

# **Annex: Second Subregional Workshop on the Practical Application of Strategic Environmental Assessment and Transboundary Environmental Impact Assessment**

## **Session 5: Topics of special interest in SEA and EIA identified by the countries**

### **- Health in Strategic Environmental Assessment**

Report annex prepared by Thomas B Fischer and Ben Cave

Five countries in Eastern Europe and the Caucasus (Armenia, Azerbaijan, Georgia, the Republic of Moldova and Ukraine) have been beneficiaries of the Subregional Workshop organized by UNECE with the funding from the EU through the EU4Environment Programme and have participated in the discussion of health in strategic environmental assessment in Session 5 of the workshop.

## **I. Introduction**

Health in strategic environmental assessment was identified as one of the topics of special interest by countries in Eastern Europe and the Caucasus, the beneficiaries of the subregional workshop organized by UNECE with the funding from the EU through the EU4Environment.

The session, dedicated to this topic, opened with a presentation from two consultants to UNECE, Thomas B Fischer and Ben Cave. It set out how the UNECE Protocol on Strategic Environmental Assessment (the Protocol) to the Convention on Environmental Impact Assessment in a Transboundary Context (Espoo Convention) referred to human health and ways in which this can be met through strategic environmental assessment.

The presentation also described case studies of human health being addressed in strategic environmental assessment and environmental impact assessment. These case studies were taken from a 2022 report prepared for the World Health Organization (WHO).<sup>1</sup>

The second half of the session addressed specific questions on the topic that the beneficiary countries had posed via the UNECE secretariat to the Espoo Convention and its Protocol on SEA, in advance of the workshop. These questions were covered in the presentation and then further discussed in more detail during the session.

The questions, responses from the presenters and any resulting discussions are subsequently provided in section V below. The presentation by the two consultants is available at the UNECE website,<sup>2</sup> together with the other presentations made at the workshop.

## **II. Human health in the Protocol on Strategic Environmental Assessment**

The Protocol to the Espoo Convention refers throughout to human health.

According to its article 1, the objective of the Protocol is to provide for a high level of protection of the environment, including health, by:

- a. Ensuring that environmental, including health, considerations are thoroughly taken into account in the development of plans and programmes;

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<sup>1</sup> World Health Organization Regional Office for Europe 2022. Learning from practice. Case studies of health in strategic environmental assessment and environmental impact assessment across the European Region of the World Health Organization. Available at: <https://apps.who.int/iris/handle/10665/353810>

<sup>2</sup> <https://unece.org/info/Environmental-Policy/Environmental-Impact-Assessment/events/367411>

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- b. Contributing to the consideration of environmental, including health, concerns in the preparation of policies and legislation;
  - c. Establishing clear, transparent and effective procedures for strategic environmental assessment;
  - d. Providing for public participation in strategic environmental assessment;
  - e. Integrating by these means environmental, including health, concerns into measures and instruments designed to further sustainable development.

There are two principal sources of guidance for the consideration of human health under the Protocol These are Annex A1.1 of the 2012 Resource Manual<sup>3</sup> and guidance developed by consultants, in 2020, in consultation with ECE, the World Health Organization (WHO) and the European Investment Bank (EIB), with funding from EIB.<sup>4</sup> This is currently at draft stage and is expected to be finalized for consideration of the Meeting of the Parties to the Protocol in 2023.

### III. Good practice recommendations

Good practice recommendations for human health in strategic environmental assessment that are suggested below draw from a broader range of sources, including documents and definitions of the World Health Organization. They are not legally binding for Parties to the Protocol nor endorsed by the Meeting of the Parties to the Protocol, but describe, and promote, the effective and proportionate assessment of health by environment and health authorities in strategic environmental assessment. The good practice recommendations can be summarised as follows:

- Consider using the World Health Organization definition of health, as appropriate, on a voluntary basis;
- Aim at a good health alignment between environmental topics and human health;
- Consider bio-physical environmental and, as appropriate, associated economic and community / social determinants of health;
- Use assessment questions based on health objectives;
- Be clear about trade-offs between environmental topics and human health; and
- Build public health capacity and inter-sectoral working for human health in strategic environmental assessment.

According to its article 1, the objective of the Protocol is to provide for *a high level of protection of the environment, including health*.

Public health has different components. These are health protection, health promotion, disease prevention and health services.

