



World Health
Organization
REGIONAL OFFICE FOR
Europe

EUROPEAN ENVIRONMENT
AND HEALTH PROCESS



HIA implementation and health in Environmental Assessments across Europe

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**Reuniting planning and health: tackling the implementation gaps in
evidence, governance and knowledge,**

ESRC Seminar 3: Impact assessment for health and planning

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The WHO European Center for Environment and Health (ECEH)

- Located in Bonn, Germany
- Specialized centre of WHO Regional Office for Europe
- **53 Member States**
 - 28 Member States of the European Union (EU)
 - 6 candidate countries and potential+ candidate countries to the EU
 - Albania, Bosnia and Herzegovina+, Montenegro, Serbia, The former Yugoslav Republic of Macedonia, Turkey (Kosovo+*)
 - 6 European Economic Area (EEA) / customs union agreements with the EU
 - Iceland, Norway, Switzerland
 - Andorra, Monaco, San Marino
 - 12 “Newly” Independent States (NIS)
 - Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan
 - Israel



* This designation is without prejudice to positions on status, and is in line with UNSCR 1244/99 and the ICJ Opinion on the Kosovo declaration of independence

NB: This map is only a schematic representation. The boundaries shown and the designations used on the maps do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.



The basis for intersectoral work

Health 2020 the WHO European Policy Framework on and the European Environment and Health Process (EHP)



Health 2020 – Four strategic approaches for implementation

Intersectoral
action for
health

Whole-of-
government

Health in all
Policies

Governance
for Health



- **Aim**
- significantly improve the health and well-being of populations,
- reduce health inequalities,
- strengthen public health, and
- ensure people-centred health systems that are universal, equitable, sustainable and of high quality.



In environment and health, intersectoral work is a necessity



- 1/5 of all death and 1/4 of the burden of diseases are attributed to environmental exposures and determinants;
 - Significant fraction of the cardiovascular and respiratory diseases and cancers;
- Quality and distribution of the natural resources on which our very survival depends is determined by the political and societal choices made by local and national governments.



Environment and health: long-standing intersectoral collaboration



Action in Partnership



EUROPEAN ENVIRONMENT AND HEALTH PROCESS

Towards 2017: Roadmap for the EH Process



Why health in environmental assessments?



EIA important opening & key entry point for health / HIA



- Integrating health already in the planning process can allow for the **EARLY** identification of **primary prevention** opportunities, and
- Can help **avert** unnecessary health burden and related costs
 - for workers (and their employers)
 - as well as for communities
- An important anchor for HIA.
- Nearly every country has a well articulated **EIA system in place**.
 - Most follow the same international model.
- Few countries are likely to have the resources and capacity to establish and manage a parallel impact assessment system for health.



A literature review, internet research and an online survey
across the WHO European Region

HIA implementation and assessing health impacts within environmental assessments



Aim of the study

- **To gather information and develop an overview on:**
 1. The current **status of HIA implementation** across Europe.
 2. The current status of the **inclusion of health assessment** (HAs) within environmental assessments (EAs) procedures.
 3. Different options for a potential **better integration of HIA or HAs** into EAs practice
- **Tools:** literature review, internet research and an **online questionnaire** designed ad hoc based on the main dimensions proposed in previous publications
 - Total of 30 questions (Part 1: 21 questions, Part 2: 9 voluntary questions)
 - Identified HIA expert from 31 countries
 - WHO European Environmental and Health Focal Points (EHFPs) of the 53 Member States
 - N final = 123 HIA experts + 76 EHFPs invited to participate in the survey



47 Respondents from 22 countries / regions / municipalities

Country*	No of Respondents	Involved in HIA since year (min)	Involved in HIA since year (max)	No of HIAs conducted (total of all respondents)
Austria	3	2004	2013	6
Czech Republic	1	2005	2005	25
Denmark	4	1995	2010	16
Estonia	1	-	-	-
France	3	1995	2015	25
Germany	1	2001	2001	15
Greece	1	2004	2004	10
Hungary	2	2001	2003	15
Israel	1	2006	2006	5
Italy	2	1999	2005	16
Lithuania	3	2005	2005	37
Malta	1	2008	2008	0
Montenegro	1	2015	2015	2
Norway	1	2012	2012	2
Poland	1	1977	1977	30
Serbia	1	-	-	-
Slovakia	2	2004	2007	11
Spain	5	2005	2013	26
Sweden	2	2002	2002	50
Switzerland	4	2001	2010	41
The Netherlands	2	1993	2007	19
United Kingdom	5	1984	2004	322
Grand Total	47	1977	2015	673

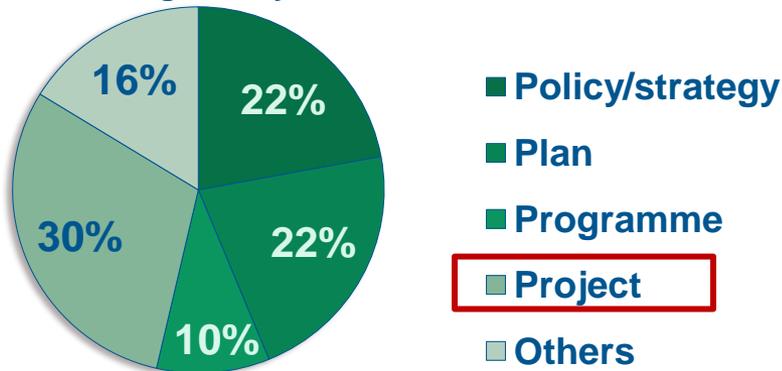
* Some responses refer to regions or municipalities within a country



