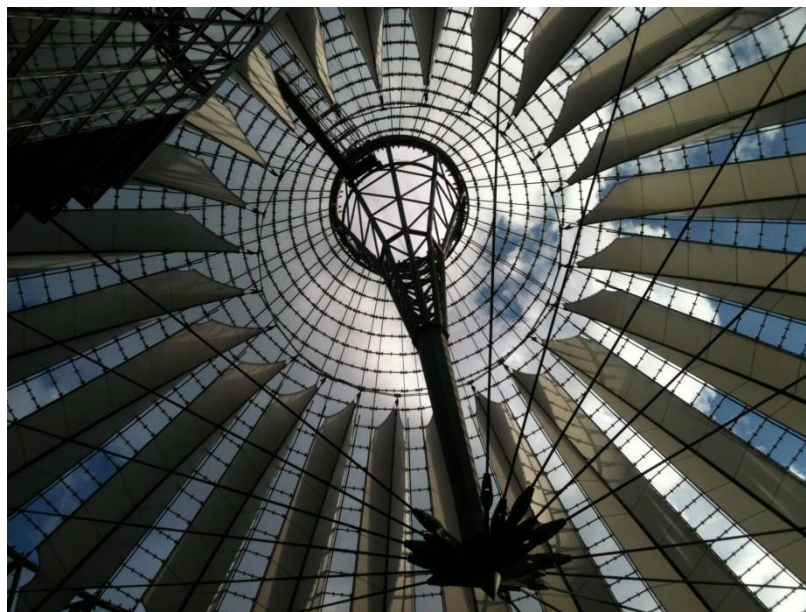


# Environment and health impact assessment – developing an online knowledge sharing platform and network



Report of an expert consultation  
25-26 April 2017, Bonn, Germany



## ABSTRACT

Aim of the expert consultation was to discuss the need of and options for the development of an online knowledge exchange platform on environment and health in impact assessments. Importantly, the target group of such an online platform would be the health impact assessment (HIA) as well as the environmental assessment communities of environmental impact assessments (EIA) and strategic environmental assessments (SEA). The experts agreed that the platform should not only support joint work of these experts but also support awareness raising and capacity building on HIA and EIA/SEA in general among decision-makers, assessment reviewers as well as the public. Importantly the web based resources provided need to be relevant to the target groups to support knowledge exchange and communication in the impact assessment community and to further bridge the language divide between the different professional groups involved in impact assessment.

### Keywords

ENVIRONMENT AND PUBLIC HEALTH  
HEALTH, ENVIRONMENTAL  
HEALTH IMPACT ASSESSMENT

Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe

United Nations City, Marmorvej 51

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the Regional Office web site (<http://www.euro.who.int/pubrequest>).

### © World Health Organization 2017

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use. The views expressed by authors, editors, or expert groups do not necessarily represent the decisions or the stated policy of the World Health Organization.

## CONTENTS

Acknowledgements .....	IV
Introduction, scope and purpose of the workshop.....	5
Objective of the meeting .....	5
Overview of the (E)HIA Wiki workshop.....	5
Conceptual thoughts on developing an online platform to support HIA and health in EA .....	6
Existing web sites on HIA, EIA and SEA .....	6
Survey on the usage of impact assessment webpages/web sites .....	7
Ketso workshop and results .....	11
Ketso results in brief .....	12
Analysis of results.....	13
Different quality criteria for HIA and health in EIA/SEA.....	16
Results of the working groups.....	17
Working group 1: Evaluation Criteria of HIA case studies and reports .....	17
Working group 2: Evaluation Criteria of Health in IA case studies and reports .....	17
Working group 3: Creation of an editorial board for quality control .....	17
Main discussion points and conclusions .....	18
References.....	19
Annex 1 – Provisional Programme .....	20
Annex 2 – List of Participants .....	22
Annex 3 – List of webpages identified.....	23

## List of boxes, figures and tables

Box 1. Evaluation criteria for case studies	10
Box 2. Missing evaluation criteria identified to be included in the assessment of best practice cases for the consideration of health in impact assessments according to 13 respondents.	11
Fig. 1. Usage of impact assessment web sites for work	8
Fig. 2. Purpose(s) of using the web sites	8
Fig. 3. The number of comments collected during all three discussions arranged by question	12
Fig. 4. The number of comments collected during all three discussions arranged by theme and question.	12
Table 1. Number of webpages/web sites identified by region	6
Table 2. Types of webpages and active status	7
Table 3. Types of webpages and frequency of updates	7
Table 4. Impact assessment web site(s) mainly used	8
Table 5. Current gaps with regards to available web sites	9
Table 6. Features considered particularly useful to add to existing web sites	9
Table 7. Information participants would like to see on a new (E)HIA web site/wiki	9
Table 8. Function(s) participants would like an (E)HIA web site/wiki to have	10

## Acknowledgements

The meeting was supported by funds generously provided by the German Government through the Federal Ministry for the Environment, Nature Conservation, Building and Nuclear Safety. Special thanks for the development of this workshop and the report goes to Thomas B Fischer, Samuel Hayes and Hung Shiu Fung of the WHO Collaborating Centre on Health in Impact Assessments at the University of Liverpool, United Kingdom of Great Britain and Northern Ireland.

## Introduction, scope and purpose of the workshop

Health impact assessment (HIA) is a well-recognized process that has the potential to support decision-makers in taking health considerations into account when deciding on a policy, plan, programme or project. As possible health impacts are often determined by decisions taken outside the health sector, there is a broad recognition that environmental assessments (EA) like environmental impact assessments (EIA) or strategic environmental assessments (SEA) should or depending on the specific legal context need to include an assessment of the impact on human health and on the population.

The implementation and usage of HIA and other forms of health-relevant impact assessment varies greatly across the WHO European Region: While EIA and SEA are widely implemented as required by law – e.g. through different legal provisions, in particular the transposition of EU Directives on EIA and SEA and the UNECE Protocol on SEA to the Convention on EIA in a transboundary context into national laws (all of which asking for an explicit consideration of human health), only few countries have legal provisions for HIA.

A WHO experts meeting (Fischer, Jha Thakur and Fawcett, 2017) as well as research on HIA implementation and the integration of human health within EAs across WHO European Member States (Fischer et al., forthcoming; Carmichael et al., 2016; Nowacki, Martuzzi and Fischer, 2009) revealed that there is a need to further support Member States in the further implementation of HIA and health in EAs. It is within this context that the development of a knowledge platform, the (E)HIA Wiki, is supported by the WHO regional office, to provide further information and resources for HIA and health in EA, e.g. through collection of good practice examples, guidance documents in various languages, sector specific guidelines, good quality standards for health in EAs, and supporting further networking activities.

## Objective of the meeting

The meeting discussed possible content categories for an online knowledge sharing platform for accessing existing materials, resources and good practice examples as well as good quality criteria for the selection of documents on HIA and health within EAs. For this the expert consultation gathered a small group of European experts in this field of HIA, EIA and SEA in order:

- to provide strategic direction on the design of the online platform, to be hosted at the WHO Collaborating Centre on Health in Impact Assessments;
- to discuss and comment the content for the online platform; and
- to discuss how to design good quality criteria for assessing HIA/EIA/SEA reports and guidelines.

The main outcome of the consultation was expected to be an outline of the (E)HIA Wiki in terms of possible content. Furthermore, the consultation was expected to provide guidance on good quality criteria for assessing reports, guidelines and other documents as well as to identify options for the collection of guidelines and good practice examples. This report presents the results of the consultation.

## Overview of the (E)HIA Wiki workshop

The workshop was held over two days. The first day was designed around the possible outline of an online platform. After a brief introduction of the rationale and underlying ideas of the meeting by WHO, some conceptual thoughts on online platforms were presented, a first review of various internet platforms on EIA-SEA and HIA was given and several of the experts introduced the webpages their institutions were running.

