



ANNEX C1: Twinning Fiche

Project title: Support in Implementation of Health Impact Assessment Practice in Georgia

Beneficiary administration: National Center for Disease Control and Public Health; Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia

Twinning Reference: GE 20 ENI HE EN 02 21

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EU funded project

TWINNING TOOL

List of Abbreviations:

AA	Association Agreement
BA	Beneficiary Administration
CDC	Centers for Disease Control and Prevention
EIA	Environmental Impact Assessment
GAVI	The Vaccine Alliance
GEOSTAT	National Statistics Office of Georgia
GIS	Geographic Information System
HIA	Health Impact Assessment
LEPL	Legal Entity of Public Law
MEPA	Ministry of Environmental Protection and Agriculture
MFA	Ministry of Foreign Affairs
MoESD	Ministry of Economy and Sustainable Development
MoIDPLHSA	Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia
MRDI	Ministry of Regional Development and Infrastructure
MTO	Mid Term Objective
NCDC	National Center for Disease Control and Public Health
NEA	National Environmental Agency
NEHAP	National Environment and Health Action Plan
PAO	Programme Administration Office
PL	Project Leader
PSC	Project Steering Committee
RTA	Resident Twinning Adviser
SEA	Strategic Environmental Assessment
STE	Short term Expert
TAIEX	Technical Assistance and Information Exchange Instrument
UNECE	The United Nations Economic Commission for Europe
UNICEF	United Nations International Children's Emergency Fund
USAID	United States Agency for International Development
WHO	World Health Organization

1. Basic Information

1.1 Programme: Support for the Implementation of the EU-Georgia Association Agreement, ENI/2018/041-415, Direct Management.

For projects financed by a basic act under the 2014-2020 or previous MFFs, 11th or previous EDF, until further notice please insert:

For UK applicants: Please be aware that following the entry into force of the EU-UK Withdrawal Agreement¹ on 1 February 2020 and in particular Articles 127(6), 137 and 138, the references to natural or legal persons residing or established in a Member State of the European Union and to goods originating from an eligible country, as defined under Regulation (EU) No 236/2014² and Annex IV of the ACP-EU Partnership Agreement³, are to be understood as including natural or legal persons residing or established in, and to goods originating from, the United Kingdom⁴. Those persons and goods are therefore eligible under this call.

1.2 Twinning Sector: Health and consumer protection (HE); Environment (EN).

1.3 EU funded budget: EUR 1 400 000

1.4 Sustainable Development Goals (SDGs): SDG 3 Good health and well-being; SDG 13 Climate action

2. Objectives

2.1 Overall Objective(s):

The overall objective of the project is to provide assistance to Georgian institutions in implementation of Environmental health related obligations of the Association Agreement to foster the health in-all-sectors approach.

2.2 Specific objective:

The specific objective of the project is to strengthen NCDC and relevant stakeholders' institutional capacity for integration of health aspects in Health Impact Assessment evidence-based decision-making.

2.3 The elements targeted in strategic documents i.e. National Development Plan/Cooperation agreement/Association Agreement/Sector reform strategy and related Action Plans

The Twinning project is fully in line with the priorities and the provisions of the Association Agreement between Georgia and the EU. The strategies applied are in compliance with the chapters "Environment", "Climate Change", and "Public Health". According to the relevant Articles (356, 357) of the AA, specific emphasis has to be put on improving population health and occupational safety at work, through prevention and control of communicable diseases, as well as prevention and control of non-communicable diseases, mainly through exchanging information and best practices. Georgia has the obligation to approximate its legislation with the EU acts referred to in Annex XXXI of this Agreement, according to the provisions of the relevant Annex.

As stipulated in the AA, the "National Environment and Health Action Plan for 2018-2022 (NEHAP2)" has been approved by the Decree N680 of the Government of Georgia on December

¹ Agreement on the withdrawal of the United Kingdom of Great Britain and Northern Ireland from the European Union and the European Atomic Energy Community

² Regulation (EU) No 236/2014 of the European Parliament and of the Council of 11 March 2014 laying down common rules and procedures for the implementation of the Union's instruments for financing external action.

³ Annex IV to the ACP-EU Partnership Agreement, as revised by Decision 1/2014 of the ACP-EU Council of Ministers (OJ L196/40, 3.7.2014)

⁴ Including the Overseas Countries and Territories having special relations with the United Kingdom, as laid down in Part Four and Annex II of the TFEU.

2018. NEHAP2 outlines the country's current modalities of establishment and preservation of safe environment, defines priorities of the next phase (2018-2022), substantiates necessity of using domestic resources as well as emphasizes the need for quality control improvement and multidisciplinary approaches that will enable achievement of the United Nations Sustainable Development Goal 3 "Ensure healthy lives and promote well-being for all at all ages." The main principle of NEHAP is to realize fundamental right of the people - to live in a safe environment, respectively the responsibility for the implementation of the Action Plan falls under healthcare and environmental sectors together with the respective line ministries from the sectors of Economy, Justice, Agriculture, Education, Finance, Infrastructure, Foreign affairs and Local Administrations. Institutional strengthening in terms of capacity building to conduct Health Impact Assessment, is one of the goals of the National Environmental and Health Action Plan. Furthermore, Georgia's Environmental and Health sectors work collaboratively for the implementation of the principles and practices of the **Shared Environmental information System (SEIS) in the EU Eastern Partnership Countries**, which aims to integrate health determinants and environmental-related disease indicators in overall environmental monitoring system and support Environmental Impact Assessment (EIA) and Health Impact Assessment (HIA).

The aforementioned directions are included as priorities under the Association Agenda (2017-2020), as well as in the new Association Agenda (2021-2027), which is under development.

Georgia is a Party to the **Convention on Access to Information, Public Participation in Decision-making, and Access to Justice in Environmental Matters (Aarhus Convention)** and carries out works to bring the legislation and administrative mechanisms in line with the principles established by the Convention.

The Government of Georgia in cooperation with the UNECE Secretariat is taking active steps to develop a national system to apply Strategic Environmental Assessment (SEA) procedures and Health Impact Assessment under the SEA framework. To this end, the **Environmental Assessment Code** was developed and adopted by the Parliament of Georgia on 1 June 2017 and **GoG Resolution No. 420, September 2, 2019 on the Approval of the "Rule on Human Health Impact Assessment in Environmental Assessment"** defines responsibilities of NCDC in respect of Health Impact Assessment (HIA) element of the SEA procedure of the Code.

The National Center for Disease Control and Public Health Strategic Plan of 2018-2022 identifies main functions and objectives of NCDC, outlines its mission, vision and mandate, and promotes active collaboration with international partners. The plan gives a high priority to set up a coordinated, consistent, evidence-based policy and strengthen inter-sectoral cooperation in the field of environmental health. In order to exercise an integrated policy between the environment and health sectors, the following tasks are expedient to perform:

- Coordination of goals and activities;
- Step by step development of an integrated information system between health and the environment;
- Development of environmental health indicators;
- Development of a united Methodology and System of Analysis to assess environmental impact on human health;
- Informing and raising awareness of the public;
- Implementation of the obligations of the "Ostrava Declaration", introduction of modern approaches for achieving sustainable development goals
- Set up joint measures with health services and develop joint programmes to minimize environmental risk factors.

As the pandemic caused by the novel coronavirus (SARS-CoV-2) is humanity's greatest challenge, to mitigate its potential harm, provide timely response and ensure stability for all sectors, the Government of Georgia (GoG) has initiated an effective multi-sectoral collaborative work. In January 2020, the government adopted Decree #164, "Approval of Measures to Prevent the Possible Spread of the New Coronavirus in Georgia and Approval of an Emergency Response Plan for Cases Caused by COVID-19" and established a national Multi-sectoral Committee. Under the Operational Response

Plan, each responsible Governmental entity, including NCDC, has clearly defined roles and responsibilities for the COVID-19 response.

The proposed Twinning project will greatly contribute to the achievement of the abovementioned goals.

3. Description

3.1 Background and justification:

The National Center for Disease Control and Public Health (NCDC) will be the direct beneficiary of this Twinning project. In addition, the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs (MoIDPLHSA), Ministry of Environmental Protection and Agriculture (MEPA) and National Statistics Office of Georgia (GEOSTAT) will be the main stakeholders of the project.

The NCDC is a legal entity of public law under the state control of the MoIDPLHSA, which independently carries out public health, scientific and educational activities and the scope of its mission is oriented on protection and improvement of health of the Georgian population through evidence-based prevention, preparedness and timely response to public health threats. NCDC mandate includes a broad spectrum of roles and activities aimed at developing and implementing national health programmes and strategies, performing public health research and monitoring but also providing continuous education for health professionals. Preconditions for implementation of NCDC mandate are strong infrastructure, modern laboratories, highly trained human resources and a well functional organizational structure (as presented in Annex 2).

Further, the NCDC is the main agency for epidemiological assessment, management and communication of environmental and health risk factors and conducting works in the field of environmental Health to develop a comprehensive and systematic approach to the identification, collection and analysis of data, and information on environmental hazards, exposures and health outcomes, raise awareness and education initiatives on environmental and health impacts especially among vulnerable populations, support evidence-based decision making to strengthen the exposure mitigation policies, and promote actions that improve health and track current policy responses at national level.

As mentioned above, Georgia is committed to fulfill its international obligations, as well as those taken under the AA. In this context, the Environmental Assessment Code should be mentioned which aims to transpose requirements of the Espoo Convention, its Protocol on SEA, and the EU SEA and EIA Directives into the national legislative framework.⁵ The Code regulates matters related to strategic documents and public or private activities which may have significant effects on the environment, human life and/or health. The Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs has become the responsible authority for overseeing consideration of health impacts as a result of the proposed plans and programmes as part of the SEA procedure stipulated by the Code. Within the Ministry the function to evaluate all potential positive and negative health impacts has been delegated to NCDC.

“National Environment and Health Action Plan for 2018-2022 (NEHAP2)” is conceptually and strategically linked with the United Nations' 2030 Sustainable Development Goals and Health Policy Platform of WHO European Region -"Health 2020", as well as pays due regard to WHO European Region recommendations designed to ensure safe environment, prevent environmental related diseases and reduce impact of risk factors. As NEHAP 2 envisages close multidisciplinary collaboration towards Health in All Policies to prioritize public health, the MoIDPLHSA shares the responsibility of NEHAP 2 implementation together with the relevant Governmental bodies, such as Ministry of Economy and Sustainable Development (MoESD), Ministry of Environmental Protection and Agriculture (MEPA), Ministry of Education and Science, Ministry of Finance, Ministry of Regional Development and Infrastructure (MRDI), Ministry of Foreign Affairs (MFA) and local self-governance.

