



Draft guidance on assessing health impacts in strategic environmental assessment (SEA)


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Promoting ratification and application of the Convention and the Protocol: draft guidance on assessing health impacts in strategic environmental assessment

Draft guidance on assessing health impacts in strategic environmental assessment

Note by the Bureau

Summary

The present note contains draft guidance on assessing health impacts in strategic environmental assessment, as foreseen in the workplan for the implementation of the Convention on Environmental Impact Assessment in a Transboundary Context and its Protocol on Strategic Environmental Assessment for the period 2017–2020 (ECE/MP.EIA/23/Add.1–ECE/MP.EIA/SEA/7/Add.1, decision VII/3–III/3, annex II, item IV.1) and as agreed by the Working Group on Environmental Impact Assessment and Strategic Environmental Assessment at its seventh meeting (Geneva, 28–30 May 2018).

The draft guidance has been prepared by consultants funded by the European Investment Bank and reviewed and agreed by the Bureau at its meeting in Geneva, on 25 and 26 February 2020. The present draft document is the result of the substantial revision of an earlier draft (ECE/MP.EIA/WG.2/2019/5) submitted to the eighth meeting of the Working Group (Geneva, 26–28 November 2019), taking into account the comments made during and after that meeting by the delegation of the European Union, and the inputs from a task force composed of representatives of Austria, Finland, Ireland and Slovenia. In addition, the present draft has been supplemented with selected case studies from Czechia, Estonia and

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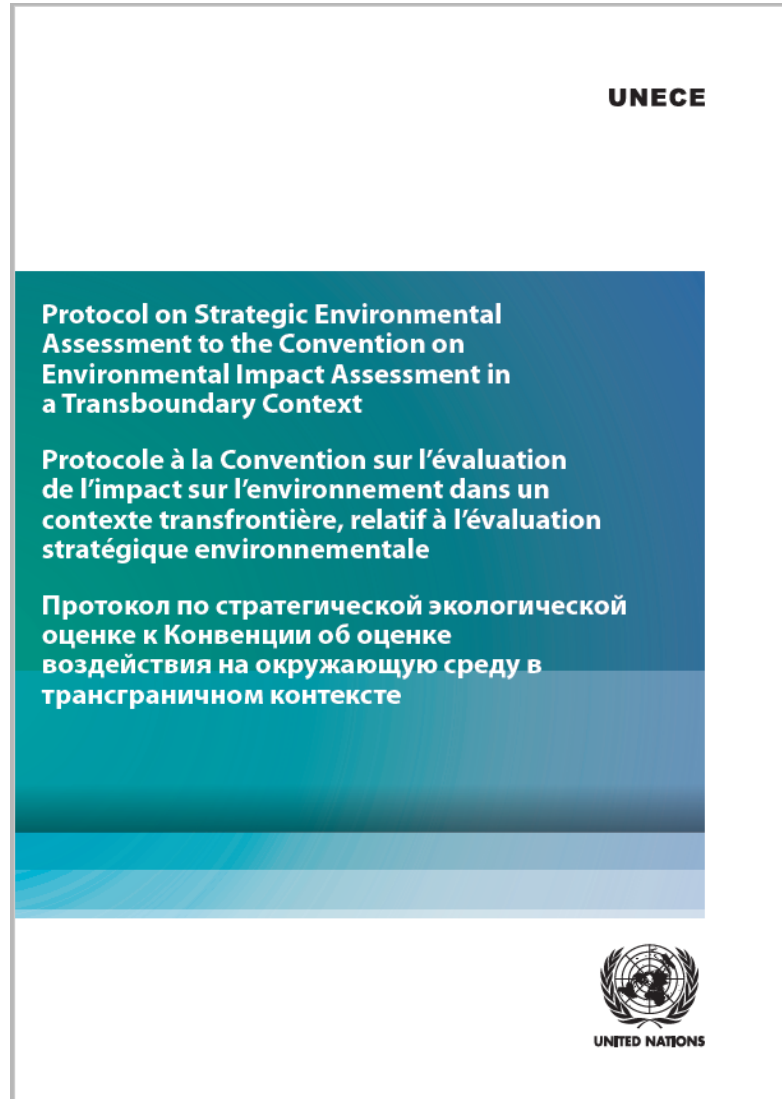

Context to the draft SEA health guidance

Commissioned by the Parties to the ‘Protocol on SEA’ (part of the Convention on Environmental Impact Assessment in a Transboundary Context)

Developed by consultants (Thomas Fischer, Ben Cave & Ryngan Pyper) in collaboration with United Nations Economic Commission for Europe, the World Health Organization and the European Investment Bank

Funded by the European Investment Bank

The Protocol has 33 Parties, including the EU. SEA is a formal requirement in over 50 countries and is also used by development banks and other organizations.



