to the global community via the Earth Day Network's website.

Info: www.earthday.net/earthday2010; earthday2010@earthday.net

EUROPEAN EDUCATIONAL PROGRAMME IN EPIDEMIOLOGY: COURSES

- *23rd Residential Summer Course in Epidemiology* - Florence, Italy, from 21th June to 9th July 2010.

- *Social Inequalities in Health in Europe* - Florence, Italy, from 14th June to 18th June 2010.

The courses are taught in English by lecturers mostly from European Universities and Research Institutes and are held in residential form in the "Studium" centre on the hills close to Florence. The main three week course offers in the first two weeks five general modules on epidemiological study design and statistical analysis of epidemiological data. In the third week six special modules, ranging from cancer epidemiology and fertility and pregnancy to the impact of changes of global climatic environment cover topics of current relevance for health (students can choose which modules to follow). The morning and afternoon sessions include lectures, computer based analyses (using the "Stata" package), exercises and discussion sessions. To follow profitably this course, students are expected to possess some knowledge of epidemiological and statistical methods at introductory level. The

one week course on "Social Inequalities in Health in Europe" is addressed to students with special interest in these areas and a sound background knowledge of epidemiological and statistical methods. All students should have a working knowledge of written and spoken English.

Info: www.eepe.org/courses.html

TOP HEALTH LEADERS BACK A "PRESCRIPTION" ON CLIMATE CHANGE

International Society of Doctors for the Environment, including ISDE Italy, ISDE Austria and ISDE Sweden have signed up to the "Prescription for a Healthy Planet", an effort to avert what could become the biggest public health crisis of the 21st century. Created by the Health and Environment Alliance (HEAL) and Health Care Without Harm (HCWH), the "Prescription for a Healthy Planet" was launched during the Barcelona UNFCCC negotiations 2nd - 6th November 2009. The aim is to create a unified voice within the health community. Already, the Prescription symbolically represents the interests of millions of health professionals in more than 120 countries whose organisations have already endorsed it. Signatories other than ISDE include medical, nursing and public health bodies, such as the World Federation of Public Health Associations, the International Council of Nurses, and the Standing Committee of Doctors, which represents the medical associations of all 27 countries of the European Union. The Prescription diagnoses the global threats to public health that climate change poses while urging the world's governments to negotiate a strong, binding agreement. It calls for the Copenhagen treaty to protect public health, set strong targets on emission reductions, promote clean energy, and mandate major funding for developing countries to address the climate crisis. In the United States, a parallel initiative from health care leaders representing hundreds of hospitals and nearly three million health professionals has called on President Barak Obama to support the main points made in the Prescription. In Europe, HEAL, HCWH and the Climate and Health Council in the UK have sent a letter to the UNFCCC negotiators about the need to focus on health in the agreement and the recommendations in the Prescription. The letter explains that the costs of unchecked climate change on health necessitate a significant reduction in carbon emissions on the part of wealthy nations. It recommends a reduction in greenhouse gas emissions of at least 40% below 1990 levels by 2020, which is the minimum required to keep global warming well below a dangerous increase of 2 degrees C. The letter also recommends that a significant proportion of resources in any global action fund should be allocated to the health sector. The personal and financial costs to public health arising from climate change may be very high. For example, recent research has shown that higher temperatures, which are associated with higher levels of air pollution, provoke more bronchitis and other breathing problems, more hospital admissions and higher death rates, especially among older people and those with existing problems. Choosing policies that reduce carbon emissions brings positive returns for health, known as "co-benefits". For example, more walking and cycling and less private car use has a positive effect on both mitigating climate change and health. The public health costs avoided resulting from such policy should be taken into account when calculating the costs of climate change mitigation programmes. In Europe, calculations of the future public health costs avoided due climate change policy can be substantial. For example, the estimated annual public health savings in Europe associated with the avoidance of respiratory illness resulting from a 20% reduction in carbon emissions (from 1990 levels) by 2020 would be 52 billion Euros each year from 2020. This figures

