

# Health impact assessment and health in environmental assessment in Europe

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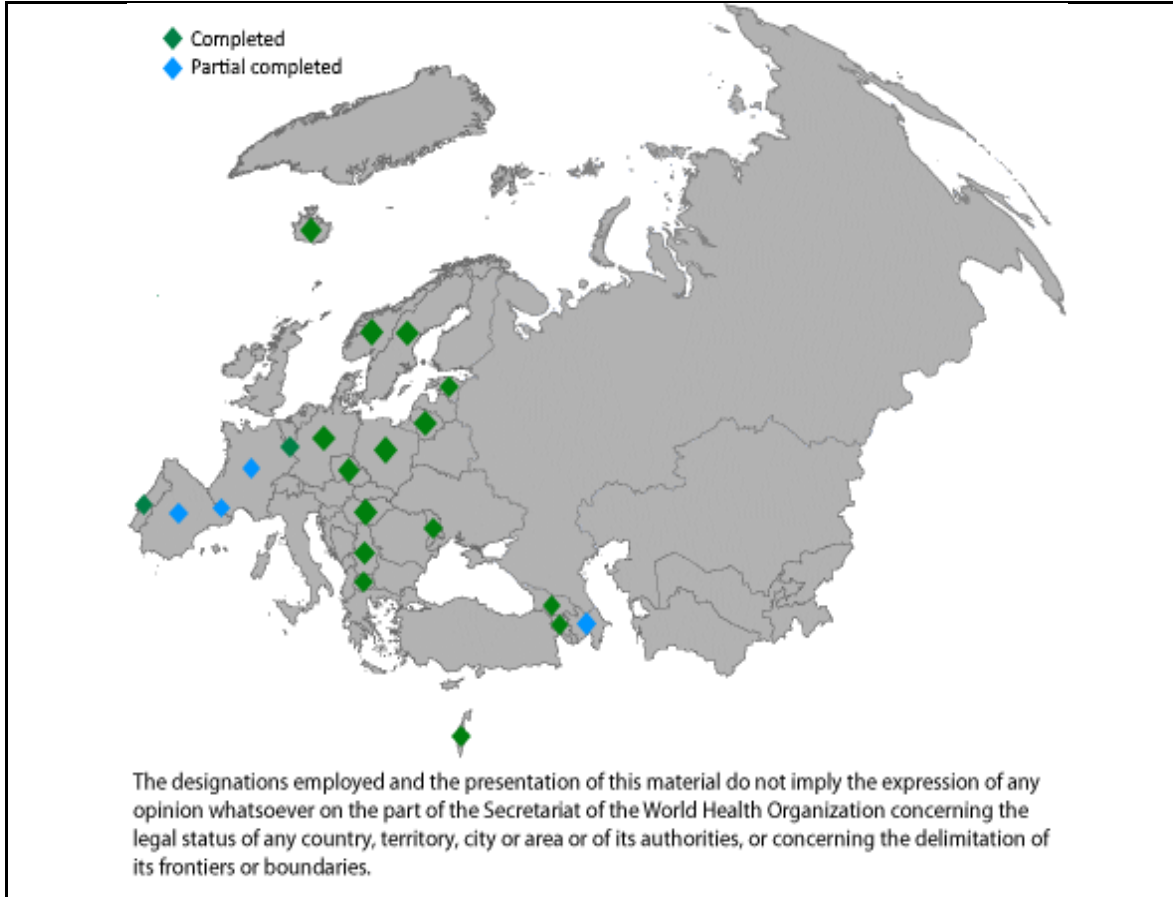
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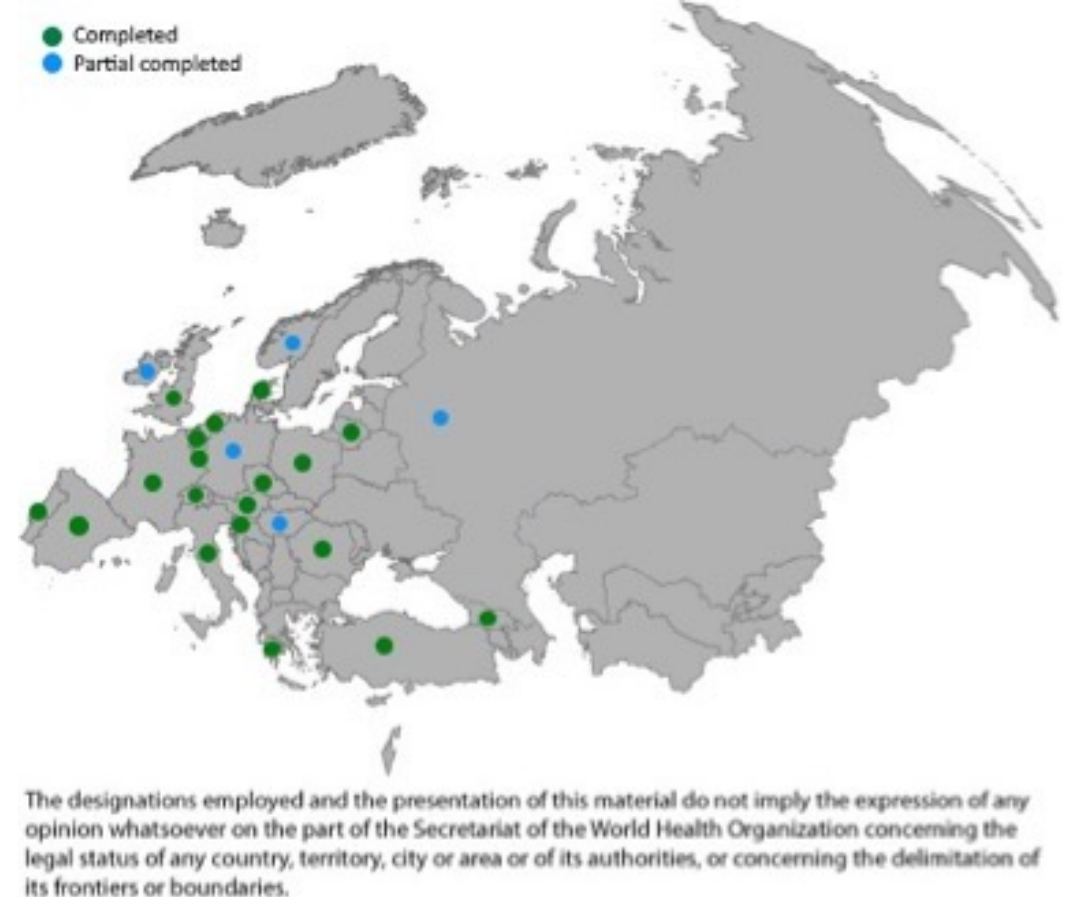


