出國報告（出國類別：國際會議）

出席第 13 屆健康影響評估國際研討會議（The 13th International Conference on Health Impact Assessment）出國報告書

服務機關：行政院環境保護署
姓名職稱：盧技士佩君
派赴國家：瑞士
出國期間：102 年 9 月 30 日至 10 月 6 日
報告日期：103 年 1 月

摘要

　　本次第 13 屆健康影響評估(HIA，Health Impact Assessment)國際研討會議係由世界衛生組織（WHO, World Health Organization）、國際影響評估協會(IAIA, International　Association for Impact Assessment)其中的健康部門與日內瓦大學所共同辦理。會議以「由在地到全球-健康影響評估所面臨的新挑戰」為主題，並以健康影響評估在政策制定的過程、從行政及管理角度提出健康影響評估制度化的情形、健康影響評估在實行上的多樣性、進一步實行健康影響評估所做的研究，分享先進國家在健康影響評估的執行情形以及目前健康影響評估在執行上可能面臨的不平等，與開發中國家執行健康影響評估的情形作為探討的各項主題。

　　健康影響評估(HIA)是世界衛生組織(WHO)近年致力提倡的一種計劃評估工具，此項工具發展之目的在於預先發覺各項政策、計畫、方案，可能對民眾健康、生態環境造成多大的衝擊。歐洲地區國家（如：英國、荷蘭、德國等）、澳洲地區以及加拿大地區等，已將 HIA 技術應用於多項國家大型政策的先期評估，以彌補現行環境影響評估(EIA, Environmental Impact Assessment)將重點放在特定的開發案之不足，並經由 HIA 達成改善群體的健康以及減少健康的不平等。

　　HIA 提供給健康及相關部門所需的健康結果評估資料，找出切實可行的方案去提升健康，然而，面對各種全球性問題，如氣候變遷、都市化、流行病、人口高齡化以及經濟的劇烈波動，相關的公共政策必須更有效率的去執行。此外，HIA 已在世界各地實施超過十年以上，但是仍然無法解決一些重要的問題，因此本屆會議的重點演講，針對了 HIA 的主要成就為何，以及如何將 HIA 與其他手段的結合達成健康治理，和 HIA 如何在所有的政策都達成健康的實際目標進行探討。

　　HIA 與其他影響評估方法之整合為現行趨勢之一，到目前為止，即使所有的

EIA 中都涵蓋了「保護健康」，但所謂的健康仍未被定位清楚，此外，EIA 過程中的相關機構也未與健康部門有關聯，顯示出將健康議題整合至 EIA 的障礙，也指出了在未來開發計畫的規劃過程中，健康專業成為必要的知識。另外，大部分的 EIA 仍然會忽略影響人類健康的可能範圍，因此 WHO 構想將 HIA 整合進入 EIA 流程中，提出環境健康影響評估(EHIA)。亦有將 HIA 整合成為政策環境影響評估(SEA)的一部分，值得我國未來 EIA 制度修正之參考。

目前 HIA 在歐美先進國家已逐漸推動法制化，期望在制定政策或決策時，藉由 HIA 提供的證據以減少開發行為對人類健康之負面衝擊。我國在 HIA 領域還缺乏相關的資料與技術，亦不易整合各個責任歸屬單位，不過從歐美推動成果可知，這樣的評估確實可以改善政策執行時所造成的健康衝擊，建議我國可多蒐集相關國外發展的經驗及評估案例，逐漸發展我國 HIA 制度。

目　　　錄

一、目的

（一）緣起

　　健康影響評估（HIA, Health Impact Assessment）是世界衛生組織（WHO, World Health Organization）近幾年致力提倡的一種計劃評估工具，此項工具發展之目的在於預先發覺各項政策、計畫、方案，可能對民眾健康、生態環境造成的衝擊。國際影響評估協會（IAIA, International Association for Impact Assessment）成立於 1980 年，為國際性民間組織，涵括環境、社會、經濟、文化、健康影響及政策環境影響評估等領域，其會員來自 100 個以上國家，歐盟各國、美國、加拿大及亞洲等各國均積極參與其會議及相關研習活動。茲為了解世界各國健康影響評估政策形成的過程與相關的評估及研究方法，特參加該會健康部門辦理之第 13 屆健康影響評估國際研討會，以作為我國環境影響評估制度檢討改進之重要思考方向及參考。

（二）開會目的

本次開會目的有以下三項：

1. 了解世界各國健康影響評估政策形成的過程、實行方式與相關的評估及研究方法之最新的發展議題與趨勢，作為我國推動健康影響評估及環境影響評估相關工作之重要參考。

2. 藉由參加該會議及相關研討，與會議參與各國人員交流意見。

3. 蒐集探討歐美等先進國家最新蒐集相關發展的經驗及評估案例與相關評估方法。

二、開會行程

本次開會行程自 102 年 9 月 30 日至 102 年 10 月 6 日共計 7 日，開會地點為瑞士日內瓦，開會行程如表一，其詳細會議議程如附件一。

<p align="center">表一、開會行程</p>

日期	地點	工作內容
102 年 9 月 26 日至 9 月 27 日	臺北至瑞士日內瓦	啟程
102 年 10 月 2 日	日內瓦大學	會前訓練課程
102 年 10 月 3 日至 10 月 4 日	日內瓦國際會議中心	參加研討會議
102 年 10 月 5 日至 10 月 6 日	日內瓦至臺北	返程

三、開會內容

　　第 13 屆健康影響評估國際研討會分為會前訓練課程以及正式研討會議，研討會主題為「由在地到全球-健康影響評估所面臨的新挑戰」為主題，主要討論的議題為健康影響評估與全球政府政策的改變、健康影響評估在實行上的多樣性、健康影響評估的健康平等與社會正義與開發中國家的健康影響評估等議題。來自各國不同領域的專家學者就各種領域研究提出發表，部分論文摘要如下：（相關論文摘要資料詳如附件二，其他會議重點資料如附件三）

（一）　會前訓練課程

　　為初學者介紹健康影響評估，會前的訓練課程是由世界衛生組織的健康影

響評估專家顧問擔任講師，針對報名的初學者講授健康影響評估的背景、意義、方法及運用。簡單來說，健康影響評估是一種程序、方法和工具的組合，是用來判斷政策、計畫或專案計畫對人類健康的潛在影響，以及在目標族群中，研究這些影響因子的分布情況。健康影響評估的目的，是為了在機關或政府部門執行任何政策、計畫或專案計劃時，能將健康的損失降到最小甚至是獲得最大的健康。經過初步的講授後，訓練課程中進行了三段的互動練習。第一段每組二人，自我介紹後就自己所屬的機關或組織，討論目前進行健康影響評估的情形，並互相了解健康影響評估對彼此的機關或組織，能提供什麼樣的良好建議，或是對所屬機關或組織的效益。第二段及第三段互動練習每組五人，分別就整合健康影響評估及其他影響評估的障礙，以及如何呈現健康影響評估的報告結果給予決策者參考，互相討論。與會者多數為目前進行健康影響評估領域研究的學者，以及部分作為政府機構顧問的研究人員，可以了解各種關於健康影響評估目前在其他國家的執行情形與應用狀況，此外，也能從研究者的角度，去研議實際運用於政策決定上的困難性。

（二）　　研討會：健康影響評估與全球政府政策的改變

本次會議在此議題主要討論以下分項子題包括：健康影響評估與健康住宅、健康影響評估的定量方法、健康影響評估的效率與評價、平等性、運用環境影響評估的持續發展和治理、環境影響評估的新觀點等。

1. 健康影響評估是一種程序、方法和工具的組合。用來判斷政策、計畫對人類健康的潛在影響，以及在族群中這些影響的分布狀況，目的是為了將健康損失降到最小以獲得最大的健康 。

2. 健康影響評估是一個可以幫助達成全民健康的工具，且對於許多正在轉變或發展中的國家，健康影響評估可以對其發展政策的永續性上有所貢

獻。

3. 健康影響評估是一種多學科的評估模式，跨越了公共衛生、醫療保健和社會科學之間的範圍。其基本關切的重點是對健康的危害（傳染病和非傳染病、營養失調、受傷和精神失調等），在一個發展計畫中，雖然會有健康正、負向的兩者變化，強調負向影響是為了找尋可以預期和處理的方法。

4. 環境影響評估的範圍雖然持續擴大，但是大部分的環境影響評估仍然忽略廣泛影響人類健康的可能範圍。目前，許多國家仍認為，即使環境與健康兩者對永續性都很重要，但在計畫書中仍強調對人類健康所造成之結果影響更甚於環境方面的結果影響，同時也會影響民眾和決策者的意見。

（三）研討會：健康影響評估在實行上的多樣性

本次會議在此議題主要討論以下分項子題包括：建築開發的承載力、整合健康影響評估至其他的影響評估、如何在國家政策制定中運用健康影響評估、健康影響評估在能源上的考量、健康影響評估與都市計畫等。

1. 健康應該包含在環境評估當中，但是不應該只被限制在生物物理學方面。例如：在環境影響評估中，健康通常只侷限在特定的空氣或水汙染物這類毒化物的層級。

2. 健康影響評估與環境影響評估或是政策環境影響評估之間有許多共通點，但環境影響評估傾向將重點放在特定的專案計劃或是方案發展；政策環境影響評估傾向將重點放在綱領方案與政策；健康影響評估則是包含了上列兩者。

3. 健康影響評估以系統化的形勢發展，主要是確保人類的健康與福祉，以

及所有層級中考慮會影響健康的所有因素，而政策環境影響評估則是在一個架構內審視保護與改善人類健康的策略。

4. 健康影響評估的重要特色就是可以結合其他影響評估方法，這種整合方式可以從計算承載發展的過程就去評估其未來展望，其中包括健康、教育、職業、工作成果、安全性、文化、文學、娛樂和環境。

（四）研討會：健康影響評估的健康平等與社會正義

本次會議在此議題主要討論以下分項子題包括：健康影響公平的評估並符合目標、健康影響評估公平性的分析、運用健康影響評估去配合氣候變遷政策等。

1. 健康影響評估強調影響人類健康的廣泛元素，對於一般大眾暴露於開發行為下所造成之影響，比較了開發行為對整體人類所帶來之正面與負面健康影響，以及對人類某一特定族群產生之特定健康影響。

2. 會有上述情形是因為族群可能基於地理元素，例如居住地或特殊性等受到影響，例如：語言、環境或失業；還有其他元素，例如：貧窮、教育等，這些元素形成了在制定政策或計畫時潛在影響的弱點，也就是一種本質上的健康不平等問題。

3. 許多的因素都會影響自然環境，同時也是人類健康的決定因素，例如導致氣候變遷的因素像是空氣汙染與森林砍伐等等，也同時直接或間接地影響健康。

4. 對於各機關和許多的國家而言，處理不平等和促進健康是政策的重要目標。使用健康影響評估，就可以及早預測提案對健康的危害與不公平的現象。

5. 健康影響評估使用了更廣的健康模式和跨部門的系統方式去評估一個計劃或政策如何影響一個族群，並將族群中不同的子群做分類，如此一來，

在撰寫健康影響評估報告書時就可以有一個明確的目標，且適用於特定族群，例如弱勢團體。

（五）研討會：開發中國家的健康影響評估

本次會議在此議題主要討論以下分項子題包括：開發中國家的健康影響評估、健康影響評估與交通運輸、健康影響評估與大型開發計畫等

1. 英國健康影響評估專家察覺了健康影響在發展計劃的過程中常被忽略，雖然大多數的開發計畫被期待是對健康有助益的，但是很難對非直接性的影響進行防禦，且未被預期的影響往往容易造成較為嚴重的傷害；但事前的計畫可以避免這些不利的影響。

2. 健康影響評估在政策和決策開始時，用來確認及預防合理的健康影響，例如：道路興建的健康影響評估包含興建初期及其他永續經營面向，像是循環路線、噪音和減速的調整，而不是到之後發展時才去解決健康影響的問題。

