



Government of Montenegro
MINISTRY OF HEALTH

Children's
Environment and
Health Action Plan
for Montenegro

2012

2016



Podgorica, May 2011



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Abbreviations

AIDS	Acquired Immunodeficiency Syndrome
EPA	Environment Protection Agency
CEHAP	Children's Environment and Health Action Plan
CEHAPE	Children's Environment and Health Action Plan for Europe
EPHR	Environment and Health Performance Review
EU	European Union
IPH	Institute of Public Health
MoE	Ministry of Economy
MoF	Ministry of Finance
MES	Ministry of Education and Sports
MTM	Ministry of Transport and Maritime
MIPA	Ministry of Interior and Public Administration
MSDT	Ministry of Sustainable Development and Tourism
MoH	Ministry of Health
SEEHN	South-East Europe Health Network
WHO	World Health Organization

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I. The Journey to Parma

The past four decades have witnessed a growing awareness that citizen's health is closely related to, among other factors, the quality of environment. The 1972 Stockholm Conference on Human Environment outlined the path towards sustainable development. It was followed by a number of global initiatives aimed at environment protection and, consequently, human health protection. The 1977 World Health Organization (hereinafter WHO) Assembly set the foundations for the Global Health Strategy when it decided that "... the main social goal of governments and WHO in the coming decades should be attainment by all people of the world, by 2000, of a level of health that will permit them to lead a socially and economically productive life ...", at the same time defining global health goals related to environmental impact (WHA 30.43). Based on the global initiative, the member states of the WHO Regional Office for Europe adopted in 1984 the "Health for All" strategy. The first common health policy was adopted for individual member states and European member states, setting a number of goals to be achieved by 2000. Recognizing the dependency of human health on a range of environmental factors, the "Health for All" strategy, within its 38 objectives, defined the following priority objectives related to the impact of environment on health:

- injuries;
- regulations concerning environment and health;
- managing the impact of environment on health;
- water and air safety;
- food safety and quality;
- waste management and soil pollution management;
- human ecology and housing;
- workplace health and safety.

WHO Regional Office for Europe initiated the Environment and Health Process as a mechanism for cooperation between different sectors, in particular the health and environment ones. The process results from the fundamental human right to the highest attained level of health and well-being and the

growing awareness among citizens of the potential scale of detrimental impact of environment on health. The additional reasons for initiating the process were, on the one hand, the concern over the growing body of evidence of detrimental impact of environment on human health, and, on the other hand, the difficulties that appeared in the course of working on the "Health for All" goals. The Process resulted in a series of ministerial conferences that took place every five years (Frankfurt 1989, Helsinki 1994, London 1999, Budapest 2004, Parma 2010).

The First Ministerial Conference on Environment and Health was held in Frankfurt in 1989. It resulted in the adoption of the European Charter on Environment and Health, at the time of political changes that considerably contributed to stronger cooperation in Europe. The Charter defined the strategic directions of public health development in the context of environmental policy. It built on the European "Health for All" strategy and represented a step forward in improving public health and environment, endorsing an approach based on disease prevention. The Charter defines the strategic elements of policies, stressing that environment should be treated and managed as a positive resource for human health and well-being.

The Second Ministerial Conference on Environment and Health held in Helsinki in 1994 adopted, in a completely different political context, the European Environment and Health Action Plan. Ministers of environment protection and health committed to their governments developing national plans based on the European Action Plan so as to eliminate major environmental health risks in the shortest timeline possible.

The Third Ministerial Conference on Environment and Health held in London in 1999 featured the slogan "Action through Partnership". The Protocol on Waters and Health to the Convention on Protection and Use of Transboundary Watercourses and International Lakes was adopted as well as the Charter on Transport, Environment and Health, which was to evolve into the Transport, Health and Environment Pan-European Program (THE PEP). In addition, the Declaration was signed to focus political attention on the right of the child and children's vulnerability to environmental hazards.

The Fourth Ministerial Conference on "Future for Our Children" was held in Budapest in 2004, in the context of sustainable development. Ministers of health and environment committed to implementation of the Action Plan on Environmental Impact on Children's Environment and Health Action Plan for Europe (CEHAPE). At this Conference, Montenegro committed to develop a national Children's Environment and Health Action Plan, which was formalized as the Government of Montenegro Conclusion No. 02-4196 of 22 July 2004.