The second day concentrated on quality criteria for HIA and health in EIA/SEA. Experts presented different criteria used in their organizations to assess the quality of an assessment. Based on these presentations and further material distributed by WHO, two working groups discussed which quality criteria could and should be used for the selection of good practice HIA and health in EA case study reports and guidelines. A third group discussed the possible terms of reference and set-up of an editorial board for the online platform.

All presentations can be found in Annex 3.

## Conceptual thoughts on developing an online platform to support HIA and health in EA

To structure the discussion of the online platform this presentation sought to introduce some key concepts; ‘professional learning communities’ and ‘communities of practice’. These concepts attempt to explain how professionals, in this instance coming from across the health and impact assessment communities, can work together to share knowledge, enabling those with more knowledge, skills or experience to share these with newer or less experienced members as a form of community supported professional development.

### Existing web sites on HIA, EIA and SEA

A total of 55 HIA and EA related web sites/webpages were sampled and reviewed during April and May of 2017. The web sites/webpages were reviewed with regards to their contents and its organization, the functions and the updating of information.

Webpages/web sites were identified through two methods: Firstly, 40 e-mails were sent out on 30 and 31 March, 2017 to international experts working in EA and HIA, asking about whether there are any relevant (E)HIA sites they were aware of. Secondly, sites were identified using various internet search engines and through links from relevant sites.

Most of the webpages/web sites identified were located in Europe, North America and Asia – see Table 1 and Annex 3.

**Table 1. Number of webpages/web sites identified by region**

Region	Number of webpages/web sites identified
Africa	1
Americas	10
Europe	16
South-East Asia	4
Western Pacific	10
International*	14
<b>Total</b>	<b>55</b>

Note: \*International webpages/web sites include pages of the Asian Development Bank, ASEAN – Association of Southeast Asian Nations, EuroHealthNet, European Commission, IAIA – International Association for Impact Assessment, SOPHIA – Society of Practitioners of Health Impact Assessment, UNU – United Nations University, World Bank, WHO – World Health Organization, among others.

The 55 sites were clustered around 8 categories. Being active meant that the webpage had been updated within the year before the sampling date (up to April 2017) – see Table 2:

**Table 2. Types of webpages and active status**

Categories	inactive	active*	unknown	Total
Air quality impact		1		1
Climate change impact		1		1
Database for projects and country profiles		2		1
EHIA	1	1		2
EA	2	11	1	14
GIS Database		1	1	1
HIA	15	15		30
HIA in health		3		3
<b>Grand Total</b>	<b>18</b>	<b>35</b>	<b>2</b>	<b>55</b>

Note: 'Categories' refers to the nature of the site; HIA refers to HIA specified pages, EA refers to an overall EA site, with health information provided on certain topics; 'HIA in Health' refers to an overall health web site with HIA related information.

\*Active refers to whether the site had been updated within the year up to the sampling date (April 2017). This refers to the HIA/EA pages only, i.e. if the site is part of an overall health authority site, it would be marked inactive even if other parts were updated. Two sites were marked as "unknown" as either most of the content of the site was accessible for members only, or the site did not show when data were updated.

Out of the 55 sites less than half were updated and one third appeared not to be updated any more at all – see Table 3.

**Table 3. Types of webpages and frequency of updates**

Categories	live	frequent	seldom	not	unknown	Total
Air quality impact	1					1
Climate change impact		1				1
Database for projects and country profiles		2				1
EHIA			1	1		2
EIA		10	1	2	1	14
GIS Database	1				1	1
HIA		8	7	15		30
HIA in health		3				3
<b>Total</b>	<b>2</b>	<b>24</b>	<b>9</b>	<b>18</b>	<b>2</b>	<b>55</b>

Note: A site is marked as 'live' if it auto updates with real-time information, 'frequent' if it has 5 or more updates within a year, 'seldom' if it has less than 5 updates, 'not' if there was no update (as of Apr 2017). It refers to the impact assessment pages only, i.e. if the site is part of an overall health authority site, it would be marked inactive even if the other pages are updated (e.g. health alert). Two sites were marked as "unknown" as either most of the content of the site is accessible for members only, or the site does not explain when the data was updated.

## Survey on the usage of impact assessment webpages/web sites

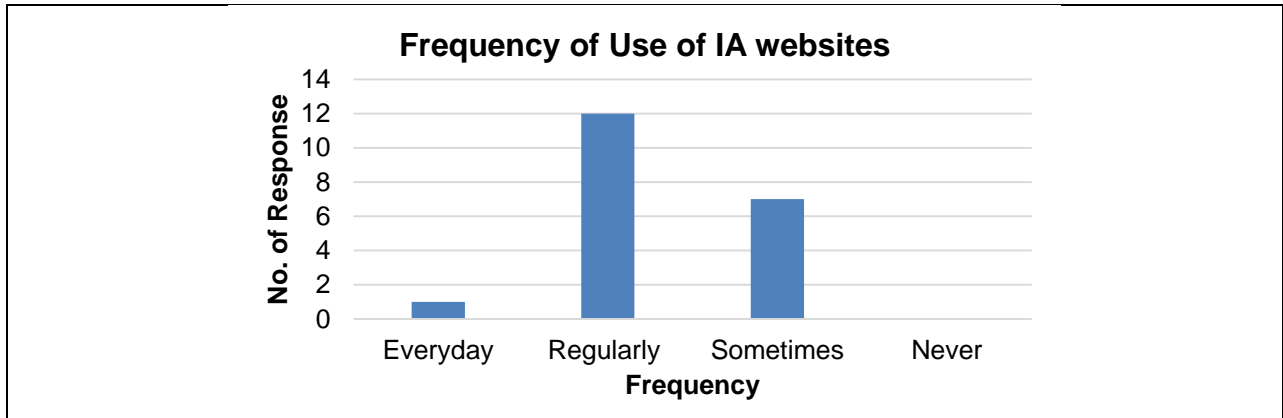
A follow-up survey was conducted to identify how users use the existing EHIA webpages/web sites, comments and expectations of a newly established web sites. 40 e-mail invitations were sent out to the international experts (same group that invited in the previous information request on existing webpages/web sites) on 19 Apr 2017, with an additional invitation to the international experts attending the meeting on 25 Apr 2017. A total of 20 responses were received. Figures 1 and 2 and tables 4 to 8 summarize the results of the survey.

As indicated in Fig. 1 below, all of the respondents said they had used an IA web site at some point, more than half also confirmed they used web sites regularly. Table 4 establishes what sites were used most frequently. Most respondents use web sites/webpages established by national/regional Health or



impact assessment authorities. Among them were the HIA Gateway by Public Health England and the Wales HIA Support Unit web sites. These provide HIA related news, training materials and guides, regulatory information, case studies, evidence and links to other relevant sites. For international sites, IAIA’s and International Funding Institutions’ web sites, including the WHO’s were mentioned. However, IAIA’s HIA information page and the HIA Gateway are no longer active, with the HIA Gateway being accessible only via the national archive.

