

## **8.P. Workshop: Mapping legal requirements for HIA institutionalization across Europe**

*Chairs: Piedad Martin-Olmedo, Spain, Marleen Bekker, Netherlands*

*Organised by: EUPHA (HIA) (PHPP)*

Contact: [piedad.martin.easp@juntadeandalucia.es](mailto:piedad.martin.easp@juntadeandalucia.es)

Health Impact Assessment (HIA) has been proposed as an approach for implementing the 'health in all policies' (HiAP) principle and for addressing health inequalities, both, core priorities within the EU health strategy 'Together for Health'.

To this respect, HIA seeks informing policymakers as the potential consequences that health and non-health sector policies can have on overall community health, ultimately maximizing health gains and contributing to reducing health inequalities. It intends to transform the health-research findings into improved policy and practice. 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. 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 exercise, stripping it of much of its potential to transform and generate the development of healthy policy. The map of legislative framework for HIA across Europe has not been fully analysed and described so far. The aim of this workshop is to analyse the legislative framework of HIA in different countries in Europe and discuss the benefits and barriers that mandatory or voluntary HIA - standing alone or being integrated into others assessments tool- might represent in order to promote the final goal of HiAP.

Elements to be discussed:

1. Country legislative framework challenging the compulsory or voluntary institutionalization of HIA as a stand-alone process (type of legislation?, who endorse it?)
2. Scope for HIA implantation recorded in the legislative framework (only projects or policy and programs too?)
3. Impact of such legislation in the policy making practice
4. Benefits and barriers for making HIA mandatory

Four formal presentations (15 minutes each) will illustrate some of the existence practice in Europe, and several experts from the political field and HAI practice will participate in the discussion (30 minutes)

#### Key messages:

- Models of HIA institutionalization exert a determinant role in achieving HiAP principles.
- Analyzing current HIA legislative frameworks will help in facilitating a more effective HIA implementation.

### Survey on HIA implementation across countries of the WHO European Region

Piedad Martin-Olmedo

*P. Martin-Olmedo*

Andalusian School of Public Health, Granada, Spain  
Contact: piedad.martin.easp@juntadeandalucia.es

A variety of scientific publications, journal articles and books, as well as grey literature on HIA exist, either attaining the development of HIA methodology or giving specific examples on different HIAs, but up to now there is no consolidated review on HIA practice and institutionalization across Europe. WHO Regional Office for Europe, in collaboration with the European Public Health Association (EUPHA) and the Faculty of Health Science of Bielefeld University (Germany), compiled a survey on the implementation of HIA across the 53 Member States of the WHO European Region. With that purpose, an online ad hoc questionnaire was sent to 225 professionals, 148 experts on HIA from different countries, and 77 WHO Environment and Health Focal Points.

Findings from this study correspond to inputs from 26 European countries. The reported experience on HIA ranged from one to more than 30 years, being United Kingdom and Northern Ireland the ones reporting a longer practice. The results of our survey showed that HIA has been reasonable institutionalized across Europe through a wide variety of mechanisms, some mandatory, some voluntary, that in many countries coexist (there are more than one mechanisms at different levels or in the same level). Voluntary mechanisms include well-established working procedures, community lead HIA, or HIA conducted outside the decision-making process by NGOs, universities and research units (the so-called advocated HIAs). However, when asked about effectiveness of this implementation, the largest proportion of respondents (35% from 13 countries) declared a moderate

effectiveness rate, followed by 26% from 12 countries scoring low effectiveness.

Capacity building together with organizational or political support, compulsory legislation, better definition of responsibilities and methods, and more resources were identified by informants as strongly needed for a further HIA implementation in Europe

### HIA in Austria – A Voluntary Instrument for Health in All Policies

Gabriele Gruber

*G. Gruber*

Gesundes Österreich, Vienna, Austria  
Contact: gabriele.gruber@goeg.at

In 2009, the Ministry of Health commissioned the Austrian Public Health Institute to elaborate a concept for implementing HIA in Austria. This concept is based on various international documents and experiences on HIA combined with experiences and opinions of Austrian HIA experts and officials of different federal ministries. It was published in 2010 and describes the implementation of HIA in four phases until 2021.

During the first phase, activities were set to build capacity and raise awareness for HIA in Austria. Therefore, the Ministry of Health established a national HIA Support Unit at the Austrian Public Health Institute. Concerning capacity building and awareness raising, this unit has several tasks, like creating a HIA website and newsletter, producing and providing fact sheets and other materials for the Austrian context, offering support for HIA conductors or presenting HIA at conferences, meetings and other events in Austria. In addition, a national HIA network and a national HIA steering group were set up in the first phase to support activities and create commitment for HIA in Austria. The activities for capacity building and awareness raising for HIA will be going on in the next years and phases of implementation.