The Action Plan defined four priority goals:

1. To prevent and significantly reduce the morbidity and mortality arising from gastrointestinal disorders and other health effects, by ensuring that adequate measures are taken to improve access to safe water and adequate sanitation for children;
2. To prevent and substantially reduce the morbidity and mortality arising from accidents and injuries and pursue a decrease in morbidity from lack of adequate physical activity;
3. To prevent and reduce acute and chronic respiratory diseases due to indoor and outdoor air pollution;
4. To reduce the risk of disease and disability arising from exposure to hazardous chemicals, physical and biological agents, as well as working environment risks during childhood and reproductive period, especially in youth and women.

The Conference recognized that the impact of environmental factors on health was determined by the time, place, intensity, frequency, duration of exposure, interaction between factors and exposed target population. Such complexity resulted in a gap in available expertise, requiring continuous interdisciplinary research. Due to the lack of scientific expertise on environmental health risks, it was necessary, in making relevant sectoral policies on environment protection, to establish the guiding principle of precaution as a risk management tool.

The highlight of the Fourth Ministerial Conference was support to the idea of development and application of specific tools to make and implement health and environment protection policy using an information system for monitoring the impact of environment on health (Environment and Health Information System - ENHIS).

The Fifth Ministerial Conference on Environment and Health took place in Parma in 2010, in the context of new global challenges that required governments to improve the functioning of their health systems and enable cooperation between health and environment protection sectors in order to preserve and improve health through improved environment. The Conference recognized the obligation to pay particular attention to the following challenges:

- Climate change impact on health and environment;
- Health risks for children and other vulnerable groups due to poor environment, working environment and conditions of life (in particular lack of water and poor sanitation);
- Socio-economic and gender inequalities aggravated by the impact of the financial crisis;
- Presence of non-contagious diseases, in particular in the sense of diminishing such presence by means of adequate regulations in areas such as: urban development, transport, food safety and nutrition, conditions of life and work;
- Impact of hazardous chemicals and particles whose continuous effect causes disorders of the endocrine system;
- Insufficient resources.

One of the key prerequisites to overcome the identified challenges lies in establishing or strengthening the existing mechanisms or structures able to provide more effective implementation of planned interventions, promotion of activities at the local level and active participation in the European process of preservation, protection and improvement of health through environment protection.

Bearing in mind that economic reasons have a critical role in developing quality sectoral policies, special attention needs to be devoted to strengthening strategic partnerships so that environment and health issues are incorporated in all sectoral policies. It is necessary to intensify the efforts to develop, improve and implement legislation on health and environment, as well as health reform activities, in order to upgrade the quality of interventions in public health and environment protection.

Youth participation is of particular importance, which calls for the state to provide adequate support at the national level, in order for meaningful and sustainable youth contribution to all aspects of the process.

The success of the process implies investment in existing biotechnologies that are sustainable and contribute to promotion of health and environment protection. This opens new opportunities for generation of green jobs and provision of health care services fully compliant with the principle of energy efficiency. Sustainable development implies responsibility to environment, future generations and to the intensity with which the needs are met. It is the humanistic paradigm of existence.

II. The Process and the European Union

The European process of preservation, protection and improvement of health through environment protection, initiated by the WHO Regional Office for Europe has its counterpart in the EU. The issue of the relation and impact of environment on health and quality of health has been in the focus of EU policy makers for a long time and has been regulated in several chapters of the *Acquies Communautaire*:

- CHAPTER 1: Free Movement of Goods;
- CHAPTER 12: Food Safety, Phytosanitary Policy;
- CHAPTER 19: Social Policy and Employment;
- CHAPTER 27: Environment;
- CHAPTER 28: Consumer Protection and Health.

In the light of preparations for the Budapest Ministerial Conference, the European Commission adopted the European Action Plan 2004-2010.

Harmonisation of national legislation with the aforementioned EU regulations on environment and health represents one of the key political priorities in Montenegro under European integration. In this context, the efforts to design, develop, adopt and implement CEHAP (Children's Environment and Health Action Plan) should be considered as an instrument that significantly contributes to achievement of EU standards in the area of environment and health, as one of the prerequisites for successful accession to the EU.

