International HIA Conference

3-4 June, 2025
Madrid (Spain)

>>> Institutionalising HIA in Europe for better supporting decision-making processes

Ministerio de Sanidad,
Paseo del Prado 18-20, 28014 Madrid

ORGANIZED BY

EUPHA HEALTH IMPACT ASSESSMENT

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BACKGROUND

Health Impact Assessment (HIA) has been proposed as an approach for implementing the **'Health in All Policies' (HiAP)** strategy, and for addressing health inequalities. HIA seeks to inform decision-makers as to the potential consequences that health and non-health sectors such as transport or housing can have on overall community health, which can help to maximize health gains and contribute to reducing negative impacts and health inequalities. It uses a wide range of evidence to inform an assessment and support improved policy making and practice. The climate change threat and 'cost of living' economic crisis are two of the main challenges that emphasise the need of integrated responses across many sectors to mitigate not only effects on health and inequalities, but also in the economy. A good proxy example to HiAP and HIA implementation, facilitating local and regional initiatives with communities, is the WHO initiative of Healthy Cities.

Institutionalization of HIA implies the systematic integration of HIA into the decision-making process. Four major elements are proposed in order to analyse the diverse forms for attaining HIA institutionalization across Europe: stewardship, financing, resource generation, and technical leadership for delivering it. **Policy formulation** is one of the tasks comprising the category "stewardship". The existence of a legislative framework for HIA would provide permanent rules and legitimacy for HIA within the policy process. However, some critical sectors believe that legislative mandates would simply convert HIA into a mere bureaucratic 'tick-box' exercise, stripping it of much of its potential to transform and generate the development of heathy policy.

Other limitations identified for a more extensive HIA institutionalization refer to the lack of adequate resources (guidelines, tools, evidence, access to data) and qualified personnel with experience in HIA. Developing proper **capacity-building programs** seems crucial, which should include aspects such as tools facilitating intersectoral collaboration, as well as knowledge of **evidence review, methods, and available data sources** that can be used for conducting good quality HIAs.

Furthermore, health has been proved to play an important role in addressing the Sustainable Development Goals (SDGs). For example, the integration of health into **urban planning** can improve health and health determinants through more compact, efficient design of housing, transport, green spaces and other infrastructures. Thus, not only it ensures healthy lives and promotes well-being for all at all ages (SDG3) but also supports achieving sustainable cities and

communities (SDG 11), builds resilient infrastructure, promotes inclusive and sustainable industrialization (SDG 9) among others.

It's important to understand that **other impact assessments** coexist with HIA, such as Environmental Assessments (EIA and SEA), and Social Impact Assessments (SIA). Analysing the pros and cons of integrating these assessments is crucial for achieving the ultimate goal of improving population health and equity, regardless of the context. This integration should ensure that health is considered in all policies while avoiding unnecessary bureaucracy or obstacles to economic development.

The aim of this conference is to exchange experiences and opinions on all these relevant topics in order to improve an effective and useful institutionalisation of HIA in Europe.

Piedad Martín-Olmedo

President of EUPHA-HIA section

TUESDAY 3 JUNE 2025

SIMULTANEOUS TRANSLATION ENGLISH-SPANISH WILL BE PROVIDED FOR ALL SESSIONS

8:00-9:00 ***Registration-HALL of the Ministry of Health***

9:15-9:45 **WELCOME AND OFFICIAL OPENING**
Pedro Gullón Tosío, *General Director of Public Health and health equity. Ministry of Health (Madrid, Spain).*
Piedad Martin-Olmedo, *president of EUPHA-HIA section; professor at Escuela Andaluza de Salud Pública (EASP) (Granada, Spain).*

9:45 – 10:15 **INAUGURAL CONFERENCE: "How far have we come with HIA and what are the challenges to move forward?"**
Chair: **Liz Green**, *Programme Director for Public Health Wales (UK*)

Margaret Douglas, *consultant in Public Health, Public Health Scotland*

10:15-10:45 ***Coffee break- Poster Walk***

10:45-12:00 **ROUD TABLE ONE: Mapping legal frameworks for HIA institutionalisation in Europe**
Chair: **Ben Cave**, *founder at BCA Ltd (UK & Ireland) & Honorary Professor, University of Liverpool*
Co-Chair: Sofia Ribeiro, *president of EUPHA-PHPP section (Lisbon, Portugal)*

Scott Burris, *Center for Public Health Law Research. Temple University (Philadelphia, USA)*
Nicola Evans, *Health of Health Inequalities, Public Health Division, Welsh Government (UK)*
Gabriele Gruber *project coordinator in HIA, HiAP and health equity at the Austrian National Public Health Institute (Österreich)*
Nia Giuashvili, *National Center for Disease Control and Public Health (Georgia)*

12:00-13:15 **ROUND TABLE TWO: HIA institutionalisation in Spain**
Chair: **Piedad Martín-Olmedo,** *president of EUPHA-HIA section; professor at EASP (Granada, Spain).*
Co-Chair: Rosina M. Olaso Jveschuk, *Technical Officer- Spanish Ministry of Health (Madrid, Spain)*

Fracisco Vargas, *Technical Officer-Ministry of Health (Madrid, Spain)*
Francisco J. Falo, *Head of the HIA Unit. Regional Ministry of Health of Government of Aragon (Zaragoza, Spain)*
Mercedes Castillo, *Technical Officer in Environmental health- Regional Ministry of health of Generalitat Valenciana (Valencia, Spain)*
Elena Cabeza, *Head of Health Promotion Area- Public Health Directorate. Governs de les Illes Baleares (Mallorca, Spain)*
Luis Moya, *Expert in HIA, Public Health Directorate. Regional Ministry of Health of Andalusia (Seville, Spain)*

13:15-14:30 ***Lunch service / Poster Walk***

14:30-15:45 **ROUND TABLE THREE: Impact assessment integration: health assessment beyond HIA**
Chair: **Gabriele Gruber,** *Austrian National Public Health Institute (Vienna, Österreich)*
Co-Chair: Miguel Angel Casermeiro, *Lecturer at Univ. Complutense Madrid, secretary of the Spanish Society of EIA (Madrid, Spain)*

Luis Moya Ruano, *Expert in HIA, Public Health Directorate. Regional Ministry of Health of Andalusia (Seville, Spain)*
Henk Hilderink, *EUPHA-Foresight section, top expert on Population Health Foresight at Institute for Public Health and the Environment, Welfare and Sport (RIVM, Netherlands).*
Ana Gil Luciano, *Head of the Health Promotion and Equity Area, Spanish Ministry of Health (Madrid, Spain)*

15:45-17:00 **ROUND TABLE FOUR: Towards healthier urban planning**
Chair: **Catherine Pérez,** *Vice-President EUPHA-Urban Public Health Section; Head of the Department of Health Promotion. Agència de Salut Pública de Barcelona (Spain)*
Co-Chair: Piedad Martín-Olmedo, *president of EUPHA-HIA section; professor at EASP (Granada, Spain).*

Marta Rofin, *architect, founder and Director of the urban planning and health consultancy Healthy Cities. Director of the Postgraduate Urban Planning and Health (UPC) and professor of the Master in Health Promotion (UPV-EHU).*
Mark Drane*, Founder & Director, Urban Habitats and Senior Research Fellow in Public Health, Centre for Health & Wellbeing, (UWE Bristol, UK)*
Carmen Devesa*, Innovation and Internationalization Director. AEICE-Cluster of Efficient Habitat. (Valladolid, Spain).*
Elena Marañón*, Plans and process office. City council of Bilbao (Bilbao, Spain)*

17:00 -17:30 h **CONCLUSIONS FOR THE DAY**

WEDNESDAY 4 JUNE 2025

SIMULTANEOUS TRANSLATION ENGLISH-SPANISH WILL BE PROVIDED FOR ALL SESSIONS

9:15-10:30 **ROUND TABLE FIVE: Evidence and data needed for conducting HIA**

Chair: **Odile Mekel**, vice-president of EUPHA-HIA section, Head of Heathy Settings at LZG-NRW (Germany)
Co-Chair: Francesca Viliani, *Health section of the International Association for Impact Assessment (IAIA)*

Katie Hirono, *School of Social and Political Science. Univ. of Edinburgh (UK)*
Natalie Mueller, *Assistant Research Professor at ISGlobal (Barcelona, Spain)*
Alistair Hunt, *Senior Lecturer at the Department of Economics, Univ. of Bath (UK)*

10:30-11:00 ***Coffee break – Poster Walk***

11:00-12:15 **PITCH PRESENTATIONS: Sharing experiences**

Chair: **Andrea Pastor,** *Tragsatec (Madrid, Spain)*
Co-Chair: Melissa Sawaya, *Health consultant (France)*

Sasha Khomenko, *Institute for Global Health (ISGlobal), Barcelona, Spain.*
Jana Loosová, *Regional Public Health Authority Liberec (Czech Republic)*
Monica O'Mullane, *School of Public Health, University College Cork, Cork, Ireland*
Angela Paja, *Finance and Administration Manager at Expertise France (France)*
Jarmila Pekarčíková, *Trnava University, Faculty of Health Care and Social Work, (Trnava, Slovakia)*
Francisco Rodriguez Rasero, *Joint Research Centre. European Commission (Ispra, Italy)*
Kathryn Ashton, *Public Health Wales NHS Trust (Wales, UK)* ***(online)***

12:15-13:30 **ROUND TABLE SIX: HIA capacity building**

Chair: **Rosina M. Olaso,** *Technical Officer- Spanish Ministry of Health (Madrid, Spain)*
Co-Chair: Margaret Douglas, *Consultant in Public Health, Public Health Scotland*

Liz Green, *Programme Director for Public Health Wales (UK*)
Francesca Viliani, *Health section of the International Association for Impact Assessment (IAIA)*
Piedad Martin-Olmedo, *president of EUPHA-HIA section; professor at Escuela Andaluza de Salud Pública (Granada, Spain).*

13:30-13:45 **CLOSURE OF THE CONFERENCE**

Organizing Committee

- Piedad Martin-Olmedo, *president of EUPHA-HIA section; professor in public health at Escuela Andaluza de Salud Pública (Granada, Spain).*
- Santiago González Muñoz, *Deputy Director General of Environmental Health and Occupational Health. Spanish Ministry of Health*
- Rosina M. Olaso Jveschuk, *Technical Officer. General Sub-Directorate for Environmental Health and Occupational Health. Spanish Ministry of Health (Spain)*
- Liz Green, *Programme Director for Public Health Wales (UK*)
- José Velthuis, *Office & Administration manager. EUPHA - European Public Health Association*

Scientific Committee

- Piedad Martin-Olmedo, *president of HIA section; professor at Andalusian School of Public Health (Spain)*
- Odile Mekel *vice-president of EUPHA-HIA section, Head of Heathy Settings at LZG-NRW (Germany)*
- Liz Green, *Programme Director of HIA, Public Health Wales (UK)*
- Ben Cave, *founder at BCA Ltd (UK & Ireland) & Honorary Professor, University of Liverpool*
- Alistair Hunt, *Senior Lecturer at the Department of Economics, University of Bath (UK)*
- Gabriele Gruber, *project coordinator in HIA, HiAP and health equity at the Austrian National Public Health Institute (Austria)*
- Rosina M. Olaso Jveschuk, *Technical Officer. General Sub-Directorate for Environmental Health and Occupational Health. Spanish Ministry of Health (Spain)*

Rapporteurs

- Andrea Pastor, *Tragsatec (Madrid, Spain)*
- Melissa Sawaya, *Health consultant (France)*

Audience

Open to policymakers, public health and environmental officers, environmental and urban planner consultants, researchers, and other stakeholders interested in health impact assessment or in integrating health considerations into non-health sectors proposals

Venue

Ministerio de Sanidad, Paseo del Prado 18-20, 28014, Madrid

ABSTRACTS AND BIO OF SPEAKERS AND CHAIRS

Dr Margaret Douglas
Consultant in Public Health, Public Health Scotland and Honorary Clinical Senior Lecturer, University of Glasgow.

Short Bio

Margaret's work uses a Health in All Policies approach to understand and influence the health and inequalities impacts of policy areas including planning, transport and economy. She has worked on HIA since the late 1990s, producing HIA reports, guidance and sector-specific evidence guides for HIA as well as academic publications. She chaired the Scottish Health and Inequalities Impact Assessment Network from its inception in 2001 until 2023 and works closely with Scottish Government and colleagues across Scotland to champion and use HIA in practice.

Abstract

What will it take to institutionalise health impact assessment? Learning from the past and looking to the future

The greatest influences on the health of our populations lie in the multiple sectors that shape the economic, social and environmental circumstances in which we are born, grow, live, work and play[1]. Health Impact Assessment is a way to inform policies and plans across all sectors, enabling them to be designed and delivered to maximise health gains and avoid any risks to health[2]. Realising its full potential requires institutionalisation of HIA, to ensure it is applied systematically across sectors as an integral part of policy making and decision making.

In this presentation I will give a very personal reflection on the challenges and opportunities as we seek to institutionalise HIA. In 1999 I was very privileged to be a rapporteur at the WHO/Nordic School of Public Health workshop on *HIA from theory to practice* that led to the Gothenburg consensus statement[3]. I will draw on the discussions held in that formative workshop, on HIA research and literature since then, and on my own experience of HIA practice, to highlight how the opportunities and challenges for HIA have evolved.

The development and use of HIA show both change and continuity. Over the past 25 years, use of HIA has grown, with examples in many sectors at national, regional and local levels[4]. We have many international and national guidelines[5], best practice statements[6] and much international experience and research on HIA to draw on[7], but also diversity in HIA practice[8]. There is evidence that HIA can be effective in influencing change[9] and it has been applied to a wide variety of policy areas and 'wicked' problems. However, relatively few jurisdictions have institutionalised HIA as a way to inform decision making on a routine basis. In several cases an initial rise in HIAs has not been maintained, often due to political changes[10]. Revisiting the report of the Gothenburg discussions, many of the tensions and dilemmas that

the participants identified remain valid. However, practical experience of HIA shows that these tensions can be overcome. Reviews between 2001 and 2024 have reached similar conclusions about how to institutionalise HIA, recommending a legal mandate supported by administrative procedures, dedicated capacity and training[10,11].

Almost 30 years ago in 1996, HIA was described as 'an idea whose time has come'[12]. Yet by 2025 we are still not fully realising its potential and most jurisdictions still lack the legal and other requirements to ensure its routine integration into decision making. Institutionalisation of HIA can help to achieve health in all policies, promote sustainability and improve health and health equity in our populations.

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(2) Green L, Ashton K, Bellis MA, Clemens T, Douglas M. 'Health in All Policies'-A Key Driver for Health and Well-Being in a Post-COVID-19 Pandemic World. Int J Environ Res Public Health 2021 September 08;18(18):9468. doi: 10.3390/ijerph18189468. https://doi.org/10.3390/ijerph18189468.

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(4) Lamprecht N, Erlanger TE, Utzinger J, Winkler MS. Prospects and Perspectives of Health Impact Assessment: A Systematic Review of the Peer-Reviewed Literature From June 2007 to January 2023. Public Health Rev 2024 Apr 16;45:1606649. https://doi.org/10.3389/phrs.2024.1606649.

(5) McDermott R, Douglas MJ, Haigh F, Takemon N, Green L. A systematic review of whether Health Impact Assessment frameworks support best practice principles. Public Health 2024;233:137–144. https://doi.org/10.1016/j.puhe.2024.05.008.

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Ben Cave

Founder at BCA Ltd (UK & Ireland) & Honorary Professor, University of Liverpool

Short Bio

Ben Cave brings experience from 25 years of consultancy in Health Impact Assessments globally as well as health in Environmental Impact Assessment and Strategic Environmental Assessment. In 2020 he was first author on the IAIA/EUPHA reference paper on health in EIA. He has written and reviewed the guidelines for national and international organisations, such as Public Health England, Netherlands EIA Commission, UNECE and more. He is an Honorary Professor at the University of Liverpool and a member of the WHO Collaborating Centre on Health in Impact Assessment.