# . Participation

## EHTF



## Experts



# Conduct of HIA

## **EHTF**

- HIA as standalone in 4/22
- Health assessment within EA 17/22  
Member States
- Israel responded that health assessment is not included in EA.

## **Experts**

- HIA as standalone according 31 experts,  
coming from 13 Member States;
- Health assessment within EA reported by 52  
experts from 18 Member States

# Institutionalization of HIA

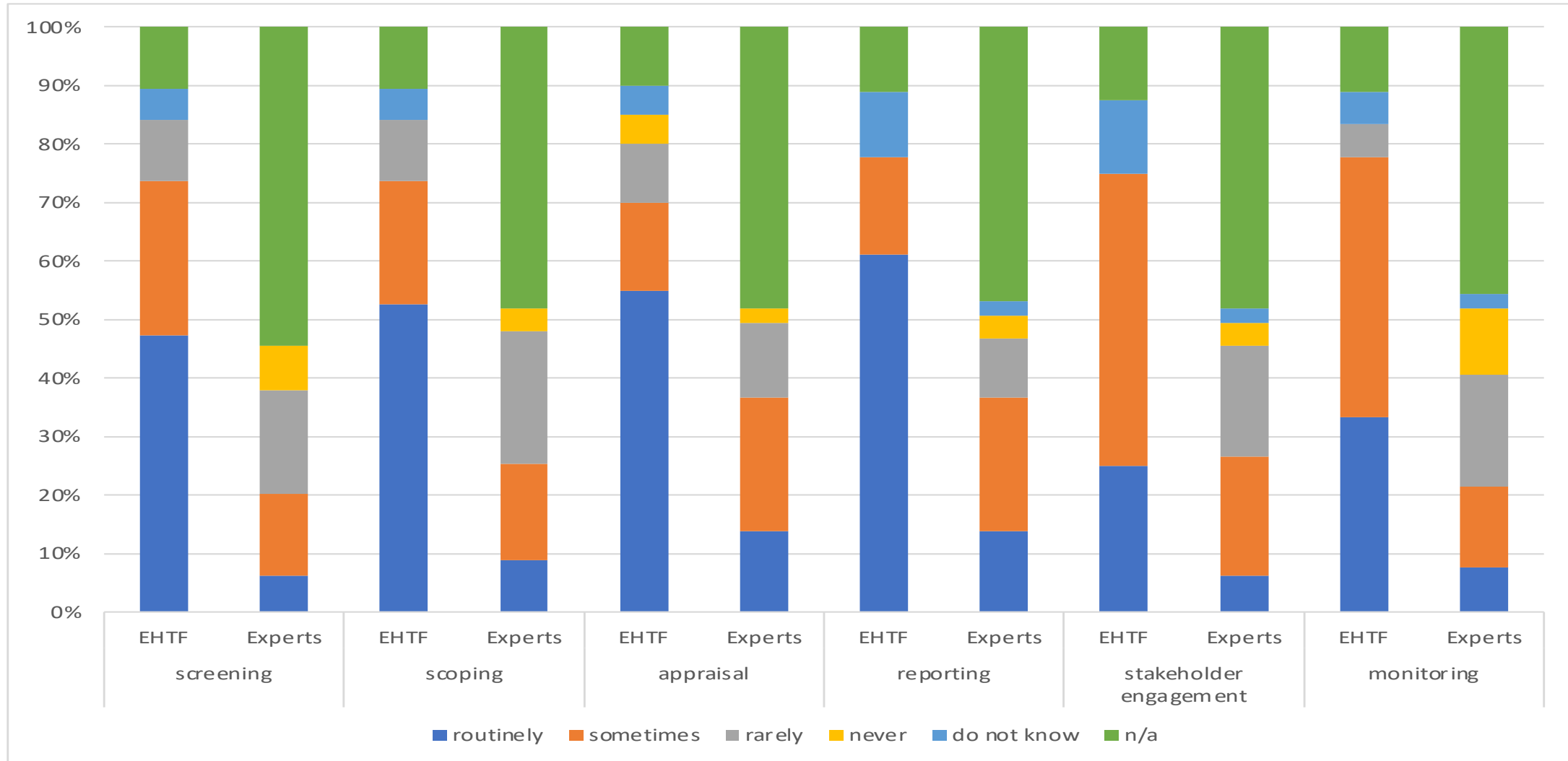
## **EHTF**

- 13 Member States reported inclusion of health assessment into EIA/SEA legislation
- 12 Member States consider health assessment institutionalized within EA
- 9 Member States consider HIA being institutionalized on national level, 2 on regional and 2 on local level.
- HIA is part of a public health act in 6 Member States and
- 4 Member States have responded that HIA is not institutionalized in country at any level!
- specific law on HIA exists in 3 Member States
- 3 Member States institutionalized HIA using sub-national regulations