South-East European countries and their respective ministers of health, guided by the strategic commitment to entering European structures, initiated cooperation as early as in 2001, supported by the WHO Regional Office for Europe; the cooperation process was formalised by the Dubrovnik Charter and aimed to improve seven areas of public health which were identified as the common interest of the signatories. The process was supported by the Council of Europe, through the Stability Pact. In November 2008, at the meeting of the Southeast Europe Health Network (SEEHN), it was decided that Montenegro should take a leading role in the process of preservation, protection and improvement of health and protection of environment in South-East Europe.

III. Overview of the Situation

In line with the Government Conclusion No. 02-4196 of 22 July 2004, as a result of a series of intensive consultation meetings, the line ministries defined and established the institutional arrangement as the key prerequisite for a successful national process, with particular focus on the impact of environment on children's health.

The institutional arrangement recognizes the following:

- National Health and Environment Focal Point;
- Technical working group
- Technical working group on health and environment;
- Network of sectoral health and environment focal points.

In addition, as a result of internal consultation between the two line ministries, it was agreed that the Ministry of Health should manage the process of drafting CEHAP Montenegro, in order to fulfill the obligations assumed at the 2004 Budapest Conference.

With the help of the WHO Montenegro Office, a comprehensive study was developed on the impact of environment on human health in Montenegro (EPHR), which thoroughly considered the impact of various environmental factors on human health (e.g. water and sanitation, air quality, chemicals, UV rays, lack of adequate physical activity, injuries, noise, ionizing and non-ionizing radiation etc.), in the context of current socio-economic situation.

One of the results of this process was definition of priority areas requiring urgent action in the area of environment protection for the purpose of preservation and protection of the health of the population:

- Access to safe drinking water in rural areas;
- Access to safe bathing water;
- Access to sanitary facilities;
- Road accidents;
- Air pollution;
- Children's exposure to tobacco smoke in their immediate environment;
- Lead contained in fuel.

Reference material and the findings of the Study indicate the harmful effect of environmental factors on human health, with children and youth being particularly vulnerable. Children under the age of five make up 10% of global population, but their global share in the disease burden amounts up to 40%. Main causes of death are: malnutrition, acute respiratory diseases, malaria, diarrhea, Varicella, AIDS; during neonatal period: congenital anomalies, risk factors related to prematurity; in children older than 12 months the main cause are injuries.

The environmental approach to human development focuses on the dynamic relations between the organism and environment, with interaction between humans and environment. The goal is to reduce mortality and morbidity of children caused by the impact of external environmental factors.

The following needs to be considered:

- special/specific anatomic and physiological characteristics of the child and the way the child changes with changing age, the child's vulnerability and sensibility;
- immature systems such as: respiratory, nervous, endocrine, metabolic, and therefore detoxication capacities restricted by the immaturity;
- children aged 0 to 18, including prenatal period, are more frequently and severely affected by exposure to risks/hazards per kg of body mass, per unit of body surface, number of respirations etc.;
- dosages, time and length of exposure to adverse factors-influences may be critical and determine the nature and scope of adverse effects;
- child's characteristics such as sex, level of activity, agreeability, responsiveness, physical appearance, liveliness, affective expression, susceptibility to illness and readability and predictability are the most important characteristics related to the child's role in designing their own development;
- according to modern tendencies, development should be considered in the perspective of the overall life-span rather than a limited period. Since children generally have more time available in the future than adults, this also means more time to develop chronic diseases caused by early exposure to environmental factors. It takes decades to develop a number of diseases caused by toxic environmental factors. Many such diseases,

including malignant and neurodegenerative ones, are nowadays considered to arise from a number of stages, with the period between onset and manifestation of disease measured in years or decades. Prolonged exposure to carcinogens and toxic substances at an early age, including prenatal exposure, significantly increases the likelihood of disease.

- children growing up in low-income families are particularly at risk of physical, psychological, intellectual, emotional and social harm;
- during the first two years of a child's life, exposure and access increase, due to more autonomous movement, crawling, walking, specific way of feeding, staying indoors, in the vicinity of either running or still water or chemicals;
- autonomy and greater mobility are of particular importance for unsupervised groups of street children, orphans, abandoned children, refugees etc, when there is more opportunity for various forms of child abuse or violence;
- child's influence on the family and broader environmental setting of the family should not be underrated; other child-accommodating systems are also important: maternity wards, nurseries, kindergartens, schools, sports facilities etc.;
- biological factors, together with economic, social and psychosocial factors create a negative synergy at different stages of child's development.

