



Annex I

Semi-quantitative analysis of replies received to the questionnaire evaluating the Charter implementation

Introduction

Total number of respondents: 27 member States, United Nations Environmental Programme (UNEP), European Cyclist Federation (ECF)

Responding countries: Austria, Azerbaijan, Belgium, Bulgaria, the Czech Republic, Denmark, Estonia, Finland, France, the Former Yugoslav Republic of Macedonia, Germany, Greece, Hungary, Italy, Latvia, Lithuania, Malta, the Netherlands, Norway, the Slovak Republic, Slovenia, Sweden, Switzerland, Tajikistan, Turkey, the United Kingdom and Uzbekistan.

Answers to the survey have been analysed semi-quantitatively, and an attempt has been made to identify sub-regional trends. For that, the country grouping in use at the WHO Regional Office for Europe was applied:

Countries of central and eastern Europe (CCEE) - Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia, The Former Yugoslav Republic of Macedonia and Yugoslavia

Newly independent states (NIS) - Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan

Western Europe - EU countries plus Andorra, Iceland, Israel, Malta, Monaco, Norway, San Marino, Switzerland and Turkey

Nordic countries - Denmark, Finland, Iceland, Norway and Sweden

For most of the questions, answers were clustered into different categories and averages or the percentage of answers referring to each category were calculated. The allocation of answers to the different categories to some degree involves a subjective judgement and interpretation of the answers by the person carrying out the analysis.

While the semi-quantitative analysis of replies has the benefit of helping to draw some general conclusions about the implementation of the Charter at the national level, it should be recognized that it does not allow to appreciate differences in the extent and quality of the answers provided, nor it allows for a detailed description of actions/policies reported by

responding member states and of comments made. For that, readers are invited to refer to Annex III of this report, where the original answers are tabled.

Replies from UNEP and ECF were evaluated separately from those received from member States.

Question 1a 1a “Pursuing cooperation and promoting approaches whereby health and environment requirements are taken into account and authorities in both sectors are involved in decision making processes related to transport, water and land use planning and infrastructure”

This question was answered by 23 out of 27 responding countries. On average, each respondent provided 2 to 3 examples of co-operation between health and environmental authorities on issues mentioned in the charter.

To analyse the extent of such co-operation, answers were clustered in the following three categories.

The answer gives:

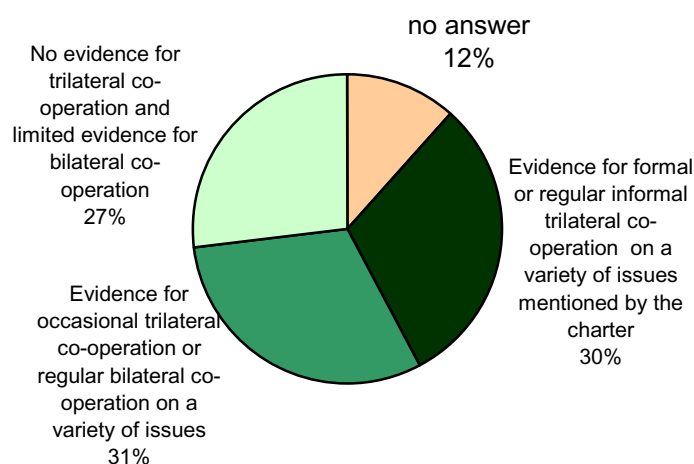
- Evidence for formal or regular informal trilateral co-operation on a wide variety of issues;
- Evidence for occasional trilateral co-operation and regular bilateral co-operation on a variety of issues;
- No evidence for trilateral co-operation and evidence of bilateral co-operation only on a limited number of issues.

The distribution of countries in each category was approximately one third, as showed in the table below.

Approximately one third of responding member countries are well advanced in involving both environmental and health authorities into transport related decisions. Furthermore a tendency for a higher degree of co-operation, as sought for by the Charter, can be observed among Nordic countries and in the Baltic area compared to the other regions. In general, it can be stated that the involvement of the health sector is weaker than the involvement of the environmental sector.

REGION	Evidence for formal or regular informal trilateral co-operation on a variety of issues mentioned by the charter	Evidence for occasional trilateral co-operation or regular bilateral co-operation on a variety of issues	No evidence for trilateral co-operation and evidence for bilateral co-operation only on a limited number of issues	No answer
# overall	8	8	7	3

Question 1a: pursuing co-operation between authorities



Question 1b Promoting measures of sustainable transport, such as public transport, walking and cycling, land use planning and technologies that have best public health impact

This question was answered by 26 out of 27 responding countries. On average, each country provided 4 examples of measures promoting sustainable transport (range: 0 to 8 examples). Within about 2/3 of the countries, the implementation of measures promoting sustainable transport seems to be well advanced while the remaining 1/3 appears to be in the beginning of the process.

The majority of countries (56%) have answered this question on a national level. Only two countries clearly distinguish between measures on national and on the sub-national level.

When analysing the answers at a sub-regional level, it appears that on average much less measures are promoted in the CCEE countries than in the other sub-regions defined.

Promotion of public transport, walking and cycling were the items mentioned most frequently.

Question 1c: Assessing the environmental health impacts and costs of transport, land use and infrastructure policies and investments

This question was answered by 22 out of 27 responding countries. However, as 3 answers were not related to the question, only 19 answers remained for further evaluation. Four types of answers were counted:

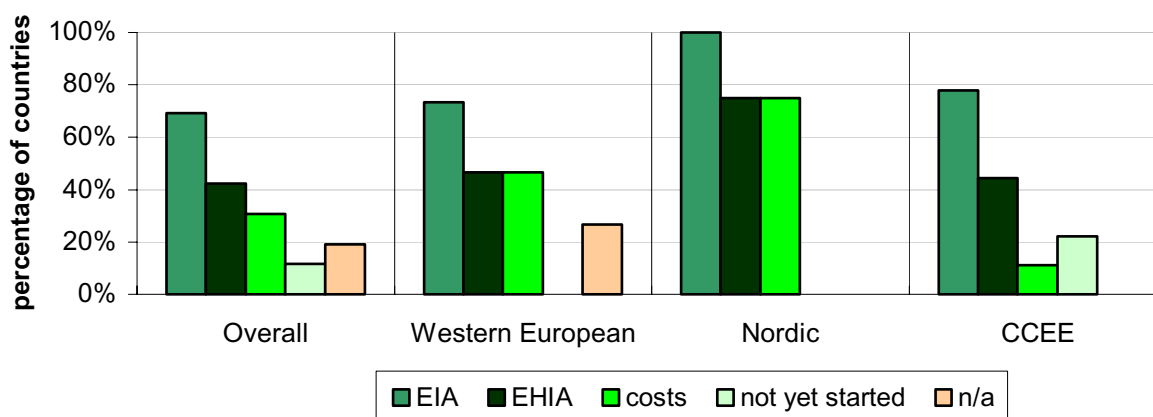
- Environmental Impact Assessment (EIA)
- Environmental Health Impact Assessment (EHIA)
- Assessing the environmental and health costs
- Not yet implemented

The results are given in the table below, including the breakdown into sub-regions. EIA is reported to be used in approximately 70% of the responding countries, followed by slightly over 40% that reported implementing EHIA. 30% of responding countries are claiming to assess costs of the environmental and health impacts of transport policies while 12% have neither of the three implemented yet. No answer or answer not referring to question accounts for 15%.

The Nordic countries are clearly leading the in all three assessments followed by the Central European countries. The difference between the countries is more pronounced in EHIA and in assessing cost than EIA.

