This policy brief provides background information on establishing a health impact assessment (HIA) and health assessment in environmental assessment (EA). It gives details about the main roles of such a support unit and tasks required to undertake.

**Key messages and implementation tips**

- Establishment of a permanent HIA and health assessment in EA support unit is one of the most important enablers of a successful HIA implementation at the national, regional or local level, depending on the country’s governing structure.
- Establishment of a support unit needs political commitment as well as dedicated resources.
- The support unit should serve as a focal point/liaison office – for example, between legislation, governance, data resources, practitioners and education teams – to support and oversee implementation of HIAs and health assessments in EAs.
- The support unit should be established with experts representing a number of disciplines.
Introduction

Two of the key factors associated with successful implementation of HIAs and enhanced assessment of significant health impacts in EAs are ownership and continuous leadership. Establishing a permanent support unit on HIA and/or health assessment in EA at the national level can be a major enabler to improve implementation of both assessment practices. Depending on the governmental structure of the country, one or more support units at the regional level might be more suitable. The unit can sit within the health authority or the (national) public health institute, or can be located at an academic institution. Establishment of a support unit needs political support and commitment, as well as secure long-term funding. Only then can the support unit foster work in all the relevant areas (Fig. 1).

Fig. 1. Enabling factors for HIA/health assessment in EA support unit establishment

In line with the Directives on environmental impact assessment (EIA) and strategic environmental assessment (SEA) of the European Union (EU) (2,3), as well as the Espoo Convention on EIA in a Transboundary Context and its Protocol on SEA (4,5), Member States should designate a competent authority to examine the information presented in an EIA report and to make the final decision on development consent, which entitles the developer to proceed with a project (3). Alongside this designated competent authority, within the ministry of the environment or an environmental protection agency, other competent authorities (such as health authorities, as set out in Article 9 of the Protocol on SEA) should be consulted in an EA (5). An HIA/health assessment in EA support unit could be the competent authority for this, to offer sufficient expertise and/or to train other (regional or local) authorities, enabling them to undertake the quality assurance of the health assessment.
According to EU Directive 2014/52/EU on EIA (3):

Experts involved in the preparation of environmental impact assessment reports should be qualified and competent. Sufficient expertise, in the relevant field of the project concerned, is required for the purpose of its examination by the competent authorities in order to ensure that the information provided by the developer is complete and of a high level of quality (Paragraph 33).

Setting up a support unit

A basic version of the support unit can consist of a public health expert, an environmental health expert, a data scientist with knowledge of national statistics and a governance (health system) expert, most likely linked to the ministry of health. Furthermore, a mix of practitioners at different levels of seniority, as well as a lead with strategic experience, would enhance the impact and effectiveness of the unit.

The support unit can be established as either a full-time working unit or a committee with a permanent secretariat and lead policy/HIA expert. Its location will depend on the governmental structure of the country. It might be located at the ministry of health or national public health institute (or equivalent national institution). In line with the health-in-all-policies and whole-of-government approaches, the support unit could also be located at the office of the head of government. Importantly, the mode of establishment and location of the unit need to be selected to ensure that the information it provides is heard and considered by the relevant decision-making authority.

A mature support unit in either of the formats and locations suggested above should include representatives with expertise and competencies in the following areas:

- governance and environmental and health legislation;
- the national health system;
- public health, including environmental and social determinants-related knowledge;
- research and training development;
- impact assessment;
- communication and public participation; and
- project management, including allocation of funding.

An example of the process leading to the setup of an HIA support unit in Wales, United Kingdom, is described by Breeze and Hall (6,7) and built on in Green et al. (8).

Main tasks of the support unit

The support unit should, at minimum, fulfil the following functions and work tasks:

- developing national methodological HIA/health assessment in EA guidance documents, screening and scoping
tools, and parameters for HIA quality, either through its own resources or by commissioning relevant institutions to undertake the task;

- developing capacity-building for national, regional and local environment and health authorities;

- serving as a focal point/competent authority for environmental authorities and/or developers regarding assessing significant health impacts in EAs, for example, by giving advice on measures to avoid or prevent significant adverse health effects (see examples in Box 1); and

- supporting the HIA/health assessment in EA process and/or conduct HIAs/health assessments in EAs, including public participation processes.

