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**Report of the Workshop -
An introduction to Health Impact
Assessment:
Goals, methods, resources**

Tallinn, Estonia, 16-17 May 2006

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English only**

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CONTENTS

EXECUTIVE SUMMARY	3
1.0 BACKGROUND	6
1.1 Purpose of the report	6
1.2 HIA in the EU context	6
1.3 What is Health Impact Assessment?	8
2.0 ABOUT THE WORKSHOP	10
2.1 Objectives of the workshop	10
2.2 Workshop participants	10
2.3 Resources provided during the workshop	10
2.4 Evaluation of the workshop	11
3.0 HIA METHODOLOGY	12
3.1 Screening	12
3.1.1 Feedback from workshop group exercises	13
3.2 Scoping	13
3.3 Appraisal	14
3.3.1 Feedback from workshop group exercises	15
3.4 Reporting and decision-making	16
3.5 Monitoring and evaluation	16
4.0 POLICY PERSPECTIVES ON HIA IN ESTONIA AND OTHER EU CONTEXTS	17
4.1 Health in all policies: views from the EU Presidency	17
4.2 About the Estonian health system	18
4.3 Estonia: impact assessments on the field of chemical safety and REACH regulation	21
4.4 Estonia: HIA implementation at municipality level	22
4.5 HIA in Lithuania	22
5.0 DISCUSSION	25
5.1 Rapid or full level of assessment required	25
5.2 Choosing what policy or legislation to use as the basis for HIA	25
5.3 Retrospective, concurrent or prospective HIA	25
5.4 Who carries out HIA?	25
5.5 National, regional or local level HIA	26
5.6 HIA in the context of other impact assessment methodologies	26
5.7 Future mandate for HIA	27
REFERENCES	28
APPENDIX 1 – Workshop Programme	30
APPENDIX 2 – List of Participants	31

LIST OF TABLES AND FIGURES

TABLES

Table 1: Summary of Tallinn HIA workshop evaluation	11
Table 2: Summary of potential formats and content for HIA screening tools	12
Table 3: Summary of report back from group exercise on HIA screening tools	13
Table 4: Summary of HIA scoping tools and the types of questions required	14
Table 5: Summary of responses from group exercise on HIA appraisal stage	15
Table 6: Summary of the roles of key health policy agencies in Estonia	18
Table 7: Summary of health statistics available in Estonia	20
Table 8: Potential stakeholders involved in HIA stages (Mindell, Ison & Joffe, 2003)	26

FIGURES

Figure 1: The EU basis for assessing health impacts of non-health sector policies	7
Figure 2: The national housing strategy – an example policy-level HIA in Lithuania	23

EXECUTIVE SUMMARY

The report documents the content and outcomes of a workshop held on Health Impact Assessment (HIA) in Tallinn, Estonia on 16 and 17 May 2006.

What is Health Impact Assessment?

A commonly accepted definition for Health Impact Assessment (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. (WHO, 1999, p. 4)

Some of the underlying principles of HIA include a desire to address the determinants of health, many of which are influenced by policy decisions made outside of the health sector. HIA involves working with a range of decision-makers and stakeholders to support the building of healthy public policy.

About the Workshop

The World Health Organization is committed to the principles of HIA and as a result undertakes a number of activities to support its implementation across member states. This includes capacity building workshops in countries that have expressed an interest in HIA.

The objectives of the workshop were to:

- Get common understanding of HIA and sharing experience of how this is used for policies and strategies in European countries.
- Have input to develop strategy for HIA implementation in Estonia.
- Share evidence from different levels of HIA (policy support and research).

Officials from Estonia participated in the workshop with the representatives from the WHO Regional Office for Europe and invited experts facilitating. Overall participants found the workshop useful, in particular the practical examples of HIA which were presented.

HIA Methodology

Consistent with the Gothenburg Consensus Paper (WHO, 1999), the workshop presented six stages of HIA methodology:

- **Screening** is a preliminary assessment to see if the project or policy is likely to pose any significant health questions and to whether a health impact assessment should proceed.
- **Scoping** is the process of outlining the possible hazards and benefits and identifying the questions that must be asked in the assessment process.
- **Risk appraisal** can be described as the characterisation of the nature and magnitude of harmful and beneficial factors.
- The **report writing** stage follows the appraisal stage. The report should provide a summary of information analysed during the screening, scoping, and appraisal stage.
- Follow the preparation of a report, the HIA process can then transition to the **decision-making** stage.
- **Monitoring and evaluation** should occur on how the HIA was implemented, the impact of the HIA in terms of decision making, and how health effects are going to be monitored when the policy, programme, or plan is implemented.

Policy Perspectives on HIA in the EU Context

Views from the EU

Health in All Policies (HiAP) is one of the priorities in the Finnish EU Presidency that begins on 1 July 2006. Underpinning HiAP is the examination of the determinants of health, many of which are influenced by social, economic, environmental, and cultural policies that lie outside of the health sector. The focus of HiAP is on building healthy public policy.

The Estonian health system

Merging the health, social welfare and labour ministries, the Ministry of Social Affairs was created in 1993. Public health is one of three policy areas within the health care division. Since 2003, the health care division has been subdivided into three administrative departments: the Health Care Department (responsible for health care, investment and drug policy), the Public Health Department (responsible for public health policy, prevention programmes and health protection legislation), and the Health Information and Analysis Department. The Ministry's health care division also coordinates the activities of the four subordinate health agencies including the Health Protection Inspectorate and the National Institute for Health Development. Further, there are three new policy mechanisms (guidelines for preparation of draft legal acts, draft guidelines for socio-demographic impact assessment, and new environmental impact assessment and environmental management law) that provide potential opportunities for implementation of HIA within Estonia.

Chemical safety regulations and HIA

Impact Assessment, including HIA, has an important function in Estonia's response at an EU and national level to chemical safety regulation. In particular, the purpose of the REACH regulation is to ensure a high level protection of health (both workers and the general public) and the environment as well as the free circulation of substances as goods on the EU market.

HIA at the municipal level

Although municipalities have a role in coordinating local disease prevention and health promotion activity, there are significant barriers to the implementation of HIA at the local level in Estonia. These barriers include a lack of political knowledge and understanding about health and HIA, health is not viewed as a priority among the range of responsibilities that municipalities have to carry out, and there is limited data available at municipal level to support the analysis required during an HIA.

HIA in Lithuania

In another Baltic country, Lithuania, there has been substantial progress on implementing HIA, and this experience was thought to be useful for Estonia. HIA was introduced and promoted in Lithuania through a number of capacity building activities, adopting a 'learning by doing' approach through implementation of HIA at a policy level, and the implementation of legal and regulatory requirements relating to HIA.

Discussion Points

A number of discussion points were raised during the workshop.

- Decisions around the level of assessment required (for example a rapid assessment or a more robust assessment) can be made during the screening and scoping stages of HIA.
- There are a number of instruments that can be applied to achieve policy goals including economic, regulatory, and educational and behaviour change measures. HIA can apply to any of these policy instruments.

