Summary of Findings

National environmental health action plans (NEHAPs) worked as a process bringing together environment, health and other governmental sectors on a common project.

NEHAP has put environmental health higher on the political agenda.

In Central and Eastern Europe NEHAP has stimulated the development of environmental health legislation and institutional building.

NEHAP has introduced new ways of intersectoral thinking and working.

NEHAPs had little visibility or recognition beyond those who directly participated it in.

NEHAP was primarily a government sector activity often concentrated at the national level.

The intended impacts and outcomes of NEHAP would have happened anyway, but more slowly and the direction of change would be somewhat different.

The Environment and Health Process in Europe (EHPE) contributed to strengthening the collaboration and coordination between environment and health sectors as well as some other sectors, such as transport.

EHPE should continue as a separate process, although in a more effective way and in better coordination with the other international processes on environment and sustainable development.
1. Introduction

The relationship between environmental conditions and health status has been known from at least the time of the classical Greek physician Hippocrates who wrote about them in *Airs, Waters and Places*. The tasks of measuring, assessing, and preventing environmental hazards to health still remained a challenge at the end of the twentieth century. A series of European conferences of ministers of health and environment attempted to meet this challenge through the Environment and Health Process in Europe (EHPE). The main purpose of this process is strengthening the collaboration between the health and environmental sectors in addressing the human health aspects of environmental problems at the national and international level. The first, held in Frankfurt in 1989, endorsed the European Charter on Environment and Health and led to the establishment of the World Health Organization (WHO) European Centre on Environment and Health. The second, held in Helsinki in 1994, approved the Environment and Health Action Plan for Europe to be monitored by the European Environment and Health Committee (EEHC) with the support of the WHO. In Helsinki the ministers committed their governments to developing national action plans on environmental health.

Between 1995 and 1999, many European nations completed National Environmental Health Action Plans (NEHAPs). This enabled the third ministerial conference held in London in 1999 to encourage the implementation of these national action plans on environment and health through local processes, public information and participation, and improved monitoring and risk assessment. The London conference also approved the legally binding Protocol on Water and Health and the European Charter on Transport, Environment and Health.

The ministerial conferences form the milestones of the Environment and Health process in Europe (EHPE). The interest of the national governments in environment and health increased in the course of these ministerial conferences, as indicated by the rank of the participants. While at Frankfurt many national delegations were represented by senior governmental officials from the ministries of health and environment, at Helsinki more than half of the delegations included a minister of health, a minister of environment or both. At London, large majority (three fourths) of the countries were represented at the level of a minister, usually by both ministers of health and environment. This process as a distinct European initiative inspired similar processes in other regions, such as the Pan-American and the Western Pacific.

These ministerial conferences, dealing with two sectors and ministries and with a range of priority issues, are preceded by vast preparatory work both at technical and political level to set the policy agenda and to formulate the policy on environment and health. The conferences themselves serve as a forum for adoption of policy, which should be subsequently implemented at national and international level. The deliberations of the ministerial conferences are addressed to the national governments, WHO and other intergovernmental organizations, NGOs and other stakeholders in the process. What is missing in the cycles of the previous conferences is the policy evaluation.

In preparation for the fourth conference to be held in Budapest in 2004, the European Environment and Health Committee requested an evaluation of the impact of the EHPE. At a meeting in Sofia in 2002, the International Steering Committee for Evaluation of Environmental Health Policies (ISC) agreed to pilot the evaluation methodology. The evaluation has two components: national and international. The national component was to focus on plans dealing
with environment and health and assesses the impact of EHPE in each country. The international component was to examine the impact of the EHPE, specifically the relevance, effectiveness and sustainability of the process. WHO European Region held meetings with representatives from the pilot countries and created an evaluation protocol that called for a set of interviews with key informants/stakeholders involved in or familiar with the country’s NEHAP, a focus group including representatives from a variety of sectors, and a review of policy documents dealing with environmental health. The pilot national evaluations were carried out during the last quarter of 2002 and ten nations submitted reports by mid December.

This international report is based on the national reports that include a description of the methodology, an analysis/interpretation of the interviews, focus groups, and document reviews, and conclusions/recommendations. The goal is to identify lessons learned from the national pilot evaluations that can be used to design a full-scale evaluation of the Environment and Health Process in Europe. It will also provide findings about the process and impact of the EHPE and NEHAPs across ten European nations. Like the pilot national reports, the international report will first review the methodologies, then examine the results in terms of the NEHAP planning process, the NEHAP implementation phase, the impact of NEHAP in the countries, the involvement of stakeholders, and the impacts of international efforts. The conclusion will feature a set of lessons learned and questions for consideration in the development of a full-scale evaluation of EHPE.

2. Methodology

At the pan-European intergovernmental meeting in preparation for the Budapest conference, the member states of WHO European region were invited to express interest in piloting national evaluations on the impact of NEHAPs and EHPE. Bulgaria, Estonia, Germany, Hungary, Latvia, Malta, Poland, Russian Federation, Sweden, Switzerland, United Kingdom and the European Commission expressed willingness to participate in such evaluation. They established an International Steering Committee (ISC) for Evaluation of Environmental Health Policies and Action Plans as a driving force of the evaluation process. The terms of reference of ISC are shown in Annex 1. The ISC met in Copenhagen in June, 2002 and developed a suggested methodology for a pilot study to assess the progress made in the development and implementation/realization of National Environmental Health Action Plans (NEHAPs). This was reviewed at a consultation meeting in Sliema, Malta in July, 2002 that included representatives from three ISC member nations not at the Copenhagen meeting, the European Commission, and the International Federation of Environmental Health.

The result was “Methodology for Pilot National Evaluation” (Annex 2). Countries participating in the pilot were to form a national environmental team and encouraged to hire external evaluators with experience conducting in-depth interviews, focus groups and content analysis. The in-depth interviews were to be direct face-to-face or telephone interviews with key informants representing major stakeholders and important interest groups. A sample interview instrument was developed. The ISC recommended that at least one interview be held with the following types of stakeholders: Ministry of Health, Ministry of Environment, Local Authorities, Professionals/Service, Civil Society/NGOs, Media, Academia, and Business/Industry. The methodology recommended that pilot sites conduct one or two evaluation workshops bringing
together a wider range of stakeholders and interested parties. The workshops should have between 8 to 12 participants engage in a constructive discussion using a focus group format and address the strengths, weaknesses, opportunities and constraints (SWOC) of the NEHAP process. The methodology called for a review of two or three major documents on environmental health to identify links to the NEHAP and ideas that could be clearly the result of the WHO charters and declarations. Pilot nations were free to collect additional information as time and funding permitted. The methodology also contained a suggested outline for the national report that became due in mid December, 2002.

Ten countries have prepared national evaluation reports, namely Bulgaria, Estonia, Hungary, Latvia, Malta, Poland, Russian Federation, Sweden, Switzerland, United Kingdom. The nations ranged in size from among the smallest in Europe (population 380,000, area 321 km²) to the largest (population: 146,800,000, area 17,075,117 321 km²). Two of the ten are members of the European Union (Sweden, UK), five are on the short list for membership (Estonia, Hungary, Latvia, Malta, Poland), one is being considered for membership later (Bulgaria), and two are not members (Russian Federation, Switzerland). Eight pilot sites hired external evaluators or consultants to help them and three used internal government or agency personnel. Two of the sites did not follow the suggested methodology. One submitted a lengthy summary report and the other a published article. Of the remaining eight, two made substantial changes in the interview questions. The number of key informants interviewed ranged from 9 to 30 with most including the major stakeholder categories. Six held evaluation workshops using a focus group format, and one reported on additional panel discussions. The number of participants ranged from four (all ministry level) to 20. A total of 247 people participated in the evaluation, with 166 taking the personal interviews and 81 participating in evaluation workshops and focus groups sessions. Six countries did some sort of document review which ranged from the recommended three to a major Internet search on environmental health in that country.

