

Health Impact Assessment

Experience and views of WHO-EURO on the use of HIA as part of environmental assessments at the project and strategic level

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Why HIA?

- Increasing awareness of complex “web of causation” to health
- Limitations in traditional risk assessment paradigm to inform decision making in E&H
- Growing demand for evidence based policy (in general and health-wise)

HIA and EIA

- EIA provided opportunity for HIA (methodology and legislation)
- Health implications often overlooked (e.g., compliance with environmental quality standards)
- HIA developed independently
- Typical application: project level (urban development, waste management, airports, industrial facilities, infrastructure,...)

HIA at strategic level

- Move from “environment” to sustainable development – “upstream” determinants
- Strong political drive (e.g., art 152, London Declaration)
- Strategic, sectoral level of increasing interest
- Still few applications address health in a comprehensive way

What determines health?

Pre-conceptual/ in-utero	Maternal nutrition, health during pregnancy
Behaviour/ lifestyle	Diet, smoking, exercise, risk taking behaviour
Psycho-social environment	Community networks, culture, social exclusion
Physical environment	Air, water, housing, transport, noise.
Socio-economics	Employment, education, training.
Public services	Transport, shops, leisure, health & social services.
National Public Policy	Economic, welfare, crime, health policies
European and Global issues	EU policy, World Trade Organisation, tobacco, food and pharmaceutical companies

NB: Broad model of health

Strategic level HIAs

- Employment policy of EU
- Agriculture
 - CAP in Slovenia
 - Direct involvement of government
 - Resulted in influential outcome
- Transport
 - Scoping
 - Methodology and tools for integrated modelling

HIA agriculture in Slovenia

- Fruit and vegetable regime
 - CAP: prices of locally grown produce will increase
 - Potential to promote rural development
- Dairy regime
 - CAP: will increase fat content of milk, increased disposal of butter fat
 - EU school milk programmes
- Wine regime
 - Organise register of wine growers to meet EU standard

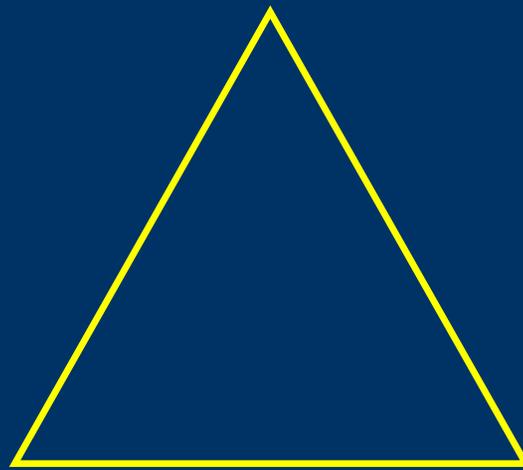
Cause	Reference PM10 level: 30µg/m ³		Reference PM10 level: 20µg/m ³	
	Attr prop (%) (95% CI)	Nr attr cases	Attr prop (%) (95% CI)	Nr attr cases
Mortality (Adults aged 30+, excluding accidental causes)	4.7 (1.7, 7.5)	3 472	7.0 (2.6, 10.9)	5 108
Hospital admissions for CVD causes	1.7 (1.2, 2.5)	2 710	2.6 (1.7, 3.7)	4 057
Hospital admissions for respiratory disease	3.0 (2.5, 3.7)	1 887	4.5 (3.7, 5.5)	2 803
Acute bronchitis (aged <15)	28.6 (18.4,32.9)	31 524	36.3 (25.1, 39.7)	40 036
Asthma exacerbation (aged <15)	8.7 (8.1, 9.2)	29 730	12.5 (11.7, 13.3)	42 870
Asthma exacerbation (aged 15+)	0.8 (0, 1.5)	11 360	1.2 (0, 2.3)	17 047
Restricted activity days (aged 20+)	14.3 (12.5, 15.9)	2 702 461	20.0 (17.7, 22.1)	3 776 387
Occurrence of respiratory symptoms	11.3 (3.7, 16.0)	10 409 836	16.1 (5.5, 22.2)	14 788 287

Positive results of the HIA process

- Provides a mechanism for health to inform decision making
- Improves inter sectoral working
- Encouraging public participation in decision making
- Influences decisions

3 dimensions to HIA

Estimating impacts



Influencing decision
making process

Involving
stakeholders

Current challenges in HIA

- Balancing needs, resources and goals
- Identify and develop appropriate evidence base
- Methodology
- Evaluation of effectiveness and monitoring
- Attract institutional support
- Managing expectations
- Managing multidisciplinary efforts
- Building capacity

Strategic level

- Social dimension often crucial
- Social determinants of health often outweigh other determinants, e.g. of bio-physical environment
- Interactions
- When assessing changes in broad policies, consequences can be far-reaching

What does the SEA protocol mean for HIA

- Promote a greater integration of HIA and SEA procedures and practice
 - Exchange and consolidation of frameworks and approaches for HIA and SEA
 - Map and clarify overlaps in the determinants of health and environment, identify main points of contact
 - Compare HIA and SEA practice, what is considered by both, added value of bringing them together

SEA protocol and HIA

- A key step in the institutionalization of HIA
- A legally binding framework
 - Expected to catalyze the development of methodological tools and institutional mechanisms
 - Expected to facilitate the allocation of resources and investments in capacity building
- Builds on existing mechanisms and frameworks
 - Synergies with EIA/SEA
 - Uses the same administrative and follow-up mechanisms
 - Facilitates cross-sectoral collaboration and integration along with environmental concerns

Next steps

- WHO strongly committed to HIA and related approaches
- Stronger link between health and environment desirable – SEA protocol provides an opportunity
- Methodological work and applications needed
- Further promote multidisciplinary culture
- Achieve through capacity building
- Budapest Conference, June 2004