
Health and SEA: Challenges and Opportunities

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Abstract

The application of impact assessment is increasingly seen as being important for the development of sustainable projects, programmes, plans and policies. Substantial progress has been made over the last few years on how health may be meaningfully included in Strategic Environmental Assessment (SEA) and other forms of impact assessment. Based on an expert consultation meeting on health and SEA, organized by WHO Regional Office for Europe in 2009, this paper presents the conclusions of the meeting and discusses challenges and opportunities for a further advancement of health inclusive SEA and strategic planning processes (i.e. policies, plans and programmes). The expert meeting concluded that SEAs currently already consider health aspects, with a focus mainly on biophysical impacts. Distributional aspects are rarely considered and public health experts are rarely involved in the SEA process. Opportunities for health as well as other sectors for applying health inclusive SEA need to be outlined more clearly. This involves raising awareness and stimulating demand for capacity building on health inclusive SEA in both, the health and the environment sector.

Background

In the light of the evolving policy context in Europe, further promotion of the consideration of health effects in policies, plans and programmes within all sectors of civil society, including the health sector is required. In line with this, the Budapest Declaration on Environment and Health of the Fourth Ministerial Conference on Environment and Health in June 2004 called for taking “significant health effects into account in the assessment of strategic proposals” (WHO 2004). Hence, the World Health Organization (WHO) Regional Office for Europe has been working to assist its Member States on addressing health within SEA. This paper presents the conclusions of an international consultation meeting on “Health and Strategic Environmental Assessment (SEA)”, organized by WHO Regional Office for Europe in Rome, 8-9 June 2009. The overall aim of the meeting was to obtain advice from SEA, environment and health experts on addressing health considerations in SEA. The meeting revolved around expert presentations and was conducted within the context of a project co-funded by the European Commission, on implementing the Budapest Declaration (Grant Agreement 2005156 Environment). Subsequently, key entry points for health in SEA and challenges and opportunities for a wider consideration of health aspects in SEA are discussed. This is followed by key conclusions and recommendations to enhance the inclusion of health in SEA.

Key entry points for health in the SEA process

By now it is well established that factors affecting health include policies, plans and programmes implemented in all sectors (Whitehead / Dahlgren 1991, Barton / Grant 2006). Health inclusive SEA can help to identify opportunities and ultimately to adopt action to prevent disease and to avert unnecessary health costs. Recognizing that a substantial share of the global burden of disease could be prevented through interventions that address the environmental root causes of disease (WHO 2008), the return on investments made in primary prevention in the environmental domain can be considerable. One of the earliest examples of this type of protective action emerged in the area of environmental management where improvements to sanitation in an urban environment led to a decrease in communicable disease. Further studies, like the environmental burden of disease studies of WHO (2006) examine which specific diseases and injuries are impacted by environmental risks: e.g. over 25% of all lower respiratory disease can be attributed to indoor air pollution; 25% of road traffic accidents are attributable to land use and the build environment (Prüss-Üstün / Corvalán 2006, WHO 2008). These examples already show that there is

some substantial scope for action outside the health sector to prevent ill health and promote good health.

Indeed, the need and value of intersectoral action between health and other, particularly environmental related actors and administrators is increasingly recognized in Europe and throughout the world. This desire is expressed in a number of international commitments that advocate closer links between environmental protection and health promotion, like the EU SEA Directive (2001/42/EC) and the UNECE SEA Protocol (UNECE 2003). These provisions present the health sector with an opportunity to influence developments in other sectors and provide a key platform for cross sectoral dialogue on a range of issues to improve people's health and well-being. Accordingly, it is envisaged that health authorities engage more and more in SEA and decision-making process in order to draw on the potential for health protection and promotion in environment and public health decisions. As SEA is supposed to happen at policy, plan and programme stages, it also allows for consideration of potential regional, cumulative or sectoral level implications of a given proposal on health and in some cases on health systems.

Key health entry points arise during the six main stages¹ as described in the EU SEA Directive and the UNECE SEA Protocol. Following is a brief description of the process as described by these legal provisions of SEA, showing typical things to do in an SEA, and linking these to some key health considerations in the process.

