Integrating EIA and HIA to protect human health

This article will consider the new Environmental Impact Assessment Directive (EIAD), 2014/52/EU and the implications of the revision to Article 3 to introduce human health into the assessment criteria.

As environmental issues such as resource efficiency, biodiversity protection, climate change, risks of accidents and sustainability have become more important in policy making, so the driver to review the EIA process and EIAD 2011/92/EU, became more apparent.

The European Commission’s stakeholder consultation to review the EIA process identified that 56% respondents believed that the EIA process required improvement. Until now, the EIAD had not significantly changed in 25 years.

Specifically in terms of human health, the consultation process identified that EIA does not sufficiently cover the impact on the health of human beings; and that the quality of life, health and wellbeing are not covered. It was noted that Health Impact Assessment (HIA) should be integrated with EIA, bringing a more positive health and sustainability approach to EIA, providing a means for communicating with communities, especially those who are less likely to respond to traditional forms of consultation…with the potential to reduce health inequalities.

Further comments suggested that practitioners of EIA should include public health specialists, and that proper coverage of health would support the importance of biodiversity, climate change and other assessments completed as part of the EIA process.

In addition to the above comments, 52% of respondents considered that synergies should be improved between the EIA and other EU Policies and Directives, including, The Strategic Environmental Assessment, The IPPC Directive, The Habitats Directive, The Water Framework Directive, REACH and Seveso, which all specifically reference human health and consider the consequences for human health and the environment.

With regards to human health, the EIAD 2014/52/EU requires that: the EIA shall identify, describe and assess in an appropriate manner, in the light of each individual case, the direct and indirect significant effects of a project on human health.

If HIA is to be considered as a tool in delivering the aspect of human health, then the World Health Organisation (WHO) definition of HIA should be considered: a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. In addition the WHO definition of health should also be considered: health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

In view of the comments from the consultation process and the WHO definitions outlined above, then the integration of HIA into the EIA process may be considered as a means of protecting human health.

Vohra (2005) cites six HIA models; of these models, The Merseyside Guidelines for HIA notes that the UK Government is strongly committed to the principle of prospective HIA. However, HIA remains as a non-mandatory assessment with its integration into mainstream policy-making still to be realised.
Currently, this may result in a level of inconsistency, with some planning authorities requiring an HIA in addition to the EIA, while other planning authorities may not, for similar projects; the integration of HIA with EIA should remove the potential for this to happen.

Numerous papers have been written on the integration of HIA with EIA; of these papers, Vohra (2005), states, integrating HIA into EIA balances out the weaknesses of each approach to create a more robust assessment of the environmental and health impacts of a proposed development on a locality and its residents. Vohra also sees a further strength of HIA in that it is more likely to ensure that residents feel that their concerns have been listened to and adequately addressed using an approach that is sensitive to their perspectives and experiences.

In considering the implications of integrating HIA with EIA, Bhatia and Wernham (2008) note that HIA views health holistically, considering not only biophysical health effects, but also broader social, economic, and environmental influences. It could be argued that with this extended scope, HIA may introduce significant time and cost to the EIA/HIA process; however, Vohra suggests that in comparison to the total costs of a development, the costs of an integrated environmental and health impact assessment…are small.

In terms of the extended scope, clear guidance would be required in determining the extent and depth of an HIA. There may be potential to carry out the respective consultation processes concurrently as a means of streamlining the integrated approach. Clearly, the complete and correct transposition of EIAD 2014/52/EU into national legislation is essential to guarantee that its objectives of protecting human health and the environment are achieved.

To this end the European Commission considers that explanatory documents are necessary to assist Member States in the transposition of the EIAD 2014/52/EU. We now wait, with interest, to see if HIA, or a form of HIA, will become integrated with EIA in addressing the human health dimension within EIAD 2014/52/EU.

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