NEHAP 2 governance, coordination of its activities and supervision is carried out by the coordinating council under Prime Minister of Georgia, which is an advisory body of Georgian Government and the

⁵http://www.unece.org/fileadmin/DAM/env/eia/documents/EaP_GREEN/1_Homepage/Georgia/Georgia_EA_capacity_development_strategy_final_ENG.pdf

role of secretariat of the council is assigned to NCDC. The main objectives of the coordination council are determined as: a) to hear a report from the responsible agencies on performance of objectives and interventions written in NEHAP, to determine terms and format for accountability; b) to discuss and evaluate performance of responsibilities related to health and environment taken under international obligations; c) according to needs, to overview environment and health objectives/interventions, to make corrections and substitutions (relevant changes) and to plan new activities; d) to discuss the proposals/recommendations and projects (including drafts of legislative acts) of the activities to be implemented in environment and health fields and to submit to the government for approval in accordance to legislation; e) To coordinate activities of the parties (stakeholders) involved in the implementation of Environment and Health Action Plan.

Capacity building for Health Impact Assessment, is one of the goals of the National Environmental and Health Action Plan, which includes five components: water and sanitation, air quality, chemical safety, health-promoting environment, climate change and health. Providing health-relevant information on population exposure to environmental risks and its influence on health is mandatory. By the end of NEHAP-2 implementation period, country should have determined the format of information on population exposure to air pollution and its influence on health (NEHAP-2 MTO 3.3), as well as the Health Impact assessment (HIA) has to be conducted and completed for big cities of Georgia (Tbilisi, Rustavi, Batumi, Kutaisi). In addition, evaluation of the vulnerability to climate change has to be done, including assessment of existing and anticipated risks related to health impacts of climate change for healthcare sector and adaptation mechanisms (NEHAP-2 MTO 5.1).

The National Center has a special responsibility to assess the impact of environmental risk factors on the health of the population and its role as the Secretariat of the Council is to facilitate the coordination of processes in this area. In particular, the National Center is empowered to use a variety of tools, such as assessing the implementation of the NEHAP, informing Council about the priority of health issues and providing recommendations to promote public health services on local and national level, initiate legislative changes, advocacy for evidence based policy and decision making.

The MoIDPLHSA determines norms and technical regulations on safe environment for the public and has a leading and overall coordinator role in the environmental health issues in the country.

The responsibilities of the MEPA are as follows:

- Elaboration of integrated state policy and its implementation in the area of state regulation of safe environment in-line with the principles of sustainable development and management of natural resources;
- Protection of environment from negative physical factors that may affect public health.
- Setting-up state system for planning and monitoring physical factors as well as for implementing the respective measures.
- Animal health, food hygiene, food surveillance, food safety (drinking water quality control and monitoring) and animal protection.

MEPA is the major actor in the field of food safety in Georgia. The Food and Veterinary Department is in charge of animal health, food hygiene, food surveillance, food safety (drinking water quality control and monitoring) and animal protection.

MEPA with the assistance of UNECE EaP GREEN has started preliminary work on harmonizing legislation, designating competent authorities and elaborating mechanisms for public awareness in line with the Association Agreement (AA) with the EU.

The National Environmental Agency (NEA) is a legal entity of the public law under the MEPA, which was set up as an Agency on June 31 of 2008. The scope of activities of the Agency is preparation and dissemination of warnings and notifications in the event of expected natural, hydrometeorological and geological disasters and adverse events, as well as in cases of forecasts on extreme environmental pollution for the purpose of ensuring of the state security and safety; development of the state balance and cadastre data bases and their updating, development of environmental data bases; monitoring of coastal zones, promotion of implementation of international commitments in the spheres under the competence of the Agency, that Georgia has undertaken; provision of meteorological services and support to civil aviation; issuing of licenses on use of natural resource (except for oil and gas).

Municipalities fund their public health and disease prevention activities mainly through the municipal budgets from the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs. Municipalities are involved in the local implementation of disease prevention programmes, such as the health days organized on a yearly basis, targeting to enhance population awareness on health-related topics. Municipalities are not in charge of environmental impact assessment, the methodologies used in the specific types of impact assessment are insufficiently known at the local level. There are no information officers at the Municipalities in charge of environmental education at schools and kindergartens. Based on the assessment of status quo, it is obvious that strengthening the integrated approaches related to the environment and health is crucial.

EH and HIA system capacity gaps are related to the absence of reliable organizational structures, lack of qualified personnel and insufficient or ineffective cooperation between institutional actors, lack of common databases for EH/HIA related data for an effective assessment and management of the various risks and HIA analysis. To address these challenges a paradigm shift is required to adjust the previously established system of assessment mechanisms and establishing a new one that is holistic and multi-sectoral.

Considering the above-mentioned issues, this Twinning project will be of utmost importance in terms of developing legislative framework in-line with EU requirements, establishing well-functioning intersectoral collaboration mechanisms and systematic process that uses an array of data sources and analytic methods and considers input from stakeholders to determine the potential effects of a proposed policy, plan, programme, or project on the health of a population and the distribution of the effects within the population and supporting institutional strengthening of the National Center for Disease Control and Public Health and relevant stakeholders through implementation of EU approved methods of public participation and decision-making to conduct HIA.

In Georgia, Public Health sector is regulated by the following legal documents and all of them will be affected by this Twinning project:

- The Law of Georgia on Health Care;
- The Law of Georgia on Public Health;
- The Law of Georgia on Environmental Protection;
- The Waste Management Code;
- The Law of Georgia on Water;
- The Law of Georgia on Air Protection;
- The Law of Georgia on Soil Protection;
- The Law of Georgia on Pesticides and Agrochemicals;
- Food Products/Animal Feed Safety, Veterinary and Plant Protection Code of Georgia;
- Sanitary-hygienic norms, technical regulations, various sectoral strategies and public health national recommendations developed to ensure safe environment for human health.

Specific attention will be paid to ensure that legal approximation process is supported under this Twinning project. The actions will be organized according to the national framework on policy development and to the better regulation approach supported also at the EU level⁶. A better regulation approach requires that policies and legislation are prepared on the basis of the best available evidence (impact assessments) and according to an inclusive approach involving both internal and external stakeholders.

Furthermore, building on the lessons learnt and the Better Regulation agenda promoted at the EU level⁷, this Twinning project will contribute to the overall public administration reform in Georgia by ensuring the introduction of an inclusive and evidence-based approach to policy-making and legal drafting in the respective sector. It will also pay specific attention to accountability and reporting lines

⁶ http://ec.europa.eu/info/strategy/better-regulation-why-and-how_en

⁷ http://ec.europa.eu/info/files/better-regulation-better-results-eu-agenda-0_en

between concerned institutions. NCDC will ensure participation of the representatives of stakeholders in the actions to be undertaken through the project implementation period.

3.2 Ongoing reforms:

Georgia is progressing in the legal approximation process under the Association Agreement, as well as bilateral international agreements and treaties in the field of Environment and Health and each agreement imposes certain obligations to the country. During recent years, Georgia has developed a legislative framework in-line with the EU requirements, striving to establish well-functioning inter-sectorial collaboration mechanisms and supporting institutional strengthening, through the creation of the Department of Environmental Health under the NCDC.

The “National Environment and Health Action Plan (NEHAP2) approved by the Decree N680 of the Government on December 29, 2018 outlines the country’s current modalities of establishment and preservation of safe environment, defines priorities of the next phase (2018-2022) and is conceptually and strategically linked with the United Nations' 2030 Sustainable Development Goals and Health Policy Platform of WHO European Region -"Health 2020". Additionally, the National Action Plan pays due regard to WHO European Region recommendations designed to ensure safe environment, prevent environmental related diseases, and reduce impact of risk factors.

Environmental Assessment Code was developed and adopted by the Parliament of Georgia on June 1, 2017 and regulates matters related to strategic documents and public or private activities which may have significant effects on the environment, human life and/or health according to the requirements of the Espoo Convention, its Protocol on SEA, and the EU SEA and EIA Directives. In line with the Code, the Government of Georgia adopted the Resolution No. 420, September 2, 2019 on the Approval of the “Rule on Human Health Impact Assessment in Environmental Assessment” defining responsibilities of NCDC in respect of Health Impact Assessment (HIA) element of the SEA procedure of the Code and introducing the definition for “Health Impact Assessment” in the HIA sub-law.

The AA sets obligations for Georgia on approximation of its legislation with the EU Water Framework Directive (WFD) and other water quality related regulations. Although the draft Water Law (2018) and some draft secondary legislation, reflecting EU approaches, are in place, further efforts are needed in order to first of all, adopt these pieces of legislation and second, ensure their effective implementation (e.g. setting the proper institutional scheme for achieving integrated river basin management).

"Third National Action Plan of Environment Protection (NEAP-3)" (2017-2021) is the main strategic document of the Ministry of Environmental Protection and Agriculture and other governmental agencies that implement or contribute to the implementation of environmental policy. Elaboration of effective environmental legislation, strengthening of national law implementation and enforcement, environmental monitoring, enhancing data processing and reporting system, as well as providing the government and the public with reliable information on the quality of the Georgian environment, are among the priority actions of the NEAP-3.

Since 2016, Georgia has been involved in the processes of “Water Supply and Sanitation Analysis and Evaluation” as well as “Environment and Health”. The country became the leader alongside Hungary in the field of achieving respective water supply, sanitation and hygiene (WASH) monitoring and implementation of relevant standards. In collaboration with UNICEF and Georgian Ministries of Health and Education WASH in School and WASH in pre-school guidelines, Technical Regulations and monitoring instruments are elaborated. However, it remains a challenge to put in place a system and monitoring mechanisms in line with the regulations adopted, which would allow the country to actually improve the situation in this area and measure progress according to SDG indicators.

General Policy and legislative process

The National Policy Planning System Reform Strategy, adopted by the Government of Georgia in August 2015 recognizes the current weak link between the policy planning process and legislation drafting, the absence of practice of legislative impact assessment and the weak institutional capacity of ministries in legal drafting. The OECD/SIGMA 2018 assessment in the policy development and coordination area highlights a number of weaknesses in the quality of policy planning (costing, monitoring, coordination and public consultation), which are currently being addressed through the

PAR roadmap and action plan. The document specifically notes the reoccurring problem with implementation of laws, which can be attributed to the low quality of laws due to weaknesses in the law-making process. There is a pressure to complete numerous legal reforms in the shortest possible time. Improvement of the legislative drafting process and quality of legislation is now a priority area of action for the Administration of Government under the Prime Minister (steering the policy-making process) and all line ministries. This primarily involves the Administration of Government, Ministry of Justice, and Ministry of Economy and Sustainable Development. In order to meet the targets and obligations in law making process the Government introduced changes in Law on Normative acts (amended on June 13, 2018) and Regulation of the Government (amended on August 24, 2018). These amendments put more emphasis on concordance with EU acquis and Regulatory Impact Assessment (RIA.)

In line with the 2018 OECD/SIGMA recommendations, a new Government decree was adopted end 2019 and with its supporting Handbook on Public Policy Making, now lays the regulatory and procedural foundation for good evidence-based policy development. It has quickly become the primary guidance document for Ministries. Nevertheless, its implementation requires comprehensive training and support, to ensure better integration between policy and budget planning, and building the right capacities, structures and processes in the relevant ministries. Some key issues in the area are inter- and intra-institutions coordination, capacities in data analysis, policy budgeting, gender responsive budgeting. The introduction of a mandatory Regulatory Impact Assessment for specific legislation since January 2020 is also an important milestone, but also requires extensive training for proper implementation.