**Fig. 1. Usage of impact assessment web sites for work**

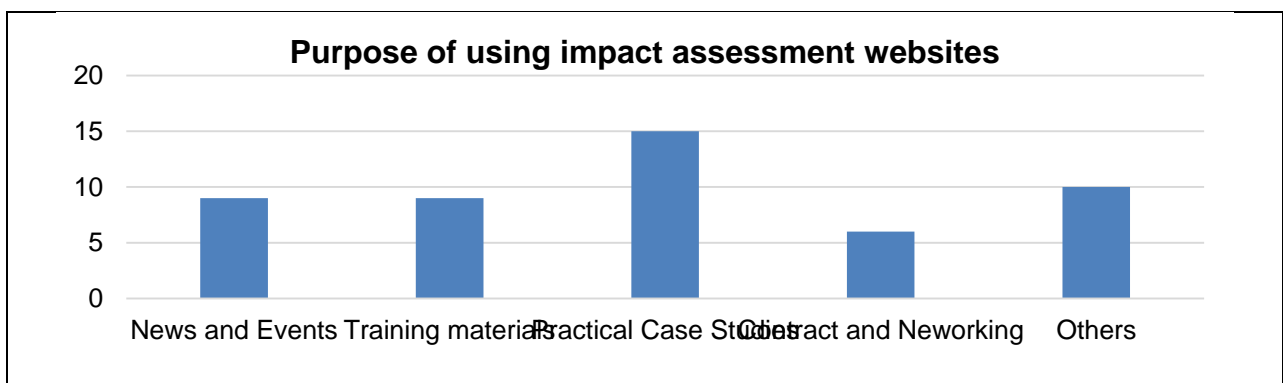


**Table 4. Impact assessment web site(s) mainly used**

Purpose of using	No. of Response
International Association for Impact Assessment (IAIA)	7
HIA Gateway	6
Welsh Health Impact Assessment Support Unit (WHIASU)	3
International Funding Institutions (IFIs) such as World Bank , European Investment Bank (EIB), Asian Development Bank (ADB), etc.	3
NCEA Netherlands Commission for Environmental Assessment (NCEA)	2
German Environmental Assessment Association (UVP)	2
World Health Organization (WHO)	2

As shown in Fig. 2, three-quarters of the respondents said they had visited sites for practical case studies; about half of them visited sites for news and events and training materials; also, a quarter visited sites for networking purposes. Among the ‘Others’ uses, ‘research’ was mentioned in four of the responses.

**Fig. 2. Purpose(s) of using the web sites**



Note: ‘Others’ included research, teaching, updates on legislation and evidence. Multiple answers were possible.



Table 5 and Table 6 show general user comments on existing IA web sites. The aspect that most users are concerned about is the data on the web sites. Nearly half of the respondents mentioned that the data on the existing sites were outdated or not updated regularly. In terms of functions, a quarter of the respondents mentioned that the information on the existing sites were difficult to find. With regards to gaps, three mentioned that the information on the web site should be better organized with regular maintenance and updating.

**Table 5. Current gaps with regards to available web sites**

<b>Identified Gaps</b>	<b>No. of Response</b>
Data Outdated	8
Difficult to find specific information/ Organization of contents	6
Lack of certain information	3
Lack of interaction with user	2
Unclear criteria of good practice	2

**Table 6. Features considered particularly useful to add to existing web sites**

<b>Features demanded to be added to existing web sites</b>	<b>No. of Response</b>
User-friendly Search function/ Categorise of information	3
Updating/ regular maintenance	3
Useful Links on relevant information	2

Table 7 and Table 8 show user expectations about the contents and functions of a new EHIA web site. The responses of both questions are similar. Half of the respondents would like the new web site to provide information on case studies. About a quarter of the respondents would like information about tools, guidelines/training material and methods to be provided. Besides the provision of information, more than a quarter of the respondents would like the web site either to provide networking contacts information, or serve as a platform for networking and discussion.

**Table 7. Information participants would like to see on a new (E)HIA web site/wiki**

<b>Demanded Information on new web site/wiki</b>	<b>No. of Response</b>
Cases	9
Tools	5
Guides/ Training material	5
Methods	4
Networking and contact	3
Quality Criteria	2
News	2
Search functions	1
Forum	1

**Table 8. Function(s) participants would like an (E)HIA web site/wiki to have**

<b>Demanded Functions on new web site/wiki</b>	<b>No. of Response</b>
Guides/ Methods/Supporting material	7
Networking and discussion	5
Good Practice/Case	3
Search function	2
User content/editing	1
Games	1
Toolkit	1
Real time information	1
Interactivity	1
Useful Links	1
Mode for national language web sites	1

A list of evaluation criteria for practical cases was drafted and attached in the questionnaire – see Box 1. Respondents were asked whether any criteria were missing. 13 (out of 18 that answered this question) responded that there is/are missing criteria, shown in Box 2. Additional criteria cover various aspects, including the methodology, actions, and justification of the practical cases. The results show that the views on the evaluation criteria are divided, with experts raising concerns about whether the criteria would reflect all important details.

#### **Box 1. Evaluation criteria for case studies**

- What definition of health is used? How broad is the health concept used (natural, physical, social, behavioural)
- How was a decision reached on what health aspects to consider in IA?
- What health data are used? Are they readily available/routinely or newly collected?
- Are health stakeholders participating in the IA?
- Did the health part of the IA influence the decision-making process?
- Is the documentation of the IA (including the health part) fully accessible to the general public and through what means?
- Is there any system set up for monitoring health impacts after the decision has been taken?
- Who is responsible for the IA and the generation of health data within it and who produces the required documentation and data?
- Whether and Which of the following issues/aspects are considered:
  - Health inequalities (e.g. in different neighbourhoods)
  - Open and green space (e.g. leisure & recreation)
  - Biophysical aspects (e.g. soil, climate, flood, air & water quality, flora and fauna/ biodiversity)
  - Social/economic aspects (e.g. education, employment, inequality, crime)
  - Nuisance (e.g. noise and light pollution, vibration, odor)
  - Human behaviour (e.g. healthy lifestyle, diet)
  - Waste
  - Houses and buildings (e.g. healthier environments, ventilation)
  - Health of minorities (e.g. travelling people)

## Box 2. Missing evaluation criteria identified to be included in the assessment of best practice cases for the consideration of health in impact assessments according to 13 respondents.

- Accessibility to public members and public consideration.
- Are any mitigation/compensation measures envisaged in case of significant/adverse effects on health.
- Are there conflicts of interest?
- Availability of services (healthy, social services).
- Causal Links and logical frameworks.
- Effect of the project/plan on health.
- Epidemiological risks.
- Explanation of methods and procedures.
- Finance of the assessment.
- Green initiatives adopted to safeguard health and well-being.
- Integration and links of HIA with other aspects of IA.
- Relative importance of quantitative and qualitative parts.
- Review requirement.
- The aims of participation.
- Types of standards/thresholds.
- Whether communication issues are defined.
- Whether conditions related to health attached to the final decision are respected.

## Ketso workshop and results

To enable creative discussion of the possible online platform, a Ketso workshop was held. Ketso is a tool for creative engagement which provides a structured workshop approach to enable groups to work together collaboratively, ensuring all participants can contribute, and find solutions (Ketso, 2016). Our Ketso workshop was titled 'Supporting HIA and health in IA/EA using an online platform' and focused on discussion of the following questions (associated colours are used on KETSO billboard, see below);

- What current resources and skills do we have? (brown)
- What new resources or skills do we want or need to develop in the future? (green)
- What challenges do we face to achieve this? (grey)
- What actions or goals should be set? (yellow)

The workshops use a colour coded set of cards to indicate which question was being discussed. The colours for each respective question are listed in brackets above. In total the workshop was attended by 16 experts, working in three groups. The three groups were broadly split by expertise, comprising; HIA, environmental assessment, and both, HIA and environmental assessment.

Each group was guided through the various questions by a facilitator and suggested themes were provided – although these were flexible and blank space was provided for themes which arose organically. The themes of the discussion included;

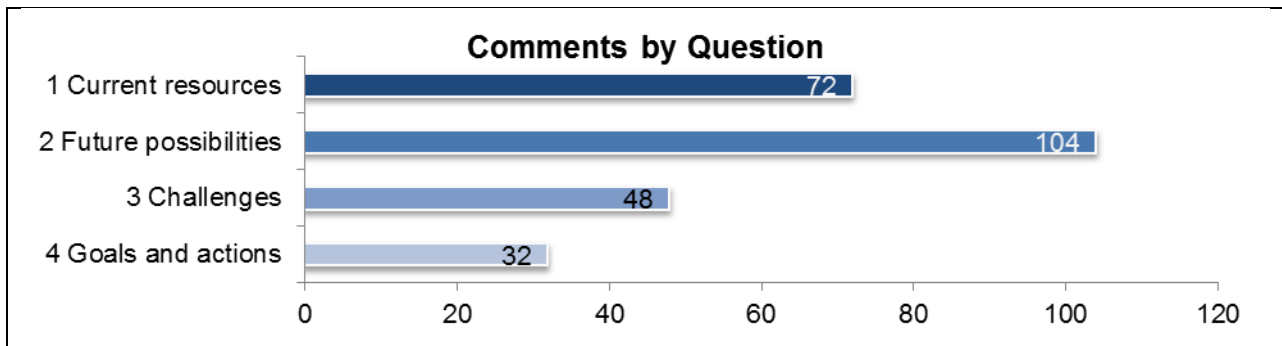
- tools and artefacts;
- learning and training;
- leadership;
- networking;
- community identity;
- society (added organically); and
- miscellaneous (added organically).

