



The Regional Environmental Center
for Central and Eastern Europe



BUDAPEST CONFERENCE SIDE EVENT

ORGANIZED BY THE CZECH REPUBLIC IN COOPERATION WITH WHO, UNECE AND THE REGIONAL ENVIRONMENTAL CENTRE FOR CENTRAL AND EASTERN EUROPE

UNECE PROTOCOL ON STRATEGIC ENVIRONMENTAL ASSESSMENT: "IMPLICATIONS FOR THE HEALTH SECTOR"

23 JUNE 2004

REPORT OF THE SIDE EVENT

BACKGROUND

The SEA Protocol was signed at Kiev Ministerial Conference "Environment for Europe" in May 2004 by 36 UNECE member states and the European Union. It establishes framework for systematic treatment of environmental, including health, issues in strategic environment assessment (SEA). The forthcoming implementation of the Protocol will open new opportunities for health authorities to become involved in:

- determination of plans and programs that should be subject to SEA,
- determination of scope of assessments for each respective plan or programme,
- commenting on quality of SEA Reports,
- post-SEA monitoring.

The side event was organised in the framework of the 4th Ministerial Conference on Environment and Health (Budapest, 23-25 June 2004) to discuss new opportunities for integration of health concerns into development planning arising from the recent signature of the UNECE Protocol on Strategic Environment Assessment. Benefits of such international instrument had been already discussed at the 1999 London Ministerial Conference on Environment and Health. Subsequently the SEA Protocol was negotiated with the active participation of WHO, under the auspices of the UNECE Convention of EIA in a Transboundary Context.

The side event intended to bring together participants with interests in impact assessment to exchange their perspectives on implications of the SEA Protocol for the health sector and discuss corresponding capacity development needs that may be addressed on international or national levels.

THE SIDE EVENT

The meeting was chaired by **Tharald Hetland** (Ministry of Health, Norway). In the opening, the chairman reminded participants of the importance of strategic assessment as a tool for effective support to policy making, and of the opportunity provided by the SEA Protocol in terms of a closer integration of the environment and health sector. Given its importance, discussion on the SEA Protocol and its implications and requirements would have deserved to feature in the plenary sessions of the Ministerial Conference.

The SEA Protocol

The Protocol is likely to entry into force soon. As described by **Wiek Schrage**, Secretary to the EIA Convention (UNECE), many EC Member States have indicated their intent to ratify the Protocol soon after the EC Directive on SEA. The SEA Protocol is a means of integrating environmental and health concerns into the decision-making process, requiring Parties to evaluate the environmental consequences of their draft plans and programmes. SEA is undertaken much earlier in the decision-making process than project Environmental Impact Assessment (EIA), and is therefore seen as a key tool for sustainable development. SEA allows identification & prevention of possible environmental impacts right from the start in decision-making and it enables environmental objectives to be considered on a par with socio-economic ones.

Objective of the Protocol is to provide for a high level of protection of the environment, including health[†]:

- by ensuring that environmental, including health, considerations are thoroughly taken into account in the development of plans and programmes;
- by contributing to the consideration of environmental, including health, concerns in the elaboration of policies and legislation;
- by establishing clear, transparent and effective procedures for strategic environmental assessment;
- by providing for public participation in SEA; and
- by these means integrating environmental, including health, concerns into measures and instruments designed to further sustainable development.

Fields of application (art. 4) are very diverse, for example transport has been extensively explored. Significance, i.e. screening (art. 5), scoping (art. 6), reporting (art. 7), public participation (art. 8), consultation (art. 9), transboundary consultation (art. 10), decision (art. 11), monitoring (art. 12), policies and legislation (art. 13) are all spelt out in the Protocol as essential steps in SEA with requirements for signatories.

