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#### TECHNICAL BRIEFING

#### HEALTH IMPACT ASSESSMENT

**A tool to include health on the agenda of other sectors**

***Current experience and emerging issues in the European Region***

This document provides some background information on approaches to, and current practice in, health impact assessment. It will be used as a basis for discussion at the technical briefing on the issue that will be organized during the fifty-second session of the WHO Regional Committee for Europe.



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## A technical briefing on health impact assessment at the Regional Committee session

1. Cross-sectoral action is of crucial importance for improving health and achieving equity. It was part of the Health for All policy and is now a key element in WHO's corporate strategy and HEALTH21. Health impact assessment (HIA) is a tool to support cross-sectoral action for health, and real progress has been made in WHO's European Region in applying HIA to this end. Developments in the Region (including the European Community) have moved HIA higher up the agenda of health systems and have placed health on the agenda of other sectors. A technical briefing on HIA will be held during the fifty-second session of the Regional Committee to review approaches and current experience in HIA, outline the action taken by the Regional Office for Europe to support HIA development and look at the next steps. This paper provides background information for that briefing.

### Health and health impact assessment in a wider context

2. It is increasingly evident that achieving better health does not depend on the health services alone but requires action on a much broader front to address the determinants of ill health (1).

3. Decisions on investment strategy and employment, and indeed the policies of all sectors, affect the health of individuals and populations positively or negatively, influencing the personal, social, economic and environmental determinants of health. Health authorities do not directly control these determinants. They therefore need to promote an effective health dimension to social, economic, environmental and development policy and programmes, if they are to build healthy populations and combat ill health (2). Health professionals must then be equipped to communicate and work effectively with other sectors. HIA can play a vital part in opening this dialogue, which will put health on agendas well beyond the confines of the health sector.

4. There are a number of recent developments that pave the way for HIA to play a major role in changing how health policy is made:

- *The world health report 2000* identifies the boundaries of health systems and sets out a framework which health professionals can use to understand the interactions between health systems and the wider world. This involves the direction and coordination of intersectoral action for health by ministries of health (3).
- The WHO Commission on Macroeconomics and Health makes explicit the links between health and development and demonstrates that health is both a precursor to economic growth and a result of it (4).
- In Article 152 of the Amsterdam Treaty, the European Community has made a commitment to ensuring "a high level of health protection ... in the definition and implementation of all Community policies and activities" (5).
- The European Commission is now piloting HIA and is launching integrated impact assessment as a tool to improve the quality and coherence of policy development processes and achieve sustainable development (6).
- The development and wide acceptance of environmental impact assessment (EIA), as a way to ensure that environmental concerns are picked up in mainstream policy decisions, offer an example of how to systematically implement HIA and suggest procedures and institutional frameworks for doing this (7).
- The negotiations on a protocol on strategic environmental assessment (SEA) to the Convention on Environmental Impact Assessment in a Transboundary Context (the Espoo Convention), are involving representatives of ministries of health, in order to include consideration of the health impacts of policies and developments subject to SEA (8).

## What is HIA, and what is its added value?

5. HIA is “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population (9)”. HIA, particularly of non-health policies, is a key tool for facilitating cross-sectoral action to promote health and reduce inequalities, not only within countries but also across international borders.

6. HIA provides a structured framework to map the full range of health consequences of any proposal, whether these are negative or positive. It helps clarify the expected health implications of a given action, and of any alternatives being considered, for the population groups affected by the proposals. It allows health to be considered early in the process of policy development and so helps ensure that health impacts are not overlooked. It also creates an opportunity for planners to mitigate unintended and negative health impacts from those policies and to enhance positive ones. Its benefits include:

- extending the protection of human health and reducing the burden of ill health;
- enhancing the coordination of action to improve health across various sectors;
- promoting greater equity in health;
- eliminating the costs (transferred to the health care sector) of treating the health consequences of non-health policies that have been overlooked during planning and development; and
- offering the potential to reallocate the resources freed up by using an integrated approach to policy development.