The essence of human development lies, therefore, in the harmony between the developing organism and its environment, in the delicate balance between the two. Behaviour, as the primary route for interaction and adaptation, is of fundamental value in ecology.

Efficient action must be based on systemic and systematic interventions to reduce the risks from any source, building on available experience and best practices. In addition, efficient action requires a multi-sectoral approach, gearing our activities towards health and environmental priorities concerning physical environment, children, poverty reduction and promotion of health. Access to water, education concerning elementary hygiene, protection from injuries, urban bio-planning, strengthening social interaction, promotion of physical activity, air protection along with compliance with air quality standards defined in WHO Air quality guidelines for EU (Copenhagen No. 91), reducing the risk of hazardous

chemicals, adoption and implementation of legislation and regulation on their safe manufacture, use, storage and destruction, especially the measures concerning handling any type of waste material, protection from radiation, information and education, and elimination of child labour by applying the ILO Convention 182.

It is therefore necessary to establish harmonised and comparable monitoring systems by means of using valid and comparable specific indicators for children (birth rates, mortality, morbidity, growth charts, BMI, etc.), for more efficient implementation of CEHAP. Introduction of anticipatory counselling of parents and children, development of national guides and protocols as well as internal regulations, mandatory both for professionals and beneficiaries. Inter-generational and international cooperation is also necessary, by means of developing a civil society and with particular emphasis on the role of women and youth, for the purpose of reducing poverty; provision of water and sanitation; use of renewable energy sources; better access to energy, energy markets and energy sufficiency; significant improvement in managing chemicals; significant improvement in managing natural resources (water, forests, fish, medicinal herbs, minerals, stone etc.).

The connection between environment and poverty, that is between revenues and expenditures, is possible to contemplate if the living standard is USD10 per person per day, in order to move from pollution to prevention and reduction of pollution. (World Bank).

IV. Activities

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Better access to safe water, especially for children living in rural/suburban areas	- Ratify the Convention on Protection and Use of Transboundary Watercourses and International Lakes (accompanied by the Protocol on Waters and Health)	MSDT	I-III quarter 2012							% of rural population with access to proper water supply
	-Map the areas with inadequate water supply	MoH, IPH	II-III quarter 2013							% of rural population connected to sanitary facilities
	- Draft and adopt a regulation to define the obligation of pre-school institutions and schools to provide safe drinking water by means of installing mobile water reservoirs (alternative: drinking fountains and taps)	MoH	II-IV quarter 2012							% of educational insitutions with adequate sanitary facilities
	- Analysis of risk factors impacting the pollution of rivers and coastal zone (accompanied by recommendations)	MPiRR MSDT EPA	I quarter 2013 - IV quarter 2016	360,000		90.000	90.000	90.000	90.000	% of educational insitutions with adequate sanitary facilities
	- Harmonise national regulations and standards on the levels of chlorine for treatment of drinking water with the EU <i>acquis</i>	MoH	II-IV quarter 2012							
	- Strenghten the laboratory capacities for drinking water quality control in line with the European standards (infrastructure and human resources)	MoH IPH	III quarter 2013							
	- Harmonise national regulations with the EU standards for drinking water quality (presence of heavy metals: lead, mercury, cadmium etc, pesticides, dioxines, chlorides, PCBs etc.)	MoH	II-IV quarter 2012							

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Provide access to adequate sanitary conditions for children	-Define the planning norms to identify the number of sanitary facilities, and enable hand washing (liquid soap, towels) in pre-school institutions and schools	MES	II-IV quarter 2013							
	-Build new and adapt the existing sanitary facilities in educational institutions	MES	2013 – 2016	600,000		150.000	150.000	150.000	150.000	
	-Design programmes aimed at better access to safe water and basic sanitary infrastructure in private households in rural areas	MpiRR, Directorate for Waters/ local governments	II-IV quarter 2013	7,000		5.000				
Increased awareness on the importance for health of water quality and adequate hygiene routines	-Educate teachers and children in kindergartens and schools on the importance of water quality and adequate hygiene routines for health	MoH, MES, IPH	II quarter 2013 – IV quarter 2015	3,000		1.000	1.000	1.000		-Number of teachers educated -Number of children educated
	- Intensify control of consistent implementation of secondary legislation concerning waste treatment and management by means of enhanced inspection	MSDT	I quarter 2012 - IV quarter 2016							
	- Promote (the importance and benefits of) waste sorting	MSDT	II quarter 2013 – IV quarter 2014	10.000		5.000	5.000			Number of institutions that implemented the clean-up action
	- Design and launch initiatives to clean the yards of kindergartens and schools together with the civil sector	MES, civil sector	II quarter 2012 – IV quarter 2016							