- There are three types of timing relation to HIA – prospective, concurrent, and retrospective. The decision on the timing of the HIA will depend on the outcome of the screening and scoping stages.
- A number of stakeholders are involved in different stages of HIA. Stakeholders can be drawn from public, private, and voluntary sectors as well as the communities or population groups affected.
- HIA methodology can be applied at international, national, regional and local levels, with research suggesting that currently most HIAs occur at a local level.
- There is currently debate among both experts and practitioners about the nature of the relationship between HIA and other forms of impact assessment such as Environmental Impact Assessment, Environmental Health Impact Assessment, Strategic Environmental Assessment, and Social Impact Assessment.
- Generally HIA is applied in an ad hoc manner. However, HIA can be implemented through a number of mechanisms including legal requirements for EIA, requirements for the consideration of social, economic, and environmental impacts, and legal requirements for HIA itself.

1.0 BACKGROUND

This section of the report provides some context for the Health Impact Assessment (HIA) workshop held in Tallinn, Estonia in May 2006. In particular, this section briefly discusses the place of HIA within the EU, a definition of HIA, and how HIA is related to the development of healthy public policy.

1.1 Purpose of the report

The report documents the content and outcomes of a workshop held on Health Impact Assessment (HIA) in Estonia. It is anticipated that this report will inform future work on HIA in Estonia as well as provide supporting information to other countries who may be considering the use of HIA. The report will also assist in documenting the capacity building activities being carried out on HIA by the WHO Regional Office for Europe and its collaborating partners.

1.2 HIA in the EU context

It is now commonly agreed by researchers and decision-makers that there are many factors that determine the health of individuals and communities. Some of these factors are the responsibility of the health sector, such as the provision of health care services. However, many of the factors that protect and promote the health of populations are strongly influenced by the policies and actions of sectors outside of the health sector. For example, there is a strong relationship between the physical environment and health outcomes (for example, air quality and water quality) and often these issues are managed by environmental agencies. There is also evidence to support causal links between socioeconomic conditions and health outcomes. The relationship between health and socioeconomic position is often measured by income and education levels as well as occupational class and employment status. This further emphasises the need for the health sector to work with other agencies to protect and promote health. The expansion of the European Union from 15 to 25 countries raises some important public health issues. For instance, there are issues of scale. The EU surface area has increased by 34% and its population by 28% (McKee and Nolte, 2004). There are also substantial differences in economic and social development between EU countries; this has led to significant public health issues such as the life expectancy differences between EU countries.

It is with this picture in mind that *Health in All Policies* (HiAP) has been prioritised during the Finnish Presidency of the EU which will take place for six months from 1 July 2006¹. This component of the Finnish Presidency recognises that many sectors need to be involved in policy development and implementation processes in order to protect and promote health. This intersectoral approach mirrors one of the underlying principles of Health Impact Assessment. It also reflects the commitment in EU treaties of a high level of health protection across all community policies (see Figure 1 below). It is anticipated that HiAP will contribute to the building of healthy public policy across the EU.

¹ For more information on the Finnish Presidency, see www.eu2006.fi

Figure 1: The EU basis for assessing health impacts of non-health sector policies

Impact assessment methodologies are applied at the level of the EU and individual member states. The first European directive on environmental impact assessment (EIA) was adopted in 1985. There is also experience with social impact assessment, sustainability assessment, and integrated impact assessment. The last of these has been developed in the context of the complex challenge of identifying the implications of long range trans-border pollution and entails the integration of many diverse sources of data. A legal basis for assessing policy health impacts emerged in article 129 of the Maastricht Treaty (1993) and remained in article 152 of the Amsterdam Treaty (1997). Article 129 on public health stated that 'health protection shall form a constituent part of the Community's other policies'. However, as article 129 precluded harmonising legislation it had little influence on policy within member states. It also did little to foster an intersectoral approach to policy at a European level as despite the intentions of article 129 the means to carry it out are lacking. Article 152 of the Amsterdam treaty (ratified in 1999), stated that 'a high level of human health protection shall be ensured in the definition and implementation of all community policies and activities'.

(Lock and McKee, 2005: 357)

The World Health Organization has a strong commitment to Health Impact Assessment, particularly within the European region, and as a result continues to lead a number of initiatives on HIA. These activities are often undertaken with collaborating partners such as universities, government departments, and HIA practitioners. Examples of action include:

- Refinement of methodological approaches and how they can be applied.
- Capacity building activities within member states.
- Evaluation of HIA effectiveness.
- Promotion of intersectoral and multidisciplinary approaches.

The implementation of HIA methodology has had significant uptake in countries such as the United Kingdom, Canada, Australia, and New Zealand. Many of these completed HIAs are available electronically (see <http://www.hiagateway.org.uk/>).

Significant resources are being allocated towards building policy capacity in new EU member and accession countries. An example of this in the area of Health Impact Assessment is the HIA-NMAC project². The focus of this project is to strengthen existing capacity in new member and accession countries. Another project is looking at the effectiveness of HIA within the European context³.

In addition, recent work by Lock and McKee (2005) documents that there is already HIA activity underway in new member states. Section 4 of this report highlights more recent initiatives in Estonia and Lithuania taken to promote HIA. The progress of HIA implementation in the Central and Eastern Europe region has also been described (Gulis, 2004). Specific EU policies, such as the Common Agricultural Policy (CAP), have also provided a focus for HIA activity (see Lock et al., 2004). The need to 'raise the stakes' of putting health on the agenda of a range of policy makers is becoming increasingly relevant within the European context. For example, in a recent study on the sociodemographic patterning of health in Estonia, Latvia, Lithuania, and Finland, Helasoja et al. (2006) conclude that:

² For more information on this project see <http://www.hia-nmac.sdu.dk/>.

³ For more information on this project see http://www.euro.who.int/observatory/Studies/20040310_1

... The Baltic countries share a similar sociodemographic patterning of health with most European countries, i.e. the lower educated have worse health. Policy makers should take seriously the growing challenge of large inequalities in health (Helasoja et al., 2006, p. 19).

HIA is also supported within the EU context through the Protocol on Strategic Environmental Assessment⁴. Strategic Environmental Assessment (SEA) is a further development on Environmental Impact Assessment (EIA). While EIA has traditionally focused on the physical environment (air, water and soil issues for instance), the SEA Protocol promotes a broader view by referencing both the environment and human health. The Protocol provides a valuable opportunity for protecting and promoting health across sector-wide policies. The application of human health considerations within SEA is still in its infancy and the WHO and other agencies are working collaboratively to increase knowledge and capacity in this area.

1.3 What is Health Impact Assessment?

A commonly accepted definition for Health Impact Assessment 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. (WHO, 1999, p. 4)

This definition is articulated in the Gothenburg Consensus Paper (WHO, 1999). This consensus paper also describes the values (listed below) and stages of a HIA (more full discussed in section 3 of this report).