3. 大型開發計畫於開發中國家的農村或偏遠地區的健康影響，會比在歐洲地區來得更大。主要是因為農村或偏遠地區的基礎設施往往非常缺乏，當地居民很少有保險進行相關的保障。此外，農村或偏遠地區的居民常有各種的心理及社會問題，也屬傳染性疾病的高傳染率族群，使得健康影響評估在開發中國家進行較為困難。

四、心得與建議

（一）目前健康影響評估在部分政府組織或其他機構，制度化地使用，期望在制定政策或決策時，藉由健康影響評估提供的證據以減少開發行為對人類健康之負

面衝擊。但因為健康影響評估發展至今仍是一個新概念，在台灣鮮為人知，從歐美推動成果可知，這樣的評估確實可以改善政策執行時所造成的健康衝擊。因此建議我國可多蒐集相關國外發展的經驗及評估案例，逐漸發展我國健康影響評估制度。

（二）健康影響評估與其他影響評估方法之整合亦為世界先進國家發展趨勢之一，到目前為止，即使所有的環境影響評估中都涵蓋了「保護健康」，但所謂的健康仍未被定位與說明清楚，此外，環境影響評估過程中的相關機構或單位也未與健康部門有關聯，顯示出了將健康議題整合至環境影響評估的障礙，這也指出了在未來開發計畫的規劃過程中，健康專業成為必要的知識。另外，即使環境影響評估的範圍持續擴大，但是大部分的環境影響評估仍然會忽略影響人類健康的可能範圍，因此 WHO 歐洲地區分部構想將健康影響評估整合進入環境影響評估流程中，提出環境健康影響評估（EHIA）。另外亦有將健康影響評估整合成為政策環境影響評估（SEA）的一部分，都值得我國未來環境影響評估修正方向之參考。

（三）值得注意的是，在歐美先進國家已逐漸推動健康影響評估法制化，但目前我國在健康影響評估領域缺乏相關的資料與技術，也不易整合各個責任歸屬單位，大眾及學界的重視程度均不高，因此應借鏡環境影響評估法制化的過程，將 HIA 循正式法源推動，在未來帶領各相關單位執行健康影響評估工作。

附錄 1
會議議程

University of Geneva > Médecine > HIA 2013 > Programme

Université de Genève

EIS 2013

Programme

Wednesday 2 October 2013

Thursday 3 October 2013

Friday 4 October 2013

HIA2013 Final programme

Wednesday 2 October 2013

Venue: CMU - Centre Médical Universitaire S IV and S V on the 2nd floor

Basic Training Course in HIA - Trainers: Ben Cave and Erica Ison

Learning objectives

To gain an understanding of:

- *HIA as a methodology and its potential uses to support decision-making*
- *The basic process of HIA*
- *The methods used during HIA*
- *The potential to integrate HIA or use elements of HIA in other impact assessments*

To use some qualitative rapid appraisal techniques for HIA

To develop skills of reflection for the practice of HIA

Programme

10:00 to 10:15 am - Welcome and Introduction

10:15 to 11:00 am - Basic Introduction to HIA and its uses - presentation by trainers

11:00 to 11:30 am - Interactive exercise (in pairs) on the appropriate and effective use of HIA

11:30 to 11:45 am - Refreshment break

11:45 to 12:15 am - The potential to integrate HIA or use elements of HIA in other impact assessments / methodologies - presentation by trainers

12:15 to 1:00 pm - Interactive exercise in small groups: identifying the opportunities for and barriers to the integration of HIA/use of elements of HIA in other impact assessments/methodologies

1:00 to 2:00 pm - Lunch

2:00 to 3:30 pm - Interactive exercise in small groups: undertaking a rapid desk-top appraisal of a concrete example (HIA on a wind farm project in Switzerland)

3:30 to 3:45 pm - Refreshment break

3:45 to 4:30 pm - Short presentation on two HIAs carried out in Switzerland

4:30 to 5:15 pm - Discussion

5:15 to 5:30 pm - Concluding remarks

HIA2013 Introductory Keynote

CMU - Centre Médical Universitaire - Conference room A250

5:30 to 7:00 pm - **Health in All Policies (HiAP): new perspectives after the Helsinki Conference**

Keynote speakers: Professor Ilona Kickbusch (Global Health Programme, Graduate Institute of International and Development Studies, Geneva, Switzerland) and Dr Eeva Ollila (Ministry of Social Affairs and Health, Helsinki, Finland)

Public Conference - Open to all

7:00 pm - Welcoming drink

Thursday 3 October 2013

Venue: CICG - Centre International de Conférences Genève

8:00 to 9:00 am - Welcome and registration

9:00 to 9:30 am **- Official opening**

Welcome by Mr Thomas Mattig, director, Health Promotion Switzerland

Welcome by Dr Carlos Dora, Department of Public Health and Environment, World Health Organization (WHO)

Welcome by a representative of the Geneva government, Dr. Pierre-François Unger, Minister of Health, Canton of Geneva (Switzerland)

9:30 to 10:30 am **- Plenary session I - HIA and global public policy change**

Conference - Room 2 on the ground floor

Keynote speaker: Professor Eileen O'Keefe (London Metropolitan University, UK)

10:30 to 11:00 am - Break | Visit of posters

11:00 to 12:30 am **- Parallel sessions I**

12:30 to 2:00 pm - Lunch

2:00 to 3:00 pm **- Plenary session II - HIA for health equity and social justice**

Panel - Room 2 on the ground floor

Moderator: Francesca Viliani (International Association for Impact Assessment, IAIA, International SOS)

Panellists: Rajiv Bhatia (San Francisco, USA), Elizabeth Harris (University of New South Wales, Australia), Katie Dain (the NCD Alliance, UK)

3:00 to 3:30 pm - Break | Visit of posters

3:30 to 5:00 pm **- Parallel sessions II**

5:00 to 7:00 pm - Free

From 7:00 to 10:30 pm - Conference Banquet at the Château de Penthes

Friday 4 October 2013

Venue: CICG - Centre International de Conférences Genève

8:30 to 9:00 am - Welcome and registration

9:00 to 10:30 am **- Plenary session III - HIA in developing countries, including large infrastructure projects**

Panel - Room 2 on the ground floor

Moderator: Carlos Dora (Department of Public Health and Environment, WHO)

Panellists: Michaela Pfeiffer (Department of Public Health and Environment, WHO), David Houeto (President of the International Francophone Network for Health Promotion), Francesca Viliani (International Association for Impact Assessment, IAIA, International SOS)

10:30 to 11:00 am - Break | Visit of posters

11:00 to 12:30 am **- Parallel sessions III**

12:30 to 2:00 pm - Lunch

2:00 to 3:30 pm **- Parallel sessions IV**

3:30 to 4:00 pm - Break | Visit of posters

4:00 to 5:00 pm **- Plenary session IV - Mainstreaming and institutionalisation of HIA**

Round table - Room 2 on the ground floor

Moderator: Jonathan Drewry (Pan American Health Organization, Peru)

Speakers: Richard Massé (Director of Public Health for Montreal), Mbarack Diop (African Development Bank, Tunisia), Alberto Fernandez Ajuria (Andalusian School of Public Health, Spain), René Longet (Former representative at Geneva and Federal parliament / Mayor of Onex, Switzerland)

5:00 to 5:30 pm **- Closing session - What's next?**

Room 2 on the ground floor

Commentators: John Kemm (JK Public Health Consulting Ltd., UK)

Pre-announcement of HIA2014

Official closing: Dr Maria Neíra, Director, Department of Public Health and Environment (WHO)

Simultaneous translation services into french available for plenary sessions

The main language of the conference is English.

During the plenary sessions, simultaneous interpretation services will be provided from English into French, English into German and from French into English and French into German.

Detailed programme paralle sessions (359 Kb, 📄)

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Thursday 3 October 2013: **Parallel sessions I** - 11:00 to 12:30 a.m.

HIA and housing **Erica Ison** Room 17	Healthy Housing + HIA = Good News Travels Fast	Hilary	Dreaves
	Assessing framing assumptions in quantitative health impact assessments: A housing intervention example	Marco	Mesa-Frias
	A Concurrent Health Impact Assessment of a Housing Improvement Programme in Liverpool	Sophie	Grinnell
Quantitative approaches **Lea den Broeder** Room 5	Modelling health outcomes of prevention measures for North Rhine-Westphalia: potential health gains due to reduced obesity and overweight	Odile	Mekel
	Quantitative health impact assessment in Copenhagen - a modification of the DYNAMO-HIA model	Astrid	Ledgaard Holm
	Health foresight - A survey on quantifying tools	Odile	Mekel
Effectiveness and evaluation of HIA **Jonathan Drewry** Room 18	Assessing the impact of impact assessments	Margaret	Douglas
	Effectiveness of Health Impact Assessment in Australia and New Zealand	Elizabeth	Harris
	Hearts, Minds and Health Impact Assessment	Sarah	Couper
	Re-thinking evaluation and HIA	Martin	Higgins
Ethics and values **John Kemm** Room 15	Revisiting HIA and its value as a substrate for social learning processes	Yorghos	Remvikos
	From advocacy to action: Utilising HIA as a tool to realise the right to health	Fiona	Haigh
Equity 1 **Rajiv Bathia** Room 6	Equity from the start: Belfast experiences	Laura	McDonald
	Health Impact Assessment of The Chief Minister Beggary Prevention Schemes in Bihar, India	Vikash	Kumar
	The inclusion of Migrants in Health Impact Assessments: A Scoping Review	Maria	Benkhalti Jandu
Durabilité et gouvernance **Christiane Gosset** Salle 16	Governance of HIA or HIA as a governance tool?	Smits	Pernelle
	HIA: more than a method, an act of will of working together	Tremblay	Emile
New perspectives **Derek Christie** Room 20	Health Impact Assessment and "Sustainability Context": Towards a Health Sustainability Index	Hadders	Henk
	How new public health ambitions turn into individual lifestyle interventions: A discourse analysis	Harting	Janneke

Thursday 3 October 2013: **Parallel sessions II** - 3:30 to 5:00 pm

Room 18	**Workshop:** Making Health Equity Impact Assessment Fit For Purpose	Alex	Scott-Samuel
Room 20	**Workshop:** The analysis of equity in HIA: a pragmatic solution	Erica	Ison
Capacity building (distance learning) **Martin Higgins** Room 19	Global reach: HIA online	Hilary	Dreaves
	Capacity-building in HIA: what are the skills needed in order to successfully conduct an HIA of a public policy?	Julie	Castonguay
	HIATOOL, Web2.0 interactive tool to simplify, standardize and automate Health Impact Assessment	Toni	Colom
Integrating HIA into other impact assessments **Nicola** Room 17	Improved implementation of Health Impact Assessment in Germany and Austria	Mareike	Mähs
	Exploration of the functions of Health Impact Assessment in real world-policy making	Gille	Feyaerts
	Not only HIA: Health AND impact assessment	Francesca	Viliani
Urbanisme **Isabelle Heyden** Salle 16	Les défis méthodologiques d'une EIS appliquée à une politique développée à l'échelon de 3 métropoles urbaines d'une région française	Françoise	Jabot
	Le cadre réglementaire français de l'évaluation environnementale : une voie pour développer une approche globale de la santé dans le champ de l'urbanisme ? Contraintes et opportunités	Anne	Roue Le Gall
Equity 2 **Derek Christie** Room 15	An equity-focused HIA of Changes on Portuguese Tobacco legislation: first steps	Maria	Cortes
	At the heart of policy-making - health equity and cost analyses in HIA. Experiences from a HIA case study on national tobacco prevention in Sweden	Cristina	Mattsson Lundberg
	AAPRISS program "Apprendre et Agir Pour Réduire les Inégalités Sociales de Santé": Health equity impact assessments of prevention projects	Mélanie	Villeval
Mainstreaming and institutionalisation 1 **Rajiv Bathia** Room 5	Developing and verifying a Health Impact Assessment screening for local government in Japan	Michiko	Hoshiko
	Reflexivity on EIS at ministerial level in Québec since 2001: past, present, future	Pernelle	Smits
	HIA Institutionalizing in Andalusia	Luiz Angel	Moya Ruano

