



Submission to DECC on NAF Public Consultation

HSE National Health Protection Office

Environment and Health Special Interest Group

It is very welcome to get started on the next round of adaptation and there is much in the document that is very good.

From a public health¹ perspective, and noting that people's health and wellbeing (physical, mental and social) is one of the key reasons for adaptation, the following are some recommended considerations:

Health in All Policies and Health Impact Assessment

It doesn't appear that a Health Impact Assessment of this framework has been considered. The World Health Organization (WHO) (of which Ireland is a Member State) recommends Health in All Policies (HiAP) and Health Impact Assessment (HIA):

WHO defines HiAP as *"an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity"*.

Health Impact Assessment is one of tools for HiAP, and the WHO cites the following [reasons](#) for using HIA:

1. **“Values** - HIA is based on four values that link the HIA to the policy environment in which it is being undertaken.
 - a. *Democracy* – allowing people to participate in the development and implementation of policies, programmes or projects that may impact on their lives.
 - b. *Equity* – HIA assesses the distribution of impacts from a proposal on the whole population, with a particular reference to how the proposal will affect vulnerable people (in terms of age, gender, ethnic background and socio-economic status).
 - c. *Sustainable development* – that both short and long term impacts are considered, along with the obvious, and less obvious impacts.
 - d. *Ethical use of evidence* – the best available quantitative and qualitative evidence must be identified and used in the assessment. A wide variety of evidence should be collected using the best possible methods.
2. **Promotes cross-sectoral working**

The health and well-being of people is determined by a wide range of economic, social and environmental influences. Activities in many sectors beyond the health sector influence these determinants of health. HIA is a participatory approach that **helps people from multiple sectors to work together**. HIA participants consider the impacts of the proposed action on their individual sector, and other sectors – and the potential impact on health from any change. Overlaps with other policy and project initiatives are often identified, providing a **more integrated approach to policy**

¹ The WHO constitution states: "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." An important implication of this definition is that mental health is more than just the absence of mental disorders or disabilities.



making. "Joined up thinking" and "cross-sectoral working" are phrases that apply to the HIA way of working.

3. A participatory approach that values the views of the community

An initial stage within the HIA process is to identify the relevant stakeholders. This process usually produces a large number of relevant people, groups and organizations. The HIA can be used as a framework to implicate stakeholders in a meaningful way, allowing their messages to be heard.

Stakeholders commonly include:

- The local community/public, particularly vulnerable groups
- Developers
- Planners
- Local/national governments
- Voluntary agencies, nongovernmental organizations
- Health workers at local, national or international levels
- Employers and unions
- Representatives of other sectors affected by the proposal
- The commissioner(s) of the HIA
- The decision-makers
- The network of people and organisations who will carry out the HIA.

HIA provides a way to engage with members of the public affected by a particular proposal. An HIA can send a signal that an organization or partnership wants to involve a community and is willing to respond constructively to their concerns. Because the HIA process values many different types of evidence during the assessment of a proposal, the views of the public can be considered alongside expert opinion and scientific data, with each source of information being valued equally within the HIA. It is important to note that the decision makers may value certain types of evidence more than others, and community expectations must be managed to avoid 'over-promising what an HIA can deliver. An HIA does not make decisions; it provides information in a clear and transparent way for decision makers'.

4. The best available evidence is provided to decision-makers

The purpose of an HIA is to provide decision-makers with a set of evidence-based recommendations about the proposal. The decision-makers can then decide to accept, reject or amend the proposal, in the knowledge that they have the best available evidence before them. Evidence used in an HIA can be both qualitative and quantitative, and each is valuable. HIA should consider a range of different types of evidence – going beyond published reviews and research papers, to include the views and opinions of key players who are involved or affected by a proposal. Often, information of the quality and quantity demanded by decision-makers cannot be found, a note of this is made within the HIA and the best available evidence is provided.

5. Improves health and reduces inequalities

Addressing inequalities and improving health is a goal for many organisations and all governments. One way of contributing to the health and inequalities agenda is through the use of HIA. **At the very least, HIA ensures that proposals do not inadvertently damage health or reinforce inequalities.** HIA uses a wide model of health and works across sectors to provide a systematic approach for assessing how the proposal affects a population, with particular emphasis on the distribution of effects



between different subgroups within the population. Recommendations can specifically target the improvement of health for vulnerable groups.

6. It is a positive approach

HIA looks not only for negative impacts (to prevent or reduce them), but also for impacts favourable to health. This provides decision-makers with options to strengthen and extend the positive features of a proposal, with a view to improving the health of the population.