Abstract

Mapping legal frameworks for Health Impact Assessment (HIA) institutionalisation in Europe

This round table will consider ways in which legal frameworks in different countries can, could, and are being used institutionalise HIA. Institutionalisation has long been an issue for HIA. The goal has been to move HIA from being a voluntary approach based on best practice and dependent on the energy of public health leaders to a situation where requirements for HIA of policies, plans, programmes and projects sit within national policy. Environmental assessment provides both a model for HIA and, with its requirements to consider human health, it also provides an example whereby health is institutionalised into an assessment process.

Institutionalisation of HIA raises many questions, for example about implementation (how can findings of HIAs and other assessments be enforced?); about intersectoral working (should ministries of health work with other government departments that oversee impact assessment regimes?); about the competence of public health as a sector (how can the public workforce take on formal requirements for HIA?) as well as about effectiveness, for example, how can we track and evaluate the ways that requirements for HIAs do actually affect population health?

We will hear lessons from Austria, Georgia and Wales about ways to institutionalise HIA, the questions that emerged and solutions that have been adopted. We will also explore how HIA can learn from the growing field of 'public health law research' so that public health as a sector can engage with the legal profession to strengthen a shared understanding and to find ways to track the effects of the policies and regulations that are starting to institutionalise HIA.

Key references

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Scott Burris

Center for Public Health Law Research
Temple University Beasley School of Law

Short Bio

Scott Burris, J.D. is Professor of Law and Public Health at Temple University, where he directs the Center for Public Health Law Research. His work focuses on how law influences public health, and what interventions can make laws and law enforcement practices healthier in their effects. He is the author of over 200 books, book chapters, articles and reports on issues including urban health, HIV/AIDS, research ethics, and the health effects of criminal law. He founded and directed the Public Health Law Research and Policies for Action programs for the Robert Wood Johnson Foundation, and his work has been supported by organizations including the Open Society Institute, the National Institutes of Health, the Bill and Melinda Gates Foundation, the UK Department for International Development, and the CDC. He has served as a consultant to numerous U.S. and international organizations including WHO, UNODC and UNDP. He has been a visiting scholar at RegNet at the Australian National University, the Center for Health Law at the University of Neuchatel, the Department of Transboundary Legal Studies at the Royal University of Groningen, and the University of Amsterdam. He was a Fulbright Fellow at the University of Cape Town Law School. He has been the recipient of the American Public Health Law Association Health Law Section Lifetime Achievement Award and the Jay Healey Health Law Teachers Award from the American Society of Law, Medicine and Ethics. He is a Fellow of the College of Physicians of Philadelphia and the U.K. Faculty of Public Health (honorary). Professor Burris is a graduate of Washington University in St. Louis (A.B.) and Yale Law School (J.D.).

Burris is the premier methodologist in the emerging field of legal epidemiology. He is the co-editor of Legal Epidemiology: Theory and Methods (Wiley 2023). The second edition of his public health law text book, THE NEW PUBLIC HEALTH LAW: A TRANSDISCIPLINARY APPROACH TO PRACTICE AND ADVOCACY, has recently been published by Oxford University Press, and a global edition is in progress.

Abstract

HIA in Context: Thinking from Policy Development through Evaluation

Health Impact Assessment is both a type of research about policy and, within a movement aimed at institutionalizing the practice, an instance of policy. Given that law is a primary mechanism for effectuating policies, a legal perspective on HIA is doubly apt. This presentation places “HIA as research” in the context of legal epidemiology, and the effort to institutionalize

HIA in a strategic understanding of the policy life cycle. The key message is that HIA should on no account be considered unique or separate from either research or politics generally.

Considering HIA institutionalization as a policy process points to five key stages in a lifecycle: developing an HIA scheme, devising its legal framework, securing its enactment, implementing the HIA scheme (and defending it against backlash), and evaluating its effects to improve and diffuse HIA. At this time, most of the focus and effort on institutionalization is on developing optimal HIA models and legal frameworks. There is solid experience to inform those discussions, but discussions and planning should also consider carefully the politics of enacting HIA schemes, the challenges of implementing HIA effectively (including resource needs), the risks of organized resistance from interest groups, and the plans for evaluating the implementation and effects of institutionalized HIAs. While predicting the future is perilous, taking pragmatic steps in the design of HIA schemes and legal frameworks to anticipate and forestall future implementation and political challenges is simply prudent. In addition to implementation and impact evaluations, developing a system of policy surveillance to track the legal adoption of HIA schemes can help spread HIA in general and good legal models in particular.

The same five stages of the policy life cycle are useful for placing HIA in the roster of policy-related knowledge and knowledge products. HIA certainly draws upon existing research in implementation science and legal epidemiology/policy evaluation. HIA's consideration of policy content and legal design may benefit from greater attention to sociolegal and social psychological research on why people and organizations obey or rely on the law, and on the "mechanisms of legal effect" generally. Since enactment – i.e., advocacy and politics – are inherent elements of the polices HIA is assessing, political science and other research on the policy process is also relevant. I leave HIA specialists with the question of whether explicitly situating HIA in a broader roster of scientific work can have a positive influence on HIA methods.

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Nicola Evans

Head of Health Inequalities and Healthy Communities

Short Bio

Nicola worked for over 20 years as a procurement professional within the public sector, before joining the Welsh Government as a Civil Servant. Here she developed an interest in social care commissioning, which led to a change of direction in her career when she was fortunate enough to take on the role of Head of Substance Misuse Delivery within Welsh Government. There she was responsible for holding substance misuse partnerships to account and driving improvements in delivery, along with managing a European Social Fund project on Peer Mentoring. Since 2018, she has worked within the Public Health Directorate within Welsh Government. Nicola currently leads on policy development in relation to health inequalities, including the commitment to legislate for the use of Health Impact Assessments. She is also responsible for a Programme for Government commitment to develop a National Framework for Social Prescribing.

Abstract

Institutionalisation of HIA in Wales

Wales will become one of the only countries in the world to place Health Impact Assessments (HIAs) on a statutory footing. This will mean that public bodies will be required to consider health impacts as part of their decision-making process. There are significant benefits expected as a results of these changes, along with some risks which are being carefully considered.

Background

The Welsh Government have long championed a 'Health in all Polices approach. Despite Wales having an envied legislative framework, including the Wellbeing of Future Generations (Wales) Act 2017 and the Socio Economic Duty alongside national strategies[1] aimed at reducing the root causes of inequalities, people are dying too early in Wales from preventable

[1] A healthier Wales: long term plan for health and social care | GOV.WALES
Mental health and wellbeing strategy 2025 to 2035 | GOV.WALES
Anti-racist Wales Action Plan: 2024 update [HTML] | GOV.WALES
LGBTQ+ Action Plan for Wales | GOV.WALES
Nation of Sanctuary Refugee and Asylum Seeker Plan

ill-health, and spending too much of their lives in preventable ill-health with key indicators showing a downward trend.

The Public Health (Wales) Act 2017 places a duty on the Welsh Ministers to make Regulations about the carrying out of HIAs. The Regulations should set out: the public bodies to which they apply; the specified circumstances; a requirement for publication and the role of Public Health Wales (PHW) in supporting affected public bodies.
Mandatory HIAs in certain circumstances will improve the consistency of the use of HIAs and help public bodies evidence how they are delivering against the well-being goals of a healthier and a more equal Wales.

Development of Regulations
In April 2025, a summary of responses to the consultation exercise undertaken in 2024 on the proposed Regulations was published. Officials within Welsh Government are currently working on a number of key changes to drafting of the Regulations. The expectation is that the Regulations will be laid before the Senedd Cymru/Welsh Parliament this Autumn, with the view of the Regulations coming into force towards the latter part of next year. This is to allow for a period of preparation, to include the awareness raising, publication of guidance and roll out of a training programme to assist the affected public bodies.

Reflections to date
HIAs have been carried out voluntarily in Wales for 20 years. However, there has been inconsistent use across sectors resulting in variable quality, hampering delivery of HIAs in some areas and limiting impact on decision-making. Moving from a voluntary HIA framework to a mandatory HIA framework will involve a significant change management process.

Concerns were raised during the consultation process of the additional burden on affected public bodies, with calls for both a proportionate and integrated approach. There is a risk to public bodies of judicial review for non-compliance with the Regulations, there is also a risk that the policy intent behind the Regulations, to strengthen decision making across Wales, will not be realised if the HIA becomes a tick box exercise.
Balancing these two risks requires careful consideration including clarity on which aspects of the HIA should be mandatory and which should be considered good practice. Clear guidance and training on how the Regulations should be interpretated in practice is also required. Policymakers, HIA practitioners and affected public bodies will need to work closely together to ensure a consistency in approach.

Nia Giuashvili

National Center for Disease Control and Public Health, Ministry of IDP from Occupied Territories, Labour Health and Social Affairs of Georgia

Short Bio

Dr. Nia Giuashvili has more than 20 years of working experience in development Public Health Policy and Regulations. She is a Public Health Expert of the Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs of Georgia since 2004 and Adviser to the Director General in the field of Environmental Health at the National Center for Disease Control and Public Health (NCDC) since 2014. She is a Medical Doctor, have obtained MD degree from the Tbilisi State Medical Academy (Georgia, 1996) and MPH from the University of Georgia (Georgia, 2010), state board certified in General Hygiene (1999) and Public Health and Healthcare Management (2003). Currently she is a Doctoral Program student of Emory University and University of Georgia joint Fogarty Fellow leading project.

Dr. Nia Giuashvili has been working since 2000 at the Ministry of Labour, Health and Social Affairs of Georgia and in 2000-2010 led the development of public health legislation and regulations, including sanitary rules and hygienic norms for environmental and occupational health fields. She was the member of working group of the Parliament of Georgia on elaboration of the project Law on Public Health (2007); She is a temporary adviser of the Joint Convention/WHO Task Force on Health Aspects of Long-range Transboundary Air Pollution Working Group since 2008. She has served as a consultant to international organizations including WHO, UNICEF, UNDP, UNECE, Expertise France. Dr. Giuashvili is a National Focal Point to the WHO Environment and Health European Process from Georgia health sector since 2023 and National Counterpart for WHO Environment and Health European Process Human Biomonitoring/HBM Partnership from Georgia. In 2022-2024, as RTA Counterpart of the EU Twinning Project - Support in implementation of Health Impact Assessment practice in Georgia, has been working on NCDC capacity building to conduct Environmental Health Impact Assessment under the Strategic Environmental Assessment process.

Her key qualifications/working areas and research interest include Public Health Management and Organization, Environmental Health, Climate Change and Health, NCD Prevention and Control, Health Care Legislation and Regulations, Health Care Quality Management, Infection Prevention and Control.

Abstract

HIA Guidelines in Georgia: Practical Application of Health in Environmental Assessment

Human Health Impact Assessment in Georgia is a new and mandatory process introduced in the Environmental Assessment Code (2017) and a specific resolution of the Government of

Georgia (2019) on Human Health Impact Assessment in line with EU Directives SEA (DIRECTIVE 2001/42/EC) and EIA (Directive 2014/52/EU).

Georgia HIA Guidelines demonstrates comprehensive approach and are a result of the European Twinning project "Support in implementation of Health Impact Assessment Practice in Georgia", which integrates the outcomes of the four components of the European Twinning project: Component 1 - "Legal and regulatory framework: international standards, revision with EU-Georgia Association Agreement and approximation with EU legislation"; Component 2 - "Strengthen institutional capacity to conduct HIA of the Environmental Health Risks under the National Center for Disease Control and Public Health (NCDC)"; Component 3 - "Capacity of relevant stakeholders to ensure reliable and quality data management of HIA" and Component 4 - "Public involvement, reporting and communication system to HIA process".

HIA Guideline fulfils a need to support capacity building in Health Impact Assessment (HIA) for a large panel of stakeholders following the regulatory changes approving the rules for human HIA within the environmental assessment (EA) field. The guidelines gives a broad understanding of HIA within Strategic Environmental Assessment (SEA) and Environmental Impact Assessment (EIA), provide different tools for stakeholders and fit well for any type of SEA in the sectors mentioned in Annexes I and II of the Georgia Environmental Assessment Code, which is in line with EIA Directive (1985) & SEA Directive (2001), that was prepared to fulfil the political commitments to become a party to the Espoo convention (Kiev, 2003) and its Protocol on SEA and (2) the Resolution No. 420 of 2019 of Georgian Government on Rules for Human Health Impact Assessment within Environmental Assessment Field.

These guidelines are to be considered as complementary to the existing guidelines for EIA and SEA in Georgia developed with the support of the European Union, following the adoption of the Environmental Assessment Code in 2017:

- Guidelines on practical application of Strategic Environmental Assessment in Georgia (2017 - last update 2023) - United Nations Economic Commission for Europe (UNECE);
- Guidelines on practical application of Environmental Impact Assessment in Georgia (2017 - last update 2023) - UNECE.

The content of HIA guidelines is also designed to be in line with:

- The "Strategic Environmental Assessment Guidelines for the Spatial Planning Sector of Georgia (Version 2)" developed by the National Environmental Agency of Georgia in 2023;
- Information document "Assessing health impacts in strategic environmental assessment" (United Nations Economic Commission for Europe - UNECE, 2023).

The effective implementation of HIA or the integration of health into EA requires, in addition to the provision of appropriate tools and frameworks, a common culture on HIA methodology and associated concepts, as well as the active participation of all stakeholders involved in

strategic documents and projects subject to environmental assessment. For this reason, the HIA Guideline has been structured in two main parts. The first part, intended for a wide range of stakeholders (Planning Authorities, Health Authorities, Environmental Authorities, consultants and any other civil society representatives) corresponds to the theoretical part of the guidelines. It aims to share a common knowledge base of the HIA approach, key concepts and principles related to HIA applied to strategic documents and development projects at the scale of living environments (systemic approach to health, health inequalities, health in all policies, etc.) and the integration of health in environmental assessment, including SEA (Strategic Environmental Assessment) and EIA (Environmental Impact Assessment). The second part, which is targeted more specifically to NCDC officers, corresponds to the practical part of the guidelines for implementing HIA in EAs. It aims to clarify the role of the NCDC and interactions with the National Environmental Agency and other stakeholders, and provides recommendations, tools and templates that can be used at each stage of the process, structured into 5 steps (E1-Screening, E2-Scoping, E3-Preparing the report & Public hearing, E4-Assessment of the report & Issuing recommendations and E5-Monitoring/follow up of the implementation of the project/strategic documents). Additional recommendations and tools are also proposed for the implementation of Governance, Public Participation and Expertise & Data (3 Horizontal Issues).

The HIA Guidelines can be applied to strategic environmental assessment (SEA) and, more generally, to any environmental assessment likely to affect public health (e.g., EIA, sector application or any other project, programme, plan application).

Francisco Vargas

Epidemiologist. Technical Officer-Ministry of Health (Madrid, Spain)

Short Bio

Francisco Vargas Marcos is a Medical Epidemiologist. Diploma in 'Statistical, Epidemiological and Operational Methods applied to Medicine and Public Health'. School of Public Health of the Free University of Brussels (WHO). Master's degree in Public Health (National School of Health). Civil servant in the State Administration, National Health Medical Corps.

He has worked in the Directorate-General for Public Health (Ministry of Health) in the fields of health planning, epidemiology, prevention, health promotion and protection and environmental health (he was Deputy Director General for Environmental Health and Occupational Health). He has worked in risk assessment, management and communication on environmental factors influencing health. Air pollution, indoor environmental quality, drinking water, ionizing radiation, electromagnetic fields, occupational health, chemical substances and preparations, phytosanitary products, biocides, legionellosis, heat wave protocols, etc.

He has been a promoter of the Health Impact Assessment (HIA) since 2005, drafter of article 35 of the Public Health Law 33/2011 on HIA.

He is currently involved in drafting the Technical Guidance for HIA in Spain, which aims to support the implementation of HIA across all levels of government.

He is the author of several technical reports on the aerial transmission of SAR-CoV-2 published by Spanish Society of Environmental Health, Spanish Society of Aerobiology and Ministry of Health.

He is a representative of the Ministry of Health in the project. Next Generation Integrated Sensing and Analytical System for Monitoring and assessing Radiofrecuency Electromagnetic Field Exposure and Health.