Consideration of the health is a key feature of the Protocol: project EIAs have rarely provided sufficient emphasis on potential human health impacts, focusing instead on the physical & biological environment. The Protocol attempts to redress imbalance by placing special emphasis on human health, going beyond existing legislation. This reflects the

* Definition of SEA in the Protocol (art. 2.6)

The evaluation of the likely environmental, including health, effects, which comprises the determination of the scope of an environmental report and its preparation, and the carrying-out of public participation and consultations, the taking into account of the environmental report and the results of the public participation and consultations in a plan or programme.

† Definition of "Environmental, including health, effect" (art. 2.7)

Any effect, on the environment, including human health, flora, fauna, biodiversity, soil, climate, air, water, landscape, natural sites, material assets, cultural heritage and the interaction among these factors

involvement of WHO in the Protocol's negotiations as well as the political commitments made at the 1999 London Ministerial Conference on Environment and Health (The Protocol is also referred to in paragraph 13 of the Budapest Declaration).

Emphasis manifest in the repeated references to health ("the environment, including health,") throughout the Protocol, an explicit requirement to consult health authorities (not just environmental health authorities) so health issues should be considered fully in all sectors.

Experience, applications, needs in Member States

In an introductory speech, **Jaroslav Volf** (Director of National Institute of Public Health, Czech Republic) made a historical overview of preparation of SEA Protocol from the integration of health aspects point of view. He mentioned the active role of WHO within the preparation of the Protocol, and the development of an overall approach to health impact assessment elaborated by WHO during the negotiations on the UNECE SEA Protocol. Dr Volf stressed the necessity of close cooperation between environmental and health sectors, including especially relevant authorities, international organizations and institutions and experts in both areas. He further emphasized that one of the main challenges is in the lack of experience within EU member states and accession countries in integration of health issues into SEA of plans, programmes and policies and in ensuring linkages between environmental and health analyses within SEA. Another problem lies in the deficiency of reliable data and evidence base of possible impacts of often very general plans and programs on public health. He concluded that health authorities should become more opened to participation of public and NGOs into the discussions of health issues in the SEA processes – broad participation of key stakeholders provides new insights and improves the quality of the entire process.

Helena Kazmarova (Head of Department of Air Pollution and Health, National Institute of Public Health, Czech Republic) continued by reminding that the SEA Protocol is a new instrument that raises several challenges for the health sector. Its explicit requirements to consult with health authorities will upgrade the current practices in health impacts assessment and will add new dimension to this process. So what are the priorities for the preparations of the forthcoming implementation of the Protocol in the health sector? The first prerequisite for the successful implementation is the adequate involvement of health authorities and the availability of skilled public health professionals. In many countries with traditional structure of public health authorities – as is the case of the Czech republic- the public health experts have been engaged in very similar type of tasks for years but further capacity development in this area will be in any case fruitful.

Applicable tools and methodologies represent the second pillar of successful implementation of the Protocol. The best way is to use health impact assessment analysis and procedures which represent good means of integrating health issues into the development of the plans and programs. It is thought that it will be necessary to compare and unify methodological approaches, prepare applicable tools and guidance, prepare training courses and support exchange of experience. Health professionals have to be prepared for involvement in SEA process and professional development in this area should be treated as priority.

However, one should acknowledge the intersectoral nature of the exercise. Some plans and programs might have no connections to health. For other plans and programs with health implications, evidence of health effects might hardly be available and impact assessment will have to be based on opinions and best available expert judgment. Thus, the best way is to proceed with practical testing and the experience will show what is possible.

One example of application of health impact assessment at the strategic level was described by **Dr Jožica Maučec – Zakotnik** (Ministry of Health of the Republic of Slovenia), who presented a project on the health implications of accession to the European Union on national agriculture and food policy in Slovenia, undertaken as a joint project between the Slovenian Ministry of Health and the WHO European Region.

Objective was to assess the impact of accession and particularly the Common Agricultural Policy (CAP) on the health status of the Slovenian people and take measures to minimise possible negative impact. The HIA approach was used to clarify the expected implications for population health in the development of agriculture, food, and nutrition policy in Slovenia. This was particularly important in the agricultural sector, where public health was not on the agenda.

