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Agenda item 4

**EVALUATION OF THE IMPLEMENTATION OF THE
CHARTER ON TRANSPORT,
ENVIRONMENT AND HEALTH***
1999 – 2002

**adopted at the Third Ministerial Conference on Environment and Health
(London, 16-18 June 1999)**

Note by the WHO secretariat

**A. MANDATE AND BACKGROUND FOR THE EVALUATION OF THE CHARTER
IMPLEMENTATION**

1. The 3rd Ministerial Conference on Environment and Health, which took place in London on 16-18 June 1999, adopted *inter alia*, a Charter on Transport, Environment and Health, containing health targets, principles and a plan of action to achieve health gains through transport policies. The Charter also established a follow-up mechanism to facilitate the implementation of its action plan. This includes a Steering Group, co-chaired by Austria and the WHO, consisting of representatives of twenty-five member States, International Organizations (the UNECE, UNEP and the European Commission) and six Non-Governmental Organizations (ACEA, ECF, IRU, ISDE, UIC, UITP), and a network of National Focal Points, appointed by thirty member States, to promote the implementation of the Charter at the national level and facilitate the monitoring of progress on the implementation of the Charter plan of action.

* The Annexes to this document are available in English only

2. At its 4th Meeting (Geneva, 7 June 2001) the Charter Steering Group decided to carry out an evaluation of the Charter implementation to-date, by carrying out a survey among National Contact Points, and requested the WHO Secretariat to draft a questionnaire for that purpose. The draft questionnaire was discussed and agreed at the 5th Charter Steering Group Meeting (Malta, 8 – 9 October 2001).

3. The results of the survey are meant to inform the Ministerial Meeting on Transport, Environment and Health (5 July 2002) and the future direction of work in implementing the Charter objectives under the new razionalized framework of joint WHO UNECE work on Transport, Environment and Health at the pan-European level.

4. This paper describes the methodology used to carry out the Charter evaluation. It presents the main findings of the survey and summaries of actions that have been or are being carried out as part of the Charter implementation. Finally, it looks at future directions of work and addresses items in the Charter plan of action, which do/do not fall under the priorities identified for work under the Transport, Health and Environment Pan-European Programme (THE PEP) being established under the joint WHO and UNECE framework. The paper is complemented by the following Annexes:

- Annex I: semi-quantitative analysis of replies to the evaluation survey;
- Annex II: detailed answers;
- Annex III: Questionnaire used in the survey;
- Annex IV: summary of the results of the Austrian, French and Swiss study evaluating the costs of the health impacts of transport-related air pollution;

B. METHODOLOGY

5. A questionnaire (see Annex III) was sent on 26 November 2001 by fax, e-mail, and mail to the Charter National Contact Points, as well as to WHO Technical Contacts Points in Ministries of Health of the WHO Regional Office for Europe, to include in the survey also those member States that had not appointed National Contact Points for the Charter implementation. Respondents were invited to reply by 20 December 2001, and encouraged to consult with representatives of other relevant ministries, as appropriate, and in particular with National Focal Points and Lead Actors of the Vienna Programme of Joint Action on Transport and the Environment, to whom the questionnaire was sent for information, with views of facilitating the internal consultation process. Reminders were sent at the end of December 2001. The present analysis includes questionnaires received by the WHO until 22 April 2002.

6. The questionnaire sought to:

- Collect information on actions taking place at the national and, where available, sub-national level to implement the actions covered by the plan of action of the Charter;
- Understand how and to which extent the Charter has contributed to catalyse action towards transport sustainable for health and environment and a stronger integration of health arguments in the transport and environment agenda;
- Identify priority areas in the Charter plan of action for future work under the new razionalized WHO UNECE framework
- Collect feedback for further strengthening the implementation of the Charter objectives at national level

7. Replies were received from a total of twenty-seven member States, the United Nations Environmental Programme (UNEP) and the European Cyclist Federation (ECF). Responding member States include: Austria, Azerbaijan, Belgium, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, the Former Yugoslav Republic of Macedonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, the Slovak Republic, Slovenia, Sweden, Switzerland, Tajikistan, Turkey, the United Kingdom and Uzbekistan.

8. Answers were evaluated semi-quantitatively, clustering them into different categories. Averages or the percentage of answers referring to each category were evaluated. Some of the questions were analysed on a sub-regional basis, according to the grouping in use at the WHO Regional Office for Europe (see Annex I). Replies from NGOs and IGOs were evaluated separately.

