

EUROPEAN PARLIAMENT

1999		2004
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Session document

FINAL

A5-0014/2002

}22 January 2002

REPORT

on the impact of transport on health

(2001/2067(INI))

Committee on Regional Policy, Transport and Tourism

Rapporteur: Caroline Lucas

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PROCEDURAL PAGE

At the sitting of 17 May 2001 the President of Parliament announced that the Committee on Regional Policy, Transport and Tourism had been authorised to draw up an own-initiative report, pursuant to Rule 163 of the Rules of Procedure, on Impact of transport on public health.

The {RETT} Committee on Regional Policy, Transport and Tourism had appointed Caroline Lucas rapporteur at its meeting of 20 March 2001.

The committee considered the draft report at its meetings of 19 December 2001 and 22 January 2002.

At the last meeting it adopted the motion for a resolution by 45 votes to 0, with 4 abstentions.

The following were present for the vote: Luciano Caveri, chairman; Rijk van Dam and Helmuth Markov, vice-chairmen; Caroline Lucas, rapporteur; Emmanouil Bakopoulos, Carlos Bautista Ojeda (for Camilo Nogueira Román), Rolf Berend, Philip Charles Bradbourn, Felipe Camisón Asensio, Luigi Cesaro (for Christine de Veyrac), Luigi Cocilovo, Danielle Darras, Nirj Deva (for Sérgio Marques), Garrelt Duin, Alain Esclopé, Giovanni Claudio Fava, Jacqueline Foster, Mathieu J.H. Grosch, Konstantinos Hatzidakis, Ewa Hedkvist Petersen, Juan de Dios Izquierdo Collado, Georg Jarzembowski, Elisabeth Jeggle (for James Nicholson), Dieter-Lebrecht Koch, Brigitte Langenhagen (for José Javier Pomés Ruiz), Giorgio Lisi, Nelly Maes, Emmanouil Mastorakis, Erik Meijer, Rosa Miguélez Ramos, Francesco Musotto, Josu Ortuondo Larrea, Karla M.H. Peijs, Wilhelm Ernst Piecyk, Giovanni Pittella (for John Hume), Samuli Pohjamo, Alonso José Puerta, Reinhard Rack, Carlos Ripolli, Martínez Bedoya, Brian Simpson, Renate Sommer, Dirk Sterckx, Ulrich Stockmann, Margie Sudre, Hannes Swoboda (for Carlos Lage), Geoffrey Van Orden (for Dana Rosemary Scallon), Ari Vatanen, Adriaan Vermeer and Mark Francis Watts.

The report was tabled on 22 January 2002.

The deadline for tabling amendments will be indicated in the draft agenda for the relevant part-session.

MOTION FOR A RESOLUTION

European Parliament resolution on the impact of transport on health (2001/2067(INI))

The European Parliament,

H having regard to Art. 3 (p), 6, 71 and 152 of the EC Treaty,

H having regard to the UN/WHO Charter on transport, environment and health (June, 1999),

- having regard to the UN/ECE Synthesis report - Overview of Instruments Relevant to Transport, Environment and Health and Recommendations for further steps (January, 2001),
- having regard to Council Directive 97/11/EC amending Directive 85/337/EC on the assessment of the effects of certain public and private projects on the environment [\[1\]](#),
- having regard to the White paper - European transport policy for 2010: time to decide [\[2\]](#),
- having regard to its resolution of 4 April 2001 on the proposal for a Decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health [\[3\]](#),
- having regard to its resolution of 18 January 2001 on the communication from the Commission: Priorities in EU Road Safety - Progress Report and Ranking of Actions [\[4\]](#),
- having regard to the Fourth report on the integration of health protection requirements in community policies [\[5\]](#),
- having regard to its resolution of 11 March 1998 on the second report from the Commission on the integration of health protection requirements in Community policies [\[6\]](#),
- having regard to TERM 2000 and 2001 on "indicators on transport and environmental integration in the EU",
- having regard to the Green Paper on the impact of transport on the environment "sustainable mobility" [\[7\]](#),
- having regard to its resolution of 12 October 1988 on the protection of pedestrians and the European charter for the rights of the pedestrians [\[8\]](#)
- having regard to Rule 163 of its Rules of Procedure,
- having regard to the report of the {RETT} Committee on Regional Policy, Transport and Tourism (A5-0014/2002),