The HIA set out to follow a six-stage process: policy selection and analysis; rapid appraisal workshops with stakeholders from a range of backgrounds; review of research evidence relevant to the policy; analysis of Slovenian data for key health-related indicators; a report on the findings to a cross-government group and a planned evaluation of the HIA.

A large part of the work initially was to clarify the agriculture policy scenarios, for later to estimate their expected health impacts. Agriculture academics worked with the HIA team examining economic models, legislation and other factors to develop the likely agriculture policy scenarios expected when integrating the CAP requirements.

The project involved national and regional stakeholders. A number of people participated at meetings, including representatives of local farmers, food processors, consumer organisations, schools, public health, non-governmental organisations, national and regional development agencies, and officials from several government ministries. The participants were asked to identify potential positive and negative health impacts of the proposed agricultural policies. This was achieved by conducting a series of rapid appraisal workshops, which were facilitated by using a semi-structured grid assessment framework.

A detailed review was made of the evidence-base for how agriculture and food policies affect health. Reviews were done for the six policy topics identified in the stakeholder workshops; environmentally friendly and organic farming methods, mental health and rural communities, socio-economic factors and social capital, food safety, occupational exposure, and issues of food policy, including price, availability, diet, and nutrition.

Good intersectoral relationships existed between the Ministry of Health and other ministries, including agriculture and economic development. The HIA helped to develop new communication between the ministries on these issues.

The HIA involved experts from the Ministry of Agriculture who were negotiating the Slovenian policy position on subsidies with the EC. That resulted in agricultural experts arguing the case for 'healthy' agricultural policy in the Slovenian National Media. The end result was that the health and agricultural sectors have begun to support each other in some of agriculture and food policies that they want implemented in Slovenia after accession.

The major benefits seem to result in strengthening policy-makers' understanding of the interactions between health and other policy areas, and creating new opportunities for improving intersectoral relationships.

The project resulted in several recommendations on fruit and vegetables (e.g., increase production of fresh and frozen fruit and vegetables to meet increased market demand stimulated through healthy eating campaigns), wine regime (e.g., reduce surplus wine production by converting vineyards to other production), dairy products (e.g., reduce the fat content of cows milk), rural development (e.g., encourage investment and create sustainable markets to increase local supply and availability of products which form the basis of a healthy diet).

The health dimension: a way forward

The Slovenian example shows how health impact assessment can effectively be applied at the strategic level. As argued by **Marco Martuzzi** (WHO), the possibility to apply HIA not only at the project level but also at the policy level reflects, generally speaking, the move from considering environment as a collection of physical agents to the broader perspective of sustainable development. There is, in fact a strong political drive to address "upstream" determinants (e.g., art 152 of the EU Amsterdam Treaty, the 1999 London Declaration). This is, in turn, due to many factors, such as the increasing awareness of the complex "web of causation" that affect health in modern society, and the use of a broad model of health, encompassing not only disease but also wellbeing (as per the WHO definition of health of 1948). Thus, limitations in traditional risk assessment paradigm to inform decision making

have been described, as there is growing demand for policies that are evidence based (in general and health-wise), and developed through participatory processes.

While the strategic level of analysis is increasing interest, still few applications address health in a comprehensive way. The SEA Protocol, therefore, offers an excellent opportunity to turn such potential into concrete implementation to meet the needs of the Member States. The first experiences such as the Slovenian project or the work in the transport sector are encouraging: efforts were made in developing methodology and tools for integrated modeling, institutional mechanisms were devised for the health sector to participate more closely in the decision making process, inter sectoral work was stimulated, public participation was encouraged and ultimately these few exercises resulted in a direct influence on the policy decisions being made.