Depending on its human and financial resources, further functions and tasks that the support unit might support and/or supervise include:

- organizing knowledge transfer from international databases and contexts to the national context (for example, translation and adaptation of key documents and tools);

- serving as a central unit to collect information and act as a quality assurance institution for HIA/health assessment in EA work in the country;

- serving as a unit reporting to international organizations; and

- providing technical support to the legislative process of HIA implementation.

Box 1. Examples of good practice by the support unit on health authority supporting HIA/health assessment in EA

Support the Developer and Competent Authority during EIA scoping by introducing the wider determinants of health and then helping to focus the EIA on any likely significant health effects of the project.

As part of formal and informal consultation responses request a health chapter or health section, within the Scoping Request/Report and a health chapter within the EIA Report that brings together or cross-references the likely significant health effects.

Support the Competent Authority and Developer in relation to health monitoring by defining an appropriate and proportionate set of health indicators. Establish clarity on:

- use of existing indicators or the need for bespoke monitoring;
- governance arrangements (including where anonymised or sensitive data is involved);
- resource requirements and responsibilities (including any payments);
- sharing of information between parties, departments and authorities;
- duration of monitoring;
- analysis methods;
- trigger levels; and
- actions in response to monitoring.

Source: Cave et al. (9).
References

1. Implementation of health impact assessment and health in environmental assessments across the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2023 (https://apps.who.int/iris/handle/10665/368238).


1 All references accessed 23 August 2023.
Acknowledgements

The series of policy briefs was developed by Gabriel Gulis (University of Southern Denmark) and Julia Nowacki (WHO European Centre for Environment and Health).

The WHO Regional Office for Europe wishes to thank the following reviewers for their support in developing this series of policy briefs on HIAs and incorporating health into EAs: Ben Cave (BCA Insights Ltd; University of Liverpool, United Kingdom; and University of Groningen, Netherlands (Kingdom of the)), Thomas B Fischer (Environmental Assessment and Management Research Centre, School of Environmental Sciences, University of Liverpool, United Kingdom), Liz Green (Wales Health Impact Assessment Support Unit, Public Health Wales, United Kingdom), Jana Loosová (Regional Public Health Authority of the Liberec region, Czechia), Sinaia Netanyahu (WHO European Centre for Environment and Health) and Manuel Valero (Health Impact Assessment Sector, Regional Ministry of Health, Andalusia, Spain).

The project was supported by funds generously provided by the German Government through the Federal Ministry of Health.

### Member States

<table>
<thead>
<tr>
<th>Albania</th>
<th>Greece</th>
<th>Portugal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andorra</td>
<td>Hungary</td>
<td>Republic of Moldova</td>
</tr>
<tr>
<td>Armenia</td>
<td>Iceland</td>
<td>Romania</td>
</tr>
<tr>
<td>Austria</td>
<td>Ireland</td>
<td>Russian Federation</td>
</tr>
<tr>
<td>Azerbaijan</td>
<td>Israel</td>
<td>San Marino</td>
</tr>
<tr>
<td>Belarus</td>
<td>Italy</td>
<td>Serbia</td>
</tr>
<tr>
<td>Belgium</td>
<td>Kazakhstan</td>
<td>Slovakia</td>
</tr>
<tr>
<td>Bosnia and Herzegovina</td>
<td>Kyrgyzstan</td>
<td>Slovenia</td>
</tr>
<tr>
<td>Bulgaria</td>
<td>Latvia</td>
<td>Spain</td>
</tr>
<tr>
<td>Croatia</td>
<td>Lithuania</td>
<td>Sweden</td>
</tr>
<tr>
<td>Cyprus</td>
<td>Luxembourg</td>
<td>Switzerland</td>
</tr>
<tr>
<td>Czechia</td>
<td>Malta</td>
<td>Tajikistan</td>
</tr>
<tr>
<td>Denmark</td>
<td>Monaco</td>
<td>Türkiye</td>
</tr>
<tr>
<td>Estonia</td>
<td>Montenegro</td>
<td>Turkmenistan</td>
</tr>
<tr>
<td>Finland</td>
<td>Netherlands (Kingdom of the)</td>
<td>Ukraine</td>
</tr>
<tr>
<td>France</td>
<td>North Macedonia</td>
<td>United Kingdom</td>
</tr>
<tr>
<td>Georgia</td>
<td>Norway</td>
<td>Uzbekistan</td>
</tr>
<tr>
<td>Germany</td>
<td>Poland</td>
<td></td>
</tr>
</tbody>
</table>

© World Health Organization 2023. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license.

WHO/EURO:2023-8255-48027-71137


Cover picture: © WHO