Evaluations must account for threats to validity and this international evaluation is no exception. First and foremost, this is a retrospective study, which relies heavily on memory and recall of events, many of which took place five to seven years earlier. Several reports mentioned that the people involved early on had moved to different positions or had a hard time remembering specific details. In addition, since only a few people were in a position to be aware of the broader international interests at work, many respondents were unable to answer a number of questions. In particular, stakeholders representing the media, business/industry and civic organizations/NGOs could not answer many questions. This of course is an indirect measure of dissemination of information, but it seems those interviewed felt uncomfortable. In at least one case, several respondents felt the questions were more like a test and that they were under some pressure to come up with the right or correct answers.

The methodological variations in questions asked, participants, interviewers, and documents mean some consistency is lost. While most reports were qualitative in approach, presenting individual opinions and then reaching general conclusions over a set of statements, a few reports were more quantitative, giving percentage breakdowns of responses. Because we have only ten cases and some with missing information, words such as ‘at least’ or ‘most’ are

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sometimes used to describe the findings. However, as will be demonstrated, the major results seem to converge across the ten pilots.

Some additional difficulties may be the result of wording problems that slipped in given the short time frame for conducting the pilots. For example, one question asked “Why did you decide to be involved in the NEHAP process?” Many of the respondents were government employees and this was either assigned to them or part of their job. They had little choice and made no conscious decision. Some respondents had difficulty answering the hypothetical “what if” questions because they were not familiar enough with the process or the logic behind it to make any reasonable statements.

More challenging are the external threats to validity. The development and implementation/ realization of NEHAPs took place in a very dynamic social and political milieu. This includes the parallel but independent Environment for Europe Process (EfEP) sponsored by the United Nations Economic Commission for Europe, Agenda 21 of the United Nations Conference on Environment and Development held in Rio de Janeiro in 1992, the 1997 Kyoto Treaty on Climate Change, and the European Union accession process. The EHPE and NEHAP process, then, did not take place in a vacuum and, as will be seen in several countries, was overwhelmed particularly by the EU accession process. This will be explored more fully in section 3.5 Impacts of International Efforts.

3. Results

3.1 NEHAP Planning Process

The second conference of ministers of health and ministers of environment in the WHO European region met in Helsinki in 1994 and approved the Environment and Health Action Plan for Europe [EHAPE]. Ministers committed their countries to developing national actions plans on environment and health. For evaluation purposes, the development of the NEHAPs includes the process of identifying a lead agency(ies), creating a steering committee with a secretariat or staff support and obtaining input or feedback from a variety of stakeholders across several sectors and levels of government as well as non-governmental organizations, education/ research institutions, the media, and business/ industry. The outputs needed to create a plan include data information systems that monitor environmental quality and present epidemiological measures of incidence and prevalence of environmentally related health conditions, a process that assesses environmental health hazards or problems and then prioritizes them. The outcome is a National Environmental Health Action Plan (NEHAP) that has been approved, endorsed or otherwise formally recognized by either the executive or legislative branch of national government.

Six of the ten pilot countries developed their NEHAPs between 1995 and 1998. Two finished in 1999 and two by 2001. This means that most completed the process by the 1999 London ministerial conference that launched the implementation phase. The countries in Central and Eastern Europe received assistance or consultation from WHO, the UK or Denmark during the NEHAP developmental phase.

In over half the nations, the lead agency for developing the NEHAP was health related either alone or as the senior partner along with an environmental unit. In three cases the lead agency was an environmental unit that appears to be independent of Ministries. Steering
Committees were clearly identified in six countries and they tended to have representation from both health and environment units within government. Some included representatives from government transportation units and science/research institutes. In one case a very small coordinating body developed the initial NEHAP draft. The Steering Committees obtained input into the NEHAP development either through working groups that brought in several levels of government as well as some non-governmental organizations and sectors or through research institutes holding seminars and fora. The evaluation questionnaire did not specifically ask about public feedback, which was most likely to occur between the draft and the final version of the NEHAP.

Theoretically, the heart of the plan should have taken data from information systems on environmental quality and health status, performed a hazard assessment or other analysis on the data and then prioritized areas for attention in the implementation phase. About half the nations had some sort of environment and health information systems in place that could generate data required for the plan. In some cases the information systems were in fact just being developed or the data were collected on a regional or local basis and were not combined into a nation wide reporting system. About four or five of the countries actually performed a hazard assessment or otherwise reviewed available data to determine which hazards result in actual harm. Many simply took the long list of areas and issues in the major international declarations or directives on environmental health and then proceeded to prioritize them. Two nations identified three to five specific areas of concern. Some reported that prioritization of specific problems was a local or regional decision raising the questions: What were national and local level priorities? and How should they be framed or presented?

The outcome of the planning process is a government approved, endorsed or otherwise formally recognized NEHAP. Four of the countries reported that their NEHAP was approved or launched by the Parliament or Assembly itself or an official Commission of the legislative body. Three indicated that the NEHAP was formally endorsed by the government, probably through the executive administrative branch. The other three noted that NEHAP was a written policy or plan that was incorporated in other legal acts or legislation, particularly those related to meeting European Union directives.

3.2 NEHAP Implementation Phase

Once approved or endorsed, the next phase is to implement or realize the NEHAP. One of the first barriers to implementation is the lack of financial resources. At least five nations had some budgetary constraints on starting up their NEHAPs. Two or three indicated that they were asked to provide detailed plans and budget justifications for proposed projects before they would be seriously considered. Other countries seemed to have absorbed the administrative costs of NEHAP within the lead agencies and were depending on regional and local level resources for project funding. A few were actively seeking external funding for some of their projects.

The outputs of the NEHAP implementation phase are a series of environmental health management tools that can effect change: (a) environment and health information systems, (b) hazard assessment, (c) control measures and regulation enforcement, (d) economic instruments and analyses, (e) environmental health services, (f) professional training, education and capacity...
building, (g) public information and health education, and (h) research and technical development.

(a) Environment and health information systems.

Information systems have two functions: to provide necessary data for identifying hazards and setting of priorities in the planning process, and to measure progress and changes in environmental quality and health status. As mentioned above in the discuss of the planning process, about half the nations have a reasonable information system in place and the others are in the process of developing them or improving them to provide standardized national wide data.

(b) Hazard assessment

The ability to identify what are environmental hazards to health depends upon the presence of data, the acceptance of standards defining limits of exposure or concentrations of harmful substances, and the ability to perform hazard or risk analyses. Only three or four countries appear to have carried out a scientific, data based hazards or risk analysis. Several mentioned the need for the international scientific community to develop improved measures and techniques so that the NEHAPs can begin using them.

(c) Control measures and regulation enforcement

Some reports mentioned the issue of control measures and enforcement. They noted laws were passed on the national or local levels dealing with environmental health related issues. Some indicated the control measures were driven by the European Union directives to adopt and enforce laws and regulations. But a few focused on the delicate relationship between the national government agencies responsible for NEHAP and the regional or local levels at which objectives have to be made concrete, put into effect, and monitored. One noted that this is a question of integrating the system and requires the cooperation and coordination in a top-down direction on each level. Another commented that while these were hierarchical projects initiated at higher levels, the health issues need to be given clearer priority at the local level and cannot be achieved merely by ordering public servants to implement and follow them up.

(d) Economic instruments and analyses

Economic instruments include benefit cost analyses and budget justifications. These can be used during the planning process as well, but most nations mentioned that this type of documentation was requested with regards to funding during the implementation phase. The issues of the polluter pays, social costs, or measuring efficiency did not emerge from the interviews or the workshop and focus groups.