- **Health protection** consists of policies and activities based on legislative or other means designed to promote healthier environments, within which healthy choices are easier to make.<sup>5</sup>

Surveillance systems for population health and well-being typically cover communicable diseases, environmental hazards and basic demographic and health status data. Health protection makes use of this intelligence to develop services that protect health from communicable diseases and environmental risks and hazards. In

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<sup>3</sup> United Nations publication, ECE/MP.EIA/17, available at [www.unece.org/fileadmin/DAM/env/documents/2011/eia/ece.mp.eia.17.e.pdf](http://www.unece.org/fileadmin/DAM/env/documents/2011/eia/ece.mp.eia.17.e.pdf).

<sup>4</sup> Draft guidance on assessing health impacts in strategic environmental assessment. Geneva: United Nations Economic Commission for Europe. 2020. [https://www.unece.org/fileadmin/DAM/env/eia/documents/WG.9\\_2020/Final\\_documents/2004508E.pdf](https://www.unece.org/fileadmin/DAM/env/eia/documents/WG.9_2020/Final_documents/2004508E.pdf).

<sup>5</sup> Foldspang A, Birt et al. ASPHER's European List of Core Competences for the Public Health Professional. 5th Edition (preliminary). Brussels, Belgium: Association of Schools of Public Health in the European Region (ASPHER). 2018. [www.aspher.org/download/199/04-06-2018\\_aspher\\_s\\_european\\_list\\_of\\_core\\_competences\\_for\\_the\\_public\\_health\\_professional.pdf](http://www.aspher.org/download/199/04-06-2018_aspher_s_european_list_of_core_competences_for_the_public_health_professional.pdf)

2012, WHO Europe called for the surveillance of inequalities, the wider determinants of health and health promotion to be strengthened.<sup>6</sup>

- **Health promotion** is the process of enabling people to increase control over, and to improve, their health.<sup>7</sup>

It focusses on population health and well-being by addressing inequalities and social and environmental determinants.

- **Disease prevention** covers measures to prevent the occurrence of disease, such as risk factor reduction, and to arrest its progress and reduce its consequences once established. There are three levels of prevention: primary - improving the overall health of the population; secondary - improving early detection of illness; and tertiary - improving treatment and recovery. Each has an important role to play. Upstream approaches, e.g. primary prevention, tend to be cheaper and more efficient, and entail lower morbidity and mortality rates.
- **Health services** include health promotion, disease prevention and diagnostic, treatment and care services.

These aspects can theoretically be addressed in isolation, but it is apparent that there is a great deal of interdependence.

For these, and other, concepts relevant to human health and environmental assessment please see the reference paper prepared by the International Association for Impact Assessment and the European Public Health Association.<sup>8</sup>

With regards to, environment, including health, the Protocol's art.7 and annex IV require the inclusion into the environmental report of the relevant:

- baseline and its likely evolution;
- characteristics, problems and objectives;
- measures to prevent, reduce or mitigate any significant adverse effects;
- monitoring measures; and
- likely significant transboundary effects.

The human health baseline can typically be developed using existing data. Identifying the characteristics, problems and objectives from a human health perspective will assist in deciding whether there are likely significant effects. If there are likely significant effects, then it is appropriate to develop measures to prevent, reduce or mitigate the adverse effects and also to monitor these measures. The same logic applies to likely significant transboundary effects.

There are a number of questions that guide the consideration of health. These aim at identifying the option that is best in the long-term, and that is without short-term detriment, in terms of:

- Creating (bio-physical) environmental conditions that support good health in people
- Supporting people to lead healthy lifestyles
- Narrowing health inequalities
- Creating safe and cohesive communities
- Increasing socio-economic conditions for good health
- Enabling people to access good quality health care

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<sup>6</sup> World Health Organization Regional Office for Europe. Review of public health capacities and services in the European Region. Copenhagen. 2012.  
[https://www.euro.who.int/\\_data/assets/pdf\\_file/0010/172729/Review-of-public-health-capacities-and-services-in-the-European-Region.pdf](https://www.euro.who.int/_data/assets/pdf_file/0010/172729/Review-of-public-health-capacities-and-services-in-the-European-Region.pdf)

<sup>7</sup> World Health Organization. Ottawa Charter for Health Promotion. 1986.  
[www.who.int/healthpromotion/conferences/previous/ottawa/en/](http://www.who.int/healthpromotion/conferences/previous/ottawa/en/)