## Ketso results in brief

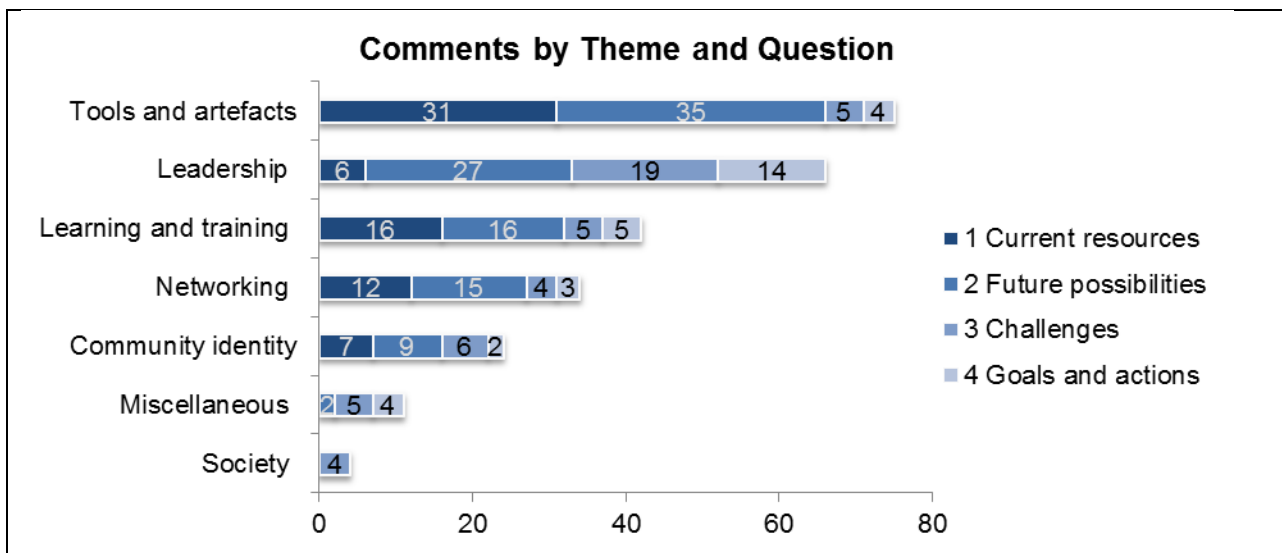
In total 256 comments, points or ideas were added to the discussion boards during the workshops. Fig. 3 shows how these brake down by question – using the colour coding introduced above.

Fig. 4 breaks this down by theme and question. From these initial summary graphs, it is possible to see that a considerable number of comments were made about existing materials (72 comments), but that also future wants or needs were extensively discussed (104 comments) (see Fig. 1). Several challenges were identified and the discussions led to the generation of goals and actions. We also see that a considerable proportion of the discussion related to the themes tools and artefacts – both existing and in the future – as well as leadership, specifically in relation to future needs (see Fig. 3).

**Fig. 3. The number of comments collected during all three discussions arranged by question**



**Fig. 4. The number of comments collected during all three discussions arranged by theme and question.**



The results of the Ketso workshop are analysed in greater detail in the following sections. Thematic analysis has been used and some refinement of the initial themes has been undertaken. This enables the important themes and issues identified in the workshop to be discussed.

## Analysis of results

The results have been clustered into the following cross cutting themes: *artefacts*, including, case studies, training materials, guidance, data and analysis tools, and multimedia resources; *quality*; *capacity*; *networking*; *language and community identity*, including national languages and sectoral languages; *wider society, methods*, and the *online platform* itself.

### Artefacts

The term 'artefact' is used here to refer to a whole range of resources and materials which can be used to support HIA and health in impact assessment practice. The results highlight the considerable resource base which already exists in various areas of the professional community. Existing artefacts identified include:

- Good practice case studies
- Formalized training courses (e.g. at universities and online)
- Country specific training programmes
- Academic and practitioner literature
- Guidance on HIA (e.g. IAIA)
- Guidance on related impact assessment tools (European Commission SEA and EIA guidance)
- Guidance on human health
- Data and databases (e.g. USAID database on contagious diseases)
- Data analysis tools/packages
- Existing online platforms (e.g. WHIASU).

Moreover, resources and materials were identified which are considered desirable to provide further support for professional practice. These include:

- Good practice case studies
- Follow up information on case studies
- Training materials (introductory and more extensive)
- Video and online materials
- Guidance on HIA
- Guidance on health in impact assessment tools
- Data analysis tools
- Data sharing
- GIS tools
- Expert database
- Events
- Frequently asked questions and key facts
- Common glossary.

Clearly these two lists reveal an overlap between what is identified as existing and available to some and that which is identified as desirable and needed by others. Those working or involved in different locations or areas of the profession have different access to resources. The lists also highlight the need to consider not only the production of material and its usefulness, but the sharing of existing material. This was emphasized by participants who acknowledged the need to, where possible, share what already exists more widely and in a greater number of languages (networking and language are discussed further in sections 1.6 and 1.7).

### **Quality**

Closely related to the discussion of artefacts was the idea of quality and concerns about identifying, controlling and managing the quality of artefacts hosted on, and in some way endorsed by the online platform. The need for some mechanism of quality control was broadly supported – particularly in relation to the presentation of good practice case studies, but also in relation to other artefacts, such as training materials.

Measures were identified which may enable this process. With specific regard to good practice case study material general support existed for the setting of criteria or a checklist to identify ‘good practice’, at least to a baseline level. An advisory or editorial board perhaps through a process of expert peer review would then use these criteria to review potential case study material.

### **Capacity**

Both, existing strengths and areas where improvement might be possible were identified. Participants noted the considerable expertise present within the professional community. In certain locations capacity or support at a national level was also identified, for example, but not limited to, the Federal Ministry of Health and associated HIA steering group in Austria. Wider programmes providing support for practice were also identified, for example the Healthy Cities programme. However, from this baseline participants also highlighted that capacity was often limited within organizations or Member States and measures to increase capacity and capacity building activities were noted as important for development of the professional community.

Related to the discussion of existing and desirable artefacts, and specifically training materials, long term and systematic capacity building programmes were noted as important for professional development as well as learning from experience within the professional community.

To support capacity building various elements were proposed which relate to leadership. As mentioned, some participants reported positive support from governments; however, others noted the potential improvement which might be achieved by greater government support, potentially through legislation but also leadership from health ministries or authorities. Also it was suggested that the HIA and EA professionals should take on a leadership role and act as a non-partisan advocate for HIA and health in impact assessment, specifically with the task of identifying the business case for HIA and the consideration of health in other impact assessments.

The lack of capacity itself was highlighted as a challenge to professional development and practice; however, challenges to capacity building and supporting capacity building within the profession were also identified, including a sometimes-difficult funding environment and the lack of legislative requirements in many cases.

### **Networking**

Through discussion of artefacts, resources and materials, and capacity building, the desire to develop a network and mechanisms for sharing across the profession is clearly made. Within this discussion, the role of the network was spoken of with respect to different objectives, including; the sharing of skills and resources, and longer term professional development.