A. whereas the EC Treaty requires the Community to pursue a coordinated policy in the field of public health and to ensure a high level of human health protection both in the definition and implementation of all Community policies and activities,

B. Whereas transport can affect health in a range of both positive and negative ways; whereas the seriousness of the negative impacts is increasing, and includes not only traffic accidents but also gaseous emissions, noise and lack of physical activity,

C. Whereas the Sixth Environment Action Programme of the European Community 2001-2010 [\[9\]](#) has "Environment and Health", as one of its four priority areas,

D. Whereas the European Parliament decided to take up health in the Sixth Framework Programme on Research and Development in the "sustainable mobility in transport" subpoint (Point 6 - Sustainable Development) [\[10\]](#),

E. Considering that the most vulnerable sections of the population, such as children, the elderly and the ill (with respiratory, cardiovascular or other diseases), are the chief victims of air pollution and some studies have put the cost to the community at 1.7% of GDP [\[11\]](#).

F. whereas the Commission in its *Fourth report on the integration of health protection*

requirements in Community policies argues that a more selective focus by means of in-depth sectoral reports would make the development of an effective strategy to ensure the integration of health requirements more feasible,

G. whereas the health impact of any policy, programme and project should be more systematically taken into account by the decision makers, as already provided for in the Environment Impact Assessments,

H. whereas non-motorised transport can play an important part in addressing several health problems, by reducing pollution and contributing to physical activity,

Health Impact Assessments

1. Calls on the Commission to implement the EC Treaty provision requiring a high level of human health protection both in the definition and implementation of all Community policies and activities by integrating health considerations into its transport policy proposals and projects that have a recognisable and substantial impact on health;

2. Calls on the Commission to apply the principle expressed in Paragraph 1, in particular to all major EU transport projects and policies, as long as this can be done without substantially delaying them;

3. Recognising that HIA is a relatively new field, calls on the Commission to report on its experience of applying HIA to the field of transport by the end of 2003, with a view to assessing the extent to which health policy considerations can be taken into consideration in the various policy making stages; and to provide an opportunity for an assessment and refinement of appropriate methodologies;

4. Recommends that the Commission concurrently extends its research into how best to develop and adapt appropriate assessment methodologies for the more difficult to assess effects of transport policy on health;

Cycling and walking

5. Expresses its support for the Commissions benchmarking initiatives with a particular focus on walking and cycling and asks the Commission to reinforce and extend these initiatives, e.g. by developing monitoring tools (e.g. indicators) to measure achievements and trends in non-motorised transport provision;

6. Calls on the Commission to produce concrete proposals, by the end of 2003, on ways to stimulate the exchange between Member States of 'best practice' and the dissemination of research results in the field of cycling and walking;

7. Urges the Commission to take greater account of the particular vulnerability of cyclists and pedestrians in Community transport policy to reduce traffic accidents;

8. Proposes that when Community financial contributions (through the TENS programme, the Cohesion Fund, and ISPA) are made towards the cost of long distance rail and road projects in and between Member States, the Commission should encourage Member States to identify the traffic flows likely to be thus diverted from urban areas, and to make appropriate provision for the road space released in urban areas to be reused for sustainable transport, including public transport, cycling and walking;

9. Instructs its President to forward this resolution to the Council, the Commission the UN/ECE and to the WHO.

EXPLANATORY STATEMENT

Introduction

Transport can affect health in a range of both positive and negative ways. It can help people access services, reduce isolation and increase opportunities for work and social activities, all of which have the potential to improve health. However, there is also potential for negative impacts through, for example, accidents and air pollution.

The purpose of this report is to give a higher priority to the relationship between transport and health in EU policy making. While there has been some welcome progress on the introduction of better road safety within the EU in recent years, there has been much less progress in addressing some of the wider health problems associated with transport. This report seeks to help address that gap. Your rapporteur is mindful of the fact that transport and health is potentially an enormous subject, and has been careful therefore to focus on a small number of very specific priorities, where there are gaps in existing legislation, and where further work can have genuine added value.