REGION	EIA	EHIA	Assessing costs	Not yet implemented	Answer not compatible with categories made	No answer or answer not referring to question
# overall	18	11	8	3	1	5
# Western European countries	11	7	7	0	1	3
# Nordic countries	4	3	3	0	0	0
# CCEE countries	7	4	1	2	0	0
# NIS	0	0	0	1	0	2

Question 1c: assessing of environmental health impacts and cost



Question 1d “Promoting policies designed to internalise transport related environmental-health costs”

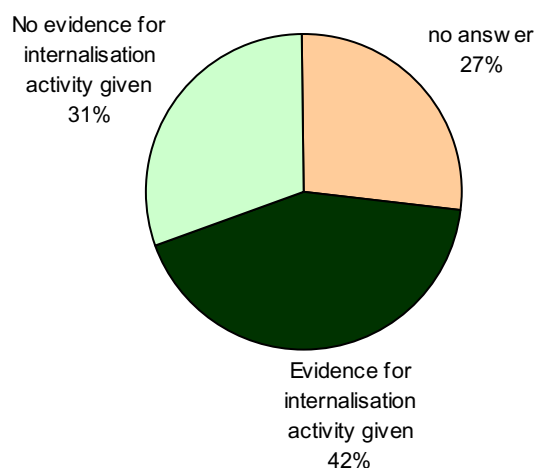
This question was answered by 19 out of 27 responding countries. On average, respondents provided two examples of internalisation activities. Eight countries reported no activities on this item while 11 can provide examples. Items mentioned most frequently include:

- Fuel tax (5 times)
- Distance based heavy vehicle fee (3 times)
- CO2 tax (2 times)
- SO2 tax (1 times)

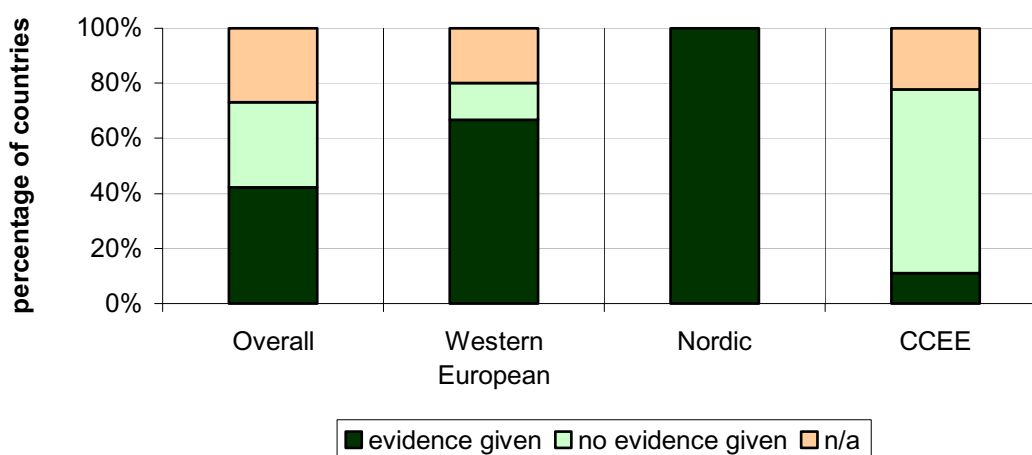
A clear regional pattern with Nordic countries and Western European countries reporting the highest number of initiatives and CCEE countries reporting fewer initiatives could be identified.

REGION	Evidence of internalisation activity given	No evidence of internalisation activity given	No answer or answer not referring to question
# overall	11	8	7
# Western European countries	10	2	3
# Nordic countries	4	0	0
# CCEE countries	1	6	2
# NIS	0	0	2

Question 1d: internalise costs



Question 1d: internalise consts



Question 1e “Developing policies to protect populations at extra risk of health effects from transport”

This question was answered by 20 out of 27 responding countries. As five answers were not relevant to the question in a way that (in the opinion of the person in charge of the evaluation) did refer to the question, only 16 answers were evaluated further. Three categories were defined:

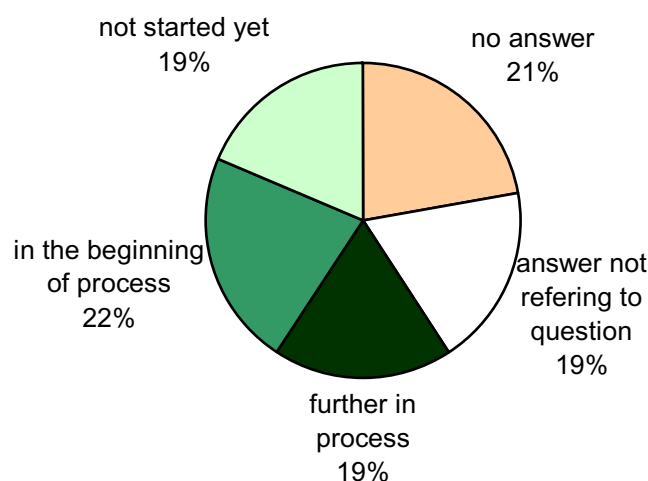
- Countries giving more than one example of initiatives/program/policy etc. to protect population at extra risk: “Advanced in process”
- Countries giving one example of an initiative/program/policy etc. to protect population at extra risk: “At the beginning of the process”
- Countries stating that implementation has not started yet: “Not yet started”

The table below gives an overview of the classification. Approximately 40% of the member states are estimated to have started implementation (assuming that no answer means that no implementation is taking place). Of these, half mention more than one example. Again, the Nordic and Western European countries are those reporting the highest number of initiatives, while those in Eastern Europe seems to be less active in this field.

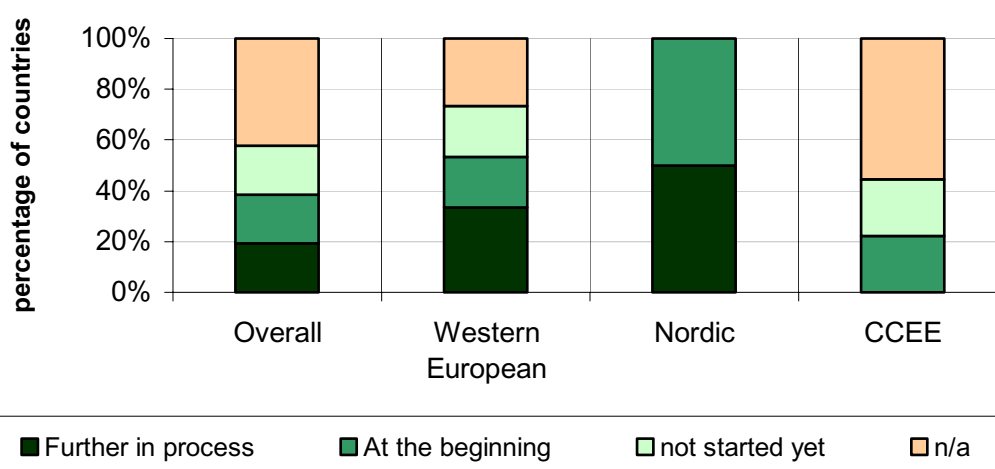
The high number of answers not referring to the question indicates that the question was either unclear or that the concept of „population at extra risk“ was not understood well. This may provide an indication that the concept of „population at extra risk“ should be further clarified and disseminated. A number of countries reported policies to protect the population as a whole from the health risks related to transport. Within these answers it is not clear to understand how much these policies are targeted specifically at population at extra risk.

REGION	Further in process	At the beginning of the process	Not started yet	No answer or answer not referring to question
# overall	5	5	5	12
# Western European countries	5	3	3	4
# Nordic countries	2	2	0	0
# CCEE countries	0	2	2	5
# NIS	0	0	0	3

Question 1e: protection of population at extra risk



Question 1e: protection of population at extra risk



Question 1f “Investigating further the health risks from transport not yet fully clarified”

This question was answered by 18 out of 27 responding countries. Answers were clustered in the following three categories:

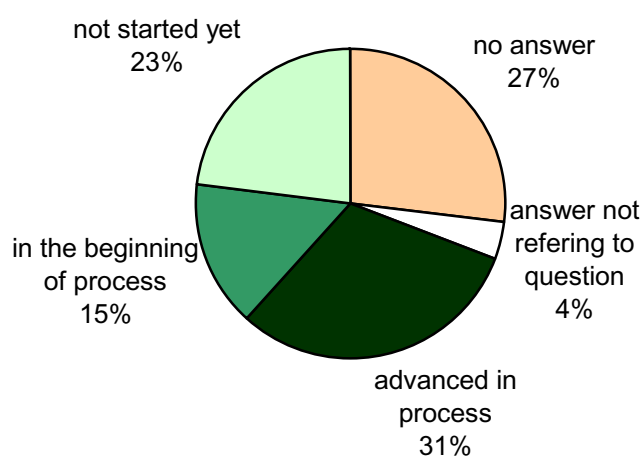
- Countries giving more than one example of initiatives/program/policy etc.: “Advanced in process”
- Countries giving one example of an initiative/program/policy etc.: “At the beginning of the process”
- Countries stating that implementation has not started yet: “Not yet started”

Close to 50% of the member states replying to this questions are engaged in investigating risks yet not fully clarified. One third of respondents mentioned more than one initiative. 23% stated explicitly that implementation has not begun yet. The result indicates that this item is either not of first priority or is more difficult to implement than e.g. the “promotion of measures for sustainable transport” (1b). In addition, as many research initiatives at national and sub-national level are developed within research institutions and academia, there is a possibility of under-reporting of on-going activities.