C. KEY FINDINGS

I. Progress on implementation at the international level

9. At the request of the Steering Group, the WHO developed a set of project proposals to address the implementation of the different items in the Charter action plan.

10. The Steering Group identified priorities for the implementation of items in the Charter plan of action, through a questionnaire sent to member States. Replies were received from twenty-four countries and reviewed by the Steering Group, that reached consensus on identifying the following items as initial priority areas of work:

- *Assessing the environmental health impacts and costs of transport, land use and infrastructure policies and investments*
- *Preparation of the overview of agreements and legal instruments on Transport, Environment and Health, in close co-operation with the UN/ECE.*
- *Raising public awareness and individual responsibility and ensuring access to information about the impacts of transport on environmental health, and increasing public participation in decision making on transport projects and strategies.*

11. Progress in the implementation of the above project includes: development of guidelines for carrying out health impact assessments of transport policies (with support from Switzerland); development of models and soft-wares to quantify the health impacts of transport through accidents, noise and air pollution (partially funded through EC research grants); planning of a series of thematic workshops to support the development of guidelines (under the initiative of Austria); drafting guidelines to promote public involvement in transport decision making (under the initiative of the United Kingdom); establishing a Clearing House on Transport, Environment and Health (being considered by Italy); developing a system to endorse projects that contribute to the Charter implementation.

12. In line with the mandate given in the Charter, a major effort was directed towards the development, jointly with the UNECE of an “Overview of Instruments Relevant to Transport, Environment and Health and recommendations for further steps”, whose conclusions were discussed at the 1st High Level Meeting on Transport, Environment and Health (Geneva, 4 May 2001). The “Overview” recommended, *inter alia*, to start negotiations of a framework Convention on Transport, Environment and Health focusing on the further integration of the

transport, environment and health policies, and on transport-related environment and health problems in urban areas.

13. Following decisions taken by the 1st High Level Meeting, the work of the Charter Steering Group and of the WHO secretariat focused on the activities carried out under the newly formed Joint UNECE WHO ad-hoc Expert Group on Transport, Environment and Health, focusing in particular on: rationalization of work on transport, environment and health at the international level; identification of priority areas for further work at the pan-European level and corresponding activities to be carried out; possible options for the implementation of these activities, including legally binding (e.g. Framework Convention), as well as non-legally binding instruments. The limited resources available to the WHO secretariat and the priority given by member States to this work shifted focus away from the other priority areas identified by the Steering Group.

14. The key achievements of the Charter at the international level can be summarized as follows:

- a) Promoting a greater integration of health arguments in the international transport and environment agenda (e.g. the recent European Parliament resolution on the impact of transport on health (2001/2067(INI)))
- b) Bringing together the three sectors and contributing to streamline work under the joint WHO and UNCE framework
- c) Breaking new ground in the development of methods for health impact assessment and economic valuation of transport-related health impacts (e.g. in the Austrian-French-Swiss study and its follow-up, initiating the development of health impact assessment/economic valuation guidelines). Importantly, transport has been the first sector of economy where these developments started taking place, providing an example and a testing ground for these new approaches
- d) Bringing together and making available existing and emerging knowledge on the links between, transport, environment and health and raising the interest in dissemination tools (e.g. the Clearing House on Transport, Environment and Health) and capacity building.

15. The main challenges encountered in the Charter implementation at the international level include the following:

- a) Extension of the active participation in the Charter implementation to a greater number of countries, in particular the CEEC/NIS, and in increasing the number of Member States taking the role of lead actors for the implementation of the Charter topics
- b) Active involvement of countries with economies in transition in the Charter implementation
- c) Broader engagement of partners interested that could provide financial support to projects and activities relevant to the Charter implementation
- d) Strengthen the active participation of representatives of the Health sector
- e) Lack of adequate resources to strengthen implementation at the international level.

II. Progress on implementation at the national level

16. Based on replies to the survey for the Charter implementation, the following general conclusions can be drawn:

- a) The main added value of the Charter has been the facilitation and, in some countries, initiation of a cross-sectoral dialogue at the national level.
- b) The Charter contributed to bring out the health implications of transport policies
- c) The Charter has also been seen as a tool promoting a greater integration of health arguments in the transport and environment agenda at the national level. This positive impact has been more important in countries where national policies did not provide already for cross-sectoral integration.
- d) The Charter effectiveness in catalyzing action on transport, environment and health and cross-sectoral integration at the national level has been limited by a lack of resources allocated to its implementation and of awareness among actors at the national and sub-national level as well as by too limited cross-sectoral co-operation and lack of enforcement tools (e.g. such as those that would have been provided by legally binding requirements)
- e) Most actions reported by member States as contributing to the implementation of the Charter plan of action are in fact prompted by other processes, where the need to implement European Community policies acts as a major driving force for action (both for EU members and accession countries), together with national policy developments.
- f) In many countries, the health sector had a modest involvement in the Charter implementation