Purpose of the draft SEA health guidance

The objective of the SEA Protocol is to provide for a high level of protection of the environment, including health (article 1)

The way health is defined and assessed within SEA is inconsistent across the Parties to the SEA Protocol

The aim of the guidance is to assist Parties and future Parties to the Protocol in efficiently and consistently address relevant health impacts in the practical application of SEA

The guidance supports proportionate coverage of the wider determinants of health within SEA based on established principles and good practice

Structure of the draft SEA health guidance

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A reminder

SEA is a decision support tool which aims at making plans and programmes (as well as policies and legislation) more environmentally (and socially; including health) sustainable.

SEA sets a strategic framework for (policies), plans and programmes and subsequent development projects (and theirs EIAs, if applicable)

SEA covers many issues, is undertaken in a variety of contexts, by a variety of actors and uses a variety of methods

Typically those involved in producing a new plan/programme and its SEA will have only a generalist knowledge of health

Health specialists need to provide concise, clear, flexible, strategic health principles to guide SEA generalists

**CONSTITUTION
OF THE WORLD HEALTH ORGANIZATION¹**

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

ACCEPTING THESE PRINCIPLES, and for the purpose of co-operation among themselves and with others to promote and protect the health of all peoples, the Contracting Parties agree to the present Constitution and hereby establish the World Health Organization as a specialized agency within the terms of Article 57 of the Charter of the United Nations.

¹ The Constitution was adopted by the International Health Conference held in New York from 19 June to 22 July 1946, signed on 22 July 1946 by the representatives of 61 States (*Off. Rec. Wld Hlth Org.*, 2, 100), and entered into force on 7 April 1948. Amendments adopted by the Twenty-sixth, Twenty-ninth, Thirty-ninth and Fifty-first World Health Assemblies (resolutions WHA26.37, WHA29.38, WHA39.6 and WHA51.23) came into force on 3 February 1977, 20 January 1984, 11 July 1994 and 15 September 2005 respectively and are incorporated in the present text.

Principles of the draft SEA health guidance

Use a comprehensive approach to population health (the wider determinants of health), underpinned by the WHO definition of health:

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”

The Protocol requirement to consult with health authorities is central to the consideration of health in SEA

Encourage intersectoral cooperation, as many of the driving forces needed for positive health outcomes come from outside the health sector

SEA context and format – aspects to consider

Context within which SEA is conducted

Level of detail plan, programme, legislation, policy

Institutional capacity skills, resources, time

Requirements legislation, guidance, objectives

Sector eg transport

Influence of stakeholders

Administrative level national, regional, local

Format of any one SEA

Procedure

Substantive issues

Methods and tools

Role of assessors

The draft SEA health guidance has, out of necessity, to be somewhat abstract/high-level to accommodate many different concepts and jurisdictions within a strict word count

Health inequalities

Health inequalities between population groups

Health inequalities between geographical areas

Healthy lifestyles

Healthy lifestyles and leisure activity opportunities

Nutrition

Safe and cohesive communities

Housing, buildings and connecting routes

Poverty, social exclusion and crime

Socioeconomic conditions

Education

Employment (including quality)

Environmental conditions

Air quality

Water

Soil

Noise and vibration

Health- and social-care services

Access to health- and social-care activities/services

Occupational safety and health

Proportionate SEA health scoping

SEA scoping should determine the relevant likely significant environmental, including health, effects to be assessed

Where a linkage is either implausible or improbable and therefore is not capable of being a likely significant effect, it should be scoped out

It is important to find a balance. Scoping many issues in makes assessment of health complex; a tight scope, focusing on a limited number of issues, can fail to adequately address significant impacts

Health authorities should be consulted (see article 6 (2) and article 9 (1))