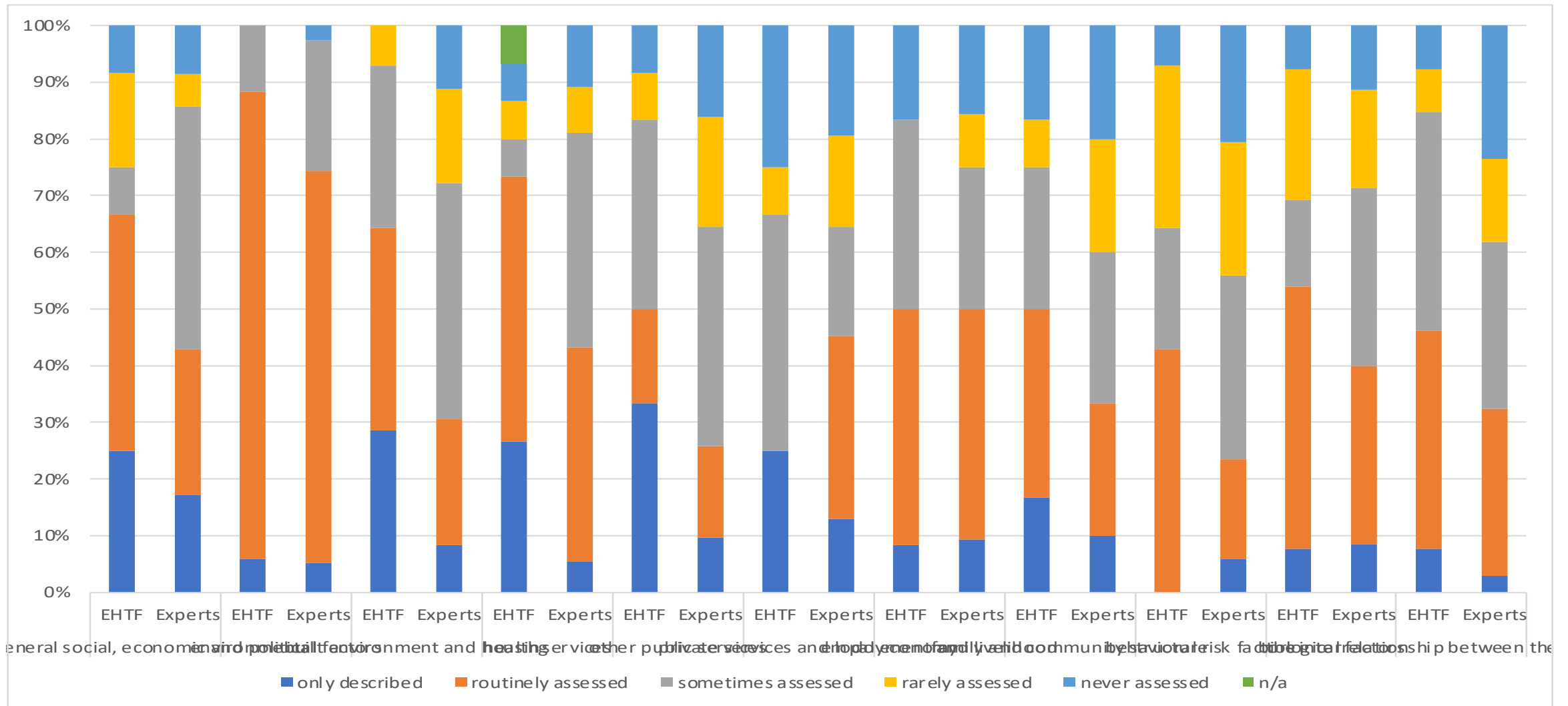
## **• Experts**

- 14 Member States reported HIA not institutionalized
- 10 Member States reported health assessment institutionalized within EA, 7 of them having health in EA legislation
- 10 Member States reported no health assessment institutionalized within EA
- 6 Member States reported HIA institutionalized on national level, 5 of them having HIA in public health act,
- 5 Member States reported institutionalization on sub-regional level and 4 on local level
- 2 Member States reported specific HIA act