Over the last decades economic growth has led to a major increase in transport growth: both passenger and freight transport have more than doubled over the past 25 years. This growth has serious effects on human health. During recent years scientific evidence has provided more information on the link between transport and health, and public awareness has grown. In spite of this, however, the EU's approach towards policies on transport and health is still not sufficiently integrated. The forthcoming enlargement of the EU makes this issue even more urgent, since the negative impact of transport on health in several of the candidate countries is a source of serious concern.

1. Health problems resulting from transport

The relationship between transport and health has, until now, focussed primarily on measures to reduce accidents. This is not surprising. In 2000, traffic accidents caused more than 40,000 deaths and more than 1.7 million injuries in the European Union. [\[12\]](#) However, compared to this focus on accident reduction measures (including, inter alia, speed management, legislation on seatbelt and alcohol use, and car side impact protection), other health effects have enjoyed less attention. The implications of this are significant since, while traffic accidents may be the most obvious, they are by no means the only negative effects of transport on human health. A great variety of less obvious effects have been presented more extensively in the working document preceding this report (DT/437369). The most important of these are summarised as follows:

Gaseous emissions

Transport is now the dominant source of air pollution in urban areas. Despite the past decade's improvements in air quality in Europe, close to 90% of the urban population is still exposed to excess ambient levels of particulate matter, NO₂, benzene and ozone. [\[13\]](#) These may affect respiratory functions and lead to other health problems and diseases like cancer and cardiovascular diseases. Although vehicles have become relatively less polluting, the effect in absolute terms is offset by the increase in the number of vehicles, together with increases in the length and the number of trips made. [\[14\]](#) The significance of this was demonstrated by a recent study that found out that air pollution now causes a higher mortality rate than road accidents. [\[15\]](#) Air quality inside vehicles is also a source of serious concern: evidence suggests that, contrary to popular belief, in slow moving traffic, pollution levels are actually higher inside the car than out. [\[16\]](#)

Lack of physical movement

In the Western world physical inactivity is the second most important risk factor for health, after tobacco smoking. [\[17\]](#) As the UN/ECE-WHO Synthesis Report makes clear, sedentary lifestyle is closely associated with the use of the motor car. [\[18\]](#) Yet half an hour of moderate physical activity per day (e.g. walking or cycling) would lead to a 50% reduction in the risk of heart disease, adult diabetes and obesity.

Noise

Road traffic is the predominant source of human exposure to noise, except for people living near airports and railway lines. [19] About 120 million people in the EU (more than 30% of the total population) are exposed to road traffic noise levels above 55 L dB. More than 50 million are exposed to noise levels above 65 L dB, causing serious annoyance, speech interference and sleep disturbance. Noise can also affect concentration and memory functions and may lead to stress and (indirectly) to cardiovascular diseases. [20]

2. Recent initiatives

United Nations

During the Third Ministerial Conference on Environment and Health (London, 16-18 June 1999), Ministers of the European region adopted the WHO Charter on Transport, Environment and Health. [The Ministers called on WHO and the United Nations Economic Commission for Europe \(UN/ECE\) to provide an overview of relevant existing agreements and to provide further recommendations. This led to the publication of the Synthesis Report in January 2001. \[21\]](#) This report makes the case that current policies do not adequately ensure that transport is sustainable in terms of its impact on health and the environment, and concludes that “the main gap seems to lie in the lack of an overarching integration strategy, which would bring together and use the synergies of policies and legislation relevant to transport, environment, and health.”

The authors therefore recommend the development of a so-called framework convention. Such a convention, formulating common norms that can be specified in protocols, would commit the parties involved to improve the long-term sustainability of transport policy, and at the same time ensure flexibility and subsidiarity. In 2002 the European ministers involved will decide whether or not to start negotiations on such a pan European framework. An expression of the European Parliament’s views on the importance of integrating policies on transport and health, as provided for by this Own Initiative report, would be a useful and timely contribution to this process.

European Union

This report is to be seen in the wider context of the recent Commission White Paper on Transport. While there is much to welcome in the White Paper, the lack of a specific consideration of the integration of health considerations into transport policy is a significant omission, which this report seeks to address.