Table 1: SEA stages and key health entry points

SEA stage	Key health entry points
Screening: to decide if SEA is needed, e.g. based on a legal requirement; to determine whether the proposal will have any significant environmental effects; and/or to help define aims and objectives of the proposal.	Health considerations should be included as part of the screening process, e.g. through active involvement of health impact assessment experts, inclusion of health criteria in screening tools, etc.
Scoping: to determine the terms of reference, including the geographic, temporal and thematic extent, the level of detail of the assessment and necessary information to be included, first identification of environmental problems, alternatives, methods and techniques for the assessment; to define potential stakeholders and 'affected parties'; to establish the consultation and participation procedure, management arrangements.	Health must be adequately covered in the terms of reference, including in relation to the role and competencies of experts that will conduct the health related assessment activities.
Assessment and reporting: conducting the analysis' to establish the significant environmental impacts, ensuring that the results are state-of-the-art and as reliable as possible, using different methods and techniques. All to be documented in an environmental report including alternatives and recommendations.	Need to ensure quality and comprehensiveness of health related assessment, including stakeholder engagement activities, disclosure of information, assessment methodologies used, credibility of baseline, appropriateness of recommendations, etc.
Consultation and participation: testing the completeness, validity and reliability of the relevant information; identifying and mitigating conflicts; taking into account the needs to the concerned public; facilitating a better understanding between different players; enhancing the acceptance of the policy, plan and programme and enhancing transparency	Need to ensure that health sector actors and advocates are actively engaged in the policy, plan and programme process.
Decision-making: weighing the findings against each other, justification of how a decision was reached and what information was used.	Need to ensure that health sector actors and advocates are actively engaged in decision-making activities.
Monitoring and evaluation: follow-up of the SEA regarding the observation and measurement of predefined environmental indicators and effects (performance) but also of the SEA process itself (conformance).	Health indicators are used for monitoring as well as measuring the overall impact and performance of the SEA. For example, many environmental issues could potentially result in health problems, many of which have clear attributable risks, e.g. poor air quality/respiratory disorder. Health indicators could

¹ Generic stages of the SEA process have been described. Nevertheless it is important to note that the depiction of SEA into well defined stages should not lead to the misconception of SEA as a rigid, simplistic, linear procedure that could stand alone in parallel to the actual planning process.

SEA stage	Key health entry points
	provide an opportunity to link SEAs performance to wider development objectives, e.g. Millennium Development Goals (MDG) related environmental and health indicators (those clearly attributed to environmental risk factors, e.g. water and sanitation).

Considering the different stages and the main objectives, SEA as an upstream process allows for the identification of opportunities to prevent disease and avert unnecessary health costs (primary prevention). Recognizing that more than one quarter of the global burden of disease could be prevented through interventions that address the environmental root causes of disease, the return on investments made in primary prevention of disease can be considerable (WHO 2008).

Furthermore, stakeholder engagement is a core component of SEA. In many instances, perceptions of health risk are a key driver of community concerns. The explicit integration of health into the SEA process, particularly in cases where health concerns are a major source of social tension, can help to ensure that health concerns are given adequate recognition and are handled appropriately by ‘credible’ health leaders/authorities.

Challenges and opportunities for a wider consideration of health aspects within SEA

At the workshop in Rome health and SEA experts from different Member States of the European Union (Denmark, Germany, Italy, Lithuania, Portugal, The Netherlands, and United Kingdom) and from International Organizations (WHO and UNECE) presented their experience on health within SEA in their respective countries and/or of specific sectors, mainly spatial planning, transport, oil and energy sector, and development investment. The majority of the SEA practices presented and discussed at the meeting were examples of spatial and transport plan and programme making, following the requirements of the EU SEA Directive (2001/42/EC).

The discussion of the different experiences on health in SEA revealed that SEAs carried out in the spatial planning and transport sectors do consider important health determinants, like air pollution, water and soil. However, many applications focus on biophysical factors and only rarely is the wider concept of health determinants recognized. This was confirmed by a review of eight European SEAs, which showed that biophysical aspects like soils, climate, air, water, flora and fauna are typically and consistently considered in SEA (Fischer 2010, Fischer et al. in press). Health aspects, on the other hand, are only occasionally considered. Also a Danish review on 100 SEA reinforced these conclusions (Kørnøv 2009).