7. HIA can therefore help health authorities discharge their statutory function of protecting and promoting public health. It is not, however, intended to be a means of insisting that health considerations take primacy over all others (10). Instead it recognizes the need to balance priorities and, where necessary, to make trade-offs between objectives. But it does make explicit the health implications of any such trade-offs.

## Features of HIA

8. HIA makes use of existing knowledge, both quantitative and qualitative, about health determinants and how these may be influenced by the policy decisions at stake. This information is used within a systematic framework to estimate the expected impacts on people’s future health of decisions being considered now, with the clear aim of improving policy-making. It provides a structured approach and is as rigorous as possible, but it does not generate absolute answers.

9. HIA includes the perspectives and opinions of the groups involved in and affected by the decisions. It considers their perspectives and questions when setting the boundaries of the assessment, and it communicates its findings back to these groups. It is therefore a participatory process, which facilitates stakeholder involvement and open debate about policy options.

10. HIA requires multidisciplinary skills, to engage with different sectors, to enable data to be interpreted and inferences drawn, and to reconcile competing demands within existing resource constraints. Most importantly, it is flexible. HIA needs to be “fit for purpose”, so the level of detail and methods of assessment used are tailored to the particular policy decision being made: HIA should be adapted to ensure its usefulness for policy-making.

## How to implement HIA: process, stages, choices

11. The HIA process has five main stages; these can be sequential but may sometimes be iterative, and they can be adjusted to meet local needs. They ensure a coherent and systematic approach to HIA. The stages are (11):

1. **screening**, to quickly establish whether a particular policy, programme or project is relevant to health. This assessment may involve the use of check-lists or other tools. It will flag up if there is a need for a more detailed assessment;
2. **scoping**, to identify the relevant health issues and public concerns that need to be addressed during appraisal. It generates questions, maps out possible connections, sets the boundaries and the terms of reference for the appraisal;
3. **appraisal**, to identify and when possible quantify the potential impacts on health and wellbeing in the context of available evidence and the knowledge, experience and opinions of stakeholders. It can be a **rapid** or an **in-depth appraisal**, depending on the level of detail and quantification needed to inform the policy decision, and may include mitigation and health promoting measures;
4. **reporting**, i.e. communicating with stakeholders about the expected impacts on health and about how the policy, programme or other development could be modified to minimize negative and maximize positive impacts;
5. **monitoring** of compliance with recommendations and of expected health impacts following the implementation of the policy or programme. This allows the existing evidence base to be expanded.

## Ensuring HIA is implemented in a timely manner

12. To be useful, HIA has to be timely. It should be carried out early in the policy-making process, at a time when health considerations can still influence the decisions at stake, and when mitigating measures are easiest and more feasible to take.

13. Policy-makers are under time pressure, however, and this can militate against the consideration of health impacts in policy formation. One of the challenges facing HIA is therefore to ensure institutionalization, or the setting-up of mechanisms that will ensure health questions are asked when the decisions are still being considered and as part of routine policy-making. The European Region's experience of HIA and environmental impact assessment (EIA) shows this is an effective way of "mainstreaming" health and environment concerns into other policies.

14. Another strength of HIA is that it can respond to demands at short notice and rapidly feed in the evidence required, at a time when the imperatives to reach a decision make in-depth or lengthy analysis impractical.

15. Although HIA is applied prospectively, similar methodologies can be used for evaluating the health impacts of policies or projects concurrently with their implementation; this helps identify the true nature of health impacts in circumstances where they have been anticipated but could not be characterized. Audits and evaluations also use similar methods retrospectively, to assess the health consequences of a development that has already been implemented.