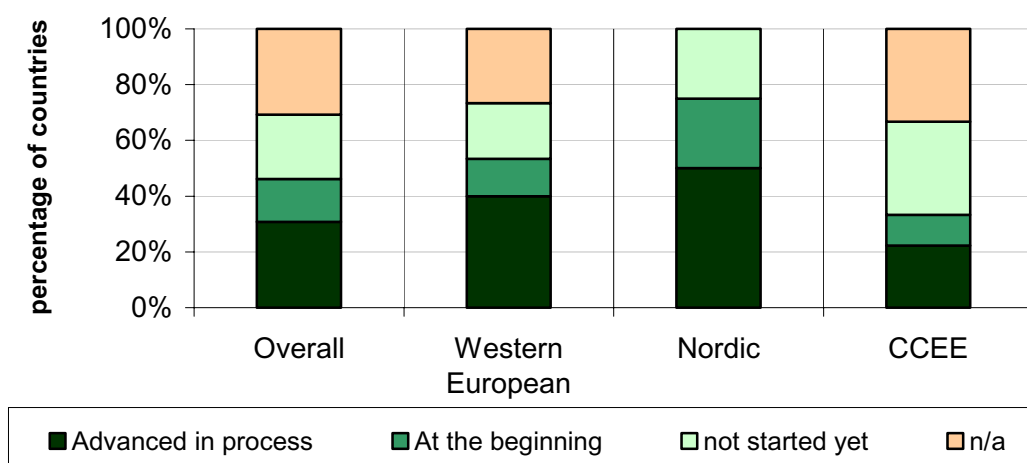
Health effects of noise was often mentioned as an item on which research is on-going

REGION	Advanced in process	At the beginning of the process	Not started yet	No answer or answer not referring to question
# overall	8	4	6	9
# Western European countries	6	2	3	4
# Scandinavian countries	2	1	1	0
# CCEE countries	2	1	3	3
# NIS	0	1	0	2

Question 1f: investigate risk yet not fully clarified



Question 1f: investigate risk yet not fully clarified



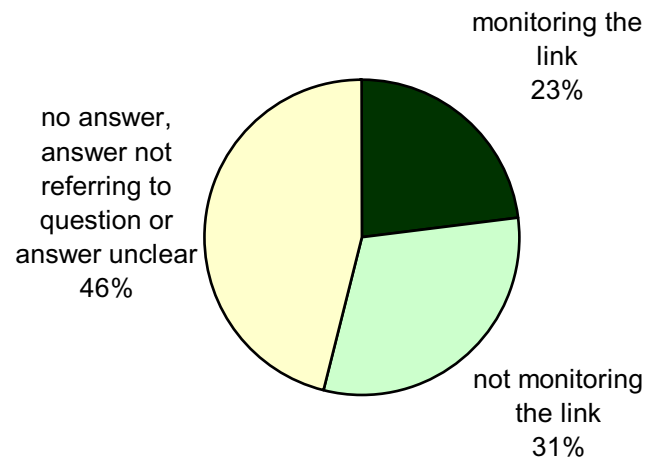
Question 1g “ Monitoring the links between transport and health and the progress made towards the targets identified in the plan of action ”

This question was answered by 21 out of 27 responding countries. As 6 answers were not relevant to the question, only 16 answers remained available for further analysis.

A number of countries mentioned the monitoring of the process of the charter implementation rather than giving an answer on monitoring of links between transport and health. Seven countries mentioned the monitoring of emissions and one stated that only monitoring of health status is done. Six countries stated that (or gave an example) they were monitoring the links between transport and health. Eight stated that these links were not monitored yet. No sub-regional pattern could be identified.

The answers analysed point at the need for further investigation and greater dissemination of the scientific evidence about the links between health and transport in a number of countries, and how this evidence can be used to identify and apply appropriate indicators to monitor progress (e.g. on the achievement of transport-related health targets) and trends.

REGION	Monitoring the link	Not monitoring the link	No answer or answer not referring to question
# overall	6	8	13
# Western European countries	3	5	7
# Nordic countries	1	2	1
# CCEE countries	3	3	3
# NIS	0	0	3

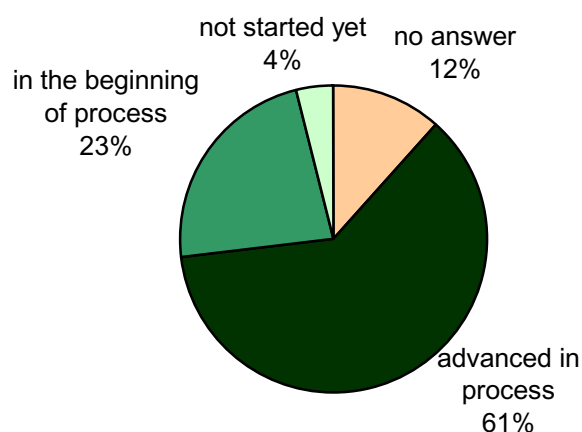
Question 1g: monitoring the link

Question 1h Promoting pilot projects and research programmes focused on achieving transport sustainable for health and the environment

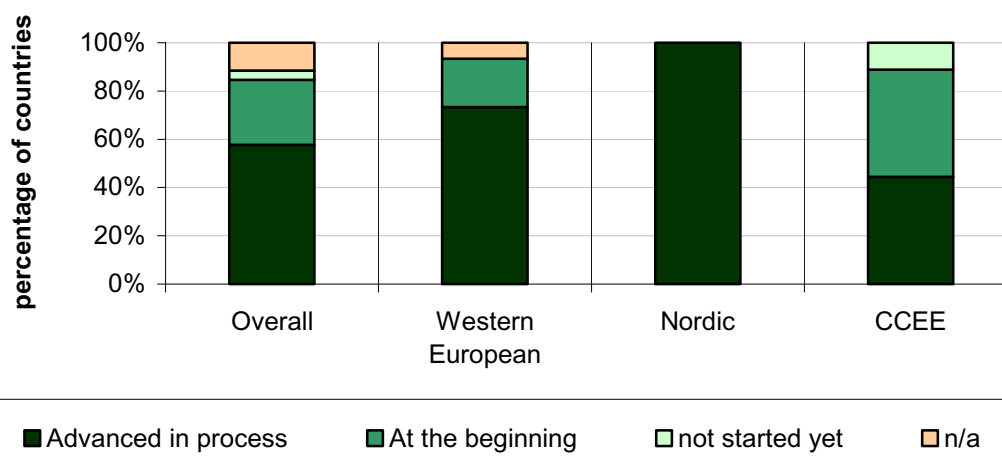
This question was answered by 23 out of 27 responding countries. Only one country stated that no pilot projects or research programmes had been done. The other 22 countries (84%) provided on average three examples of relevant initiatives. Again, the same clustering as in question 1f is used. Approximately 60% of the countries replying to this question mentioned more than one initiative.