<sup>8</sup> Human health: ensuring a high level of protection. A reference paper on addressing Human Health in Environmental Impact Assessment as per EU Directive 2011/92/EU amended by 2014/52/EU. Fargo: International Association for Impact Assessment and European Public Health Association. 2020.  
<https://www.iaia.org/reference-and-guidance-documents.php>. Executive summary available in Slovakian and Spanish at <https://www.iaia.org/translated-documents.php>

Article 11 (2) of the Protocol requires that, when reaching a decision on a plan or programme, a statement be provided, summarizing how environmental, including health, considerations have been taken into account, including the consultation responses from environmental and health authorities and the public.

Public participation (art. 8) should be early, timely and effective. Furthermore, consultation should take place with environmental and health authorities (art. 9) regarding (as appropriate):

- Health protection, health promotion, disease prevention and health services
- Health information systems
- Social participation and health communication
- Preparedness for public health emergencies
- Governance
- Research.

## IV. Current practice

In 2020, the World Health Organization Regional Office for Europe conducted a review of the way in which health is currently considered in both, SEA and EIA.<sup>1</sup>

This systematically conducted review looked at 333 SEA and EIA cases in the WHO European Region. It shows that about 20% of assessments go beyond a narrow, biophysical interpretation of health. Around half of those consider wider determinants when defining health, and another half consider wider determinants of health in the assessment.

During the workshop two examples from this review were presented:

- (a) Strategic Environmental Assessment of Põlva municipality master plan in Estonia – 2017
- (b) Environmental Impact Assessment of E60 Highway in Georgia – 2019

### A. Strategic Environmental Assessment of Põlva municipality master plan – 2017 (Estonia)

Table 1. SEA Estonia case study summary

<b>Title of assessment</b>	Strategic Environmental Assessment of Põlva municipality master plan
<b>Country/region</b>	Estonia
<b>Administrative level</b>	Municipal
<b>Assessment level</b>	Plan
<b>Sector</b>	Urban development
<b>Assessment done by</b>	A private sector consultancy
<b>Main health determinants discussed</b>	Radon, air quality, noise, climate change, walking and cycling, social aspects of the green network, recreation and healthy lifestyles
<b>Signatory to Protocol on SEA</b>	21 May 2003
<b>Ratification of Protocol on SEA</b>	12 April 2010
<b>EU ratification of Protocol on SEA</b>	12 November 2008
<b>Protocol on SEA in force</b>	11 July 2010
<b>EU SEA Directive implementation</b>	21 July 2004

This is a case study of a local spatial-plan SEA for the municipality of Põlva in south-eastern Estonia, published in 2017. Põlva municipality is located in the central part of Põlva county. At the time of the assessment Põlva municipality had a population of around 9,400 in an area of 234 km<sup>2</sup>; since the assessment there have been municipality mergers. The SEA process

was started in 2015, one year after the municipal plan process had been initiated. The underlying master plan was prepared on the basis of previously prepared national, county and local planning documents. The SEA was prepared by a consultancy and supervised by the Southern Region of the Environmental Board.

Human health is covered in a dedicated section on “human health and property”. This has subsections on “radon risk”, “companies with potentially hazardous activities”, “impacts of industrial activities and heating on air quality”, “impact of traffic on air quality”, “impact of industrial activities on noise”, “road noise”, “noise in future planning” and “impact of climate change”.

The headings imply a biophysical focus but behavioural elements and well-being are covered too, in particular in the traffic-related sections, where a desire to reduce car traffic is associated with alternatives that support healthy lifestyles (walking and cycling).

Furthermore, the section on climate change establishes an associated potential increase in problems with population health.

Human health is also mentioned when indirect effects are discussed, such as with regards to the planning of recreational areas that promote outdoor activities. In this context, when referring to the Põlva County Plan 2030, it is also stated that “the [further] development of a green network in the vicinity of urban settlements as recreational areas requires [the consideration of] ecological aspects, but also [needs to] take into account the social aspects of the green network and create [associated] opportunities (e.g. health trails taking into account the needs of different population groups)”. The Health Board Authority is listed as one of the interested parties of the master plan. Views from that authority were actively sought during the SEA process.

The SEA comes with a number of recommendations for future development applications (marked as “mitigation measures”). Most of these are directly relevant for health – for example, noise and emissions and the green network, and associated with that recreation and healthy lifestyles.