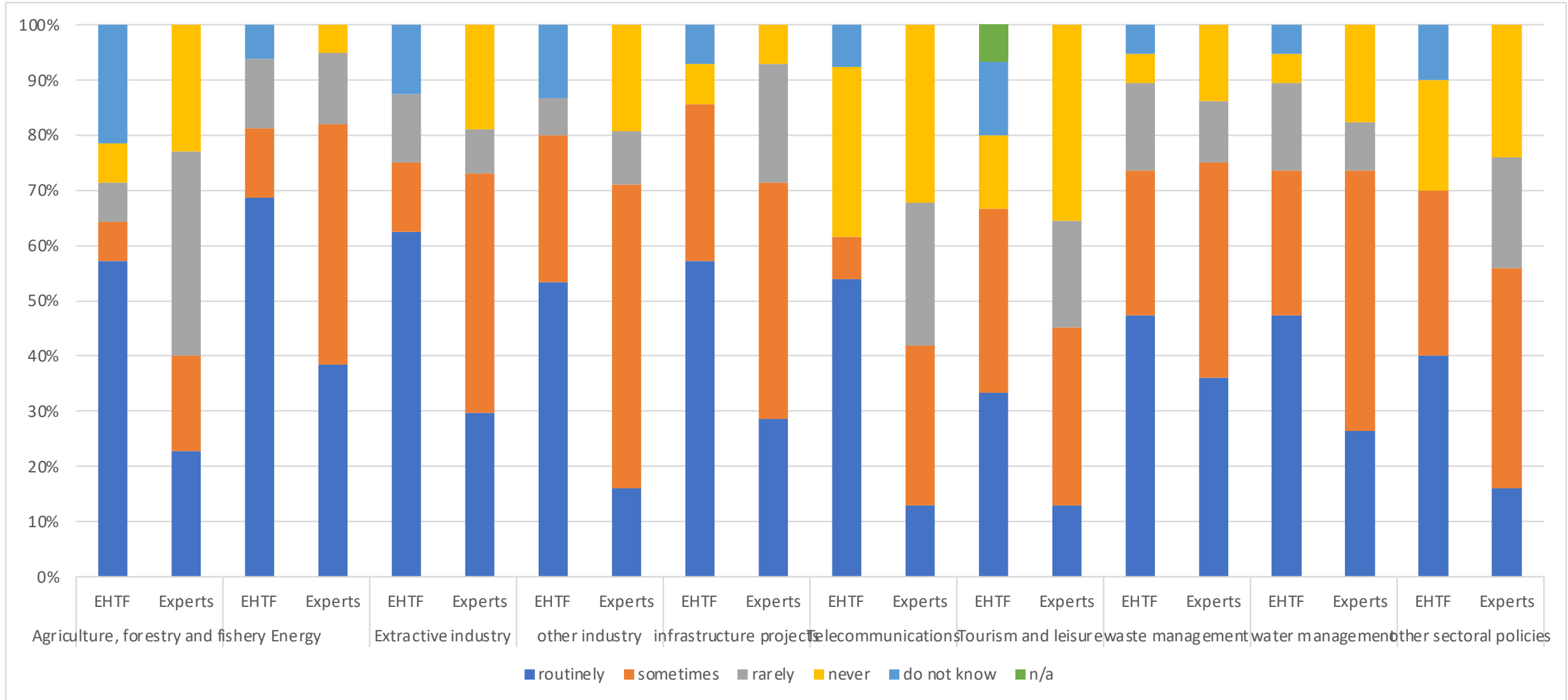
# Application of methodological steps



# Frequency of determinants of health addressed within HIA



# Sectors of origin for proposals subjected to HIA



# Implementation facilitators (enablers)

- EHTF
  - guidance documents (8) and tools (6),
  - establishment of support Units (5),
  - active role of ministries of health (3) and public health institutes (3),
  - personal capacity building (2), HIA champions (2) and platforms for experience exchange (1); this includes inclusion of HIA into public health and environmental health curricula,
  - guidance from international level via WHO (1) and EU institutions (1)
  - active role of Ministries of Environment and physical planning (1)
  - support by academia (1)
  - strategies on air quality (1)
  - local (1) and regional support (1)
  - political will (1), the Government (1) and national legislation (1)
  - finance (1) and creating demand (1)

## Experts

- personal capacity building, training and existence of experts, champions (18)
- legislative support (17)
- strong and supportive national (regional and local) authorities (9)
- clarity of HIA in all aspects from aims to effectiveness (7)
- guidance documents, tools, and national case study databases (7)
- intersectoral communication and collaboration (5)
- leadership and funding (4)
- national and international networks, conferences, exchange platforms (4)
- data to allow quantification (3)
- support of universities (3)
- broad but clear vision of public health (2)
- international organizations, especially WHO (2)
- national support units or other dedicated units (2)
- professionalizing input of health into EA (2)
- stakeholder involvement (2)
- accreditation (1)
- departments responsible for climate change (1)



# Implementation barriers

- EHTF
- lack of personal capacities, poor training opportunities (11)
- lack of funding (10)
- lack of legal support (4)
- lack of tools (3) and guidance (4)
- lack of political will (3)
- lack of intersectoral collaboration and practical guidance for it (2)