REGION	Advanced in process	At the beginning of the process	Not started yet	No answer or answer not referring to question
# overall	15	7	1	4
# Western European countries	11	3	0	1
# Nordic countries	4	0	0	0
# CCEE countries	4	4	1	0
# NIS	0	0	0	3

Question 1h: pilot projects and research programmes



Question 1h: pilot projects and research programs



Question 1i: Raising public awareness and individual responsibility and ensuring access to information about the impacts of transport on environmental health, and increasing public participation in decision making on transport projects and strategies

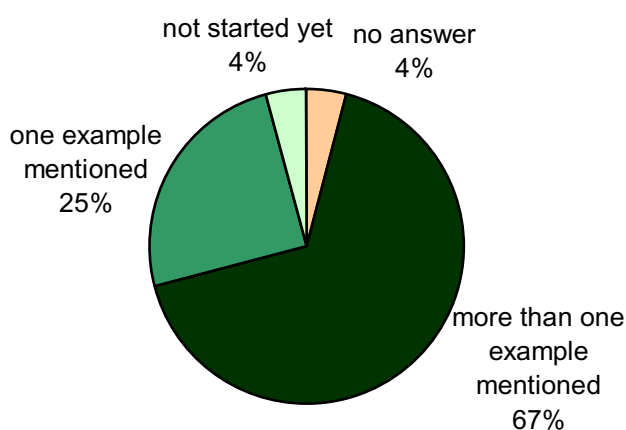
This question was answered by 25 out of 27 responding countries. Of these 25 respondents, only one was not giving examples of at least one relevant measure. On average, responding countries mentioned three examples towards the implementation of this item of the charter. Two thirds of the countries mentioned more than one example.

An item often mentioned is the ratification of the Århus convention

Two answers should be specially highlighted for their implications in the implementation of measures in the area of the public awareness and dissemination of information:

- Need for more facts about Transport, Environment and Health to be disseminated to the public.
- According to studies carried out, awareness is increasing without this translating in changes in travel behaviour.

Question 1i: raising public awareness, responsibility, access to information and participation



Question 1j “Cooperating with and giving all possible support countries with severe transport-related health problems in promoting transport sustainable for health and the environment”

This question was answered by 18 out of 27 responding. As four answers to this question were not relevant, of the remaining 14 respondents, 6 reported to support other member states and 4 reported to receive support. The number of countries that reported neither giving nor receiving support is 4.

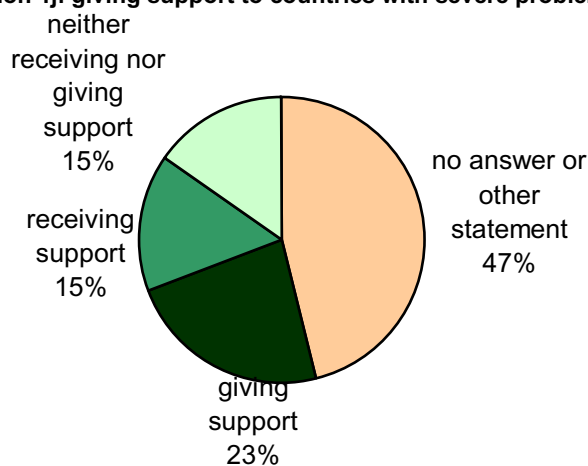
Sub-regional patterns are in line with the differences in economic strength in the regions, with eastern European countries being the recipients of support.

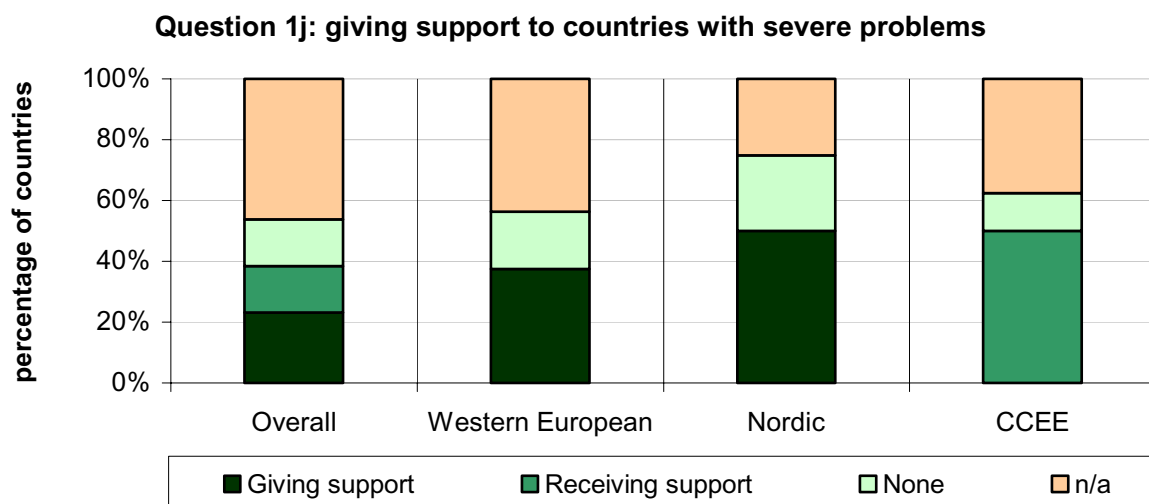
Most of the examples of development support are on a local level. An item often mentioned is support on “urban sustainable mobility project”. In some case the difference between this question and question 2, concerning international co-operation and partnership in implementing items of the charter was not well understood. Therefore, differences between supporting another country and co-operating with another country should be worked out, if question 1j and 2 are of future interest.

Another observation is that some respondents seemed not to be aware of the role played by their country in supporting other member States. For example, while some countries were reported as not supporting others, recipient countries indicated the same countries as in fact providing support to them. The reason for these inconsistencies can be attributed also to the possibility that international co-operation may fall under the responsibility of different agencies/departments (e.g. foreign development agencies, etc...), and their activities not be fully known by those who answered the questionnaire.

REGION	Giving support	Receiving support	None	No answer or answer not referring to question
# overall	6	4	4	13
# Western European countries	6	0	3	7
# Nordic countries	2	0	1	1
# CCEE countries	0	4	1	3
# NIS	0	0	0	3

Question 1j: giving support to countries with severe problems





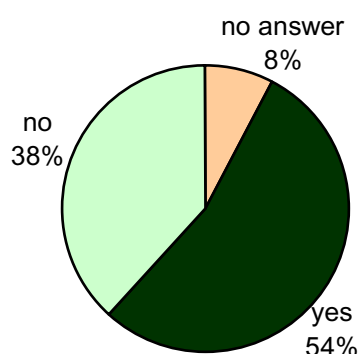
Question 2 „Are the above actions being carried out in co-operation with other Member States (e.g. those who volunteered to become lead actors for the implementation of a specific topic of the Charter). “

This question was answered by 24 out of 27 responding countries. The completeness in replies ranged from countries listing concrete examples of co-operation projects to others just mentioning their generic participation in different international initiative. In the following evaluation, it was chosen to analyse only those co-operations where partners were explicitly mentioned.

Out of the 24 countries replying to this question, fourteen explicitly mentioned to carry out action in co-operation with other member states while eleven did not report such international co-operation. The average number of partners was two, ranging from 0 to 7.

In several cases, a country described a cooperation project but the involved partner country did not mention this co-operation in its reply. These inconsistencies may indicate that the answering persons have different access to knowledge about the degree to which their respective countries co-operate.

REGION	Yes	No	No answer or answer not referring to question
# overall	14	11	2

Question 2: co-operation with other member states**Question 3 „ How effectively is the Charter contributing to catalyse action towards transport sustainable for health and environment in your country? “**

Replies to this question were received from 22 out of 27 responding countries. Answers were clustered in the following categories:

- Statement that the charter contributed effectively to catalyse action: „high contribution“
- Statement that the charter provided some value added: „moderate contribution“
- Statement that the charter did not have added value, denoted „low contribution“

One answer did not fit into above categories stating that it was too early to make an assessment.

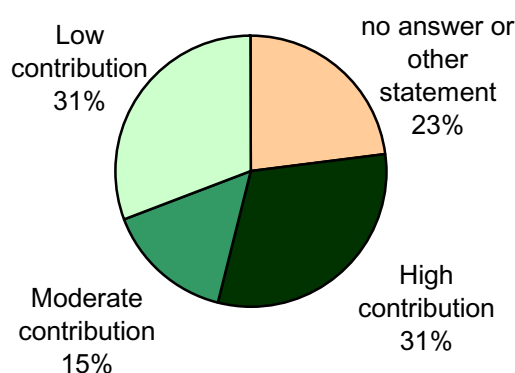
Feedback from responding countries reflects different opinions about the effectiveness of the charter in catalysing action on transport sustainable for health and the environment. As many countries were classed in the category “high” as in the category “low” (8 countries or 30%). Four countries reported a “moderate” contribution by the Charter. There is a distinct regional pattern, with Eastern European countries being overall more positive than Nordic ones, where actions and institutional mechanisms promoting more sustainable transport patterns, and cross-sectoral integration are reported to be in place already since before the Charter adoption.