## B. Environmental Impact Assessment of E60 Highway – 2019 (Georgia)

Table 2. EIA Georgia case study summary

<b>Title of assessment</b>	E60 Highway
<b>Country/region</b>	Georgia
<b>Administrative level</b>	Municipal
<b>Assessment level</b>	Project
<b>Sector</b>	Transport
<b>Assessment done by</b>	A private sector consultancy
<b>Main health determinants discussed</b>	Air quality, noise, occupational health and safety, worker–community interactions, immigration, lifestyles and behaviours, health-care resources, community severance, road safety, emergency response times and economic benefits
<b>EU EIA Directive implementation</b>	Not applicable because Georgia is not an EU member state. EIA is required by Georgia’s Environmental Assessment Code (aligned with the EU EIA and SEA Directives, UNECE Protocol on SEA and the Espoo Convention) as well as the Safeguard Policy Statement of the Asian Development Bank (ADB).

This EIA from October 2019 concerns construction of a 14.7 km section of the E-60 highway located in Imereti region, central Georgia. The assessment was financed by the ADB.

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Georgia's East–West Highway is an integral part of one of the corridors connecting central Asia with Europe and east Asia. The project is to address one of the bottle-neck sections of this highway.

The EIA was prepared by consultants for the Roads Department of the Ministry of Regional Development and Infrastructure of Georgia (MRDI) and for the ADB.

The EIA was intended to inform the Roads Department in relation to ensuring compliance with Georgian legislation and with the environmental and social requirements of the ADB.

The requirement for the EIA arises from Georgia's Environmental Assessment Code (2017) and the lending criteria of the ADB Safeguard Policy Statement (2009). The extent to which health authorities were consulted as part of the EIA is unclear. There is reference to the Ministry of Labour, Health and Social Affairs (MoLHSA), which is represented in a Trilateral Commission of Social Partnership together with the Ministry of Justice and Ministry of Education and Sport. The role MoLHSA has played in relation to the health elements of the EIA is unclear. The Trilateral Commission's role appears to relate mainly to labour safety.

The coverage of human health is integrated within the EIA, rather than as a standalone report. A wider determinants of health approach is evident in the scope of the assessment.

The assessment of health is presented within a number of sections, but is focused in a section entitled "Community health and safety". This sits alongside a section on "Workers' rights and occupational health and safety" and within a broader section on "Social and cultural aspects".

In addition to biophysical assessments of health within the discussion of air quality and noise, the assessment also explores worker–community interactions and in-migration to the area.

The assessment considers how increased incomes in the local community may change lifestyles and behaviours, including risk taking in relation to drugs, alcohol and prostitution. These effects are traced through to potential increased pressure on health-care resources. Social tensions and potential conflict between the local population and an influx of skilled workers to the area is also noted. Other topics discussed include community severance and road safety. Occupational health and safety is assessed in terms of workers' rights, injury risk, labour abuse, and work and living conditions.

Populations assessed encompass local communities (including those with low skills and low income), workers (in relation to occupational health), and schools and children (in relation to road safety).

Mitigation is set out in terms of management or action plans by topic. This includes the requirement for the contractor to provide on-site accommodation and medical facilities for the construction workforce and develop an environmental, health and safety method statement. Monthly community meetings would be held as a forum for locals to discuss specific issues and a grievance redress mechanism would be provided. Workers would be provided with an occupational health promotion programme. Coordination is also required with local public health officials regarding the use of hospitals and other community facilities.

The EIA conclusions note the health benefits of the road improvements, including reduced dust levels, faster emergency response times and an improved pedestrian environment. The economic benefits of more than 600 direct employment opportunities for approximately 30 months are also highlighted in relation to social and cultural aspects and occupational health. Indirect, or induced, impacts of the project are also discussed including the potential for commercial, industrial and residential development along the improved road section and how this could place stress on social services including hospitals.

On the basis of the mitigation proposed, the construction stage impacts to community health and safety were assessed to be "minor". The operational phases were assessed as "beneficial" for community health and safety, particularly in terms of segregation of traffic and pedestrians and benefits to urban areas.

The case study demonstrates an EIA of a transport infrastructure project, in a non-EU member state, that uses a definition of health which is consistent with the WHO constitution.

