Joint Declaration from Children's Environmental Health II: A Global Forum for Action

We, the undersigned delegates of Children's Environmental Health II: a Global Forum for action, affirm the following:

Guiding Principles

Protecting and promoting the health of children is a shared fundamental value. We increasingly understand that the health and well-being of our families, communities, societies, and nations depend upon a supportive, clean and healthy environment. Nowhere is this more true than in the case of children

Throughout the world, children face significant threats to physical and psychosocial health from many causes, including an array of environmental hazards of varied sources and origins. It is the shared responsibility of all adults to enable all children to grow up in a safe and healthful environment, which includes clean air, safe drinking water, food, and consumer products, as well as healthy homes, recreational opportunities, child care facilities, schools and communities.

Because all children are growing and developing, they are uniquely vulnerable to health effects caused by exposure to environmental hazards. The multitude of hazards facing children should be addressed in unison and placed within the context of a child's life, from pre-conception parental exposures to hazardous substances through developments during teen years.

Policies and programs should be based on the most accurate knowledge availabe, utilizing, as much as possible, peer-reviewed science. Data and knowledge gaps should be addressed expeditiously. Such gaps, however, should not prevent the implementation of policies and programs that seek to provide a margin of safety for children.

Governments at all levels should establish environmental health standards that are prudently protective of children, recognizing their unique developmental, biological, and behavioral vulnerabilities.

All children and adults have the right to know about proven and potential hazards to their environmental health and safety.

Poverty, discrimination and insufficient protection from environmental threats are often found linked together. Many children are living in communities that are disproportionately impacted by environmental exposures. Improving the health, environment, nutrition and safety of these children should be a major priority.

Environmental hazards and pollution know no boundaries. The health of children worldwide is intrinsically linked to the quality and health of our environment. International collaboration to promote supportive and healthy environments for children should be sought and encouraged.

Solutions to complex environmental health problems require the ongoing communication and collaboration of affected communities and many disciplines including science, medicine, public health, economics, planning, technology, engineering, law, and policy. Addressing these problems also requires coordination across governmental agencies, including the integration of health and environmental ministries, as well integrating children's environmental health concerns into the mission of ministries ranging from agriculture to transportation, including the environmental health hazards associated with military operations. Creative solutions should be reached through interdisciplinary problem solving and coalition building.

At present, significant environmental health threats to children include:

Air pollution, both ambient and indoor
Water contamination, both chemical and biological
Lead, mercury, other heavy metals, and arsenic
Persistent organic pollutants (POPs)
Developmental neurotoxicants
Environmental Tobacco Smoke
Ionizing and UV radiation
Endocrine disrupting chemicals
Health impacts of global climate change
Links between poverty, nutrition, and environmental degradation
Occupational exposures to parents and to child laborers, including farm laborers,
Unsustainable urban areas, including the variety of health impacts from transportation and inadequate planning.

Many existing national laws and international declarations begin to address these concerns, including:

The UN Convention on the Rights of the Child (CRC) especially under articles 6,24,27 and 29, the Programme for the Further Implementation of Agenda 21 adopted in 1997, the Declaration of the Environment Leaders of the Eight on Children's Environmental Health, 1997, the WHO/UNECE Declaration of London on Environment and Health of June 1999, the North American Commission for Environmental Cooperation Council Resolution on Children's Health and the Environment of June 2000, and the 2001 Berlin Commitment to Children's Environmental Health, as well as a number of international environmental health conventions that do not explicitly discuss children, such as the Stockholm Convention on Persistent Organic Pollutants.

Those nations with relevant laws and signatories to relevant declarations should commit to their rapid and complete implementation.

Furthermore, the international community should commit to the following actions:

1. International aid programs, national health policies, and community health agencies must vigorously address the environmental problems that contribute to developmental abnormalities and childhood diseases. For example, to prevent acute respiratory and waterborne diseases

children must have access to clean water, clean air and safe, nutritious food – and so these fundamentals must be a key part of any aid plan. Among the specific actions that aid programs, international agencies, and governments could help with are the elimination of lead from all gasoline and the provision of safe drinking water to all children. To help limited resources reach more children in need, cooperation and collaborative efforts between agencies should be encouraged.

- 2. Governments should commit to mobilizing the necessary resources for increased basic, applied and epidemiological research. To maximize access by all countries to new and existing data and information, and to facilitate technology transfer, a global mechanism, such as an intergovernmental panel of scientific experts, should be established to collect and analyze linkages between the environment and children's health, development, and disease.
- 3. There is an urgent need for broader education, awareness and training to address environmental problems that exacerbate a child's risk of contracting disease. Donor agencies should provide increased support to local and national governments, especially in developing countries, and to NGOs, to educate and train community leaders, health care staff, and policy makers to develop child protective standards for water, food, housing, hygiene and sanitation.
- 4. Governments, agencies, and civil society should recognize the importance of ensuring a safe "first environment," the womb. Policies and programs should ensure the protection of pregnant women and the safety of breast milk.
- 5. Governments and international development assistance agencies should improve or establish comprehensive, health-based Environmental Impact Assessment (EIA) guidelines that recognize the special vulnerability of children, and support field staff in assessing the impacts of projects on children's environmental health, mitigating negative impacts and maximizing potential gains.
- 6. Governments should enforce International Labor Organization (ILO) standards for children and legal workplace inspections on health and safety practices. Children should be removed from areas with high contamination and toxic exposure, whether in a factory, farm, or other occupational setting, and should be offered, when work is necessary, non-hazardous opportunities.
- 7. Governments at all levels should establish policies that fully take into account children's differences in exposures and dose-response characteristics. These differences should be recognized in risk assessments, standard setting, testing guidelines, and other programs and policies. When uncertainties exist, such as about the magnitude of differences, children should be protected through adequate precaution and margins of safety.
- 8. Governments and international agencies should commit to action now. Too often, well-meaning environmental health programs and policies face series of delays before they are implemented, if they are implemented at all. Whenever possible, actions designed to protect children should meet strict timelines for full implementation and should include public oversight provisions.