- **Democracy**, emphasising the right of people to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their life, both directly and through the elected political decision makers.
- **Equity**, emphasising that HIA is not only interested in the aggregate impact of the assessed policy on the health of a population but also on the distribution of the impact within the population, in terms of gender, age, ethnic background and socioeconomic status.
- **Sustainable development**, emphasising that both short term and long term as well as more and less direct impacts are taken into consideration.
- **Ethical use of evidence**, emphasising that the use of quantitative and qualitative evidence has to be rigorous, and based on different scientific disciplines and methodologies to get as comprehensive assessment as possible of the expected impacts.

Recent dialogue on the role of HIA has revolved around a desire to build healthy public policy. The Finnish Presidency is a clear example of this type of commitment. The term ‘healthy public policy’ was formalised in the 1980s by the World Health Organization (Milio, 2001), particularly through its articulation in the Ottawa Charter for Health Promotion (WHO, 1986). As a starting point for discussion, the following definition of healthy public policy has been proposed:

Healthy public policies improve the conditions under which people live: secure, safe, adequate, and sustainable livelihoods, lifestyles, and environments, including housing, education, nutrition, information exchange, child care, transportation, and

⁴ For more information on the SEA Protocol, see http://www.unece.org/env/eia/sea_protocol.htm

necessary community, and personal social and health services. Policy adequacy may be measured by its impact on population health. (Milio, 2001, p. 622)

This working definition is consistent with the definition of health promoted by the World Health Organization (WHO, 1946).

Health Impact Assessment is an approach that assists with meeting two generally agreed conditions for healthy public policy:

- The health consequences of different policy options have to be correctly predicted.
- The policy process has to be influenced so that health consequences are considered (Kemmer, 2001).

Although the term Health Impact Assessment is relatively new, the ideas underlying it are not as “policy makers have always intended outcomes for the policies and frequently those outcomes embraced improvement in the health and wellbeing of populations” (Kemmer, 2001, p. 80). The HIA process needs to be integral with the policy-making processes and that if policies and legislation are to contribute to a high level of health protection, the main objective is to put health considerations high on the agenda of policy makers (Hubel & Hedin, 2003).

Health Impact Assessment has emerged to support intersectoral decision-making for healthy public policies (Bekker, Putters & van der Grinten, 2004). HIA offers a practical means to increase the level of cooperation between health and other sectors to improve population health (Cole et al., 2005). Within the European Union, one of the initial advantages of using HIA appears to be a strengthened understanding among policy makers of the interactions between health and other policy areas (Lock & McKee, 2005). More broadly, it is commented that:

Awareness raising amongst decision-makers and establishing dialogues between stakeholders are also positive outcomes of the health impact assessment process, which indirectly feed into decision-making. It is paramount that these wider benefits and indirect links to decision-making continue to accrue and are recognized in the health impact assessment literature. (Elliot & Francis, 2005, p. 756)

Health Impact Assessment aims to influence the decision-making process in an open and structured way (Lock, 2000). However, much still remains to be done before evidence-based policy making can become a reality (Scott-Samuel, 1996). For example, gathering evidence on whether HIA is an effective tool for policy-makers and balancing quantitative and qualitative evidence against the experience of policy-makers and stakeholders.

2.0 ABOUT THE WORKSHOP

This section documents general information about the workshop and may be useful for delivering similar workshops in the future.

2.1 Objectives of the workshop

The workshop took place in the framework of the Biennial Collaborative Agreement (BCA) between the WHO Regional Office for Europe and the Estonian Government, for 2006-07. WHO stipulates BCAs on a bilateral basis with 27 of its 52 Member States, whose Ministries of Health indicate the priority areas where direct collaboration with WHO is sought. Estonia included, in its areas of work, the need to build technical and institutional capacity for HIA and resources for intersectoral work involving the health sector.

The objectives of the workshop were to:

- Get common understanding of HIA and sharing experience of how this is used for policies and strategies in European countries.
- Have input to develop strategy for HIA implementation in Estonia.
- Share evidence from different levels of HIA (policy support and research).

The programme of the workshop is provided in Appendix 1. Workshop sessions were targeted to meet the overall objectives and to meet the needs of participants.

2.2 Workshop participants

The following people participated in the workshop:

- WHO Regional Office for Europe.
- Invited experts.
- Officials from Estonia (Ministry of Social Affairs, Health Protection Inspectorate, National Institute for Health Development, Health Care Board, Estonian Health Insurance Fund, University of Tartu, Praxis Centre for Policy Studies, Ministry of Environment, Ministry of Finance, Keila Municipality).

A full list of participants is provided in Appendix 2.

2.3 Resources provided during the workshop

Participants were provided with a folder at the start of the workshop containing a number of hard copy resources:

- A glossary for health impact assessment.
- Health Impact Assessment: assessing opportunities and barriers to intersectoral health improvement in an expanded European Union.
- Health Impact Assessment: main concepts and suggested approach.
- Use of health impact assessment in incorporating health considerations in decision making.
- WHO Bulletin – health impact assessment issue.

Hard copies of powerpoint presentations were also made available during the two days.

2.4 Evaluation of the workshop

An evaluation form was completed by 18 of the 27 participants. This information is summarised below.

Table 1: Summary of Tallinn HIA workshop evaluation

Evaluation Questions	Rating (1 – 5 with 5 being the maximum)
Quality of speakers	4.4
Relevance of the workshop to current work or functions	3.9
Extent to which you have acquired information that is new	3.7
Usefulness of the information	4.1
Focus on the workshop on learning objectives	3.8
Extent to which the workshop met its objectives	4.5
Overall usefulness of the workshop	4.4

Participants found the information on HIA methodology as well as practical examples of HIA most useful. Some participants found the working group exercise least useful. In addition, some participants would have liked more specific information about HIA methodology rather than the general overview provided. Overall, participants would find more practical examples of HIA helpful for future training as well as more emphasis on implementing HIA. Some participants also suggested that translation into Estonian would improve the impact of the workshop. Further, it was suggested that county and municipal governments could be involved in future events.

3.0 HIA METHODOLOGY

This section contains a summary of information presented on HIA methodology in general during the Tallinn workshop. It is not a comprehensive overview of HIA methodology. It is, however, consistent with information presented in peer reviewed literature, international and local HIA guidelines (specifically the Gothenburg consensus paper referred to in section 1 of this report), and other sources of information. These sources should be consulted for a complete description of HIA methods.

In addition to outlining methodological issues, this section also summarises the outcomes of the group work undertaken during the workshop. These group exercises strengthened participants' learning about the complexities of methodology within an HIA context.

3.1 Screening

Screening is preliminary assessment to see if the project or policy is likely to pose any significant health questions and to whether a health impact assessment should proceed. Potential formats for screening tools are summarised in the table below.