- no demand from society and decision-makers (2)
- lack of specific Unit (1)
- complexity of HIA (1)
- lack of exposure and health effect data (1)

## Experts

- lack of human resources (15)
- lack of legislation (12)
- lack of leadership including political corruption, lack of political will and support (12)
- complexity and clarity of the of the methodology (9)
- lack of collaboration among sectors, especially health and environment (9)
- missing funding including staff funding (7)
- lack of communication including communicating awareness and benefits of HIA (5)
- lack of tools and guidelines (3)
- narrow understanding of health, lack of understanding and resources on social determinants of health, public health (3)
- focus on licensing rather than optimizing solutions (1)
- lack of interest of public health authorities and lack of training of professionals, poor knowledge (1)

# Conclusions

- Key importance of close collaboration of health and environment sector is confirmed by conduct of health assessment within environmental assessment and the fact that environmental determinants are the most frequently addressed ones within impact assessment
- More work needs to be done on supporting assessment of social and behavioural determinants within impact assessment with special focus on interactions of different determinants
- Existence/lack of human capacities is a main facilitator (enabler)/barrier to enhance implementation of HIA and HA in EA
- Complexity of HIA needs to be addressed; clarity in terms and open discussion upon understanding of what is HIA and what are the benefits of conducting it to different stakeholders and the society itself would enhance further implementation
- International organizations like WHO, EC and also international financial institutions can be instrumental in the development of national or trans-national knowledge exchange platforms, guidance documents and tools

# Let's continue the conversation!

Post questions and comments via chat in the IAIA22 platform.



**#iaia22**

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