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?

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

**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
<table>
<thead>
<tr>
<th>Cause</th>
<th>Reference PM10 level: 30µg/m³</th>
<th>Reference PM10 level: 20µg/m³</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Attr prop (%) (95% CI)</td>
<td>Nr attr cases</td>
</tr>
<tr>
<td>Mortality (Adults aged 30+, excluding accidental causes)</td>
<td>4.7 (1.7, 7.5)</td>
<td>3 472</td>
</tr>
<tr>
<td>Hospital admissions for CVD causes</td>
<td>1.7 (1.2, 2.5)</td>
<td>2 710</td>
</tr>
<tr>
<td>Hospital admissions for respiratory disease</td>
<td>3.0 (2.5, 3.7)</td>
<td>1 887</td>
</tr>
<tr>
<td>Acute bronchitis (aged &lt;15)</td>
<td>28.6 (18.4, 32.9)</td>
<td>31 524</td>
</tr>
<tr>
<td>Asthma exacerbation (aged &lt;15)</td>
<td>8.7 (8.1, 9.2)</td>
<td>29 730</td>
</tr>
<tr>
<td>Asthma exacerbation (aged 15+)</td>
<td>0.8 (0, 1.5)</td>
<td>11 360</td>
</tr>
<tr>
<td>Restricted activity days (aged 20+)</td>
<td>14.3 (12.5, 15.9)</td>
<td>2 702 461</td>
</tr>
<tr>
<td>Occurrence of respiratory symptoms</td>
<td>11.3 (3.7, 16.0)</td>
<td>10 409 836</td>
</tr>
</tbody>
</table>
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