For increasing coordination and strengthening effectiveness of the legal approximation process in the country, on January 30, 2020 Government of Georgia adopted Legal Approximation Guidelines⁸ that will provide additional guidance to all the line Ministries involved in the legal approximation process under the AA. The Guidelines prepared by the Ministry of Justice provide key principles and techniques of approximation that will assist and orient legal drafters throughout the approximation process. The Guidelines should be used consistently, not only by MoJ, but also by all line ministries, and institutions tasked with the approximation exercise. Such proceedings will help to ensure the achievement of a steady and sustainable approximation path.

3.3 **Linked activities:**

The National Centre for Disease Control and Public Health has a good collaboration with the International Organisations EU, WHO, USAID, UNICEF, ENECE, CDC, GAVI, DTRA, etc.

The organization has implemented several number of projects/programmes with the support of international and national partners.

EU Twinning project GE22 Institutional Strengthening of Environmental Health System of Georgia; duration 2017 – 2019: the overall objective of the project was to promote the establishment of effective environmental health (EH) system for the benefit of the population of Georgia. This objective was expected to be achieved by: a. Strengthening the legal framework on EH through approximation with the EU legislation; b. Improving the EH system by improving inter-sectorial and inter-ministerial collaboration; c. provision of policy and technical documents; d. raising awareness on EH issues.

Multiple Indicator Cluster (MIC) Survey

A nationally representative study measuring blood lead levels (BLL) among children 2-7years of age was conducted in Georgia in September-December 2018. With the support of the National Statistics of Georgia (GEOSTAT), United Nations Children's Fund (UNICEF), WHO, NCDC and Italian Institute of Health, a Multiple Indicator Cluster (MIC) Survey has been conducted in the whole territory of Georgia for the prevention of harmful exposure of the population and prevention of environmentally associated diseases. The survey round was expanded in terms of the content and coverage level by adding water questionnaire, drinking water quality assessment and measurement of lead blood level in children

⁸ <https://matsne.gov.ge/document/view/4786582?publication=0>

Supportive Risk Awareness and Communication to Reduce impact of Cross-Border Heatwaves – EU funded; Duration 2019-2021; The overall objective of this project is to reduce the impact of heat waves on vulnerable, urban populations through improved risk communication strategies informed by existing EU plans and guideline, by measure risk perception and behavior in communities through surveys and foster a culture of prevention and cooperation across countries.

UNDP “Governance Reform Fund” project 2020 on technical support in the elaboration of regulatory policy documents guidelines, methodology, procedures and criteria for the implementation of a Health Impact Assessment (HIA) within the Strategic Environmental Assessment (SEA)

Related Programmes and Projects

The reform of Public Administration (PAR) is of utmost importance for the country and the process is supported through donor community. The EU total contribution to the “Support to the Public Administration Reform in Georgia” 2016-2019, is EUR 30 000 000 Euro, out of which EUR 20 000 000 is budget support share and EUR 10 000 000 for complementary support. The objective of the programme is to improve the efficiency, accountability and transparency of the public administration of Georgia, in line with the key Principles of Public Administration that have been developed by OECD/SIGMA in close cooperation with the European Commission. It has a particular focus on the improvement of the policy planning and coordination capacities and processes in the central public administration. The professionalisation of the civil service (including the reform of the civil service training system) is also supported through the programme.

“Support to the Public Administration in Georgia”- EU funded; Duration: 2019-2021; Description: The objective of the project is to improve the efficiency, accessibility, accountability and transparency of the Georgian Public Administration in accordance with European principles of Public administration and best practices. More specifically, the project is mainly focused on improving the results-based approach in policy planning, development, coordination, monitoring and evaluation, increasing the awareness of the Civil servants and streamlining the implementation of the civil service reform in public institutions, improving the intra and inter-ministerial business processes related to policy making and service delivery enhancing thus the efficiency of the administration and the quality of service delivery, strengthening policy development and implementation of the Anti-Corruption and transparency national policies, thus increasing the accessibility, accountability and transparency of the executive branch and combating corruption, and raising public awareness and increasing visibility of the Government’s public administration reform agenda. The project specifically supports the MoIDPLHSA for strategic conceptualisation, planning and monitoring of the National Health Strategy.

“Facility for the implementation of the Association Agreement in Georgia II”- EU funded; Duration: 2019-2021; Description: The project provides policy advice and capacity building support to the Georgian Government in coordinating the implementation of the Association Agreement, strengthening the institutional capacities of the line ministries and other public institutions to carry out the required reforms, including on policy development and legal approximation processes.

3.4 List of applicable *Union acquis*/standards/norms:

The following priority EU regulations are recommended for approximation for an effective HIA (Health Impact Assessment) implementation⁹:

- a) Directive 2001/42/EC of the European Parliament and of the Council of 27 June 2001 on the assessment of the effects of certain plans and programmes on the environment (SEA Directive).
- b) Directive 2008/50/EC on ambient air quality and cleaner air for Europe;
- c) Directive 2002/49/EC relating to the assessment and management of environmental noise (the Environmental Noise Directive – END);
- d) Regulation (EU) No 649/2012 concerning the export and import of hazardous chemicals;

⁹ Annex 3 lists all the EU directives that should be considered when working on public health legislation approximation and HIA implementation issues within the project.

- e) Regulation (EC) No 1272/2008 on classification, labelling and packaging of substances and mixtures (the 'CLP Regulation');
- f) Regulation (EC) 1907/2006 on Registration, Evaluation, Authorization and Restriction of Chemicals (REACH Regulation); and
- g) Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work.

3.5 Components and results per component

Component 1/Mandatory Result 1: Georgian Public Health legal and regulatory framework revised in-line with the Environmental Health provisions of the Association Agreement and Georgia's commitments towards Multilateral Environmental Agreements and other relevant international pledges (e.g. WHO Parma and Ostrava Declarations, UNECE Conventions).

Component 1 will focus on: the establishment of an intersectoral coordination mechanism for the revision of the Georgian Public Health legal and regulatory framework in-line with the provisions of the relevant Annexes of the Association Agreement related to the environmental health; identification of gaps in national laws and sub-laws in accordance with EU Directives, other regulations and international recommendations; elaboration of draft legal papers and submission for approval to the Government of Georgia.

Sub-Result 1.1: National regulatory framework in Environmental Health risk assessment revised and upgraded in accordance with EU legislation.

It is expected that the process of delivering on this sub-result will focus on developing the legal framework and respective supporting documents to conduct Environmental Health Impact Assessment for the risks related to water and sanitation, air quality, chemical and radiation safety, climate change and health.

Sub-Result 1.2: Regulatory framework in Environmental Health risk management revised and upgraded in accordance with EU legislation.

The sub-result will focus on developing supporting documents respective to the legal framework (guidelines, quality standards, methodologies, data collection procedures etc.) to conduct Health Impact Assessment in accordance with EU best practice.

Component 2/Mandatory Result 2: Institutional Capacity to Conduct Health Impact Assessment of the Environmental Health Risks under the National Center for Disease Control and Public Health Strengthened.

The absence of models and methods for the effective implementation of different stages of the HIA, as well as lack of relevant guidelines and practical experience for their application, are the main challenges facing the implementation of an operational environmental health risk assessment practice in the country.

Component 2, accordingly, is expected to focus on strengthening the institutional capacity of the NCDC by elaborating HIA system implementation strategy, recommendations on the administrative, human resource and technical development institutional arrangement. It is important to improve competencies of state authorities, inter alia, in terms of making criteria-based decisions.

Sub-Result 2.1: NCDC administrative and human capacity to conduct Health Impact Assessment Strengthened.

This sub-result should contribute to elaboration HIA system implementation strategy. Special emphasis should be placed on specific measures to address required human and financial resources allocation for HIA, as well as identification and collection of necessary public health data by NCDC for an effective HIA implementation.

Sub-Result 2.2: NCDC technical capacity to conduct Health Impact Assessment Strengthened.

Under this sub-result it is expected to focus on rising technical capacity and expertise of the NCDC human resources in order to support the implementation of data collection procedures and

methodologies for assessing environmental risk factors to human health, data flow (from local to central institutions) and exchange of data (between institutions). Also, support to better management of technical parameters and the respective quality standards (e.g. microbiological, chemical, analytical, etc.), as well as spatial/Geographic Information System (GIS) data in line with the EU standards remains crucial.

Component 3/Mandatory Result 3: Capacity of relevant state authorities and other key stakeholders to ensure reliable and quality data management of Health Impact Assessment in compliance with EU Best Practices strengthened.

The component 3 focuses on supporting the involvement of all interested parties in HIA implementation process. To this end, inter-sectoral collaboration and information exchange should be an important element of a capacity-building strategy to ensure the effective application of HIA which touches upon a number of cross-cutting issues. It should correspond to the current administrative structures of ministries and planning authorities taking into account the EU best practice and regulations.

Sub-Result 3.1: Capacity of relevant state authorities and other key stakeholders to ensure reliable and quality environment monitoring data management of Health Impact Assessment in compliance with EU Best Practices strengthened.

This sub-result is expected to focus on developing Health Impact Assessment Data flow and exchange of data between institutions to allow conduct analysis in different fields of Environmental Health like water, soil and air quality, chemical and radiology risks, and food safety.

Sub-Result 3.2: Capacity of relevant state authorities and other key stakeholders in providing access to reliable and quality statistical data for Health Impact Assessment in compliance with EU Best Practices strengthened.

This sub-result is to focus on improvement of data flow and exchange of data between institutions to allow conduct analysis in different fields of Population Health like demography, employment, mortality, social-economical parameters, education, infrastructure, etc.

Component 4/Mandatory Result 4: A well-organized and coordinated public involvement, reporting and communication system to support Health Impact Assessment process in compliance with the EU Best Practices established.

The component 4 is expected to focus on supporting the development and implementation of a well-organized and structured way of bringing together policy appraisal, risk assessment and indications for risk management, evaluation, partnership, public participation, and evidence-based approaches to improve decision-making, which is common to all methods of public participation and supportive for public accountability and reporting practice.

Sub-Result 4.1: Requirements for a quality system in all aspects of public involvement, reporting and communication to support Health Impact Assessment process in compliance with EU Best Practices developed and implemented.

This sub-result is expected to focus on efforts on developing a quality system for public involvement, reporting and communication system to support Health Impact Assessment process, based on the EU best practice in this field including the usage proper communication mechanisms and technologies.

Sub-Result 4.2: Unified electronic platform for Health Impact Assessment results accountability to the public in Compliance with the EU Best practice implemented.

This sub-result is to focus on efforts aimed at developing the NCDC Health Impact Assessment results accountability unified electronic platform to the public and partner organizations in accordance with the EU best practice.