(e) Environmental health services

Environmental health services for health prevention or risk reduction are delivered mainly at the regional or local level. They fall into three major categories: (1) reducing exposure or eliminating environmental hazards in water, air, food, solid waste and soil pollution, ionizing and non-ionizing radiation, disasters and accidents, and noise; (2) living and working environment including housing, rural communities and occupational health and safety; and (3) the economic sectors of industry, energy, transport, agriculture and tourism. Almost every country reported implementing and carrying out such activities. These included eliminating lead emissions from vehicles, ragweed eradication, reducing asbestos, improving food safety, improving bathing and
drinking water and controlling tick encephalitis. NEHAPs generally contain 100 or more different actions or tasks, and many reported that at least one-third have been met so far.

(f) professional training, education and capacity building

Three countries reported a variety of training and educational programs from new degree programs in environmental health in schools of public health to training front line environmental risk inspectors. Two others indicated a need to increase the number of trained professions and improve capacity in environmental health. It is assumed that at least two of the nations have environmental health training programs in place for although these were not included in their own plans, they provide such training for other nations.

(g) public information and health education

At least half of the reports indicated that public relations and public awareness of NEHAP was a major shortcoming. Some contended that NEHAP was not sensational and therefore of little interest to the media. A few mentioned that although the media covered the launch of the NEHAP process, it was not kept abreast of the implementation of policies and programs. Others noted that while information was sent to the media, they did not notice that it was related to NEHAP. Most nations placed NEHAP plans and documents on a website, although a few noted that this was not readily accessible to the poor and rural populations. One nation did run a pilot project on environmental health education in one county from kindergarten up to secondary school graduation. It included teaching materials for the teachers.

(h) research and technical development

Research and technical development is an area in which external funding is available and which can enhance professional careers. Some linked this implementation activity with training. Three or four of the nations either housed their NEHAP secretariat in a national institute that conducted research and provided training or a semi-autonomous unit like an environmental protection agency.

One immediate outcome of NEHAP implementation is the creation of Regional or Local Environmental Health Action Plans (REHAPs or LEHAPs). Key stakeholders in several countries mentioned that the implementation of environmental health policy objectives and responsibility for many programs takes place at the regional and local levels. The ability to reproduce the planning and implementation process at the regional or local level, then, is very important. Five of the ten countries reported having REHAPs or LEHAPs developed with the support from the national level. Three did not develop LEHAPs, one because it was a small country, a second because the NEHAP implementation could easily be assigned to local authorities to meet their needs, and a third that provided assistance to regional and local authorities without requiring them to develop a full blown LEHAP. The issue of LEHAPs or local planning was not mentioned at all in the other two countries.

The long-term outcome would be actual reduction of exposures or incidents of environmental health conditions in the population. Two countries reported such accomplishments; one reduced air pollution and increased food safety while the other found a decrease in children with elevated blood lead levels.
3.3 Impact of NEHAP in the Country

The first evaluation question is: What was the impact of NEHAP in the various pilot countries? Impact evaluation seeks to determine whether a program made a difference compared to either no program or an alternative program. Ideally an impact evaluation requires creating a control group or finding a comparison group undergoing a different process or treatment to reach the same objective, measuring the outcomes and then looking at the difference between the outcomes to see if they can be attributed to the program.

This was not possible for the pilot phase of NEHAP evaluation, because all countries that volunteered to participate as pilots had some forms of national plan on environment and health. While the ten pilot nations have adopted and implemented NEHAP in somewhat different ways, it is essentially the same program. Additionally another series of ministerial level conferences aimed at improving the environment has created the Environment for Europe Process (EfEP). EfEP is being adopted and implemented in the many of the ten pilot nations along with NEHAP and both are within the larger and more compelling context of the European Union accession process and directives.

The best that can be done is to disentangle the perceived impacts of NEHAP from those of the EfEP and the EU. This was attempted through sets of open-ended opinion questions. The first set asked about the NEHAP in their country: What the impact of NEHAP has been? Whether the changes would have occurred without NEHAP? Whether the form of the changes would have been different without NEHAP? Did NEHAP have any effect on the environment and health situation? and Which activities or initiatives have been most or least effective? The second set asked if respondents were aware of the Environment and Health Process in Europe (EHPE) and if they thought it had an impact in their country? If they answered yes, then they were asked identical questions as in the first set, but about the impact of EHPE. Two questions then asked whether the EHPE and the EfEP were duplicating initiatives and would they recommend that the two processes merge, be run separately or be better coordinated. Section 3.3 deals with impacts of NEHAP on the country, Section 3.4 on the involvement of stakeholders from both the public and private sectors, and Section 3.5 will deal with the broader EHPE and EfEP issues.

Collaboration

The main purpose of the Environment and Health Process in Europe (EHPE) is to strengthen the collaboration between the health and environmental sectors in addressing the human health aspects of environmental problems at the national and international level. National Environmental Health Action Plans are one mechanism for creating a task that does exactly that. The formulation process of NEHAP could serve as a bridge linking the mostly separated environment and health agencies and experts. This would begin with the planning and continue into the implementation phase.

The impact of NEHAP in the country, then, has to be examined for each of the two phases: developing the plan and its implementation. One country stated that collaboration between the Ministry of Health and Ministry of Environment was strong in both the developmental and implementation process, although the Ministry of Environment did not accept
NEHAP very closely. But most of the nations reported a good amount of collaboration during the planning process with a drop off during implementation. Collaboration shifts from a small steering committee working together during the planning phase to a more constrained relationship within an administrative structure where day-to-day responsibility for a project is usually given to a single agency in either the environment or health area.

This scenario is fully described in one nation’s report. It noted that until NEHAP, all sectors were confined to their own little niches and drew up policies within confines of their sector. Painstaking measures were taken to allow all major stakeholders to be fully involved in setting the objectives and priority actions. The success story of NEHAP, especially in the planning stage, flows from the sense of participation and cross-sectoral discussion that resulted in complete ownership by main stakeholders. Health became a sector on many department committees that never considered health as a participant, such as land use, environment, tourism, transport, and agriculture. The interdepartmental committees that acted as think tanks during the drafting of plans and transcribing of legislation continued, although some claimed that there is less collaboration between departments now than earlier. Unfortunately a change in government combined with its interpretation of international directives and priorities meant that the steering committee was essentially disbanded and never met again on a formal basis. As a result, NEHAP was not able to become an intermediary or catalyst that ensured cooperation during the implementation phase.

Another nation, however, noted that many interested parties including state, municipal and non-governmental institutions participated in the process. For the first time ministry level departments of health and the environment jointly elaborated a multilateral policy document. Stakeholders in a second country definitely agreed that NEHAP combined and coordinated initiatives that started separately from each other or were personal initiatives. This was enormous contribution to the effectiveness of the process.

A third country noticed considerable improvement in collaboration between the Ministry of Health and Ministry of Environment during the implementation of NEHAP. It was the first program jointly developed and implemented by Ministry of Health and Ministry of Environment with participation of Ministry of Science and economic sectors. NEHAP also became a milestone in developing good working collaboration between the health and environmental sectors at practically all levels: central, regional and local, particularly in LEHAP pilot regions. This should be particularly stressed as the added value of the NEHAP process.

New Ways of Thinking

The beauty of collaboration, as one report put it, is that the process provided focus for and enhanced feelings of common interest between national environment and health departments. Its influenced the way of thinking and the approach of government departments towards environment and health.

In one country, NEHAP facilitated the assessment of the environmental health situation, set priorities for new legislation and raised the visibility of health related environmental issues. The role of environmental health department within the ministry was fortified and functions of subordinate institutions within the ministry were expanded in the field of environmental health.
The environmental sector paid more attention to human health. Representatives from the Ministry of Traffic admitted that NEHAP induced environmental health related activities in the transport sector and the ministry still refers to NEHAP while implementing tasks in this area.