Rosina Olaso

Technical Officer-Ministry of Health (Madrid, Spain)

Short Bio

Rosina Olaso studied Pharmacy at the University of Alcalá de Henares and holds a Master of Science in Pharmaceutical Inspection and Medicines Regulation. After successfully passing the

national competitive examination for the Senior Corps of State Pharmacists, she joined the Spanish Ministry of Health, where she began her career in public health at the central level.

Since 2022, she has been working at the Directorate-General for Public Health and Health Equity, where she contributes to the development and integration of Health Impact Assessment (HIA) within the framework of the Strategic Plan for Health and the Environment (PESMA). Her work focuses on embedding HIA into the evaluation of policies, strategies, plans, programmes, and projects, particularly in the field of environmental health.

She is currently involved in drafting the *Technical Guidance for Health Impact Assessment in Spain*, which aims to support the implementation of HIA across all levels of government, in alignment with national priorities and international standards. Her work promotes the use of HIA as a tool to anticipate health impacts, foster equity, and improve population health outcomes through evidence-informed decision-making.

Abstract

The Spanish Ministry of Health and the application of the health impact assessment in Spain.

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(b) Tragsatec

The Health Impact Assessment (HIA) has been on the agenda of the General Directorate of Public Health of the Spanish Ministry of Health (MH) since 2005, when a first technical document of a Health and Environment Plan was prepared and continued in 2007-2008 [1]. This second attempt had the participation of the Carlos III Health Institute, both plans included the need to promote HIA but did not have sufficient support for their final approval.

In 2008, the Ministry of Health proposed the creation of a Network Center for Health Impact Assessment (CREIS, in spanish) [2], however, the lack of institutional support and the coincidence with the process of drafting a new Public Health Law prevented its implementation and delayed a possible advance in the knowledge and dissemination of HIA.

In 2011, the Spanish Society for Environmental Health (SESA) published a valuable guide [3] on HIA with sufficient elements for environmental health technicians in the autonomous communities to standardise the criteria used when issuing the mandatory health reports for all plans, programs, projects and activities subject to environmental assessment.

Law 33/2011, General Public Health Law (LSP) [4] recognized the importance of HIA by including it in **its Article 35** which states**:**

> *1. The Public Administrations must submit to health impact assessment, the regulations, plans, programs and projects that they select for having a significant impact on health, in the terms provided for in this law.*

The results of these evaluations must be integrated into the information systems and the Public Health Surveillance Network. Assuming HIA as the combination of procedures, methods and tools by which a standard or a program can be evaluated in relation to its effects on the health of the population and its distribution.
In 2014, a step forward was taken with the publication of a screening tool for the Health Impact Assessment of national policies of the Ministry of Health, (2014) [5], based on the conceptual framework developed by the WHO Commission on Social Determinants of Health (WHO Commission on Social Determinants of Health, 2007).
In 2019 (10 June) the Directorate General for Public Health, Quality and Innovation of the Ministry of Health, Consumer Affairs and Social Welfare (MSCBS, in Spanish) organised a "Policy Dialogue" within the framework of the European Joint Action CHRODIS+, to promote the development of Article 35 on HIA of the General Public Health Law and to develop proposals for an effective application of HIA in our country.
The objective of this European Joint Action was to identify the main methods, tools, institutional and procedural factors that facilitate the integration of environmental health aspects into environmental assessments. As a result of this dialogue, two compatible and complementary lines of work were proposed:

- Line 1: Apply an HIA integrated into the Environmental Assessment (EA), with an individualized report that introduces elements of impact on health and equity, and that would affect the actions that are currently subject to EA according to current regulations.
- Line 2: Apply a specific HIA, developing specific tools, procedures and legislation to evaluate those actions of the public administration, such as laws, policies, strategies, plans, programs and projects that are not subject to EA. It was suggested that the Regulatory Impact Analysis Report (Royal Decree 931/2017, of 27 October) could be the appropriate place to collect the specific HIA for laws and policies.

The conclusions of the Policy Dialogue between the MSCBS and the Ministry for the Ecological Transition were collected in a framework document of *"Proposals to advance in the implementation of the health impact assessment"* [6].

The Environmental Impact Assessment (EIA) regulated by Law 21/2013 on Environmental Assessment, with clear procedures and specific methodologies, draws parallels to the HIA procedure, set out in Article 35 of Law 33/2011, General Public Health. In this regard, the European Public Health Association (EUPHA), together with the International Association for Impact Assessment (IAIA), has prepared a background paper on the ways in which human health can be addressed within the EIA process as set out by the amended EIA Directive [7].

In 2021, the Ministry of Health approved the Strategic Plan for Health and Environment (PESMA, in Spanish) [8]. One of its main objectives is to promote healthy environments that reduce the risks derived from exposure to environmental factors that have an impact on public health. The Plan includes HIA as a cross-cutting intervention aimed at protecting health.

It is necessary to advance in the development of Article 35 of Law 33/2011, General Public Health, regulating HIA in the regulatory activity of the General State Administration and in strategies, plans, programs and projects. However, the necessary regulatory development has not yet been carried out to define the scope of application, responsibilities, competences and methodology to be applied. Given this lack of regulatory definition, some Autonomous Communities have taken the initiative to continue advancing in the implementation of HIA.
At the regional level, there has been some progress in Catalonia (2009), the Balearic Islands (2010), Andalusia (2011) which has specific legislation on HIA, the Valencian Community (2014), Aragon (2014) and Asturias (2019) which introduced HIA in their respective regional legislation on Public Health. These regulations have in common that they include HIA as a responsibility of Public Health bodies.
Currently, in compliance with the PESMA, the Ministry of Health is coordinating the development of a Methodological Guide on HIA, which is at a very advanced stage. To this end, two working groups have been created:

- A Group of Experts on HIA.
- A group made up of representatives of the Autonomous Communities who have offered to participate in its preparation.

Once this methodological guide is published, which must be approved in the Environmental Health Report in which all the Autonomous Communities and autonomous cities are represented, the regulatory development of Article 35 can be addressed so that the application of HIA is institutionalized in our country in a homogeneous and coordinated way. This Guide aims to facilitate the work of health technicians in the autonomous communities and cities, both in the processes of specific HIA, and in their integration into EA procedures, i.e. in the Strategic Environmental Assessment (SEA) and the Environmental Impact Assessment (EIA). It can also be useful as a reference in other environmental procedures, such as the Integrated Environmental
Authorization.

Another Guide for the Rapid Health Impact Assessment in Regulatory Development (2023) has recently been published [9]. Who is this guide for? mainly those persons responsible, technical or political, for the design and development of proposals for public administration actions such as regulations, programs, plans or other interventions, especially those that require a Regulatory Impact Analysis Report (MAIN, Spanish) [10]. This guide is consistent with the lines of work proposed in the "Policy Dialogue" within the framework of the European Joint Action CHRODIS+ and the reform of Component 18 of the Recovery, Transformation and Resilience Plan (RTRP). It can also be useful for civil entities or citizens in general to whom these proposals are addressed. Therefore, this guide is intended to have a practical orientation and should not require expert health knowledge to follow and apply it. One of its objectives is to include the health approach in all policies and that all regulations drawn up within the scope of the State administration contain a prior report on their impact on health.

For HIA to be useful and effective, it is necessary to develop an effective environmental health information system that allows monitoring, evaluation and action in advance against environmental factors of a physical, chemical or biological nature, as well as against environmental situations that affect or may affect health. This system must be integrated into the framework of the State Public Health Surveillance Network [11], as provided for in its regulations.

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Francisco Javier Falo

Head of the HIA Unit. Regional Ministry of Health of Government of Aragon (Zaragoza, Spain)

Short Bio

Francisco Javier Falo obtained a degree in Veterinary Medicine from the University of Zaragoza, specializing in Bromatology, Health, and Food Technology.
In 1988, he joined the Department of Health in the Autonomous Community of Aragón, Spain. Since then, he has developed his professional career in the fields of Public Health and healthcare management.
Since 1994, he has held various senior positions within the Department of Health, both in planning and management, including Area Manager of the Aragonese Health Service, Director of Public Health at SALUD, Technical Advisor to the General Directorate of Public Health, and from 2005 to 2011, General Director of Public Health, a position he resumed from 2015 to 2023. Since then, he has taken on advisory duties in the General Directorate of Public Health and responsibilities in the field of Health Impact Assessment (HIA).
Throughout this period, he has participated in numerous training courses related to executive functions and the operational areas of Public Health and public policies, as well as in meetings and conferences, both as a participant and a speaker. He also collaborates in teaching, both at the undergraduate level and in various Master's programs at the Public University of Zaragoza.
He has been a member of the Institutional Commission of the Spanish Agency for Food Safety, as well as various commissions of the Interterritorial Council of the National Health System and several technical and advisory committees, most of them related to Public Health.
Additionally, he is an active member of several national and international scientific societies in the fields of Public Health, Food Safety, and Environmental Health.

Abstract

HIA institutionalisation: the experience of Aragon

In Spain, the development and implementation of Health Impact Assessment (HIA) present a markedly asymmetrical landscape. This is due to the lack of development in this area of the basic national Public Health regulations (the 2011 Law) and a territorial model that assigns responsibility for Public Health competencies to the autonomous communities.

The Experience in Aragón

Aligning with the commitment and spirit of the national law, the Public Health Law of Aragón, passed in 2014, explicitly references HIA, proposing its implementation for regulations, plans, programs, and projects. However, in the absence of regulatory development, reflecting the broader national situation, this proposal has not been concretized.

The Aragón Health Plan 2030, widely agreed upon and approved in 2018, reaffirms this objective and proposes working strategies for its development. This strategic reference document adopts a normative orientation within our autonomous community and strongly advocates for the concept of "health in all policies." In fact, between 2019 and 2024, a service attached to the general directorate was created, explicitly incorporating within its competencies the development of HIA methodology.

Since 2011, initial training initiatives had been proposed for interested professionals within the department. This process was repeated in 2018, leading to the formation of a working group that developed a “rapid HIA tool”, which was validated through its application to two projects: Zaragoza’s urban mobility strategy and the Social Economy Law of Aragón. A part of this team continues to collaborate in this activity.

Using this tool, two rapid HIAs were conducted in 2021-2022, despite the challenges posed by the pandemic. These assessments focused on the Bicycle Strategy promoted by the Government of Aragón and the draft law on participatory governance in Aragón’s education system. The evaluation of the process was highly positive, though undoubtedly just a starting point, as areas for improvement were identified.

Since 2023, the initiative has been reinvigorated, leading to the establishment of an administrative reference, the Health Impact Assessment Unit, whose main objective is to advance this area of work.

Advances and Challenges

Several development paths have been pursued, though progress varies across them. There has been limited advancement in integrating HIA into Environmental Impact Assessment due to resource constraints. However, more decisive progress has been made in institutionalizing HIA within legislation and specific strategies within the autonomous community. In fact, work is currently underway on a decree to regulate and define HIA, which remains in draft form. This decree represents the regulatory development needed to institutionalize the process under Aragón’s Public Health Law.

Looking Forward

In 2025, the Interdepartmental Health Commission was created, involving all departments of the Government of Aragón. It serves as a forum for intersectoral collaboration, embodying the essence of the Health in All Policies strategy. The promotion of Health Impact Assessment is one of its key initiatives, leading to the establishment of an HIA working group, attached to this participatory and coordination body.

At the same time, practical experience continues to grow. A Health Impact Assessment of the draft Housing Law of Aragón was conducted in December 2024, and currently, efforts are underway for the draft Comprehensive Law on the Rights of Older Persons in Aragón.

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Mercedes Castillo

Technical officer in Environmental Health-Regional Ministry of Health of Generalitat Valenciana (Valencia, Spain)

Short Bio

Biologist and a civil servant at the General Directorate of Public Health of Valencia. I have dedicated more than 30 years to Public Health, specializing in environmental risks. Throughout most of my professional career, I have focused on the analysis and development of analytical techniques to quantify chemical substances in various matrices, including air, water, and food.

Three years ago, my growing concern over environmental degradation, climate change, and their effects on health led me to shift my approach from analytical methods to evaluative and interpretative perspectives. Currently, within the broad field of Environmental Health, my work primarily involves preparing environmental assessment reports, and, when demand allows, evaluating air quality, both outdoor and indoor.

I have participated as an instructor in the training programs "From Global to Local: Health in All Policies and Health Impact Assessment" and "Vectors and Health", both part of the Training Plan of the Valencian School of Health Studies (EVES) in 2023 and 2024, respectively.

In 2023, I collaborated on the Big Data personalized medicine project of the Generalitat Valenciana and the Government of the Canary Islands (Predicting the number of emergency admissions in relation to airborne particle concentrations), led by the General Directorate of Research and High Health Inspection, under the FID Salud Program of the Ministry of Science and Innovation, co-financed by the European Regional Development Fund (ERDF).

Abstract

Institutionalisation of HIA in Spain: the experience in Generalitat Valenciana

Law 21/2013 defines environmental assessment as the process through which the significant effects that plans, programs, and projects have or may have on the environment are analyzed, including, among others, their effects on the population and human health. However, in strategic environmental studies or environmental impact assessments, aspects related to human health receive far less attention compared to fauna, vegetation, or archaeological heritage.

As progress is made in the development and implementation of Health Impact Assessment (HIA), an effective way to integrate health into all policies (HiAP) is to incorporate the public health perspective into administrative environmental assessment procedures through public participation processes. This approach aims to minimize the impact of environmental risks on population health.

In this context, the Environmental Health Service of the Valencia Health Department conducts qualitative evaluations using a One Health approach, promoting healthy environments and reducing risks derived from environmental factors. These evaluations address key determinants such as drinking water availability and quality, waste and wastewater management, noise pollution, air quality, climate projections, and synergies to prevent future adverse effects. Additionally, efforts are made to generate knowledge and raise awareness about environmental impacts on health, highlighting potential effects of the evaluated factors and providing recommendations for their mitigation. These recommendations also encourage behaviors that support the protection and improvement of public health. Adaptation and mitigation measures addressing climate change are included, focusing on water resources, energy, urban planning, construction, and extreme weather events. Emerging risks such as vector proliferation, microplastics, antimicrobial resistance, and waste management are also considered.

Regarding the population, emphasis is placed on the need to identify sensitive environments, such as healthcare and educational centers, in environmental studies. Likewise, the importance of local community participation is highlighted as a means to identify, reduce, or eliminate negative impacts and enhance positive effects, with special attention to the most vulnerable or socially disadvantaged groups.

HIA stands out as a key tool for integrating health and equity into all policies. However, its implementation requires trained professionals and an organizational structure that facilitates coordination between the health sector and other sectors, fostering synergies for effective health protection. Integrating a health perspective into environmental assessment signifies progress toward a strengthened HIA and the development of regulations that prioritize health in all policy decisions.

Elena Cabezas

Head of Health Promotion Area- Public Health Directorate. Governs de les Illes Baleares (Mallorca, Spain)

Short Bio

Elena Cabeza studied medicine, specializing in preventive medicine and public health, and earned her PhD in medicine and surgery in 1990. Since 2002, she has worked at the General Directorate of Public Health of the Balearic Islands in health planning, health plans, health surveys, the healthy eating and active lifestyle strategy, and health impact assessment. In this area, she participated in the project: "Health impact assessment project in Playa de Palma" and organized training courses at the Menorca School of Public Health. Previously, she worked as an epidemiologist at the Epidemiology and Cancer Registry Unit of Mallorca.

Since 2015, she has been the head of the Health Promotion Service of the General Directorate, where she leads the social health promotion strategy for the Balearic Islands. She has launched programs for healthy environments: municipalities, community networks, companies, educational and healthcare centers that promote health, and has driven the "Health in All Policies" strategy. Since 2019, she has led the **Einasalut** project, a digital health promotion tool designed to help citizens, the communities in which they live, work, and interact, as well as institutions and policymakers, to make the best decisions regarding their health, the health of their community, or the population for which they are responsible. https://einasalut.caib.es/web/instituciones-activas

She is the representative of the Balearic Islands in the Ministry of Health's health promotion panel, in the primary care and community health strategy, and participates in numerous Ministry of Health working groups on various topics: health-promoting schools, local health, equity, monitoring of social determinants of health, asset mapping, and health impact assessment. She also represents the Balearic Islands in the **NAOS Strategy** for the prevention of childhood obesity at the Spanish Agency for Food Safety and Nutrition and is the coordinator for the Islands in the **European Innovation Partnership on Active and Healthy Ageing (EIP-AHA) Reference Site** project.