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Reduced number of child injuries and fatalities in traffic	- Harmonise national regulations with EU standards in the field of traffic safety	MIPA	I – IV quarter 2012							-Number of children injured as pedestrians -% of children with locomotor deformities
	- Ban on baby walkers	MoH	III quarter 2012 – II quarter 2013							
	- Develop a regulation on introduction of 24-hour video surveillance on pedestrian crossings in the vicinity of schools	Local government	II-IV quarter 2012							-Number of children injured in traffic
	- Develop a national programme to define the way to provide and develop infrastructure to promote safe walking and cycling	MSDT	I-IV quarter 2013			10,000				-number of child fatalities in traffic
	- Intensify control of consistent compliance with regulations: ban on seating a child in the front seat of a car, mandatory use of set belts in the back seats, special chairs with belts for small children, helmets etc.	MIPA	I quarter 2012 – IV quarter 2016							
	- Promote mandatory use of safety gear - helmets etc.	MIPA Police Admin.	I quarter 2013 –IV quarter 2016	15,000		3.750	3.750	3.750	3.750	
	-Build adequately equipped and fenced children's playgrounds further away from roads	Local governments	I quarter 2014 – IV quarter 2016	210,000 (10,000 per municipality)			70.000	70.000	70.000	
	-Promotional campaign on the benefits of using various means of transport such as: school shuttles, public transport, or bicycles, in local communities	MTrans	III quarter 2012 – IV quarter 2016	15,000		3.750	3.750	3.750	3.750	
-Ban on the use of mobile phones (with or without additional devices) while driving	MIPA Police Admin.	II quarter 2012 – I quarter 2014								

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Children's needs integrated in the process of planning dwellings, settlements, transport and traffic infrastructure	- Ensure active participation of Parents' Association in the process of urban and transport planning	MSDT	I quarter 2012 – IV quarter 2016							Number of relevant planning bodies that include representatives of parental associations
Better awareness of the importance of physical activity for children's health	- Educational-information campaign for children and youth on the benefits of engaging in physical and recreational activities	MoH, IPH	II quarter 2013 – IV quarter 2016	Funds foreseen in the NCD Strategy						Level of knowledge among children and youth concern the importance of physical activity for health
	- Review and update the standards on the size of green areas in residential blocks	MSDT	II – IV quarter 2013	2,000						
Better awareness among policy makers and citizens on the health impact, costs and benefits related to traffic and children	-Develop a study on health and economic impacts of road injuries, focusing on children	MoH, IPH	II–IV quarter 2013	10,000		10.000				
	-Organise a regional conference on traffic safety and children's health	MoH	III quarter 2014	15,000			15.000			
	- Develop the capacities of decision-makers in the field of transport infrastructure planning to apply objective indicators for the purpose of quality planning and diminishing the negative impact of transport on health (2 round tables)	MSDT	II quarter 2014 i IV quarter 2015							