## Resourcing and supporting HIA

16. The resources and inputs for an HIA need to match the circumstances and questions raised by the policy decisions being considered. Evidence about health determinants and risks is often gathered internationally, while the interests of stakeholders are assessed locally. Mitigation strategies can be

inspired by similar policy decisions taken elsewhere, and by information on the cost–effectiveness of different interventions. HIA practitioners need to combine these resources with synthesis and communication skills. National or local health authorities are influential stakeholders and can be key advocates of establishing HIA as a routine process. International bodies also have a role to play in facilitating access to tools, communicating examples of good practice, and providing evidence of health impacts, as well as in advocacy and capacity-building.

## Enabling HIA

17. Advocates of HIA will benefit from understanding the factors that inhibit the take-up of HIA. These include: vertical government structures; lack of awareness of health by other sectors, and the idea that health is strictly the responsibility of the health sector; competing demands for time; confusing jargon; gaps in the evidence about the interrelationships between policy areas; and a static organizational culture. Those advocates can then promote factors that will help to overcome obstacles, such as fostering political commitment and leadership; recognizing health as a high-level objective; identifying those institutional structures that HIA requires; establishing arrangements for the implementation of HIA, as well as systems and processes that encourage links across departments and functions; and giving examples of successful practice (12).

## Ongoing approaches to implementing HIA

### Developments in Member States

18. HIA is being applied in Europe at project and strategic (policy-making) levels. A range of tools and approaches has been developed to respond to both these needs. HIA is being applied at the strategic level in the Netherlands, where tools have been developed for making HIA’s high-level decisions (e.g. on the budget, proposed legislation, government platforms). Wales has linked health promotion to the decisions of the Welsh Assembly and has been using HIA to assess projects using structural funds. Sweden has trained local government politicians to ask for HIA and civil servants to carry out HIA of local policies. It has also produced tools for its implementation at local level, and is now developing tools for HIA of national decisions. Finland is developing human impact assessments, which include assessment of health impacts within a wider social framework, while Slovenia is now developing HIA of national agriculture and food policies to inform decision-making and investments in the area as it accedes to membership of the European Union (EU). A number of central European countries, including Poland and Lithuania, are moving their resources and focus from environmental health impact assessment to HIA, building on their previous experience and focusing on HIA of projects. The Government of the United Kingdom has stimulated the development of tools, methods and applications of HIA for a variety of decisions and has gained good experience with HIA of transport and urban regeneration policies and projects. A collaborative project has recently been started to develop HIA of EU policies.

### Technical assistance provided by WHO

19. The European Centre for Health Policy in Brussels (<http://www.euro.who.int/echp>) has documented several European HIA experiences in “Policy Learning Curve” papers. Its work on the Göteborg Consensus brought agreement on the definition of HIA and a description of current approaches. It has also produced reviews of the theory and practice of institutionalizing HIA, and it continues to maintain a network of key experts.

20. The WHO European Centre for Environment and Health in Rome has brought together the evidence on health impacts of transport and land use policies (accessible from <http://www.euro.who.int/transport>) and is preparing guidelines on HIA of transport policies, on the health impacts of increasing walking and cycling for transport, and on the economic valuation of those health



impacts. A manual on HIA and capacity-building for HIA is also being prepared (and will be accessible from <http://www.euro.int/healthimpact>), and guidelines are being drawn up for HIA of climate change and its adaptation strategies (13). Models for integrated risk assessment of certain policies are also under preparation in Rome and can be a useful contribution to HIA. Staff in Rome are collaborating with Slovenia to develop and implement tools for HIA of agriculture and food policies, and they have been working (together with a group of Member States led by the Czech Republic) to include HIA in the protocol on strategic environmental assessment to the Espoo Convention.