would rise to 76 billion Euros for a 30% reduction in carbon emissions. These estimates of future national health budget savings would be significantly higher if health benefits globally were taken into account. Public health, healthcare and health advocacy organisations as well as individuals are encouraged to endorse the Prescription and share it with the colleagues through the new campaign. During the COP15 climate negotiations in December, HEAL and HCWH was bringing a high level health delegation (such as World Medical Association, International Council of Nurses, Standing Committee of European Doctors and others) to Copenhagen to contribute our expertise to existing NGO coalitions and build capacity among the health stakeholders by holding daily health briefings with WHO, and participating in climate actions and as speakers at side events. A giant placard, the Prescription for a Healthy Planet was handed to Dr. Roberto Bertollini, World Health Organization, who affirmed the urgent need to bring the human face to the climate change debate by drawing significantly more attention to the impact on public health in the negotiations. Genon Jenson, Health and Environment Alliance (HEAL), and Josh Karliner, Health Care Without Harm (HCWH) present the "Prescription" to Dr. Roberto Bertollini, World Health Organization. Info: www.climateandhealthcare.org

COP15 - AN ANALYSIS

The day after COP15, the largest climate conference ever, the poor results are evident. We hoped for a climate deal that could lead the world to a future with less than 2°C average increase from man-made climate change. Instead we got a Copenhagen Accord, where most of the countries agreed to make a list of national reduction targets without any overall reduction target, and form a couple of new bodies. If we want as humanity to limit climate change to below 2°C (or 1.5°C), we need a lot more action than with the Copenhagen Accord. We need to start reducing emissions fast, we need to stop extractions of high-emissions fossil fuels, as tar sand, heavy oil, and coal, and we need to stop deforestation. And we need transitions to efficient use of renewable energy. With the poor result in COP15 we have to think the strategies over. Obviously the global level is much too weak for sufficient actions. We need to go back to national actions, where the changes must come from. Additionally we need to strengthen the international level, with better climate agreements, as well as with other international cooperation, such as International Renewable Energy Agency, IRENA. The high-level outcome of COP15 is agreed by most countries except 5 Latin American countries (Cuba, Nicaragua, Venezuela, and others). In the official documents, it says that the COP15 "took note" of the Copenhagen Accord, giving some freedom for the countries to follow it or not. The Accord solved the question of reduction targets in the simple way that all countries shall report by 31/1/2010 with their national reduction targets. Then the UNFCCC will make a list of reductions (not a way to achieve the highest targets). A strong disagreement between USA and China was about verification of reductions in developing countries. This was solved by including verification only for reductions that are supported by industrialised countries. The Accord also includes that the industrialised countries shall give 10 billion dollars/year for adaptation and mitigation in developing countries 2010-2012 and the goal for this is 100 billion dollars/year in 2020. A High Level Panel will be established to study the contribution of the potential sources to reach the goal. A significant part of the funding shall flow through a new Copenhagen Green Climate Fund. Additionally shall be established a Technology Mechanism to accelerate technology development and transfer for climate adaptation and mitigation. The new panel and funds shall be under the UNFCCC

rather than under existing institutions such as the World Bank that the developing countries have criticized heavily. As a gesture to the small island states that are expected to disappear in the sea at 2°C climate change, the Accord includes an assessment of the implementation in 2015, including a consideration of strengthening the long-term goal to a maximum climate change to 1.5°C (from 2°C). In addition to the Copenhagen Accord, the COP15 took 12 decisions and the Kyoto Protocol Conference (CMP5) took 10 decisions. The most important of these are probably: the negotiations on "Long-Term Cooperative Actions" among all countries (a global deal), shall continue to find a solution at COP16 next year; the discussions on continuation of the Kyoto Protocol after 2012 shall also continue and shall conclude at COP16; revision of CDM guidelines shall conclude at COP16, including possible inclusion of Carbon Capture and Storage (CCS) and easier procedures for smaller projects. Nuclear that are currently excluded from CDM might also be discussed in the revision, but are not mentioned in the decision-text; the Adaptation Fund under the Kyoto Protocol (with funding from CDM projects) shall be reviewed until COP16; the discussions on review of capacity building shall continue until COP16; the COP15 calls for a replenishment of the Global Environmental Facility (GEF). Negotiations on the replenishment will go on; COP16 will be in Mexico, 29/11 - 10/12/2010 and COP17 will be in South Africa, 28/11 - 9/12/2011. The basic effect of the decisions at COP15 is that the negotiations on major agreements are still open until COP16, but we have a Copenhagen Accord to guide the further work.