Table 2: Summary of potential formats and content for HIA screening tools

Format	Key Features	Content	Assessing Responses
Checklist	Series of Yes-No questions	Importance of the proposal - Economic, societal, health, size etc Determinants of health - Environmental (physical, social, economic, behavioural, health care, biology) Severity and frequency of the impact - Single or multiple, short term-long term Population groups - Whole population, individual groups of population Resources - Financial, data, human, etc	Yes-No Responses to checklist questions
Questionnaire	Open ended question format		Unable to have Yes-No answers Requires a process for evaluating the answers
Matrix	Matrix format with content against series of assessments, for example positive impact, no impact, negative impact, not sure, comments		Can calculate through '+' or '-' scoring Can also calculate through a 0-5 scale of scoring

Key features of the screening phase include:

- It is important to develop a screening tool that is appropriate to the policy-making or implementation context operating nationally, regionally, or locally. General guidance on screening tools can be found at http://www.euro.who.int/Document/Hcp/HIA_toolkit_1.pdf.
- If screening is not done, it can lead to the identification of a single determinant of health, rather than the multiple factors that reflect a more accurate picture of the range of health determinants.
- At this stage of the HIA, it is important to only assess whether there is likely to be a health impact or not, rather than determining that there will be x impact on y population as a result of the policy, programme, or project.
- It is valid to get to the end of a screening process and to decide that an HIA is not necessary. However, it is strongly recommended that even if an HIA does not proceed, it is important to write a report about what were the reasons than an HIA was not necessary or appropriate.

- Screening is the only step in an HIA process that can be carried out by an individual, for example a policy analyst, health protection officer, or other decision-maker.

3.1.1 Feedback from workshop group exercises

Participants were asked to work in groups to complete two tasks:

- Identify a relevant topic that can be used as the basis of an HIA.
- Develop a screening tool to be used for the first step of an HIA on the topic chosen.

The report back from groups is summarised in the table below.

Table 3: Summary of report back from group exercise on HIA screening tools

Group	Topic Chosen	HIA Screening Format Chosen	HIA Screening Questions	General Comments
Group 1	Maintenance and access to kindergarten playgrounds in Tallinn	Matrix tool with scoring	- Identification of determinants - Short term and long term impacts - Population groups - Capacity and resources	
Group 2	Policy on excise duties on alcohol	Checklist tool	- Resources, including the need and/or appropriateness of an external evaluator - Key stakeholders	Scoping process all started during exercise Raised the issue of retrospective, concurrent, or prospective HIA – and in which cases
Group 3	Enlargement of Muuga harbour	Matrix tool	- Economic impacts - Environmental impacts - Short and long term impacts - Health outcome impacts - Data collection	Large development project with many different possible health impacts Should EIA and/or HIA be done?

3.2 Scoping

Scoping is the process of outlining the possible hazards and benefits and identifying the questions that must be asked in the assessment process. The scoping stage is important as this is where an HIA most often transitions from being an individually-led activity to involving a range of stakeholders from different sectors. This is often achieved through the lead agency establishing a cross-sectoral steering group to guide the HIA process. The steering group may include technical expertise. However, specific technical advice is often sought from external experts and provided back to the steering group for consideration.

The scoping stage is often referred to as ‘setting the terms of reference’ as it requires careful consideration of the boundaries of the HIA, including the depth of assessment as well as who is going to be carrying out different activities such as the technical work, communication with

stakeholders (including the public), and general human and financial resourcing. Scoping is a very important stage otherwise the end result of the HIA may not be useful to any of the stakeholders. Further, it is also important to very clearly define the actual policy question that the HIA is focusing on.

A number of different tools are required during the scoping stage including the context for HIA, developing a demographic and health profile, the practical context of the HIA, stakeholder involvement, the policy and/or institutional context, and assessment methodology issues. These are summarised in the table below. The information gathered during the screening process will be valuable for answering the questions raised during the scoping process.

Table 4: Summary of HIA scoping tools and the types of questions required

HIA Scoping Tool	Examples of Questions Required to Answer in Scoping Tool
HIA context	What is the proposed policy? What aspects of the proposal need further consideration as a result of screening? What specific health impacts should the HIA focus on? What are the aims and objectives of the HIA? What are the expectations of decision-makers and other stakeholders? What definition of health will be used? Other assessments related to the proposal?
Demographic and health profile	What is the current health status? What geographic area will the HIA cover? Population groups or community groups?
Practical context	Who will make up the HIA steering group? What are their responsibilities? Who will be responsible for the impact assessment and risk appraisal? Who are the key experts? Timescale and deadlines and accountability Human and financial resources Presentation and dissemination of results Legal issues, copyright etc
Stakeholder involvement	What stakeholders need to be involved (politicians, decision-makers, relevant public sector professionals, affected communities)? How should stakeholders be involved in the HIA? How should stakeholders be consulted about their views, experiences and expertise?
Policy/institutional context	Interests for or against the proposal, potential health impacts? How does the proposal fit into the larger policy context? What is the institutional context? How can HIA connect with this process? Who is involved in the decision-making process?
Methodology	What methods will be used in the HIA and why? What criteria will be used to select those impacts that should be subject to more in-depth assessment? What research and evidence will be used? Can existing evidence be readily applied? Is it feasible to collect new evidence? How will the HIA be monitored and evaluated?

3.3 Appraisal

Risk appraisal can be described as the characterisation of the nature and magnitude of harmful and beneficial factors. This can include assessment of how many and which people will be affected, how they will be affected, strategies for mitigating negative factors and strategies for enhancing positive factors. Risk assessment can be scoped as the process of establishing

information regarding acceptable levels of a risk and/or levels of risk for an individual, group, society, or the environment.

3.3.1 Feedback from workshop group exercises

Participants were asked to complete an exercise to assist with their understanding and application of the HIA appraisal stage. They were given the following exercise and were provided with a full text copy of a peer-reviewed journal article relating to the association between mortality and indicators of traffic-related air pollution.

Group Exercise on HIA Appraisal

An officer from a Tallinn local authority contacts you about a plan to build a waste incineration plant on the outskirts of the city. It will generate electricity from the burning of household rubbish. He asks you to explain:

- Q1. How the potential health effects of air pollution from the plant can be quantified without undertaking a new epidemiological study in the area?
- Q2. What health effects (positive as well as negative) may arise from the proposed development?
- Q3. What are the main uncertainties in making these estimations of the potential effects of exposure to the risk factors involved?
- Q4. What factors, besides evidence of health effects, are likely to influence the policy decision to build the plan?
- Q5. Do you think you will be in a position to provide advice on where to build the plan?

The feedback from the two groups is summarised in the table below.

