Why co-drafting guidelines to support HIA implementation in Georgia?

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Contexte & Objectives

Support in implementation of Health Impact Assessment Practice in Georgia
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Twinning Results on capacity building on HIA (component 2)

Funded by the European Union
Components & expected results

Component 1: Legislation and regulation
- Approximation with EU standards (AA + EU directives) and international conventions
- Regulatory framework similar to EU

Component 2: Capacity building of NDCD for HIA implementation
- Administrative capacities
- Technical capacities of staff
- Pilot HIAs on air pollution and drinking water

Component 3: Institutional partnerships and data value chain
- Engagement of stakeholders (Geostat, NEA, and other ministries in environmental health and HIA)
- Reliable and quality data

Component 4: Participation, PR and communication
- Public involvement, reporting and communication
- Elaboration of a platform for disseminating information on HIA
Results on capacity building related to Component 2
HIA Guidelines in Georgia: Practical Application of Health in Environmental Assessment

- Direct answer to the request of practitioners - NCDC, PA & Consultants - on how to integrate health within EA
- It provides tools and methodologies for NCDC, Planning Authorities and consultants.
- Applicable to health in EIA and SEA and stand-alone HIA
How did we co-draft these HIA guidelines?

- **Iterative process** between NCDC, EHESP, THL and the future users
- Adaptation of the Gothenburg HIA methodology and tools to fit in the EA procedure
- **3 core principles:**
  - promoting a **holistic approach to health** (wider health determinants)
  - adopting a **systems thinking approach** to tackle multiple interactions between health, environmental, and socio-economic issues
  - strengthening formal **collaboration** between stakeholders.
Holistic approach to health: what does it mean?
Our state of health is the result of cumulative exposure to a range of factors over the course of our lives → Health determinants.

Key principle of HIA approach (1) A systemic & positive approach to health

Health
• Global
• Positive

Risk factor ⇔ Negative impact

Factor of protection ⇔ Positive impact
Classification of health determinants into 4 main categories (according to Lalonde, 1974) (to structure the impact and risk analysis)

- **Physical and living environment**
  - Temperature
  - Brightness
  - The soundscape
  - Electromagnetic fields
  - Security
  - biodiversity
  - Water access
  - Air, water and soil pollution
  - Chemical products

- **Socio-economic environment**
  - Social interaction
  - Access to services and facilities
  - Access to healthcare
  - Access to employment

- **Health & Wellbeing**
  - Physical activity
  - Nutrition
  - Revenue
  - Psychosocial skills

- **Genome**
  - Access to employment
  - Access to healthcare

**Health inequalities**

- Exposome
Systems thinking approach (1)

Tools & methodologies that allow:

To question, at an early step of HIA (Screening & Scoping), the impact of development project or strategic document on a large panel of determinants of health
Systems thinking approach (1)

Tools & methodologies that allow:

**To question**, at a early steps of HIA (Screening & Scoping), the **impact** of development project or strategic document on a large panel of determinants of health

**E2CT4_Health Determinant (HD) Sorting grid Matrix**

→ this tool that can be used to question the impact on around 30 HD grouped into 4 categories:

1) Individual behaviours and lifestyles
2) Physical environment
3) Living environment
4) Socio-economic environment
# Systems thinking approach (1)

## E2CT4 Health Determinant Sorting grid Matrix

<table>
<thead>
<tr>
<th>Health determinants</th>
<th>Selection criteria</th>
<th>Final decision: is the health determinant scoped in for IA?</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Local issues</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Potential impacts of the project/plan/programme</td>
<td>YES / NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>HIA added-value</td>
<td>YES / NO</td>
<td></td>
</tr>
</tbody>
</table>

- **Social and parenting skills, sense of security**
- **Physical environment**
  - Air quality
  - Water resources (quality & quantity)
  - Soil quality
  - Other chemical pollutants
  - Waste production and management
  - Biodiversity

*Extract*
Encouraging Planning Authorities & consultants to use the causal model.
Training in **Georgia**
Public and private partners
42 persons. 5 workshops
5 case studies.

5 training sessions in **France**
Public partners
27 persons.
216 hours of training

Iterative process: numerous exchanges, trainings and case studies
Adaptation of the Gothenburg HIA methodology and tools to fit in the EA procedure
Part I:
Sharing a common language on HIA and related concepts

Part II:
Practical implementation of health impact assessment

Part III:
Annexes
the tools and support sheets
Part I:
Sharing a common language on HIA and related concepts

Health is everyone’s business

Part II:
Practical implementation of health impact assessment

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Part I:
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Part II:
Practical implementation of health impact assessment

<table>
<thead>
<tr>
<th>EA steps</th>
<th>Input</th>
<th>Tools</th>
<th>Outcome</th>
<th>Good practices / added value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Screening</td>
<td>Screening application, Draft Project/strategic document</td>
<td>Screening application for whether or not to proceed, taken by the environmental authority</td>
<td>01.</td>
<td></td>
</tr>
<tr>
<td>1.1 Technical screenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.2 Economic screenings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Objective</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Planning the report</td>
<td>Terms of reference for the mini-environmental assessment report, including health concerns and expertise required</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Public hearing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.1 Draft EA report in compliance with the regulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Decision of the report &amp; issuing recommendations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.1 Final Environmental assessment report in compliance with the regulations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

17 tools (9CT; 3HI & 5 AT)

Part III:
Annexes
the tools and support sheets
Part III:

9 support sheets on 9 major health available in the "Impact assessment matrix (E3CT5)" too (E3- Preparing report and public hearing)

1. “Outdoor air quality”
2. “Water management and quality”
3. “Soil quality and use”
4. “Quality of the Sound Environment”
5. “Waste management”
6. “Non-ionising radiation management”
7. “Adaptation to climate change and energy management”
8. “Active lifestyle, transport and access to facilities/services”
9. “Housing and Living Environment”

- Explain the main issues and links with health, refer to the latest scientific knowledge and legislation in force in Georgia and the EU and provide a set of elements and indicators on which to base the evaluation.

- They can be used in particular to collect data for baseline, temporary and permanent impact assessment.
Challenge & Key messages

- Turn this document into a reference guide that can be used on a daily basis.
- Making the results of this twinning sustainable over time
  - Disseminate the guidelines.
  - Continue the support
  - Develop a strategic plan and budget
- Political support

Co-drafted guidelines: efficient way to breakdown silos & establish trust relationship
Let’s continue the conversation!
Post questions and comments in the IAIA24 app.

Thanks to all the team and contributors ! with a special mention for our Georgian colleagues, Ben Cave and the support from IAIA

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