Friday 4 October 2013: **Parallel sessions III** - 11:00 to 12:30 am

HIA in developing countries **David Houeto** Room 18	Health Impact Assessment in Latin America and the Caribbean: An underutilized methodology for advancing sustainable development and health equity	Jonathan	Drewry
	Untapped potential of health impact assessment	Mirko	Winkler
	Equity in Extractives - From a Health Perspective	Mirko	Winkler
Mainstreaming and institutionalisation 2 **Ana Rivadeneyra** Room 5	How do we introduce or initiate HIA in national level policy making when HIA is not mandatory?	Stella	Kraemer
	Capacity Building Health Impact Assessment Project - Liverpool's Story	Sophie	Grinnell
HIA in the energy sector **Francesca Viliani** Room 15	Potential health effects and wind turbines	Thierno	Diallo
	Systematic review and assessment of health impacts due to EU and national policies on energy and resource efficiency	Marianne	Rappolder
	Participated assessment of the health, environmental and socio-economic impacts from urban waste treatment	Alessandra	Pedone
HIA in urban planning 1 **Odile Mekel** Room 17	A prospective HIA study for two city center neighbourhoods in Québec, Canada	Alexandre	Lebel
	Housing, Health and Masterplanning: Rules of Engagement	Fiona	Haigh
Institutionnalisation **Martine Bantuelle** Salle 16	Qualitative methodology to understand HIA impacts on public administration dynamics: complexity, organizational learning, governmentality	Pernelle	Smits
	Application d'une EIS sur un projet de restructuration urbaine : quelle plus-value en termes de santé ?	Pauline	Mordelet
	Institutionnalisation de l'Evaluation d'Impact sur la Santé en Afrique de l'Ouest : Cas du Sénégal	Maguatte	Ndoye
Equity 3 **Elizabeth Harris** Room 6	HIA - a flexible approach to improved health planning for access and equity	Elizabeth	Harris
	The impact of Rapid Equity Focused Health Impact Assessment (EFHIA) on local planning for after hours care…	Elizabeth	Harris
	From research to policy, the process of institutionalization of a HIA on daycare services in Quebec	Marie-France	Raynault
Economics and nutrition **Derek Christie** Room 19	Impact of Health on Economic Development in Tameside	David	Mc Conalogue
	Analysing the health impacts of federal legislation to modify the supplemental nutrition assistance program (SNAP)	Keshia	Pollack

Friday 4 October 2013: **Parallel sessions IV** - 2:00 to 3:30 pm

EIS et la planification urbaine 2 **Louise St Pierre** Salle 19	Health impact assessment for two regeneration areas in Pasaia Bay (Spain)	Maria Dolores	Baixas
	Using HIA to evaluate the health effects related to the climate change policies	Thierno	Diallo
HIA and the transportation sector **Derek Christie** Room 18	Replacement of car trips by active transport and public transport in 6 European cities: A health impact assessment study	David	Rojas-Rueda
	Health impact assessment of a modal shift to bicycle for commuters	Yorghos	Remvikos
HIA for large development projects **Mirko Winkler** Room 6	Evaluation of the environmental health impact caused by steel plants in Brazil	Martha	Barata
	HIA of a pulp and paper mill in China: exercise to complement existing ESIAs	Francesca	Viliani
	Bringing HIAs to the Mongolian Resource Sector: A story of Successful Diffusion?	Craig	Janes
Mainstreaming and institutionalisation 3 **Michaela Pfeiffer** Room 5	Health Impact Assessment and Policy Making in England	John	Kemm
	Federal-level Health Impact Assessment: Lessons Learned	Keshia	Pollack
	Successful practices for the implementation of HIA in HiAP: a cross-case synthesis	Agnes	Molnar

Thursday 3 October 2013

Venue: CICG - Centre International de Conférences Genève

8:00 to 9:00 am - Welcome and registration

9:00 to 9:30 am - Official opening
Room 2 on the ground floor

Welcome by Mr Thomas Mattig, director, Health Promotion Switzerland

Welcome by Dr Carlos Dora, Department of Public Health and Environment, World Health Organization (WHO)

Welcome by a representative of the Geneva government,
Dr Pierre-François Unger, Minister of Health, Canton of Geneva (Switzerland)

9:30 to 10:30 am - Plenary session I - HIA and global public policy change
Conference - Room 2 on the ground floor

Keynote speaker: Professor Eileen O'Keefe (London Metropolitan University, UK)

10:30 to 11:00 am - Break | Poster session

11:00 to 12:30 am - Parallel sessions I

Session title	Room
Quantitative approaches	5
Equity 1	6
Ethics and values	15
Sustainability and governance (in French)	16
HIA and housing	17
Effectiveness and evaluation of HIA	18
New perspectives	20

12:30 to 2:00 pm - Lunch

2:00 to 3:00 pm - Plenary session II - HIA for health equity and social justice
Panel- Room 2 on the ground floor
Moderator: Francesca Viliani (IAIA, International SOS)
Panellists: Rajiv Bhatia (San Francisco, USA), Elizabeth Harris (University of NSW, Australia), Katie Dain (the NCD Alliance, UK)

3:00 to 3:30 pm - Break | Poster session

3:30 to 5:00 pm - Parallel sessions II

Session title	Room
Mainstreaming and institutionalisation 1	5
Equity 2	15
Urban planning (in French)	16
Integrating HIA into other impact assessments	17
Workshop equity	19
Workshop equity	20

5:00 to 7:00 pm – Free

From 7:00 to 10:30 pm - Conference Banquet at Château de Penthes

Friday 4 October 2013

Venue: CICG - Centre International de Conférences Genève

8:30 to 9:00 am - Welcome and registration

9:00 to 10:30 am - Plenary session III - HIA in developing countries, including large infrastructure projects
Panel - Room 2 on the ground floor 敖楚許施

Moderator: Carlos Dora (Department of Public Health and Environment, WHO)

Panellists: Michaela Pfeiffer (Department of Public Health and Environment, WHO), David Houeto (President of the International Francophone Network for Health Promotion), Francesca Viliani (International Association for Impact Assessment (IAIA), International SOS)

10:30 to 11:00 am - Break | Poster session

11:00 to 12:30 am - Parallel sessions III

Session title	Room
Mainstreaming and institutionalisation 2	5
Equity 3	6
HIA in the energy sector	15
Mainstreaming and institutionalisation 3 (in French)	16
HIA and urban planning 1	17
HIA in developing countries	18
Economics and nutrition	19

12:30 to 2:00 pm - Lunch

2:00 to 3:30 pm - Parallel sessions IV

Session title	Room
Mainstreaming and institutionalisation 4	5
HIA for large development projects	6
HIA and the transportation sector	18
HIA and urban planning 2 (in French)	19
Capacity building (distance learning)	20

3:30 to 4:00 pm - Break | Poster session

4:00 to 5:00 pm - Plenary session IV - Mainstreaming and institutionalisation of HIA
Round table - Room 2 on the ground floor

Moderator: Jonathan Drewry (Pan American Health Organization, Peru)

Speakers: Richard Massé (Director of Public Health for Montreal), Mbarack Diop (African Development Bank, Tunisia), Alberto Fernandez Ajuria (Andalusian School of Public Health, Spain), René Longet (Former representative at Geneva and Federal Parliament / Mayor of Onex, Switzerland)

5:00 to 5:30 pm - Closing session - What's next?
Room 2 on the ground floor

Commentators: John Kemm (JK Public Health Consulting Ltd., UK) and Natacha Litzistorf (Director of *equiterre*, Switzerland)

Pre-announcement of HIA2014

Official closing: Dr Maria Neira, Director, Department of Public Health and Environment (WHO)

附錄 2

會場現場相關照片

Fig.1 會前訓練課程（pre-conference training course）一景

Fig.2 會前訓練課程（pre-conference training course）一景

Fig.3 重點演講（keynote speech）一景

Fig.4 HIA2013 會議舉辦場地（CICG ,Centre International de Conférences Gen
ève）

Fig.5 專題論壇（Plenary Session）會場一景

Fig.6 專題論壇（Plenary Session）會場一景

Fig.7 研討會現場一景

Fig.8 分項座談（Parallel Session）會場一景

Fig.9 分項座談（Parallel Session）會場一景

Fig.10 分項座談（Parallel Session）會場一景

Fig.11 專題論壇（Plenary Session Ⅱ）會場一景

Fig.12 閉幕式（Closing Session）會場一景

附錄 3

摘要論文

Chulalongkorn University
Pillar of the Kingdom

Development of teaching program on environment and health impact assessment

S.Hengpraprom[1], P.Sithisarankul[1]

Department of Preventive and Social Medicine, Chulalongkorn University, Thailand.

Material and methods

- The Participatory Action Research (PAR) was conducted among school teachers.
- Three levels of educations; primary education, secondary education and vocational education, were purposed.
- Total of 7 schools whose areas were located around the heavy industrial (mostly petroleum and petrochemical) estates in Rayong and Chonburi provinces were purposively selected.
- The draft of teaching programs of E/HIA were conducted by authors through the process of:

> extensively reviewing literatures of E/HIA curriculum content both in Thailand and other countries

> developing the 1st draft of the teaching programs for each school level

> presenting the 1st draft to the research advisory committee for recommendation and making changes

> organizing brainstorming sessions among a group of teacher representatives from each school for
> - comment and recommendation to the revision draft
> - integrating the teaching program into the structure of the basic education curriculum of each school

> implementation of the teaching program

Abstract

The purpose of this study was to determine the appropriate ways of how the academic institutions in Thailand can integrate the context of Environment and Health Impact Assessment (E/HIA) into their school curriculum. The participatory action research (PAR) among three levels of schools, primary, elementary and vocational schools, was conducted. Our ultimate goal is to have teachers/schools serving as knowledgeable people for their communities regarding environmental issues especially HIA.

The results revealed that educators perceived that HIA is an important concept for which all students should learn and support the notion of teaching HIA across the curriculum at all level. Influencing student decision-making and action in relation to the HIA in real situations are more valuable than focusing on developing knowledge and attitudes in the classroom. The needs for educations in HIA are teaching resources and assistance in the use of field experiences and local environmental and health action as teaching methods. Major obstacles identified are limited time for teachers and students, passiveness of teachers in environmental issues, and inherent technical difficulties of HIA for those with no public health background. Nonetheless, the authors will try to go over these obstacles in try-out of the curriculum in the later phase.

Keywords: environmental pollution, HIA, school curriculum, participatory action research.

Introduction

- In Thailand, HIA has been categorized into two approaches based on the nature of application : HIA as part of a licensing tool (HIA in EIA) and HIA as a learning process (HIA in Healthy Public Policy) [1]
- The HIA, as part of EIA, is the key process to primarily prevent environmental pollution.
- Knowledge of E/HIA should be contributed to all level of society as broadly as possible.
- However, several studies found that almost 90% of the general Thai people do not know about HIA [2-4].
- Being an education for all, E/HIA in schools will play an important role; however content of E/HIA has not been taking into consideration. Therefore, filling this gap is crucial and challenging.

Objective

The purpose of this project was aimed at developing a teaching program on E/HIA by exploring the appropriate ways of how school teachers can integrate the context of E/HIA into their school curriculum.