## V. Dialogue with countries in Eastern Europe and the Caucasus

Four of the participating countries from Eastern Europe and the Caucasus (Armenia, Azerbaijan, Georgia and the Republic of Moldova) submitted written questions in advance of the workshop. These were discussed at the workshop. The questions, the responses from the presenters and any resulting discussions are reproduced below. Some of the original wording of the questions has been edited for this report. At all times, the sense of the original question has been preserved.

### ***Question from Armenia:***

*‘What internationally recognized regulatory documents are used for the assessment of health and the involvement of health authorities in SEA?’*

### ***Response:***

Each time that the term ‘environmental’ is used in the UNECE Protocol on Strategic Environmental Assessment, the term ‘health’ is included. Furthermore, the European Directive 2001/42/EC of the European Parliament and of the Council of 27 June 2001 on the assessment of the effects of certain plans and programmes on the environment (i.e. the SEA Directive), when listing aspects for which the likely significant effects on the environment are to be assessed also mentions ‘human health’ (Annex 1).

The UNECE issued guidance on human health in SEA in 2012<sup>3</sup> and draft guidance in 2021.<sup>4</sup>

The World Health Organization review<sup>1</sup>, cited above, shows practice for addressing health in EIA and SEA across the World Health Organization European Region and provides context for the current question. The World Health Organization has been active on this topic since at least 2004 and has issued documents that support the consideration of human health in SEA. Two examples are provided below.

- In 2009, the World Health Organization responded to the 2004 Budapest Declaration on Environment and Health<sup>9</sup> with a meeting on Health and Strategic Environmental Assessment. The report of this meeting called for taking “significant health effects into account in the assessment of strategic proposals”.<sup>10</sup>
- In 2014, the World Health Organization looked at health in different types of impact assessment, including SEA.<sup>11</sup>

The World Health Organization continues to examine ways in which actors outside the health sector can contribute to improving and protecting health and to reducing inequalities in health.

Finally, SEA text- and handbooks are available that provide instructions for how to apply SEA. There are dedicated chapters on the consideration of health in both the 2010 and the 2021 versions of the ‘*Handbook on SEA*’.<sup>12</sup>

### ***Question from Azerbaijan:***

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<sup>9</sup> Ministerial Conference on Environment and Health (4th : 2004 : Budapest, Hungary) & World Health Organization. Regional Office for Europe. (2004). Declaration: fourth Ministerial Conference on Environment and Health, Budapest, Hungary, 23-25 June 2004. Copenhagen: WHO Regional Office for Europe. <https://apps.who.int/iris/handle/10665/107577>

<sup>10</sup> World Health Organization Regional Office for Europe. Health and Strategic Environmental Assessment. Denmark; 2010. [https://www.euro.who.int/\\_data/assets/pdf\\_file/0006/112749/E93878.pdf](https://www.euro.who.int/_data/assets/pdf_file/0006/112749/E93878.pdf)

<sup>11</sup> World Health Organization (2014) Health in Impact Assessments – Opportunities not to be Missed; <http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2014/health-in-impact-assessments-opportunities-not-to-be-missed>

<sup>12</sup> Sadler B, Dusik J, Fischer TB, et al. editors. Handbook of Strategic Environmental Assessment. London, Washington DC: Earthscan; 2010. <https://doi.org/10.4324/9781849775434> and Fischer T, B., González A, editors. Handbook on Strategic Environmental Assessment. Cheltenham, UK: Edward Elgar Publishing; 2021. <https://www.elgaronline.com/view/edcoll/9781789909920/9781789909920.xml>

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*'Health and Environmental authorities have different legislation at the national level in most countries in the region, including in Azerbaijan. They have responsibilities under established domestic legal frameworks and it is difficult to gather them together under SEA activity and provide a single SEA conclusion. For example, in Azerbaijan, an SEA report is issued by the Environmental Authority. Health is the domain of the Sanitary Epidemiological Service of the Ministry of Health of Azerbaijan. The process and the reporting are different to, and conducted separately from, those of the Environmental Authority. Health Authorities typically do not engage in SEA report revision or become engaged in the process as it is the Ministry of Ecology and Natural Resources that provide conclusions both for environment and human health. Therefore, comments on health for environmental documents are general in nature and not specific as required.*

*How have these challenges been solved in countries that have good, or best, SEA practice and that have a long SEA legacy? How is the domestic environmental and health legal system responsive to these aspects?'*

**Response:**

This question requires us to consider the context within which specific SEA regimes/requirements operate. Many EU member states have constitutional divisions of responsibilities. Whilst these usually focus on different administrative levels, there are also responsibility divisions between sectors that may be associated with different levels of administration. This can lead to, for example, a Health Authority being reluctant to get involved in SEA processes. It can also lead to the responsible Environmental Authority, which may consider SEA to be its sole responsibility, being reluctant to seek advice from a Health Authority. In order to address these barriers, administrative reform may be necessary, aiming at a 'duty' to co-operate.