Last year the European Commission published a Communication on the health strategy of the European Community, together with a proposal for a programme of community action in the field of public health 2001-2006 (COM(2000) 285). The inter-sectoral policy approach aimed at integrating health and other policies was welcomed by Parliament. [22] However, clear references to the field of transport policy were absent from the Commission communication.

Although there have been a number of recent EU initiatives on transport and on health, then, there is still no *integrated* approach which builds health considerations into transport policy on a systematic basis.

3. Towards concrete measures

Your rapporteur therefore proposes two concrete measures, which will contribute to the integration of transport and health policies. The first, the introduction of health impact assessments for transport projects and policies, is probably the single most important initiative which could help integrate transport and health policies, and help to minimise the negative impacts of transport on health. The second, the promotion of cycling and walking, would have an enormous impact on maximising the positive effects of transport policy on health.

Health impact assessments for transport policy

As the UNECE/WHO Synthesis report concludes, environment and health policies should be better

integrated in transport policy. The obligation to integrate environmental policies has already been laid down in Article 6 of the EC Treaty. Article 3 (p) of the EC Treaty requires a 'high level of health protection'. Article 152, as amended by the Amsterdam Treaty, gives even greater prominence to health protection requirements by underlining that a high level of human health protection should be ensured both in the definition and implementation of all Community policies and activities.

Your rapporteur therefore proposes that Health Impact Assessments should be introduced for all major EU transport projects and policies, in order to understand better the potential health risks and benefits of different proposals:

“HIA offers a systematic and democratic way of combining quantitative and qualitative evidence to review the effects on health of any policy, programme, or project, and to submit recommendations to the relevant decision maker. The approach provides an inclusive framework for examining patterns of potential health gains and losses.” [\[23\]](#)

These analyses could be developed separately or be integrated with Strategic Environmental Assessments. This proposal complements and builds on proposals currently being considered in the Commission's proposal for a new programme of Community Action in the field of public health (2001-2006). [\[24\]](#) The Commission's health strategy communication recognises that the potential health impact of individual policy initiatives is not always fully considered. As a result, it announced that “from 2001, all proposals with a relevance to health should include an explanation of how health requirements have been addressed, normally by including a statement in the proposal's explanatory statement.” This commitment now needs to be implemented urgently as regards transport and health.

The aim would be to show clearly how and why health considerations were taken into account and the expected health impact. For example, one of the main priorities of future EU transport policy is internalising the external costs of transport. Health impact assessment can shed some light on the external health costs of transport and of the external health benefits of specific transport policies. A Health Impact Assessment may also give an indication of the effects of proposed measures on vulnerable groups, like children, the elderly, disabled and people working in the transport sector. It would imply a systematic consultation of Environmental and Health authorities and experts before deciding on transport policy and land use planning.

We stress that Health Impact Assessment should not be used as an alternative to existing appraisal for setting transport policy, as it only considers a sub-sector of the wider criteria involved. However, it can be used alongside traditional transport appraisal to provide a better understanding of the health consequences of transport. By doing so, it may be able to help improve the health aspects of transport policies, programmes or plans, minimising negative health effects and maximising positive health effects, balancing these against effects on other categories (environment, economy etc). [\[25\]](#)

Promotion of non-motorised transport

The UNECE/WHO report acknowledges the importance of non-motorised transport and asserts: “There is a need to upgrade the ‘status’ of walking and cycling to ‘real transport modes’”, and recognises that the rights of pedestrians and cyclists should be given the same consideration as those of the drivers and passengers of motorised vehicles. [\[26\]](#)

Although every European citizen is a pedestrian and 5% of all trips in the EU are currently made by bicycle (5 times more than trips made by rail, and 50 times more than trips made by air), non motorised transport does not yet form part of the EU transport policy. [\[27\]](#) The White paper on transport policy does not take these modes of transport into account.

Non-motorised transport may play an important part in answering several of the health problems described above. It would both reduce pollution and congestion and it would contribute to physical

movement. 50% of the distances travelled within the EU are less than 5 km. Cycling or walking is, in these cases, a realistic alternative. Promotion and facilitation of cycling and walking can therefore be seen as a missing component to the existing Community transport and health policies. It could be explored as complementary action to national or regional initiatives, respecting the principles of subsidiarity and additionality.