Info: <http://unfccc.int/2860.php>

BHOPAL 25 YEARS LATER

Source: Lancet 2005.

"Persistent organic chemicals stay in the environment for tens of thousands of years. They have known health effects on the liver and kidney, while some are carcinogenic", says Kevin Brigden (Greenpeace Science Unit, University of Exeter, UK). An international team of experts, commissioned by Greenpeace, presented its recommendations for cleaning up the site in Bhopal in November 2004. It has opposed the idea of converting the site into a landfill-mooted by the Madhya Pradesh government-and has instead suggested off-site treatment of contaminated soil and reuse of the land. "The factory contaminated the environment in three phases: the production phase before the accident, when there were chemical losses; the accident in which gases leaked and dust emissions polluted the surrounding areas; and the third phase is the post-accident era when leftover chemicals soaked into the ground due to rain and other weather conditions", explains Harald Burmeier (University of Applied Sciences, Gehrden, Germany). "Practically nothing has been done at the site during the past 20 years. Not even the fence is complete. Children play there, cattle graze, and people take away material for building their houses". Amnesty International says a wide range of human rights have been violated in Bhopal. These rights are guaranteed in international treaties which are legally binding on India as well as the USA, the home country of Union Carbide. In the aftermath of the Bhopal accident, international human rights treaties that traditionally applied to countries, have been extended to businesses as elaborated by the UN working group on activities of transnationals. But as the debate continues, survivors in Bhopal are starting to feel left out. A survivor-activist Rashida Bi summarises the situation in Bhopal: "Those who died while asleep on 2nd December 1984, were lucky. Those who survived are dying bit by bit every day. We are being treated as if we are culprits".

Info: http://en.wikipedia.org/wiki/Bhopal_disaster;
http://en.wikipedia.org/wiki/International_Medical_Commission_on_Bhopal;
www.eckerman.nu/default.cfm?page=The%20Bhopal%20Saga;
ingrid.eckerman@lakareformiljon.se

THE GROUNDBREAKING THINKING OF PIETRO CROCE AND THE PRIZE AWARDED TO "ANTIDOTE EUROPE"

Source: Press Release EQUIVITA, 26th November 2009.

At its third edition, the "Pietro Croce prize for the abolition of animal experimentation" was awarded to "Antidote Europe" for its toxicogenomics study: "Effects of pesticides on human health". The award was given in a conference entitled "Human health: the future of tests and prevention" that took place on 25th November 2009, at the Rome's City Hall on Capitol Hill. Fabio de Lillo, the Councillor for the Environment, hosted the event on behalf of Mayor of Rome, Mr. Alemanno. The conference was promoted by the EQUIVITA Scientific Committee and Movimento Ecologico Nazionale UNA. Contributions were made, among others, by: Gianni Tamino, President of Equivita Scientific Committee; Luigi Campanella, President of the Italian Chemical Society and winner of the second edition of the Croce Prize; André Ménache, Director of the Association "Antidote Europe", which was awarded this year's prize; Fulco Pratesi, Honorary President of WWF Italy; Fabrizia Pratesi de Ferrariis, Coordinator of Equivita Committee. EQUIVITA and UNA, as well as all the other speakers, reported in the conference the inadequacy of the REACH regulation. REACH in fact still envisages the use of the "animal model" as the basic method for the evaluation of toxicity, notwithstanding the appearance in the US of a new important scientific school of thought that challenges this method and wants to do away with the "animal model" as soon as possible. This revolution was announced no less than by the NRC (National Research Council) of the USA with the publication in 2007 of the Report "Toxicity testing in the XXI century: a vision and a strategy", commissioned by EPA (Environment Protection Agency), and defined by Thomas Hartung of the Johns Hopkins University (former scientific consultant of the EU) "the passage of toxicology into the era of modernity". The Report was followed a few months later by a Memorandum of Understanding (MOU) signed by the main US control agencies (EPA, NIEHS, NHGRI) for the performance of a five-year environmental study based on cell toxicology. This new scientific school of thought sets forth a new paradigm that will be very soon adopted worldwide and that is also shared by EQUIVITA, ANTIDOTE, UNA and the whole international scientific antivivisection movement. It is exactly in the line with the thinking that Pietro Croce expressed in his book "Vivisection or science". It highlights the unreliability of animal experimentation and the absolute necessity to immediately substitute said method with several existing and available methods of high scientific value and based on new scientific breakthroughs.