Other important reasons for a low level of engagement of Health Authorities in environmental assessment procedures include a lack of capacity: Health Authorities are consistently under great pressure to deliver core health services, and this makes contribution to a process such as SEA, and other preventative strategies, challenging. This is exacerbated when the SEA process does not allocate resources for public health staff to contribute. Knowledge of the SEA process is also important: public health teams have excellent knowledge of population health and the importance of environmental factors but may lack knowledge of SEA. In this case, professional development activities are required.

With regards to EU best practice, Spain can be named, where in the region of Andalucía, health impact assessment (HIA) is a formal requirement.<sup>13</sup> This formal requirement has led to the development of guidance for HIA and EIA in Andalucía.<sup>14</sup> Health authorities engage with SEA by conducting an HIA in parallel. Catalunya provides an example of close collaboration between a research institute, that has expertise in health impact assessment, and wider society. The Generalitat de Catalunya works with the national government and with philanthropic foundations to support the Barcelona Institute for Global Health (ISGlobal)<sup>15</sup> and to draw on the research expertise.

Outside the EU, in Wales, the Wales Health Impact Assessment Support Unit (WHIASU) supports HIA across Wales.<sup>16</sup> Dedicated staff in the support unit are engaged in writing guidance and providing training. This contributes to bringing health considerations into both,

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<sup>13</sup> Decreto 169/2014, de 9 de diciembre, por el que se establece el procedimiento de la Evaluación del Impacto en la Salud de la Comunidad Autónoma de Andalucía. [Decree 169/2014 for the procedure on HIA in Andalusia]. 2014. [www.juntadeandalucia.es/boja/2014/243/2](http://www.juntadeandalucia.es/boja/2014/243/2) BOJA, No. 243

<sup>14</sup> Rodríguez Rasero FJ, et al. Manual para la evaluación de impacto en salud de proyectos sometidos a instrumentos de prevención y control ambiental en Andalucía [Guideline for HIA of projects subject to EIA regulation]. Andalusian Regional Ministry of Health. 2015.

[www.juntadeandalucia.es/export/drupaljda/manual\\_prevencion\\_control\\_ambiental02.pdf](http://www.juntadeandalucia.es/export/drupaljda/manual_prevencion_control_ambiental02.pdf)

<sup>15</sup> <https://www.isglobal.org/> and, for the history of IS Global, see <https://www.isglobal.org/en/nuestra-historia>

<sup>16</sup> <https://phwhocc.co.uk/whiasu/>



SEA and project environmental impact assessment (EIA). WHIASU has developed guidelines and other resources for HIA.<sup>17</sup>

Finally, some countries implement a ‘health in all policies’ (HiAP) approach. In the EU, this includes Finland and France. It also includes the UK, outside of the EU. In these countries, HIA is given a role in implementing the HiAP approach. As a consequence, there is also a greater inclination to engage with SEA, not just when HIA is applied, but also with regards to an enhanced consideration of health in SEA.

### ***Questions from Georgia***

*‘Which methodologies are used during SEA in different countries in order to assess the impact of the activities presented in the strategic document (activities defined in the Annexes of the EA Code) on human health.’*

### ***Response:***

The choice of suitable methodologies depends on a range of contextual aspects. Importantly, methodologies used can be country specific and follow associated specific requirements. Also, there may be particular assessment traditions that come with the application of particular methodologies. As health impact assessment (HIA) tends to be a non-statutory application in most countries, is often applied based on what is called a ‘rapid’, checklist-based approach, with the results of such exercises feeding into SEA. The choice of suitable methodologies also depends on the sector of application, for example, spatial / land use, transport, energy and waste. Furthermore, the decision tier plays a key role for selecting suitable methods. i.e. whether it is a policy, plan or programme an SEA is applied to. Finally, the administrative level (e.g. national, regional, local) can have an impact on the choice of methodology.