7. Appropriate for policies, programmes and projects

HIA is suitable for use at many different levels. HIA can be used on projects, programmes (groupings of projects) and policies, though it has most commonly been used on projects. The flexibility of HIA allows these projects, programmes and policies to be assessed at either a local, regional, national or international level – making HIA suitable for almost any proposal. However, choosing the right moment to carry out an HIA is important (see [screening](#)).

8. Timeliness

To influence the decision-making process, HIA recommendations must reach the decision-makers well before any decisions about the proposal will be made. This basic principle of HIA highlights the practical nature of the approach. **Experienced HIA practitioners can work within most timeframes**, undertaking comprehensive (longer) or rapid (shorter) HIAs.

9. Links with sustainable development and resource management

If the HIA is undertaken at a sufficiently early stage in the project process, it can be used as a key tool for sustainable development. For example, an HIA on building a road would enable inclusion of health and other sustainability aspects - such as cycle lanes, noise and speed reduction interventions - to be included from the very beginning, rather than at a later date. This **enables health objectives to be considered at the same level as socio-economic and environmental objectives**, an important step towards sustainable development. Another feature of HIA is its possible combination with other impact assessment methods. This integration allows proposals to be assessed from a sustainable development perspective including: health, education, employment, business success, safety and security, culture, leisure and recreation, and the environment. Drawing on the wider determinants of health, and working across different sectors, HIA can play an important role in the sustainability agenda.

10. Many people can use HIA

Because it is a participatory approach, there are many potential users of HIA, including:

- Decision-makers who may use the information to select options more favourable to health;
- Commissioners of the HIA, who use it to consult widely and gather differing views, to build capacity and develop strong partnerships;
- HIA workers who carry out the individual components of the HIA, including consultants, local staff from a wide variety of organizations, and the community;
- Stakeholders, who want their views to be considered by decision-makers”.

[More information about Health Impact Assessment can be found in the Appendix.](#)



Other Recommendations

Nearly all of the following recommendations would be addressed by taking a Health in All Policies approach, and the effectiveness of our actions depend on them producing good health and well-being outcomes for our population. It is likely that most other outcomes are intermediate steps in achieving good health and wellbeing for people.

Governance

- **Adaptation in All Sectors** - All sectors, including finance and DPER, need to adapt and be aware of others' adaptation actions. Cost effective actions need a cross-government alignment to be synergistic with no gaps and no overlaps.
- **Community Resilience** – it is not yet clear who has governance for achieving this and the risk is that “Everybody may be nobody”.
- **Funding for Collaboration** - Sectors are funded to implement their agenda – and collaboration across sectors is not well funded, so siloing will continue and raises the risk of inadvertent and potentially very costly maladaptation.
- **Comment re P104-105 - The Strategic Emergency Management National Structures and Framework** document is not clear how, or even if, Public Health Risk Assessments are being carried out in relation to incidents that may impact on the health of the public. Public Health/Health Protection Medical Officers of Health (see www.hse.ie/moh) are often called in at a late stage to provide PHRA and PH advice - this may be a missed opportunity to protect health. So while this is considered a comprehensive document, I am not aware that the effectiveness of this has been measured.
- **Resources to carry out [Essential Public Health Functions](#)**, such as “*Protecting populations against health threats, including environment and occupational hazards, communicable disease threats, food safety, chemical and radiation hazards*” and “*Promoting health and well-being and actions to address the wider determinants of health and inequity*” are yet to be prioritised. In Ireland Medical Officers of Health should be facilitated to carry out our statutory roles to inform ourselves “*as respects all influences affecting or threatening to affect injuriously the public health*” (Public Health Risk Assessments) and to provide the requisite public health advice “*generally in relation to the health of the people*” as per [Health \(Duties of Officers\) Order 1949](#) , but this is not yet in place. Many emergencies have the potential to adversely affect public health and so need the PHRA process to start at an early stage, including to rule out a direct or indirect threat to public health. CPHM/MOHs are trained and accredited to carry out this work.
- **Resources to carry out HiAP and HIA** – there are many practitioners with the expertise to implement HIAs in Ireland, but there is need for demand and resources to start doing this comprehensively.
- **Address the [Commercial Determinants of Health](#)** – the under-resourcing of the public service may result in a mis-match of influence at policy level where **Industry Influence on Policy and Regulation can undermine the public interest**.