Info: www.equivita.org; equivita@equivita.it

THE LINK BETWEEN POLLUTION AND DIABETES

The contribution of exposure to persistent organic pollutants (POPs) to the incidence of diabetes has received little attention until recently. A number of reports have emerged, however, concerning elevated diabetes in persons occupationally exposed to certain pollutants. Health Canada Predicts that within 10 years, 27% of all First Nations people in

Canada will have Type II Diabetes. Many First Nations People have been exposed to toxins such as DDT, Dioxin, Arsenic, Cadmium Hexachlorobenzene and PCB's for many decades.

For a Summary of the latest Scientific research on this topic, please go to

www.ajmed.fr/documents/pdf/perturbateurs_diabete.pdf

For some of the very latest studies on pollution/diabetes links please go to:

[http://groups.google.ca/group/friends-of-](http://groups.google.ca/group/friends-of-agg/browse_thread/thread/6cb3503501b8b59c?hl=en)

[agg/browse_thread/thread/6cb3503501b8b59c?hl=en](http://groups.google.ca/group/friends-of-agg/browse_thread/thread/6cb3503501b8b59c?hl=en) (and click on 'show quoted text')

For Pesticide DDT, Persistent Pollutants and Diabetes, please go to:

http://groups.google.com/group/friends-of-agg/browse_thread/thread/13b91035f72b2ce9

To receive more information about this issue, please contact John H.W. Hummel, Volunteer Pollution/Health Researcher, jwhummel@shaw.ca

WHO HANDBOOK ON INDOOR RADON. A PUBLIC HEALTH PERSPECTIVE

The WHO handbook on indoor radon is a key product of the WHO International Radon Project, which was launched in 2005. The handbook focuses on residential radon exposure from a public health point of view and provides detailed recommendations on reducing health risks from radon and sound policy options for preventing and mitigating radon exposure. The material in the handbook reflects the epidemiological evidence that indoor radon exposure is responsible for a substantial number of lung cancers in the general population. The material is organized into six chapters, each introduced by key messages. Usually, technical terms are defined the first time they are used, and a glossary is also included. Information is provided on the selection of devices to measure radon levels and on procedures for the reliable measurement of these levels. Discussed also are control options for radon in new dwellings, radon reduction in existing dwellings as well as assessment of the costs and benefits of different radon prevention and remedial actions. Also covered are radon risk communication strategies and organization of national radon programmes. This publication is intended for countries planning to develop their national radon programmes or extend such activities, as well as for stakeholders involved in radon control such as the construction industry and building professionals. The overall goal of this handbook is to provide an up-to-date overview of the major aspects of radon and health. It does not aim to replace existing radiation protection standards, rather it emphasizes issues relevant to the comprehensive planning, implementation and evaluation of national radon programmes.

Info: www.who.int/ionizing_radiation/env/radon/en/index1.html

WAR- TERRORISM- ETHICAL CHALLENGES AND FAMILY PHYSICIAN EDUCATION

by F. Carelli, Family Medicine Department, Selcuk University.

Although we are in a time of progress and civilization, uncountable natural and man made disasters are going on in all over the world. We can not be able to avoid terrorism, wars and violence and sometimes feel that we are captured between humanity, personal feelings, national policies and medical ethics. In 1978, in Alma Ata conference and Declaration, World Health Organization (WHO) pointed primary health care as the key for achieving an acceptable level of health throughout the world. Besides the technical and scientific skills in the family medicine, family physicians' education, political, ethical, and communicative competencies are very important for the humanity for the democracy and multi professional approach of a family physician as defined also in the European Definition and EURACT Educational Agenda, A successful humanitarian work depends on historical and ethical

consciousness, knowledge in international laws and international humanitarian laws and, culturally sensitive health care with social and communicative competencies. A family physician (every one of them) should have the spirit of peace, humanity and ethics at the end of education.