Discussion

- E/HIA contents were able to be integrated into all 8 disciplines, but our preliminary data revealed that they were only integrated into sciences.
- The effectiveness of environmental education greatly depends on the teacher's initiative and work.
  - Teachers who are really interested in environmental issues can be more actively involved than non-interested teachers.
  - Teachers of different localities and years of seniority have different levels of awareness of the environmental problems.
- The link between school-family-locality in environmental issues is highly valued by almost all teachers.
  - The proper way to transfer knowledge regarding these issues from school to family and society is to assign student homework or to invite parent and/or local expert to come and discuss about the local environment and its environmental problems and what impact of their concerns on environment and health.
- Major obstacles identified are:
  - limited time for teachers and students (due to dense curriculum),
  - passiveness of teachers in environmental issues (due to their feeling of helplessness, i.e., they have no authority/power to make changes to environmental pollution), and
  - inherent technical difficulties of HIA for those with no public health background.

Acknowledgement

Results

- According to the proposed teaching program of E/HIA (consisted of 9 topics) the first-academic year of 2012, the results of the integrated context of E/HIA into the school curriculum show in Table 1.

Table 1: Results of the integrated relevance E/HIA contents into the school curriculums

Topic number	Topic detail	Primary (grade 4-6)	Secondary (grade 7-9)	Vocational
Topic 1	Importance of environment	✔	✔	✔
Topic 2	Pro and con of industry	✔	✔	✔
Topic 3	E/HIA	✔	✔	✔
Topic 4	Participation in E/HIA	✔	✔	✔
Topic 5	E/HIA monitoring and evaluation	✘	✘	✘
Topic 6	Participation in E/HIA monitoring and evaluation	✘	✘	✘
Topic 7	Data searching on E/HIA	✔	✔	✔
Topic 8	Role play in participation in E/HIA Monitoring and evaluation	✔	✔	✘
Topic 9	Observation and/or participation in E/HIA public scoping/public review processes	✔	✘	✘

The significant findings were:
- Most teachers integrated these topic contents into sciences courses, and some into extracurricular activities. None integrated these into other discipline courses.
- Teaching method of lectures, learning experience of group activities and information searching were mostly implemented.
- In the school curriculum, the fundamental substance consists of 8 disciplines: Thai language, mathematics, sciences, social studies, religion and culture, health and physical education, foreign languages and art, career and technology [5].
- The main subjects that students must learn are language and mathematics.
- These secondary subjects have a greater relevance in environmental education and extracurricular activities.

Conclusion

- The school teachers perceived that E/HIA is an important concept for which all students should learn and support the notion of teaching HIA across the curriculum at all level.
- Influencing student decision-making and action in relation to the E/HIA in real situations are more valuable than focusing on developing knowledge and attitudes in the classroom.
- The needs for educations in E/HIA are teaching resources and assistance in the use of field experiences and local environmental and health action as teaching methods.
- The capacity building of E/HIA for school teachers is necessitate.

References

[1] National Health Commission Office (NHCO). HIA: A Mechanism for Healthy Public Policy. Thai Health Report 2011. Bangkok, 2011.
[2] Hengpraprom, S. & Sithisarankul, P., Developing tools for health impact assessment in environmental impact assessment in Thailand. Acta Medica Okayama, 65(2), pp. 123-128, 2011.
[3] Hengpraprom, S. & Sithisarankul, P., Health impact assessment: a case study on renovation of a slaughterhouse. Southeast Asian Journal of Tropical Medicine and Public Health, 43(1), pp. 229-235, 2012.
[4] Hengpraprom, S., Bualert S. & Sithisarankul, P., Testing a health impact assessment tool by assessing community opinion about public park. Southeast Asian Journal of Tropical Medicine and Public Health, 43(1), pp. 236-242, 2012.
[5] Tanaprayothsak W., The Development of High School Science Curriculum on Natural Resources and Environmental Pollution Related to Real-Life Issues Based in Inquiry Cycle Approach. Dissertation: Srinakharinwirot University, Bangkok, 2005.

Capacity building in environmental and health impact assessment for Thai local governments

P. Sithisarankul[1], S. Hengpraprom[1], S. Bualert[2], A. Intharaksa[2]
[1]Department of Preventive and Social Medicine, Chulalongkorn University, Thailand.
[2]Faculty of Environment, Kasetsart University, Thailand.

Abstract

Thailand has specific laws and regulations regarding what kinds of projects/constructions have to conduct Environmental Impact Assessment (EIA) and Health Impact Assessment (HIA). Unfortunately, most EIA/HIA knowledgeable people are limited in universities and relevant government and private organizations. Thailand has strongly intended to decentralize political powers from central to local governments, and environmental issues will be one of those powers. This leads us to concerns about more serious pollution problems in the future and the needs to empower local government authorities on EIA/HIA. This study was aimed at developing training modules on EIA/HIA for local government authorities. The authors conducted a participatory action research among various kinds of local government authorities (town municipality, subdistrict municipality, and subdistrict administrative organization). This study consisted of two phases. The first phase was to develop the training modules and the second phase was for try-out of the modules. Our ultimate goal is to empower local governmental authorities so that they are capable of handling environmental issues via the processes of EIA/HIA. We constructed the network participation by asking for a few officers serving as representatives for each local governmental authority. They are people we are working with closely. We name them "a few good people" and inject concepts of workplace health promotion together with healthy environment into these "few good people".

Keywords: *capacity building, EIA, HIA, Thai local government.*

Introduction

Thailand has laws and regulations regarding environmental impact assessment (EIA) and health impact assessment (HIA). Certain kinds of industries/projects are required to do EIA (HIA as part of it) [1]. Several authorized bodies issued rules and practice guidelines regarding EIA/HIA. Unfortunately, these could not solve all the problems. Current remaining symptoms are conflicts between people, conflicts between people and industries, conflicts between people and government organizations, people do not trust academia (as consultants to conduct EIA for industries) and extend this feeling to other academia, 'good' industries were blamed as well as 'bad' ones, health sectors have to take care of the environmental health/disease burden inevitably and are not well prepared, industries can hardly construct and operate new factories/projects.

Most EIA/HIA knowledgeable people are limited in universities and relevant government and private organizations [2–4]. Meanwhile, Thailand strongly intends to decentralize political powers from central to local governments, and environmental issues will be one of those powers. This leads us to concerns about more serious pollution problems in the future and the needs to empower local government authorities on EIA/HIA. This research was aimed at building capacity for local governmental authorities on EIA/HIA, and consisted of 2 phases. The first phase was to develop the training modules on EIA/HIA in the perspective of local government authorities with an emphasis on the contributions of learning and participating processes and the second phase was for try-out of the modules. This presentation explains the first phase.

Methods

To develop a training module, the authors conducted a participatory action research (PAR) and used bottom-up organizational approach for capacity building among local government authorities. The bottom-up approach focuses on providing them with skills and knowledge which are beneficial to the individuals concerned and to the organization and the wider community [5].

Total of nine local governmental authorities were purposively selected (2 town municipalities, 4 subdistrict municipalities and 3 subdistrict administrative organizations). They are located around the heavy industrial estates in Rayong, Saraburi, Nakhonratchasima, and Songkhla provinces. People who live around these industrial areas are facing a myriad of problems in relation to the environment, natural resources, economy, society and health.

Four complementary approaches are undertaken to construct capacity building:
1) Establishment of a core group of local technical experts. We name them "a few good people".
2) Human resource development.
3) Organization development.
4) Institutional and legal framework development.

The authors and a few good people will cooperatively develop a training module. It will be initially constructed through literature review and capacity building processes. The preliminary versions of the module will be created and brought to the project advisory committees' consideration and suggestion. The committee will advice on the framework, approach, dimension, contents, language, terminologies, etc. This process is time-intensive; however, it will provide opportunity for the module to take shape for practical use. It will give explicit feedback on the module on what works and what does not.

Results

The authors approached 9 local government authorities and were fortunate to have their commitment to join the project. In March 2013, we conducted the capacity building as planned by initiating with the development of skill and knowledge. The educational meeting was hold with their "few good people". The meeting contents covered as mentioned above.

Discussion

To integrate EIA/HIA into decision-making processes requires not only methods and procedures, but also well-trained personnel (a few good people), awared policy makers and appropriate institutions. They all together with data availability, legal framework and institutions can create an environmental supportive for EIA/HIA.

We found that the establishment of a few good people is crucial for capacity building. They are essential for organization to develop, plan, implement, measure and evaluate appropriate training module for HIA/EIA collaboratively. To encourage them to become reflective practitioners both individually and collectively, capacity building on skills, knowledge and competencies need to be provided not only methods but also procedures.

We realized that each step of capacity building may use a unique set of approaches and strategies [4], and therefore require different specific indicators. Moreover, capacity building tends to be an evolving process; different measures may be required at different stages of the intervention [5]. Qualitative approaches may be suited for some processes [6]. In this project, our measurement areas are professional development, staff skills, understanding, participation and commitment, ideas generated and implements.

Acknowledgements

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[1] Notification of Natural Resources and Environment Ministry. www.thailawforum.com/database1/EIA-act.html
[2] Hengpraprom, S. & Sithisarankul, P., Developing tools for health impact assessment in environmental impact assessment in Thailand. *Acta Medica Okayama*, 65(2), pp. 123-128, 2011.
[3] Hengpraprom, S. & Sithisarankul, P., Health impact assessment: a case study on renovation of a slaughterhouse. *Southeast Asian Journal of Tropical Medicine and Public Health*, 43(1), pp. 229-235, 2012.
[4] Hengpraprom, S., Bualert S. & Sithisarankul, P., Testing a health impact assessment tool by assessing community opinion about public park. *Southeast Asian Journal of Tropical Medicine and Public Health*, 43(1), pp. 236-242, 2012.
[5] Beth, R.C., Hal, S. & Stephen, J.D., Four approaches to capacity building in health: consequences for measurement and accountability. *Health Promotion International*, 15(2), pp. 99-107, 2000.
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HIA21 Project

Participated assessment of the health, environmental and socio-economic impacts from urban waste treatment

Integrating Local Agenda 21 with HIA procedure

Alessandra Pedone[1] , Roberto Romizi[2], Nunzia Linzalone[3], Tommaso Pagliani [4] e Fabrizio Bianchi[3]

[1]Healthy City Project of Arezzo Centro F. Redi, [2]Doctors for the Environment - ISDE Italy, [3]Institute of Clinical Physiology National Council of Research - Pisa, [4]Consorzio Mario Negri Sud - Santa Maria Imbaro.

Corresponding author: Nunzia Linzalone linunzia@ifc.cnr.it

HIA2013
XIII INTERNATIONAL CONFERENCE

October 2 -4, 2013
Geneva - Switzerland

Objectives

The main objective of the LIFE HIA21 project is to address the impacts of two different waste management systems on the environment, the population health and socio-economic condition, as well as planning the local policy by the inclusion of local stakeholders and communities concerned. Specific object of the case study in Arezzo Municipality (Italy) is to provide a methodology to support the local strategic planning, based on the Health Impact Assessment (HIA) procedure integrating the Local Agenda 21 (Ag21) process of democratic participation of the local communities.