Table 5: Summary of responses from group exercise on HIA appraisal stage

Question	Group 1 Response	Group 2 Response
Q1	Data of processing specifications and technology, data about how waste will be gathered and sorted, technical methods of assessing pollution	Literature reviews, data of processing specifications and technology, data about how waste to be gathered
Q2	Positive effects - Incineration maybe a cheaper way to produce electricity, potential improvements in ground and drinking water quality Negative effects - Increased air pollution, risks of electromagnetic fields	Positive effects - New jobs, new local energy source, and possible improvements to local infrastructure (for example roads and sewage treatment) Negative effects - Increased risk of pollution, traffic noise, decreased value of real estate, decreased aesthetic value
Q3	Unsure about the contents of the waste and how the waste will be sorted	Unsure of the influence on human health No baseline data on local health status of population Unsure of the vulnerable groups within the local population Lack of information about the type of waste to be incinerated
Q4	Environmental effects, economic effects, political support	Negative views and disagreement about the incineration from the local community and wider public
Q5	Group unable to provide advice as more information required on issues such as local of plant and technology used	Group unable to provide advice as the decision requires an intersectoral approach

Several points emerged during discussion after the groups had provided feedback:

- There were differences in responses to some questions.
- The feedback from groups focused on environmental health impacts, rather than social or economic impacts.
- There was good reflection from the groups on the potential positive effects.
- HIA can be a useful resource for supporting negotiating around policy or action and can lead to direct positive action for local communities.

3.4 Reporting and decision-making

The report writing stage follows the appraisal stage. The report should provide a summary of information analysed during the screening, scoping, and appraisal stage. If it is decided that an HIA is not necessary after the completion of screening, it is still important to document this decision and why an HIA did not proceed.

Key issues to consider during the reporting phase include:

- The language used. It may be more beneficial to use language that can be understood by a wide variety of audiences, rather than a scientific audience.
- Structure and length. If a scientific report is required, it may be useful to have this available as a separate report.
- Design.
- Data presentation, for example the use of tables and figures.
- Dissemination of the report, including consideration of who the report can be distributed to and how.
- Affordability and cost of producing the report.
- Conflicts of interest, ethical issues, and ownership issues.

Follow the preparation of a report, the HIA process can then transition to the decision-making stage. Key issues during this phase include:

- Clarification on the choice of options, including a no action option.
- The final recommendation including any mitigation or enhancing strategies required.
- A clear, short summary of risk appraisal with major impacts and proposal of steps to do.
- A clear message to well-defined decision makers.
- And a recommendation for the implementation of the proposal.

3.5 Monitoring and evaluation

The monitoring and evaluation stage can be divided into three types. Firstly, it is important to assess the how the HIA went, for example what resources were available, what stakeholders were involved, were there any difficulties with the actual process. This information will be useful for future HIAs. The second, and perhaps more important, is monitoring and evaluating the actual impact of the HIA. Questions to be asked during the process include have the recommendations being accepted by decision-makers, will the HIA lead to further intersectoral work, and did the HIA process strengthen relationships between health and other sectors. Thirdly, and perhaps the most difficult, is to develop a plan for monitoring the health impacts of the proposed policy, programme, or project. This will require the establishment of baseline data, deciding what indicators, and potentially additionally resourcing for monitoring the likely health impacts.

4.0 POLICY PERSPECTIVES ON HIA IN ESTONIA AND OTHER EU CONTEXTS

In the previous section, the workshop report articulated some methodological issues relating to health impact assessment. This section, however, focuses on how HIA is being implemented (with a focus on policy-level HIA) within an EU context. It describes firstly the work programme on 'Health in All Policies' being undertaken as part of the Finnish EU Presidency. The section also documents two cases of how HIA is being implemented in Estonia. Lastly, the experience of Lithuania in implementing HIA is summarised.

4.1 Health in all policies: views from the EU Presidency

Finland's six-month EU Presidency will begin on 1 July 2006. Within the work programme for this period, health is identified as a priority area. The focus will be on establishing action in the area of health and consumer protection, specifically this includes the integration of health into all policies (Council of the European Union, 2005). The Finnish Ministry of Social Affairs and Health, in partnership with STAKES (the National Research and Development Centre for Welfare and Health, Finland), is the lead agency for this part of the Finnish Presidency work programme.

At the core of Health in All Policies (HiAP) is the examination of determinants of health, many of which are influenced by social, economic, environmental and cultural policies that lie outside of the health sector. HiAP is a horizontal, complementary policy strategy where the ultimate aim is to improve evidence-informed policy making. It encompasses policy-making at European, national, regional, and local levels.

The key focal point for HiAP is examining the bridge between policies and health outcomes relating to the broad social, economic, environmental, and cultural determinants of health. It is less concerned with single components of health promotion action and other programmes and projects.

Greater understandings of the opportunities and barriers associated with HiAP have been explored during four policy dialogue meetings that have occurred in February and March 2006. These meetings were attended by 26 of 32 invited countries with participants mainly from ministries. Driving forces for intersectoral work identified during the meetings were:

- Incidental occasions.
- Strong political leadership.
- Other sectors/'bodies' involvement.
- Scientific evidence.
- Presence on the theme of the EU agenda.
- Shared values of health and well-being and awareness of health problems.
- Public support and personal contacts.

It was suggested that a starting point for intersectoral work may be to focus on an area of common interest, for example economic development or demographic changes. Development of new or existing tools for intersectoral work was also discussed. As part of this, Health Impact Assessment was highlighted as an existing tool for more extensive implementation.

A book supporting the implementation of HiAP is scheduled to be launched by the Finnish Ministry of Social Affairs and Health in September 2006.

4.2 About the Estonian health system

Merging the health, social welfare and labour ministries, the Ministry of Social Affairs was created in 1993 (Jesse, M., Habicht, J., Aaviksoo, A., Koppel, A., Irs, A., & Thomson, S., 2004). Public health is one of three policy areas within the health care division. Since 2003, the health care division has been subdivided into three administrative departments: the Health Care Department (responsible for health care, investment and drug policy), the Public Health Department (responsible for public health policy, prevention programmes and health protection legislation), and the Health Information and Analysis Department. The roles of these agencies are summarised in Table 6 below.

Table 6: Summary of the roles of key health policy agencies in Estonia

Agency	Planning Role	Lead Policy Role
Public Health Department	Health policy and implementation in areas of physical and social environments	Policy maker in the area of health hazards arising from the environment (including drinking water, food and chemical safety, communicable disease control, and children's health)
Health Information and Analysis Department	Health information policy	Policy maker in the area of health information, health statistics, e-Health
Health Care Department	Health care policy and implementation	Policy maker in the area of health care and medicinal products

The Ministry's health care division also coordinates the activities of the four subordinate health agencies including the Health Protection Inspectorate and the National Institute for Health Development.

- **Health Protection Inspectorate** whose responsibility includes communicable disease surveillance, national and local epidemiological services, implementation of the national immunization programme, the approval for food business operators, determines and estimates health risks caused by physical, chemical and biological risk factors, and processes information about risk factors in physical and social environments.
- **National Institute for Health Development** whose activities include applied research and analysis in environmental health, communicable diseases and health promotion, policy management, financing and informatics as well as public health monitoring and reporting, coordination of national public health programmes, and supporting local public health activities.