Declared experience of respondents on HIA

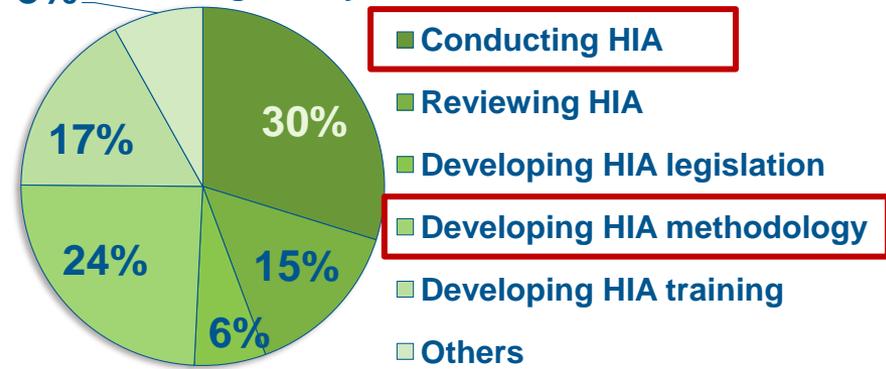
Proposal level of HIAs

- weighted by No of HIAs conducted -

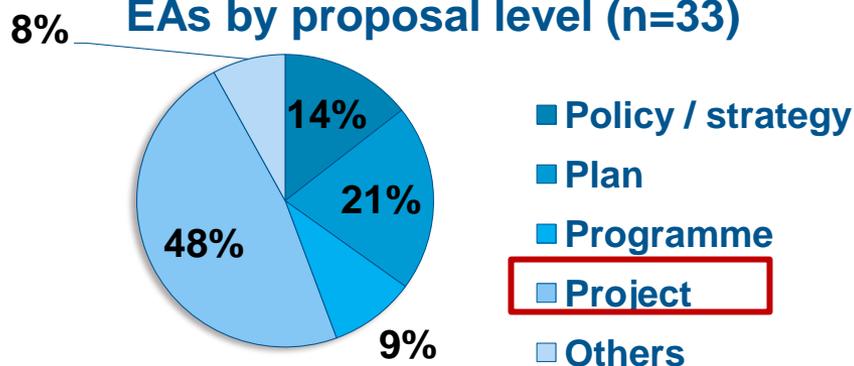


Main involvement within HIA

- weighted by No of HIAs conducted -

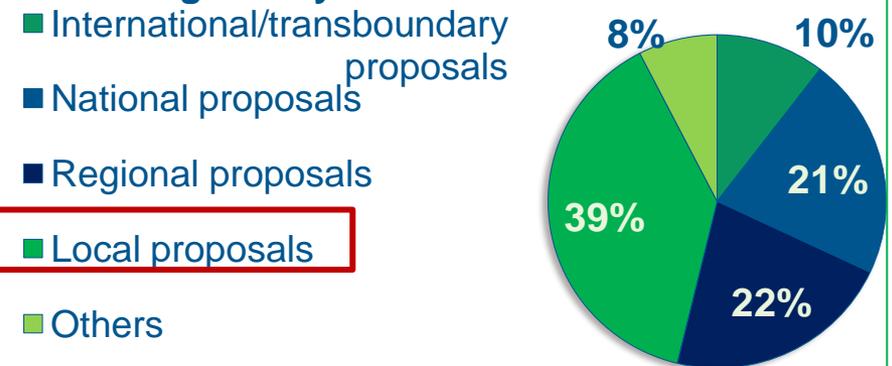


Involvement of respondents in EAs by proposal level (n=33)