Site characterization

In the HIA21 project, the adoption of a participatory and transparent approach was the methodological framework to assess the impacts of two different treatment options, as well as the overall waste cycle management in Tuscany and Abruzzi regions. In Arezzo Municipality (Tuscany) the waste cycle is centred on the existing incinerator of San Zeno, and currently a decision of almost doubling the plant capacity has to be taken. The area also suffers from pressures by several industrial activities. A workshop with the relevant stakeholders, including representatives of the local community, was held to mainstream a decisional process aimed at defining a general protocol for the epidemiological study on the population residing nearby the treatment plants.
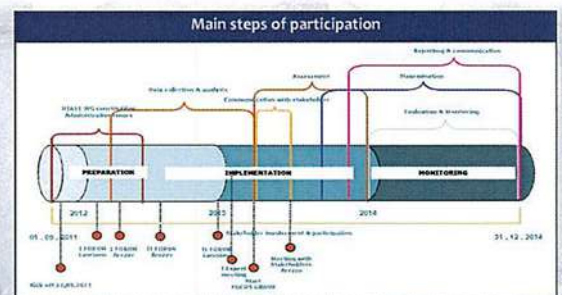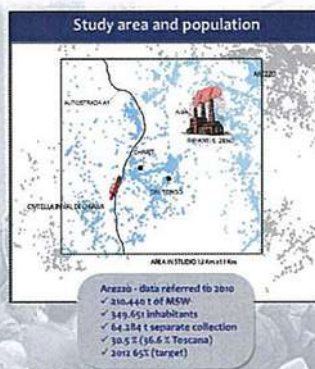
Steps and timeline

Among the Impact Assessment tools, the HIA procedure provides a multidisciplinary tool to evaluate the health effects of plans and programs by a participatory approach to transfer evidence-based results to the decision makers. A linear stepwise participation was arranged in the 4 following points :

Study area and population

Main steps of participation

1) Meetings with the population, organized by the HIA21 Working Group (HIA21WG) which includes the project partners and involves the active participation of the Local Ag21 Forum. 2) Technical meetings of the HIA21WG with the stakeholders to discuss the work in progress on the scoping phase. The aim is the identification of existing indicators and missing data on health, environment and socio-economic issues.
3) Active consultation of Focus Groups of citizens to evaluate the impacts on the determinants of health and the process performed as well. 4) Local Ag21 Forum and HIA21WG meetings, to develop monitoring and intervention measures. The HIAWG will draft the recommendations including the criticisms from the Forum on the proper management of the plants and the local waste cycle.

The model of participation in the HIA21 project

When defining the community's participatory model in the HIA21 project, an adaptation of the Local Ag21 process to the project constraints and goals was required. A model composed by three main subjects with different roles was agreed on. Besides the project research group a Forum and a Focus group were created. The roles of each subject were defined as below described. The HIA21WG of researchers and HIA21 project local partners, provides the evidence on impacts and the terms of reference of the process. The Forum, constituted by individuals from the community, aims at the surveillance of final recommendations. The Focus Groups of local experts work on targeted themes. They integrate the content of the work done by the Forum and the HIA21WG, evaluating processes and results. The overall goal of the participative process is to integrate the local knowledge within the impact assessment of the current local waste cycle management. Moreover, the participated monitoring on the adoption of the final recommendations is carried out.

The HIA21 Model of participation
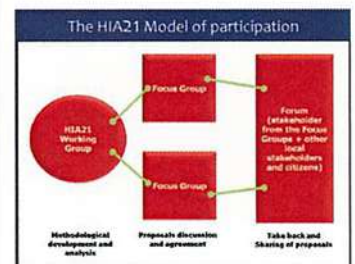
Results

Among the participants concern showed to be higher with regard to the issue of "Knowledge and transparency of the waste cycle". Critical aspects and positive ones were discussed for the categories of "Information" , "Authorities' controls" and "Target urban areas". In particular information were scanty about the input and output waste flow, in terms of quality–quantity of waste treated by category of wastes. Also, the details of associated costs of treatment options were too lack, including only the economic aspects. Many suggestions came out to improve the communications. Specific ideas were developed such as the adoption of new technologies alongside with old information media, the setting up of cultural and demonstration events, and guided tours. A focus on the younger and different language speaking groups was addressed.

Focus on "Waste management in the Arezzo Municipality"

	Session I	Session II	Session III
	Participant N° 21	Participant N° 17	Participant N° 14
Aim			
	Selection of the main issue for the next evaluation	Strength and weakness of the selected issue: "Knowledge and transparency of the waste cycle"	Identification of shared recommendations
Working methodology			
	Four groups of discussion	Visual technique/individual work. Debate with experts	Driven discussion

Identification of relevant Items

Main issues selected	Relevance	Downstream effects envisaged
Knowledge, information and transparency on the current model of waste management	****	Incentive for improving separate collection, development of a deeper awareness of the citizen
Waste reduction	***	Increase of reuse and recycling, limitation to construction new plant
Compulsory separate collection	**	Establish controls, penalties and prizes for the best behavior
Maximize environmental friendly behavior in citizen and during the plant operation		

Symbol * indicate the number of citations received from one to four

Discussion

The project is ongoing. However, the choice made by the local administrators to be involved in a participative evaluation of the waste cycle, proved to be successful. Added value of the participatory approach were the rise of sensibility and awareness within the community and most of all the opportunity of rebalancing the relationship of trust between citizens-administrators-owners-local actors concerned. The setting up of a systematic channel to communicate and inform citizens hopingly would improve the awareness of the local decision makers about standing decisions on the proposal of a new local waste management system.

www.hia21.eu

Governance for health, wellbeing and sustainability

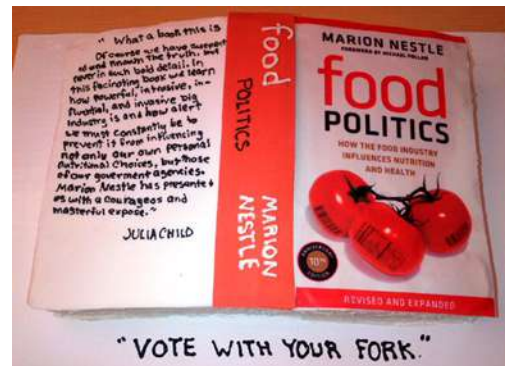Professor Ilona Kickbusch

HIA Geneva 2013

Health is about political choices

- The **political choices** we make about how we want to live

- Contested visions of a good society and a good life — WHAT constitutes the common good — HOW TO resolve collective action problems

Capacity to understand politics

- Political context, political process, political economy

Political skills.....................

- **The globalization of lifestyles is by no means just a technical issue for public health. It is a political issue. It is a trade issue. And it is an issue for foreign affairs.**

- **Dr. Margaret Chan 2013**

21st century health leadership is integral to sustainable development

Allign sectors

Empower people

Mission Health and wellbeing

Values Equity Access

Kickbusch Geneva HIA 2013

High Level Panel report

- **Global impact by 2030 –**
- **5 transformative shifts:**

- Leave no one behind
- Put sustainable development at the core
- Transform economies for Jobs and inclusive growth
- Build peace and effective, open and accountable public institutions
- Forge a new global partnership

THE WORLD
WE WANT
2015

Kickbusch Geneva HIA 2013

Two major strands of public health

George Rosen (1910-1977)

- **As inequalities increase the health debate changes**:
- the medical and technical development dimension of public health is increasingly overlaid by a debate on the social, political and economic/commercial factors that determine health.

- In the *19th and early 20th century* the focus of public health was mainly national, social and political.
- *in the course of the 20th century* it moved to being national, medical and technical,

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Global - social - political

- in *the late 20th and very early 21st century* it moved to being global, economic and technical ("the science of delivery")

- **Today the focus must be increasingly global, social and political – powered by developments in information technology which were not at our disposal even 10 years ago.**

Effective global corporate tax rate: significant fall in tax levels over the past decade lend an argument to those calling for hikes

Source: Deutsche Bank Research
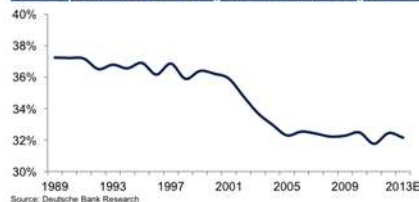
Kickbusch Geneva HIA 2013

New language ....

- **Ottawa Action Areas**

  - Healthy public policy
  - Supportive Environments
  - Community action
  - Personal skills
  - Reorient health systems

- **21st century action areas**

  - Whole of government
  - Global governance
  - Sustainable production and consumption
  - Whole of society
  - Governance for health and wellbeing
  - Health in All Policies
  - Health literacy
  - Resilience
  - ....
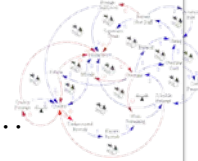
Kickbusch Geneva HIA 2013

Co Benefits

Walking, Biking, Electric Driving:

What are the Health Benefits of Sustainable Transportation Alternatives?

Neil Maizlish, PhD, MPH, Epidemiologist
California Department of Public Health
Center for Chronic Disease Prevention and Health Promotion

Presented at the Center for Healthcare Policy and Research
UC Davis Medical Center, Sacramento

March 21, 2012

The co-benefits to health
of a strong EU climate change policy

Kickbusch Geneva HIA 2013

Political determinants of health

- Health has moved up in the political agenda in countries, in development policies and in global agreements precisely because of its relevance both to the economy, political ideology and legitimacy and to the expectations of citizens.

- It is of a highly political and symbolic nature: it concerns definitions of the common good, the role of the state, markets and individuals, as well as the interests of many stake holders. Is health and wellbeing something that „we collectively strive to pursue"(Sandel 2009) in a world of globalization, individualization and commercialization?

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Governance shortcomings

- We tend to focus on governance shortcomings as a lack of technical capacity (do it better)

- Rather than as related to the **structures of power and the constraints imposed by vested political interests** and established ways of doing things (do it smarter)

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Capacity is not just „technical capacity"

- Beyond boundaries
- Systems thinking
- Speed and agility
- Interconnectedness teamwork
- Innovation is valued
- Continuous improvement
- Community focus

THE SIGNIFICANT PROBLEMS WE FACE CANNOT BE SOLVED AT THE SAME LEVEL OF THINKING THAT CREATED THEM.
- EINSTEIN

Political Matrix

Power	Interests
Institutions	Leadership

The political determinants

The values

Public goods

Market values

The drivers (power and ressources)

Political determinants

Commercial and economic determinants

The social determinants

Society, its settings and environments

Society: its people
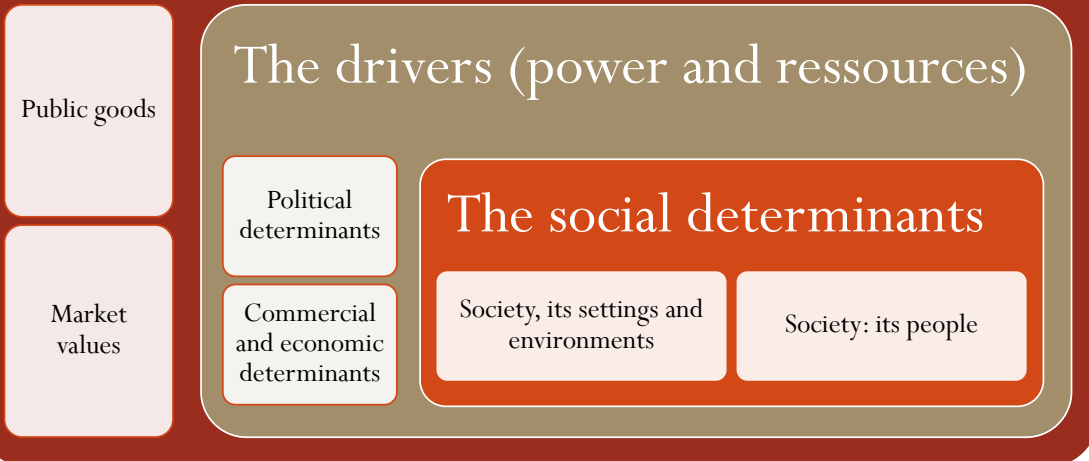
Values: Committment to health and wellbeing as a public good

- The success of societies must be measured differently:

- "*The time is ripe for our measurement system to shift emphasis from measuring economic production to measuring people's well-being.* ***And measures of well-being should be put in a context of sustainability.***"
- Recommendation of the *Commission on the Measurement of Economic Performance and Social Progress* (chaired by Joseph Stiglitz) 2010.

- Measures for „good or good enough governance"
- Measures of co benefits

Values: Global Consumerism – constant choice

It has become common practice to turn health issues into a fundamental debate about individual freedom and choice.