County councils and municipal governments are the responsibility of the Ministry of Internal Affairs. County governments have regional representation authority from the state but without any legal power. They are responsible for the organisation of family doctors, including vacancies and assignment of service areas, within the county. County governments also organise and support implementation of health promotion, health protection and health policy in the country. Since 2001, municipal governments no longer have any legal responsibilities for funding or organising health care. They provide facilities for school health services and organise disease prevention and health promotion in the municipality. Prison health issues are the responsibility of the Ministry of Justice.

The Estonian health sector has achieved substantial policy and sector reform in the last ten to fifteen years. This is most clearly demonstrated through the range of health legislation, policy, and structural arrangements developed during this time.

The general objective of health policy in Estonia is to create opportunities and conditions for achieving the rise in healthy life expectancy of Estonian men approximately to 60 and women to 70 years, and the general average life expectancy to 73 and 80 years respectively by the year 2015. Within this context, the national health policy is based on a number of values including a common responsibility for health, human rights, equal opportunities and justice, and social inclusion. Evidence-based knowledge is also a value underpinning Estonian health policy development and implementation.

The main areas of health policy in Estonia include:

- Strengthening social cohesion and decreasing health-related inequality.
- Ensuring healthy and secure development for children and teenagers.
- Ensuring health-preserving and development-fostering living and working environment.
- Promoting healthy choices and lifestyle.
- Developing a necessity-based, fair and effective health service system.

Health policy in Estonia is implemented through a wide range of strategies and action plans which generally focus on specific disease areas (for example heart diseases, tuberculosis or HIV/AIDS), specific population groups (for example children), or on service-specific areas (such as hospital care, mental health, primary health care, emergency medical care or long-term care).

There are three new policy mechanisms (guidelines for preparation of draft legal acts, draft guidelines for socio-demographic impact assessment, and new environmental impact assessment and environmental management law) that provide potential opportunities for implementation of HIA within Estonia. Firstly, policy development within the wider government sector is underpinned by the identification and analysis of social, economic and environmental impacts. The guidelines for preparation of draft legal acts require that an explanatory letter is provided for any new legislation. This letter has to include the purpose of the legislation, a summary of the content and a comparative analysis, a list of key terminology, the links to EU legislation, and the impacts of the legislation. These impacts include:

- Social, economic, and environmental impacts.
- Impacts on national security and international relations.
- Regional development impacts.
- Impacts on the work of civil and local authorities.
- Any training requirements.
- Implementation costs and benefits.
- Any other direct or indirect impacts.

The implementation of these guidelines, however, has been *ad hoc* with generally an unequal quality of letters across different ministries. It has also been identified that the impact analysis is not systematic and that use of social sciences is episodic.

Secondly, draft guidelines for socio-demographic impact assessment on draft legal acts were released in 2004. These guidelines are being piloted by all ministries. A potential difficulty with these guidelines is a lack of clarity on ministries about what the impact of their policies on social and demographic factors may be. Thirdly, a new law was passed in 2005 in relation to environmental management and includes mandatory requirements for EIA.

Summarised in Table 7, Estonia is relatively rich in terms of national-level statistical and other information. This provides a robust platform for national-level HIA activities.

Table 7: Summary of health statistics available in Estonia

Type of Information	Current	Under Development
<p>Routine Statistics</p>	<p>Ministry of Social Affairs of Estonia Health personnel Morbidity - Incidence Hospital statistics, discharges Ambulatory care visits Dental care Medical procedures, operations Health care expenditures</p> <p>Health Protection Inspectorate Infectious diseases Vaccination</p> <p>Statistical Office of Estonia Causes of death Demographical data</p>	
<p>Medical Registries</p>	<p>Health state registries Estonian Cancer Registry (1968) Estonian Medical Birth Registry (1992) Estonian Abortion Registry (1994) Tuberculosis Registry (1997)</p> <p>Health professional registries Register of Health Care Professionals (2002)</p>	<p>Health state registries Illegal drug treatment database Screening registry Injury database Myocardial infarction registry HIV/AIDS Infectious diseases registry</p>
<p>Regular Surveys</p>	<ul style="list-style-type: none"> - Health Behaviour Among Estonian Adult Population (16-64 years), every 2 years (1990-2006) - Estonian Health Survey (15-79 years) every 10 years (1996-2006), in the future possibly every 5 years - HSBC – Health Behaviour Survey Among School Children (11, 13, 15 years) every 4 years (1991, 1994, 1997/1998, 2001/2002, 2005/06) - ESPAD – European School Survey Project on Alcohol and Other Drugs (15 – 16 years), every 4 years (1995, 1999, 2003) - Patient satisfaction survey (15-74 years), annual, starting 1998 - Estonian Physician (Physicians satisfaction), every 5 years, (1995, 2000, 2005) - AIDS/HIV-related knowledge, attitudes and health behaviour among Estonian youth (10-29), 	

	2003, 2005 - SILC – Survey of Income and Living Conditions (15 years and older), annual, starting 2004 (Statistical Office of Estonia) - Estonian Labour Force Survey (15-74 years), annual, SOE - Household Budget Survey (15 years and older), annual, SOE - European Social Survey, biannual (2004, 2006) (University of Tartu)	
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4.3 Estonia: impact assessments on the field of chemical safety and REACH regulation

The area of chemical safety has been regulated in the EU since 1976, with much of the discussion focusing on technical aspects. A challenge for Estonia is to translate these EU regulations into national law.

There are a number of ways that Estonia has engaged with the EU chemical safety regulation-making process. For example, there have been opportunities to participate in the European Commission's working groups on specific aspects of chemical safety. Estonia, however, is not able to participate in all the working groups due to limited human resource capacity.

To ensure the implementation of the new EU chemical safety strategy, the Commission proposed the REACH regulation in 2003. The purpose of the REACH regulation is to ensure a high level protection of health (both workers and the general public) and the environment as well as the free circulation of substances as goods on the EU market. There are three elements of the REACH proposal:

- Registration – collecting the already available data about substances and if necessary then making additional tests.
- Evaluation – evaluating the data and substances based on the data.
- Authorisation – some substances with certain properties need to be authorised before using them.

The REACH proposal provides a challenge to all stakeholders as it requires a co-decision procedure where the regulations are developed and approved by the European Council and each Parliament in a parallel process.

To date there has been significant resourcing put towards impact assessments for chemical safety issues and the REACH regulations. This includes health impacts, microeconomics, macroeconomics, and sectoral analyses. However, this range of impact assessments has led to different methodologies being applied and as a consequence not being able to compare across different impact assessments.

Estonia is currently undertaking an impact assessment on the REACH regulations. However, this assessment is limited but focusing predominantly on economics and little quantitative data on the health and safety impacts.