Frequently reported comments include the following:

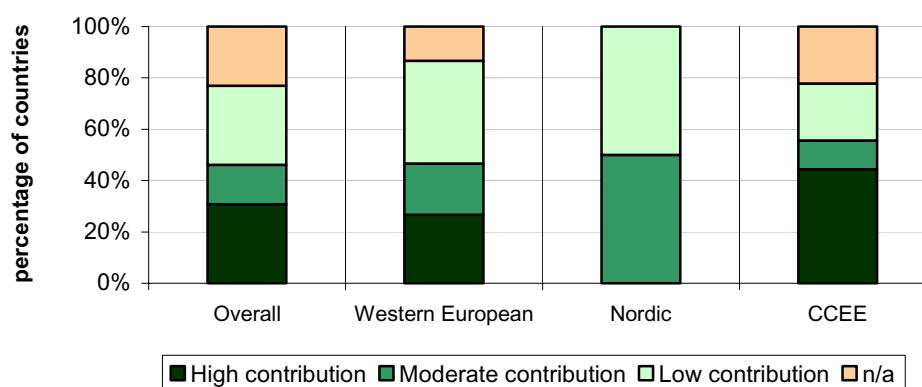
- Nordic: Principles of the charter were adopted before the London conference
- Western Europe: A lot of work already done before the charter. Other initiatives (EU) more important.
- Eastern European: Charter is unique tool taking health effects into account. Encouraging effects on decision-making. Helps to identify priority areas. Brings together stakeholders

REGION	High contribution	Moderate contribution	Low contribution	No answer or other statement
# overall	8	4	9	6
# Western European countries	4	3	6	2
# Nordic countries	0	2	2	0
# CCEE countries	4	1	2	2
# NIS	0	0	1	2

Question 3: effectively contribute to catalyse action



Question 3: effectively contribute to catalyse action



Question 4 “How effectively is the Charter facilitating the integration of health arguments in the transport and environment agenda in your country? “

Replies to this question were received from 19 out of 27 responding countries and grouped as follows:

- Statement that the charter effectively facilitated integration: „high contribution“
- Statement that there the charter provided some added value to integration: „moderate contribution“
- Statement that the charter did not bring added value to integration processes: „low contribution“

One answer did not fit into above categories stating that it was too early to make an assessment.

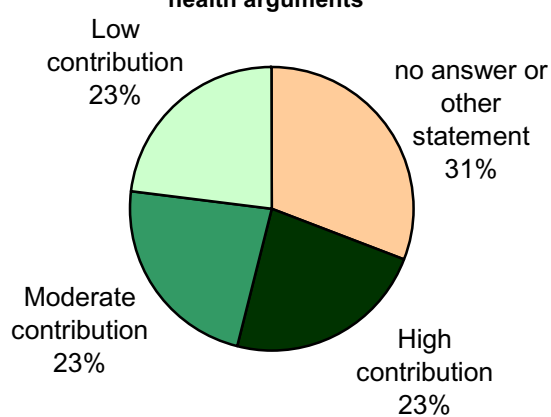
Feedback from responding countries reflects different opinions about the effectiveness of the charter in catalysing greater integration of health arguments in the transport and environment agenda. Answers patterns follow closely those provided to question 3. The same number of countries was classed in the three categories. There are distinct sub-regional differences to be noted, with Nordic countries reporting a lower contribution than eastern European countries.

Frequently reported comments include the following:

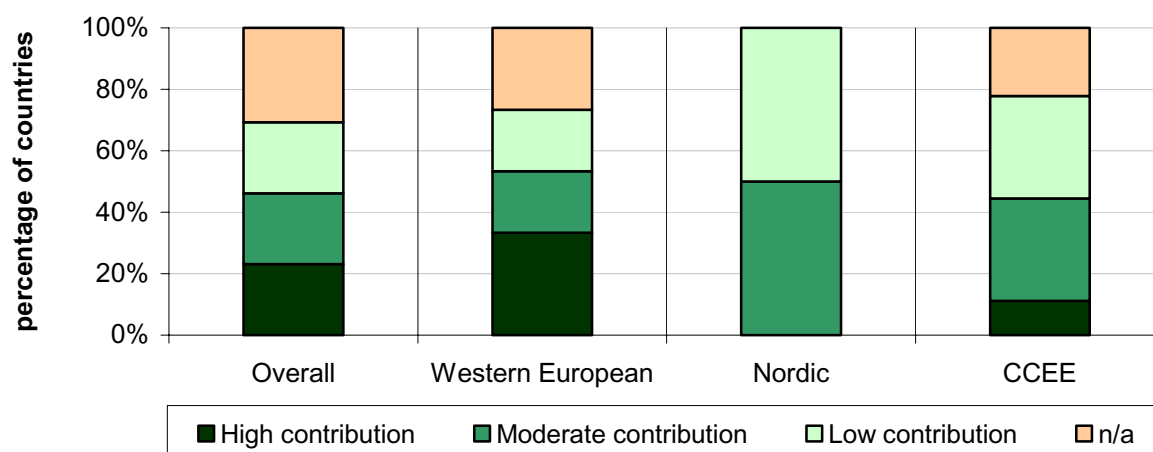
- Nordic countries: work done before the London conference
- Western Europe: the charter helps to put decision-makers under pressure and provides a basis for argumentation.

REGION	High contribution	Moderate contribution	Low contribution	No answer, answer not referring to question or other statement
# overall	6	6	6	8
# Western European countries	5	3	3	4
# Nordic countries	0	2	2	0
# CCEE countries	1	3	3	2
# NIS	0	0	0	2

Question 4: effectively facilitating the integration of health arguments



Question4: effectively facilitate integration of health arguments



Question 5 „ How effectively is the Charter promoting greater integration between the transport, environment and health sector in your country? “

Replies were received from 19 out of 27 responding countries and grouped as follows:

- Statement that the charter effectively facilitated cross-sector integration: „high contribution“
- Statement that there is some value added, denoted „moderate contribution“
- Statement that there is no values added, denoted „low contribution“

One answer did not fit into above categories stating that it was too early to make an assessment.

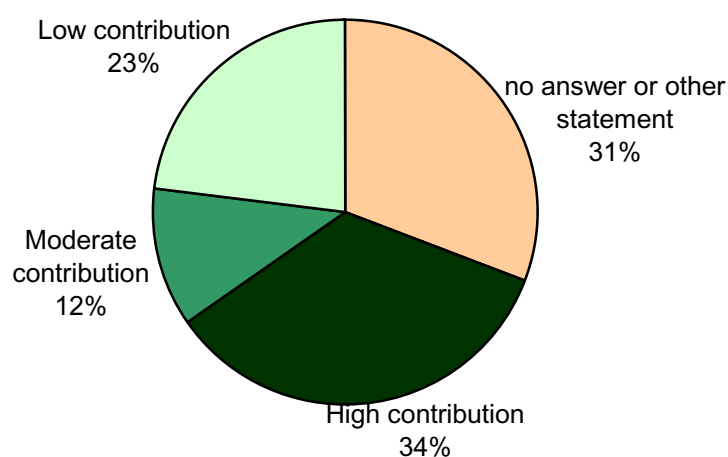
Answers to this question were distributed across the three categories above, with a somewhat better appraisal of the added value of the charter in promoting cross-sector integration compared to the previous questions. Two thirds of the countries agreed that the charter provided added value, with nine countries being in the category „high“ and three in „moderate“. Similarly to previous questions, there are distinct sub-regional differences, with Northern European countries reporting a lower contribution than others.

