Addressing Health in SEA – a Position Paper

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Current situation and trends

In 1974 the Canadian *Lalonde Report* focused on the potential influences that public policies can have on health (Ritsatakis, 2004). Furthermore, the World Health Organization (WHO) Ottawa Charter adopted at the First International Conference on Health Promotion in 1986 states that "*health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels*" (World Health Organization, 1986). Consequently, healthy public policy has been a main goal of health development and also a driver for the development of Health Impact Assessment (HIA) in many countries, for example, the Netherlands, Canada and Thailand (Banken, 2003; den Broeder *et al.*, 2003; Phoolcharoen *et al.*, 2003). Some driving forces can be identified towards this end.

The WHO has been influential in promoting the integration of health issues into strategic-level thinking and cross-sectoral action is part of their corporate strategy (Ritsatakis, 2004).

The Third European Conference on Environment and Health held in London (16-18 June 1999) was attended by over 70 ministers of health, environment and transport from 54 countries. One agreed action from this meeting was to:

"*…invite countries to introduce and/or carry out strategic assessments of the environment and health impacts of proposed policies, plans, programmes and general rules.…*" (World Health Organization Regional Office for Europe, 1999, p. 4).

WHO responded by publishing guidance on integrating health into Strategic Environmental Assessment (SEA) (World Health Organization European Centre for Environment and Health, 2001).

In a legal context at a European level, Hart (2004) argues that the European Convention on Human Rights places obligations on public authorities to prevent the infringement of citizens' rights to life, and this might mean any court to expect some form of assessment to have taken place beforehand. Where the infringement is health-related, the courts may well expect some form of HIA to have been undertaken.

In the European Union (EU), the Strategic Environmental Assessment (SEA) Directive was adopted in 2001 and came into force on July 21st 2004. This specifically requires the consideration of "*the likely significant effects on the environment, including on issues such as …, human health, …*" (European Parliament and the Council of the European Union, 2001). This Directive now binds 25 countries in Europe. Furthermore, the United Nations Economic Commission for Europe have supplemented the 'Espoo Convention' (United Nations Economic Commission for Europe, 1991) with the SEA Protocol (United Nations Economic Commission for Europe, 2003) which implements the political commitments made at the Third European Conference on Environment and Health and uses the term "environment and health" throughout. It indicates that health authorities should be consulted at the different stages of the process (Dora, 2004) and so goes further than the SEA Directive. On 15th July 2004, the European Commissioner for Health and Consumer Protection, David Byrne, launched a reflection process on EU health policy to help shape the future EU health strategy which stresses the importance of putting health at the centre of EU policy-making (Byrne, 2004).

Thus there is clearly a momentum for addressing health at the strategic level, sometimes driven by existing practice, sometimes driving that practice. For example, HIA is taking place at policy level in:

Québec, Canada, and also by Health Canada of trade policies (Banken, 2004);
the Netherlands (Roscam Abbing, 2004); and
Wales (Breeze and Kemm, 2000)

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So we can see evidence of action in some countries, but it is clear that consideration of health at strategic levels in other sectors is far from widespread. Indeed the way in which health is addressed differs considerably. For example: in Australia HIA is a component of EIA/SEA procedures (Wright, 2004) while in some German Bundesländer HIA is a separate process at strategic levels (Fehr *et al.*, 2004). The legislative approach to HIA also differs: in Québec HIA is undertaken because of a statutory requirement while it is a voluntary procedure in England (Kemm, 2004) carried out mainly at project level.

Key issues of concern (opportunities and threats arising from the current trends)

Health is often defined as "*…a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity*" (World Health Organization, 1946). Sustainability and health are inextricably linked: public policies which promote long-term sustainability promote health.

There is a clear need for a strong interface between health and other sectors, including spatial and land-use planning, education, employment, social affairs, justice, agriculture etc. However, there is evidence that health remains out of touch with other sectors (in relation to health and planning, see for example, Fitzpatrick, 1978). This suggests that the cross-sectoral application of health has not yet been achieved. The conference, with its focus on SEA, provides a key opportunity to examine why this interface is problematic and to find ways of strengthening it.

Banken considered the institutionalisation of HIA and suggested that there may be a "*policy window for implementing HIA in decision-making for non-health sectors*" (Banken, 2001, p. 15). Many countries are just beginning to institutionalise SEA and it is clear that there is currently pressure for addressing health in SEA: this may present an opportunity for integration.