Abstract

Institutionalization of Health Impact Assessment (HIA) in Spain: the experience in Balearic Islands

How it all began:

The 2011 General Public Health Law, in Article 35, establishes that Public Administrations must subject regulations, plans, programs, and projects—selected for having a significant impact on health—to a Health Impact Assessment (HIA). This refers to the combination of procedures, methods, and tools through which a program or regulation can be evaluated in terms of its effects on population health and the distribution of those effects. HIA is thus understood as a tool that enables this approach to be applied at any level of government. Health administrations will report on the presence of specific risks to public health, and this information will include an assessment of their health impact.

The law also includes a statement of intent that, over time, may be seen as somewhat optimistic: "The inclusion of health impact assessment in our legal framework may place us among the most advanced countries, fostering innovation in the development of reforms related to a sustainable economy that, in turn, ensures health security."

At that time, significant developments were observed in several Autonomous Communities (CCAA), which led to some progress: specific laws, guides and manuals, a virtual platform (the Health Impact Assessment Resource Center - CREIS-EASP), various HIA experiences, training, etc.

A story of failure or learning from experience?

In our Autonomous Community, Law 16/2010 on public health in the Balearic Islands includes HIA as a public health service, though not mandatory. During that period, there was an attempt to promote public health reform based on social determinants of health framework, working with experts from the San Francisco Department of Public Health (Dr. Rajiv Bhatia). This collaboration led to a pilot HIA applied to an urban rehabilitation project in a mature tourist area, Playa de Palma (a project that ultimately never materialized), as well as the translation and adaptation of the Minimum Elements and Standards for Health Impact Assessment guide. Specialized training was also offered, and a Web 2.0 tool (HIAtool) was developed to support the HIA process. However, like the rest of the activities carried out, it was forgotten by subsequent governments.

Lessons learned and future challenges:

Despite the difficulties, that productive period laid the groundwork for future progress. In 2016, the Social Strategy for Health Promotion in the Balearic Islands was launched, focusing

on a framework of social determinants of health, equity, and Health in All Policies (HiAP), intersectorality, and community participation. The strategy targets policymakers and professionals whose decisions affect population health, communities and environments aware of their potential to change existing realities, and citizens who wish to act collectively to gain greater influence and control over the factors that determine their health and quality of life.

In recent years, we have seen significant progress in raising awareness of the social determinants of health model across many sectors. Initiatives such as the national public health surveillance network, which includes monitoring of social determinants (though not to the extent ultimately reflected in the decree), help us promote the Equity and Social Determinants Observatory of the Balearic Islands (soon to be launched). Additionally, in 2019, Einasalut was launched—a digital tool supporting the Strategy, designed to help citizens, communities, institutions, and policymakers (HiAP) make the best decisions regarding their health, the health of their community, or the population they are responsible for.

Furthermore, the Ministry of Health has been promoting several initiatives:

- A guide for rapid health impact assessment in the development of regulations
- Recommendations for advancing HIA with a focus on equity and health promotion
- The inclusion of HIA in environmental health plans.

However, it is important to remember that HIA is merely a support tool for the Health in All Policies Strategy—not an end in itself. While legislative development is necessary, it is not sufficient. To continue progressing, we must consider the critical success factors that must accompany it (organizational aspects, human and material resources, awareness, training, information systems, etc.) and how to adapt them to territories with very different backgrounds, trajectories, and capacities across various levels of government.

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Regional Ministry of Health of Andalusia (Seville, Spain).

Short BIO

Luis A. Moya Ruano holds a degree in Industrial Engineering (specializing in Chemical and Environmental Engineering) from the University of Seville, as well as a Bachelor's in Geography and History, with expertise in Geographic Information Systems (GIS) and spatial analysis tools. He has served as a civil servant for the Andalusian Regional Government in the fields of environmental project evaluation and environmental health. For over ten years, he has been part of the teams responsible for designing, implementing, and launching Health Impact Assessment (HIA) in Andalusia. In particular, he has focused on evaluating urban planning instruments or sectoral plans and identifying and characterizing vulnerable populations through the analysis of demographic, economic, health, and social variables using open data. In recent years, his main contributions to his field of expertise have centered on training personnel, disseminating the work done, and integrating healthcare and environmental data to generate evidence on the effectiveness of implemented interventions in HIA. He has also published several technical reports, and collaborates with urban planners, health authorities, and academic institutions across Andalusia. Currently, he serves on the HIA and air quality technical committees created in the Environmental Health Spanish Society (SESA) and regularly delivers workshops to public sector professionals.

Abstract:

HIA institutionalization in Andalusia

Developed societies face novel social and health challenges; available data show increased mortality and morbidity rates due to chronic, noncommunicable diseases and their unfair prevalence in the most deprived social strata [1]. In most cases, the driving forces behind the rise of these diseases, including demographic ageing, rapid urbanization and the globalization of unhealthy lifestyles, lie outside the direct control of the health sector.

The best way to tackle this challenge is for all sectors to include health and well-being as a key component of policy development and the best tool is Health Impact Assessment. HIA has been practised all over the world for more than 20 years, usually as a voluntary action.

Worldwide, there are fewer experiences of its institutionalization, meaning its systematic integration into the decisionmaking process.

In 2008, the Andalusian Environmental Health Plan set the target to include the health authorities in all processes regulating environmental prevention and control instruments. Subsequently, in 2009, the first draft of the IV Andalusian Health Plan [2] included HIA as a Regional-Government priority.

All this work culminated in the publication of Act 16/2011 on public health in Andalusia (APHA), a regulatory text in which HiAP and HIA have significant roles, and the passing of a decree mandating the use of HIA, which came into force in 2015. Political commitment, legislation and strong stewardship are often cited as prerequisites for HIA implementation [3], but implementing HIA also meant:

- clarifying the definition and operationalization of HIA;
- developing guidelines, methodological criteria and tools;
- building the necessary capacity to put HIA into practice and improving intersectoral collaboration;

In defining the HIA procedure in the administrative procedures and policies of a region, several factors need to be considered and the right choices made to balance your objectives with the available resources:

- legal character: mandatory vs voluntary; binding vs nonbinding;
- scope of the assessment: fixed vs screening; public vs private activities; relevant sectors;
- procedure: total or partial integration vs stand-alone document;
- stakeholder involvement/roles.

According to past experiences in Andalusia (EIA), sensitizing and involving developers in the new HIA process was crucial to its success. Given that these developers (and consultants) are not usually familiar with health aspects, health authorities had to take the lead in technical matters and develop tools and procedures to help them assess their projects. So, we drafted two guidelines on HIA of activities in which the SDH were presented in such a way that the different professionals involved would easily understand how to assess them. Other documents followed with FAQs, a screening tool, a way to tackle and identify vulnerable populations, SIG use, optimal urban parameters for healthy environments, and so on.

Finally, to facilitate HIA implementation, it is necessary to ensure political leadership and strategic alliances, multilevel administrative coordination, internal strategic planning, advocacy and cooperation. The most sensitive issue relating to internal strategic planning involved the workforce. In this regard, measures were taken to identify the ideal professional profile (knowledge, skills, attitudes) and specific training needs and also organize the work optimally.

Nine multidisciplinary teams have been created, one in each province and one at the regional level, creating a HIA network across the region. The teams comprise 6–8 members with various academic backgrounds who also specialize in some of the work areas needed.

HIA has proven to be a successful tool for implementation of the HiAP strategy [4] in Andalusia by consistently improving the outcomes of examined projects. In these 10 years, more than 200 professionals have been trained and involved in these activities: Andalusian HIA teams have processed over 2500 dossiers and produced more than 1800 HIA reports.

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Abstrac related to the round table of IA integration: health beyond HIA:

Health in the Environmental Impact Assessment: the view of Andalusia

There is a long-standing and significant debate on whether and how health impacts should be integrated into environmental assessments [1]. At first glance, this may seem like a futile

discussion, as the issue appears to be already settled: all regulations explicitly require the assessment of impacts on health and populations within environmental impact assessments.

So why does this debate persist? Probably because what has been theoretically resolved has not been successfully implemented in practice. My contribution on this topic focuses on describing how this integration is being carried out in Andalusia and the challenges that still need to be effectively addressed .

There are two main ways to conduct this assessment: either the assessment is carried on by the technical staff of the environmental administration or it is required from the health administration in the form of official reports. In both cases, various issues arise—some common to both approaches and others specific to each;

When environmental professionals are responsible for carrying out the assessment, these several difficulties arise:

Lack of training in health-related matters, i.e. the relationships between environmental factors and health, and aspects of population vulnerability. This issue is bidirectional, as health technicians also have limited knowledge of the technical and environmental aspects of interventions.

Biased assessment approach. Significant efforts have been made to ensure environmental performance excellence in the most polluting sectors (BREFs) [2]. However, its application often focuses on comparing individual effects against this ideal, disregarding the accumulation of impacts or the sensitivity of the environment.

Elimination of public participation in favor of streamlining the assessment process.

On the other hand, if the assessment is conducted through health reports, we find these challenges:

- Non-binding reports, whose content must be interpreted and assessed by environmental technicians.
- Biased information requests. The environmental assessment approach focuses on risk prevention, disregarding both positive impacts and opportunities to optimize effects. As a result, simplified evaluations are often used in plans such as hydrological management or air quality improvement programs.
- Diverging assessment scopes. For example, in urban planning, only the conversion of natural land to artificial land requires an Environmental Impact Assessment (EIA) [3]. Any modifications within the built (or planned) city are exempt, preventing the health sector from addressing crucial issues such as accessibility, mobility, and diversity.
- Incomplete documentation, often lacking essential information for the Health Impact Assessment (HIA), such as population characterization. Moreover, health authorities have no opportunity to amend the documents or communicate directly with the project developers.

Considering the points raised , the conclusion is that HIA needs are not met within environmental assessment. Therefore, one of the following options is necessary:

- Rethinking environmental assessment and modifying it to increase its sensitivity to health aspects.
- Implementing parallel or separate procedures specifically focused on health issues.
- Enhancing communication and collaboration between the two administrations in any case.

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Secretary of the Spanish Society of EIA (Madrid, Spain).

Short BIO

Graduated in Pharmacy (summa cum laude) in 1990, MSc in Environmental Impact Assessment 1992 and PhD in Pharmacy 1995 with a laureate Thesis about soil degradation (Juan Martel Prize). My research interest comprises Environmental Impact Assessment and specifically the impact of agriculture and other activities in natural ecosystems. I focus in soil degradation, the role of the soil in climatic change and Health Impact Assessment. Since 1997 I am staff, under different positions at Soil Science Department of the Universidad Complutense de Madrid. I am co-director of the Research group Fitosolum and our research group collaborated with other nationals and international colleagues in this field. I had been principal investigator or participant in over 20 research competitive projects. I also have a great experience of research transference with different companies with more than 20 research contracts signed with our research group.

Research Interest: Soil degradation, soil-plant relationship, Environmental Impact Assessment, Health Impact Assessment

Abstract

Is HIA and EIA integration possible in Spain?

Short description: Environmental Impact Assessment (EIA) is a well-known and established procedure in Spain, with thousands of annual assessments in different decision processes. Health issues have been incorporated in the EIA regulation from the 337/85 Directive, although almost any case is included. On the other hand, Health Impact Assessment has been regulated by public health law since 2011, but it is still an unknown concept for most practitioners and health authorities. Over the years, several attempts at integration have been made without success. A recent survey revealed that 77% of participants recommend adding a specific chapter on health to the EIA procedures. This survey, which gathered insights from health and environmental practitioners, identified several reasons for the ongoing challenges, including the absence of a regulatory framework, a lack of expertise, and a deficiency in targeted capacity-building programs related to health impact assessment (González-Algarra, 2025).

Highlight critical aspects:

- Institutionalization of HIA is mandatory in the Spanish regulatory framework.
- HIA has not been introduced in the decision-making processes or technical bodies.
- Despite the Public Health law, there are no standard procedures, guidelines, or recommendations related to HIA, except in the case of Andalucia.
- A recent survey (including graduates, professionals from health, and EIA practitioners) shows some gaps related to educational programs and capacity building in these areas.

Data or outcomes.

Indicator	EIA/SEA	HIA
First regulation	RD. 1306/86	Ley 33/2011
Mandatory Health Issues	Yes	Yes
Scope	Plans, programs, projects	Normative, plans, programs, projects
Number of procedures/years	Thousands	200 (only Andalucía)
Integration in academic programs	Ye	No
Social perception	Well-integrated, public participation	Mainly unknown

Recommendations.

- Develop specific capacity-building programs, mainly graduate programs.
- Develop recommendations and guidelines for the general society.
- Design a robust and easy platform system to facilitate public transparency and participation.

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Henk Hilderink

Centre for Public Health, Health Services and Society, National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands.

Short BIO

Henk Hilderink studied Mathematics and obtained his PhD in Demography with the thesis "World Population in Transition". He has been working at RIVM since 2014 and was project leader of the Public Health Foresight Study (VTV) 2018 and 2020. Before that, he worked for the Netherlands Environmental Assessment Agency (PBL), the Netherlands Interdisciplinary Demographic Institute (NiDi) and the Department of Public Health at the Erasmus University Rotterdam. His research focus is on integrated population and health scenarios. He participated in various national, European and global scenario studies, such as the Dutch Sustainability Outlook, OECD Environmental Outlook and the UNEP Global Environmental Outlook. He is also coordinating the Burden of Disease (BoD) estimates for the Netherlands. He led the Knowledge translation Work Package in the EU(European Union)-Burden project and was the acting chair of the WHO-Burden of Disease Network. He is president of the Public Health Foresight section of the European Public Health Association (EUPHA), he is a member of the "Environmental Public Health" Commission of the German Federal Ministry of Health, member of ECDC's Methodological Advisory Group (MAG) and member of committee "Public health monitoring and reporting" of the Robert Koch Institute. Currently, he is RIVM's principal expert on Public Health Foresight.

Abstract:

Navigating to Health Futures: Integrating Strategic Foresight in Health Impact Assessments

Foresight, in the context of Health Impact Assessment (HIA), refers to a systematic approach to exploring, analysing, and anticipating potential future trends, scenarios, challenges, and opportunities that may influence health outcomes. It is a forward-looking perspective that helps policymakers, stakeholders, and practitioners better understand the long-term and indirect impacts of decisions, policies, or projects on public health and well-being.

Strategic foresight complements a Health Impact Assessment (HIA) by enhancing its ability to assess, anticipate, and plan for the long-term and systemic health implications of policies,

programs, or projects. While traditional HIA tends to focus on evaluating the likely, immediate, and medium-term impacts of a decision on public health, strategic foresight brings a future-oriented, adaptive, and scenario-based perspective that helps policymakers and stakeholders prepare for uncertain future trends, such as changing socio-economic patterns, impacts of climate change, potential shifts in health determinants, economic growth and geopolitical changes.

Foresight puts uncertainty at the core of its analysis. Uncertainties can arise from limited knowledge about the future (cognitive uncertainty), such as what will be the economic growth, or how will progress in technology effect health. In addition, uncertainty future can be normative in nature. Normative uncertainty arises when different stakeholders—communities, policymakers, professionals—bring diverse values and priorities into the foresight process. These differences influence what each group considers a "better" or "desirable" future. Foresight processes often include participatory activities, such as workshops or stakeholder consultations, to surface these differences and deliberate on shared or contested goals.

The core elements of strategic foresight are:

What future do we face (Scanning the future)? What trends, drivers, and signals could shape the health landscape? And what plausible scenarios are relevant? Horizon scanning and scenario development are common methods in this step.

What are the societal challenges arising from the scenarios (Envisioning the future)?

What are options for action (Shaping the Future)?: What actions can we take today to create a healthier future?

Such an approach will support foresight-formed policy making: considering multiple possible futures and critical uncertainties, in combination with the best evidence we have, to craft strategies to anticipate possible futures, and to realise a more desirable future.