The notion of using the professional network to enable the sharing of skills or resources builds further on ideas about capacity building. Previously noted as a desirable artefact, establishing a database of HIA and health in impact assessment experts across the region was suggested. Similarly, improving capacity by sharing information and data, as well as technical expertise and resources was also suggested. Related to this sharing of resources, the need for any supranational platform to connect the professional community to the resources available at a Member State level (perhaps by connecting to existing national online platforms) was also noted as crucial and a way to avoid duplication and to make sure that existing resources are utilized.

The use of a network for longer term professional development goals and, indeed, to enable the development and articulation of collective goals for the profession was noted. Connecting professionals through activities like conferences or conference sessions as well as online meetings such as ‘webinars’, forums and discussion groups was noted. Moreover, connecting beyond the immediate HIA profession was also noted as important – for example, bringing together HIA professionals, impact assessment professionals, health experts, spatial planners, relevant industries (e.g. energy) and governments. In this regard, a number of goals coalesced around the idea of using an online platform to build and foster a “focal point” or “central hub” for the profession – the online platform is discussed in more detail in section 1.10.

### *Language and community identity*

Language was discussed in several ways during the workshop, firstly, the logistical difficulty of communicating in multiple languages. Secondly, the difficulty of communicating across a pluralistic and diverse community made up of multiple professions and sectors. This latter point as well as encompassing issues of technical languages and jargon, also includes community identity issues.

Multiple languages across the region were clearly noted and the importance of translation in many instances was highlighted. The difficulty of providing materials in multiple languages was acknowledged, particularly when considering connecting users to existing national online platforms and materials. However, other options to ensure communication were also proposed. For example, some of the suggested introductory training materials, video and multimedia materials might be produced in simpler language where possible to maximize effective communication without translation or with minimal translation. Moreover, this acknowledges the increasing context specificity (e.g. legislative or organizational) which comes as guidance or training tackles more sophisticated or detailed topics making general communication perhaps less possible regardless of language. Indeed, acknowledging that context specific information would be needed was also noted.

Turning to consider the language variation present between different sectors and issues of community identity, it is important to recognize the contextual dimension. For example, different Member States may differ in their cultural understanding of health or in the type of health impacts they may be dealing with. The national or sectoral context clearly plays an important role in influencing how health is considered and variation may also exist between professionals primarily engaged with HIA, other assessment tools, spatial planning or government more generally. However, attention should still be paid to the ways in which an online platform might need to account for language and community variation, and how it may help to overcome related challenges.

One of the simplest points raised was the importance of acknowledging where sectoral or contextual languages or terminology differed. Acknowledging variation or difference was suggested to aid understanding and communication, and perhaps enabling useful discussion of such variation.

Creating and using a glossary of common terminology might enable clarification of language and various positions represented within the region. Similarly, places for discussion of frequently asked questions may enable cross sectoral communication – concerns regarding communication across multiple languages would still require consideration.

From the workshop discussions one of the clearest areas of concern regarding language and community identity was the fundamental question over the definition of health and the discourse used in different sectors or context to discuss health and well-being. Contextual factors (geographic or sectoral) were felt to be influential on how health itself was being defined. While there was acceptance of such variation as a natural feature of a diverse professional community which includes multiple disciplines (e.g. public health, medicine, spatial planning and assessment), there was desire to enable and shape discussion of the definition of health. For example, drawing on established definitions (e.g., the World Health Organization definition) and encouraging their discussion, use and adoption was suggested. Encouraging broad understandings of health, incorporating, for example, the social determinants of health, concepts



of well-being and long term perspectives, as well as moving beyond purely physical understandings health was suggested.

### ***Wider society***

While the majority of the discussions focused on the ways in which an online platform could support development of a professional community, discussions did acknowledge several important influences beyond the profession.

The influence of the wider political context and the part that plays in fostering or hindering HIA and impact assessment practice was acknowledged. Particularly, the position of health within political debates – for example, how health fits with sustainable development agendas, and more broadly the position of sustainable development amongst national and international politics.

The public perception of the importance of health and tools like HIA and other impact assessment tools was also noted. Raising questions about how greater awareness could be raised about the potential use of HIA and impact assessment amongst public audiences.

### ***Methods***

Through the discussions certain methodological points were also raised, some of which are reported here as possible areas which might be supported by materials made available or sign-posted to from the online platform.

Methodological questions were raised about engaging stakeholders (public and other sectors) in HIA and impact assessment. Also, understanding or improving the relationship and manner in which HIA and other impact assessment tools interact and communicate. Similarly, materials or discussion focused on encouraging the use of HIA as more than an administrative instrument was raised.

### ***Online platform***

Discussions also raised certain questions and proposals for taking the online platform forward. One key question posed to ensure clarity as the online platform is developed was to have a clear idea of who the platform is for. Related to this are questions regarding how open various components of the online platform would, or could be, taking account of legal obligations, as well as of technical issues such as maintaining links to multiple web sites and ensuring connections between sites remain current.

Broad consensus formed around the need to beta test a draft version of the platform and seek further feedback. This would enable clarification of what the community wants from the platform, how useable various components are and working through the logistical issues of coordinating multiple resources and managing quality control.

## **Different quality criteria for HIA and health in EIA/SEA**

There is currently a difference in what constitutes to good quality with regards to the coverage of human health in HIA on the one hand and EA (EIA/SEA) on the other in most systems/countries. HIA has been designed mainly in order to inform decision-makers about how health can be enhanced in policies and at times plans, programmes and projects. HIAs are frequently taking the format of positive, pro-active guidelines for action with the focus being on health, considering both, physical, as well as social (including e.g. behavioural and mental) health determinants. There are usually no legal requirements for the application of HIA and it is therefore normally taken as a flexible tool for action.

EA on the other hand is applied to proposed plans, programmes and projects and at times policies, often focusing on potential negative impacts, therefore frequently being more reactive than pro-active. EA is usually conducted based on legal requirements and therefore more inflexible, as one particular

approach is to be followed. The focus of EA is often on impact mitigation through consideration of alternatives and other means.

Whilst EA has its origins in public health concerns and human health has always been a key aspect to be considered in it, it is mostly bio-physical aspects that have been included to date. Whilst recent changes to EIA legislation in EU Member States means behavioural, mental and social health determinants should now also be considered here, in reality, the extent to which this is happening is still lagging behind what is considered standard practice in HIA (even though hopefully slowly catching up).

Because of these differences, quality standards for what constitutes to good or best practice with regards to the consideration health differ between HIA and EA. For example, the explicit consideration of social and mental determinants of health would make EA usually more or less automatically being considered a good practice case, whilst the same wouldn't apply to HIA. These differences will need to be considered when developing quality criteria for evaluation of case studies.

## Results of the working groups

### Working group 1: Evaluation Criteria of HIA case studies and reports

The working group discussed criteria that should be adopted for evaluating HIA case studies and reports before uploading them to the web site. There are existing evaluation criteria, such as the one made by WHIASU, SOPHIA and the North American HIA Practice Standards Working Group. The members of the group neither agreed nor disagreed to adopt an existing one or adopt a new one; however, there are concerns about whether the evaluation criteria would sufficiently reflect the actual situation of the case. Some cases may have a good evaluation result according to the criteria but have a lot of other problems that are not reflected in the report; some cases may contain valuable elements for others, but not necessary fulfil everything set in the evaluation criteria. The challenge would be to acknowledge the actual situation of the case, and letting the audience know how the reports fulfil the evaluation criteria.

### Working group 2: Evaluation Criteria of Health in IA case studies and reports

The working group discussed the different evaluation criteria and agreed that it would be best to adapt a set. For this there is a need to clarify what the main purpose of the criteria is; would they be used to select good practice cases based on the criteria and then only those would go on the webpage, or would any case study go on the webpage and then the criteria could be used to assess the quality. Importantly the criteria should be made available for professional as well as for public use, to support review processes, to further raise awareness and build up capacities and to support training of environmental and health assessors.