D. HIGHLIGHTS FROM ACTIONS CATALYSED BY THE CHARTER

I Austrian-French-Swiss evaluation of health costs due to traffic-related air pollution

17. This study was carried out as a contribution to the preparation of the London Conference on Environment and Health (1999). It assessed the health costs of road traffic-related air pollution in the three countries using a common methodological framework, breaking new grounds in the economic valuation of the external costs of transport.

18. For the three countries, the exposure of the residential population to particulate matter (PM10) was assessed, as well as the relationship between air pollution and health, providing for each level of exposure the number of air pollution attributable cases of morbidity and mortality, which were ultimately valued in monetary terms. The study estimated that all three countries together bear some 49 700 million EUR of air pollution related health costs, of which some 26 700 million EUR are road-traffic related. Due to the similar size of their population, in Austria and Switzerland the air pollution related health costs reach similar level.

19. The co-operation initiated with this study is presently being extended to Sweden, and expanded in its scope to develop economic valuations of the health effects of noise and walking and cycling (see also Annex IV). Importantly, the methodology developed by the study led to further studies at the city level (e.g. a study done in the eight largest Italian cities).¹

II Italian case-study on two-stroke engine mopeds

20. This study was carried out by the Italian Ministry of Environment as a contribution to the preparation of the London Conference on Environment and Health (1999). It was the first study

¹ <http://www.euro.who.int/document/E75492.pdf>

trying to identify and quantify the health and environmental effects of the use of two-stroke engine motorbikes (mopeds) as transportation means in urban areas, and their costs.

21. The study, whose international relevance extends to other countries in Europe and in the Asia-Pacific region, where the use of these vehicles is increasing, was instrumental in identifying several important gaps in knowledge about the quantitative and qualitative emissions of air pollutants of these engines, develop policy scenarios and indicate several options to reduce the health impacts from mopeds. The study was carried out by a multi-disciplinary team, and involved the active participation of key stakeholders, including manufacturers and environmentalists.

III Malta pilot project on the environment and health benefits of electric buses in connection with a new park-and-ride-scheme

22. This pilot project was endorsed by the Steering Group as contributing to the achievement of the Charter objective. It consists of developing a scheme of park-and-ride in the city of Valletta consisting of a fleet of electric shuttle buses powered through solar energy, connecting a parking lot with the historical city of Valletta.

23. The endorsement given by the Charter Steering Group had a positive influence on the approval of the project by the Maltese government and on the application to European Union funds under the CIVITAS programme.

IV ISDE booklet “Transport, Environment and Health”

24. The ISDE proposal of further disseminating the knowledge on the links between transport, environment and health, as brought together by the WHO in the book “Transport, Environment and Health”² prepared as part of the Charter development, was endorsed by the Steering Group as contributing to the achievement of the Charter objective.

25. The ISDE booklet was published on the occasion of the EU Green Week 2002, and at the present moment is available in English, French and German. It is being disseminated to physicians and policy makers.

V Development of WHO guidelines for the health impact assessment of transport policies and of walking and cycling

26. These guidelines are being developed with support from the Swiss Government. They will bring together under a coherent methodological framework present knowledge on health impacts of transport related policies on health, making it available to carry out comprehensive health impact assessments of transport and land use policies.

27. The guidelines will provide users with hands-on guidance on the health end points to be considered in the assessments, the relevant dose-response relationships and the factors modifying them, practical ways of estimating health impacts and translating these in the form of attributable

² “Transport, Environment and Health” (editors C. Dora and M Philips) 2000 - WHO Regional Publications European Series No 89 <http://www.euro.who.int/transport> (accessed on 29 April 2002)

risk and burden of disease and injury, with views of facilitating economic valuations and cost-benefit/cost-effectiveness analysis of different policy scenarios.

VI UK development of guidelines to promote public involvement in transport decision making

28. The UK, in its role of lead actor for the implementation of the Charter plan of action topic on “Public participation, public awareness, information” started the development of “Guides on public involvement in transport decision making”, with the collaboration of UITP, UNEP and Malta.

29. The draft guides are being expanded to include further further contributions (e.g. through case-studies and examples of best practices) and represent an important step in the direction of disseminating information and facilitate the exchange of experience between different countries.