Level of HIAs conducted

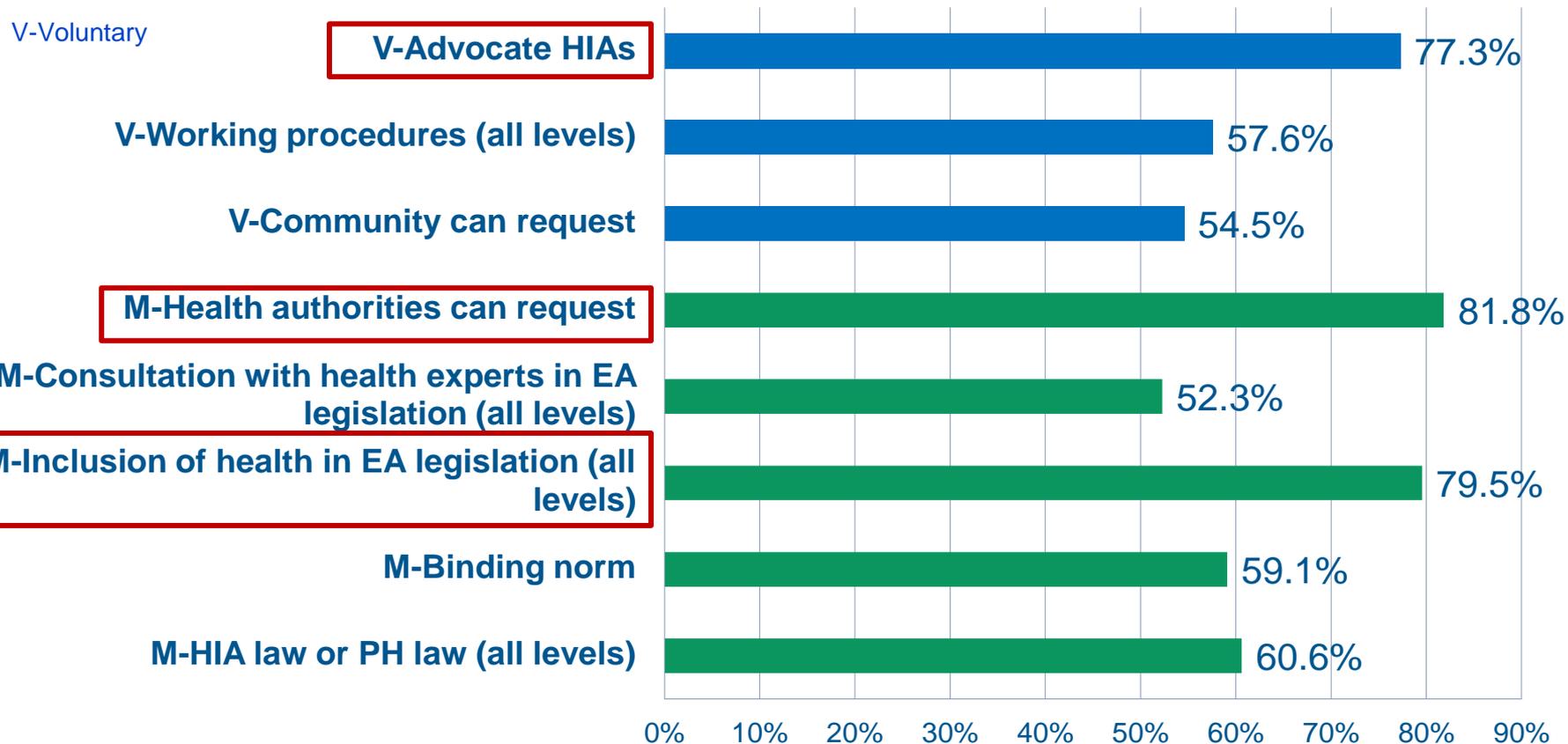
- weighted by No of HIAs conducted -



Mechanism for HIA institutionalization

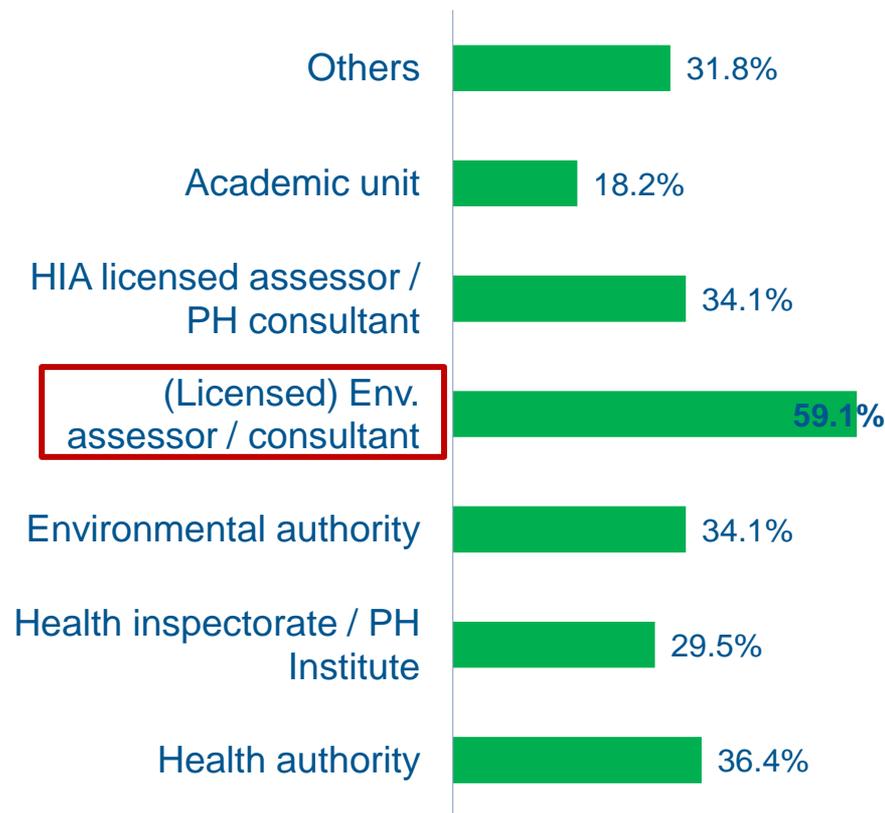
Definition institutionalized: established in practice or by custom and usage

% of countries/regions (n=22) with HIA institutionalization mechanism

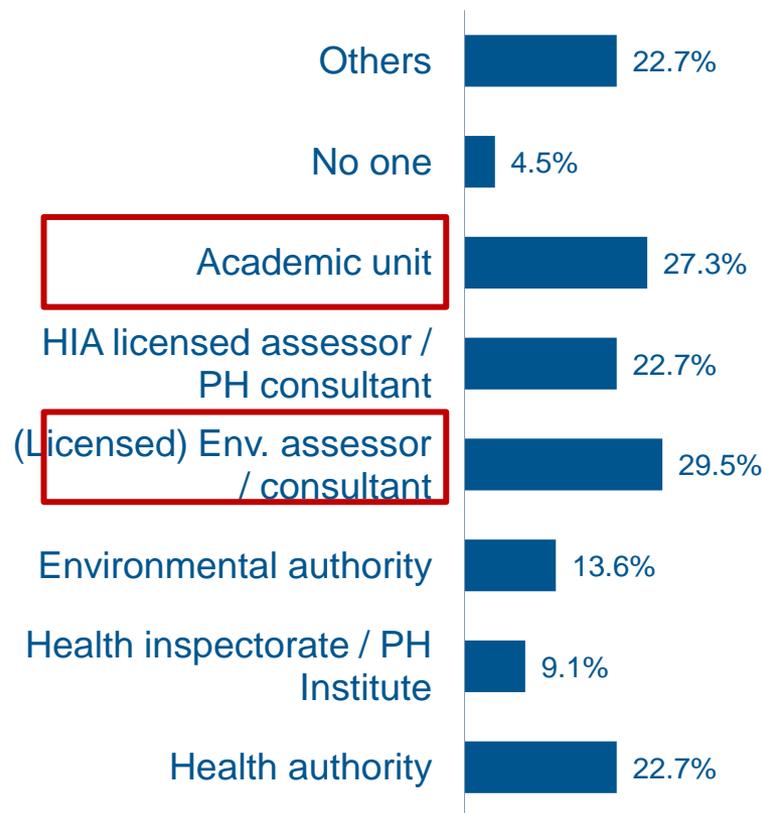


Who conducts the HIA and who the HA of the environmental assessment?