Along the same lines, another country reported that NEHAP has created the basis for developing the environmental health sector. More attention was focused on environmental health, health risks derived from environment and also risk management. These are new terms that are emerging forcefully together with NEHAP. A third country noted that the Ministry of Health paid special attention to problems of environmental health as part of the successful cooperation between the ministries of health and the environment, including their different institutions and experts. A fourth concluded that without the assistance of EHPE, less attention would be paid to environmental health concepts, and problems regarding health and environment would be more separated—health priority in one ministry and environment in another. Cooperation among several ministries is one of most significant positive results of the NEHAP process.

3.4 Impacts on Stakeholders

Stakeholders are individuals or groups whose interests are effected by the program or process. People and agencies that develop and implement the program as well as populations and organizations directly effected by the program and the media and general public who want to know about the program can be considered to be stakeholders. For the purposes of the pilot evaluation, the International Steering Committee identified the following types of stakeholders: Ministry of Health, Ministry of Environment, Local Authorities, Professionals/Services, Civil Society/NGOs, Media, Academia and Business/Industry.

One report presented a typology of stakeholders by their level of involvement or degree of collaboration. The lowest level is the exchange of information only and was identified as the pattern for business and media. The second level was asking for opinions and was the pattern for civic organizations/NGOs, academia, public consultations/meetings and local authorities. The third level is participation in planning and implementation and was the pattern for national government departments and agencies such as transportation, energy, agriculture, and tourism. The highest level of participation was decision-making and rested with the two major Ministries of Environment and of Health as well as the steering committee and its secretariat or administrative body.

*Lowest level: information exchange – business and media*

Many nations found that one major weakness was insufficient participation from the business community and lack of coverage by the media. One report noted businesses have to deal with excessive bureaucracy in connection with environmental efforts. The business community has criticized the decision makers for their lack of understanding about requirements during the implementation phase. Another report put it quite bluntly: many business owners pay penalties and fees for violation of environmental, food safety, or occupational health laws, which make them resistant to supporting NEHAP activities.
Respondents offered two explanations for the lack of media coverage. Some noted that NEHAP was not sensational news and therefore was of little interest. But many realized that NEHAP and perhaps EHPE has not paid enough attention to public relations. Most reports indicated that NEHAP and related documents were available on websites or in hard copies upon request, but a few realized that not everyone has access to the Internet or would know where to get the information. One country mentioned that the media was useful during official launch of the plan, but it was not kept abreast of environmental health policies being implemented in relation to NEHAP. A second recommended the preparation of promotional and information documents address to all NEHAP and LEHAP partners as well as problem oriented training courses for the mass media. Two nations recommended a professional public relations or publicity manager who could make the program known if the research results and things are presented in a suitable way.

Second level: asking for opinions – NGOs, Academia, General Public, Local Authorities

One of the basic principles of the environmental health action process was a two way communications between those responsible for the development and implementation of the NEHAPs and LEHAPs and those who could provide insight and feedback: civic organizations and NGOs, academia, public consultations and meetings, and local authorities. One nation saw a lack of active, understandable public communication related to the public health issue. Modern environmental health management requires public health specialists be able to communicate with the public, responding to its needs, queries and complaints.

NGOs can help raise public awareness, assist with fund-raising, and provide critical feedback. In several countries, NGOs were at the table during the development phase. A country’s largest NGO was on the NEHAP steering committee and this nation’s conference of NGOs recently proposed adding two more representatives of NGOs on the steering committee. But beyond membership on the steering committee, this country found no extensive involvement and participation of civil societies and NGOs. A second nation had a somewhat similar experience. NGOs were active in the early planning days, but then lost interest once the plan was written. The evaluation exercise, however, renewed interest and the NGO representatives now insist that such a plan should be more actively promoted. A few nations reported NGOs were active in local areas working with local authorities on a specific project.

The role of academia in NEHAPs centers on conducting research in the area of environmental health and serving as the NEHAP secretariat or administrative body. Academics were active as consultants during the planning phase and provided technical assistance during implementation. A few academics directly or indirectly represented professional associations and NGOs.

Some reports gave extended examples of meetings with the public and other non-governmental stakeholders, but for others, public input seemed limited to those on the steering committees at the national or local levels. In either case, the impact of NEHAP on those who might have participated in this way was considered to be very low.

The most interesting and challenging relationship involves regional and local authorities. They could conceivably be placed into the third level of participation in planning and
implementation, but it appears that in most cases regional and local authorities were asked for their opinions and inputs and then given responsibility or authority to carry out projects. Two or three countries sent out information to regional and local authorities encouraging them to develop and implement their own REHAPs and LEHAPs. Others wanted the regional and local authorities to participate in nation wide surveys or environmental quality monitoring efforts. One nation restructured the environmental health services throughout the country and established a national environmental and health information system that would collect data through regional environmental health services. Some NEHAPs offered help and technical assistance to local authorities while others did not. Some local authorities were willing to participate, but overall their participation was seen as weak. It was not clear whether these regional and local authorities were independent of the central ministries or served as their branch offices.

One country created a clear and distinct structure which linked together efforts at several levels. However responsibility has shifted down the organization ladder. But at least three nations saw the need for better definition and allocation of tasks and responsibilities for the implementation of both NEHAPs and LEHAPs. They wanted clearer statements about the scope of the NEHAP and its relationship to the scope of LEHAPs. For example water pollution is usually a geographically confined problem and therefore implementation should primarily be in local hands. Implementation was informal with little official instructions on supervision of and responsibility for the implementation process.

**Third level: participation in planning/ implementation -- national government departments/agencies**

The involvement of national government departments and agencies other than environment and health on NEHAP steering committees has been discussed above. Some became active in specific projects related to implementing the Protocol on Water and Health or the Charter on Transport, Environment and Health. A few reports called for better coordination and more participation from these departments and agencies.

**Highest level: decision-making – Ministry of Environment and Ministry of Health**

The relationships of these two major stakeholders were described above in the section on planning process. Some restructuring attributable to NEHAP took place at the national government level. If they didn’t already exist, countries created units on environmental protection, health promotion and disease prevention or environmental health. But countries tended to place the secretariat for the NEHAP steering committee outside the ministries in a semi-autonomous unit like the Environmental Protection Agency, or National Environmental Health Center or Institute. One national health agency created a network of public servants who work with education groups and information agencies concerning environmental health issues, and another country began a national environment and health information system.

3.5 Impacts of International Efforts
One nation noted that it had the following obligations during the development and implementation of NEHAP: agreements reached at the Helsinki (1994) and London (1999) EHPE conferences; similar accords made at the Sofia (1995) and Åarhus (1998) EfEP conferences; the Sixth Environmental Action Program of European Community “Environment 2010”, Article 153 of the Amsterdam Treaty, Article 129 of the Maastricht Treaty, the Espoo Convention and the Sixth EU Environmental Programme.

Nevertheless, almost all the reports indicated that a good proportion of those interviewed or participating in the workshops/focus groups were unaware or unfamiliar with the international conferences and activities supporting NEHAPs. The most informed were the few in high ministerial positions or experts who had worked as advisers to committees preparing background documents for the EHPE conferences. This means that the ‘insiders’ provided detailed and insightful comments while the majority could not respond or expressed perceptions and opinions not based on direct experience or knowledge.

*The Environment and Health Process in Europe*

International efforts stimulated the creation of National Environmental Action Plans (NEHAPs). The main line of conferences directly related to the Environment and Health Process in Europe begins with the 1989 Frankfurt conference, which brought together for the first time Ministers of Health and Ministers of the Environment. At Frankfurt the Ministers approved the European Charter on Environment and Health, which defined principles and strategic elements of public policy and set priorities for action. It launched the Environment and Health Process in Europe (EHPE). But only one or two reports mentioned Frankfurt.

The next conference was held five years later in 1994 in Helsinki. The conference endorsed the Environmental Action Plan for Europe that would be monitored by the European Environment and Health Committee (EEHC) with the support of the World Health Organization (WHO). Ministers committed their environment and health departments to develop national environmental action plans. Nations in transition and those suffering from the results of armed conflict were especially targeted for support. The Helsinki conference is widely acknowledged in almost all the reports as the source for their NEHAPs.