3.6 Means/input from the EU Member State Partner Administration(s)*:

The project will be implemented in the form of a Twinning contract between the Beneficiary Country and EU Member State(s). The implementation of the project requires one Project Leader (PL) with responsibility for the overall coordination of project activities and one Resident Twinning Adviser (RTA) to manage implementation of project activities, Component Leaders (CL) and a pool of short-term experts within the limits of the budget. It is essential that the team has sufficiently broad expertise to cover all areas included in the project description.

Proposals submitted by Member State shall be concise and focused on the strategy and methodology and an indicative timetable underpinning this, the administrative model suggested, the quality of the expertise to be mobilized and clearly show the administrative structure and capacity of the Member State entities. Proposals shall be detailed enough to respond adequately to the Twinning Fiche, but are not expected to contain a fully elaborated project. They shall contain enough detail about the strategy and methodology and indicate the sequencing and mention key activities during the implementation of the project to ensure the achievement of overall and specific objectives and mandatory results/outputs.

The interested Member State(s) shall include in their proposal the CVs of the designated Project Leader (PL) and the Resident Twinning Advisor (RTA), as well as the CVs of the potentially designated Component Leaders-(CLs).

The Twinning project will be implemented by close co-operation between the partners aiming to achieve the mandatory results in sustainable manner.

The set of proposed activities will be further developed with the Twinning partners when drafting the initial work plan and successive rolling work plan every three months, keeping in mind that the final list of activities will be decided in cooperation with the Twinning partner. The components are closely inter-linked and need to be sequenced accordingly.

3.6.1 Profile and tasks of the PL:

The Member State PL should have the capacity to lead the implementation of the project and the ability to mobilize the necessary expertise in support of project's efficient implementation. She/he will be expected to devote a minimum of 3 days per month to the project in his/her home administration. In addition, as co-chairperson, he/she will coordinate from the Member State side the work of the Project Steering Committee (PSC), which shall meet in Georgia on a quarterly basis at least.

Profile:

- A high ranking current official of a Member State administration with a sufficient managerial position in health policy development/implementation/coordination;
- University level education in a relevant discipline (e.g. Public Health or Environmental Health), or equivalent professional experience in a related field of 8 years;
- At least 3 years of experience in the field of public health administration;
- Previous experience in the field of project management, with a demonstrable record of organizational leadership and reform implementation;
- Good understanding of regulatory/supervisory system of Health Impact Assessment (HIA) and its organizational models in a Member State;
- Comprehensive knowledge of EU public health legislation with special focus on HIA;
- Good knowledge of legal approximation process, relevant EU legislation and institutional requirements related to various components of this project;
- Experience in international collaboration in public health/Environmental Health;
- Excellent command of spoken and written English;
- Good communication, presentation and interpersonal skills;
- Good leadership and managerial skills;
- Excellent Computer literacy.

Tasks:

- Overall direction, supervision, guidance and monitoring of the project;
- Ability to mobilize the necessary expertise in support of the efficient implementation of the project;

- In cooperation with the Beneficiary PL submits and signs the interim quarterly and project final reports prepared with the support of RTA to the concerned authorities;
- Formally signs project work plan(s) and/or any updates;
- Ensuring timely achievement of the project results in close cooperation with her/ his Project Leader Counterpart;
- Co-Chairing of project steering committees;

3.6.2 Profile and tasks of the RTA:

The RTA will be located in the premises of the NCDC in the beneficiary country on a full time basis and will be responsible for the direct implementation of the project under the overall supervision of the MS Project Leader.

He/she will work closely with the BC Project Leader and the RTA Counterpart to deliver the project outputs.

The RTA will maintain day-to-day cooperation with the beneficiary administration and coordinate the work performed by the STEs for the whole duration of the project implementation. The RTA will have a key role in the coordination of the inputs required for the successful implementation of all the project activities.

The RTA should be supported by a permanent RTA Assistant. The RTA assistant should work in close collaboration with the beneficiary administration BA. The RTA assistant will perform general project duties and will be providing translation and interpretation services as necessary, practical arrangements for the project, such as organizational issues of expert missions, conferences, training, seminars, maintaining project records and etc. Until the RTA can select and hire an assistant, the Beneficiary administration will make a member of its staff available to support the RTA in his/her daily tasks.

A full-time language assistant should also be recruited. She/he should perform most of the required interpretation/translation services. She/he will provide day-to-day interpretation/translation to the RTA and project experts during missions.

Whenever required and needed for simultaneous interpretation during seminars and workshops, translation of large volume of documents additional interpretation may be procured and funded by the project.

Minimum two visibility events will be organized in the course of the implementation of the project: a kick-off meeting at the start of the implementation and the Final meeting at the end of the implementation of the project activities. These will have to be coordinated with the EU Delegation to Georgia.

Profile:

- Proven contractual relation to a Member State administration or mandated body;
- University level education in a relevant discipline (e.g. Public Health or Environmental Health) or equivalent professional experience in a related field of 8 years;
- At least 3 years of professional experience in the field of Environmental Health Risk Assessment and Management;
- Good knowledge of legal approximation process, relevant EU legislation and institutional requirements related to various components of this project;
- Sound comparative knowledge of Health Impact Assessment, Data Management and Risk Communication;
- Working experience on EU Environmental and Health legislation in a Member State would be an asset;
- Collaboration experience with WHO, UNDP, UNECE, WB, OECD and other relevant international organizations would be an asset;
- Good team-working, communications, presentation and interpersonal skills;
- Good organizational and project management skills;
- Strong analytical and report writing skills;

- Excellent command of spoken and written English;
- Excellent Computer literacy;
- Previous experience in project management would be an asset.

Tasks:

- Overall coordination of project implementation and of all activities;
- Develop the initial and subsequent work plans, and project progress reports to be submitted to the Steering Committees;
- Provide technical input to the project whenever needed and provision of advice in his/her field of expertise;
- Coordinate activities of the team members in line with the agreed work plan to monitor quality of their outputs and enable timely completion of project outputs;
- Liaise with PL counterparts and daily contacts with RTA counterpart;
- Liaise with EUD Project Manager and Programme Administration Office (PAO);
- Liaise with key stakeholders, other relevant projects and relevant Georgian institutions;
- Contribute to the work of the sector development process set up in the Beneficiary Country.

3.6.3 Profile and tasks of Component Leaders:

To achieve coherence in the implementation of all activities pertaining to the specific components and accomplish mandatory results/outputs, Component Leaders (short-term experts) will be designated to each specific component who will coordinate the intervention of all other Member State experts mobilized for the same component. Beneficiary institution will assign a Component Leader counterpart for each component who will be the permanent interlocutor of the MS Component Leader coordinating the specific component. The Component Leaders will work in close collaboration with the RTA and the Beneficiary counterparts in order to achieve mandatory results/outputs pertaining to the specific component and to contribute to overall success of the project.

The profile, exact number and specific Terms of Reference for each Component Leader along with the names and functions of the Component Leader counterparts will be defined at the Work Plan preparation stage by the MS Project leaders and/or the RTA and its counterpart. The ToR will specify the detailed inputs of the Component Leaders and the duration of their missions.

Component 1/Mandatory Result 1: Georgian Public Health legal and regulatory framework revised in-line with the Environmental Health provisions of the Association Agreement and Georgia’s commitments towards Multilateral Environmental Agreements and other relevant international pledges (e.g. WHO Parma and Ostrava Declarations, UNECE Conventions);

Profile:

- University level education in a relevant discipline (e.g. public health/environmental health/law/economics) or equivalent professional experience in a related field of 8 years;
- At least 3 years of professional experience in the field of public health/health legislation (with focus on environmental health);
- Good experience in standard setting and legal drafting processes relevant to the project scope;
- Good experience in capacity building activities;
- Specific knowledge in the field of standards, technical requirements and specifications related to Health Impact Assessment;
- Good knowledge of legal approximation process, relevant EU legislation and institutional requirements related to various components of this project;
- Sound comparative knowledge of HIA organization, management, quality control and supervision;
- Previous experience in project management would be an asset;
- Strong analytical and report writing skills;

- Good managerial, organizational and mentoring skills;
- Good team-working, communication, presentation and interpersonal skills;
- Fluency in written and spoken English;
- Computer literacy.

Tasks:

- Component coordination, guidance and monitoring;
- Conducting analysis of the area relevant to the component;
- Drafting thematic/technical contributions and documents relevant for the results of the component, in close collaboration with BC counterparts and relevant project experts, and Georgian institutions;
- Preparing and conducting training programs, information and dissemination seminars with various stakeholders;
- Preparing timely proposals for any corrective measures;
- Provision of legal and technical advice and analysis whenever needed;
- Supporting RTA in report writing relevant to this component;
- Liaise with PL, RTA and their counterparts.

Component 2/Mandatory result 2: Institutional capacity to conduct Health Impact Assessment of the Environmental Health Risks under the National Center for Disease Control and Public Health strengthened

Profile:

- University level education in a relevant discipline (e.g. public health/environmental health) or equivalent professional experience in a related field of 8 years;
- At least 3 years of professional experience in the field of public health and/or environmental health (preferably on Health Impact Assessment);
- Sound comparative knowledge of HIA organization and controlling/supervisory institutional structures (including accreditation, designation, authorization or licensing of HIA establishments as well as auditing and control measures);
- Relevant experience in capacity building activities and human resources development;
- Good knowledge of legal approximation process, relevant EU legislation and institutional requirements related to this component;
- Good understanding of legal and operational procedures for the enforcement of laws and sub laws relevant to this component;
- Previous experience in project management would be an asset;
- Strong analytical and report writing skills;
- Good managerial, organizational and mentoring skills;
- Good team-working, communication, presentation and advisory skills;
- Fluency in written and spoken English;
- Computer literacy.

Tasks:

- Component coordination, guidance and monitoring;
- Conducting analysis of the area relevant to the component;
- Drafting thematic/technical contributions and documents relevant for the results of the component, in close collaboration with BC counterparts and relevant project experts, and Georgian institutions;
- Preparing and conducting training programs, information and dissemination seminars with various stakeholders;
- Provision of legal and technical advice and analysis whenever needed;
- Preparing timely proposals for any corrective measures;
- Supporting RTA in report writing relevant to this component;
- Liaise with PL, RTA and their counterparts.

Component 3/Mandatory result 3: Capacity of relevant state authorities and other key stakeholders to ensure reliable and quality data management of Health Impact Assessment in Compliance with EU Best Practices strengthened

Profile:

- University level education in a relevant discipline (e.g. risk communication and/or data management) or equivalent professional experience in a related field of 8 years;
- At least 3 years of professional experience in the field of communication and visibility (preferably on environmental health risk communication and data management);
- Experience in drafting and implementation environmental public health tracking, health impact assessment and data management;
- Experience in building intersectoral communication capacities for health impact assessment;
- Good knowledge of legal approximation process, relevant EU legislation and institutional requirements related to this component;
- Good understanding of legal and operational procedures for the enforcement of laws and sub laws relevant to this component;
- Demonstrated communication skills;
- Previous experience in project management would be an asset;
- Strong analytical and report writing skills;
- Good team-working, presentation and advisory skills;
- Fluency in written and spoken English;
- Computer literacy.