In general, further work on chemical safety is required at the EU level as well as coordinated impact assessment work being undertaken at a national level. Impact assessment methodology should be a natural part of formulating national positions on EU policy issues as well as for developing and implementing policies at a national level.

4.4 Estonia: HIA implementation at municipality level

There are a number of opportunities to support the implementation of HIA at a municipal level in Estonia. The requirement for local authorities to develop long term plans, and to articulate the associated resources, is seen by health professionals as a significant new opportunity to put health on the agenda. In addition, there are health promotion programmes, plans and actions within counties and municipalities. For example the existence of a Healthy Cities network has enabled an increased understanding of the benefits of implementing HIA at a local authority. A recent survey, undertaken through the Healthy Cities network, to decision-makers in local authorities identified that most local authorities consider that their decisions affect health. However, there has been little follow up discussion within or between local authorities on this issue. Implementation of HIA at the municipal level in Estonia is made difficult by a number of issues.

Barriers to current and future implementation include:

- The availability of information. One of the main challenges is to obtain basic demographic data as well as more complex indicator data at a local level (too small subsamples in surveys, restrictions due to statistical law and confidentiality).
- General lack of visibility of health terminology, including HIA, at the political level of councils. However, health promotion and the Healthy Cities work has started to address this.
- Municipalities are charged with a large number of responsibilities, including addressing social, economic, and environmental wellbeing. Health, including the implementation of HIA, is another activity and which is not required by legislation or regulation. This is contrast to other forms of impact assessment such as EIA which are required by law.
- Local authorities are generally reluctant to undertake new activities or projects, particularly when there is little political support and a lack of knowledge about HIA at a political and practical level.

Factors that would assist local authorities to undertake HIA include:

- Incentives to undertake HIA either through being mandated or by provision of additional human and financial resourcing.
- The implementation of a unified methodology as well as the need to understand social, economic, cultural and environmental wellbeing in one framework rather than being separate factors.
- Developing and using information from local health profiles in local authority policy-making processes and in information used for health impact assessments.
- Identifying work that is likely to be HIA-oriented (for example work on alcohol or kindergartens) and ensuring that this work is coordinated and perhaps placed under an HIA methodology.
- Increased information at the political and practical level on how to address health within a municipality context.

4.5 HIA in Lithuania

In another Baltic country, Lithuania, there has been substantial progress on implementing HIA, and this experience was thought to be useful for Estonia. HIA was introduced and promoted in Lithuania through a number of capacity building activities, adopting a 'learning by doing' approach through implementation of HIA at a policy level (see the case study outlined in Figure 2 below), and the implementation of legal and regulatory requirements relating to HIA. All these achievements have increased exposure to, and implementation of,

HIA within a specific environmental context and more importantly within a broader, intersectoral policy context.

Since 2002, a number of capacity building activities have taken place to support HIA in Lithuania. As a starting point, Lithuania participated as a partner in the Phare Twinning Project focusing on strengthening public health management in compliance with EU requirements. This project focused on both health impact assessment and health risk assessment. In 2004, the WHO European Centre for Environment and Health delivered a three day course on environmental health impact assessment. Most recently, Lithuania is participating in the European Commission co-funded HIA-NMAC project within two case studies relating to HIA in the EU context.

Figure 2: The national housing strategy – an example policy-level HIA in Lithuania

The draft housing strategy (2003) was selected for a health impact assessment as it was a broad policy document, reflecting a desire to shift to more strategic-level HIAs. There was also support from the Ministry of the Environment and the Housing Department to undertake the HIA. The draft document, along with other health policy documents, also included specific references to the relationship between housing and health. Furthermore, a number of HIAs on housing and health work were available internationally as a reference point.

A rapid appraisal following formal HIA methodology was undertaken including collection of data, information and analysis. Expert comments were also sought.

The rapid appraisal approach was taken as there was short time available. However, a rapid appraisal provided stakeholders with a general understanding of health impacts of the strategy and guided them to areas which required deeper assessment and analysis.

The main questions for the HIA were:

- What strategy objectives may have impacts on health or health determinants?
- How and to what extent these objectives influence health determinants?
- Will the strategy objectives help to reduce health inequalities between different social groups, regions, urban and rural populations?

The HIA identified that the strategy could impact on a number of population groups in relation to physical, social, and economic environments as well as access to health care services. Specifically:

- Improving legal measures for housing construction.
- Improve existing programmes for state support for housing acquisition.
- Improve legal and normative bases for use, maintenance and administration of living stock.
- Activate financial and credit mechanisms for multi-family housing renovation.
- Improve the programme on social housing support for low income household.

Recommendations from the HIA fell into a number of areas including the need for health stakeholder involvement in policy development and implementation, addressing health inequalities, identifying the impacts on vulnerable population groups, and opportunities for wider public health gain such as promotion of physical activity and safe indoor environments.

Consistent with the principles of health promotion, cooperation with other sectors was seen as one of the key lessons from the HIA. This could be supported through early involvement of key stakeholders, more specific identification of issues to be addressed in the scoping phase (either at a national, regional, or local level), documentation of the HIA process (including achievements and difficulties), and strengthened capacity through dedicated personnel for leading HIA processes.

Lithuania's 'Law on Public Health Care', passed by the Parliament on 16 May 2002, makes specific a requirement to undertake HIA with a focus on economic activity. The law states that the HIA should be carried out with the same procedure as EIA and a methodology will be drafted by the Ministry of Health. Further, there is a requirement to ensure public health safety when carrying out spatial planning activities as well as when initiating or expanding economic activities.

In addition to legal frameworks, HIA practice is also subject to licensing requirements. Currently there are 10 public agencies and 6 private companies licensed to undertake HIA.

It was discussed that there were a number of advantages and disadvantages to legal frameworks requiring or regulating HIA. The benefits include a standardized methodology and the development of HIA capacity in health and other sectors. However, a legal framework can be less flexible, have limited application, and can lead to overlaps with legislative requirements for other types of impact assessment, for example EIA.

5.0 DISCUSSION

Several questions about the future of HIA in Estonia were posed at the beginning of the workshop. It was emphasised that any response to these issues needs to strongly mirror the legislative, policy, and operational context of each country. The Estonian experience is no exception. The questions raised in this workshop form the basis of commentary provided in this discussion section. This section uses some references to peer-reviewed journal articles; however, it is not a full literature review on these issues.

5.1 Rapid or full level of assessment required

The level of assessment required will be identified during the screening and scoping stages. During screening, a policy, programme or plan will be identified as well as what the potential direct or indirect health impacts maybe. The scoping phase will analyse this information in more detail including the exact scope of the HIA (what issues will include and, equally as important, what will not be included). The scoping phase will also identify existing data that maybe available and the expertise required to appraise and assess any health risks or impacts. The appraisal stage may also articulate issues that require further assessment during the HIA or overall decision-making process.

5.2 Choosing what policy or legislation to use as the basis for HIA

There are a number of instruments for achieving policy goals.