The third conference was in London 1999 and adopted the legally binding Protocol on Water and Health and the European Charter on Transport, Environment and Health. The emphasis was on actions in partnership including implementing NEHAPs and local processes for environment and health. One country, however, interpreted this as a shift away from planning. It claimed that NEHAP lost its visibility and its prominence, and noted that the international NEHAP task group meetings were not continued after London. This country observed that regular task force meetings had provided constant feedback from WHO as well as other member states. The task force meetings were an ideal venue where one could air the difficulties, share experiences in the drafting of plans, and draw upon good practices of other member states. Instead, WHO/EURO focused its energy on particular sectors that had arisen out of the London conference (e.g. Transport), but failed to ensure an integrated follow-up of the plan as a whole. However, three other nations positively noted that departments of transport collaborated in the NEHAP planning and/or implementation, and a fourth found references to the Charter on Transport in national policies and documents.
Finally two or three nations that are heavily involved in the planning for the EHPE Budapest 2004 conference have already incorporated into their NEHAPs two of the expected priorities: children’s health and environment, and environmental health indicator based assessment.

There is a consensus among the pilot countries that one of the major impacts of the EHPE is the improved collaboration and coordination between health and environmental sectors. In this sense the EHEP fulfills its objective to strengthen the linkages between environmental and health administrations. Several countries noted that this European process also increased the awareness of policy makers about environment and health, particularly from international perspective. The attendance of ministers at the conferences on environment and health promoted important interactions and discussions. The participation of national experts in intergovernmental meetings in preparations of the ministerial conferences was found useful for exchanging experience with other countries and influenced the way of thinking toward environment and health in the government. The involvement in international activities under the EHPE helped to validate the national activities. The EU countries tend to perceive the EHPE as somewhat more useful to the new democratic states than to the established democracies. In the former countries the process has stimulated new legislation and some institutional reforms, while in the latter the influence is more indirect at the level of policy making in general. The EHPE did not influence major changes by itself, but rather served to speed up changes in environmental health that would otherwise occur slowly and in uncoordinated way. In one country, the EHPE is perceived as an opportunity to participate and share the “European cultural space.”

One of the major shortcomings of the EHPE has been the lack of information and the insufficient publicity about the consultations, the conferences and the implementation of their outcomes. Many of the interviewees and the participants in the evaluations workshops did not know anything about the EHPE. The people who were somewhat informed about the EHPE were from the central administration and those who have participated in EHPE related events, such as intergovernmental meetings. Many of the interviewees who were familiar with the EHPE pointed out that the NEHAPs are a major outcome at the country level. In one country the use of the European Charter on Transport, Environment and Health in developing local action plans was also mentioned.

Other shortcomings mentioned in the reports are the superficial and declarative documents of EHPE with little reference to the national, and even less to the local level; as well as the recommendations that are unrealistic to follow and that do not take into consideration national policies and plans already in place. The role of WHO with respect to the recommendations from EHPE is seen as “advisor, broker, and catalyst in developing and disseminating useful policies, plans and actions to be employed by the member states where appropriate.”

Other International Processes

Two reports mentioned Agenda 21 of the United Nations summits on sustainable development (Rio 1992, New York 1998 and Johannesburg 2002). Through Agenda 21, these
world wide conferences outlined a variety of environmental health promotion measures and called for linking the separated areas of environment protection and health promotion. One report contended that the separation of NEHAP and the Agenda 21 process at the Rio Conference impeded the joining together of environment and health on the national level. But another country was able to integrate the concepts and proposals in NEHAP into actions at local level with the local Agenda 21 activities. This country’s experience indicated that without input from the health sector, the environmental health content of local plans is limited and is oriented mostly to the environment.

Several nations specifically mentioned the Environment for Europe Process (EfEP) Conferences in Sofia in 1995 and Århus in 1998 as sources of influence on their NEHAPs. These conferences are sponsored by the United Nations Economic Commission for Europe and are primarily for Ministers of Environment. Although perceived as a parallel process, one country maintained that the environmental conferences do not give adequate weight to health issues. EHPE and EfEP duplicate each other to some extent, but the efficacy of actions is different. This country then concluded that EHPE is a sustainable process and must continue. Another country presumed that environmental protection is dominated by technical specialists and lawyers, and that the health or hygienic concerns are not always foremost for the engineers. Or, in the words of a third, environmental health is a little brother beside environment and that the environmental health priorities may just disappear.

It appears from the interviews and the workshops that in the mind of the participants in the national evaluations, the EHPE is somewhat vague, ill defined, and lacks identity as a process. It is hard to distinguish this process from the other “international stuff”. In several countries people were more aware about the Environment for Europe Process than about EHPE. When asked about the relationship and possible duplication of activities between both processes, a large majority of the interviewees and workshop participants acknowledged that although some duplication exists, this could be avoided through better coordination. Only very few suggested merging the two processes. Moreover, some voiced concerns that possible merging would dissolve health issues into the environmental agenda. One country recommended that the future of both processes should be decided based on analysis of the evidence of their agendas and activities.

*European Union and the Acquis Communautaire*

The strongest driving force has been the accession process to the European Union. This was recently reinforced when the EU set health as one of the four key areas in the Sixth EU Environmental Health Strategy. One EU member wrote that EU regulations have a much stronger management function than the declarations adopted at WHO ministerial conferences. At the local level where implementation takes place, it is immaterial whether it is EU, WHO or the nation state that provides the basis for the applicable environmental objectives. But the ability to obtain financial resources in the form of EU grants for certain projects raises the priority of some EU objectives.

The specific environmental health legislation of the EU covers many areas: environmental impact assessment, air quality, water quality, food safety, hazardous chemicals, occupational safety and health, public health and consumers’ protection. One non-EU nation mentioned that the NEHAP implementation process has created incentives and developed
national capacity necessary for participation in EU programs and projects. Another thought that environmental health studies and policy could have been improved without the NEHAP because the accession to EU demanded harmonization of legislation, and the EU partially supported environmental health research. But respondents in this country univocally stressed that NEHAP was a driving force and gave a substantial input into this process. A program was needed to facilitate this process. On the other hand, a third non-EU country noted that EU directives were seen as a more efficient stimulus for changes in legal acts than NEHAP priorities.

**Participation in International Meetings and Projects**

One country asserted that conferences and meetings make an important contribution to international processes. For example, WHO’s pan European ministerial conferences on environment and environment-related health provide knowledge of democratic processes and demonstrate working procedures. Interviews reflect that this had great significance for new democratic states. WHO’s environmental health efforts thus were particularly noticeable in those countries that still lack a well organized environmental administration.

Most interviewees in another country saw positive impacts from the actual international meetings. But those who didn’t pointed to two issues. The first negative was that their government entered into commitments without proper benefit cost analysis or funding and the commitments required a lot of bureaucratic work. The other was the perception that stronger countries and interest groups lobbied for policies, which might not be in the common interest of all member states or left some behind.

In a third country, a majority of those interviewed thought that EHPE, combined with the Ministerial Conferences, provided an important focus for bringing together environmental and health interests from a multi-sectoral background. Both were necessary to coordinate broader policies with regard to environment and health initiatives and to facilitate the building of local initiatives that could contribute towards a European impact. One professional body in this country felt the conference provided it with a much wider perspective and links into broader environment and health polices and processes that would normally have occurred.

Another country noted that participation in international work, with scientific materials among other things, has given the process legitimacy weight at home. In fact over half the reports highlighted their contributions to various international conferences, meetings, and projects, and/or their direct technical assistance to another nation in the field of environmental health.