Processes



- **Barriers to Effective Adaptation** – there is a lot of emphasis to addressing the barriers to private investment, but perhaps the main corporate obligation to make money for shareholders may not be aligned with the public interest in times of climate change.
- **Limitations of the Scorecard** - It should be noted that the scorecard reporting for early 2023 (I think) may be out of date. It may obscure the different rates of pace of implementation over time in different sectors. Much as scorecards are useful to push action, we need to consider if there is enough exploration about the barriers to achievement.
- **Effective collaborative working** – Adequately resourced collaborative working would help to overcome silos, but it is not measured, so may not be happening
- **Reconsideration of 4 thematic areas in terms of our overarching Goals** - As all the sectors are “human” really, (for example who are the communication networks, electricity and flood risk management etc for?) and the health impact of other policies may be lost in this approach. The planet will look after itself, it is the impact on humans, directly or indirectly, we are concerned about in relation to climate change.

Outcomes

Need to define what we mean by Community Resilience as an outcome – our measurements so far relate to sectoral actions that may or may not add to or undermine the impact on the public of climate change (including physical, mental, social and financial well-being)

We need to consider:

- What does climate change resilience mean for Ireland as a whole?
- What does a resilient Ireland look like?

It is possible we are all aiming for a different target – that is a likely and potentially very costly risk.



Appendix – About Health Impact Assessment (HIA)

“What are international policies and regulations for HIA?”

Several international policies and regulations make provisions for HIA or recommend its use, such as:

- **Strategic Environmental Assessment**

Health effects are often poorly assessed within Environmental Impact Assessments (EIA), or not at all. The establishment of a Strategic Environment Assessment (SEA) Protocol – to supplement the UNECE Convention on EIA - has addressed this problem. In Kiev, in May 2003, governments of 35 European United Nations members signed the SEA protocol, whose **provisions place special emphasis on human health**, going beyond existing legislation. This reflects the political will of the governments, and the technical support of the health sector including WHO. The protocol also recommends that SEA be undertaken early enough in the decision-making process of proposals for environmental and health issues to be considered as part of a wider sustainability agenda.

- **Article 152 of the Amsterdam Treaty**

The Treaty calls for the European Union (EU) to examine the possible impact of major policies on health. The treaty states that "A high level of health protection shall be ensured in connection with the formulation and implementation of all Community policies and all Community measures". The European Commission's Health Strategy proposal states that policies must ensure that public health aspects be considered in all EU decisions and actions, therefore health impact assessments should be conducted.

- **Environmental Impact Assessment**

Many countries have statutory requirements for an Environmental Impact Assessment (EIA) to be undertaken on every important project. The [EU directive](#) on EIA was introduced in 1985 and amended in 1997 and 2003. Country-specific links for environmental and strategic impact assessments can be found at the Impact Assessment Research Centre at the University of Manchester or the [International Association for Impact Assessment](#). **Unfortunately, an EIA does not typically include an assessment of the health effects, and when it does, it may be narrowly focused and only quantitative in nature.**

- **EU Strategic Environmental Directive**

The European Commission began negotiations for a directive on the environmental assessment of plans and programmes in 1996. Several amendments to the proposal were made, leading to the SEA Directive being adopted by the European Council on 5 June 2001. The purpose of the SEA-Directive is to ensure that environmental consequences of certain plans and programmes are identified and assessed during their preparation and before their adoption. Member states were required to introduce the directive into their own legislation by 27 June 2004.

- **Health21 – Health for all**

The 51 countries comprising the WHO European Region have a common policy framework for health development, which outlines strategies to transform national policies into practical operational programmes at the local level. After consultations with Member States and several important organizations in the Region, four main strategies for action were chosen to ensure that scientific, economic, social and political sustainability drive the implementation of Health21. The first is that "multisectoral strategies tackle the determinants of health, taking into account physical, economic, social, cultural and gender



perspectives and ensuring the use of health impact assessment".

- **Environmental Health Conferences**

The 3rd ministerial conference on environmental health, held in London in 1999, recognized access to information, public participation and access to justice in environment and health as important issues. Several countries supported the idea of a protocol on strategic environment and health impact assessment, and the theme was submitted to the following environment and health conference in Budapest, in 2004.

- **Libreville Declaration**

In 2008, the Libreville Declaration on Health and Environment in Africa encouraged governments to integrate health and the environment within public policies, poverty reduction strategies and national development plans. The implementation of health and environment intersectoral programmes at all levels is considered to be one of the decisive factors that may lead to the achievement of the United Nations Millennium Development Goals".