Drivers……………………

- Radically changing societies:

- Globalization
- Urbanization
- Individualization
- Virtual connectedness
- Commercialization
- Demography
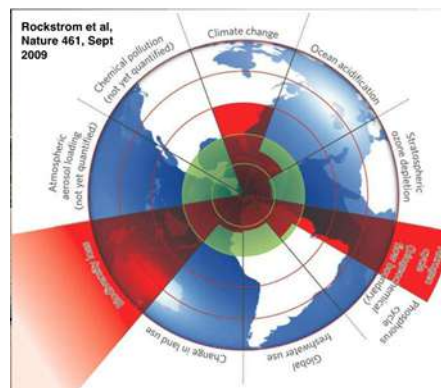
New framing of the dynamics of health
Unsustainable systems - Unsustainable lifestyles

- The obesity epidemic - and the global system of food production, distribution, consumption and waste - is one of the most obvious symptoms of "unsustainable lifestyles" and unsustainable production and consumption patterns. **It reflects paradigmatically the global flow of ways of life, ideas and products and the global dimension of health promotion**
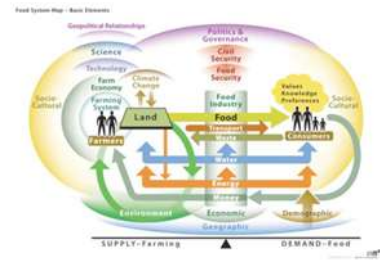
Political determinants: Overcome Equation of market behaviour with democracy

- consumer

- Citizen

- **We must ensure that our democratic institutions value health**

Map the political context

- MAPPING WHAT MATTERS: the way political processes work

- Networks of Power

- Organisation

- Formal and informal rules

- (Nash et al 2006)

purpose

position
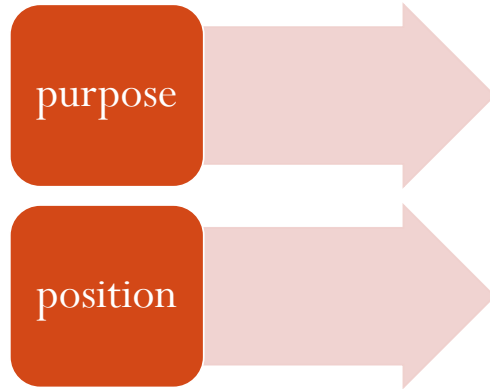
Policy space

- The FORMAL recognition of a "HIAP" strategy or approach provides the **recognized policy space** to engage in collaborative cross---government work.
- It implies **agreements/rules for the decision-making processes** between different sectors and between different levels of government (horizontal and vertical) as well as agreements on feedback loops to central government (this takes different forms depending on political systems and levels of government) – **this means ensuring commitment to and mechanisms for accountability.**
- In some countries – depending on the political system - this includes not only the executive branch of government but also the legislature.

Accountability mechanisms

- **Joint accountability**

- **budget incentives** to collaborate toward **long-term, cross-departmental goals**

- **highlight the fair sharing** of benefits and burdens

MDGS: Message from thematic consultations
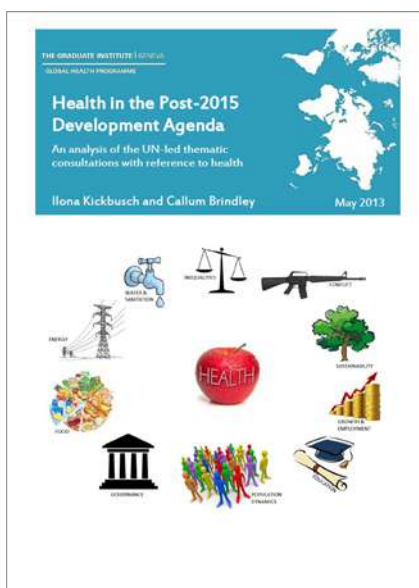
- **Human rights**
- **Governance**
- **equity**

Policy making

- 21st century governance for health **requires structures and mechanism** which enable collaboration, ensure accountability, increase transparency and work for health and equity.
- The **core skill** of strategic public health will be the management of the interfaces between varied groups with very different interests, legitimacy and power. The Health in All Policies strategist, then, must **"evolve from a master who gives the orders to a facilitator who makes the process work".**

Kickbusch Geneva HIA 2013

Successful governance for health

Political leadership

Institutional leadership

Whole of government – HIAP- whole of society- Collaborative governance

Kickbusch Geneva HIA 2013

Health in All Policies (HiAP):
New Perspectives After the Helsinki Conference

Eeva Ollila, Ministerial Advisor

MD, PhD, Ass. Prof,

Ministry of Social Affairs and Health,

Finland

HIA 2013, Geneva, October 2, 2013

Health in All Policies:

- an approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity.

- HiAP
  - is founded on health-related rights and obligations.
  - improves accountability of policymakers for health impacts at all levels of policy-making.
  - emphasizes the consequences of public policies on health determinants and health systems functioning with particular attention to equity.

Non-comprehensive History of Comprehensive Health Policies

- WHO Constitution
- Alma Ata
- Ottawa
- HiAP in the EU, and more widely
- FCTC, IHR
- Commission on Social Determinants of Health
- NCD Political Declaration

Key elements for HiAP

- Identifying a need for HiAP
  - a health or health equity problem, or one in the context of health systems functioning
  - a government priority calling for health sector involvement,
  - a proposal deriving from beyond the health sector with potentially important health, health systems and health equity implications

Key elements for HiAP

- Working towards getting the issue on the agenda
  - Creating awareness, commitment and accountability
  - Developing feasible solutions for improved health impacts (technical, economic, ethical, cultural and political feasibility)

Key elements for HiAP

- Structures, processes and tools enabling identification of problems and solutions, as well as reaching decisions and their implementation across sectoral boundaries
  - Mandates, securing (human) resources and capacities,establishing transparency and accountability measures
  - Parliamentary and/or Intersectoral Committees and working groups, hearings,
  - Impact assessments, reporting systems

The 8th WHO Global Conference on Health Promotion: Health in All Policies; Helsinki 2013

- Theme was decided to be Health in All Policies, with emphases on country level work and examples chosen mainly from the field of NCDs
- Moving form rhetoric to action has been difficult
- Emphases on concrete guidance
- Documents:

  Statement (www.healthpromotion2013.org)

  Draft Framework on Country Action

  Health in All Policies: Seizing Opportunities, Implementing Policies (www.hiap2013)

New perspectives after the Helsinki Conference

- Realities of policy-making
  - acknowledging goals and roles of actors beyond the public health sector
  - acknowledging politics
  - the proof of effective policy is in its implementation
- The world has changed
  - Globalization: more emphasis on global policy making and the interlinkages btw the levels of governance, and various sectors and other actors
  - "Globalization starts at home"
  - Strengthened emphasis on trade and industry, policy space
  - New areas of knowledge needed, anticipation important

New perspectives after the Helsinki Conference

- Engagement of partners and other stakeholders
  - transparency, accountability, participation, dialogue
  - conflict of interest management
- Government responsibility and role of the health sector
- Role of HIA

Role of Impact Assessment

- Screening
- Scoping
- Assessing
- Developing recommendations
- Reporting
- Evaluating

Decision making
priorities

Identifying important policy development, Scoping for major health impacts of proposed policies, Suggestions for amendments

Evaluation & Monitoring, Future Plans
past performance, new challenges

Follow-up of policy implementation and their health impacts

HIA of selected policies, amendment suggestions

Health problem and its intersectoral solution

Implementation
defining responsibilities, details of execution

MINISTRY OF SOCIAL AFFAIRS AND HEALTH

附錄 4

其他會議重點資料

UNIVERSITÉ
DE GENÈVE

University of Geneva > Médecine > HIA 2013 > Practical information

Université de Genève

EIS 2013

Practical information

Accommodation:

In order to facilitate your stay in Geneva for the **HIA 2013 Conference**, here is a direct access to a selection of hotels with their rates so that you can book your room online : click here.

Localisation:

Centre Medical Universitaire (CMU) :

- Hospital Acces: 1, Rue Michel-Servet, 1205 Geneva

  Bus 1: Stop "Roseraie"

- Champel Acces: 9, Avenue de Champel, 1206 Geneva

  Bus 3 or 7: Stop "Claparède" or "Peschier"
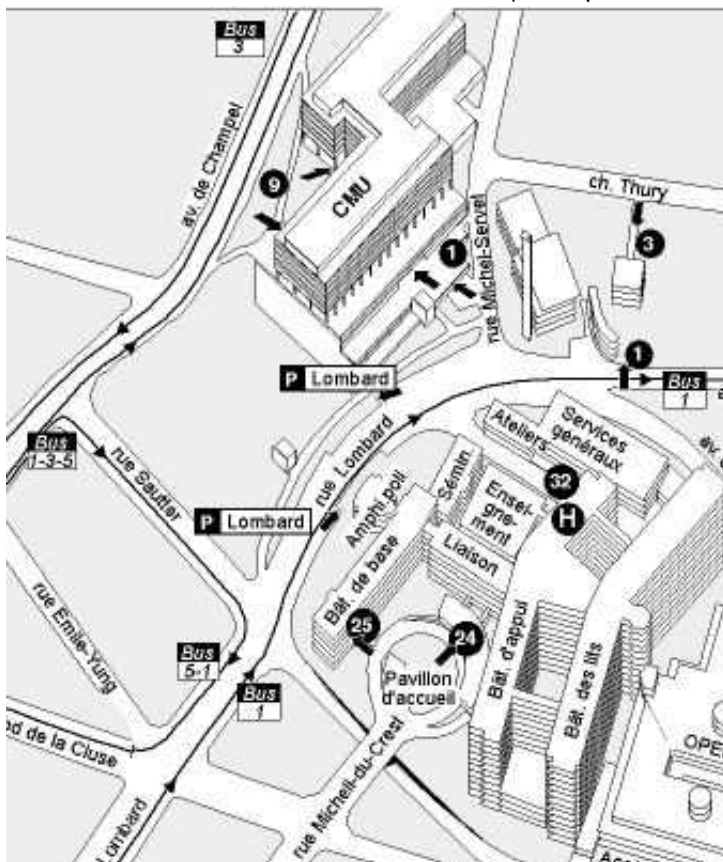
The **Centre International de Conférences de Genève** (CICG) is located at 17, Rue de Varembé, 1211 Geneva 20.

- Public transport from Cornavin main railway station: Bus 5 - Stop "Vermont"

Bus 8 - Stop "UIT"

Tram 15 - Stop "Nations"

- Public transport from the international airport: Bus 5 - Stop "Vermont"

Tram 15 - Stop "Nations"

The **Château de Penthes** is located at 18, chemin de l'Impératrice, 1292 Pregny-Chambesy

- Public transport from Cornavin main railway station: Bus Z or V - Stop "Penthes"

Social activities:

Welcome to Geneva !

Please visit also **Geneva Tourism Office** website for more ideas of what to see in town/region : click here

Pre-conference training course : introduction to Hia for beginers

Wednesday 2 October 2013, **Centre Médical Universitaire** (CMU) S IV and S V on the 2nd floor

© Université de Genève | Sep 10, 2013

HIA 2013 – 13th International Conference

Basic Training in HIA: Exercises

Main trainer: Erica Ison

Featured presenter: Thierno Diallo

Exercise 1 (morning):

Discuss in pairs

Introduce yourself, and briefly say which organisation you are from and what it does

- Identify situations in your own organisation when it would be appropriate to conduct an HIA
- If you work in partnership with other organisations, identify situations among the partners when it would be appropriate to conduct an HIA
- Of the proposals that you know are coming forward in your own organisation or in another organisation or partnership, identify at least one that you think would benefit from an HIA and what value you think an HIA would add to the proposal

Exercise 2 (morning):

Discuss in small groups (no more than 5 people in a group)

Introduce yourselves, and seek a volunteer to record discussion points for feedback

- Identify the barriers to integrating HIA or elements of HIA (certain tasks) into other impact assessments
- Make suggestions about how to overcome those barriers
- Identify the opportunities for integrating HIA or elements of HIA (certain tasks) into other impact assessments
- Make suggestions about how you would make those opportunities a reality

Exercise 3 (afternoon)

Discuss in small groups (no more than 5 people in a group)

Introduce yourselves, and seek a volunteer to record discussion points for feedback

- Using the report of the HIA of the Fixed Site for Needle Exchange, identify what might be good about the report, and identify what is bad about it
- Identify what type of information you would put in an HIA report for decision-makers, and what format the report and its contents would have
- Identify how you would present the results to the decision-makers

The basics of health impact assessment (HIA)

Erica Ison
Specialist Practitioner in HIA and HiAP
Expert Adviser in HIA,
WHO Network of European Healthy Cities,
Phase IV

What is the overall purpose of HIA?