For example, through the European Regional Development Fund, the Community makes financial contributions to the cost of local and regional transport projects. Community support for these projects should be conditional on their making adequate provision for all users of the transport system, including walking and cycling.

Through the TENs programme, the Cohesion Fund and ISPA, the Community makes financial contributions to the cost of long distance road and rail projects. Among the trips these attract are some that previously went by car through and near urban areas along the route. Community support for these projects should be conditional on their identifying the traffic flows likely to be diverted in this way, and making appropriate provision for the road space released in urban areas to be reused for sustainable transport including public transport, cycling and walking. Otherwise, the released road capacity will simply be taken up by newly generated local car trips.

The Commission recently undertook a pilot project to benchmark national cycling policies, involving authorities from the Netherlands, Scotland, Finland and the Czech Republic. It has also paid some attention to best practice for cycling and walking in its programme for benchmarking by local and regional transport authorities (the Citizens' Network Benchmarking Initiative). These efforts should be extended and reinforced.

Pedestrians and cyclists are the most vulnerable victims of road accidents. Indeed, the fear of accidents is one of the major reasons why more people do not choose to walk or cycle. As well as taking measures to promote cycling and walking, therefore, EU transport policy makers should also prioritise cyclists and pedestrians in their accident reduction strategies. The recent initiative on pedestrian protection requirements in new car designs is a welcome step in this process. [\[28\]](#)

[1] OJ L 73, 14.3.1997, p. 5

[2] COM (2001) 370

[3] Texts adopted, item 2

[4] OJ C 262, 18.9.2001, p. 236

[5] COM (1999) 587

[6] OJ C 104, 6.4.1998, p. 148

[7] COM (1992) 46

[8] OJ C 290, 14.11.1988, p. 51

[9] (COM(2001) 31 - OJ C154, 29.5.2001, p. 218

[10] Texts adopted, item 5

[11] *Health costs due to road traffic related air pollution. An impact assessment for Austria, France and Switzerland* (WHO, June 1999)

[12] *White Paper: European transport policy for 2010: time to decide* (COM (2001) 370 final)

[13] *Overview of the environment and health in Europe in the 1990s: Third Ministerial Conference on Environment and Health, London, 16-18 June 1999* (WHO Regional Office for Europe, Copenhagen 1999)

- [14] *Indicators tracking transport and environment integration in the European Union* (European Environment Agency, TERM 2001)
- [15] *Public Health impact of outdoor and traffic-related air pollution: a European Assessment*, Kunzli, N et.al. *The Lancet*, 356:795-801 (2000)
- [16] *Road user exposure to air pollution: a literature review*, Environment Transport Agency/IEEP, for Department of Environment, Transport and the Regions, London, November 1997
- [17] *Global Burden of Disease* (WHO)
- [18] *Overview of Instruments Relevant to Transport, Environment and Health, and Recommendations for Further Steps – Synthesis Report* (UN Economic Commission for Europe/World Health Organisation Regional Office for Europe, 17 January 2001)
- [19] *ibid*
- [20] *Are we moving in the right direction? Indicators on transport and environmental integration in the EU* (European Environment Agency, TERM 2000)
- [21] *Synthesis Report* (UN ECE/WHO), *op cit*
- [22] Report A5-0104/2001; rapporteur: Antonios Trakatellis.
- [23] Ison, E (2000). *Resource for Health Impact Assessment. Report commissioned by the NHS Executive London.*
- [24] *Proposal for a decision of the European Parliament and of the Council adopting a programme of Community action in the field of public health (2001-2006)* (COM (2000) 285)
- [25] *Informing transport health impact assessment in London*, Watkiss, Brand et al, London October 2000
- [26] *Synthesis Report* (UNECE/WHO), *op cit*.
- [27] *Memorandum to the EU informal council of ministers of transport and the environment* (ECF, 15 September 2001)
- [28] *Road safety: pedestrian protection, commitment by the European automobile industry* (COM (2001) 389)