**4. Conclusions**

*Analytical Approaches*

The goal of the pilot evaluation was to examine the impact of the Environment Health Process in Europe (EHPE) and the National Environmental Health Action Plans (NEHAPs) as a public policy process. The five stages of the public policy process are agenda building, policy
formation, policy adoption, policy implementation and policy evaluation.\textsuperscript{2} In our case, the agenda building comes from EHPE Ministerial conferences; the policy formation is the NEHAP planning process, adoption is the official decision to adopt, endorse, or shelve the NEHAP, implementation is the realization and carrying out of the policy, and policy evaluation generally asks questions about equity, efficiency, and effectiveness. The pilot evaluation demonstrated that the key informant interviews and evaluation workshop/ focus groups provided at best perceptual answers to questions about the outcomes and impacts of EHPE and NEHAPs. Many respondents had difficulty answering the related questions that policy makers want answered: What difference the program made? What type of program did better than the others? and What would have happened if the program didn’t exist?

Another approach is developmental evaluation. As described by Michael Quinn Patton in \textit{Utilization Focused Evaluation}\textsuperscript{3} developmental evaluation is undertaken for the purpose of supporting program, project, staff and/or organizational development, including applying evaluation logic for developmental purposes. It aims at discovering principles of intervention and development. It recognizes the variability of situations and helps programs adapt to constantly changing environments. It assumes a world of multiple causes, diversity of outcome, inconsistency of intervention, and interactive effects at every level. This is similar to the concept of functional assessment proposed by Robert L. Schalock in \textit{Outcome-Based Evaluation}\textsuperscript{4}, which, if applied to the group/ organizational level, would assess the adaptive behaviors, capacity building, and sustainability of the organizations and agencies involved as well as their expected and legitimated activities. Taken together they would focus on the common strengths, weaknesses, opportunities and constraints (SWOC) across the ten pilot sites.

From this perspective, the results of the pilot evaluation reveal EHPE to be an innovative and supportive force and NEHAP to be a useful tool and catalyst in the public policy process related to environmental health. One report concluded that the evaluation exercise has served its purpose well. It has identified a number of shortcomings that one can learn from. It reminded stakeholders of the existence of the action plan and the link that their environmental health policies have to the basic national agenda. It has also renewed interest among the ground level NGOs and media which now insist that such a plan should be more actively promoted. One shortcoming mentioned in this report was that NEHAP should have been an intermediary or a catalyst to ensure cooperation especially in the implementation phase, and this did not take place.

Another report saw the role of WHO as advisory, broker and catalyst, developing and disseminating useful policies, plans and actions to be employed by member states where appropriate. One respondent suggested that we should change the “P” in NEHAP from Plan to Process. NEHAP is a developing, evolving process and an excellent coordination tool for policies in newly independent states. In this country no process was attached to the NEHAP which would have been beneficial at a regional and local level for the development of action plans. A third report indicated that the investigation of health impacts of environment has existed but was accelerated by NEHAP.

Findings

The first finding is that NEHAP worked as a process. It brought together actors from both environment and health to work on a common project. NEHAP was a catalyst that provided process for moving from goals/targets to projects/activities. This type of input was not provided by EU directives and apparently not by EfEP either. NEHAP facilitated the planning and early development phase across ministries and sectors. It bought health to the attention of environmentalists and made environment more prominent in health. It built cooperation across sectors and has encouraged new way of thinking and working together on environmental health.

The second finding is that NEHAPs had little visibility or recognition beyond those who directly participated in it. In one country, even the original authors could only vaguely remember details of the contributions they had made towards the action plan five years previously. The other stakeholders ceased to recognize the relevance of their actions to the actual NEHAP. Overall, the public information, public education, and public relations efforts were very weak. The media was not cultivated or kept abreast of developments. Another area in need of improvement is outreach and communications with sectors not directly involved in environmental health such as economic, business, and NGOs.

The third finding is that NEHAP was primarily a government sector activity often concentrated at the national level. Participation from non-government groups—civic associations/NGOs, professional/service groups, and the business community—was disappointingly low. But this also meant that NEHAPs had to survive changes in administrations/governments, some of which found it useful for developing legislation and providing services while others gave it low priority or ignored it. One weakness was that NEHAPs generally failed to produce budget justifications with estimated benefit cost analysis and sources of potential or actual funding. Another was the need for a clearer allocation of tasks and responsibilities between various ministries at the national level and between the central government and regional and local authorities. Finally some environmental health problems such as a coal mine or well water pollution are contained within a single political jurisdiction while others may encompass jurisdictions that may not have a history of working together.

The fourth finding is that most respondents thought that the intended impacts and outcomes would have happened anyway, sooner or later. Several reports identified the accession to the European Union as a major driving force that set priorities and focused efforts. But EHPE and NEHAP certainly put the concept of environmental health on the political agenda as realizable objectives. In turn this has stimulated and supported the development of environmental health legislation and institutional building in Central and Eastern Europe.

The fifth finding concerns international support. The EHPE conferences, task forces and workshop were very beneficial. The combination of representatives from the environmental and health areas stimulated a new approach that strengthened the field of environmental health internationally. WHO sponsored a number of workshops, meetings, and projects. Two of the pilot evaluation sites were part of a five country Danish Environmental Protection Agency effort to build capacity and create a critical mass of environmental experts. Several other pilot countries needed training in areas from low level monitoring to sophisticated data analysis. WHO and other agencies also worked with some pilot countries on developing environmental
health indicators. Finally many pilot countries needed external funding and resources to implement their programs. The EU provided some funding opportunities, but no site mentioned approaching any private non-profit international foundations, perhaps reflecting the governmental nature of EHPE and NEHAPs.

The sixth finding summarizes opinions about the future of the Environmental Health Process in Europe. The consensus was that EHPE should continue, although in a more effective way. Effectiveness seemed linked to adequate financing and technical support for NEHAPs and to better coordination with the Environment for Europe Process. The pilot sites would like EHPE either to provide direct funds or facilitate the search for funds. EHPE and EfEP could join together for promotional activities and develop a common database on environmental quality. Priorities and activities should also be coordinated in some way.

Lessons learned for the full-scale evaluation

One of the major lessons learned from the pilot methodology was that a substantial number of those interviewed or participating in the evaluation workshops/focus groups were not able to complete the instrument. This means that knowledge about the National Environmental Health Action Plans and the Environmental Health Process in Europe is not widespread even among those who may have worked on it or been directly impacted by it. This suggests that the selection of interviewees for any pan European survey should be carefully considered.

The pilot used a structured approach, which combined some closed items with open-ended ones. A few pilot sites indicated that the yes/no format was perhaps too confining. On the other hand, the open ended questions brought in a lot of information, and fortunately it seemed to coalesce so that reasonable conclusions could be reached from the ten cases. Items for a survey of the 51 member states of the WHO European region should be more carefully considered and narrowed. How much do we want to learn about what NEHAP contributed to the process of developing and implementing environmental health policy, the role it played, the support it provided, and how it furthered agenda building, policy formation, policy adoption, and policy implementation? and how much about what they want from EHPE, WHO and their own NEHAP administrations in the near future?

Such information could be gathered through a standardized international opinion survey, e.g. a phone survey limited to not more than 20/25 questions, including some basic demographic questions(position, years in position, organization etc).

Setting a target of 10 interviews in each country would yield a potential sample of slightly over 500. A snowball sample approach could be used
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Annex 1

Terms of Reference
of the International Steering Committee
for Evaluation of Environmental Health Policies and Action Plans

(Approved by the 6th meeting of EEHC, Sofia, June 2002)

1. The International Steering Committee for Evaluation of Environmental Health Policies and Action Plans (ISC) is established to support the European Environment and Health Committee in the evaluation of international and national environmental health policies for the Fourth Ministerial Conference on Environment and Health.

2. The ISC has the following tasks:
   a. To guide the process of evaluation of the impacts of international environmental health policies, and national and local environmental health action plans.
   b. To develop guidelines for evaluation of the impacts of environmental health policies and action plans in the countries.
   c. To facilitate the benchmarking of environmental health polices and actions between the countries.
   d. To collect, evaluate, and disseminate experience in the implementation of environmental health policies and action plans.
   e. To elaborate evidence-based recommendations for the further development and implementation of environmental health policies and actions at international, national and sub-national level for the Fourth Ministerial Conference on Environment and Health, Budapest 2004.