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Reduced child exposure to unhealthy and unsafe residences and construction materials	- Review and align the existing regulations with the relevant standards in order to meet the health and safety requirements for the stay of children	MSDT	I-IV quarter 2013							- Number of pre-school institutions that installed safety sockets -Number of pools that meet the set safety standards
	- Prescribe the obligation to use safety sockets in kindergartens and schools	MES	I-IV quarter 2013							
	-Install safety sockets in kindergartens	MES	I quarter 2014 – IV quarter 2016	45,000			15.000	15.000	15.000	
	- Prescribe the obligation to adequately secure swimming pools by fences, gates and floating devices	MSDT	2013							
	- Launch a campaign to introduce a swimming- school scheme for children over 5 years of age	MES	2015	7,000				7.000		
Safe indoor environment for children	- Initiate an educational-information campaign for parents in order to raise awareness on the health risks for children indoors (medicines, chemicals, explosives, weapons etc.)	MoH	I quarter 2013 – IV quarter 2015	15,000		5.000	5.000	5.000		Number of child injuries caused by indoor physical factors
	- Analysis of data on indoor child injuries	MoH	2015							
Reduce exposure of children, youth and women during reproductive period to indoor air pollution	- Develop a monitoring system for respiratory diseases in children within the development of registries of non-transmittable diseases in line with the Law on Health Records and applying the NHIS indicators	MoH	I - III quarter 2013	7,000		7.000				- Number of children suffering from chronic respiratory diseases

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Reduce morbidity and mortality in children due to exposure to gases such as : CO2, CO, NO, especially in peroxide and chlorinated form, CFC, PCB, SO2, radon, methane, ozone etc.	- Monitor air quality in urban zones in Montenegro, including PM 2.5 in line with the Environment Monitoring Programme adopted by the Government of Montenegro and proposed by the Environment Protection Agency	EPA	II quarter 2012 -IV quarter 2016	The funds foreseen by the Program for monitoring of environment, by EPA / adopted by GoM						- Average length of hospitalisation of children with chronic respiratory diseases
	- Review regulations on sanctioning smoking in public places, especially in educational and health institutions, in order to respond to the aspects identified as weaknesses in the course of answering the EU Questionnaire	MoH	I – IV quarter 2012		5.000	5.000	5.000			-Number of children dying of chronic respiratory diseases
	- Intensify promotional/educational campaigns for children on harmful effect of smoking	MoH	I quarter 2012 – IV kvartal 2014	15,000			7.000			
	- Educate teachers on methods to prevent and reduce children's exposure to indoor air pollution (heating/cooling system , allergens, tobacco smoke)	MoH	2014	7,000		6.250	6.250			
	- Launch a campaign to place air purifying plants in schools	MES	2013 – 2016	25,000		15.000	15.000	6.250	6.250	
	-Research on children's exposure to indoor air pollutants; the findings of such research would serve to develop and promote practical ways to improve air quality in schools and raise awareness and ensure better understanding of health risks that contribute to the onset of acute and exacerbation of chronic respiratory diseases	MSDT	2013 -2014	30,000						

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
<p>Reduce exposure of children, youth and women during reproductive period to outdoor air pollution</p> <p>Reduce morbidity and mortality in children due to exposure to gases such as : CO₂, CO, NO, especially in peroxide and chlorinated form, CFC, PCB, SO₂, radon, methane, ozone etc.</p>	<p>-Define and implement minimum requirements on securing indoor air quality in schools and public institutions accommodating children (e.g. Air Quality in Schools, WHO, p.29)</p>	MSDT	2014							
	<p>- Initiate dialogue with decision-makers on the possibility to develop infrastructure for predominant use of public transport (based on clean technologies) in core urban zones</p>	MIPA, EPA	II quarter 2014 – II quarter 2015							
	<p>- Design and implement a promotional-educational campaign for teachers, parents and children on air pollution related hazards and levels of harmful air pollutants, including protection measures at times when air pollution becomes a risk</p>	MoH	2014 – 2015	15,000			7.500	7.500		
	<p>- Develop a national programme on monitoring, measuring and informing on the quantities of pollen in the air</p> <p>- Involve the media in the public information system on the results of monitoring the presence of certain air pollutants (pollen, also UV radiation)</p>	MSDT, EPA	I quarter 2013 – IV quarter 2013	7,000						
		MSDT, EPA	III quarter 2013	3,000						