Incorporating foresight into an HIA involves considering broader social, economic, environmental, and technological trends, as well as emerging risks and uncertainties. This approach allows for a more proactive and preventive stance in assessing how current decisions may shape health outcomes in the future. Together, they provide a more robust framework for supporting public health policy making.

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Ana Gil Luciano

Head of the Health Promotion and Equity Area, Spanish Ministry of Health (Madrid, Spain)

Shot Bio

Among the main lines of work in her area there are: healthy settings, with a special focus on local settings, community health, policies on physical activity, healthy eating, integration of health equity and a social determinants of health approach as a crosscutting approach to health policies, intersectoral work towards Health in All Policies.

Abstract

Health equity assessment

There is a need to advance on the integration of health and equity in all policies. Health equity remains as an essential aspect to address, and in doing so, it needs to be embedded in the intersectoral approach for health, taking into account the social determinants for health.

There are various tools that are used to assess health equity. In Spain, since 2010, we have been developing capacity building and tools to integrate equity into health strategies, programmes and activities[2]. The most recent and practical tool we have developed is a Checklist[3] that, in a few questions, allows us to address all equity topics in a health strategy, with the aim of identifying proposals to improve the equity approach.
To help integrate equity in a broader evaluation of different impacts, it is needed that HIA tools take an equity approach into account, and strengthening the importance of intersectoral work and a participatory approach.
In this sense, we have been working in a technical document, elaborated by the Ministry of Health and the Autonomous Communities, in proposing recommendations to advance in Spain in HIA with a health promotion and equity approach.
We have also been advancing in Spain in a proposal to incorporate HIA in the assessment of legislative proposals of different sectors: a law proposal[4] with these aspects is being currently discussed at national level, and a tool[5] was developed to include a rapid HIA in the evaluation of this legislative proposals. This tool learns from the Checklist mentioned above how to include equity throughout the assessment. We are still on the early stages of this approach, since it is still a proposal, but it is a first step on how to advance.

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The challenge we have ahead is to make equity assessment easy and integrated, and that it is not seen as a complementary task, but a core element of any policy assessment. Following the SDH frameworks and the analysis of inequity axes can make this challenge a reality.

Catherine Pérez

Vice-President EUPHA-Urban Public Health Section; Head of the Department of Health Promotion. Agència de Salut Pública de Barcelona (Spain)

Short BIO

Currently Head of Department of Health Promotion at the Agència de Salut Pública de Barcelona. She leads the research groups of social determinants of health of the Centre of Biomedical Research of Epidemiology and Public Health (CIBERESP) and the Urban Health Inequalities of the Research Institute of Sant Pau.

The main lines of research in which she worked include the development of indicators and the study of social inequalities in health, evaluation of the health impact of urban, mobility and road safety policies, the study of injuries and their severity.

She has participated in several European projects funded by the European Commission related with the study and actions to tackle health inequalities as the SOPHIE project, the Participatory Urban Living for Sustainable Environments leading a work package (PULSE) or the Join Action for Health Equity in Europe and Joint Action of Mental Health on Vulnerable Groups. She led the evaluation of environmental and health impact and their inequalities urban transformations implemented in Barcelona, such as superblocks.
Her research career has always been linked to providing evidence for action from health in all policies. She published more than a hundred peer-reviewed papers. She is currently vice-president of the EUPHA Urban Health Section.

Abstract

Experience Health Impact Evaluations in Barcelona, Spain

Barcelona has long experience for the application of Health Impact Assessment (HIA), especially in the urban sphere, integrating prospective, concurrent, and retrospective approaches and combining quantitative and qualitative methodologies to analyze the effects and potential impact of policies and projects on the health and well-being of the population. The city evaluates non health policies regularly as a strategic tool to guide decision-making, maximize health benefits, and reduce inequalities, coordinating the efforts from the Agència de Salut Pública de Barcelona Barcelona (ASPB, Public Health Agency) [1–3] and other organisations such as such as ISGlobal. The Health and Policy Impact Observatory (OBSIP) is a repository that allows monitoring: (1) the state of health in the city and the inequalities that exist between neighborhoods and social groups and (2) the impact on health of policies carried out by the City Council. It includes evaluations of public policies implemented, which should allow identifying which ones have the greatest potential to reduce social inequalities

in health. It systematically monitors health and inequality indicators in the city and publishes monographic evaluations of specific policies, both prospective and retrospective.

In the prospective domain, Barcelona has promoted large-scale assessments of transformative urban interventions. Notably, ISGlobal's study on the large-scale implementation of the superblocks model, using epidemiological and environmental modeling, estimates that full implementation of the original project (503 superblocks) could prevent up to 667 premature deaths annually, mainly through reductions in air pollution, noise, and heat island effects, as well as increasing life expectancy and generate significant economic savings [4]. Similarly, the ASPB has conducted prospective HIAs on projects like Eixos Verds (Green Axes) using tools such as the Healthy Cities Generator, anticipating improvements in mental health, physical activity, and environmental quality, and identifying recommendations to maximize positive impact and equity [5].

In the retrospective sphere, the ASPB has systematically evaluated already implemented urban interventions, with special attention to their impact on health, well-being, and the reduction of inequalities. Evaluations of superblocks in neighborhoods such as Poblenou, Sant Antoni, and Horta have shown improvements in quality of life, well-being, reductions in noise and pollution, increased social interaction and active mobility, as well as a positive perception by citizens [6]. These evaluations use pre-post designs, comparison groups, surveys, environmental measurements, and ethnographic analyses [7].

The school climate shelters program is another relevant example: the ASPB has evaluated the transformation of eleven schools into spaces adapted to climate change through the introduction of vegetation, shade, and water, using mixed methods and comparison groups to measure the impact on health, thermal comfort, well-being, and use of space, with positive results in reducing heat sensation and improving child well-being [8]. Similarly, the Protegim les Escoles (Protecting Schools) program has been evaluated with quasi-experimental studies, showing that traffic calming and public space improvements create healthier and safer environments [9]. Ten road safety interventions have also been evaluated in terms of effectiveness [2].

The integration of HIA into local governance has made it possible to highlight differentiated impacts across neighborhoods and social groups, promote citizen participation, and base municipal action on scientific evidence and equity criteria.

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Marta Rofin Serrà

Founder and Director of the urban planning and health consultancy Healthy Cities. Director of the Postgraduate Urban Planning and Health (UPC) and professor of the Master in Health Promotion (UPV-EHU).

Shot Bio

Architect and urban planner, with a long professional experience in master planning, urban management, and the incorporation of health in urban development.
Founder and CEO of Healthy Cities, a start-up within Bax innovation consultancy, and is the Director of the Postgraduate Course "Urban planning and health" at the Polytechnic University of Catalonia (UPC). She is also a lecturer of the Master's degree in Community Health Promotion at the University of the Basque Country (UPV-EHU).
In her work at Healthy Cities she develops urban health strategies, health impact assessment, research and training projects, and over the last few years he has led the design and development of the "*Healthy Cities Generator"* health impact assessment tool.
She has worked in both the public and private sectors. During her work for the City Council of Vic (Barcelona) she drafted the city's Master Plan (Catalonia Urbanism Award 2020), led the project "implementation of indicators and evaluation of the impact on health of urban planning" and coordinated the European project URBACT-Healthy Cities network.
She has also collaborated with the University of Vic, the Barcelona Provincial government (DIBA), the Barcelona Public Health Agency (ASPB) and several Urban Planning Authorities as an advisor for the incorporation of the health perspective in urban planning.
She is the author of several publications, including the "Guide for incorporating health into master planning", "Cities and Health" or "Urban planning for healthy cities".

Abstract:

Health Impact Assessment: A Pathway to Healthier Urban Planning

A healthy city is not merely one free of disease, but a living environment that fosters complete physical, mental, and social well-being, as defined by the World Health Organization in 1948. This holistic view underscores the essential role urban environments play in shaping human health—not only by preventing illness but by actively promoting happiness, social cohesion, and quality of life.

Urban environments profoundly impact our health. Factors such as air and noise quality, lighting, access to green spaces, and opportunities for physical activity influence both physical and mental well-being. Sedentary lifestyles, urban sprawl, and environmental degradation contribute to non-communicable diseases (NCDs), which remain a leading cause of mortality in Europe. Conversely, cities that encourage active mobility, provide access to nature, and design inclusive public spaces foster healthier, more resilient communities.

Urban planning thus holds transformative potential. By shaping how we move, live, and interact, planning decisions can either support or hinder public health. However, despite growing scientific evidence linking urban environments with health outcomes, the health perspective is often overlooked in planning processes. Local authorities and urban practitioners frequently lack the resources and tools to integrate health considerations effectively.

A promising solution to this challenge is the systematic application of Health Impact Assessment (HIA) in urban planning. HIA offers a structured approach to analyzing the urban determinants of health—factors within the built environment that influence population health. These determinants can be grouped into five key categories: density, mobility/connectivity, mix of land uses, green environment, and housing quality. Changes in these areas directly and indirectly affect health outcomes. For instance, increasing green spaces can reduce anxiety levels directly, while also enhancing social cohesion and mental health through improved public spaces.

By incorporating HIA into urban planning, decision-makers can anticipate the health impacts of urban projects and policies, ensuring that health becomes a core consideration alongside economic and environmental factors. This not only leads to healthier communities but also helps address pressing issues such as NCDs, social inequalities, and environmental sustainability.

To support this integration, tools like the **Healthy Cities Generator** have been developed. This free, interactive digital tool is designed for urban planners, health professionals, and policymakers. Grounded in peer-reviewed research, it evaluates the health impact of urban planning decisions across 30 indicators of physical, mental, and environmental well-being. Furthermore, it quantifies the economic benefits of health-promoting interventions, offering data-driven insights that facilitate evidence-based planning.

The Healthy Cities Generator operates through three main pillars:

1. **Initial Assessment & Priority Setting**: Users input contextual data and define priority health objectives tailored to their area.
2. **Impact Analysis**: The tool compares different urban interventions based on their estimated health impacts, including metrics like life expectancy and preventable deaths.
3. **Health-related Savings Estimation**: It calculates the potential economic savings from improved public health outcomes, providing visual data to support informed decision-making.

Beyond technical assessments, the tool fosters citizen engagement by incorporating residents' perceptions of their urban environments, ensuring that community voices are heard and integrated into planning processes.

Health and urbanism are intrinsically linked. Recognizing this interdependence allows us to see health both as a diagnostic tool and a strategic lever in urban policy-making. The integration of HIA enables cities to become proactive agents of health promotion, creating urban spaces that not only accommodate life but enhance its quality.

Cross-sector collaboration between urban planners and health professionals is essential. By working together, they can craft urban environments that support well-being, social connection, and environmental resilience. In doing so, cities can be transformed into dynamic tools for public health, making health considerations central to every stage of urban development.

Ultimately, Health Impact Assessment is not just a methodology—it is a paradigm shift that places people's health and well-being at the heart of urban planning, paving the way for cities that truly support healthy, fulfilling lives for all.

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Dr Mark Drane

Founder & Director, Urban Habitats; Senior Research Fellow in Public Health, UWE Bristol.

Shot Bio

Mark is a transdisciplinary researcher and practitioner with 25 years' experience and has contributed to the delivery of over €2 billion of social infrastructure. He works across the fields of public health, urbanism, and architecture. His work addresses the wider determinants of health, focused on promoting holistic wellbeing, and reducing health inequity.

Mark founded Urban Habitats in 2018, based in Wales and working internationally putting research into action in local places. This includes working on health impact assessment at all scales from the local to national level with the WHO Collaborating Centre on Investment for Health and Wellbeing at Public Health Wales. His doctoral research, Healthy Streetlife, was undertaken during the Covid-19 pandemic, highlighting the important role of streets as healthy settings - Healthy Cities from the grassroots. He is a board member at Green Squirrel, a social enterprise which inspires and supports everyone to create a future they feel good about, for the people, places, and planet they love.

His passion is to fuse practice and research with evidence informed, co-created, & community-based interventions for human & planetary health. He lives in Cardiff, Wales and enjoys cycling.

Abstract:

From healthy street-life to healthy cities: HIA securing health promotion at all scales

Good health is a human right and the urban environment is an important - and complex - wider determinant of health. Planetary health is often treated as secondary to human health when the two are closely linked and health considerations often focus on physical health, excluding mental and social wellbeing. Built environment practice is also focused on the physical over the social and excludes community knowledge as the norm.

Public health thinking has much to offer in addressing these problems. Specifically, a salutogenic and health promotion approach is needed which naturally leads to a healthy settings focus. As the Jakarta Declaration emphasises, cities are ideal settings to practically

implement and institutionalise such approaches. Communities, urban planners, and designers think better processes are needed and population health is a priority for policy, yet gaps remain in implementation.

Three case studies illuminate the opportunities and issues for institutionalising HIA.

Planning for Healthy Places: getting evidence into practical guidance for HIA at all levels.

Spatial planning is one of seven intervention areas within the TRUUD programme: Tackling Root Causes Upstream of Unhealthy Urban Development. Building on an existing evidence base that has been developed over many years through evidence reviews and research on integrating research into practice it was recognised that there was an opportunity to set out the state of the art for practitioners.

The Planning for Healthy Places guidance introduces a framework for integrating health into planning in England through local plans that set out long term policy for areas (e.g. a city). It was co-designed with public health and planning stakeholders and HIA is incorporated at each stage. HIA is incorporated in **universal guidance** including definitions and strategies; **policy guidance**; and **implementation guidance**. This includes examples that have been formally and independently examined through legal process and adopted as policy. A process and impact evaluation highlights the value of such guidance as well as future opportunities for development.

Planning leads the way with HIA in Wales

In Wales, the Well-being of Future Generations legislation places a duty on public bodies to maximise their impact on defined wellbeing goals. Health impact assessment is viewed as a key process to achieve this with forthcoming regulations mandating HIA use by public bodies. Planning policy is a key pathway to addressing health focused policy with long term impacts. Planning is likely the sector with the greatest use of HIA in Wales to date with completed HIA at all policy levels; with supporting tools and guidance; and a forthcoming legal requirement to integrate HIA.

HIA at the street-scale: 'Back to the Streets CoLab'

Healthy settings in cities have been too top down and need invigorated from the street scale: Healthy Cities from the grassroots. Streets have been evidenced by the author as health promoting settings – a street-based CoLab seeks to operationalise this with people in local places.

The CoLab will use HIA methods to investigate how HIA can support and integrate with local knowledge. This aims to address Welsh policy innovation like HIA Regulations, research priorities for HIA to address community empowerment, and elaborates identified WHO urban health research priorities such as strengthening links between research and action on urban health promotion.

Opportunities and challenges: are identified relating to continuity and momentum; complexity in urban environments; the contemporary urban / rural nexus; and transdisciplinarity including local knowledge.

Conclusion: While institutionalising HIA it is essential to focus on cocreating places reflective of the complexity, diversity, and interconnectedness of contemporary societies, while promoting social justice and community wellbeing.

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Maria Elena Marañón

Health and Consumer Affairs Department of Bilbao City Council

Abstract

Towards the creation of municipal training in Health Impact Assessment

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The Health and Consumer Affairs Department of Bilbao City Council, within the strategic framework of the First Local Health Plan, is trying to boost the reorientation of the municipal health policies so that health is located among the priorities of the municipal policy. It considers that not only the Health and Consumer Affairs Department but every City Council department is important for generating healthier citizens.
The main targets of Bilbao´s First Municipal Health Plan are, on one hand, the improvement of the general health status of its citizens and, on the other hand, the reduction of social inequalities in health among its population. The plan also constitutes the roadmap to promote the political transition towards the social determinants model and the progressive incorporation of the health in all policies approach.
One of the most influent local actions in the health of citizens may be urban development. Precisely, the Urban Planification Department of Bilbao city Council wants to boost the inclusion of Health Impact Assessment (HIA) in urban regeneration under collaboration and strategic guidance of Health and Consumers Affairs Department.
In 2023 the first experience of HIA use was developed by Bilbao City Council, through an interdepartmental collaboration for the application of the health in all policies approach in one of the neighbourhoods of Bilbao. This has constituted a starting point and learning experience that has allowed the implementation of this tool in the actions of the Municipal Health Plan within the framework of urban planning. However, it also has driven the City Council to the reflexion of how important the logistical, professional, and strategic systematization is for the application of the HIA in the local environment.
There for, despite the lack of a legislative framework at regional level, there is a need to promote coordinated responses to municipal areas to be able to implement the actions proposed in the Municipal Health Plan. Consequently, the importance of training and developing a line of work that allows the implementation of HIA in urban development actions in Bilbao should be highlighted until a regional legislative framework which regulates and facilitates its development is established.