3. The participation of the countries in the ISC is based on the commitment:
   a. To serve as a pilot country for evaluation of environmental health polices and action plans
   b. To share national experience on implementation of environmental health polices and action plans with the other countries
   c. To facilitate the benchmarking of environmental health policies and action plans between countries.

4. The countries participating in the ISC should represent the geographical, socio-political and economic diversity of the region

5. As of December 2002 the members of the ISC are: Bulgaria, Estonia, Germany, Hungary, Latvia, Malta, Poland, Russian Federation, Sweden, United Kingdom and the European Commission.

6. Other countries willing to participate in the above-mentioned tasks and activities can join the ISC at their request, which share the commitments to evaluation of environmental health polices and action plans, can join ISC at their request.

7. The participating countries have permanent representatives in ISC. The representatives shall be officially nominated by the governments and can be from the ministries of health,
ministries of environment, non-governmental organizations or research organizations. Country representatives may appoint alternates when unable to attend meetings.

8. WHO Regional Office for Europe provides the secretariat for ISC and technical functions for the work of the committee.

9. International organizations and individual experts can participate in the meetings of ISC by invitation of the secretariat.
Evaluation of the Impacts of National Plans on Environment and Health and the European Environment and Health Process

Methodology for Pilot National Evaluation

Prepared by Ivan Ivanov, M.D., M.A., and Harry Perlstadt, Ph.D., M.P.H.

Introduction

The European evaluation of the impacts of environmental health policies and action plans is being undertaken at the request of the European Environment and Health Committee (EEHC). The evaluation has two components, international and national. The purpose of the international evaluation is to clarify the impacts of the deliberations of the ministerial conferences on environment and health in terms of relevance, efficacy, efficiency, sustainability, institutional development impact, WHO and partner performance.

The national component of the European evaluation will focus on the national plans dealing with environment and health and the impacts of the European environment and health process in the countries. This part of the evaluation will be organized by the national governments. The countries, participating in the International Steering Committee for Evaluation of Environmental Health Polices and Action Plans (ISC) have committed themselves to carry out pilot national evaluations, so that the results can be used for the European evaluation process and serve as a basis for development of European evaluation guidelines. These guidelines will be offered to the other for use in their preparation for the Fourth Ministerial Conference on Environment and Health.

The suggested pilot methodology for evaluation has been developed based on the results from the first meeting of the ISC, Copenhagen 3-4 June 2002, and the recommendation of the EEHC at its sixth meeting, Sofia 13-14 June. In addition to the recommendations of ISC, the EEHC

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7 In some countries such national plans do not stand alone but are incorporated into other governmental documents, such as sustainable development strategies or environmental quality objectives For the purpose of this document any national plans dealing with environment and health will be referred to as NEHAP.
suggested to apply of an external approach to the evaluation, i.e., involving independent experts, as well as evaluation of the impacts on environment and health situation. These recommendations have been taken into account in developing the pilot methodology.

**National Evaluation Team**

An evaluation team composed of both experts involved in the national and international environmental health actions and external experts should organize the national evaluation. The tasks of the evaluation team shall be to organize the evaluation process, to prepare the terms of reference for the external evaluators, and to develop the national report. It is highly recommended to hire external evaluators who have the necessary knowledge and skills in evaluation research\(^8\). Experts with such skills usually have a background in social science or management and should be able to apply qualitative research methods, such as, in-depth interviews, focus groups and content analysis.

**Minimum Toolkit for Pilot evaluation**

The methodology includes a minimum package of evaluation tools, which have been agreed upon by ISC, as well as suggestions for other evaluation techniques of possible use. Such approach provides for systematic data collection methods and will allow for international comparisons and conclusions. Some countries may incorporate this methodology and evaluation questions into the ongoing national evaluation processes. In using this methodology, countries may wish to adapt it to the national socio-political, administrative and cultural differences, and existing practices. The authors of this document will be available for questions and consultations during the evaluation process.

1. **In-depth Structured Interviews with Stakeholders**

   This will involve direct interviews, either face-to-face or via telephone with key informants representing major stakeholders (important interest groups) in environment and health. The interviews should probably take about 40-45 minutes. Example questionnaire is shown on annex 1. It is a good idea to send a copy of some important questions ahead of time so that the respondents can be better prepared. Taping the interview with permission is recommended along with taking notes.

   The International Steering Committee identified 9 types of stakeholders: Ministry of Health, Ministry of Environment, Local Authorities, Professionals/Service, Civil Society/NGOs, Media, Academia and Business/Industry. This would mean a minimum of 9 interviews, one from a key respondent in each sector. Additional interviews could be considered in some sectors such as Local Authorities, Professional/Service, Civil Society/NGO’s and Business/Industry to obtain either alternative or opposing viewpoints. Asking for names from members of the steering committee, colleagues and environmental health council can identify key respondents. People who spoke up at meetings or volunteered to participate in the planning process could also be taken into account.

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\(^8\) Small research grants for hiring external evaluators will be made available for the pilot countries from CEE and NIS.
consideration. The evaluation team should keep track of how the key respondents were identified. The aim in composing the list for interviews should be to have maximum diversity of opinions coming from both proponents and opponents.

It is strongly recommended to hire a person with experience in conducting such structured interviews. Social scientists such as sociologists and social workers often have this type of expertise. Others that have this experience are some health education and promotion specialists and people who work with business and industry on organizational development. Some survey research firms should also be able to provide this service.

2. Evaluation Workshops (Focus Groups)

It is recommended to conduct one or two evaluation workshops, which will bring together involved stakeholders. It may be deemed necessary to hold two workshops, one for stakeholders from the public sector (Ministries, Local Authorities, Professionals/Service) and one for stakeholders from the private sector (Civil Society/NGOs, Media, Academia, Business/Industry). Taping the workshops with permission is recommended along with taking notes. The evaluators should keep track of how people were identified to participate in the workshops (focus groups).

The workshops (focus groups) can have between 8 to 12 participants so that more representatives from the various stakeholder groups can be included. The aim is not to have a debate but rather a constructive discussion focusing on the process– how it went and how it could be improved. Example questions for evaluation workshop are shown in annex 2. The evaluators can develop their own two or three focus topics or can incorporate the Strengths, Weaknesses, Opportunities and Constraints (SWOC) approach.9

The person or firm hired to do the in-depth interviews should also be able to organize and conduct the Evaluation Workshops (focus groups).

3. Document Review

This should include the two or three major documents– the national plan on environment and health itself, health policy or strategy, environmental policy (strategy or action plan) and the national strategy for sustainable development. The purpose is to identify links to the NEHAPs and ideas that are clearly the result of the WHO charters and declarations on Environment and Health (Frankfurt 1989, Helsinki 1994, and London, 1999), and whether or not they are used as specific references. Example questions to answer when reviewing documents are shown in annex 3

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Additional (Optional) Parts of the Pilot Evaluation

If information is available or time and money permit, it is recommended to consider obtaining quantitative data on the studied impacts. Such data can be obtained through surveys of public opinion, either using data from exiting surveys or conducting a survey specially designed for the purpose.


The evaluation team may have access to results from existing questionnaires and surveys that include items relating to environmental health, NEHAPs or LEHAPs, or citizen participation in decision-making. Summarizing the results from such surveys over time (before, during and after NEHAP development and implementation if it has occurred) would be helpful.

It is necessary to indicate the name and date of the survey, who conducted it, and where the results have been found. Specifically, listing the exact wording of questions of interest will help comparisons across nations.

2. Special Survey

If the evaluation team has the resources it might be feasible to conduct a small survey on its own or add a few questions to an existing survey instrument conducted by another agency or firm. This can be aimed at the general public or at a targeted list of members of stakeholder groups. The questions used in the WHO sponsored Gallup Poll (2001) can be considered as key items in such surveys.