Info: francesco.carelli@alice.it

GAINING HEALTH. ANALYSIS OF POLICY DEVELOPMENT IN EUROPEAN COUNTRIES FOR TACKLING NONCOMMUNICABLE DISEASES by A. Ritsatakis and P. Makara.

Noncommunicable diseases pose the greatest threat to the health of the people in the WHO European Region, yet this is an area where the greatest health gains are available at relatively modest cost. This book gives detailed insight into policy development in eight European countries over several decades to address the challenge of noncommunicable diseases, and draws out the main themes to assist policy-makers in formulating their own responses. While originally developed to support countries in the implementation of the WHO European Strategy for the Prevention and Control of Noncommunicable Diseases, the insights are likely to be of benefit to a much wider audience.

Info: http://euro.who.int/InformationSources/Publications/Catalogue/20090922_1

UNIFORM FORMAT FOR DISCLOSURE OF COMPETING INTERESTS IN ICMJE JOURNALS

Source: The New England Journal of Medicine.

Disclosure of financial associations of authors of articles published in biomedical journals has become common practice. The information provided in these disclosures helps the reader to understand the relationships between the authors and various commercial entities that may have an interest in the information reported in the published article. At present, many journals ask authors to report such relationships by completing a form with information about their financial associations. The journals then either post the complete information online or create a summary of the information and publish it with the article in question. Although efforts are under way to establish uniform reporting systems, there is currently no uniform vehicle for the disclosure of financial associations. Thus authors may provide similar information to different journals in multiple formats. In addition, slight differences among journals in requirements for reporting can lead to confusion, as the same individual may report different information to different journals. With this editorial, which is being published simultaneously in all International Committee of Medical Journal Editors (ICMJE) journals, we introduce a new disclosure form that has been adopted by all journals that are members of the ICMJE. We encourage other journals to adopt this reporting format, and we are placing the form in the public domain. We ask authors to disclose four types of information. First, their associations with commercial entities that provided support for the work reported in the submitted manuscript (the time frame for disclosure in this section of the form is the life span of the work being reported). Second, their associations with commercial entities that could be viewed as having an interest in the general area of the submitted manuscript (the time frame for disclosure in this section is the 36 months before submission of the manuscript). Third, any similar financial associations involving their spouse or their children under 18 years of age. Fourth, nonfinancial associations that may be relevant to the submitted manuscript. The form now posted on the ICMJE Web Site

includes instructions to help authors provide the information, and a sample completed form is also available. Authors can download the form from the Internet, add the requested information, and save the completed form on their computer. The completed form can then be uploaded to the Web site of the journal that has requested the information. Since all ICMJE journals now use the same reporting format, authors may save a partially completed form on their computers; when a manuscript is ready for submission to a journal that accepts this reporting format, authors can simply finish completing the form by adding information specific to the manuscript and then upload the completed form to the journal's Web site. Our goal is to make the process of disclosure uniform and easy; the new form should eliminate the need to reformat disclosure information for specific journals. We realize this disclosure form requires authors to report a great deal of information about their relationships with entities that could be viewed as having interests that compete with the research being reported. With this in mind, some journals may ask for all these details at the time of initial manuscript submission, whereas other journals may ask for much less information at submission and require completion of the detailed form later in the editorial process. These decisions will be left to the discretion of the journal. We also realize that to be useful, the reporting format must be responsive to community needs. Although ICMJE member journals have "use tested" the form, there may be situations that are not covered by the form, aspects of the instructions that are unclear, or bugs in the programming that we have not yet discovered. Therefore we regard the period from publication of this editorial until 10th April 2010, as a period of beta testing. We encourage you to let us know about problems that arise with the form and to send us your comments by using the comments feature at the home page of the ICMJE Web site. The ICMJE will meet in late April 2010 and will adapt the form to address concerns identified by users. In the future we will revisit the form's usefulness and modify it as needed. We are grateful to the authors who take the time to provide complete disclosure information and thus help to ensure the transparency of the publication process. By adopting a uniform format, we hope to make the process of disclosure of competing interests easier for authors and less confusing for readers.