Several questions remain open that pose important conceptual, methodological and procedural challenges: for example, at the strategic level social determinants of health can interact and even outweigh other determinants, e.g. of bio-physical environment; also, when assessing changes brought about by policies, consequences can be far-reaching and difficult to predict; uncertainty, therefore, will inevitably tend to be large and underestimated. These challenges call for methodological efforts. Progress must be pursued through expert multidisciplinary exchanges, firmly rooted in the institutional and political context. In this respect, the SEA Protocol has a great relevance, as it promotes a greater integration of HIA and SEA procedures and practice.

In perspective, the WHO is strongly committed to HIA at project and strategic level and in related approaches to support decision making. The WHO has been investing in this area and has promoted the concept and use of HIA through application, training and capacity building. A stronger link between health and environment is desirable to address more effectively the existing needs– the SEA Protocol provides a unique opportunity to collaborate with Member States to develop the tools and skills to fulfill the imminent legislative requirements.

Capacity building and development, a key element for implementation of the SEA Protocol, was discussed by **Jiri Dusik** (REC). Stronger capacity will be needed in the health sector to address procedural, methodological and policy issues. Firstly, there are several key procedural issues for health authorities: screening (possible health impacts); scoping (identifying health objectives and impacts and key alternatives); participation in public consultation procedures; consultations on SEA Report (compliance with scoping advice and quality review); and post-SEA monitoring (health indicators and data collection means). These requirements will fall on the health sector, which might be able to cope with few applications but what if there easily will be hundreds of SEAs (on national regional and local levels) each year?

There are, secondly, key methodological issues for health experts: the establishment of relevant health baseline (references to key development trends, etc.); the identification of relevant health objectives (NEHAP, Health 21, etc.); the characterisation of health impacts (how to move beyond risk assessment, how cope with uncertainties and with lacking evidence in epidemiological studies); and the use of health indicators (objective-led or impact-lead indicators, data-gathering systems, etc.).

Thirdly, national policy process for health issues in SEA must be considered: the involvement of health authorities in ratification process and implementation plans for the SEA Protocol; internal “operational procedures” for health authorities; the methodological guidance for professionals; professional training for public administration; and the possible accreditation of health experts. Annual conferences to discuss state-of-practice among environmental and health experts (similar to annual meetings of IAIA) are likely to be valuable to support and review the necessary progress.

CONCLUSIONS

The views expressed in the side event were highly consistent in underlying the importance of impact assessment at the strategic level in supporting the development and adoption of sound policies in many sectors in Europe. The adoption of the SEA Protocol and its imminent ratification provides a unique opportunity for Member States to equip themselves

with methods, skills, practical and institutional mechanisms for an effective implementation that meets the legislative requirements. Building on the extensive experience in EIA and HIA and based on first examples of SEAs where health is duly taken into consideration, it seems likely that a great potential exists for making substantial progress in this field. “Investments” in terms of capacity in SEA will result in valuable “returns” in terms of capability to carry out assessment that comply with the requirements and, even more importantly, that provide information on the health implications, from short- to long-term, of broad plans and policy choices. The effort should be based on multidisciplinary collaboration. In particular, the health sector and the environment sector should work together in taking the lead and prioritise and address the many open questions and needs. Indeed, guidance on implementation of the Protocol is needed (as indicated by the **European Commission** and by the Ministry of Health of **Hungary**) around general as well as specific questions, e.g. choice of relevant health outcomes, sources of appropriate information, level of detail of application, harmonisation of existing norms and legislation.

Adoption of SEA Protocol will create an obligation to MSs to: evaluate environmental, including health, effects of plans and policies. The side event revealed that different approaches and methods are used in different countries and there is not a clear and coherent strategy on how the health sector should react to the obligation of the SEA Protocol. A possible strategy will have political implications and should be dealt with accordingly. A suggestion was made to refer the matter to the Standing Committee for the 2004 Regional Committee for presentation to the Regional Committee in September with the aim to eventually formalise a resolution to be proposed to Member States on the issue.

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