With regards to the purpose of the online platform the group emphasized the importance to connect existing information, web sites and networks and to support capacity building on HIA and health in impact assessments, for example, through quality assessed cases and defined quality criteria for practitioners and reviewers. Further useful features of an online platform could be to build up a repository or library of services and informing professionals, politicians and the public about health in general, available data, existing tools, etc.

### Working group 3: Creation of an editorial board for quality control

The aim of the work of an editorial board for quality control should be:

- to enable the HIA and health in EA community to link up through central hub, thus in effect connecting different sites/communities

- to define quality criteria for good practice HIAs, health in EAs
- to hold regular network meetings (possibly online).

Most challenges were identified to revolve around the current 'blank leaf' and also leadership of the group. For example the environmental assessment group of workshop participants agreed that 'ideas were everywhere but leadership was missing'. Most important and urgent issues to be tackled through an online Wiki include capacity building, which needs to start with responsible politicians and needs to reach all of society. Awareness for the importance of fully considering health in environmental assessments needs to dramatically improve.

Ideally a core board should consist of 6 to 8 experts from the health and environment assessment sector, be geographically as well as gender balanced and represent different institutions working in the area.

## **Main discussion points and conclusions**

Existing online platforms showed similar deficiencies, such as not providing quality assured documents. Furthermore, maintaining the online platform and keeping its content up to date seems another challenge. Nevertheless, discussions clearly showed that an online platform is essential in order to further raise awareness on health in impact assessment and support knowledge exchange and communication in the impact assessment community to further bridge the language divide between the different professional groups involved in impact assessment.

Target group for such an online platform would be the HIA as well as the environmental assessment community. While on the one hand the platform should support joint work of these experts it should also support awareness raising and capacity building on HIA and EIA/SEA in general among decision-makers, assessment reviewers as well as the public. Importantly the web based resources provided need to be relevant to the target group otherwise they will neither come back to the webpage nor support its further development.

A need for further developing quality criteria base on already existing ones was clearly indicated, using a combination of quality and process indicators. Quality criteria to be used could be transparency of gaps in reports, methods, declaration of standards used, which methodology was used for the assessment and if it was adequate, etc.; process indicators could be a description of the different stakeholders and their participation in the assessment, of the reasons for a full scale HIA or an integrated health assessment, monitoring. Importantly quality criteria should be defined for the different levels and for the different sectors.

Overall it was agreed that the webpage should serve as a hub, linking already existing resources of the different impact assessment communities under one umbrella, providing a common framework for it, as well as supporting the development of new resources such as defined and agreed quality criteria for health in environmental assessments or sector specific guidance and best practice case studies.

With regards to the best practice case studies there would be the need not only to describe the case study and why it has been chosen as a best practice example, but also to give background information on the case such as a list of key aspects that may differ because of e.g. specific regulations in a country.

For the core editorial board terms of references need be developed which would need to include procedural steps in regard to reviewing the webpage in general as well as assuring the quality of the content to be uploaded. Hence beside a core editorial board it was suggested to have a broader group that can especially facilitate and support the quality assurance process.

## References

- Bhatia R et al. (2014). Minimum Elements and Practice Standards for Health Impact Assessment. USA and Canada, North American HIA Practice Standards Working Group (<https://sophia.wildapricot.org/HIA-Guidance-and-Tools>, accessed 26 April 2017).
- Carmichael L, Lock K, Sweeting D, Townshend T, Fischer TB (2016). Reuniting the evidence base for health and planning: Lessons from an ESRC seminar series, *Town and Country Planning*, 85(11): 461-464.
- Fehr R et al. (2014). Health in Impact Assessments: Opportunities not to be missed. Copenhagen, WHO Regional Office for Europe (<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>, accessed 18 December 2016).
- Fischer TB, Jha-Thakur U, Fawcett, P (2017). 'Appendix 3: The role of impact assessments (HIA, EIA and SEA) in urban green space interventions for health. In WHO (2017): Urban Green Space Interventions and Health. Copenhagen, WHO Regional Office for Europe ([http://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0010/337690/FULL-REPORT-for-LLP.pdf?ua=1&dm\\_i=21A8,4XLGE,OWYH5H,IQELO,1](http://www.euro.who.int/__data/assets/pdf_file/0010/337690/FULL-REPORT-for-LLP.pdf?ua=1&dm_i=21A8,4XLGE,OWYH5H,IQELO,1), accessed 15 May 2017)
- Fischer TB, Jha-Thakur U, Fawcett P, Nowacki J, Clement S Hayes S (forthcoming). Consideration of urban green space in impact assessment for health, *Impact Assessment and Project Appraisal*, 36(1).
- Fredsgaard MW, Cave B, Bond A (2009). A Review Package for Health Impact Assessment Reports of Development Projects. Leeds, United Kingdom; Ben Cave Associates Ltd ([https://www.researchgate.net/publication/237489850\\_A\\_Review\\_Package\\_for\\_Health\\_Impact\\_Assessment\\_Reports\\_of\\_Development\\_Projects](https://www.researchgate.net/publication/237489850_A_Review_Package_for_Health_Impact_Assessment_Reports_of_Development_Projects), accessed 15 May 2017).
- Green L, Parry-Williams L, Edmonds N (2017a). Quality Assurance Review Framework for Health Impact Assessment (HIA). Cardiff, Wales; WHIASU – Wales Health Impact Assessment Support Unit, Public Health Wales (<http://www.wales.nhs.uk/sites3/news.cfm?orgid=522&contentid=45777>, accessed 17 August 2017).
- Green L, Parry-Williams L, Edmonds N (2017b). Quality Assurance Review Framework for Health Impact Assessment (HIA). Appendix One – Review Criteria Matrix. Cardiff, Wales: WHIASU – Wales Health Impact Assessment Support Unit, Public Health Wales (<http://www.wales.nhs.uk/sites3/news.cfm?orgid=522&contentid=45777>, accessed 17 August 2017).
- Green L, Parry-Williams L, Edmonds N (2017c). Quality Assurance Review Framework for Health Impact Assessment (HIA). Appendix Two – Explanatory Notes. Cardiff, Wales: WHIASU – Wales Health Impact Assessment Support Unit, Public Health Wales (<http://www.wales.nhs.uk/sites3/news.cfm?orgid=522&contentid=45777>, accessed 17 August 2017).
- Joffe M, Mindell J (2002). A framework for the evidence base to support Health Impact Assessment. *Journal of Epidemiology and Community Health*, 56(2):132–138.
- Ketso (2016) 'About Ketso'. Webpage: <http://ketso.com/learn-about-ketso> (accessed 05/10/2017).
- Nowacki J; Martuzzi M. and Fischer TB, eds (2009). Health and Strategic Environmental Assessment, WHO, Rome. Copenhagen: WHO Regional Office for Europe (<http://www.euro.who.int/en/what-we-do/health-topics/environmental-health/health-impact-assessment/publications/2010/health-and-strategic-environmental-assessment>)
- Vohra S, Nowacki J, Martuzzi M, eds (2016). Health Impact Assessments and Health in Environmental Assessments – developing further implementation strategies. Report of the expert meeting Bonn, Germany, 24-25 September 2015. Copenhagen, WHO Regional Office for Europe (<http://www.euro.who.int/en/health-topics/environment-and-health/health-impact-assessment/publications/2017/health-impact-assessments-and-health-in-environmental-assessments-developing-further-implementation-strategies-2016>, accessed 17 February 2017).