In order to encourage the broader recognition of health aspects and participation of health experts in SEA, it is necessary to raise more awareness in health, environmental, as well as other sectors within which policies, plans and programmes are prepared (e.g. spatial/land use, transport, waste, energy). There is a need to enable the systematic participation of the health sector in general, and health authorities in particular in the strategic stage of decision-making of all sectors; to this end, the current consideration of health mainly through biophysical factors seems to be too limited in scope. The health sector stands to benefit from the opportunities for prevention created by accessing the planning processes in other sectors. It still needs to recognize the full potential to promote health, and the value of instruments such as SEA. Health experts need to be equipped with the information, tools and arguments to make the health in SEA case to others. Therefore, building relevant and sustainable capacities is of great importance, as is the provision of the legal basis for health inclusive SEA.

Another challenge for effective health inclusive SEA is related to the data required for the assessment. These may not be readily available, complete, reliable, or have the right level of resolution (local, regional, national level aggregates). Especially socio-economic aspects or distributional issues are rarely included in the SEA. Only a few examples were presented on the use of health data in conjunction with socio-economic data, for example through the application of geographic information systems (GIS) for analysing and visualizing those areas likely to be affected by a proposed policy, plan or programme and its alternatives, against the status quo. In any case these applications require accessibility to high quality data, preferably at high resolution. However, even in a data-rich environment, the consideration of all possible health effects (direct, secondary, cumulative, synergistic, short, medium and long-term,

permanent and temporary, positive or negative) is likely to be elusive if not impossible given the underlying complexity, for example, as many health effects will only show after longer periods or are influenced by other factors.

Besides the problem of data availability, reasons for mainly addressing biophysical issues in SEA can be found in a lack of knowledge within the planning profession of the wider concept of health determinants, matched by a lack of planning knowledge within the health professionals. The need to consider such 'cultural' barriers was confirmed by the experience of the health experts present at the Rome meeting.

It is thus essential to put in place meaningful consultation arrangements for stakeholders, paying attention to how to communicate effectively and credibly on health issues, and dealing with community perceptions of risk. Since the environmental report of any SEA has to provide information on all likely significant effects on the environment, including human health, it is desirable that health issues are considered in dedicated sections or documents.

Adequate monitoring, finally, is important for an effective health inclusive SEA in order to ensure that proposed health friendly measures are actually implemented. This includes monitoring of environment and health indicators, as well as monitoring and evaluation of the SEA process.

Key conclusions and recommendations to enhance the inclusion of health in SEA

Facilitating factors for good quality, effective health inclusive SEA can be identified from reviewing recent experiences and current practices. These include:

- **Institutional factors**
 - institutional links between plan, programme or policy proponents and health authorities;
 - institutional support by a dedicated body or commission;
 - the involvement of health professionals at an early stage of the assessment process;
 - a meaningful involvement of stakeholders;
- **Methodological factors**
 - a clear distinction between those aspects that are significant for health and should always be considered in SEA, those that are more sector specific, and those that give additional useful information e.g. on equity issues;
 - the availability and integration of data from the relevant departments, authorities and/or sectors involved for detailed analysis, e.g. local health data, local data on socioeconomic status;
 - the definition of meaningful indicators and existence of integrated monitoring systems;
- **Procedural factors**
 - the use of SEA as an instrument for integration, aiming to achieve consistency of aims, objectives and proposed action of different decision tiers and sectors;
 - the coordination with other assessment tools if those are used;
 - the application of assessment when no decision on preferred aspects has been made (pro-active approach);
 - the consideration of social and behavioural factors as well as physical and environmental factors at an early stage to define the critical factors to be considered for the specific SEA;
 - the consideration of data from different departments, authorities and/or sectors for an integrated assessment and reporting;
 - the availability of dedicated resources, such as specific guidance.

The meeting concluded that even though progress has been made on including health in SEA and other forms of impact assessment, health still does not get the attention it deserves. For this, it can be concluded that it is not an easy thing to do, and further work is required in the light of the changing policy context in Europe and beyond, and given the growing realization of the potential of intersectoral action involving the health sector. There is a need to make the case for health in SEA, more advocacy and outreach to health and other sector policy-makers.

To make the case for health in SEA, the opportunities provided to health and other sectors of using health inclusive SEA have to be described and outlined clearly, e.g. by giving best practices examples. This also

involves raising awareness and stimulating demand for capacity building on health inclusive SEA. Lack of capacity and awareness within the health sector is a key bottleneck impeding the integration of health in SEA. Ultimately, the health sector is still the steward of public health interests, but if the health sector does not see the value SEA can provide for health protection and health promotion, it will be hard to get them to engage meaningfully in the SEA process.

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