Within that wider context, the choice of a suitable methodology depends on whether SEA is used to proactively lead/steer strategic actions or whether it is applied in a more reactive manner. Keeping the specific contextual aspects in mind, typical methods include e.g. those that are of a descriptive nature (indicator-based, checklists [e.g. health hazards based], impact matrices), those that are of an analytical nature (scenario analyses, cause-effect diagrams, overlay maps, multi-criteria analyses, modelling – including forecasting and backcasting, analogues / case comparisons, trend analyses, qualitative and quantitative risk assessments, use of Driving Force, Pressure, State, Exposure, Effect, Action frameworks) as well as those that are that are involvements (consultation) based (visioning exercises, workshops and expert surveys, collective expert judgements, surveys of health risk assessments). The institutional capacity to deliver suitable methodologies effectively depends on the skills, resources and time available.

The UNECE guidance documents<sup>3,4</sup> elaborate on this and methodological aspects of SEA are addressed in the Handbooks on Strategic Environmental Assessment.<sup>12</sup>

*‘What formal and informal types of coordination exist between Health and Environmental authorities during SEA decision-making process - existing practices in EU countries.’*

Formal types of co-ordination are found in regions where there are statutory requirements for HIA that also embraces plans and programmes to which SEA is applied, for example and as noted above, the formal requirements in Andalucía, in Spain;<sup>13</sup> or where a public health organization is in place to support the application of HIA, for example the Wales Health Impact Assessment Support Unit, in the United Kingdom.<sup>16</sup> IS Global,<sup>15</sup> in Barcelona provides another example of close collaboration between a research institute, that has expertise in health impact assessment, and a regional Government.

Less formal types tend to operate in countries that advocate a Health in All Policies approach, for example France, Finland and the UK. These linkages tend to be weak in countries with

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<sup>17</sup> WHIASU. Health Impact Assessment: a practical guide. Cardiff, Wales: Wales Health Impact Assessment Support Unit. 2012.  
<http://www.wales.nhs.uk/sites3/Documents/522/Whiasu%20Guidance%20Report%20%28Welsh%29%20WEB.pdf> [CY] &  
[https://whiasu.publichealthnetwork.cymru/files/1415/0710/5107/HIA\\_Tool\\_Kit\\_V2\\_WEB.pdf](https://whiasu.publichealthnetwork.cymru/files/1415/0710/5107/HIA_Tool_Kit_V2_WEB.pdf) [EN]

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no institutional mechanism for supporting co-ordination between environmental and health authorities.

### ***Questions from the Republic of Moldova***

Currently, there is only '*passive involvement of the health sector in the SEA procedure*'. Furthermore, there is '*no understanding [of] the connection between health-environment and long-term impact*'; and finally, there is a '*lack of specialist[s] to think broadly beyond the limit of health knowledge*'.

### ***Response:***

These questions are similar in nature to those asked by Armenia, Azerbaijan and Georgia. With regards to a more active involvement of the health sector, some institutional changes could be considered with regards to making public health consultation an expectation. The other two questions relate to a need to capacity building for developing a better understanding of the linkages between health and the environment. Furthermore, tailor-made guidance is likely to help overcoming some of the current problems, in particular with regards to methodological issues.

### ***Comment from Ukraine***

Ukraine commented that more than 1,300 SEAs were prepared in Ukraine every year. Some workshop participants expressed at that number, which was considered high. The ensuing discussion revealed substantial differences in the way SEA was implemented in different countries.

One important reason for a high number of SEAs in any single country is a low threshold for when SEA is required. For example, this may be with regards to small scale building, neighbourhood and master plans. In some countries a master plan for a relatively small project such as a block of buildings would fall under project EIA requirements. However, in others, there may be requirements to conduct SEA even at that level. Germany was mentioned in this context where the number of SEAs is also very high due to the requirement to assess small scale legally binding building plans with SEA.<sup>18</sup>

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<sup>18</sup> Geissler, G.; Rehhausen, A.; Fischer, T. B. & Hanusch, M. 2019. Effectiveness of strategic environmental assessment in Germany? Meta-review of SEA research in the light of effectiveness dimensions. *Impact Assessment and Project Appraisal*, 37(3+4): 219-232  
<https://doi.org/10.1080/14615517.2019.1587944>