To improve the public or population health by:

- Encouraging an awareness and understanding of health at every level of policy- and decision-making
- Establishing a desire to improve health as routine during policy- and decision-making
- Making policy- and decision-making "healthy"

What is the intention behind HIA?

- The main intention when undertaking HIA is to provide health-related information to support decision-making about a particular proposal:
  - Potential impacts of a proposal – beneficial and harmful; differential
  - Suggestions about ways to maximise the benefits and minimise the harms, and ways to reduce inequalities/inequities
- HIA offers decision-makers the possibility of changing a proposal to achieve health gain by:
  - protecting health;
  - improving health;
  - reducing inequalities/inequities

Definition of HIA

"a combination of procedures, methods and tools by which a policy, a program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population"

WHO Gothenburg Consensus Paper, 1999

HIA: How is the term used?

- Concept
- Process
- Models
- Methodology
- Tools
- Approach

Models of HIA

Biomedical model of health focusing on illness and disease	Social or socio-economic model of health focussing on prevention and health promotion
Biophysical or environmental model of HIA	Social or socio-economic model of HIA
Environmental determinants of health	Socio-economic determinants of health
Quantitative evidence	Qualitative evidence
Measurement of variables; modelling	Descriptive

What are the determinants of health?

Determinants of health could be referred to as the conditions of living that have an influence on health:

- Social conditions
- Economic conditions
- Environmental conditions
- Cultural conditions
- Political context

Dahlgren & Whitehead: determinants of health

Barton and Grant

The determinants of health and wellbeing in human habitation

Environment and Child Development

↓ Depression

↓ CO$_2$ emissions

↓ Air pollution

↑ Physical activity

↓ Osteoporosis

↓ Injuries

And by the way...
↓ Infrastructure costs

↑ Social capital

5

Causal pathways ...

Joffe M, Mindell J. Complex causal process diagrams for analyzing the health impacts of policy interventions. American Journal of Public Health 2006;96(3):473-9

Dunn JR, Hayes MV. Social inequality, population -health, and housing: a study of two Vancouver neighborhoods. Soc.Sci.Med. 2000;51(4):563-87

Commission on the Social Determinants of Health: Inequity

"The inequities in how society is organized mean that the freedom to lead a flourishing life and to enjoy good health is unequally distributed between and within societies. This inequity is seen in the conditions of early childhood, schooling, the nature of employment and working conditions, the physical form of the built environment, and the quality of the natural environment in which they reside. Depending on the nature of these environments, different groups will have different experiences of material conditions, psychosocial support, and behavioural options which make them more or less vulnerable to poor health. Social stratification likewise determines differential access to and utilization of health care, with consequences for the inequitable promotion of health and well-being, disease prevention, and illness recovery and survival."

Commission on Social Determinants of Health

Three over-arching recommendations

- Improve daily living conditions, i.e. the circumstances in which people grow, live and age
- Tackle the inequitable distribution of power, money and resources – i.e. the structural drivers of the conditions of daily life – globally, nationally locally
- Measure and understand the problem and assess the impact of action – expand knowledge base, develop a workforce trained in social determinants of health, raise public awareness and evaluate action

HIA: judging potential effects on health

Any proposal has two main types of effect on health:

1. Direct
2. Indirect, through the determinants of health

Investigating the potential impacts on health and well-being

Proposal

Indirect Effects

Direct Effects

HEALTH

DETERMINANTS OF
HEALTH
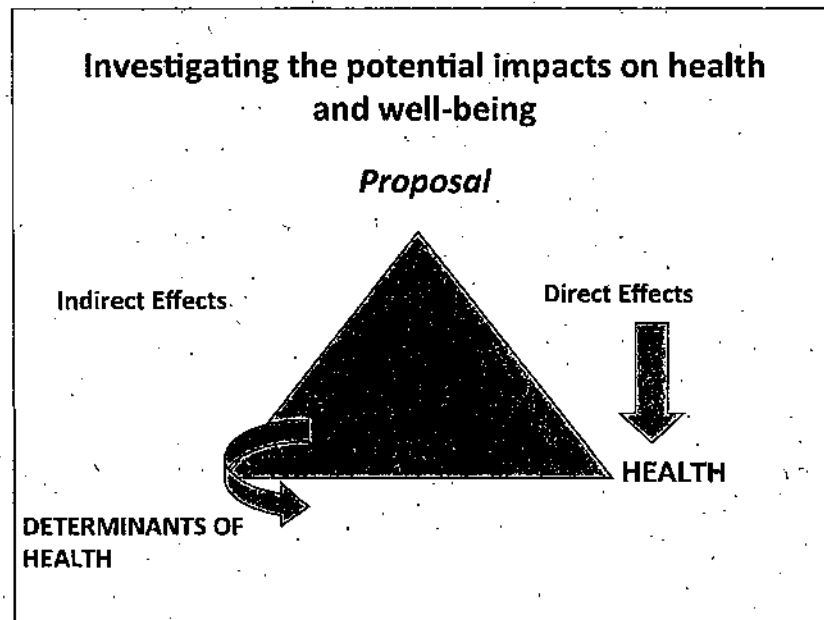
Characteristics of HIA

- Multidisciplinary
- Intersectoral
- Range of different methods
- Use of quantitative and qualitative evidence
- Focus on health inequalities
- Participatory

Values for HIA

- Sustainability – work towards sustainable development or sustainable communities
- Equity
- Ethical use of evidence

- Democracy – people's democratic right to participate in open and transparent decision-making processes

Classic process of HIA

5 stages	6 stages
Screening	Screening
Scoping	Scoping
Appraisal, including reporting	Appraisal
	Reporting
Supporting decision-makers	Supporting decision-makers
Monitoring & evaluation	Monitoring & evaluation

HIA: levels or depths of appraisal

- *Rapid* appraisal – using best available information, i.e. no "new" information is collected

- *Comprehensive* appraisal – primary research is conducted, i.e. "new information is generated

HIA: What are the hallmarks?

- Flexibility
- Adaptability
- Specificity
- Enhancement as well as mitigation

HIA of London's Mayoral Strategies

- Previous Mayor of London made a political commitment to conducting HIA on *all major* mayoral strategies
- HIAs were undertaken by London Health Commission, an independent body, on behalf of Mayor
- London Health Commission submitted HIA results to:
  - Mayor;
  - Greater London Assembly;
  - team responsible for strategy under investigation

London's Mayoral Strategies

- Transport
- Economic development
- Spatial development
- Waste management
- Noise
- Energy
- Biodiversity
- Air quality
- Culture
- Older people

Process for HIA on London's Mayoral Strategies

- Scoping main topic areas of the strategy for the HIA to focus on
- Literature review of potential impacts on health and effective interventions relating to the strategy
- Rapid appraisal techniques used
- HIA stakeholder workshop before public consultation period – stakeholders from the private, public and voluntary sectors – no community
- Reporting the results

HIA on London's Mayoral Strategies

Questions for the stakeholder workshop
on Noise Strategy

- What parts of the strategy need to be kept on the basis of the impacts on people's health and well-being? How can we increase those positive effects?
- What parts of the strategy need to be changed because of their impacts on health and well-being? How can we change the proposal to reduce/avoid those negative effects?
- What could be added to the strategy to promote health and well-being?

HIA on London's Mayoral Strategies

Screening	All major strategies were subject to HIA
Scoping	Main topics in strategy identified
Appraisal	Rapid literature review Stakeholder workshop
Reporting & Supporting decision-makers	Mayor, Greater London Assembly & relevant strategy team given results
Monitoring & evaluation	Process evaluation Impact evaluation

Evaluation of HIA on London's Mayoral Strategies

"The HIAs have raised awareness of the social model of health and public health amongst those whose primary roles are not health related ... Most importantly [they] have influenced strategy."

Opinion Leader Research, 2002

HIA: Benefits for the community

- Greater involvement in policy- and decision-making
- Potential to extend the democratic process, especially to groups in society who feel excluded
- Skills development and capacity building
- Potential to contribute to increasing social capital
- Potential to reduce sources of inequality and disadvantage
- Planning and design of services that better meet the needs of the local community

HIA: Benefits for stakeholder organisations

- Demonstrating a commitment to health and well-being of local people
- Health as an added value for organisations not in the health sector
- Potential for organisational development and learning
- Potential to improve partnership working among agencies and among sectors
- Potential to shift from services that solve problems to services that prevent problems arising

HIA: a task-based approach

Erica Ison
Specialist Practitioner in HIA
Expert Adviser in HIA to the WHO European Healthy Cities
Network, Phase IV
Expert Adviser to the WHO Sub-Network in HIA, Phase IV

Process of HIA

- HIA as a methodology is usually broken down into stages in a process
- Different authorities may describe a different number of stages in the process, and sometimes use different terms to describe those stages
- Throughout the process of HIA, we are trying to answer key questions

Key questions to answer during the main stages of HIA

Screening:
Do we undertake an HIA on this proposal?

Scoping:
What are the boundaries for the study?
What management arrangements do we need?

Appraisal:
What are the impacts on health?
How do we address them through this proposal?

Supporting decision-makers:
How do we present the results so that they are useful and usable?

Monitoring and evaluation:
Did the process go well?
Was the HIA effective?
What were the health outcomes of proposal implementation?

HIA: how do we answer the key questions?

- If you decide to undertake all of the stages in the HIA process, there are always certain tasks that need to be done, irrespective of the number of stages or how each stage is defined

- For each key question in the HIA process, there is at least one task, but usually more

Basic Tasks in HIA

- Screening the proposal
- Proposal analysis
- Identifying a Governance and Accountability framework for the HIA
- Setting the boundaries for the study
- Setting the management arrangements for the HIA
- Profiling the community/population using routine and non-routine data
- Review of published literature
- Review of HIA case-studies
- Identification of potential impacts on health
- Identification of ways to change the proposal and/or its implementation based on the potential health impacts
- Writing a report of the results of appraisal
- Presenting the results to decision-makers responsible for the proposal
- Process evaluation
- Effectiveness (impact) evaluation

Do we go through all the stages of the HIA process?
"Screening" as one task

- Screening is a potential exit point from the process of HIA, but it is also part of the HIA process

- Screening can provide valuable information about the proposal whether we embark on the complete process

- If we do not proceed with the complete process, it is _still_ possible to make suggestions about the proposal to increase health gain

- If we do proceed with the complete process, screening provides information for Scoping and Appraisal

- <u>Best advice</u>: Use a a set of criteria or screening tool

Once you've decided to proceed with the complete HIA process, what are the next steps?

- Preparation
- Identifying potential health impacts and suggestions to change the proposal – usually known as Appraisal (risk assessment)
- Communicating the results
- Working out if it worked:
  - How did the process go?
  - Did doing the HIA have any effect on the proposal or its implementation?
  - [What were the health outcomes of proposal implementation?]