Conducting the HIA by % in countries/region/municipality



Conducting the HA within the EA by % in countries / region / municipality



(multiple answers possible)

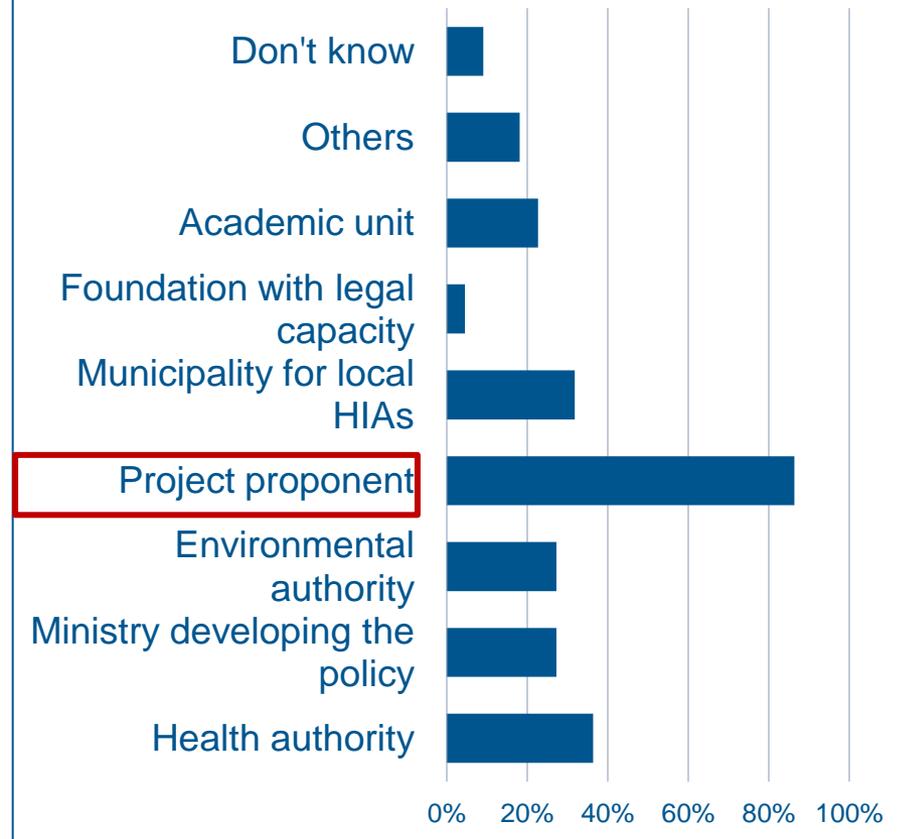


Who pays for the HIA and who the health assessment of the EA?

Funding of HIA by % in countries/region/municipality



Funding of the HA of the EA by % in countries (n=22)

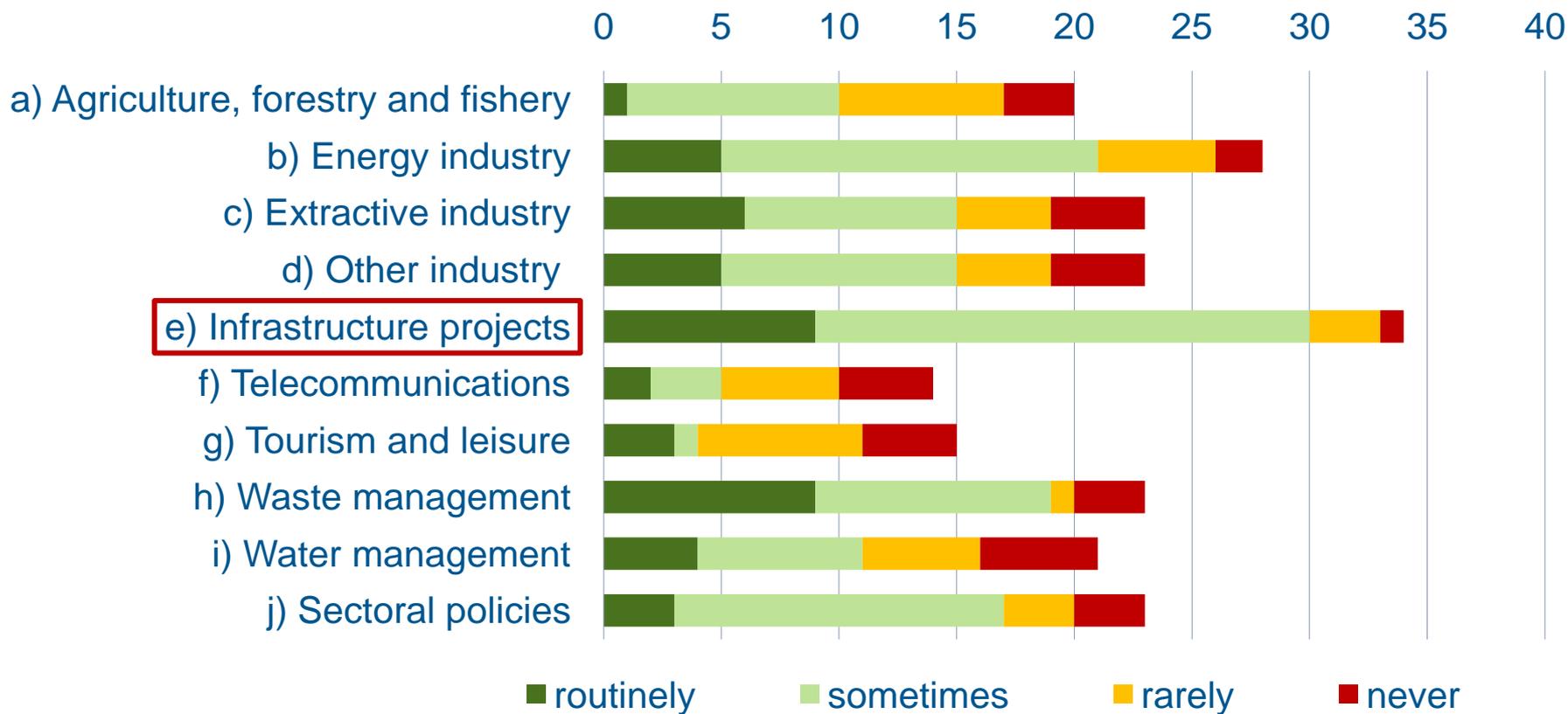


(multiple answers possible)