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Dr Katie Hirono

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Short BIO

Dr Katie Hirono holds a PhD in Global Health Policy from the University of Edinburgh and MPH in Health Behaviour and Health Education from the University of Michigan. She is an expert in health impact assessment, health equity and public participation and registered public health practitioner with the UK Faculty of Public Health.

Dr Hirono is a Principal Consultant in health and social impact at RPS Consulting UK & Ireland; Affiliate at Johns Hopkins University; Adjunct Fellow at UNSW Sydney; and former President of SOPHIA, the community of health in all policies practitioners. She has over 14 years' experience working in the US, Australia and the UK and has contributed to numerous (50+) HIAs throughout her career. Katie works with the private and public sectors to integrate health into decision-making, including for Environmental Impact Assessments (EIA) for major infrastructure schemes. She also advises professional bodies on good practice and has led capacity building on HIA for Public Health Authorities. She contributes towards HIA and health equity research and teaching globally. Her academic work focuses on the role of public participation, including within HIA, in improving health equity.

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Abstract:

Participation in HIA: more than just a 'nice thing to do'.

The rationale for inclusion of community participation in health impact assessment (HIA) is rooted in the values governing HIA laid out in the Gothenburg Consensus Paper (European Centre for Health Policy, 1999). Democracy, one of the values, emphasises the rights of individuals to take part in the decision-making process of policies, plans and projects that affect their lives. Community participation is also considered a key strategy for promoting health equity, another core value, as part of the HIA process (Heller *et al.*, 2014). Despite clear values-based rationales for inclusion in HIA, participation remains under-utilised, with many HIAs conducting no community participation or stakeholder engagement as part of the HIA process (Chadderton *et al.*, 2013; Hirono, 2023).

The aim of this presentation is to move beyond value-based calls for participation to discuss the tangible benefit that participation can add to both the evidence base and the overall

effectiveness of the process. Direct participation in the HIA process can help to identify health and equity impacts that would otherwise be overlooked (Green *et al.*, 2025) and ensure that decision-making processes reflect community concerns and aspirations (Heller *et al.*, 2013). Participants can serve as sources of data, through formal research processes like stakeholder interviews, surveys and focus groups, or assist with ground-truthing population health evidence that may not be available for the types of populations affected by the decision (Sadd *et al.*, 2014).

Evidence gathered as part of the HIA is commonly used to consider health equity through examining differential impacts across a population, often using categories of disadvantage set out in guidance (IPH, 2021) or national frameworks such as the UK categories of protected characteristics (UK Government, 2010). Consideration for intersectionality – the overlapping and intersecting factors that shape systems of disadvantage (Crenshaw, 2015) – requires consideration for how an individual may experience multiple forms of discrimination, e.g. for being a Black woman with a disability (Bauer, 2014). Evidence of health impacts relevant to race, gender and disability status (if available at local levels) would still not adequately describe the disadvantage this person would experience as being all these things combined. It is acknowledged that the aim of HIA is often to look at population-level effects rather than individual, however there are frequently communities who experience multiple factors of deprivation based on compounding factors such as race and socio-economic status. Therefore, the participation of individuals who embody multiple vulnerabilities can help to identify important insights that non-participatory methods would miss.

As part of the HIA process, participation can help to develop more relevant recommendations, enhance stakeholder buy-in to the HIA findings, and lead to participant outcomes relevant to health equity (Green *et al.*, 2025) and community development (Iroz-Elardo, 2015). My doctoral research examined the role of participation in HIA as a means of addressing health equity (Hirono, 2023). While evidence of direct pathways between participation and health equity outcomes are difficult to measure (Milton *et al.*, 2012), this research found that participants in the case studies examined gained skills, knowledge, social capital, connections, self-efficacy and empowerment – outcomes that have been shown to improve health equity (Popay *et al.*, 2007). This demonstrates that participation in the HIA process itself can serve as a health equity intervention.

While HIA practice grows across Europe, calls for institutionalisation are often based on the value of HIA as a technocratic tool that can be used to improve policymaking. To this end, participation within HIA can strengthen findings and recommendations and support better policymaking. However, HIA can also be a tool for achieving participatory, epistemic and institutional aims that support health equity, therefore helping to achieve multi-national goals such as the Sustainable Development Goals. Whilst acknowledging the challenges of conducting participation in HIA (Parry and Wright, 2003; Iroz-Elardo, 2015), the value-add of participation in HIA as both a method and source of evidence may need further evidence (Haigh *et al.*, 2025) to support these types of approaches in the future.

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Dr. Natalie Mueller

Assistant Research Professor at the Barcelona Institute for Global Health (ISGlobal)

Short BIO

Dr. Natalie Mueller holds a PhD in Biomedicine and MSc in Epidemiology. She is an environmental epidemiologist specializing in quantitative health impact assessment (HIA) and modelling methodologies grounded in epidemiological evidence. Since 2022, she has served as an Assistant Research Professor at the Barcelona Institute for Global Health (ISGlobal).

Dr. Mueller's research focuses on urban and global health, with a particular interest in quantitative HIA and modelling the health impacts of urban design and transport intervention scenarios. She has led and contributed to numerous HIA studies, evaluating counterfactual scenarios designed to promote and sustain health in urban environments. These scenarios include changes to the urban form, such as superblocks and green spaces[1–3], as well as transport systems, such as promoting walking and cycling, and assessing the impacts of electric micromobility.[4–6] Her work integrates comparative risk assessment with innovative modeling approaches. In addition to her research, Dr. Mueller is committed to translating evidence into practice. She actively engages with stakeholders, offering guidance and technical support to help integrate health considerations into urban planning and policy.[7] Her work aims to inform policy and generate tangible impacts on public health and urban sustainability.

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Abstract:

Quantitative health impact assessment and data needs

Health Impact Assessment (HIA) is a process used to understand how a policy, program, or project might affect people's health and how those effects are shared across different population groups. It brings together various tools and methods to identify both intended and unintended health impacts.[8] HIAs can be done before, during, or after a policy is implemented, but they are most often used in advance to help predict future health.[9,10] Because health matters to people, highlighting potential health and wellbeing impacts can play an important role in shaping better decisions.

Qualitative and quantitative HIAs have different strengths and require varying levels of time, expertise, data and resources. Qualitative HIA often uses existing information and focuses on the direction of health impacts rather than measuring their size. It emphasizes community input and considers people's experiences, perceptions, and wellbeing which are harder to measure. This approach allows a broad range of potential health effects to be explored within one framework.

Quantitative HIA uses data to estimate the size and direction of health impacts from a policy or intervention proposal, showing whether benefits outweigh risks. It often follows a traditional risk assessment model focused on identifying and measuring environmental hazards. More recently, it has expanded to include positive exposures, like physical activity and green space. Because it produces clear, measurable results, quantitative HIA can strongly influence policy decisions, especially when linked to economic outcomes. It relies on scientific data (epidemiological evidence) to reduce bias but is limited to health impacts that are already well studied and measurable.

Comparative Risk Assessment (CRA) is a commonly used method in quantitative HIA. It compares current exposure levels to those expected under a new policy or intervention, estimating how health effects might change and how these impacts are distributed across the population. However, applying CRA depends heavily on the availability of reliable data—such as exposure, population, and health statistics and previous epidemiological evidence on the strength of association and the resolution in which this data comes.

In previous large-scale quantitative HIAs led by ISGlobal, focusing on urban design, transport, environment, and health in European cities, data quality emerged as a major challenge, especially when relying on open-source data. Key issues were identified with exposure, risk, and health outcome data, driven by several factors: a) the lack of standardized protocols for collecting environmental data, leading to wide inconsistencies across cities—for example, in how environmental noise and transport indicators were measured; b) uneven evidence bases across environmental risk factors, with some (e.g., air pollution) having a longer research tradition and well-established health pathways, while others remain less studied; and c) limited access to health and socioeconomic data due to its sensitive nature. These challenges were further amplified by fragmentation among departments and stakeholders working in silos, and by the lack of consensus on spatial units and data resolution. Collectively, these issues hindered the ability to produce reliable and comparable health impact estimates across European urban areas.

Efforts toward complete data inventories, enhanced collaboration, and harmonization of diverse data sources are crucial, requiring close cooperation among government agencies, urban planners, research institutions, open data initiatives, and other stakeholders.[11] Future urban health research and HIA should prioritize harmonized data and transparent methodologies, interdisciplinary collaboration, integration of fine-scale data across agreed-up units, and open science and citizen-centric approaches (with a focus on vulnerable groups).

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Dr. Alistair Hunt

Senior Lecturer in Environmental and Health Economics at the University of Bath

Short BIO

Dr. Alistair Hunt holds a PhD in Environmental Economics and is a Senior Lecturer in Environmental and Health Economics at the University of Bath. Alistair researches in the application of economic principles to project and policy analysis in the field of health and environmental management. He has expertise in the fields of economic appraisal and monetary valuation of non-market impacts. Alistair has undertaken studies for the MRC (PRP), European Commission, OECD, UK Defra, UK Government, World Bank and UNEP. He has been lead economist on a range of EC DG Research multi-disciplinary projects. Alistair was a Contributing Author on the IPCC's Fifth Assessment Report.

I have a wide range of experience in both policy analysis and economics related to the health impacts of air pollution at both the national and international level A primary responsibility within these projects has been generation of unit values that could be applied to the range of health end-points associated with environmental quality in European policy appraisal. This research included both development and application of value/benefit transfer methods and stated preference methods in order to generate unit values that included treatment cost, productivity loss and disutility components of overall willingness to pay. Stated preference estimates relating to mortality risk and life-years, as well as morbidity impacts such as COPD have been used in subsequent policy appraisal. I continue to apply stated preference methods to generate WTP values in the OECD SWACHE project (hypertension) and the UK Prevention Research Partnership (mental health impacts). Alternative metrics such as QALYS, DALYS and Sen's Capability approach have also been explored and evaluated in my research portfolio.

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Abstract:

Health impact assessment, Economics and Inequalities

Along with the increased use of HIA in Europe, national and local governments recognise a need to improve cost-benefit analysis methods in order to consider the wider distributional impact of policies (HM Treasury, 2022). Intangible costs, such as impacts on the health of a population, form a critical part of consideration for urban planning practitioners, who face the challenge of balancing health needs alongside other concerns, such as viability,

employment, etc. Monetisation of intangible costs of health may enable this to be considered alongside monetisable benefits. However, quantitative methods can be time consuming and capacity to carry out detailed health impact appraisal of policies is often limited. This study advances significantly economic valuation methods, by demonstrating how an innovative model may be applied in the urban regeneration context.

The environment in which a person lives is a major determinant for health (Ige-Elegbede et al., 2022) (Bird et al., 2018). Aside from conditions inside the home, many characteristics of the environment around the home have been observed to have serious implications for non-communicable disease. These include, for example, air quality (Department for Environment, 2021);(COMEAP, 2020), noise levels (Stansfeld et al., 2021); (Barceló et al., 2016), opportunities for active transport (Mölenberg et al., 2019); (Goodman et al., 2014), feeling safe and secure enough to leave the home (Berglund, Westerling and Lytsy, 2017), access to green space (Giles-Corti et al., 2013). Poor quality urban environments are both a function of and a symptom of inequalities: those with the lowest income or employment levels, those not of working age, those with pre-existing health conditions, and those from ethnic minority backgrounds are more likely to live in areas with the poorest environmental conditions (Marmot, 2020).

Spatial planning for large urban developments provides opportunities to maximise public health benefits and mitigate risks through a coordinated approach for public realm improvements, provision for active travel, access to healthy food, etc. (DLUHC, 2023). Monetary estimates of changes in health attributable urban environment change could help policymakers to direct resources towards more effective interventions for health and inform negotiations with developers for healthier urban design (Chang et al., 2020). However, policymaker capacity to undertake such assessments is severely restricted by limited resources, including adequate tools to access available data (Le Gouais et al., 2023).

We highlight one potential modelling solution - the Health Appraisal of Urban Systems (HAUS) model – to show how the distribution of the burden of ill-health across the community to all agencies which relate to ill health, such as employers, health and social care providers, education and criminal justice services can be described under alternative development scenarios. It provides more detail of health outcomes than previous tools, considering 30 environmental characteristics including noise, air quality, transport, food environment, crime, flooding and internal building conditions and enables a place-based approach for health impact appraisal. The possibilities for expressing health inequalities are also explored.

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Dr. Liz Green

Programme Director for Public Health Wales (UK)

Short BIO

Liz is a Consultant in Public Health for Policy and International Health and the Programme Director for HIA at Public Health Wales (PHW). She is an Honorary Visiting Professor at the Department of Geography and Planning, University of Liverpool and holds a PhD in 'Health Impact Assessment (HIA) as a tool to mobilise Health in all Policies' from Maastricht University, The Netherlands. She has extensive experience in HIA, 'Health in All Policies' and spatial planning and provides training, advice and guidance about HIA and other IA processes. Liz has worked on approximately over 500 HIAs of varying strategic levels, complexity and topics including the comprehensive 'The Public Health Implications of Brexit in Wales: A HIA Approach' (PHW, 2019) and the 'Health Impact Assessment of Climate Change in Wales (PHW, 2023). She has been recognized as a Woman of Influence 2022 by RTPI Planner for her work in Spatial Planning and Public Health and has published extensively on HIA.

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Abstract:

Capacity Building and Training for HIA: Wales Experience

Training and capacity building are critical to the institutionalisation of Health Impact Assessment (HIA). It can ensure that practitioners, policymakers and reviewers understand and possess the necessary skills and knowledge to conduct quality assessments. It can support the development of competent HIA practitioners and provide them with the core competencies needed.

In Wales, the development and delivery of HIA training and other capacity building activities have played a major role in embedding health and inequalities considerations into public health and policy processes and decision making through the use of HIA. The Wales Health Impact Assessment Support Unit (WHIASU) has been integral to this. It offers structured training courses, mentoring opportunities, facilitates learning by doing approaches along with publishing resources and guidance to build national and UK capacity for HIA. WHIASU's approach emphasises interdisciplinary learning, practical application, and alignment with public health competencies, contributing to the growing use of HIA since 2004 and leading to legislation for HIA in 2017.

The Unit's work has enhanced individual practitioner competence and knowledge but also strengthened organisational awareness and ability to carry out HIAs and commission and review them. enabling HIA to be more effectively integrated into decision-making. This presentation provides an overview of the Welsh experience as a model for other regions who wish to institutionalise HIA through strategic training and capacity-building initiatives and provides transferrable learning for them.

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Francesca Viliani

Director of Fraviliconsult

Honorary Fellow at the department of Geography and Planning of the University of Liverpool

Short BIO

Francesca is a social and health safeguard specialist working with multiple stakeholders in global health issues .She has over 25 years of experience in diverse geographical locations and with has worked and advised different types of organisations.

She has worked on just transition and mega infrastructure development with a focus on the impacts they generate on health determinants (social, environmental, and governance ones) and how they might affect vulnerable groups and equality. She has led the delivery of HIA, training and capacity building on health and safety for diverse actors, and the development of public health programs globally. She has united diverse stakeholders in these fields by training environmental, health, social and safety staff of major energy companies, officials of national Ministries of Health and Environment, local urban planning and health departments, and specialists of international financial institutions.

She has a bachelor in in Pharmacy and Master in Public Health iNdeveloping Countries and a Master in Humanitarian Affair. She has been the co chair of the Health Section of IAIA, Member of the Global Reporting Initiative (GRI) Stakeholder Council, and Consultant Researcher at the Global Health Programme of Chatham House

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Abstract:

Perspective and experience on HIA capacity building from International Association for Impact Assessment (IAIA)

Navigating contextual challenges in International HIA training
International HIA training should equip participants with both the principles of the HIA process and an understanding of key public health concepts. Capacities are interdependent across three levels—individual, organizational, and enabling environment. This presentation focuses on the individual level, with some consideration of the organizational dimension.