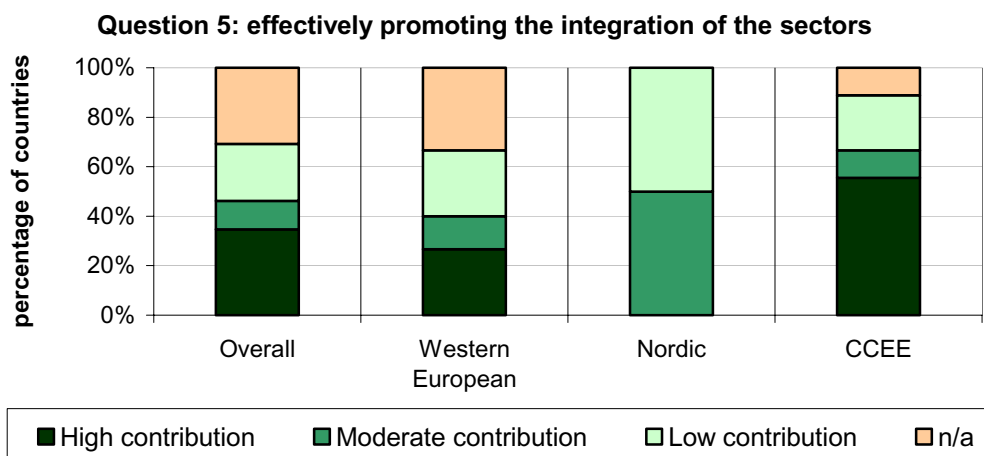
Frequently reported comments include the following:

- Nordic countries: work done before the London conference
- CCEE countries: helps to put decision-makers under pressure. Charter is a base for argumentation.

REGION	High contribution	Moderate contribution	Low contribution	No answer, answer not referring to question or other statement
# overall	9	3	6	8
# Western European countries	4	2	4	5
# Nordic countries	0	2	2	0
# CCEE countries	5	1	2	1
# NIS	0	0	0	2

Question 5: effectively promoting the integration of the sectors





Question 6 „ Are there in your countries other policy commitments to facilitate the integration between Transport, Environment and Health sectors, in addition to the Charter? “

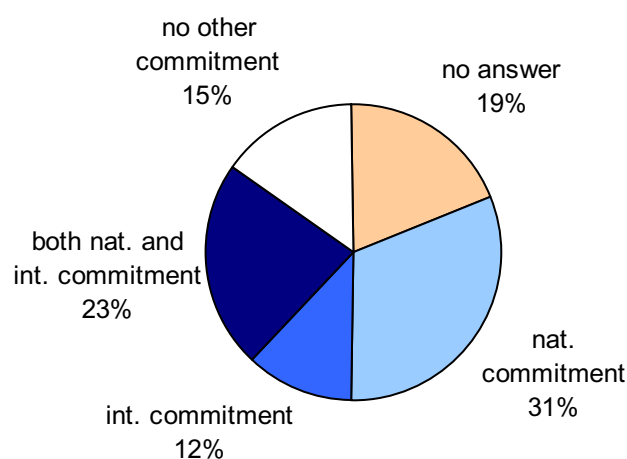
Replies were received from 22 out of 27 responding countries. The vast majority (some 80 %) mentioned other policy commitments to facilitate the integration of the sectors.

Of the 22 answers to this question, 17 mentioned other policy commitments. Nine countries listed international policy commitments indicating a need for further co-ordination between the different international initiatives.

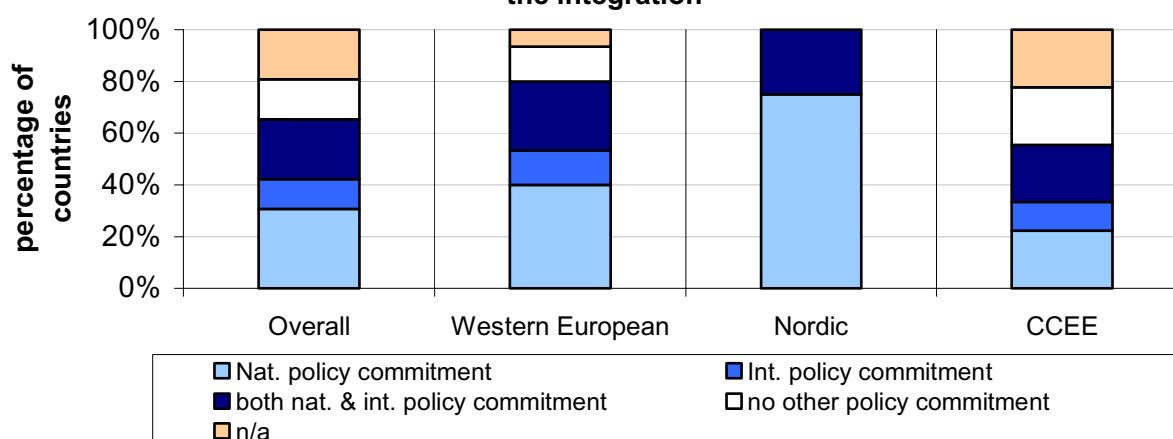
Other policy commitments are not high in number in the CCEE countries.

REGION	National policy commitment	International policy commitment	Both national and international policy commitment	No other commitment	No answer, answer not referring to question
# overall	8	4	6	4	5
# Western European countries	6	2	4	2	1
# Nordic countries	3	0	1	0	0
# CCEE countries	2	1	2	2	2
# NIS	0	1	0	0	2

Question 6: other policy commitments



Question 6: other policy commitments to facilitate the integration

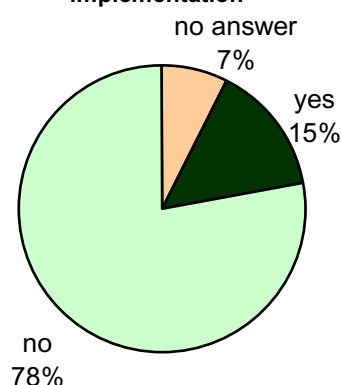


Question 7 „ Are there in your country any dedicated resources working on the Charter implementation? “

Replies were received from 20 out of 27 responding countries.

The majority of responding countries have no dedicated resources, with the exception of National Contact Points, who however normally can allocate only a fraction of their person-time to the charter follow-up. Four countries provided a positive answer and one quantified the resources available in monetary terms. Two countries did not answer. No sub-regional patterns could be identified. Some of the answers showed some degree of confusion on whether all resources allocated to develop transport systems sustainable for health and environment should be considered, or just those specifically allocated for the implementation of the charter.

Question 7: dedicated resources working on the charter implementation



Question 8 „ To which items of the Charter Plan of Action would you like the Steering Group and WHO Secretariat to give high priority in their future work? “

Replies were received from 24 out of 27 countries. On average, each country indicated 5 items of high priority (Range from 2 to 10). The rank of every item was determined.

Item C (*Assessing the environmental health impacts and costs of transport, land use and infrastructure policies and investments*) was mentioned most frequently (20 times) followed by item B (*Promoting measures of sustainable transport, such as public transport, walking and cycling, land use planning and technologies that have best public health impact*) (16 times), characterizing these are the highest priority items. Items J, G and A figure at the bottom of priorities with 11, 10 and 10 times ticked respectively meaning a comparatively lower priority assigned towards **giving support to countries with severe problems, monitoring the links and pursuing co-operation between authorities.**

The above overall picture does not account for sub-regional differences. While the Nordic and Western European countries on average identified five priority items, the average number for the remaining countries was eight, possibly reflecting the broader number of issues that need to be addressed in the eastern part of the European region. The table below shows the results by region clustered into three groups (items of high, middle and low priority).

REGION	Items of high priority	Items of Middle priority	Items of low priority
Overall average	C, B	E, F, D, I	H, A, G, J
Western Europe average	C, E, F	B, D, I, J	H, A, G
Nordic average	C, F, D	G, J	H, I, E, B, A
CCEE average	C, E, B, H	J, G, F, D, I, A	
NIS (1 answer)	A, C, D, E, H		

Only item C “**assessment of environmental health impacts and cost**” figures consistently in the high priority group regardless of sub-regional distinctions. What is deemed on average a high priority in one sub-region can be a low priority in another, somehow reflecting differences in policy developments in the different parts of the region. For example, items D (“**promoting internalisation**”) and F (“**investigate risk yet not fully clarified**”) ranked higher in Nordic countries and lower in Central Europe, and vice versa I (“**raising public**

awareness, responsibility, access to information and participation”) and E (“**protect population at extra risk**”) lower in Nordic countries and higher in Central Europe.