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Reduce the exposure of children and adults during reproductive period to hazardous chemicals	- Intensify control of compliance with the prohibition on fuel with lead content	MoE	2012-2016							
	- Review relevant national regulations in the sense of radically stricter sanctions for non-compliance with the prescribed fuel quality standards	MSDT	I - IV quarter 2013							
	- Regulation on safety of toys (Pb, Hg, phthalates, As, Cr, pentachlorophenol etc)	MoH	IV quarter 2012							
	- Regulation on cosmetic products, prescribe and apply standards on the presence of chemicals in cosmetics and other products for children in order to reduce their harmful effect (Pb, Hg, phthalates, As, Cr, pentachlorophenol etc)	MoH	IV quarter 2013							
	- Strengthen the capacities through educational programs of relevant inspections in charge of monitoring the pollutants that are most hazardous for children in water and soil (heavy metals, organochlorine pesticides and PCBs)	MSDT, EPA	II quarter 2013	10,000		10.000				
	- Prescribe standards for dyes and construction material that contain: lead, asbestos, wood protectors (creosotes and arsenic), polybrominated refractory materials and volatile organic compounds in order to reduce the harmful effect on children	MSDT	I quarter 2013 - IV kvartal 2013							
	- Monitor soil in parks and children's playgrounds (Podgorica, Bar, Niksic and Pljevlja)	MSDT, EPA	2013 – 2016	120,000		30.000	30.000	30.000	30.000	

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
	- Initiate professional discussion among representatives of relevant institutions (MH, HIF and Montefarm) in order to identify safe alternatives for medical appliances containing phthalates (endotracheal tubes and catheters, Pb in dental fillings)	MoH	II quarter 2013							Number of kindergarten teachers trained in first-aid
	- Educational-promotional campaign in educational institutions and at community level (among parents and children) on prevention of acute poisoning	MoH	I quarter 2013	2.000		2.000				
	- First-aid courses for kindergarten teaching staff	MoH Red Cross of MNE	I quarter 2014 – IV quarter 2015	15.000			7.500	7.500		
	- Prescribe standards for safe collection, disposal, transport and destruction of waste, with emphasis on toxic waste	MSDT	I – III quarter 2015							
	- Develop and implement a monitoring programme for noise and exposure to noise in the public institutions accommodating children	MSDT, EPA	I quarter 2013 – III 2016	25.000		6.250	6.250	6.250	6.250	
Reduced exposure to harmful effects of noise in order to prevent the onset of acute and chronic noise-related conditions-injuries	-Organise an expert conference on: Incorporating measures to reduce exposure to noise in the process of urban and infrastructure planning (taking into account the needs of school zones as priorities; pay attention to room layout - acoustics, insulation, design. - Educational-information campaign for parents and the personnel of educational institutions on the harmful effect of noise that can be individually controlled and other sources of noise	MSDT MES	2013 2014	Donation of 7,000 10,000		7.000	10.000			

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Prevent and reduce exposure to harmful effects in the working environment and reduce injuries in the workplace	- Review standards on the level of radiation during diagnostic procedures in order to protect children and persons in reproductive period from ionizing radiation	MSDT	I-III quarter 2015							
Reduce child exposure to ionizing radiation	- Organise a debate on the reasons for nuclear sources of electric power from the aspect of scientific facts on public health preservation and protection	MoH/IPH	2014	5,000			5.000			
	- Draft national programme for prevention or reduction of intensity of effects caused by a nuclear accident in time of peace with a special focus on children and people in reproductive period	MIPA EPA IPH CETI	2013	15,000		15.000				
Reduce child exposure to radon	- Monitor radon levels in schools and kindergartens all over Montenegro	MSDT, EPA	2013 – 2016	80,000			20.000	20.000	20.000	- number of educational institutions where radon concentration monitoring as implemented
Reduce child exposure to UV radiation	- Information-educational campaign for parents, teachers and children on harmful effects of overexposure to the sun and on protection from UV radiation	MoH/IPH	2013	15,000		15.000				

Aim	Action	Responsible Institution	Timeframe	Distribution by funding sources	2012	2013	2014	2015	2016	Indicator
Reduce child exposure to electromagnetic waves in households, facilities accommodating children and the environment	- Design a national policy on ways to avoid and reduce exposure to EM radiation	MSDT	II quarter 2013 – II quarter 2014	7,000		3.500	3.500			
	- Develop a National Action Plan for health care system response to the harmful effects of high temperatures on the human body	MoH/IPH	I quarter 2013 - IV quarter 2014	10,000		5.000	5.000			
	- Multiple Indicator Cluster Survey-MICS 4	MoH/IPH	2012	UNICEF donation						
	-Survey on the levels of information, knowledge, attitudes and behaviours related to physical activity among children and youth	MoH	2013	30,000			30.000			
TOTAL:					0	442.500	516.500	423.000	395.000	