SEA and health objectives

Objectives inform many SEA methodologies

There are two types of SEA objectives:

- objectives established at the international, national and other levels (annex IV paragraph 5)
- objectives of the plan or programme (annex IV paragraph 1)

The former may only reflect narrow health responsibilities

Considerations that could undermine population health may be overlooked, or opportunities to improve population health may be missed if the SEA does not have a suitably broad health objective

Good practice is to articulate and recognize the plan or programme's health objective in terms of:

- improving physical, mental and social well-being,
- across current and future populations (including vulnerable groups),
- with regard to some or all of the following: health inequalities, healthy lifestyles, safe and cohesive communities, socioeconomic conditions, environmental conditions and health- and social-care services

SEA, health and alternatives

SEA should provide an outline of the reasons for selecting the alternatives dealt with

Criteria are used by many methodologies to rank or chose between alternatives

Without an appropriate range of key health concepts, the selection of a preferred option may overlook features that distinguish the alternatives in terms of beneficial and adverse population health outcomes

It is good practice (from a health point of view) to consider which alternative best:

- narrows health inequalities
- promotes healthy lifestyles
- promotes safe and cohesive communities
- enhances socioeconomic conditions to enable people to thrive
- enhances environmental conditions to enable people to thrive
- improves access to good quality health and social care

There are usually trade-offs between determinants of health, the key ones should be discussed

SEA, health and *likely significant* effects

SEA should identify, describe and evaluate the 'likely' 'significant' environmental, including health, effects of implementing the plan or programme and its reasonable alternatives

The likelihood of a health effect can be informed by:

- a simple source-pathway-receptor linkage model - where the anticipated change (source), impact pathways and receiving population (receptor) are clear
- a Driving Force, Pressure, State, Exposure, Effect, Action framework – where there are higher levels of complexity and uncertainty

For health significance, good practice is a context-specific professional judgment about what is important, desirable or acceptable with regard to those population health changes that are likely to be triggered by the plan or programme

- importance may be informed by the scientific literature and national health priorities
- acceptability (or desirability) may be informed by regulatory thresholds or national policy for the setting
- SEA health objectives may be referenced and analysis articulated in terms of sensitivity and magnitude

SEA and health authority consultation

SEA includes specific requirements to consult health authorities at screening (article 5), at scoping (article 6), during consultation (article 9) and in relation to transboundary matters (article 10)

Health authorities should be given the opportunity to express their opinion in an early, timely and effective manner

Knowledge of the area and of the environmental and health priorities are of crucial importance

- environmental authorities have data on the environment
- public health authorities have data on the population in their areas

Good practice is to establish joint working arrangements between health administrations and other key sector administrations (for example, regional development and spatial/land use planning) to ensure a shared understanding of the SEAs coming forward and the coordination of inputs, including on health, into those assessments

Appropriate institutional capacity is key to the effective implementation of the Protocol, including addressing knowledge gaps, for example, with regard to non-biophysical determinants of health

Next steps in the (post) COVID-19 world

Consideration as to the formal adoption of the draft guidance on assessing health impacts in SEA has been deferred until December 2021

In the interim the draft guidance can still be informative to the SEA community

The world faces unprecedented challenges in relation to pandemic preparedness (COVID-19) and climate change

These are determinants of health to which the intersectoral response (through new plans, programmes, policies or legislation) should be clarified and led by a robust assessment at the strategic level (i.e. within SEA), rather than left to individual project level assessments (e.g. EIA)

The draft SEA health guidance assists Parties and future Parties to the Protocol (and potentially others wanting to include health in SEA) in efficiently and consistently address relevant health impacts in the practical application of SEA

Headline recommendations

Use the WHO definition of health

Proportionately scope the wider determinates of health (biophysical, social, economic and institutional issues)

Articulate and recognize the plan or programme's health objective (distinct from any narrow sectoral objectives)

Use health criteria to help distinguish plan or programme alternatives in selecting a preferred option, including being clear on trade-offs

Use health evidence sources on importance, desirability and acceptability to inform professional judgments on the likely significant effects

Establish joint working arrangements between health administrations and other key sector administrations

Address health in SEA capacity issues (noting the latter two are challenging, especially so in some jurisdictions)

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