Tasks:

- Component coordination, guidance and monitoring;
- Conducting analysis of the area relevant to the component;
- Drafting thematic/technical contributions and documents relevant for the results of the component, in close collaboration with BC counterparts and relevant project experts, and Georgian institutions;
- Preparing and conducting training programs, information and dissemination seminars with various stakeholders;
- Provision of legal and technical advice and analysis whenever needed;
- Preparing timely proposals for any corrective measures;
- Supporting RTA in report writing relevant to this component;
- Liaise with PL, RTA and their counterparts.

Component 4/Mandatory Result 4: A well-organized and coordinated public involvement, reporting and communication system to support Health Impact Assessment process in compliance with EU Best Practices established

Profile:

- University level education in a relevant discipline ((e.g. public health administration and/or public relations) or equivalent professional experience in a related field of 8 years;
- At least 3 years of professional experience in the field of public health and/or public relation (preferably on public participation in decision-making and access to justice in environmental matters);
- Relevant experience in capacity building activities and public relation development relevant to the scope of this component;
- Good knowledge of legal approximation process, relevant EU legislation and institutional requirements related to this component;
- Good understanding of legal and operational procedures for the enforcement of laws and sub laws relevant to this component;
- Good communication, coaching and mentoring skills;

- Previous experience in project management would be an asset;
- Strong analytical and report writing skills;
- Good managerial and organizational skills;
- Good team-working, presentation and advisory skills;
- Fluency in written and spoken English;
- Computer literacy.

Tasks:

- Component coordination, guidance and monitoring;
- Conducting analysis of the area relevant to the component;
- Preparing and conducting training programs, information and dissemination seminars with various stakeholders;
- Drafting thematic/technical contributions and documents relevant for the results of the component, in close collaboration with BC counterparts and relevant project experts, and Georgian institutions;
- Provision of legal and technical advice and analysis whenever needed;
- Organizing HIA popularization campaigns, meetings and events;
- Preparing promotional materials;
- Preparing timely proposals for any corrective measures;
- Supporting RTA in report writing relevant to this component;

3.6.4 Profile and tasks of other short-term experts:

In order to provide the full range of expertise necessary, short-term experts will be drawn from different skill sets to assist the RTA on specific activities. Based on the project results there might be the need of having different STEs possessing the following professional experience depending on their area of intervention:

Profile:

- University level education in a relevant discipline (e.g. public health/environmental health) or equivalent professional experience in a related field of 8 years;
- At least 3 years of professional experience in the relevant field (e.g. Data management, data analysis and HIA)
- Specific knowledge and working experience on legal approximation issues with focus on technical requirement for Health Impact Assessment;
- Specific knowledge and working experience on data analysis for Health Impact Assessment;
- Specific knowledge and working experience on data management for Health Impact assessment;
- Specific knowledge and working experience on HIA organization (e.g. human and financial resources, procedures, methodology) and functions (screening, scoping, appraisal, reporting, monitoring);
- Specific knowledge of organizational structure, statutory models and institutional capacities of HIA in her/his Member State;
- Specific knowledge and working experience on IT solutions for data management and analysis to conduct HIA;
- Sound knowledge and working experience in data quality control, quality assurance and quality management for HIA;
- Sound knowledge and working experience in environmental health risk identification, assessment and communication;
- Sound knowledge and particular skills in public health service planning by determinants of health;
- Experience in awareness raising, information campaigns and knowledge of different communication tools;

- Coaching, training and facilitator skills;
- Experience in developing of training modules and materials, good record in training delivery;
- Experience in network management, software development and database administration relevant to HIA;
- Good team-working, communication, presentation and interpersonal skills;
- Fluency in written and spoken English;
- Excellent computer literacy (word, excel, power point etc.).

Tasks:

- Contributing in drafting project related legal documents in accordance with the national rules for legislative development in their respective fields;
- Contributing in preparation of strategy documents, guidelines, operational procedures and manuals/instruction handbooks related to their field of expertise;
- Assistance with the preparation of trainings, study tours, conferences, workshops, seminars etc.;
- Provision of legal and/or technical advice and consultations whenever needed in their respective fields;
- Preparing timely proposals for any corrective measures;
- Liaise with RTA, Component leaders and BA counterparts.

Proposals shall include only the CVs of the proposed PL, of the RTA and of the Component Leaders (STEs CV should not be included in the MS proposal).

The Project Leader/RTA are free to propose additional STEs as they see fit, based upon the needs of the project and in agreement with the beneficiary.

4. Budget

Maximum Budget available for the Grant: Euro 1, 400,000.

5. Implementation Arrangements

5.1 The European Union Delegation in Tbilisi, Georgia, will be responsible for the tendering, contracting, payments and financial reporting, and will work in close co-operation with the Beneficiary. The person in charge of this project at the Delegation of the European Union to Georgia is:

Ms. Nino (Nika) Kochishvili
 Programme Officer,
 Delegation of the European Union to Georgia
 64b Chavchavadze Avenue
 0179 Tbilisi, Georgia
 Tel.: +995-32-2 364 364.
 E-mail: nino.kochishvili@eeas.europa.eu

5.2 Institutional framework

The direct beneficiary institution for the Twinning project will be the NCDC.

The NCDC is a key agency for public health in Georgia. Early detection and prevention of diseases is its core mandate. The NCDC has a significant role in development of a country's health care system and improvement of public health. NCDC implements prevention of communicable and non-communicable disease, performs laboratory diagnostic activities, responds to public health emergencies caused by environmental and other behavioral risk factors and carries out implementation

of state public health programs in the fields of disease early detection and screening, immunization, epidemiological surveillance, blood safety, maternal and child health, prevention of occupational diseases, management of HIV/AIDS, tuberculosis and hepatitis C, and health promotion.

Furthermore, the NCDC is responsible for developing and managing health-related databases and registries (such as blood donor database, birth registry, cancer registry, hepatitis C screening database, immunization module) and integrates the R. Lugar Center for Public Health Research, a BSL-3 facility which represents the referral laboratory for the public health system of Georgia.

Within the Environmental Health Risk Management, some of the functional responsibilities are split across several departments and divisions of NCDC:

- a) Department of Communicable Diseases conducts epidemiological surveillance of communicable diseases;
- b) Department of Non-communicable Diseases/Health Promotion Division – plans and implements activities for popularization of Healthy lifestyle, environmental risk prevention campaigns and awareness raising events;
- c) Health Statistics Department – collects and conducts health statistical analysis, issues health statistic yearbooks and other reports;
- d) Environmental Health Department – conducts environmental health risk management activities;
- e) Legal Division – prepares legal and administrative documents and participates in the law making processes within the competencies.

All above-mentioned departments/divisions (up to 30 persons) will be involved in the implementation of the Twinning project within the scope of their competencies. It is anticipated that the results of the project will strengthen NCDC's organizational and technical expertise to conduct Health Impact Assessment. The project envisages implementation of EU approach for assessment of the implications for health and the distribution of health impacts to be routinely considered in policy-making and practice.

Following state ministries and agencies will be involved in the project implementation process within their mandate and responsibilities: the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia, Ministry of Environmental Protection and Agriculture, National Environmental Agency and GEOSTAT.

5.3 Counterparts in the Beneficiary administration:

The PL and RTA counterparts will be staff of the Beneficiary administration and will be actively involved in the management and coordination of the project.

5.3.1 Contact person:

Ms. Nana Kavtaradze

Head of International and public relation division

National Center for Disease Control and Public Health

Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia

Kakheti Highway 99, Tbilisi 0198, Georgia

5.3.2 PL counterpart:

Mr. Amiran Gamkrelidze

Director General of the National Center for Disease Control and Public Health

Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia

Kakheti Highway 99, Tbilisi 0198, Georgia

5.3.3 RTA counterpart

Ms. Nino Giuashvili

Adviser of the Director General

National Center for Disease Control and Public Health

Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia

Kakheti Highway 99, Tbilisi 0198, Georgia

6. Duration of the project

Duration of the execution period: 27 months. The execution period will end 3 months after the implementation period of the Action, which will take 24 months.

7. Management and reporting¹⁰

7.1 Language

The official language of the project is the one used as contract language under the instrument (English). All formal communications regarding the project, including interim and final reports, shall be produced in the language of the contract.

7.2 Project Steering Committee

A project steering committee (PSC) shall oversee the implementation of the project. The main duties of the PSC include verification of the progress and achievements *via-à-vis* the mandatory results/outputs chain (from mandatory results/outputs per component to impact), ensuring good coordination among the actors, finalising the interim reports and discuss the updated work plan. The Project Leaders, the RTA, the RTA counterpart, the EU Delegation and Programme Administration Office representatives will meet regularly (quarterly) to discuss and coordinate the progress of the project implementation. Other details concerning the establishment and functioning of the PSC are described in the Twinning Manual.

7.3 Reporting

All reports shall have a narrative section and a financial section. They shall include as a minimum the information detailed in section 5.5.2 (interim reports) and 5.5.3 (final report) of the Twinning Manual. Reports need to go beyond activities and inputs. Two types of reports are foreseen in the framework of Twinning: interim quarterly reports and final report. An interim quarterly report shall be presented for discussion at each meeting of the PSC. The narrative part shall primarily take stock of the progress and achievements *via-à-vis* the mandatory results and provide precise recommendations and corrective measures to be decided by in order to ensure the further progress.

Monitoring and Evaluation of the project will be conducted using the project-specific logical framework, to be encoded in the EU projects monitoring system OPSYS. The contractor should report on the results at impact, outcome and output levels, linked to sources of verification presented in the logical framework. Reporting will be carried out through Progress, Interim and Final Reports as laid down in the terms of reference / project description and general conditions. For the better quality of the log frames and indicators, the contractors are encouraged to get familiar with DG NEAR guidelines on Indicators - P. 45 and the EU Results Framework. Wherever an indicator set out in the project log frame is also reflected in the EU Results Framework, project reporting will also cover it.

8. Sustainability

The mandatory results and outcomes of the project will be maintained as a permanent asset to the Beneficiary Institution even after the end of the Twinning implementation. Any possible capacity building activities (such as trainings and study visits) will benefit not only the staff within the project, but ensure transfer knowledge through subsequent trainings to their colleagues, where relevant. Smooth and effective functioning of the achieved results will be guaranteed by the relevant human and financial resources contribution.

¹⁰ Sections 7.1-7.3 are to be kept without changes in all Twinning fiches.

The sustainability of the project results will be ensured by sectoral policy and relevant legislative changes introduced through evidence-based approach and consulted with external and internal stakeholders.

9. Crosscutting issues

The principles of equal opportunities will be applied to all involved parties and stakeholders through the project implementation process including equal opportunities in trainings, study visits and therefore will be reflected in all documents developed during the project. Every effort will be made to ensure broad gender representation at all stages of the project implementation and to give equal rights to the staff from all involved parties participating in the project activities.

The activities during the implementation of the project, are not expected to have negative affect on environment, but in order to have positive influence on the environment the production of printed material will be minimized.

10. Conditionality and sequencing

There is no precondition set for the start and implementation of this Twinning project. Although sequencing should be justifiable to maximise the synergy between various components of the project and be in line with the agreed Logframe attached to this Twinning fiche.