Overall, the above indication of priorities seems to be reasonably in agreement with the priority areas and actions identified for work at the pan European level under the rationalized WHO and UNECE framework, where progress in assessing health impacts of transport and the related costs and the promotion of public transport, walking and cycling do feature quite prominently.

Question 9 „ Which are the main obstacles that are preventing or making difficult to implement the Charter? “

Replies to this question were received from 22 out of 27 responding countries. Obstacles reported were clustered into the following categories:

- lack of resources to implement the charter,
- lack of awareness about the issues addressed by the charter,
- poor cross-sectoral co-operation,
- lack of enforcement,
- competition and missing links with other international initiatives,
- lack of evidence of the link between health impacts and transport.

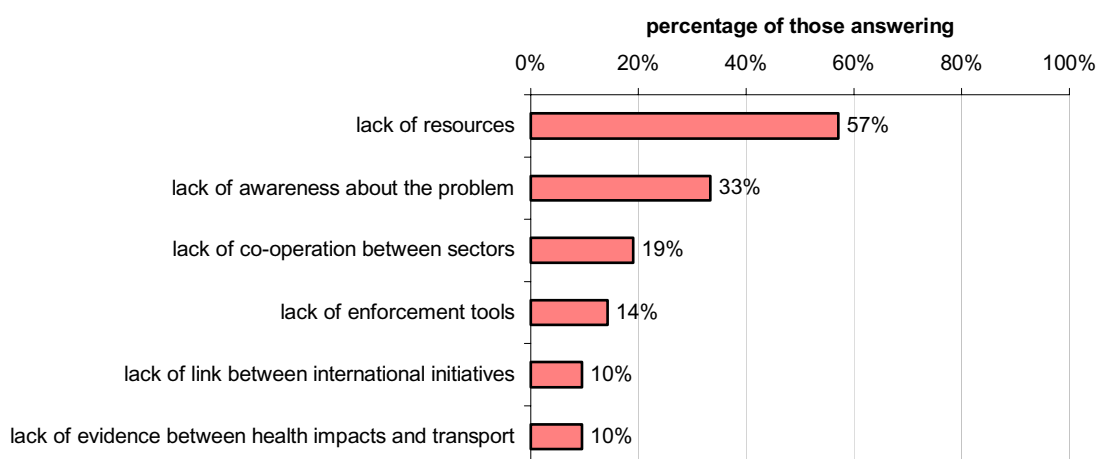
The lack of resources was the obstacle mentioned most frequently, by close to half of all responding countries, followed by the lack of awareness about the problem and the lack of co-operation between the three sectors. Furthermore, lack of possibilities of enforcement of the charter (also owing to its non legally binding nature), the lack of links between the international initiatives and evidence of the link between health impacts and transport were also mentioned more than once. No sub-regional patterns were identified.

The indication that “lack of co-operation” is perceived as an important obstacle preventing the implementation of the charter was somewhat inconsistent with the fact that in question 8 most of the countries assigned a relatively lower priority to the item “pursuing co-operation between the sectors”.

The mention of “lack of awareness” can either mean that decision makers are not aware about the existence of the charter or that there is overall little public awareness concerning transport, environment and health, and therefore relatively little political pressure to act upon these issues.

REGION	Resour-ces	Aware-ness	Co-operation between sectors	Enforce-ment	Link international initiatives	Evidence
# overall	12	7	4	3	2	2
# Western European countries	6	5	1	2	1	1
# Nordic countries	2	1	0	0	1	0
# CCEE countries	5	2	3	1	1	1
# NIS	1	0	0	0	0	0

Question 9: main obstacles



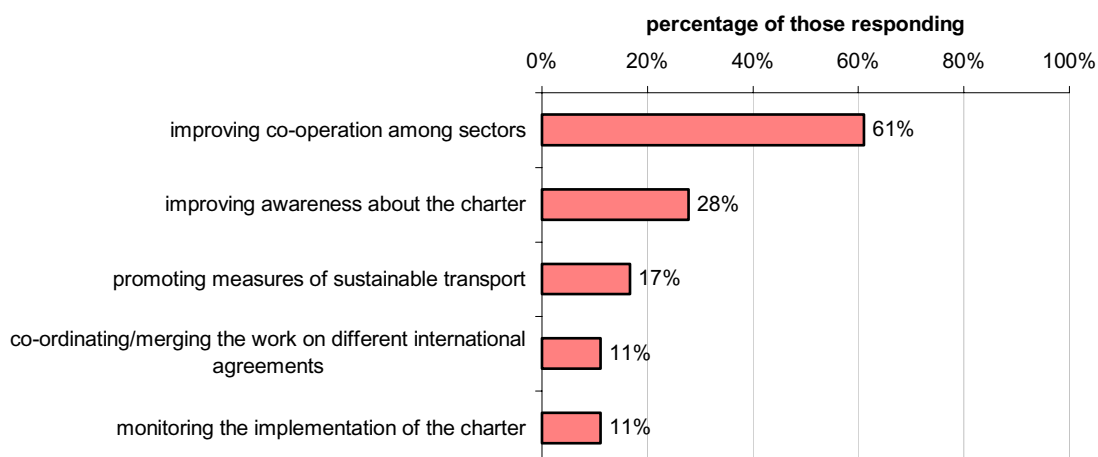
Question 10 „ What actions do you recommend at the National level to further strengthen the participation of your country to the Charter implementation “

Replies were received from 18 out of 27 responding countries, and the items re-occurring were grouped into different categories. Improving co-operation was the leading statement, mentioned 11 times, followed by increasing the awareness about the charter. Promoting measures of sustainable transport, coordinating/merging the work of different international agreements and monitoring the implementation of the charter were also mentioned more than once.

This result is consistent with the identification of main obstacles, as done in question 9, though it does not match exactly with the results of question 8, where “improving co-operation” figures lower among the listed priorities.

An interesting observation was reported by Finland, where the preliminary results of studies show that an increasing awareness of the negative effects on environment and health of transport policies, does not translate into behavioural changes in travel choices. Considering that many countries are stressing the item “improving awareness” as one where additional efforts have to be made, it appears of relevance to further investigate the effectiveness of measures to increase awareness in changing travel behaviours and consumption patterns.

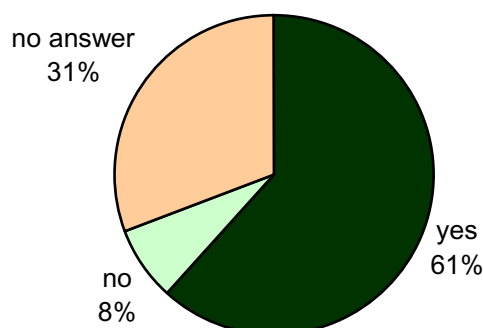
Question 10: action recommended at national level



Question 11 “Are you satisfied with the present mechanisms of communication and interaction between the WHO Secretariat, the Charter Steering Group and the National Contact Points”

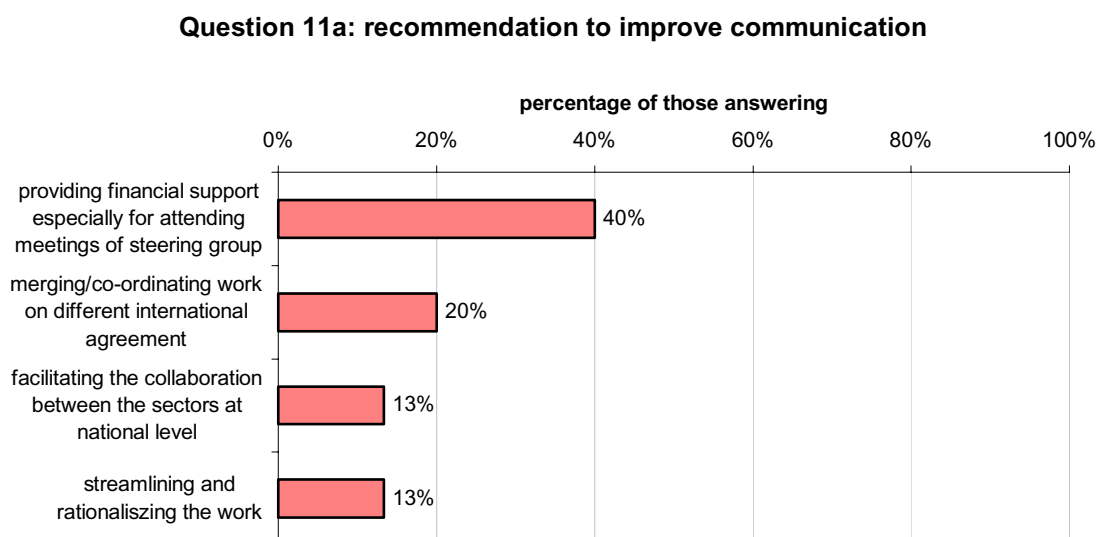
Replies were received from 19 out of 27 responding countries. Sixteen countries were satisfied while three were not satisfied with present mechanism of communication and interaction between the WHO Secretariat, the Charter Steering Group and the National Contact Points. The overall level of satisfaction might however be different depending on how the lack of answer to this question by eight of responding countries should be interpreted. No sub-regional patterns could be identified.