- Consider which ones are the key actors in HIA in need of capacity building:
    - Proponents of development initiatives
    - Local communities/institutions conceptualized in two different categories: Beneficiaries and Affected communities/institutions
    - Regulators/competent authorities
    - HIA practitioners
    - And potentially many others
- In many contexts where HIA is not mandated by legislation, both health knowledge and HIA capabilities tend to be limited across all involved stakeholders.
    - This limitation frequently applies to all actors engaged in HIA processes.
    - International Financial Institutions (IFIs) establish the most widely recognized standards for HIA implementation in non-legislated settings.
    - HIA is commonly embedded within broader Environmental and Social Impact Assessment (ESIA).
- Different actors, but also different disciplines, might have conflicting goals
    - The health personnel seek mainly support for the strengthening of the health system and infrastructure, might lack the understanding of the health in all policies approach, and does not feel empowered to deal with activities and policies which do not belong to the health sector.
    - The non health personnel struggle to identify pathways from a change in the socio and environmental contexts to health consequence.
- Distinguishing between health and health care is the foundational step. From there, it is crucial to explore the broader determinants of health that shape well-being beyond medical interventions.
    - The list of determinants of health and Environmental Health Areas (EHA) are perceived as extremely complex and difficult to untangle or use.
    - To operationalise the determinants of health and use them in HIA requires moving from theory to practice. This allows participants to understand how determinants of health interact to shape one or multiple health outcomes.
- Several impacts often have a structural pathway that might be difficult to tackle at project level and require multisectoral and transdisciplinary engagement.
    - Examples can be Road Safety or Gender Based Violence (GBV). Any recommendation from the HIA or ESIA will need to be widely discussed with multiple departments and actors and will require a long-term perspective. However, these are also the areas where transdisciplinary and multisectoral collaboration success can be achieved and create a change for all actors.
- Training is only the beginning, ongoing support is essential for achieving true competency.

  - Given time constraints and the diverse backgrounds of participants, training primarily focuses on the scoping and appraisal steps, helping clarify how determinants of health interact to shape one or multiple health outcomes.
  - Developing solutions-oriented recommendations and monitoring and evaluation systems is a complex and time-intensive process.
- Framing Capacity Building as a Systemic Process.

Enhancing impact: practical recommendations for International HIA training

Most guidance and theories on capacity building/development have as unit of analysis the organisation. To reach a scalable approach that satisfy the demand of HIA training globally, one or more interdisciplinary frameworks that integrate both impact assessment skills and public health competence are required. Developing such frameworks can foster collaboration between health and non-health professionals, ensuring a deeper understanding of health determinants. Additionally, targeted capacity building could be developed to tailor training programs that address the specific needs of stakeholders, such as policy-focused education for regulators and engagement strategies for local communities.

Simplified guidance documents that make the application of these determinants more accessible for practitioners would also be helpful, and some of these exist for specific application such as urban planning. However, to translate health determinants into practical applications, case-based learning and empirical scenarios should illustrate their direct influence on health outcomes. Interactive and participatory methodologies in training programs can help stakeholders navigate complexities through applied learning exercises.

Sustained competency development beyond initial training should be supported by post-training professional networks, mentorship programs that connect experienced HIA practitioners with newer professionals, and refresher courses or advanced specialization modules to keep professionals updated on evolving methodologies. Cross-sectoral learning platforms should be established to encourage knowledge exchange between proponents, practitioners, and regulators. These activities could be organised as part of a certification process.

What next

- Increased HIA international training and enhanced coordination among capacity building efforts are required
- Certification could be a goal that brings stakeholders together

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Prof. Piedad Martín-Olmedo

President of EUPHA-HIA section

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Short BIO

Prof. Piedad Martín-Olmedo, PhD in Pharmacy and MSc in Environmental Analytical Chemistry, is an expert in Biomedical Research. Since 2000, she works as a professor of Public Health at the Andalusian School of Public Health (EASP) and as a researcher at ibs.GRANADA.

Since 2004, prof. Martin-Olmedo has led multiple national and EU-funded research projects focused on Health Impact Assessment (HIA). Her work aims to generate reliable and actionable information and tools to assess the health impacts of various environmental stressors, such as air pollution and hazardous substances. Her primary objective has always been to provide transparent, science-based evidence to support decision-makers in designing and implementing more effective local and European policies, assist health professionals in advising vulnerable populations, and empower individuals to make informed and healthier choices. HIA is also a central component of her training activities at the EASP, a member of ASPHER and a leading institution for the continuous education of public health professionals in Spain and internationally. Since 2014 up to now is co-chairing (first 4 years) and now chairing the HIA section within EUPHA.

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Abstract:

Capacity building on HIA in Andalusia: experience and future challenges

Before 2011, Health Impact Assessment (HIA) in Spain was conducted on an *ad hoc* basis. It was primarily commissioned by a few local authorities in relation to novel urban planning initiatives or by research teams. These assessments mainly focused on environmental health determinants, with an emphasis on methods for quantifying health benefits associated with the reduction of risk factors such as ambient air pollutants and noise[1].

The establishment of a legislative framework for the institutionalisation of HIA has been proposed as a critical factor in providing permanent regulations and legitimizing HIA within the decision-making process. The Spanish General Public Health Act (Law 33/2011) recognised the value of HIA in the practical implementation of the Health in All Policies (HiAP) approach. This

new legislative framework was expected to facilitate the systematic integration of HIA into decision-making processes across various sectors beyond health. However, several hurdles—including a lack of qualified professionals with HIA experience, limited resources, the negative perception of HIA's cost burden[1] —hindered further progress in the institutionalization of HIA at the national level at that time.

Currently, the Spanish Ministry of Health is actively working on the development of a national HIA guideline, which is expected to promote a more uniform implementation of HIA across the country. At the regional level, significant initiatives have been undertaken to enforce the HiAP strategy and HIA. However, Andalusia remains the only region in Spain where HIA is legally binding, following the approval of the Andalusian Public Health Act (Law 16/2011) and the Decree 169/2014.

The scope of HIA in Andalusia encompasses a wide range of policies, plans, and projects, including those subjected to environmental assessment, urban planning, and sectoral planning. This framework was built upon well-established administrative procedures familiar to developers, administrative departments, and environmental organizations, facilitating effective collaboration in drafting the practical modus operandi. The Andalusian Government has concentrated resources and efforts on these projects, thereby avoiding the dispersion of efforts and the potential paralysis of the public health system that could have resulted from attempting to include all types of activities[2].

In practical terms, a HIA competency framework was established to align with the responsibilities assigned to various key actors under the regulatory framework. In this regard, developers from both the public and private sectors are required to submit a HIA Pre-Report (HIAPR) to the competent authority (e.g., the regional ministry of environment). The HIAPR is then forwarded to the public health authority, along with the results of prior public consultations. The public health authority subsequently prepares the HIA report and submits it to the competent authority, which ultimately determines the appropriate course of action[2].

To facilitate the execution of these tasks, an internal network was established within the public health department. Additionally, an ideal professional profile was defined, based on the required knowledge, skills, and attitudes[2, 3].

The Andalusian Ministry of Health, in collaboration with EASP and the Andalusian Institute of Public Administration, designed a capacity-building program for the Public Health–HIA workforce, based on the adopted competency framework. Additionally, an online platform was developed to facilitate the exchange of experience and knowledge among PH-HIA professionals involved in the review and approval of HIA reports in Andalusia[2, 3].

Established in 2018, the platform integrates approximately 90 professionals from various administrative bodies at both the local and regional levels, ensuring coverage across Andalusia's geographically dispersed regions and enabling the evaluation of thousands of proposals. The platform also enhances file traceability, improving both internal management and responsiveness to external inquiries. Furthermore, it serves as a valuable source of evidence, supporting professionals engaged in HIA.

The platform enables data extraction and visualization, generating figures that provide insights into the number of files created and resolved across different time periods, provinces, and types

of proposals. This tool has proven highly effective in the continuous training of professionals involved in HIA in Andalusia, following a coaching-based approach[3].

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ABSTRACTS OF PITCH PRESENTATIONS

The urban burden of disease estimation for policy-making: project update

Sasha Khomenko [a], Georgia Dyer [a], Kees de Hoogh [b, c], Benjamin Flueckiger [b, c], Ulrike Gehring [d], Gerard Hoek [d], Xuan Chen [d], Mark Nieuwenhuijsen [a], on behalf of the UBD Policy consortium

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c University of Basel, Basel, Switzerland
d Institute for Risk Assessment Sciences (IRAS), Utrecht University, Utrecht, the Netherlands

Background. The Horizon Europe UBD Policy project aims to enhance health impacts and costs estimation of urban environmental stressors, strengthening evidence-informed policymaking. It covers nearly 1,000 European cities, assessing the impacts of air pollution, noise, green spaces, and heat from 2015 to 2024. Additionally, the project conducts detailed analyses of policy scenarios in ten case study cities.

Methods. The project started in January 2023, with key activities focused on data collection for the 1,000 cities. This included defining city boundaries using Urban Audit 2021, obtaining high-resolution (100m) population data from the Global Human Settlement Layer, and estimating age- and sex-specific mortality rates from Eurostat, accounting for temporal trends. We also estimated air pollution exposure for 2015 and 2018 and conducted health impact assessments using comparative risk assessment in those years. For the case studies, stakeholder and policy mapping were conducted. Stakeholder workshops took place in Brussels, Warsaw, and Sofia, while meetings with key stakeholders in other cities helped refine research questions to address policy-relevant issues in each city.

Results. In 2015, $PM_{2.5}$ was associated with 140,485 deaths (95% CI: 139,783-141,190) and NO_2 with 64,242 deaths (62,644-65,880). By 2018, attributable deaths decreased to 122,504 (121,894-123,116) for $PM_{2.5}$ and 59,314 (57,862-60,801) for NO_2. WHO air quality guidelines were exceeded in 99% of cities. Policies of major interest in the case studies included green infrastructure, low-emission zones, low-traffic neighborhoods, superblocks, sustainable urban mobility and air quality plans, congestion charges, environmental noise policies, and wood-burning bans.

Conclusions. Future work will extend analyses to 2021 and 2024 in the 1,000 cities and assess policy scenarios in the case study cities, aiming to provide knowledge and support for healthier urban and transport planning practices.

Keywords: cities, health impact assessment, urban planning, environmental exposures

Current situation of HIA in the Czech Republic

Jana Loosová, Regional Public Health Authority of Liberec

The methodology for health risk assessment (HRA) is embedded in Czech legislation. The HRA process is clearly defined, and individuals conducting HRA must be licensed. Public health authorities (PHA) use HRA as a tool to assess negative impacts at all stages of evaluation - from assessment of individual constructions to granting exemptions from hygienic limits. PHAs are required to evaluate the quality of HRA and, in cases of doubt, review it or directly call on the permitting authority to revise it. HIA does not have similar support in Czech legislation. Although it is tested as part of obtaining certification for SEA/EIA processing, there are no methodological guidelines for nationwide supervision of HIA quality. Additionally, the Czech Republic struggles with the interchangeable use of the terms HRA and HIA. To address this, a leaflet was prepared at the national level to raise awareness of the method.

The Liberec Region employs a unique approach to implementing HIA into its regulations, which can be issued by the Regional Council in delegated competence. This process was initiated due to the absence of health status assessments in regional policies. The PHA mandates HIA, and for evaluating the quality of HIA, the PHA uses a checklist. In collaboration with the Technical University of Liberec, the HIA method is taught as an optional course and is chosen by about 60 students every year. Currently, an e-learning program is being developed at the regional level, aimed at the public.

Furthermore, cooperation with The National Network of Healthy Cities has been re-established. This year we aim to initiate the use of a website for HIA to share current materials in the Czech language and to disseminate examples of good practices.

Strengthening capacity in health impact assessment (HIA): a data-driven approach for policy development

Angela Paja, Finance and Administration Manager, Expertise France, French Republic

Background:
Health Impact Assessment (HIA) plays a crucial role in shaping evidence-based public policies, yet its effectiveness relies heavily on the capacity of institutions and professionals involved. Despite the existence of well-established HIA frameworks, many lack integration with modern data-driven tools and collaborative approaches. Strengthening HIA requires multinational expertise, interdisciplinary collaboration, and the adoption of advanced technologies to improve policy decisions and public health outcomes.
Methods:
Building on extensive experience in legal advisory, regulatory reforms, and policy development, this presentation examines key strategies for enhancing HIA capacity.
Drawing from work with OECD, the World Bank, and the European Commission, the analysis focuses on:

- Engaging international experts to incorporate global best practices.
- Fostering cross-sector collaboration to ensure a holistic approach.
- Implementing AI-powered tools to enhance the accuracy and efficiency of decision-making.
- Updating and refining traditional HIA methodologies to align with technological advancements.

Results:
Findings highlight the benefits of integrating AI-driven analytics, expert networks, and cross-border cooperation, demonstrating how these elements improve HIA precision, scalability, and overall impact.

Conclusions:
To remain relevant and effective, HIA must evolve into a data-driven, technology-enhanced framework that supports evidence-based policymaking. This presentation outlines practical steps for modernizing HIA, ensuring it continues to serve as a reliable tool for assessing public health implications and guiding policy decisions.

HIA and spatial planning in Slovakia: experiences, challenges and opportunities for healthier cities

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Spatial planning significantly affects the population's health – from air quality, public transport accessibility and green spaces to physical activity and social cohesion opportunities. However, in Slovakia, the impacts of spatial decisions on the population's health are not systematically assessed. Health Impact Assessment (HIA) is a key tool to support decisions beneficial to health and sustainable urban development.

In this paper, we will present the experiences to date with the application of the principles of HIA in spatial planning practice, especially at the level of cities and municipalities, public involvement in planning processes and the use of public health and environmental data in the design of new construction. These practical findings are contextualized within broader efforts to institutionalize HIA and align them with existing regulatory frameworks, such as Environmental Impact Assessment and Strategic Environmental Assessment.

We also discuss key challenges, such as insufficient methodologies, limited capacities, missing institutional background, and low awareness of HIA among planners, urban planners, decision-makers, and local governments. Nevertheless, we identify strategic opportunities to advance the implementation of HIA – especially within the framework of the emphasis on sustainable cities, climate resilience, and health in all policies.

Finally, we outline recommendations on how to support health integration into spatial planning in Slovakia and to support the development of healthier urban environments inspired by good practices from other European cities.

Keywords: Health impact assessment, urban planning, sustainable urban development, environmental determinants of health

Designing a health impact assessment framework for European policies.

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Abstract:
In the framework of the European Commission's better regulation (BR), impact assessments examine the problem(s) to be tackled and objectives to be achieved, analyse the possible impacts of available solutions and guide Commission preparation of the proposed initiative.
The BR Guidelines explicitly require impact assessments to cover the environmental, social and economic impacts. As for health impacts, the BR Toolbox sets out that they should be identified together with other potential socio-economic impacts, and assessed whenever they are deemed significant. The available evidence does not provide a precise count of how many IA have specifically addressed health impacts in recent years.

As a department of the European Commission, the Joint Research Centre (JRC) provides independent, evidence-based knowledge and science, supporting EU policies to positively impact society. The JRC has carried out health impact assessments (HIA) as part of its scientific work in several areas, such as air pollution, chemicals, food and others.
Accordingly, a HIA framework could support the assessment of health impacts of EU policies, supporting evidence-based decision-making. To explore its feasibility, we intend to discuss a possible technical roadmap for integrating HIA into decision-making, in accordance with BR guidelines and international standards. We highlight the extent to which it can contribute to the systematic consideration of health in policy-making (including retrospective evaluations).
This initiative is aligned with the European Union's commitments to protect and promote health, reduce health inequalities, foster inter-sectoral collaboration and Health in All Policies approach, and uphold standards for transparency, evidence quality, and stakeholder engagement.