If you want this editorial you can ask it to our secretariat at isde@ats.it

Info: www.icmje.org/sample_disclosure.pdf; www.icmje.org/coi_disclosure.pdf

MILLIONS OF PREMATURE DEATHS CAN BE PREVENTED BY TACKLING GLOBAL HEALTH RISKS

Source: News Release WHO/31, 27th October 2009

Global life expectancy could be increased by nearly five years by addressing five factors affecting health - childhood underweight, unsafe sex, alcohol use, lack of safe water, sanitation and hygiene, and high blood pressure, according to a report published by WHO today. These are responsible for one-quarter of the 60 million deaths estimated to occur annually. Global Health Risks describes 24 factors affecting health. These are mixture of environmental, behavioural and physiological factors, such as air pollution, tobacco use and poor nutrition. The report also draws attention to the combined effect of multiple risk factors. Many deaths and diseases are caused by more than one risk factor and may be prevented by reducing any of the risk factors responsible for them. "More than a third of the global child deaths can be attributed to a few nutritional risk factors such as childhood underweight, inadequate breastfeeding and zinc deficiency", says Colin Mathers, Coordinator

for Mortality and Burden of Disease at WHO. Eight risk factors alone account for over 75% of cases of coronary heart disease, the leading cause of death worldwide. These are alcohol consumption, high blood glucose, tobacco use, high blood pressure, high body mass index, high cholesterol, low fruit and vegetable intake and physical inactivity. Most of these deaths occur in developing countries. "Understanding the relative importance of health risk factors helps governments to figure out which health policies they want to pursue", says Mathers. "In many countries there is a complex mix of risk factors. Countries can combine this type of evidence along with information about policies and their costs to decide how to set their health agenda". Other findings: nine environmental and behavioural risks, together with seven infectious causes, are responsible for 45% of cancer deaths worldwide; worldwide, overweight and obesity causes more deaths than underweight; unhealthy and unsafe environments cause one in four child deaths worldwide; 71% of lung cancer deaths are caused by tobacco smoking; in low-income countries, easily remedied nutritional deficiencies prevent one in 38 newborns from reaching the age of five; 10 leading preventable risks decrease life expectancy by nearly seven years globally and by more than 10 years for the region of Africa. The report uses extensive data from WHO and other scientific studies. It estimates the effects of 24 risks to health on deaths, diseases and injuries by region, age, sex and country income for the year 2004. These are the most recent data available due to the time required for collection and analysis.

Info: www.who.int/healthinfo/global_burden_disease/global_health_risks/en/index.html;
ghenta@who.int; fleckf@who.int; mathersc@who.int; stevensg@who.int;
mascarenhasm@who.int

WORLD DEVELOPMENT REPORT 2010: DEVELOPMENT AND CLIMATE CHANGE

Today's enormous development challenges are complicated by the reality of climate change—the two are inextricably linked and together demand immediate attention. Climate change threatens all countries, but particularly developing ones. Understanding what climate change means for development policy is the central aim of the World Development Report 2010. Estimates are that developing countries would bear some 75 to 80 percent of the costs of anticipated damages caused by the changing climate. Developing countries simply cannot afford to ignore climate change, nor can they focus on adaptation alone. So action to reduce vulnerability and lay the groundwork for a transition to low-carbon growth paths is imperative. The World Development Report 2010 explores how public policy can change to better help people cope with new or worsened risks, how land and water management must adapt to better protect a threatened natural environment while feeding an expanding and more prosperous population, and how energy systems will need to be transformed. The authors examine how to integrate development realities into climate policy—in international agreements, in instruments to generate carbon finance, and in steps to promote innovation and the diffusion of new technologies. The World Development Report 2010 is an urgent call for action, both for developing countries who are striving to ensure policies are adapted to the realities and dangers of a hotter planet, and for high-income countries who need to undertake ambitious mitigation while supporting developing countries efforts. The authors argue that a climate-smart world is within reach if we act now to tackle the substantial inertia in the climate, in infrastructure, and in behaviours and institutions; if we act together to reconcile needed growth with prudent and affordable development choices; and

if we act differently by investing in the needed energy revolution and taking the steps required to adapt to a rapidly changing planet.