There are broadly accepted policy instruments (types of measures) used in policy formulation, for example, economic, regulatory, and educational measures. When the policy climate precludes more effective but politically costly tools (such as a high tax on tobacco) governments can use less effective but easier to adopt measures, for example, public education or modelling by demonstrating strong tobacco control within its own sites. (Milio, 2001, p. 622)

HIA methodology can be applied to any of these policy measures. The screening stage of a HIA will identify whether an HIA should be undertaken on a particular policy, programme, or plan.

5.3 Retrospective, concurrent or prospective HIA

The timing of an HIA will depend on the political or administrative context of the policy, programme, or plan. The timing of an HIA can be divided into three categories (Mindell, Ison & Joffe, 2003, p. 648).

- A **prospective HIA** takes place before proposal implementation, and ideally before the proposal is in its final form.
- A **concurrent HIA** is carried out during the implementation of a proposal, and may be of long duration, for example, several years, involving the monitoring of changes in health determinants and possibly in health status.
- A **retrospective HIA** is carried out after a proposal has been implemented. It aims to identify the actual impacts on health outcomes after implementation.

5.4 Who carries out HIA?

An important aspect of HIA is the involvement of various stakeholders including “people involved in or affected by proposal development and implementation, drawn from public, private and voluntary sectors, and the communities or groups affected” (Mindell, Ison &

Joffe, 2003, p. 649). Table 8 below, adapted from Mindell, Ison & Joffe, 2003, summarises the different stakeholders that can be involved in different stages of the HIA.

Table 8: Potential stakeholders involved in HIA stages (Mindell, Ison & Joffe, 2003)

Stage of HIA	Potential Stakeholders	Potential Role of Stakeholder
Screening	Any stakeholder affected by the policy, programme or proposal	Identification of a policy, programme or plan. Use of an HIA screening tool to decide whether an HIA should be done.
Scoping	Steering and/or Management Group	Oversees the process and outputs of an HIA. Comprises representatives from key stakeholder organisations and ideally representatives from the communities affected. It may also include one or more of the decision makers.
Appraisal	Assessors	Undertake the appraisal or risk assessment. Preparation of the report and recommendations.
Reporting and decision-making	Decision makers	Decision makers will receive the report and recommendations.
Monitoring and evaluation	Steering and/or Management Group Decision makers National, regional or local health authorities for monitoring health risks and effects External evaluator	External evaluation of HIA process External evaluation of HIA outcomes, for example policy changes as a result of the HIA Monitoring of health risk and effects arising from policy, programme or plan identified during the HIA

5.5 National, regional or local level HIA

HIA can, and should, be carried out at a levels, including across countries. A recent study from Davenport, Mathers and Parry (2006) aimed to identify from a range of sources the factors associated with the success of a HIA in integrating health considerations into the final decision and implementation of a planned policy, programme, or project. The methodology of the study includes a review of HIA case studies. 88 case studies were included in the study and the majority of these (72%) were carried out a local level. 23% of the case studies were carried out at regional level and 4% at a national level. This study, however, may not reflect the specific experiences of new EU member states or accession countries.

5.6 HIA in the context of other impact assessment methodologies

While the origins of HIA lie in Environmental Impact Assessment (EIA), there are also other types of impact assessment. For example:

- **Environmental Health Impact Assessment (EHIA)** which explicitly includes consideration of health outcomes within the framework of an EIA, to address the historical neglect of health in EIA.
- **Strategic Environmental Assessment (SEA)** refers to policies, plans, and programmes. Compared with an EIA of a local project, the environmental impacts considered are more general, relating to global and regional impacts, but less detailed.
- **Social Impact Assessment (SIA)** is concerned with estimating prospectively the likely social consequences of a specific policy or government actions. (Mindell, Ison & Joffe, 2003, p. 650)

There is still debate among impact assessment experts and practitioners about where and how HIA fits within the context of other impact assessment methodologies. Concern has been expressed about the potential danger of developing these impact assessment methodologies in isolation from each other (Morgan, 2003). One way forward is to adopt integrated assessment methodology. It is, however, still in its infancy (Bond, Curran, Kirkpatrick & Lee, 2001). A properly designed integrated impact assessment includes health, wellbeing, social and environmental considerations, reduces duplication of data and information, and avoids potential inconsistencies (Kwiatkowski & Ooi, 2003). Implementation of integrated assessments can be strong through the integration of technical processes and frameworks or weak where different sets of impacts are balanced by political processes involving stakeholders and decision-makers (Ravetz, 2000).

5.7 Future mandate for HIA

HIA can be undertaken through a number of mechanisms including legal requirements for EIA, requirements for the consideration of social, economic, and environmental consequences, and legal requirements for HIA itself. Most often HIA is undertaken in an ad hoc manner based on the availability of strategic or political opportunities. In cases where HIA has been required by legislation, it has often led to less effective implementation than prior to being legally required.

It is probable that difficulties in institutionalisation of HIA and intersectoral public health will be similar for all EU member states whatever approach is taken. Yet even if a decision was made to institutionalise HIA, a lack of human resources remains an important constraint in many new member states. The ability to assess health effects of policies in other sectors requires people with appropriate skills. (Lock & McKee, 2005, p. 359)

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APPENDIX 1 Workshop Programme

Tuesday, 16 May 2006 - Goals, methods and tools for HIA

8.30 – 9.00	Registration	
9.00 – 9.30	Welcome and introduction to the course	Jarno Habicht, WHO Ivi Normet, MoSA
9.30 – 10.00	HIA: general introduction	MM
10.00 – 10.45	Estonia: overview of health/policy; the need or demand for HIA	Liis Rooväli, MoSA
10.45 – 11.15	<i>break</i>	
11.15 – 12.00	Health in all policies: views from the EU Presidency	TS
12.00 – 12.30	Discussion	
12.30 – 13.30	<i>Lunch</i>	
13.30 – 15.00	Determinants of health HIA methods: - screening - scoping	GG/MM
15.00 -15.30	<i>break</i>	
15.30 – 17.00	Group work: development of a screening tool	GG/MM
	Discussion	

Wednesday, 17 May 2006 - HIA: the policy perspective

9.00 – 10.00	Estonia: views from other sectors - Impact assessments on the field of Chemicals Safety. REACH regulation - HIA implementation at municipality level	Heli Laarmann, MoSA Eike Käsi, Keila Town Government, Healthy Cities
10.00 – 10.45	A perspective from the region: HIA in Lithuania	IZ
10.45 – 11.15	<i>break</i>	
11.15 – 12.00	HIA methods: - involving stakeholders - appraisal - reporting and decision making	GG/MM
12.00 – 12.30	Discussion	
12.30 – 13.30	<i>Lunch</i>	
13.30 – 15.00	Group work: Case studies	
15.00 – 15.30	Resources for HIA	MM/GG
15.30 – 16.00	Discussion and close	MM

Facilitators

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APPENDIX 2

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