HIA conducted in EA areas

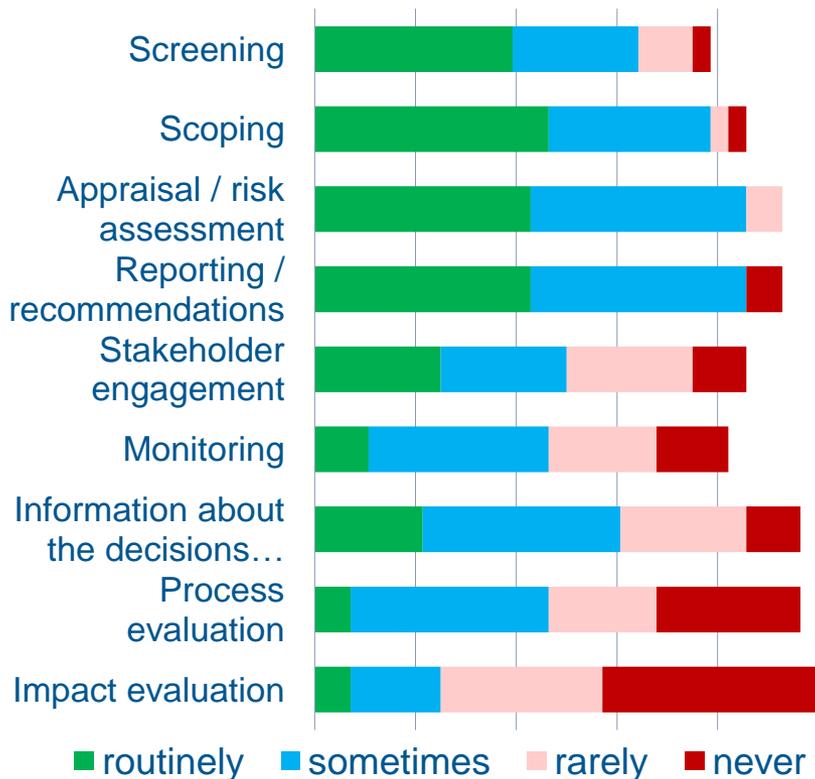
Areas in which HIAs are conducted by No of respondents (n=43)



Involvement of health experts in HIA and EA phases

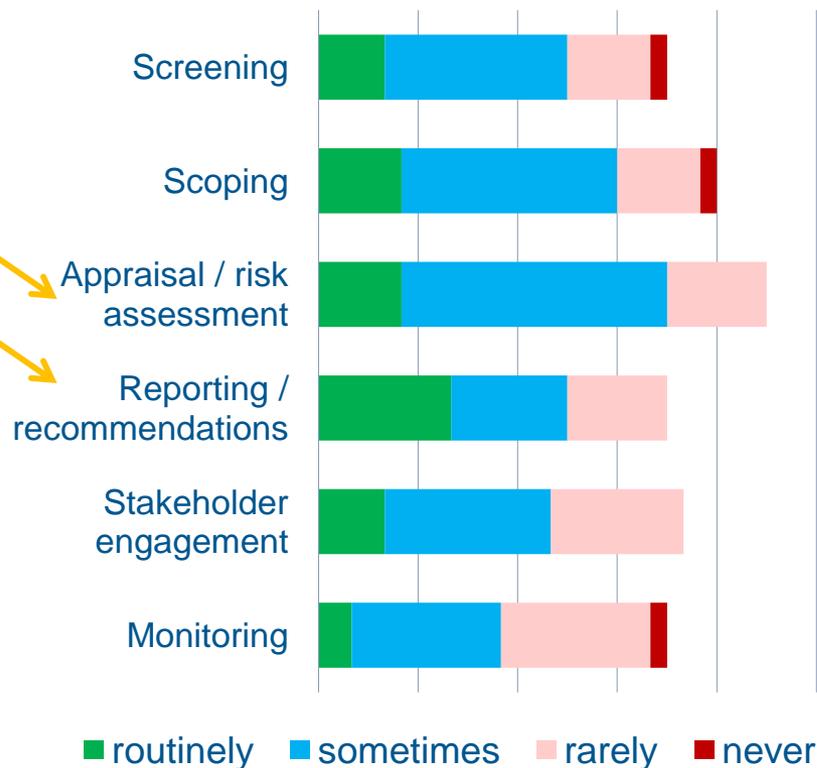
Involvement of health experts in HIA phases by % of respondents (n=28)

0% 20% 40% 60% 80% 100%



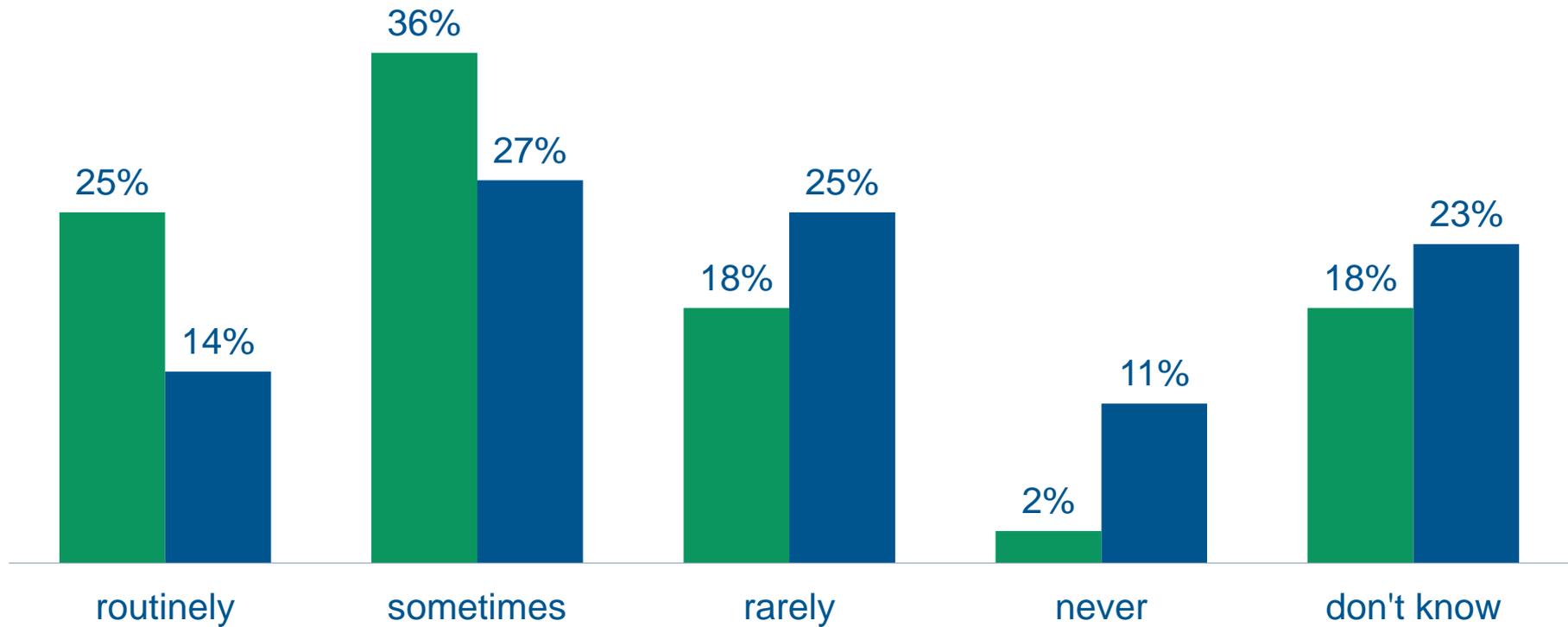
Involvement of health experts into EAs by % of respondents (n=30)