## Annex 1 – Provisional Programme

---

### Tuesday 25 April 2017

09.30 – 10.00	Registration
10.00 – 10.20	Welcome, introduction to the workshop and “tour de table” (Marco Martuzzi, WHO; Chair for the meeting: TB Fischer, University of Liverpool)
10.20 – 10.40	Towards an HIA/health in IA wiki: underlying ideas (Julia Nowacki)
10.40 – 11.00	Different ways for (H)IA web sites –conceptual thoughts (Sam Hayes)
11.00 – 11.20	Existing (H)IA web sites/WIKIS – results of an initial survey (Hung Shiu Fung)
11.20 – 11.30	Comments/Q&A
11.30 – 11.40	Coffee break
11.40 – 12.00	Experiences with the WHIASU web site (Liz Green)
12.00 – 12.20	The HIA Gateway – benefits and obstacles with the knowledge platform (Carl Petrokofsky)
12.20 – 12.40	The Austrian experience with the GOEG-HIA knowledge platform – benefits and obstacles (Gabriele Gruber)
12.40 – 13.00	Potential benefits from IA wikis for IA higher education – a personal reflection (Tomas Ramos)
13.00 – 13.15	Comments/Q&A
13.15 – 14.15	Lunch
14.15 – 16.15	Expectations of an IA wiki – a Ketso workshop (Sam Hayes & all participants)
16.15 – 16.30	Coffee break
16.30 – 17.30	Presentation of results/discussion and drawing conclusions from day 1
19.00	Get together dinner

---

---

**Wednesday 26 April 2017**

---

09.30 – 10.00	Different quality criteria for HIA and health in EIA/SEA – conceptual thought and results from the survey (Thomas Fischer/Raymond Fung)
10.00 – 10.20	Using web based resources in planning – a personal reflection from Estonia, a country of advanced digital and e technology (Heikki Kalle)
10.20 – 10.40	Good quality criteria for (health in) EIA and SEA – perspectives and experience of NCEA (Roel Meeuwsen)
10.40 – 11.00	Good quality criteria and knowledge gaps for EIA and SEA – perspectives and experience of the EIB (Mariana Ruiz Alvarado)
11.00 – 11.20	Coffee break
11.20 – 11.40	Quality control of the EA information– perspectives of the EC/DG Environment (Slavitza Dobрева)
11.40 – 13.00	Group work and discussion “Quality criteria for the selection of good practice HIA/health in EA reports and guidelines” (All participants)
13.00 – 14.00	Lunch
14.00 – 14.45	Presentation of results/discussion and drawing conclusions
14.45 – 15.00	Wrap-up and closure of the workshop (Julia Nowacki)

---

## **Annex 2 – List of Participants**

### ***Temporary Advisers***

Slavitza Dobрева De Schietere, Mainstreaming and Environmental Assessments Unit, DG Environment, European Commission, Belgium

Thomas B Fischer, Environmental Assessment and Management, School of Environmental Sciences, University of Liverpool, United Kingdom

Liz Green, Wales HIA Support Unit, Public Health Wales, Wrexham, United Kingdom

Gabriele Gruber, Austrian Public Health Institute, Vienna, Austria

Gabriel Gulis, Unit for Health Promotion Research, University of Southern Denmark, Esbjerg, Denmark

Joachim Hartlik, German EIA Association, Lehrte, Germany

Samuel Hayes, Environmental Assessment and Management, School of Environmental Sciences, University of Liverpool, United Kingdom

Hung Shiu Fung, Environmental Assessment and Management, School of Environmental Sciences, University of Liverpool, United Kingdom

Heikki Kalle, Environmental Management Dept., Hendrikson & Ko, Tartu, Estonia

Nunzia Linzalone, Institute of Clinical Physiology, National Council of Research, Pisa, Italy

Jana Loosova, Department of Environmental Health, Regional Public Health Authority Liberec Region, Liberec, Czech Republic

Roel Meeuwssen, Netherlands Commission for Environmental Assessment (NCEA), Utrecht, Netherlands

Carl Petrokofsky, Health Equity and Mental Health Division, Public Health England, London, United Kingdom

Tomas B. Ramos, CENSE – Center for Environmental and Sustainability Research, Department of Environmental Sciences and Engineering, School of Science and Technology, Universidade NOVA de Lisboa, Portugal

Mariana Ruiz Alvarado, Environment, Climate and Social Office, European Investment Bank, Luxembourg

Kedar Uttam, Environmental Management and Assessment Research Group, KTH Royal Institute of Technology, Stockholm, Sweden

### ***World Health Organization Regional Office for Europe***

Frank George, Technical Officer, Environmental Health Impact Assessment

Marco Martuzzi, Programme Manager, Environmental Health Impact Assessment

Julia Nowacki, Technical Officer, Environmental Health Impact Assessment

Sueleyman Oezcan, Intern, Environmental Health Impact Assessment



### Annex 3 – List of webpages identified

Country/Region	Owner	Web Link
ASEAN	ASEAN – Association of Southeast Asian Nations	<a href="http://www.hiainasean.org/">http://www.hiainasean.org/</a>
Asia	Asian Development Bank	<a href="https://www.adb.org/sectors/health/main">https://www.adb.org/sectors/health/main</a>
Australia	Centre for Health Equity Training, Research and Evaluation	<a href="http://hiaconnect.edu.au/">http://hiaconnect.edu.au/</a>
Austria	Gesundheit Österreich (Health Austria)	<a href="https://gfa.goeg.at/">https://gfa.goeg.at/</a>
Brazil	Associação Brasileira de Avaliação de Impacto (Brazilian Association for Impact Assessment)	<a href="http://avaliacaodeimpacto.org.br/">http://avaliacaodeimpacto.org.br/</a>
Canada	Institut national de santé publique du Québec (National Institute of Public Health of Quebec)	<a href="http://politiquespubliques.inspq.qc.ca/en/evalutaion.html">http://politiquespubliques.inspq.qc.ca/en/evalutaion.html</a>
Canada	National Collaborating Centre for Healthy Public Policy	<a href="http://www.ncchpp.ca/54/Health_Impact_Assessment.ccnpps">http://www.ncchpp.ca/54/Health_Impact_Assessment.ccnpps</a>
China	Unknown (personal site)	<a href="http://www.hpziliao.com/">http://www.hpziliao.com/</a>
China	Appraisal Centre for Environment and Engineering	<a href="http://www.china-eia.com/index.htm">http://www.china-eia.com/index.htm</a>
Czech Republic	CENIA – Czech Environmental Information Agency	<a href="https://helpdesk.cenia.cz/hdPublic/helpdesk/">https://helpdesk.cenia.cz/hdPublic/helpdesk/</a>
Europe	EuroHealthNet	<a href="http://www.health-inequalities.eu/tools/health-impact-assessment/">http://www.health-inequalities.eu/tools/health-impact-assessment/</a>
European Union	European Union/European Commission	<a href="https://ec.europa.eu/health/health_policies/impact/">https://ec.europa.eu/health/health_policies/impact/</a>
European Union	EEA – European Environmental Agency	<a href="http://climate-adapt.eea.europa.eu/">http://climate-adapt.eea.europa.eu/</a>
Finland	National Institute for Health and Welfare	<a href="https://www.thl.fi/en/web/health-promotion/human-impact-assessment">https://www.thl.fi/en/web/health-promotion/human-impact-assessment</a>
France	Sante Publique France (Public Health France)	<a href="http://inpes.santepubliquefrance.fr/evaluation-impact-en-sante/default.asp">http://inpes.santepubliquefrance.fr/evaluation-impact-en-sante/default.asp</a>
Germany	BMUB – Federal Ministry of Environment, Nature Conservation, Building and Nuclear Safety	<a href="http://www.bmub.bund.de/themen/strategien-bilanzen-gesetze/umweltpruefungen-uvpsup/">http://www.bmub.bund.de/themen/strategien-bilanzen-gesetze/umweltpruefungen-uvpsup/</a>
Hong Kong	Environmental Protection Department	<a href="http://www.epd.gov.hk/eia/">http://www.epd.gov.hk/eia/</a>
Hong Kong	School of Public Health, Hong Kong University	<a href="http://hedleyindex.sph.hku.hk/html/en/">http://hedleyindex.sph.hku.hk/html/en/</a>
Ireland	Public Health Ireland	<a href="http://www.thehealthwell.info/">http://www.thehealthwell.info/</a>
Italy	Ministero dell’Ambiente e della Tutela del Territorio e del Mare (Ministry of the Environment and the Protection of the Territory and the Sea)	<a href="http://www.va.minambiente.it/en-GB">http://www.va.minambiente.it/en-GB</a>
Japan	The Ministry of the Environment	<a href="http://www.env.go.jp/policy/assess/index.html">http://www.env.go.jp/policy/assess/index.html</a>
Netherlands	NCEA – Netherlands Commission for	<a href="http://www.eia.nl/en">http://www.eia.nl/en</a>