There are many threats to this development, including the failure of the health sector to engage with SEA. In England & Wales the National Health Service has turned down the opportunity to be listed as a statutory consultee for all SEAs: to be so listed would involve allocation of considerable resources and it is possible that the health sector would not have the capacity to support the full assessment of health. Also, Bond (2004) points out that screening on environmental grounds can remove the need for an EIA which, if health was integrated, might preclude its consideration even though significant health outcomes were possible.

A key threat is that health will be inadequately addressed in SEA as is currently the case in EIA (Arquiaga *et al.*, 1994; British Medical Association, 1998). Vanclay (2004, p. 276) argues that the WHO promote "*a social definition of health*" which makes HIA no different to Social Impact Assessment; a concern here is that existing evidence suggests that social issues are already considered to be poor relations in EIA (Glasson and Heaney, 1993; Chadwick, 2002). However, health is determined by both physical and social factors indicating that environmental, social and health issues all need to be given appropriate consideration in an assessment.

In addition to the strong link between health and sustainability, the main goals of healthy public policy are comparable to those of sustainable development. Indeed, Principle 1 of the Rio Declaration on Environment and Development states "*Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature*" (United Nations Conference on Environment and Development, 1992, p. 11). This conference provides an opportunity for sharing and for the improvement of both HIA and SEA, thereby enhancing sustainability, through consideration of key issues outlined in the following section.

Key issues for consideration at IAIA SEA – Prague

The situation described above, along with the contingent opportunities and threats, lead to a range of issues which need to be examined.

Birley (2003) argued for the integration of health, social and environmental impact assessment, but is this the right solution at the strategic level? The conference needs to examine whether this is the case by asking such questions as:

- Is there case study evidence of the consideration of health in SEA or at the strategic level of public policy processes?

Is there case study evidence of HIA that works at the strategic level of public policy processes?
How can the appropriate health expertise become involved in the SEA process?
Does the current momentum mean that this policy window for integration is open?
What models are available for integration?

The conference should address the pros and cons of integration of HIA and SEA and ideally adopt a position on the desirability of integration.

Assuming that integration is desirable (at least in some cases), a further issue is whether there exists the capacity to integrate health into SEA and, if not, how best capacity can be built. The conference may be able to learn from examples of capacity building (see, for example, Griffiths, 2004). The conference may be able to explore approaches for integrating appropriate expertise into integrated assessments – possibly considering partnerships or by demanding certain health competencies of SEA practitioners.

Key to enhancing the evidence base for HIA are good practice standards for review (Mindell *et al.*, 2004); such standards have already been proposed for SEA (see, for example, Bonde and Cherp, 2000), but are they good enough to consider the health issues? The conference may be able to consider how best quality can be ensured in SEA, from a health perspective. This means that quality criteria may need to be developed covering, amongst others, the quality of evidence, methods, participation, transparency, and equity.

Like for EIA, there is current debate about whether SEA should be more integrated into decision-making rather than simply providing information (see, for example, Dalkmann *et al.*, 2004). This conference needs to consider whether HIA (with or without SEA) should be a decision-support tool or a decision-making tool? It also needs to consider whether the objectives of the SEA are likely to deliver suitable health goals.

Instead of considering HIA and SEA as two separate tools and trying to integrate one into the other, the experiences of HIA at the strategic level and the experiences of SEA which has included health issues should be shared, critically examined, and used to advance understanding. This conference is a unique opportunity for interdisciplinary working that should lead to genuine improvements in the way health is addressed in SEA.

This theme session of the SEA conference will address the bulleted issues above. They comprise a preliminary agenda for discussion and the organisers invite and welcome further suggestions for consideration of other issues

ToR for papers that respond to position paper

All papers need to be relevant to the key issues outlined and need to clarify (ideally through the use of appropriate headings):

- The key issues which are considered
- Objectives for paper
- Applicability of findings (i.e. restricted to one sector/country etc.?)
- Implications for the consideration of health issues within SEA
- Future work which is needed

Case studies that incorporate lessons of good practice in linking SEA and HIA are particularly sought. These can address procedural, methodological or competency aspects and wherever possible should be framed as guidance or advice on ways and means of linking SEA and HIA. The experiences of countries that may not be advanced in developing either SEA or HIA, but are related to the issues raised in this paper, are also welcome.

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