Now, the conduction of HIAs is voluntary in Austria. Since 2010, eight HIAs have been conducted in Austria. In most of these projects, the key drivers for conducting these HIA projects were HIA experts or persons who are familiar with HIA. There is an ongoing discussion how to promote the commissioning and conducting of HIAs in Austria. On one hand there is the opinion that only a legislative framework can assure the conduction of HIAs. On the other hand, experts worry that making HIA mandatory could lead to bad quality HIAs. However, the discussion is still continuing how the long-term implementation of HIA could take place in Austria.

### HIA in the Czech Republic

Jana Loosova

*J. Loosova*

Regional Public Health Authority Liberec, Liberec, Czech Republic  
Contact: jana.loosova@khslibc.cz

The Czech Republic struggles with lack of legislation focusing specifically on implementation of Health Impact Assessment (HIA). The HIA is mostly performed as a part of EIA or SEA - both covered within the Environment Impact Assessment Act and Amendment of Related Acts. Unfortunately, the perception of the HIA concept is not based on the socio-economic model of health, but rather considers the environmental issues within the risk assessment.

On the national level there are policies mandatorily assessed on health aspects only within the SEA process. The completed SEA procedure also includes assessment by the Public Health Authority that gives recommendation on how to adapt the policy to maximize elimination of negative impact on human health or inequalities. However, the screening and scoping stage is not mandatory in the Czech legislation and HIA is not applicable to laws and acts.

On the regional level there is an exception in Liberec region approach. Liberec region has adopted a unique way of

implementing HIA in accordance with legal regulation that can be issued by the council with delegated authority. The regional resolution was designed to present the proposal of the assessment system for strategic and development documents. After developing the unique HIA methodology reflecting political and social specifics in this region, was with another resolution set up the need of trainings, assessment guide and arrangement of permanent integration to the legislation. This approach leads to direct positive impact on policy making practice.

The country now stands at a crossroads and is choosing the path for new implementation at given conditions on the national level. It will be a long-term process, which, however, will be threatened by many factors – especially lack of legislation focusing directly on HIA, professional background and will → not only that of politicians', but the will of all the interested stakeholders.

### **Health Impact Assessment (HIA) in Wales: From voluntary to statutory**

**Liz Green**

*L Green*

Public Health Wales, Cardiff, UK  
Contact: Liz.Green@wales.nhs.uk

Welsh Government (WG) has placed improving the health and wellbeing of its people firmly within its core priorities. This has been reflected by the increased advocacy for and use of Health Impact Assessment (HIA). HIA is a key tool used by WG as part of its strategy to prevent rising ill health and reduce health inequalities which continue to persist in Wales by promoting an integrated approach to policy making ('Health in All Policies' (HiAP)) to address the social determinants of health. HIA is currently non statutory in Wales. In 2004, only a handful of HIAs had been completed in the country and HIA was only included in one WG technical guide as a

requirement/suggested best practice. However, by 2017, over 200 HIAs had been voluntarily completed and HIA is now regularly contained in many mainstream WG technical documents and supporting guidance. Many health bodies believed that this was insufficient and that the extensive practice of HIA has been hugely beneficial to health and wellbeing outcomes but sporadic in practice.

The recent introduction of a Public Health (Wales) Bill 2016 states that there will be a statutory requirement for broad HIA to be undertaken by Public Bodies in specific circumstances. This legislation solidifies the previous governmental strategic levers to influence the use of HIA/HiAP and its voluntary practice.

This paper discusses: why statutory HIA has been included in the Public Health (Wales) Bill; why it has been undertaken voluntarily by many organisations; and the factors that have facilitated this. It details the challenges and issues overcome; those still faced; and shares Wales' learning with policy makers and practitioners.

Finally, it details some of the exciting opportunities for HIA/HiAP in the future that this Bill will promote to improve health outcomes in Wales.

### **What the decision making process really needs from health impact assessment**

**Lea Bouwmeester**

*L Bouwmeester*

Dutch Public Health Conference Committee, The Hague, Netherlands  
Contact: lea.bouwmeester@gmail.com

Lea Bouwmeester will take part in this workshop as a panellist, reflecting on her own experience in the Dutch Parliament and about the inputs that the decision making process needs from impact assessment tools such as the health impact assessment. 201700067