Country/Region	Owner	Web Link
	Environmental Assessment	
Netherlands	Rijksinstituut voor Volksgezondheid en Milieu (National Institute for Public Health and the Environment)	<a href="http://www.rivm.nl/">http://www.rivm.nl/</a>
New Zealand	Ministry of Health	<a href="http://www.health.govt.nz/our-work/health-impact-assessment">http://www.health.govt.nz/our-work/health-impact-assessment</a>
South Africa	Department of Environmental Affairs	<a href="https://www.environment.gov.za/documents/strategies/eiams_environmentalimpact_assessmentmanagement">https://www.environment.gov.za/documents/strategies/eiams_environmentalimpact_assessmentmanagement</a>
Spain	Andalusian School of Public Health	<a href="http://www.creis.es/">http://www.creis.es/</a>
Taiwan	The Environmental Protection Administration	<a href="http://www.epa.gov.tw/mp.asp?mp=epa">http://www.epa.gov.tw/mp.asp?mp=epa</a>
Taiwan	The Environmental Protection Administration	<a href="http://ienv.epa.gov.tw/">http://ienv.epa.gov.tw/</a>
Thailand	Environmental Impact Evaluation Bureau	<a href="http://www.onep.go.th/eia/">http://www.onep.go.th/eia/</a>
Thailand	Independent Commission on Environment and Health	<a href="http://www.iceh.or.th/v1/">http://www.iceh.or.th/v1/</a>
Thailand	National Health Commission	<a href="http://www.thia.in.th/welcome/index">http://www.thia.in.th/welcome/index</a>
Thailand	Office of Energy Regulatory Office Commission of Thailand	<a href="http://app04.erc.or.th/EHIA/EHIA_Outer/EHIAOuter_ProjectList.aspx?mid=999">http://app04.erc.or.th/EHIA/EHIA_Outer/EHIAOuter_ProjectList.aspx?mid=999</a>
United Kingdom	JISCMail	<a href="https://www.jiscmail.ac.uk/UnitedKingdom/cgi-bin/webadmin?A0=HIANET">https://www.jiscmail.ac.uk/UnitedKingdom/cgi-bin/webadmin?A0=HIANET</a>
United Kingdom	Public health England	<a href="http://www.apho.org.uk/UnitedKingdom/">http://www.apho.org.uk/UnitedKingdom/</a>
United Kingdom	Public Health England	<a href="https://khub.net/web/healthyplaces/healthyplaces">https://khub.net/web/healthyplaces/healthyplaces</a>
United Kingdom	University of Liverpool	<a href="https://www.liverpool.ac.uk/UnitedKingdom/psychology-health-and-society/research/impact/about/">https://www.liverpool.ac.uk/UnitedKingdom/psychology-health-and-society/research/impact/about/</a>
United Kingdom, Scotland	NHS – National Health Service, Scotland	<a href="http://www.healthscotland.scot/tools-and-resources/health-inequalities-impact-assessment/the-hia-process">http://www.healthscotland.scot/tools-and-resources/health-inequalities-impact-assessment/the-hia-process</a>
United Kingdom, Wales	Public Health Wales	<a href="http://www.wales.nhs.uk/UnitedKingdom/sites3/home.cfm?orgid=522">http://www.wales.nhs.uk/UnitedKingdom/sites3/home.cfm?orgid=522</a>
United States of America	Centre of Disease Control	<a href="https://www.cdc.gov/healthyplaces/hia.htm">https://www.cdc.gov/healthyplaces/hia.htm</a>
United States of America	Human Impact Partners	<a href="http://www.humanimpact.org/">http://www.humanimpact.org/</a>
United States of America	National Association of County & City Health Officials	<a href="http://www.naccho.org/programs/community-health/healthy-community-design/health-impact-assessment">http://www.naccho.org/programs/community-health/healthy-community-design/health-impact-assessment</a>
United States of America	The Pew Charitable Trust	<a href="http://www.pewtrusts.org/en/projects/health-impact-project">http://www.pewtrusts.org/en/projects/health-impact-project</a>
United States of America	UCLA – University of California, Los Angeles	<a href="http://www.hiaguide.org/">http://www.hiaguide.org/</a>
United States of America	EPA – Environmental Protection Agency	<a href="https://www.epa.gov/c-ferst/c-ferst-maps-community-environmental-conditions">https://www.epa.gov/c-ferst/c-ferst-maps-community-environmental-conditions</a>
United States of America	EPA – Environmental Protection Agency	<a href="https://www.epa.gov/healthresearch/health-impact-assessments">https://www.epa.gov/healthresearch/health-impact-assessments</a>

<b>Country/Region</b>	<b>Owner</b>	<b>Web Link</b>
Viet Nam	Hanoi School of Public Health	<a href="http://cenpher.huph.edu.vn/content/health-risk-and-health-impact-assessments-hrias">http://cenpher.huph.edu.vn/content/health-risk-and-health-impact-assessments-hrias</a>
Worldwide	Environmental Impact Training	<a href="https://www.eiacampUnited States of America.com/">https://www.eiacampUnited States of America.com/</a>
Worldwide	IAIA – International Association for Impact Assessment	<a href="http://www.iaia.org/index.php">http://www.iaia.org/index.php</a>
Worldwide	IAIA – International Association for Impact Assessment	<a href="http://www.iaia.org/wiki-details.php?ID=14">http://www.iaia.org/wiki-details.php?ID=14</a>
Worldwide	Individual Owner	<a href="http://healthimpactassessment.pbworks.com/w/page/22588649/HIA%20Guidelines">http://healthimpactassessment.pbworks.com/w/page/22588649/HIA%20Guidelines</a>
Worldwide	Private Contributor	<a href="http://healthimpactassessment.blogspot.co.uk">http://healthimpactassessment.blogspot.co.uk</a>
Worldwide	The Society of Practitioners of Health Impact Assessment	<a href="https://sophia.wildapricot.org/">https://sophia.wildapricot.org/</a>
Worldwide	UNU – United Nations University	<a href="http://eia.unu.edu/wiki/index.php/Main_Page.html">http://eia.unu.edu/wiki/index.php/Main_Page.html</a>
Worldwide	WHO – World Health Organization	<a href="http://www.who.int/hia/en/">http://www.who.int/hia/en/</a>
Worldwide	World Bank	<a href="http://data.worldbank.org/">http://data.worldbank.org/</a>

## **The WHO Regional Office for Europe**

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

### **Member States**

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czechia  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

Aim of the expert consultation was to discuss the need of and options for the development of an online knowledge exchange platform on environment and health in impact assessments. Importantly, the target group of such an online platform would be the health impact assessment (HIA) as well as the environmental assessment communities of environmental impact assessments (EIA) and strategic environmental assessments (SEA). The experts agreed that the platform should not only support joint work of these experts but also support awareness raising and capacity building on HIA and EIA/SEA in general among decision-makers, assessment reviewers as well as the public. Importantly the web based resources provided need to be relevant to the target groups to support knowledge exchange and communication in the impact assessment community and to further bridge the language divide between the different professional groups involved in impact assessment.

### **World Health Organization Regional Office for Europe**

UN City, Marmorvej 51, DK-2100 Copenhagen Ø, Denmark  
Tel.: +45 45 33 70 00 Fax: +45 45 33 70 01  
Email: [euwhocontact@who.int](mailto:euwhocontact@who.int)  
Website: [www.euro.who.int](http://www.euro.who.int)