0% 20% 40% 60% 80% 100%



Scope of the health impacts assessed

Analysis of the impacts on... by % of respondents (n=44)



■ vulnerable groups

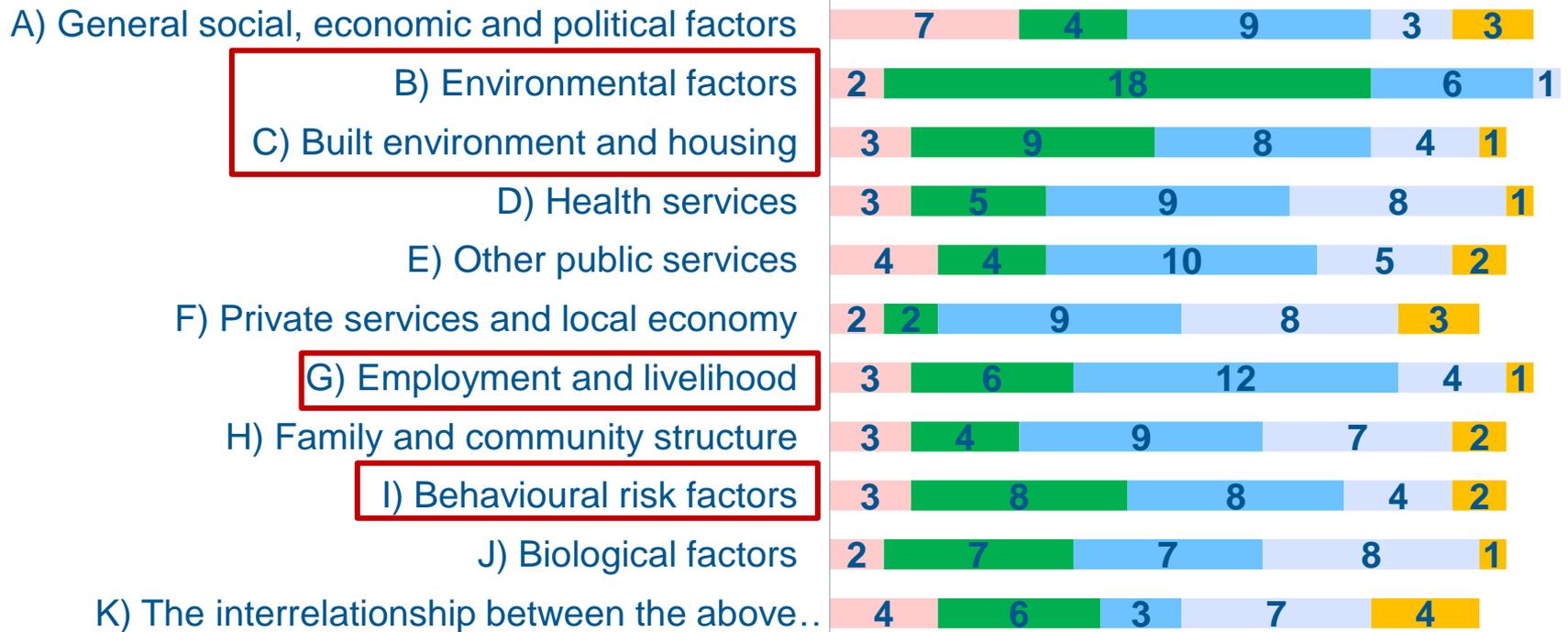
■ inequalities among population subgroups