E. FUTURE DIRECTIONS OF WORK

30. A High-level Meeting on Transport, Environment and Health was organized by WHO and UNECE on 4 May 2001 in accordance with the mandate of the London Charter on Transport, Environment and Health and of the Ministerial Declaration adopted at the 3rd Ministerial Conference on Environment and Health.

31. The Meeting invited concerned international organizations to further enhance cooperation and coordination of all activities in the fields of transport, environment and health, particularly those in the London Charter and in POJA. The High-level meeting also endorsed in this context a proposal made by the UNECE and WHO secretariats to rationalize the existing international institutional mechanisms established under the Vienna and London follow-up processes and to prioritise the related work.

32. On the basis of these decisions, a Joint UNECE-WHO Ad Hoc Expert Group on Transport, Environment and Health was established, to identify priority areas for future joint work, taking into account, *inter alia*, elements of the plan of actions of the Charter as well as of the Vienna Plan of Joint Action on Transport and Environment.

I. Priority setting and THE PEP

33. In accordance with the decision of the High-level Meeting, the newly established Joint UNECE-WHO ad hoc expert group identified the following priority areas for further work in the fields of transport, environment and health at the Pan-European level:

- Integration of environmental and health aspects into transport policy
- Demand side management and modal shift
- Urban transport
- Cross cutting issues (specific needs and problems of Newly Independent States (NIS) and South Eastern European countries as well as ecologically particularly sensitive areas of the region);

34. With the endorsement of the Charter evaluation, and with the decisions on rationalization of the existing international institutional mechanisms under the London and Vienna follow-up processes and on prioritisation of work to be taken by the second High Level Meeting on Transport, Environment and Health (Geneva, 5 July 2002), the activities undertaken at the national and international levels in the POJA and in the London Charter will be given further impetus by bringing them together under a single new programme: The Transport Health and Environment Pan-European Programme (THE PEP).

35. As a consequence, as of July 2002, the present ten items of the Charter Plan of Action with their respective implementation elements will be rationalized to reflect the selected four priority areas for further work at the Pan-European level under the framework provided by THE PEP (paragraph 34).

36. THE PEP with its new institutional mechanism will continue to provide a framework and a forum for the implementation of all national and international components of the Charter. THE PEP will re-focus and re-direct the previous Charter activities and programme elements towards the selected four priorities listed above. Lead Actors, member States and other parties implementing the Charter and its objectives may continue to implement the respective national or international Charter programme elements, as long as they respond to specific national or international needs and/or are in line with established mandates. This applies equally to Governments as well to international organizations.

37. The new Steering Committee to be established under the PEP will also serve as a forum where activities in the Charter Plan of Action, which do not fall under the priorities established by THE PEP, can be reported on and taken note of, and will allow for an exchange of views on their implementation, both at the national and the international levels.

38. THE PEP will also establish a network of national focal points on transport, environment and health, taking into account the existing networks established under the Vienna and London follow-up processes. Given the important role played by the National Contact Points for the Charter implementation in WHO member States for the efficient exchange of information among countries and between the national and international level, these Contact Points will need to adapt their role and function to those of the new network established under THE PEP.

39. With the establishment of the new Steering Committee under THE PEP, the Charter Steering Group will cease to exist, and its members invited to become members of THE PEP Steering Committee. The Steering Committee should be open for participation of representatives of the three sectors within member States on an equal footing. Member States of UNECE and WHO – Euro will nominate their national representative(s), as appropriate, in line with the Terms of Reference of the Committee.

II ELEMENTS OF THE CHARTER PLAN OF ACTION FALLING/NOT FALLING UNDER THE PRIORITIES IDENTIFIED IN THE PEP

<i>Elements of the Charter the plan of action</i>	<i>Addressed under THE PEP (Yes/No)</i>
(A) Integration of environment and health requirements and targets in transport and land use policies and plans	Yes
(B) Promotion of modes of transport and land use planning which have the best public health impacts	Yes
(C) Health and environmental impact assessment	Yes
(D) Economic aspects of transport, environment and health	Yes
(E) Special care of groups at higher risk	Partially covered (areas as for children and ecologically sensitive areas)
(F) Risks to public health not yet clearly quantified	No
(G) Indicators and monitoring	Yes
(H) Pilot actions and research	Partially covered (e.g. for piloting projects in countries with economies in transition and in urban areas)
(I) Public participation, public awareness, information	Yes
(J) Countries in transition and countries with severe problems concerning transport-related health effects	Yes