The main concepts of the project are based on current successful cooperation with EU institutions for HIA implementation and HIA integration in policy-making and practice using the following dimensions:

- degree and mechanisms for HIA institutionalization
- overall HIA system capacity
- resources and structures supporting HIA institutionalization
- Scope of the health determinants assessed (including vulnerable groups and health inequalities).

11. Indicators for performance measurement

Component 1/Mandatory Result 1: Georgian Public Health legal and regulatory framework revised in-line with the Environmental Health provisions of the Association Agreement and Georgia's commitments towards Multilateral Environmental Agreements and other relevant international pledges (e.g. WHO Parma and Ostrava Declarations, UNECE Conventions).

- Status of legal framework to conduct Environmental Health Impact Assessment in accordance with EU standards.

Sub-result 1.1: National regulatory framework in Environmental Health risk assessment revised and upgraded in accordance with EU legislation.

Performance indicators:

- Availability of the EU compatible HIA in line with the EU recommendations in terms of collecting and analyzing proper data.
- Availability of legal documents required to implement HIA for the risks related to water and sanitation, air quality, climate change, chemical and radiation safety in accordance with EU standards.

Sub-result 1.2: Regulatory framework in Environmental Health risk management revised and upgraded in accordance with EU legislation.

Performance indicators:

- Status of written normative documents required to implement all legal, structural and functional changes for conducting HIA.

- Availability of documents (guidelines, quality standards, methodologies and data collections procedures), required to conduct Health Impact Assessment in accordance with EU standards.

Component 2: Institutional Capacity to Conduct Health Impact Assessment of the Environmental Health Risks under the National Center for Disease Control and Public Health Strengthened.

- Availability of training needs analyses for NCDC administration/personnel.
- Availability of pilot HIA done by trained NCDC personnel.

Sub-Result 2.1: NCDC administrative structure to conduct Health Impact Assessment Strengthened.

Performance indicators:

- Share of NCDC relevant staff capable to deal with technical as well as administrative requirements for conducting Health Impact Assessment.
- Availability of HIA related team structure, roles and responsibilities (including job descriptions) among NCDC personnel.
- Status of strategy for identification relevant public health data needed for an effective HIA implementation in accordance with EU standards.

Sub-Result 2.2: NCDC technical capacity to conduct Health Impact Assessment Strengthened.

Performance indicators:

- Number of public health professionals trained and skilled in spatial/GIS data analysis.
- Number of public health professionals trained in use of legal tools and procedures for conducting Health Impact Analysis in accordance with EU standards.

Component 3: Capacity of relevant state authorities and other key stakeholders to ensure reliable and quality data management of Health Impact Assessment in Compliance with EU Best Practices strengthened.

- Availability of training needs analyses for relevant state authorities and key stakeholders.
- Number of personnel from state authorities and key stakeholders in use of legal tools and procedures for conducting Health Impact Analysis.

Sub-Result 3.1: The capacity of relevant state authorities and other key stakeholders to ensure reliable and quality environment monitoring data management of Health Impact Assessment in Compliance with EU Best Practices strengthened.

Performance indicators:

- Number of personnel from state authorities and key stakeholders capable to conduct Health Impact Assessment in accordance with EU standards.
- Status of strategy for identification of relevant environmental data such as data on water, soil, air quality, chemical and radiology risks, and food safety needed for an effective HIA implementation in accordance with EU standards.

Sub-Result 3.2:

Capacity of relevant state authorities and other key stakeholders in providing access to reliable and quality statistical data for Health Impact Assessment in Compliance with EU Best Practices strengthened.

Performance indicators:

- Number of personnel from state authorities and key stakeholders capable to conduct Health Impact Assessment in accordance with EU standards.

- Status of strategy for identification relevant population health data such as data demography, employment, mortality, social-economical parameters, education, infrastructure, etc. needed for an effective HIA implementation in accordance with EU standards.

Component 4: A well-organized and coordinated public involvement, reporting and communication system to support Health Impact Assessment process in compliance with EU Best Practices established.

Sub-Result 4.1: Requirements for a quality system to maintain the highest possible standards in all aspects of public involvement, reporting and communication system to support Health Impact Assessment process in compliance with EU Best Practices developed and implemented.

Performance indicators:

- Status of a communication strategy for enhancing public involvement in Health Impact assessment process.
- Availability of reporting structure and key issues for HIA final report in accordance with EU standards.

Sub-Result 4.2: Unified electronic platform for Health Impact Assessment results accountability to the public in Compliance with EU Best practice implemented.

Performance indicators:

- Availability of collaboration platforms between governmental entities, public and private institutions in accordance with EU best practice to share the results of HIA.

Number of persons from partner institutions and all interested parties of the society involved in thematic workshops/trainings on results of Health Impact Assessment

12. Facilities available

The Beneficiary commits itself to deliver the following facilities:

- Adequately equipped office space for the RTA and the RTA assistant(s) for the entire duration of their secondment;
- Supply of office room including access to computer, telephone, internet, printer, photocopier;
- Adequate conditions for the STEs to perform their work while on mission;
- Provide suitable venues for the training sessions and meetings that will be held under the Project;
- Security related issues will be assured according to the standards and practices applicable for all Georgian public institutions.

ANNEXES TO PROJECT FICHE

1. The Simplified Logical framework
2. NCDC Institutional Chart
3. List of applicable EU Directives

Annex 1: Simplified Logical Framework

	Description	Indicators (with relevant baseline and target data)	Sources of verification	Risks	Assumptions (external to project)
Overall Objective	The overall objective of the project is to provide assistance to the Georgian institutions in implementation of Environmental health related obligations of the AA to foster the health in-all-sectors approach.	<p>Status of Georgian policies and legal frameworks that specify HIA practice in accordance with relevant EU requirements</p> <p>Baseline: One legal act and one sub law specify HIA practice</p> <p>Target: By the end of the project core package of relevant legal acts supporting HIA practice that lead to better environmental protection prepared and agreed with relevant stakeholders</p>	<p>Legislative Herald of Georgia, LEPL www.matsne.gov.ge</p> <p>AA implementation reports</p> <p>MoIDPLHSA /NCDC Reports</p> <p>Analysis reports and recommendations</p>		