Scope in HIAs

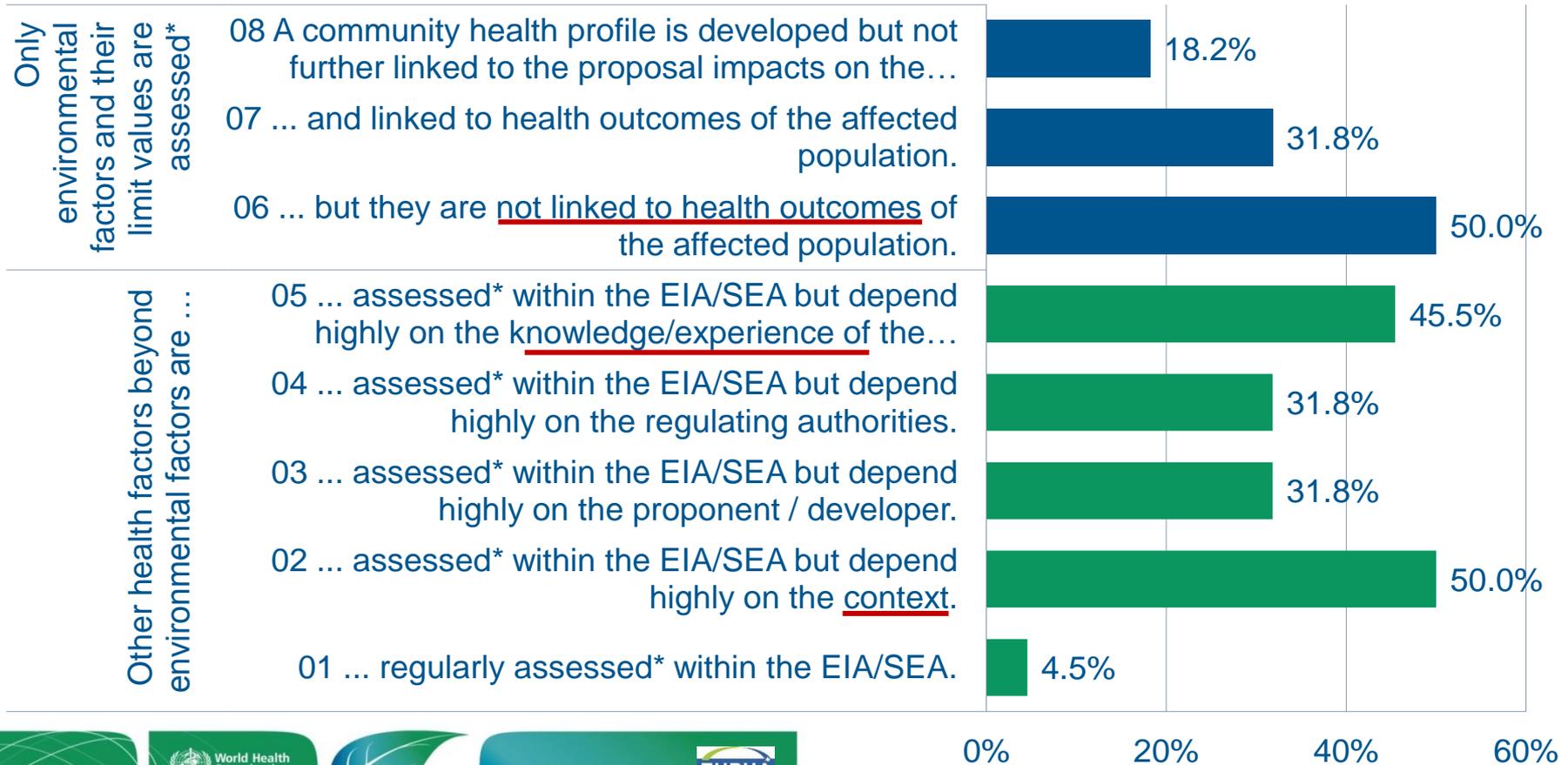
Health determinants / related factors considered in HIAs by No. of respondents (n=27)

■ only described
 ■ routinely assessed
 ■ sometimes assessed
 ■ rarely assessed
 ■ never assessed



Scope in EA: Health impacts beyond environmental factors?

Health factors assessed within the EA are ... by % in countries / region / municipality



Scope: Health determinants in EA areas (1)

■ 1. Agriculture, forestry & fishery

■ 3. Extractive industry

■ 5. Infrastructure projects

■ 2. Energy industry

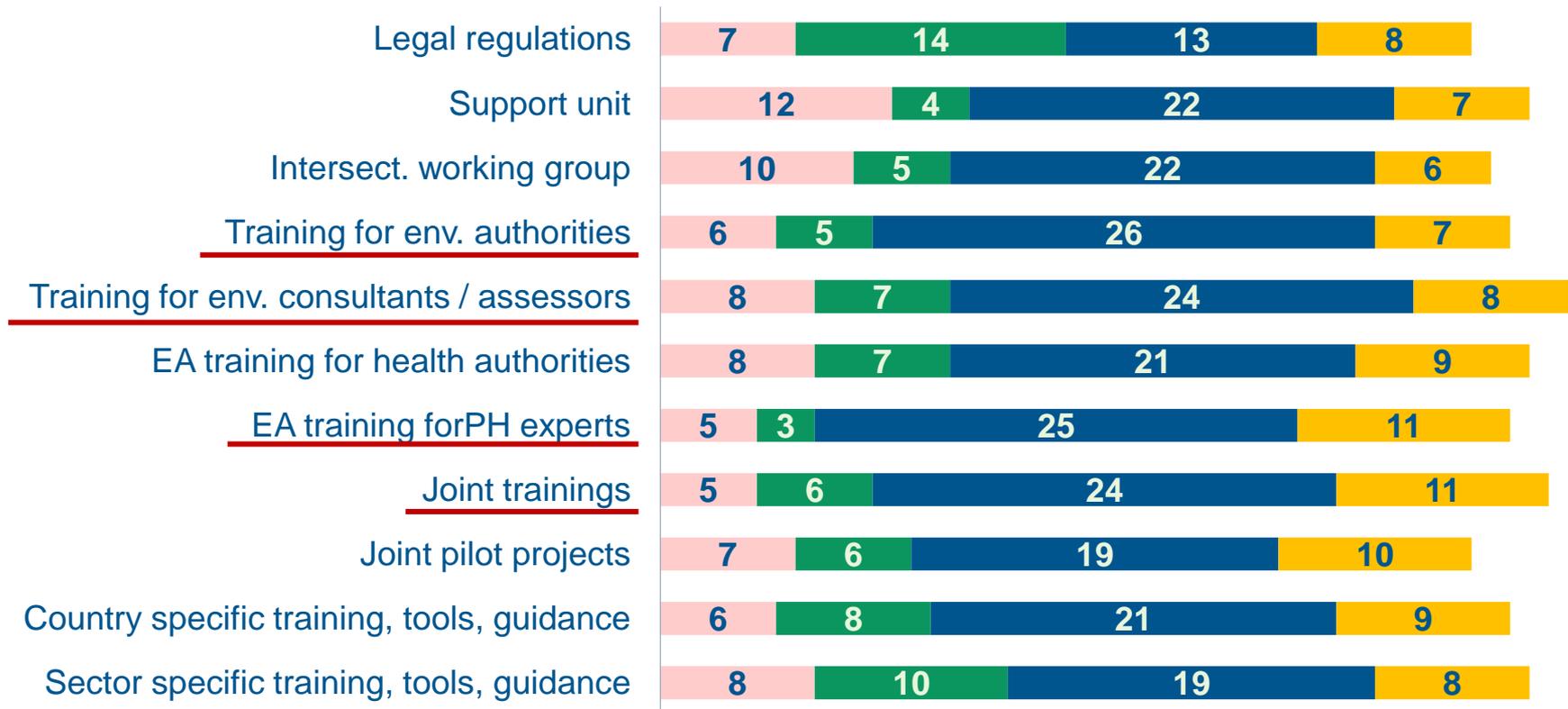
■ 4. Other industry



Resources and structures supporting further health assessment in EAs

Support for further health in EA through... by respondents (n=47)