The person or firm hired to do the in-depth interviews may also be able to organize and conduct a small survey.

Suggested Annotated Structure of the National Report

Introduction
Brief summary of the NEHAP process in the country, who were the leading agencies, key partners and groups participating in development and implementation, actions at the local level, system for management of NEHAP, general approach, objectives, system for monitoring the implementation. A summary of the country’s involvement in the European Environment and Health process

Evaluation Objective and Methodology
This section will explain the objectives of the evaluation, the composition of the evaluation team, methods employed, and number of people interviewed and participated in focus groups, how they were selected, as well as which documents were reviewed, and additional methods and approaches used in the evaluation.

Impacts of NEHAP
Presentation and discussion of the results from NEHAP evaluation:
   a. Impacts of NEHAPs in the country: did NEHAP work, what differences it made, to what extent was it relevant, effective, efficient, sustainable, and what was its impact on institutional development and partner performance
b. Impacts of NEHAPs on the stakeholders: discuss what were the impacts of NEHAPs on key stakeholders engaged in their development and implementation, and which stakeholders were not engaged, and why?

c. NEHAP process: who was involved in the process (numbers and types of agencies, people, sectors), how involved were these actors during the process, how open or transparent was the process for actors outside the task force, how was feedback gathered and suggested changes incorporated into the plan?

d. Examples (case studies): these could be provided to illustrate NEHAP activities which contributed to changes in environment and health situation

e. Lessons learned: how does NEHAP work, what works and what does not work.

**Impact of the European Environment and Health Process**

This section will discuss the results from the evaluation of the process and the recommendations made for its future.

**Conclusions**

This section will include both conclusions about the impacts and conclusions about the evaluation approach and methodology.

**Recommendations**

Recommendations will be made on the future of NEHAPs and European Environment and Health Process as well as on the evaluation of these initiatives in other countries.

**Annexes:**

Summaries of in-depth interviews and focus groups: half page summaries for each in-depth interview and each evaluation workshop (focus groups)
Copy of interview schedules
Copy of questionnaire used for in-depth interviews
Agendas and key topics for evaluation workshops
Additional information (surveys, documents, etc.)

**Example questionnaire for in-depth interview with key stakeholders**

Interview No…………………

Date of the interview

Mode: face-to-face, telephone, combination

Recording: hand notes, tape, combination

Interviewer: ……………………name…………………………

Interviewee: ……………………..position…………………………

Name………………………………………………………………………………………………

Position…………………………………………………………………………………………

Organization……………………………………………………………………………………

Address…………………………………………………………………………………………

Telephone, fax , e-mail…………………………………………………………………………

Time start………..
Hello. We are currently doing an evaluation on the impact of NEHAP and international environmental health policy at a request from the Ministry of health [national steering committee or WHO]. We are generally interested in which aspects the NEHAP and the international environmental health policies have made any positive differences and which aspects have failed to make positive differences or even had impacts that should be avoided. Of course, the interview is completely voluntary. If we come to a question which you don’t want to answer, please tell me, and we will move to the next question. The questionnaire with your responses will be treated in a way that will not reveal your name, but will reveal your affiliation. Therefore we cannot ensure complete confidentiality in analysing your responses. If you have questions after the interview, please, contact ........(leader of evaluation team) at e-mail, telephone.....

First, I want to ask you several questions about the National Environmental Health Action Plan (NEHAP)

Q1. According to you, what is the purpose of NEHAP?

Q 2. What was the nature of your involvement in the NEHAP process?

Q 3. Why did you decide to be involved in the NEHAP process?

Q 4. What is your opinion about the NEHAP process in this country?

Q 5. What do you think the impact of NEHAP has been?

Q 6. How has NEHAP affected your organization/sector? What kind of changes NEHAP caused in your organization?

Q 7. Would these changes have occurred without NEHAP? Please explain

Q 8. Would the form of changes been different without NEHAP? Please explain

Q 9. Do you think that NEHAP had any effect on the environment and health situation? Please, explain and give examples.

Q 10. According to you which activities or initiatives under the NEHAP have been most effective?

Q 11. Which activities or initiatives under the NEHAP have not been effective at all?

Q 12. Would you recommend continuing with NEHAP?

Q12.1. If yes, what would you recommend to be done for better delivery of NEHAP activities?

Now we will talk about the Environment and Health process in Europe. As you might know, this process is driven by a series of Pan-European ministerial conferences of the ministers of health and the ministers of environment.

Q 13. What do you know about the European Environment and Health Process?

Q 14. What is your general opinion about this?

Now, let’s talk about the impact of this process on our country as a whole.
Q15. What do you think the impacts of the European Environment and Health Process have been in this country as a whole?

Q 16. Would these changes have occurred without this process? Please explain.

Q 17. Would the form of changes been different without this process?

Now, let’s talk about the impacts of the European Environment and Health Process on your organization.

Q 18. Was your organization involved in this process?

Q 18.1. If yes, what was the nature of this involvement?

Q 20. How has this affected your organization? Please, explain

Q 21. Would these changes have occurred without the European Environment and Health Process? Please explain.

Q 22. Would the form of changes been different without this process?

As you might know, there is a separate political process in Europe, which deals only with environmental issues. It is called Environment for Europe and is driven by conferences of the ministers of environment.

Q 23. Do you think that the initiatives under the European Environment and Health Process are duplicating initiatives under the Environment for Europe Process?


Finally, I want to ask you some questions for statistical purposes

D 1 [Interviewer code sex of the respondent]: Male Female

D 2 What is your age?

D 3 What is your educational background (like engineer, biology, social science, medicine, …..) record verbatim

D 4 How many years have you been working with this organization? (write total number of years)

Thank you very much for taking the time. Your participation in this study is really helpful.

Do you want to receive the results? Yes, no

Time end:

Interviewer, please answer the following questions AFTER the interview:

F 1. Was it easy, somewhat difficult or very difficult to set appointment for this interview?

F 2. What was the general attitude of the respondent toward the interview? (interested, hostile, negligent, etc.)
F 3. Which questions were difficult to answer? How could these questions better be asked?

F 4. How long did the interview take?

Example Questions for Evaluation Workshop (focus group)

1. To what extent is NEHAP addressing current national challenges in environment and health?

2. To what extent have NEHAP objectives been achieved, or are expected to be achieved?

3. To what extent has NEHAP achieved, or is expected to achieve, its stated objectives in a cost-effective way?

4. Is NEHAP able to effectively deliver benefits in changing external circumstances?

5. To what extent has NEHAP established institutional arrangements to make efficient, equitable, and sustainable use of the financial, human and other resources contributed to the programme?

6. To what extent have stakeholders and partners assumed appropriate ownership of and responsibility for the NEHAP to ensure quality of preparation and implementation of the NEHAP objectives? To what extent did stakeholders and partners comply with the achieved agreements and commitments toward the achievement of NEHAP objectives and sustainability?

7. What is the general impression [of the participants in the workshop/focus group] about the openness of the process of development and implementation of NEHAP? How feedback or suggestions were incorporated?

8. To what extent the European Environment and Health Process is addressing current European challenges in environment and health?

9. What changes in the country did this process influence?

10. What would happen if there were no European Environment and Health Process?

11. What should be the future of this process?

Example Fiche and Questions for Document Review

Fiche:

1. Name of the person reviewing the document

2. Review date

3. Document name

4. Date of issuing the document

5. Author/issuing agency: Who prepared the document, who approved it, which organization is issuing the document

6. Addressee: To whom the document is addressed?

7. Brief statement of the context of the document (what it is about)
Questions to answer:

1. Does the document talk about environment and health? If yes, what is (are) the main argument(s)?

2. Is NEHAP referred to in the document? If yes, give citation or short statement explaining the reference.