<p>Specific (Project) Objective(s)</p>	<p>The specific objective of the project is to strengthen NCDC and relevant stakeholders' institutional capacity for integration of health aspects in Health Impact Assessment evidence-based decision-making.</p>	<p>Number of HIA conducted on proposed policies, plans, or projects by NCDC</p> <p>Baseline: 2021 –0</p> <p>Target: By the end of the project at least one modelling HIA conducted for the Environmental Health risks related to Air and Drinking Water pollution</p>	<p>Project final report; MoIDPLHSA /NCDC reports</p> <p>Analysis reports and recommendations</p> <p>HIA report.</p>	<p>Safety and stability of political landscape</p> <p>Lack of sufficient support and/or means from relevant institutions</p> <p>Delays in project implementation process</p> <p>Lack of commitment from respective actors and/or decision makers</p> <p>Staff changes or/and Insufficient human resources</p>	<p>Government commitment to the fulfilment of the AA continued</p> <p>Strong support and commitment from the MoIDPLHSA ensured</p> <p>Activecollaboration between the Beneficiary, project team and stakeholder ensured</p>
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<p>Mandatory results /outputs by components</p>	<p>Mandatory Result 1. Georgian Public Health legal and regulatory framework revised in-line with the provisions of the relevant Annexes of the Association Agreement related to the environmental health, as well as taking into account Georgia's commitments towards Multilateral Environmental Agreements and other relevant international pledges (e.g. WHO Parma and Ostrava Declarations, UNECE Conventions)</p>	<p>Status of legal framework to conduct Environmental Health Impact Assessment in accordance with EU standards</p> <p>Baseline: revised HIA practice stipulated in draft legal act(s)</p> <p>Target: By the end of the project core package of EU directives/regulations supporting HIA practice adopted as Georgian standards</p>	<p>Project quarterly and final reports</p> <p>AA implementation reports</p> <p>MoIDPLHSA /NCDC Reports</p> <p>Table of concordance</p>	<p>Lack of sufficient support and/or means from partner institutions</p> <p>Lack of commitment from relevant authorities</p> <p>Delays in adopting new and /or amended regulations</p> <p>Insufficient human resources</p>	<p>Government commitment to the fulfilment of the AA continued</p> <p>Active collaboration between the Beneficiary, project team and stakeholders ensured</p> <p>Availability of all relevant documentation/information ensured</p>
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	<p>Mandatory Result 2. Institutional Capacity to Conduct Health Impact Assessment of the Environmental Health Risks under the National Center for Disease Control and Public Health Strengthened</p>	<p>Availability of training needs analyses for NCDC administration /personnel</p> <p>Baseline: 2021 – Not available Target: First 6 months of the project Training needs analysis conducted, needs identified and training plans developed</p> <p>Availability of pilot HIA done by trained NCDC personnel</p> <p>Baseline: 2021 – Not available Target: By the end of the project 1 pilot HIA is performed by trained NCDC personnel</p>	<p>Project documentation: training needs analyses, training plans, recommendation, STE mission reports, quarterly and final reports etc. MoIDPLHSA /NCDC Reports</p> <p>Analysis reports and recommendations</p>	<p>Lack of sufficient human and material-technical resources</p>	<p>Strong support and commitment from the <i>MoIDPLHSA</i> ensured</p> <p>Active collaboration between the Beneficiary, project team and stakeholders;</p> <p>Availability of all relevant documentation/information ensured</p>
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	<p>Mandatory Result 3. Capacity of relevant state authorities and other key stakeholders to ensure reliable and quality data management of Health Impact Assessment in Compliance with EU Best Practices strengthened</p>	<p>Availability of training needs analyses for relevant state authorities and key stakeholders</p> <p>Baseline: 2021 – Not available Target: Training needs identified, training plans developed within 6 months from project start</p> <p>Number of personnel from state authorities and key stakeholders in use of legal tools and procedures for conducting Health Impact Analysis</p> <p>Baseline: 2021 – 0 Target: By the end of 2022, at least 5 personnel from National Environmental Agency and at least 5 personnel from National Statistics office of Georgia</p>	<p>Project documentation (list of various meetings, list of participants from various meetings, training programmes, training materials, list of trainees)</p> <p>STE mission reports’</p> <p>Project quarterly and final reports etc.</p> <p>MoIDPLHSA /NCDC Reports</p> <p>Analysis reports and recommendations</p>	<p>Lack of sufficient support and/or means from partner institutions</p> <p>Lack of commitment from relevant authorities</p> <p>Delays in adopting new and /or amended regulations</p>	<p>Strong collaboration and involvement at all levels with all stakeholders ensured</p>
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	<p>Mandatory Result 4. A well-organized and coordinated public involvement, reporting and communication system to support Health Impact Assessment process in compliance with EU Best Practices established</p>	<p>Extent to which communication platforms/mechanisms for coordination public involvement, reporting and communication are in place</p> <p>Baseline: 2021 – NCDC/Relevant stakeholders official web-sites with communication mechanisms not in line with EU</p> <p>Target: By the end of the project communication platforms/mechanisms functional in line with EU approach</p>	<p>Project quarterly and final reports</p> <p>Educational/promotional materials</p> <p>Guidelines and supporting documents</p>	<p>Lack of interest from partner organizations</p> <p>Delays in project implementation process</p>	<p>Strong collaboration and involvement at all levels including media, governmental, educational, donor, non-governmental and private organizations ensured</p>
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<p>Sub-results component (optional and indicative)</p>	<p>1.1 National regulatory framework in Environmental Health risk assessment revised and upgraded in accordance with EU legislation.</p>	<p>Availability of legal documents required to implement HIA for the risks related to water and sanitation, air quality, climate change, chemical and radiation safety in accordance with EU standards</p> <p>Baseline: 2021 –Legal documents in the field of environmental health fully in line with EU requirements are not available Target: 2022 – Appropriate normative acts to the current regulations introducing the HIA methodology prepared and agreed with the relevant parties</p> <p>Availability of the EU compatible HIA in line with EU recommendations in terms of collecting and analysing proper data</p> <p>Baseline: 2021 – not available Target: by the end of the project the EU compatible HIA is available</p>	<p>Project documentation: legal analysis reports, institutional analysis reports, normative acts etc.</p>	<p>Difficulties related to the implementation of the upgraded legislation (technical capacities, human resources, infrastructure, culture)</p> <p>Lack of commitment from relevant authorities</p> <p>Delays in adopting new and /or amended regulations</p>	<p>Strong collaboration and involvement at all levels with all stakeholders ensured</p> <p>Government commitment to the fulfilment of the AA continued</p>
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	<p>1.2 Regulatory framework in Environmental Health risk management revised and upgraded in accordance with EU legislation</p>	<p>Status of written normative documents required to implement all legal, structural and functional changes for conducting HIA</p> <p>Baseline: 2021 – Not available Target: Normative acts prepared and agreed with the relevant parties by the end of project</p> <p>Availability of documents (guidelines, quality standards, methodologies and data collections procedures) required to conduct Health Impact Assessment in accordance with EU standards</p> <p>Baseline: 2021 – Not available Target: 2022 – Appropriate normative acts to the current regulations introducing the HIA methodology prepared and agreed with the relevant parties</p>			
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	<p>2.1 NCDC administrative structure and human capacity to conduct Health Impact Assessment Strengthened</p>	<p>Share of NCDC relevant staff capable to deal with technical as well as administrative requirements for conducting Health Impact Assessment</p> <p>Baseline: 2021 – 0 Target: About 20% of staff from NCDC environmental health department gained in-depth practical experience in conducting HIA</p> <p>Availability of HIA related team structure, roles and responsibilities (including job descriptions) among NCDC personnel</p> <p>Baseline: 2021 – Not available Target: end of 2021 - HIA team and structure is identified (including roles and responsibilities)</p> <p>Status of strategy for identification relevant public health data needed for an effective HIA implementation in accordance with EU standards</p> <p>Baseline: 2021 – Not available</p> <p>Target: By the end of 2021, the strategy is developed and all the relevant data needed for HIA implementation is identified</p>	<p>Training programs (list of trainings, participants, and recommendations)</p> <p>Study Visit’s report</p> <p>Project quarterly and final reports</p> <p>STE mission reports</p> <p>Project documentation: institutional analysis report, strategy, training needs assessment, recommendations and etc.</p>	<p>Need for additional financial, technical and human resources</p> <p>Delays in project implementation process</p>	<p>Active collaboration between the Beneficiary, project team and stakeholders ensured</p>
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	<p>2.2 NCDC technical capacity to conduct Health Impact Assessment Strengthened</p>	<p>Number of public health professionals trained and skilled in spatial/GIS data analysis</p> <p>Baseline: 2021 – 0 Target: By the end of 2022 at least 4 public health professionals trained and skilled</p> <p>Number of public health professionals trained in use of legal tools and procedures for conducting Health Impact Analysis in accordance with EU standards</p> <p>Baseline: 2021 – 0 Target: By the end of 2022, at least 5 public health professionals trained</p>			
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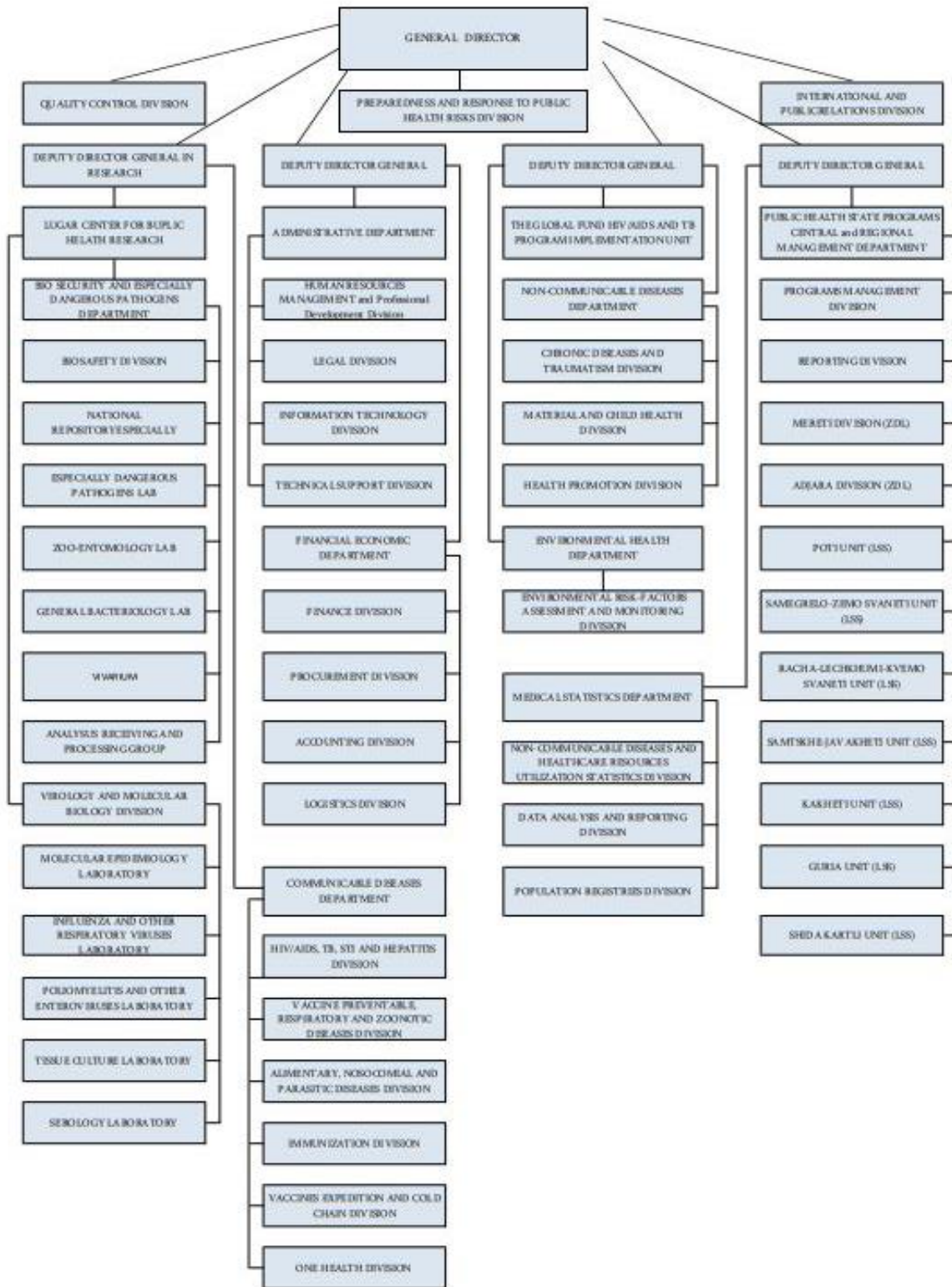
	<p>3.1 The capacity of relevant state authorities and other key stakeholders to ensure reliable and quality environment monitoring data management of Health Impact Assessment in Compliance with EU Best Practices strengthened</p>	<p>Number of personnel from state authorities and key stakeholders capable to conduct Health Impact Assessment in accordance with EU standards</p> <p>Baseline: 2021 – 0 Target: By the end of 2022, at least 5 personnel from National Environmental Agency</p> <p>Status of strategy for identification of relevant environmental data such as data on water, soil, air quality, chemical and radiology risks, and food safety needed for an effective HIA implementation in accordance with EU standards</p> <p>Baseline: 2021 – Not available Target: By the end of 2021, all environmental data needed for HIA is identified and the strategy is developed</p>	<p>Training programs (list of trainings, participants, and recommendations)</p> <p>Study Visit’s report</p> <p>Project quarterly and final reports</p> <p>STE mission reports</p> <p>Project documentation: institutional analysis report, strategy, training needs assessment, recommendations etc.</p>	<p>Lack of interest/involvement from partner organizations</p> <p>Need for additional financial, technical and human resources</p> <p>Delays in project implementation process</p>	<p>Strong collaboration and involvement at all levels with all stakeholders ensured</p>
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	<p>3.2. Capacity of relevant state authorities and other key stakeholders in providing access to reliable and quality statistical data for Health Impact Assessment in Compliance with EU Best Practices strengthened.</p>	<p>Number of personnel from state authorities and key stakeholders capable to conduct Health Impact Assessment in accordance with EU standards</p> <p>Baseline: 2021 – 0 Target: By the end of 2022, at least 4 personnel from each institutions such as National Statistics Office of Georgia, National Environmental Agency, NCDC</p> <p>Status of strategy for identification relevant population health data such as data demography, employment, mortality, social-economical parameters, education, infrastructure, etc. needed for an effective HIA implementation in accordance with EU standards</p> <p>Baseline: 2021 – Not available Target: By the end of 2021, all population health data needed for HIA is identified and the strategy is developed</p>			
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	<p>4.1. Requirements for a quality systems to maintain the highest possible standards in all aspects of public involvement, reporting and communication system to support Health Impact Assessment process in compliance with EU Best Practices developed and implemented</p>	<p>Status of a communication strategy for enhancing public involvement in Health Impact assessment process</p> <p>Baseline: 2021 – Not available Target: By the end of 2022, the communication strategy is prepared and agreed with relevant parties</p> <p>Availability of reporting structure and key issues for HIA final report in accordance with EU standards</p> <p>Baseline: 2021 – Not available Target: By the end of 2022, the reporting structure is developed and key issues for HIA final report are identified.</p>	<p>Communication Strategy and appropriate normative document</p> <p>HIA implementation manual and guideline</p> <p>Project quarterly and final reports</p> <p>Educational/promotional materials</p> <p>Memorandum of understanding</p> <p>Workshops / trainings reports</p>	<p>Delays in project implementation process</p> <p>Lack of interest from partner organizations</p>	<p>Strong collaboration and involvement at all levels including all stakeholders, media, governmental, educational, donor, non-governmental and private organizations ensured</p>
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	<p>4.2 Unified electronic platform for Health Impact Assessment results accountability to the public in Compliance with EU Best practice implemented</p>	<p>Availability of collaboration platforms between governmental entities, public and private institutions in accordance with EU best practice to share the results of HIA</p> <p>Baseline: 2021 – Not available Target: Memorandum of understanding with National Environmental Agency, National Statistics office of Georgia, Environmental Informational and educational center in place. Inter-sectoral working group established.</p> <p>Number of persons from partner institutions and all interested parties of the society involved in thematic workshops/trainings on results of Health Impact Assessment</p> <p>Baseline: 2021 - 0 Target: End of 2022 - At least 30 people involved in the thematic workshops/ trainings from partner institutions and all interested parties of the society to share the results of HIA</p>			
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Annex 2: NCDC Institutional Chart