**Implementing HIA as part of strategic environmental assessment.** WHO has been working with Member States to build on the progress made in environmental impact assessment (EIA) and now in strategic environmental assessment (SEA). Health is a formal component in environmental assessments, but it is currently not being adequately addressed. WHO is advocating a strategic investment by the health sector in developing an effective HIA component for SEA (14). This should produce large public health benefits. It will also allow HIA to “piggy-back” on the public awareness of impact assessment generated by the environmental lobby, and to exploit the legal and institutional arrangements already in place for EIA and SEA. Since EIA and SEA are widely accepted and implemented, working through them could facilitate large-scale implementation of HIA without demanding significant additional resources.

21. The different approaches to implementing HIA are part of its strength; they are part of its ability to engage pragmatically with other sectors to influence wider policy-making in practice. HIA allows for these different approaches, as illustrated by the range of current experiences in Europe.

**Other terms for HIA.** Not only are there different approaches to HIA, there are also different ways of describing it, such as community-led health impact assessment or health inequalities impact assessment. Sometimes it is developed along with other impact assessments, as in human impact assessment or social impact assessment. There have recently been moves to expand this scope further, to incorporate the environment, employment, gender and other social concerns into integrated impact assessments. These are not at odds with each other or with HIA. All share a basic purpose, which is to allow the impact of different policies to be considered at the same time and to ensure that one of the themes reviewed is people’s health. The framework presented here for HIA will contribute to each of these impact assessments.

## Points for discussion at the briefing during the Regional Committee session

1. What are the key challenges faced by Member States in implementing cross-sectoral action for health, and how can HIA help address some of those challenges?
2. To reap the potential health benefits of HIA, health systems need to focus on its implementation, developing their capacity to carry it out and assess its effectiveness, as is the case with any other health intervention.
  - What are the main constraints on/concerns with the implementation of HIA at national and local levels?
  - What are the necessary national and international inputs and how can they support each other?
3. Evaluation of ongoing experience, including that of the costs and effectiveness of HIA in different circumstances, should continue and be further expanded, as it provides the evidence base on which future cross-sectoral policy-making depends.
  - How can we ensure that the cost and effectiveness of HIA are worked out, documented and shared?

- How can we disseminate the experience already gained with HIA in a way that is understandable by potential users, such as decision-makers?
4. How can we secure the appropriate resources for HIA, including the development of tools for HIA and its evaluation, capacity-building, and dissemination of experience?
  5. Should HIA become a feature of the planning and development of bilateral projects supported by European Member States in developing countries?

## Conclusions

22. The increasing use of HIA in the Region and the development of different aspects of and approaches to HIA are major steps forward in the practical implementation of cross-sectoral policies.

23. HIA can play a key role in promoting health, not only through policies at local level but also in strategic decisions. It is relevant to EU policy-making, to Member States tackling the challenges of restructuring their economies and to accession countries.

24. It is simpler and more effective to apply HIA early in the policy-making process, while policy or project decisions have not yet been taken. Mechanisms to ensure that this happens are therefore essential for the success of HIA.

25. HIA can be influential as part of SEA or within integrated assessments or as a stand-alone initiative.

26. The different approaches to implementing HIA are part of its strength; they are part of its ability to engage pragmatically with other sectors to influence wider policy-making in practice.

27. The WHO Regional Office for Europe, through its teams in Rome and Brussels, has contributed to developments at these different levels of action and has been a key player in developing and promoting evidence-based tools for HIA. The teams will continue to support a range of strategies, to develop tools and to build up networks, in order to ensure that public health gains can accrue from non-health policies, programmes and investments.

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Annex 1

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USEFUL WEB SITES:

At the WHO Regional Office for Europe:

<http://www.euro.who.int/healthimpact>

<http://www.euro.who.int/echp>

<http://www.euro.who.int/transport>

<http://www.euro.who.int/globalchange>

At WHO Headquarters:

<http://www.who.int/hia> (currently being developed)

In WHO Member States:

<http://hia.hda-online.org.uk/>

<http://www.ihia.org.uk/>

<http://www.hiadatabase.net/>

<http://www.hc-sc.gc.ca/ehp/ehd/oeha/hia/>