■ not done yet
 ■ already existing or being done
 ■ further needed
 ■ don't know



Facilitators for further integration of HA in EA

	Nº Responses
Capacity building	21
Training	18
Raising awareness	3
Organizational commitment	2
Political support	2
Resources	11
Guidelines and tools	11
Statutory framework	5
Specific legislation	3
Better recognition of health as a pillar in EIA/SEA legislation	2
Structure	7
Intersectoral collaboration	5
Larger involvement of HIA experts	2



Threats limiting further integration of HAs in EAs

	Nº Responses
Capacity building	8
Not enough training	1
Low exchange of experience	1
Poor awareness	6
Organizational commitment	4
Lower prioritization of health considerations	2
Lack of political support	2
Resources	11
Economic crisis (lack of funds)	5
Lack of data sources	4
Lack of practical guidance documents	2
Statutory framework	3
Lack of legal requirements	3
Structure	9
Bureaucracy	3
Institutional barriers between different sectors	4
Lack of health authorities involvement	1
Lack of stakeholders involvement	1



Some conclusions

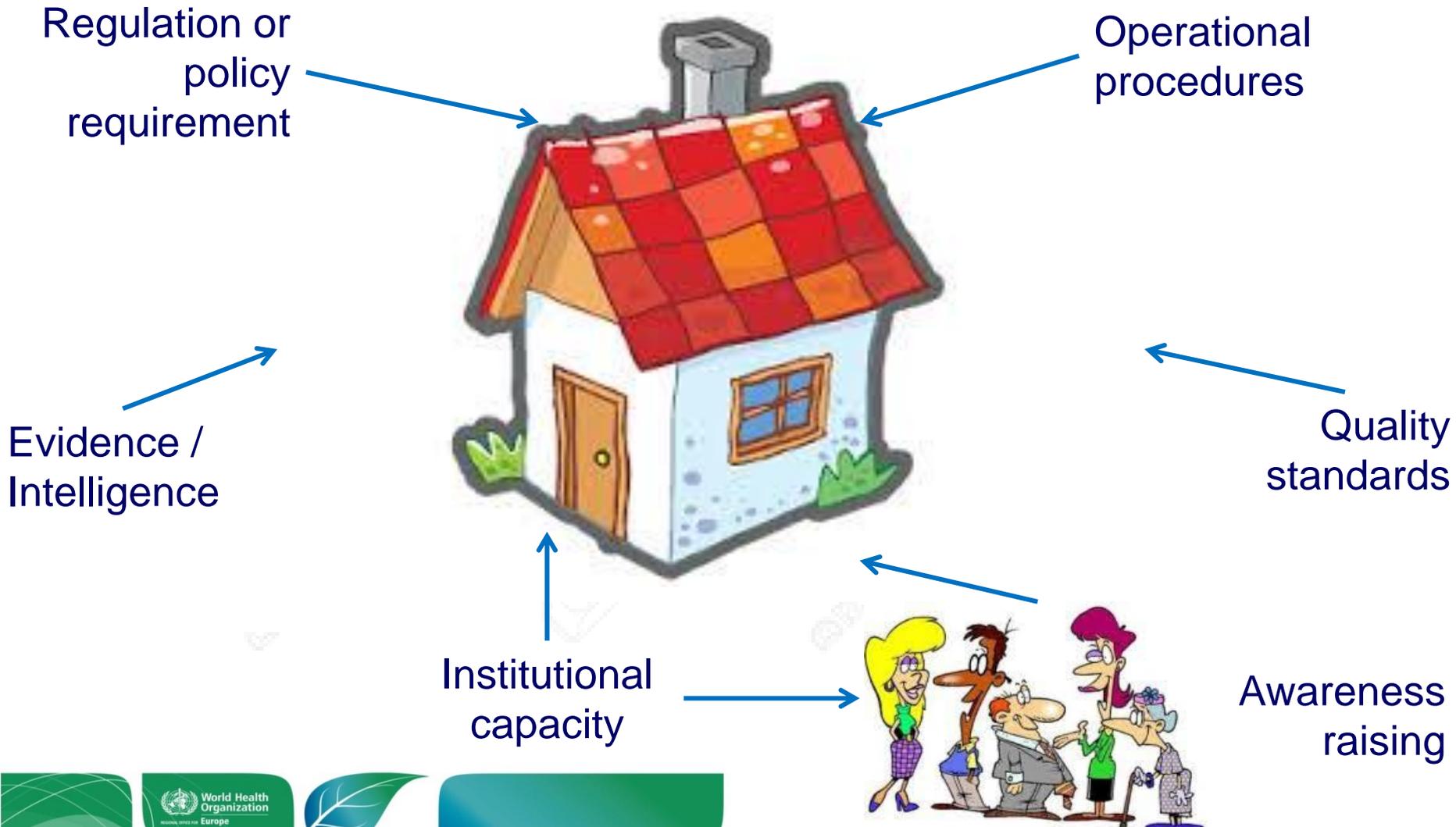


Conclusions

- High proportion of HIA institutionalization across countries, but the declared **real implementation** of HIA, keeps being low
- **Lack of registers** or databases with HIA experts – HIAs conducted
 - difficult to have a comprehensive overview of the real situation
- Prevalence of the **biomedical health model** both in stand-alone HIA and HAs within EAs.
 - More evidence (research) on casual relationships referring to social health determinants is needed.
- **Limited incorporation of HAs into EAs process**: excess of bureaucracy, fear for losing its focus on health issues, lack of awareness, not enough involvement of health experts...



Factors enabling health in EA systems



Key messages

- Most probably the plan under discussion will shape your future for the next years!
- Think **big** and strategic = think in long terms!
- Take the chance the EA / planning process gives you to think about the future you want to have!
- Then you can still think about what is realistic to be realized in the near future.





Thank you for your attention!

<http://euro.who.int/healthimpact>

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