Info:

<http://econ.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/EXTWDR2010/0,,menuPK:5287748~pagePK:64167702~piPK:64167676~theSitePK:5287741,00.html>

CDC TO RELEASE FOURTH NATIONAL REPORT ON HUMAN EXPOSURE TO ENVIRONMENTAL CHEMICALS

The Centres for Disease Control and Prevention (CDC) released the Fourth National Report on Human Exposure to Environmental Chemicals on 10th December 2009. The report is an ongoing assessment of the U.S. population's exposure to environmental chemicals.

Info: www.cdc.gov/exposurereport;

www.cdc.gov/exposurereport/pdf/NER_Chemical_List.pdf

65.000 REASONS FOR BETTER CHEMICALS

There are approximately 65.000 two-year-olds in Denmark. These toddlers share many characteristics when learning about the world, for example the way they act when eating, bathing, sleeping or playing. You never know what they will get up to: they might eat sand, paint their nails with a felt tip pen, eat dust, suck on shower curtains or put toys in their mouth. Each of the 65.000 two-year-olds in Denmark is a good reason to secure better chemicals in our daily lives. Every day young children are exposed to a chemical cocktail from the indoor climate, the food they eat and the products they use, which apply to all of us. However, due to the size of the toddlers, their behaviour and stage of development, young children are particularly vulnerable, as they are exposed to chemicals in many different situations during a 24-hour period, and in the worst case that this may lead to endocrine disruptions and allergies. This leaflet will provide you with an overview on how you can help protect young children. As something new, the guidelines presented here are based on a comprehensive analysis of a typical day in the life of a typical two-year-old. The Danish Environmental Protection Agency has investigated which endocrine disruptors and potential endocrine disruptors that two-year-olds are exposed to during a 24-hour period, and whether these present a risk. Their main conclusion is that the majority of the endocrine disruptors that your child is exposed to derive from indoor climate and the food. There are especially three substance groups that we must target: Parabens, which are used as a preservative in some sunscreens and body lotions; phthalates, which are used as softeners in plastics; and PCBs, which have previously been used in buildings etc. The most important thing you can do is to ensure that your child eats a varied diet, provide a healthy indoor climate and buy products that do not contain endocrine disruptors and allergenic substances. By doing so, you can dilute the cocktail of substances that your child is exposed to. Even though this advice is based on the world of a two-year-old, it is equally valid for adults and children of all ages.

If you want this document you can ask it to our secretariat at isde@ats.it

CLIMATE CHANGE: EUROPEAN HEALTH STRATEGY MAKES RAPID PROGRESS

Source: Health and Environment Alliance News, 14th October 2009.

The first few days of October have seen an explosion of activity aimed at making health more central to talks on climate change. HEAL and its coalition partner Health Care Without Harm Europe have backed targets of 40% reductions in carbon emissions and an EU contribution of 35 billion Euros per year to finance global action on climate change. Read our briefing and recommendations concerning the Commission Communication, a European blueprint for the Copenhagen deal. We have also launched a "Prescription for a Healthy Planet" which outlines key strategy objectives and policy recommendations for climate talks. At a reception at HEAL on 6th October, the Prescription was welcomed by EU Health Commissioner Androulla Vassiliou who saw it as a reflection of the high level of concern within the European health and medical community. She told the meeting that climate change was "a major issue for all EU policy areas" and said that "its impact on human, animal and plant health would be of massive importance to citizens in years to come". The Climate and Health Council in the UK is a founding signatory to the Prescription. Other key health and medical groups which endorsed the Prescription include the European Respiratory Society; International Society of Doctors for the Environment, Europe; Chartered Institute for Environmental Health (CIEH), and several national medical associations.

Info: www.env-health.org/IMG/pdf/HCWHE_HEAL_Comm_Comm_Cop_Briefing_09.09.pdf;
www.env-health.org/a/3404

INITIATIVE ON CHILDREN'S ENVIRONMENTAL HEALTH OF THE COLLABORATIVE ON HEALTH AND THE ENVIRONMENT

This bulletin lists upcoming events plus recent announcements, news and journal articles, calls for proposals and other items related to children's environmental health.

Info: www.healthandenvironment.org/working_groups/childrens_health/bulletin

REPORT ISDE EUROPE 2009 - PROGRESS & OPPORTUNITIES SREH/ISDE

It is available a short report on SREH/ISDE progress, as the deadline is end of November for reporting to ISDE.

If you want this report you can ask it to our secretariat at isde@ats.it

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