Annex 3: List of applicable EU Directives

1. Commission Directive (EU) 2015/1787 of 6 October 2015 amending Annexes II and III to Council Directive 98/83/EC on the quality of water intended for human consumption
2. "COUNCIL DIRECTIVE 98/83/EC of 3 November 1998 on the quality of water intended for human consumption"
3. Directive 2013/39/EU of the European Parliament and of the Council of 12 August 2013 amending Directives 2000/60/EC and 2008/105/EC as regards priority substances in the field of water policy
4. DIRECTIVE 2008/105/EC OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 16 December 2008 on environmental quality standards in the field of water policy, amending and subsequently repealing Council Directives 82/176/EEC, 83/513/EEC, 84/156/EEC, 84/491/EEC, 86/280/EEC and amending Directive 2000/60/EC of the European Parliament and of the Council
5. Directive 2006/7/EC of the European Parliament and of the Council of 15 February 2006 concerning the management of bathing water quality and repealing Directive 76/160/EEC
6. "Directive 2000/60/EC of the European Parliament and of the Council of 23 October 2000 establishing a framework for Community action in the field of water policy"
7. Directive 2006/118/EC of the European Parliament and of the Council of 12 December 2006 on the protection of groundwater against pollution and deterioration.
8. Directive 2007/60/EC of the European Parliament and of the Council of 23 October 2007 on the assessment and management of flood risks.
9. Council Directive 91/271/EEC of 21 May 1991 concerning urban waste-water treatment
10. Council Directive 91/676/EEC of 12 December 1991 concerning the protection of waters against pollution caused by nitrates from agricultural sources
11. Directive 2006/11/EC of the European Parliament and of the Council of 15 February 2006 on pollution caused by certain dangerous substances discharged into the aquatic environment of the Community
12. Directive 2006/7/EC of the European Parliament and of the Council of 15 February 2006 concerning the management of bathing water quality and repealing Directive 76/160/EEC (not explicitly included in AA)
13. Commission Directive 2003/40/EC of 16 May 2003 establishing the list, concentration limits and labelling requirements for the constituents of natural mineral waters and the conditions for using ozone-enriched air for the treatment of natural mineral waters and spring waters
14. Commission Regulation (EU) No 115/2010 of 9 February 2010 laying down the conditions for use of activated alumina for the removal of fluoride from natural mineral waters and spring waters
15. Commission Directive 2014/80/EU of 20 June 2014 amending Annex II to Directive 2006/118/EC of the European Parliament and of the Council on the protection of groundwater against pollution and deterioration
16. Directive 2008/56/EC of the European Parliament and of the Council of 17 June 2008 establishing a framework for community action in the field of marine environmental policy (Marine Strategy Framework Directive) (MoENRP)
17. Directive 2013/39/EU of the European Parliament and of the Council of 12 August 2013 amending Directives 2000/60/EC and 2008/105/EC as regards priority substances in the field of water policy
18. COUNCIL DIRECTIVE 96/62/EC of 27 September 1996 on ambient air quality assessment and management (not explicitly included in AA)

19. Directive 2008/50/EC of the European Parliament and of the Council of 21 May 2008 on ambient air quality and cleaner air for Europe, as modified by Directive 2015/1480/EU
20. Directive 2004/107/EC of the European Parliament and of the Council of 15 December 2004 relating to arsenic, cadmium, mercury, nickel and polycyclic aromatic hydrocarbons in ambient air Directive 2010/75/EU on industrial emissions (IED).
21. On 7 January 2014, the IED repealed and replaced DIR 2008/1/EC on integrated pollution prevention and control (IPPC); DIR 2000/76/EC on waste incineration; DIR 1999/13/EC on activities using organic solvents and DIR 78/176/EEC, 82/883/EEC and 92/112/EEC concerning titanium dioxide production. (in AA is not explicitly included the new one)
22. On 1 January 2016, DIR 2001/80/EC on large combustion plants (LCP) was also repealed. Directive 2015/2193/EU on the limitation of emissions of certain pollutants into the air from medium combustion plants (MCP). (in AA is not explicitly included the new one)
23. Commission Decision 2011/850/EU laying down rules for Directives 2004/107/EC and 2008/50/EC as regards the reciprocal exchange of information and reporting on ambient air quality (IPR) (not explicitly included in AA)
24. Commission Decision of 17 July 2000 on the implementation of a European pollutant emission register (EPER) according to Article 15 of Council Directive 96/61/EC concerning integrated pollution prevention and control (IPPC).
25. Directive 2001/95/EC of the European Parliament and the Council of 3 December 2001 on general product safety.
26. Regulation (EC) No 1907/2006 of the European Parliament and of the Council of 18 December 2006 concerning the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH), establishing a European Chemicals Agency, amending Directive 1999/45/EC and repealing Council Regulation (EEC) No 793/93 and Commission Regulation (EC) No 1488/94 as well as Council Directive 76/769/EEC and Commission Directives 91/155/EEC, 93/67/EEC, 93/105/EC and 2000/21/EC
27. REGULATION (EU) No 528/2012 OF THE EUROPEAN PARLIAMENT AND OF THE COUNCIL of 22 May 2012 concerning the making available on the market and use of biocidal products
28. Regulation (EC) No 1272/2008 of the European Parliament and of the Council of 16 December 2008 on classification, labelling and packaging of substances and mixtures, amending and repealing Directives 67/548/EEC and 1999/45/EC, and amending Regulation (EC) No 1907/2006
29. Council Regulation (EC) No 440/2008 of 30 May 2008 laying down test methods pursuant to Regulation (EC) No 1907/2006 of the European Parliament and of the Council on the Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH)
30. Commission Delegated Regulation (EU) No 1078/2014 of 7 August 2014 amending Annex I to Regulation (EU) No 649/2012 of the European Parliament and of the Council concerning the export and import of hazardous chemicals. (not explicitly included in AA)
31. Regulation (EC) n. 882/2004 of the European Parliament and the Council and its amendments on official controls performed to ensure the verification of compliance with feed and food law, animal health and animal welfare rules. (not explicitly included in AA)
32. Commission Regulation (EC) n. 776/2006 amending Annex VII to Regulation (EC) No 882/2004 of the European Parliament and of the Council as regards Community reference laboratories. (not explicitly included in AA)
33. Commission Directive 2002/63/EC establishing Community methods of sampling for the official control of pesticide residues in and on products of plant and animal origin and repealing Directive 79/700/EEC. (not explicitly included in AA)

34. Regulation (EC) n. 396/2005 of the European Parliament and the Council and its amendments on maximum residue levels of pesticides in or on food and feed of plant and animal origin and amending Council Directive 91/414/EEC. (not explicitly included in AA)
35. Regulation (EC) No 299/2008 of the European Parliament and of the Council of 11 March 2008 amending Regulation (EC) No 396/2005 on maximum residue levels of pesticides in or on food and feed of plant and animal origin, as regards the implementing powers conferred on the Commission (not explicitly included in AA)
36. Commission Implementing Regulation (EU) 2015/595 concerning a coordinated multiannual control programme of the Union for 2016, 2017 and 2018 to ensure compliance with maximum residue levels of pesticides and to assess the consumer exposure to pesticide residues in and on food of plant and animal origin. (not explicitly included in AA)
37. Commission Directive 2006/125/EC on processed cereal-based foods and baby foods for infants and young children. (not explicitly included in AA)
38. Commission Directive 2006/141/EC on infant formulae and follow-on formulae and amending Directive 1999/21/EC. (not explicitly included in AA)
39. Regulation (EU) n. 609/2013 of the European Parliament and the Council on food intended for infants and young children, food for special medical purposes, and total diet replacement for weight control and repealing Council Directive 92/52/EEC, Commission Directives 96/8/EC, 1999/21/EC, 2006/125/EC and 2006/141/EC, Directive 2009/39/EC of the European Parliament and of the Council and Commission Regulations (EC) No 41/2009 and (EC) No 953/2009. (not explicitly included in AA)
40. SANTE/11945/2015 “Guidance document on analytical quality control and method validation procedures for pesticides residues analysis in food and feed”. (not explicitly included in AA)
41. Regulation (EC) n. 1107/2009 of the European Parliament and the Council concerning the placing of plant protection products on the market and repealing Council Directives 79/117/EEC and 91/414/EEC. (not explicitly included in AA)
42. Commission Implementing Regulation (EU) n. 540/2011 implementing Regulation (EC) No 1107/2009 of the European Parliament and of the Council as regards the list of approved active substances. (not explicitly included in AA)
43. Commission Regulation (EU) n. 546/2011 implementing Regulation (EC) No 1107/2009 of the European Parliament and of the Council as regards uniform principles for evaluation and authorisation of plant protection products. (not explicitly included in AA)
44. Commission Regulation (EU) n. 283/2013 setting out the data requirements for active substances, in accordance with Regulation (EC) No 1107/2009 of the European Parliament and of the Council concerning the placing of plant protection products on the market. (not explicitly included in AA)
45. Commission Regulation (EU) n. 284/2013 setting out the data requirements for plant protection products, in accordance with Regulation (EC) No 1107/2009 of the European Parliament and of the Council concerning the placing of plant protection products on the market. (not explicitly included in AA)
46. Directive 2009/48/EC of the European Parliament and of the Council of 18 June 2009 on the safety of toys.
47. COMMISSION STAFF WORKING DOCUMENT IMPACT ASSESSMENT Accompanying the document Council Directive amending, for the purpose of adapting to technical progress, Annex II to Directive 2009/48/EC of the European Parliament and of the Council on the safety of toys, as regards lead.
48. Regulation (EC) No 1223/2009 on cosmetic products. (not explicitly included in AA)

49. Regulation (EC) No 648/2004 of the European Parliament and of the Council of 31 March 2004 on detergents. (not explicitly included in AA)
50. COMMISSION IMPLEMENTING DECISION of 7.9.2016 granting an authorisation for some uses of lead sulfochromate yellow and of lead chromate molybdate sulfate red under Regulation (EC) No 1907/2006 of the European Parliament and of the Council. (not explicitly included in AA)
51. Directive 2009/148/EC of the European Parliament and of the Council of 30 November 2009 on the protection of workers from the risks related to exposure to asbestos at work.