Question 11: Satisfaction with mechanism of communication and interaction



Question 11a “Please provide your recommendations on what the WHO Secretariat and the Steering Group could do to improve communication exchanges and how the participation of National Contact Points could be improved”

Answers were provided by 15 out of 27 responding countries, and can be summarized as follows:



Question 12 “Please provide any further observation and/or comments”

Replies were received from 9 out of the 27 responding countries.

Comments on the survey:

- Multiplication of questionnaires and meetings does not help the TEH integration
- Questions appear to duplicate with work engaged after high level meeting 12 May 2001.

Comments on the charter:

- The most serious problem is the lack of resources in countries with economies in transition
- The London charter seems to be somewhat redundant in countries where EU legislation applies

In addition, some interesting **proposals for international actions** to further promote the charter implementation were mentioned:

- The WHO could organize a yearly “best practice award” on Transport, Environment and Health, with several prize categories (e.g. research on environmental and health impacts of transport, pilot projects on sustainable transport and public participation in decision-making, etc..). This proposal refers to the idea of benchmarking the best examples and providing thereby an incentive for countries to further engaging in the charter implementation.
- To implement the charter as obligatory criteria for all EU funding related to transport. In this case there would be a need for an efficient monitoring system for the charter implementation. This proposal would contribute to improve enforcement power for the charter implementation.

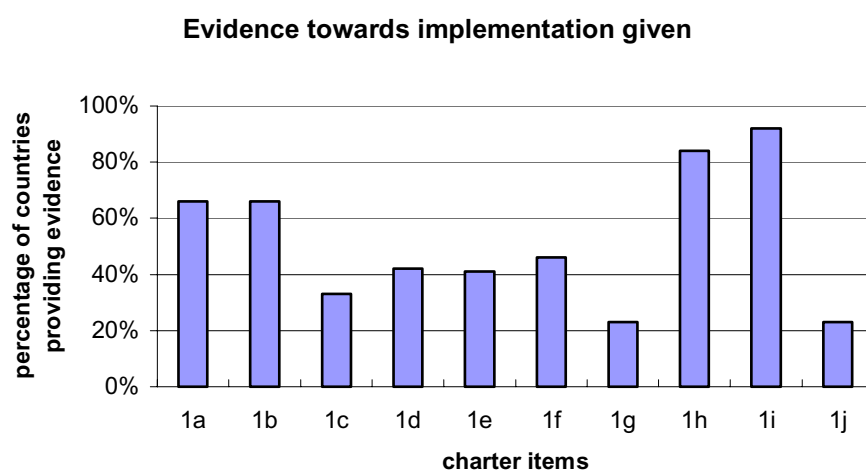
It should be noted that, with the necessary modifications, these proposals could be of potential interest also in the context of the rationalized framework of joint WHO UNECE work under THE PEP.

Summary of results

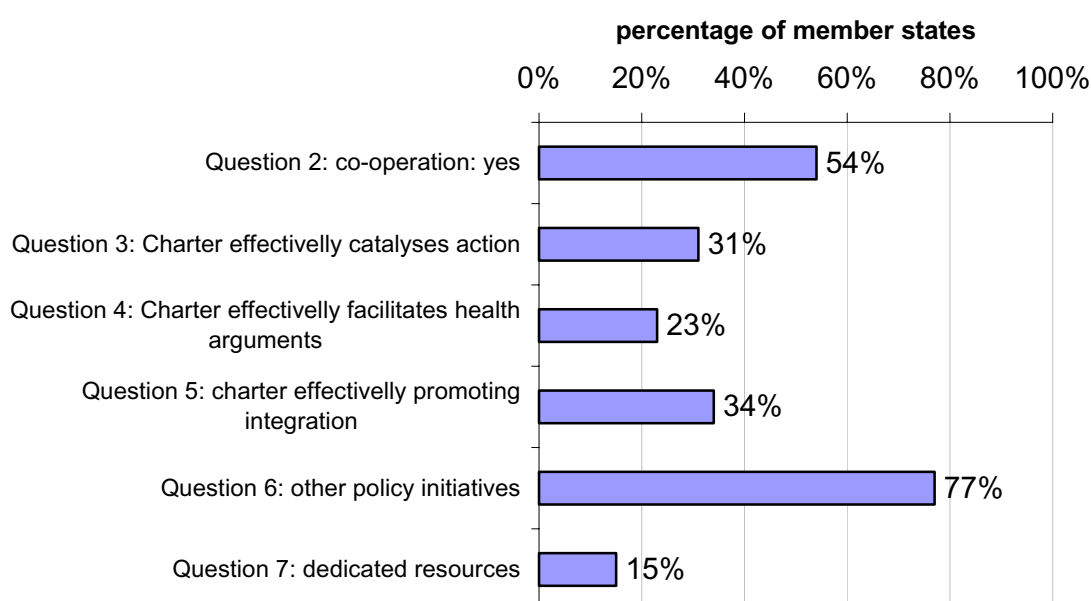
Evidence given on the implementation of the charter. The graph below, provides an indication of items in the charter plan of action whose implementation has been reported by responding countries.

Overall, it appears that implementation of pilot and research projects (item I) as well as public awareness initiatives (item H) are underway in the vast majority of responding countries, while a lower number of respondents report implementation of items related to giving support (J), monitoring the links (item G) and assessing impacts and costs (item C). With

regard to assessing impacts and costs (item C), member states agree that the WHO secretariat and the Steering group should focus on this in future (question 8). There is no consistent sub-regional pattern for further high priority items, although promoting measures of sustainable transport (item B) is mentioned often.



Question 2 to 7



More than half of the member states do co-operate with other countries in taking action towards implementation of the charter. However while one third of the respondents think that the charter is effectively contributing towards catalyse action, facilitating health arguments and promoting sector integration, other countries rank its added value as lower, as they started developing and implementing mechanisms which facilitate integration already before the Charter was adopted. A vast majority of member states are engaged in other policy commitments promoting sector integration most of which are international initiatives underlining the importance of co-ordinating the different international initiatives. Only a minority has resources dedicated to the charter implementation.

Conclusions

Significant differences between responding countries concerning the state of charter implementation can be observed. While the Nordic and some Western European Countries report to have made significant progress in their work in the field of transport, environment and health already since before the London charter adoption in 1999, the Eastern European countries are at the beginning of the process. For them, the adoption of the Charter has represented an added value.

Considering the short time elapsed since the adoption of the charter, there are already several positive aspects to mention regarding its implementation. One of the most relevant is that the charter is perceived by several countries as a solid basis for advocating a stronger consideration of health aspects in the development of transport-related policies, and keep decision-makers in the field of transport, environment and health under pressure to take action towards transport sustainable for health and the environment, engaging the relevant stakeholders and sectors.

In addition to the London charter there are other international (and also national) policy commitments related to transport, environment and health (e.g. national laws, EU directives, Conventions). To a certain degree the London charter is perceived to be overlapping with these (often more binding) policy instruments. Some countries seem to have difficulties in coordination of the implementation of different international agreements at the same time. In this framework, the rationalization of international frameworks for action on transport, environment and health, and the improved co-ordination of the implementation of the numerous policy commitments already in place is particularly welcome.