Keywords: impact assessments; better regulation; policy-making; health impact assessments; health in all policies

From Plans to Health Equity: Cork City's Pioneering Health Impact Assessment (HIA) Journey

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Rationale:
The rationale for carrying out a HIA on the Core Strategy of the Cork City Development Plan (2022-2028) (CCDP) was to examine potential positive and negative health impacts on the health of three chosen population groups, namely, older people, children and adolescents and people living on low income, with a view to informing the next CCDP (2029-2039). The HIA was carried out as part of a research project, HIA-IM, in order to learn from the process and enhance practice going forward with a HIA implementation model.

Description
The Institute of Public Health Ireland HIA guidance was used to navigate the HIA process. HIA stages completed include screening, scoping, analysis, reporting including recommendations, and evaluation. The HIA took nine months to complete, with three months prior to build the HIA team and engage in preliminary discussions around HIA scope. HIA stages were completed by the HIA team through a process of scoping for health impacts, analysis of data, collation of city health profile data and drafting recommendations which were deliberated and agreed upon by the Steering Group.

Achievements
Potential positive and negative health impacts were identified across six chosen determinants of health including housing, neighbourhood design, access to public spaces, modes of travel, walkability and accessible workplaces. Eleven recommendations at the conclusion of the HIA were agreed upon by the Steering Group. Eight recommendations were created and implemented across departments in Cork City Council; two recommendations were for further research and one advocacy recommendation for national housing policy.

Conclusion
This pioneering HIA represents the first comprehensive health assessment of an Irish city development plan, establishing a precedent for embedding Health in All Policies in urban planning.

Using Health Impact Assessment to identify the health, well-being and equity impacts of health protection services in Wales

Kathryn Ashton, Public Health Wales NHS Trust; Liz Green
Public Health Wales NHS Trust

Health Impact Assessment (HIA) is a vital tool for evaluating the potential effects of policies, programs, and services on population health and equity. By systematically identifying positive and unintended negative impacts, HIA helps ensure that interventions not only protect public health but also promote well-being and reduce health inequalities. In Wales, Public Health Wales has applied HIA to assess several health protection services, supporting evidence-based decision-making and equitable service provision.

This presentation will outline the methodology and highlight key findings from two independent HIAs. The first examines the use of Safer Inhalation Devices (SIDs) for crack cocaine use, exploring potential benefits for harm reduction, respiratory health, and service accessibility, alongside considerations of stigma and service user engagement. The second focuses on the implementation of a lung cancer screening programme, assessing its potential to improve early detection while addressing barriers related to access, socioeconomic disparities, and health literacy.

By showcasing these case studies, we will demonstrate how HIA has been instrumental in shaping health protection services in Wales, ensuring that interventions are responsive to public health needs while promoting equity. The presentation will also highlight opportunities for the broader application of HIA within health protection.

ABSTRACTS OF POSTERS

Health benefits of the Barcelona Low Emission Zone: a post-implementation assessment

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c University of Basel, Basel, Switzerland

Background. Low Emission Zones (LEZs) can reduce air pollution and improve public health. In Spain, legislation mandates LEZs in cities over 50,000 residents and those over 20,000 exceeding pollution limits. In Barcelona, the Ring Roads LEZ was introduced in 2020 and progressively tightened over the following 3 years, but its effectiveness and health impacts post-implementation remain unknown.

Methods. The LEZ impact on NO_2 concentrations was estimated using the synthetic control method at six urban background and two traffic monitoring stations, accounting for pollution trends, COVID-19 restrictions, and meteorological effects from 2020 to 2022. NO_2 reductions at the census-tract level (n=1068) were modeled using linear regression, linking station-level NO_2 reductions to traffic-volume changes from 2016 to 2021 within 300m buffers. We estimated mean reductions for the whole period (2020-2022) and for 2022 alone, to capture potentially stronger effects from the full intervention roll-out. Estimated NO_2 reductions were subtracted from 2019 baseline concentrations, and health impacts on mortality were assessed using comparative risk assessment with age- and sex-specific mortality data by census tract for 2022.

Results. In 2019, baseline NO_2 concentrations had a mean of 36.9 µg/m^3 (range: 16.3-46.6). The LEZ led to a 2020-2022 mean NO_2 reduction of 5.5 µg/m^3 (3.7-7.9). The 2022 reduction was higher, averaging 6.9 µg/m^3 (4.9-9.6). The intervention was most effective in lowering exposures above 40 µg/m^3, shifting most of the population exposure to 30-40 µg/m^3 (73% in the 2020-2022 scenario and 60% in the 2022 scenario). The reduction in NO_2 mortality burden associated with this exposure change was 389 annual premature deaths (95% CI: 237-536), equating to 28.9 deaths per 100,000 inhabitants.
Conclusions. The analysis indicates that the Barcelona LEZ reduced air pollution, with associated health benefits, particularly in areas with high pollutant concentrations at baseline.

Keywords: air pollution, low emission zone, health impact assessment, transport planning

Strengthening Health Impact Assessment Capacity in Slovakia: Perspectives of MPH Students in Public Health Professions

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This paper focuses on the knowledge, experience and perceptions of students enrolled in the specialization program *Master of Public Health (MPH)* – "Public Health Management Professional" – designed for healthcare professionals such as public health officers, nurses, and medical laboratory technicians. A survey, conducted from February 2022 to March 2025, collected responses from 159 students, focusing on their awareness of health determinants, understanding of the HIA framework and experience with assessment tools.
The questionnaire also examined participation in courses and workshops related to HIA or health determinants, self-assessed of knowledge and skills in using HIA and environmental impact assessments (EIA), practical experience in preparing HIA reports and their perception of health as a factor in decision-making within the workplace culture at local, regional and national levels. In addition, respondents were asked to assess the importance of integrating HIA into policy and strategy development.
Our findings reveal the current state of understanding, attitudes, and potential knowledge gaps regarding HIA among MPH students in Slovakia. The discussion addresses opportunities for strengthening HIA capacity through the development of tailored training modules, stronger links with academic institutions, engagement of local authorities, and the integration of international best practices via EU cooperation. The paper offers practical recommendations to support the sustainable implementation of HIA in the Slovak public health system.
Given that these future professionals will need conceptual and practical knowledge of public health along with the ability to assess potential health impacts, these findings underscore the need for a more comprehensive integration of HIA into public health education.

Keywords: Health impact assessment, public health education, health determinants, HIA skills and knowledges, Public Health Workforce, Capacity Building

Impact of social protection on under-5 mortality in low- and middle-income countries: a 22-year longitudinal analysis including the COVID-19 pandemic.

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Background: Under-5 mortality remains a major public health challenge in low- and middle-income countries (LMICs), exacerbated by crises like the COVID-19 pandemic. Social protection (SP) programs aimed to alleviate poverty by providing essential services across the lifespan. SP and under-5 mortality are central to the Sustainable Development Goals (SDGs), particularly targets 1.3 and 3.2. However, there is a lack of longitudinal studies assessing the combined impact of SP programs on child mortality, especially during the pandemic. This study examines the effect of SP coverage on under-5 mortality in 46 LMICs from 2000-2021.

Methods: We conducted a longitudinal study of 1,012 country-year observations. The outcome was under-5 mortality (deaths per 1,000 live births), and the main exposure was SP coverage (percentage of population covered). Fixed-effects Poisson regression models with Huber-White estimators were used to calculate this association, adjusting for socioeconomic, healthcare and gender-related factors. Interaction terms captured SP mitigation effects during the pandemic (2020-2021). We estimate the total under-5 deaths averted by comparing observed deaths with counterfactual scenarios lacking SP.

Findings: SP prevented an estimated 3.05 million under-5 deaths overall, including 583,590 during the pandemic. Full coverage of SP was associated to a 29% reduction in under-5 mortality (IRR:0.71,95%CI:0.54-0.96), with an additional 0.32% reduction (IRR:0.68,95%CI: 0.59-0.79) during the pandemic. Females presented slightly stronger effects (IRR:0.70,95%CI:0.52–0.94) than males (IRR:0.72,95%CI:0.54–0.96). By age groups, toddlers (1-2 years) showed the greatest effects (IRR:0.62,95%CI:0.41–0.94).

Interpretation: SP strongly reduced under-5 mortality in 46 LMICs, with heightened impact during the COVID-19 pandemic. Scaling up SP programs can be crucial to improve child health and advancing SDG targets, especially in the current times of compounding crises.

Keywords: Social protection, child health, child mortality, malnutrition, wasting, stunting, impact evaluation, low- and middle-income countries, COVID-19, poverty, economic crisis.

Effects of fiscal policies on child overweight and obesity: integrating cohort studies with microsimulations in five European countries

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Introduction. Using a comprehensive model known as the Microsimulation for Income and Child Health (MICH), we have analysed the potential effects of alternative direct fiscal policies on the prevalence of childhood overweight and obesity in five European countries: Spain, Italy, France, Finland, and England.

Methodology. The MICH model consists of three interconnected modules. Module 1 (M1) employs the tax-benefit microsimulation model EUROMOD, using data from the European EU-SILC surveys, to simulate the impact of direct fiscal policies on disposable household income. Module 2 (M2) utilizes data from birth cohorts in each country and employs a series of linked regressions to estimate the prospective effects of income on child body mass index (BMI) at

different ages. Finally, module 3 (M3) combines microsimulation with the population structure and income data obtained from M1, as well as regression model specifications and estimated effect sizes from M2, to project BMI distributions based on simulated policy scenarios.

Results. Both universal benefits, such as a universal basic income (BI), and targeted interventions, such as child benefits (CB) for disadvantaged households have a significant impact on childhood overweight and obesity. In comparison to the baseline fiscal system, the prevalence ratio (PR) for obesity in late childhood reached a maximum of 0.64 (95%CI 0.55–0.72) for universal benefits and 0.66 (95%CI 0.57–0.74) for targeted child benefits in Spain, while the same policies had the lower PR of 0.94 (95%CI 0.89–0.99) and 0.98 (95%CI 0.97–1.00) in Finland, respectively. The estimated costs for 1% prevalence reduction of overweight and obesity were considerably lower with targeted benefit policies than with universal ones in all countries.

Conclusions. Our findings show that focused poverty-reduction policies can have a substantial impact on childhood obesity and overweight – while having lower costs - in European countries, but their impact depends on country-specific epidemiological and economic characteristics

The health impact of one of the world's largest Conditional Cash Transfers in the SDG era: the first 20 years and projections to 2030

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Background: In 2024, Brazil celebrated the 20th anniversary of the Bolsa Família Program (BFP), one of the oldest and world's largest Conditional Cash Transfer (CCT) program, covering more than 50 million Brazilians. This study aimed to evaluate the BFP's impact on overall mortality and hospitalization rates over the past two decades, and to forecast the potential effects of expanding this program until 2030.

Methods: This study combined retrospective impact evaluations in Brazil from 2000-2019 with microsimulation models up to 2030. First, we estimated the impact of BFP on overall mortality and hospitalization rates across different age-groups, adjusting for all relevant demographic, socioeconomic, and healthcare factors. We used fixed-effects multivariable Poisson models in 3,671 municipalities with adequate quality of vital statistics. The three exposure variables of BFP were (1st)–target coverage, (2nd)–benefits adequacy (average transfer per family) and (3rd)– interaction of coverage and adequacy. We conducted several sensitivity and triangulation analyses, including difference-in-difference models with propensity-score

matching. Second, we integrated previous longitudinal datasets with validated dynamic microsimulation models to project trends up to 2030.

Findings: High coverage and high adequacy of BFP were associated with a statistically significant reduction in overall age-standardized mortality rates (ASMR) of 18% (Rate Ratio (RR): 0.824;95%CI:0.807–0.842) and 15% (RR:0.849;95%CI:0.833–0.866), respectively, having prevented 8,225,390 (95%CI:8,192,730–8,257,014) hospitalizations and 713,083 (95%CI:702,949–723,310) deaths over the period 2000-2019. Stronger effects were found in municipalities with both high coverage and high adequacy, causing in under-fives a mortality reduction of 33% (RR:0.669,95%CI:0.652–0.687), and in over-70 hospitalization reductions of 48% (RR:0.517,95%CI:0.505–0.529). Expanding BFP coverage could avert an additional 8,046,079 (95%CI:8,023,306–8,068,416) hospitalizations and 683,721 (95%CI:676,494–690,843) deaths by 2030, compared to scenarios of reduced coverage.

Interpretation: CCT programs have strongly contributed to the reduction of morbidity and mortality in Brazil, having prevented millions of hospitalizations and deaths in the last two decades. During the current period of policrisis, the expansion of CCTs in terms of coverage and benefits could prevent a large number of hospitalizations and deaths worldwide, and it should be considered crucial strategy for achieving the health-related SDG 3.

An overview and comparison of approaches used for health policy analysis: What to use and when?

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Background: The increasing complexity of public health challenges demands the development of effective health policies. In order to capture the complexities, a multi-criteria approach is needed to support decision making process. A multi-criteria approach overcomes the shortcomings of traditional decisions support tools, by assessing various objectives or values. When, traditional tools can complement one another, a more comprehensive understanding of policy effects is gained, which in turn supports the formulation of evidence-based and resilient policies. There are several tools that are currently employed separately in policy analysis with an objective in mind. Whereas an integration of these tools and a further understanding of when and how these tools are applied can ensure that multiple objectives are addressed during policy analysis. Hence the goal of our paper was to identify ways in which to integrate policy tools, by making an overview and comparison of currently used health policy analysis tools at the RIVM.

Methods: We used a mixed method approach using insights from RIVM experts working with the given policy tools; (Health Impact Assessment (HIA), Social Cost Benefit Analysis (SCBA) and Strategic Foresight (SF)), and consultations with policy makers from the Ministry of Health. We compared the different approaches and searched literature to inform on the differences. We then identified policy questions in which the tools could complement each other.

Results: The use of HIA at the RIVM has been inconsistent over the years, and currently, no active projects are using this tool. Nevertheless, the added value of HIA was acknowledged, especially in addressing health equity, which is less pronounced in the other two approaches. Both HIA and SF made use of quantitative and qualitative methods, and their primary outcome measures were variable, while SCBA is quantitative. The point of departure of HIA was determinants of health, that of SCBA, societal problem and, that of SF is uncertainty. The identified weaknesses of the tools are as follows: HIA lacks an economic perspective; SCBA lacks a qualitative perspective; and SF focuses too far into the future, making it difficult to think systematically about present-day decisions.
Conclusions: There is need to improve capacity in HIA by improving understanding of the HIA approach and its application. Furthermore there is need for a more compact HIA approach, which can be applied in time sensitive settings or as complementary to existing SCBA or SF.

Aligning urban health and well-being indicators for sustainable urban planning

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The growing emphasis on healthy cities and urban populations reshapes urban development by placing health at the core of sustainable planning agendas. Urban health results from complex interactions between expanding populations and urban systems—including physical and social environments—which collectively influence resilience and the capacity for both people and nature to thrive now and in the future. The Health in All Policies (HiAP) approach seeks to integrate health considerations across all sectors, yet the selection and application of health and well-being indicators remain inconsistent. This study underscores the need to align urban health indicators with globally recognized frameworks: HiAP, the New Urban Agenda (NUA), and relevant International Organization for Standardization (ISO) standards. While each of these frameworks offers critical insights—HiAP in health equity, NUA in policy direction, and ISO in measurable urban performance—they often function independently, creating fragmented approaches to urban health. To address this, a systematic review of these frameworks in relation to the Sustainable Development Goals (SDGs) was conducted to identify overlapping priorities and indicator alignment. Results reveal that 62 SDG indicators align with urban health via HiAP; 137 ISO 37120 indicators (city services and quality of life); 144 ISO 37122 indicators (smart cities); and 115 ISO 37123 indicators (urban resilience). In addition, 27 NUA global indicators and 34 city-specific indicators contribute to a refined set of urban health and well-being priorities. This study proposes a cohesive and actionable framework for urban health that bridges policy, measurement, and implementation. This convergence allows for the downscaling of SDG indicators to the urban context while maintaining a strong emphasis on health and well-being. Ultimately, this approach supports cities in developing comprehensive, equity-driven strategies that promote sustainable urban health.

Keywords: Sustainable Development Goals (SDGs), Health in All Policies (HiAP), New Urban Agenda (NUA), ISO standards, Urban health, Well-being