Preparation

- Preparation involves several important tasks

- For some practitioners, preparation is equivalent to Scoping

- For other practitioners, preparation covers Scoping and some of the tasks in Appraisal

Preparation

- Proposal analysis
- Identifying a Governance and Accountability framework for the HIA
- Setting the boundaries for the study
- Setting the management arrangements for the HIA
- Review of published literature
- Review of HIA case-studies
- Profiling the community/population using routine and non-routine data

Proposal analysis

- Proposal analysis is a systematic way of assessing the nature and contents of the proposal

- A task fundamental to the HIA process with its focus on the impacts of a particular proposal

- Involves analysis of the outputs, anticipated and unexpected, of a proposal and the implications they have for the design and management of the HIA study

Integrating HIA/a concern for health into other impact assessments or appraisals

Erica Ison
Specialist Practitioner in HIA
Expert Adviser in HIA to the WHO European Healthy Cities Network, Phase IV
Expert Adviser to the WHO Sub-Network in HIA, Phase IV

Key elements of HIA & EIA processes

HIA

- **Screening**
- **Scoping**
- **Appraisal**
- **Report Writing**
- **Supporting decision-makers**
- **Monitoring & evaluation**

EIA

- Project preparation/design – considering environmental issues at earliest stages of project initiation
- Screening – deciding whether an EIA is necessary
- Scoping – establishing significant environmental issues & methods of assessment
- Baseline information/studies of the environment – information on existing environmental conditions
- Risk assessment – assessing potential environmental impacts of project
- Preparing Environmental Statement (ES) – including possible effects of project on environment & measures to avoid, minimise or mitigate adverse effects on environment
- Submission of ES to planning authority, and its review & evaluation by planning authority
- Practices after a decision about the project and the ES – implementation and monitoring

Key elements of SEA & sustainability appraisal processes

Strategic environmental assessment
- A: Setting the context and objectives, establishing the baseline and deciding on the scope of the SEA
- B: Developing and refining alternatives and assessing effects
- C: Preparing the Environmental Report
- D: Consulting on the draft proposal and the Environmental Report
- E: Monitoring the effects of proposal implementation on the environment

Sustainability appraisal
- A: Setting the context and objectives, establishing the baseline, and deciding on the scope
- B: Developing and refining options
- C: Appraising the effects of the proposal including preparing the Sustainability Appraisal Report
- D: Consulting on the proposal and the Sustainability Appraisal Report
- E: Monitoring implementation of the proposal

Differences between HIA/EIA & SEA/ sustainability appraisal

	HIA/EIA	SEA/sustainability appraisal
Foundation for methodology	Scientific approach	Management or performance orientated
Primary baseline for methodology	Data on population &/or environment	A set of objectives
Focus of investigation	Impact of proposal on a set of receptors	Performance against domains in objectives
Mechanism of assessment	Characterisation of impacts on set of variables	Characterisation of impacts on domains using indicators
Timing of assessment	Once a proposal has been drafted	During & alongside proposal development
Options for assessment	Discretionary; can have scenarios; may be more than one option in the proposal	Methodologies designed to generate options & alternatives

Key differences in outlook

- HIA/EIA says what a proposal's impact will be and how we can address that impact.
- SEA/sustainability appraisal are essentially asking whether a proposal "lives up to" a set of aspirations – where it meets them those aspirations and where it falls short

Key differences in outlook

HIA/EIA	SEA/sustainability appraisal
Realistic – deals with what is there	Visionary – compares what is there with an ideal
Field of investigation has potential to explore many determinants of health	Field of investigation set by general objectives but limited by a few selected indicators

Key differences in process

- Developing a set of objectives as a primary baseline against which performance of the proposal is measured
- Developing selected indicators as measures for each objective
- Testing the proposal's objectives against the objectives that form the primary baseline
- Generating options or alternatives

Integration of HIA: the process

- Easily achievable in EIA, if the commitment is there to do so
- In the European Union, health is a consideration in SEA, so it is feasible, but the basic mechanisms in the process are different, making it more difficult
- For sustainability appraisal, it is feasible but the conception o health in this methodology is simplistic and does not recognise the importance of determinants of health

4

Integration of HIA: task-based approach

- Integrating key HIA tasks into other impact assessment processes, according to their stages, e.g. establishing a baseline, and assessment

- Applying explicit and tacit knowledge derived from HIA to improve other impact assessment methodologies, e.g. improving the health-related indicators, making them fit for purpose

Learning

- If possible, always take the opportunity offered to integrate HIA, elements of HIA or a concern for health into another impact assessment
- Use the opportunity:
  - to educate other sectors about the importance of not only health, but the determinants of health
  - to understand how to work with other sectors on health without being seen as a health imperialist
  - to understand how you may change your own HIA practice, especially communicating with stakeholders and decision-makers

5

HIA 2013 – 13th International Conference

Basic Training in HIA: Rapid Appraisal Exercise

HIA of potential health effects of wind turbines

Main trainer: Erica Ison

Featured presenter: Thierno Diallo

Context

This HIA was commissioned as a result of a political and administrative request from the following departments in the Canton of Jura, Switzerland :

- Department of Health, Social Affairs, Human Resources and Municipalities
- Department of Environment and Infrastructures

Objectives of the study

- To document and assess the potential health effects of wind turbines
- To provide information on the potential health effects of wind turbines for the *2035 Energy Strategy of the Canton of Jura.*

Task of working group for the HIA included:

- To contribute to the identification of issues to be addressed in the HIA

Simulating part of a stakeholder workshop using rapid appraisal techniques:

Discuss in small groups (no more than 5 people in a group)

Introduce yourselves, and seek a volunteer to record discussion points for feedback

There are two key tasks in this exercise

- To identify the potential impacts of the proposal. Bear in mind the possibility of differential impacts on people with health and other inequalities
- To make suggestions about ways to address those impacts

Spend approximately 20 minutes discussing key potential impacts, but fairly quickly try to focus on three impacts that you feel are most important; then spend approximately 20 minutes discussing interventions to address those three main impacts.

Tip: you can use the list of determinants of health that has been provided to help you focus on the key potential impacts – the list is not exhaustive – use it as a stimulus to your thinking.

Recording potential impacts and suggestions: you can use the matrix that has been provided to help you record your discussions if you wish.

Feedback: We will take three main comments about potential impacts from each group together with the suggestions to address those impacts. If someone else has already mentioned a potential impact that is the same as one identified by your group, only mention the impact, do not go into detail, but if the suggestion to address it is different, outline the suggestion.

Determinants of health that could be used for appraisal (Ison, E., 2002 Rapid appraisal tool for Health Impact Assessment. A task-based approach)

Environmental factors	Social factors
• Air quality	• Social contact
• Water quality	• Social support
• Soil quality/Level of contamination	• Neighbourliness
• Noise levels	• Participation in the community
• Odour	• Membership of community groups
• Vibration	• Reputation of community/area
• Hazards	• Participation in public affairs
• Land use	• Level of crime and disorder
• Natural habitats	• Fear of crime and disorder
• Biodiversity	• Level of antisocial behaviour
• Landscape, including green and open spaces	• Fear of antisocial behaviour
• Townscape, including civic areas and public realm	• Discrimination
• Use/consumption of natural resources	• Fear of discrimination
• Energy use: CO_2/other greenhouse gas emissions	• Public safety measures
• Solid waste management	• Road safety measures
• Public transport infrastructure	• Security of utility supplies
Economic factors	**Personal factors**
• Creation of wealth	• Structure and cohesion of family unit
• Distribution of wealth	• Parenting
• Retention of wealth in local area/economy	• Childhood development
• Distribution of income	• Life skills
• Business activity	• Personal safety
• Job creation	• Employment status
• Availability of employment opportunities	• Working conditions
• Quality of employment opportunities	• Level of income, including benefits
• Availability of education opportunities	• Level of disposable income
• Quality of education opportunities	• Housing tenure
• Availability of training and skills development opportunities	• Housing conditions
• Quality of training and skills development opportunities	• Educational attainment
• Technological development	• Skills levels including literacy and numeracy
• Amount of traffic congestion	• Access to utilities

Simple matrix for recording impacts during appraisal (e.g. during stakeholder workshops)

Determinant of health	Nature of impact	Effect on community or population	Effect on vulnerable groups/people with inequalities
Suggestions to mitigate any negative impacts and enhance any positive impacts			

Health Impact Assessment
Rehabilitation of ancient housing stock
Canton Jura, Switzerland

13th International Conference on Health Impact Assessment

Geneva, 2-4 October 2013

Thierno Diallo

JURA CH RÉPUBLIQUE ET CANTON DU JURA

Contents of the presentation

- Rehabilitating ancient housing stock in Canton Jura, Switzerland
- Consequences of the HIA on ancient housing stock in Porrentruy, the second largest town in Canton Jura
- Porrentruy, the town
- HIA methods and steps
- Conclusions, recommandations and perspectives

JURA CH RÉPUBLIQUE ET CANTON DU JURA

Where is it?

JURA
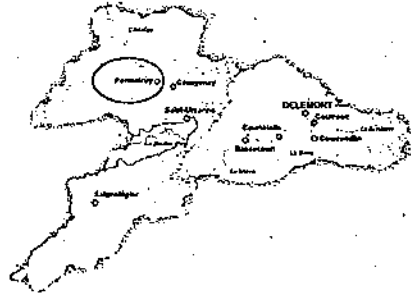
- approximately 70,000 inhabitants, 839 km²

- Agriculture, tourism, watch-making, micro-mechanics

- Porrentruy, 2nd largest town in Jura, 7000 inhabitants

JURA CH RÉPUBLIQUE ET CANTON DU JURA

Rehabilitating ancient housing stock in Canton Jura

•Context:

- people moving out of ancient town and village centres towards more dispersed settlements in the suburbs

•Objectives:

- encourage local population to live in ancient (renovated) housing
- maintain housing (old and new) within existing settlement areas

•Methods:

- project evaluation concept

- create a by-law encouraging the renovation of ancient town and village centres

- brainstorming (competition for ideas) organised in Porrentruy

JURA CH RÉPUBLIQUE ET CANTON DU JURA

Project management

— A new position was created: a <u>Delegate</u> is now responsible for overseeing the refurbishment of ancient buildings

— 500 homes, 125 renovation projects, over 15 years
   Project promotion (5 years): 25 projects, 100 homes
   Consolidation phase (10 years): 100 projects, 400 homes

— The Canton and the villages (communes) participate financially: around 40'000 Swiss Francs (approx. same amount in USD)

JURA⊞CH RÉPUBLIQUE ET CANTON DU JURA

Objectives of the HIA

• Improve future renovation projects in terms of health promotion and sustainable development

• Take into account the particular needs of so-called vulnerable populations: senior citizens, people with special needs, children, etc.

• Give to the Delegate, and to other people involved in decision making, tools which allow the critical appraisal of projects with a view to furthering health promotion

JURA⊞CH RÉPUBLIQUE ET CANTON DU JURA

Steps in the HIA

- Establishing criteria for the brainstorming competition in Porrentruy town, including participation in the Jury

- Identifying the study perimeter

- Defining the themes to be treated within the HIA

- Carrying out the HIA

Institutions involved in the HIA

- Cantonal Health Department: supervision of the HIA

- Working group: members of the Cantonal health department, of the Cantonal Department for art and industry, and of the Cantonal office for territorial development. These all validate the various stages of the HIA.

- equiterre: the Swiss NGO which carries out the HIA

HIA study area

•Study area defined by satellite: ISOS

•Perimeter:
 - Rue du Collège
 - Rue des Bafches
 - Rue de l'Eglise
 - Grand-Rue
 - Les Annonciades

JURA::CH RÉPUBLIQUE ET CANTON DU JURA

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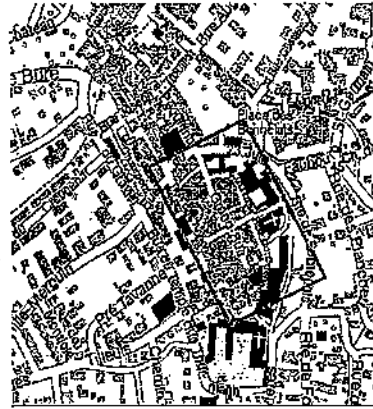
3 main issues

• **Architectural and urbanistic issues:** access to the buildings (also for people with reduced mobility), articulation with public spaces (access to public services), exposure to noise, indoor environmental quality

• **Economic issues:** financial access to housing, health costs (especially for senior citizens)

• **Social issues:** integration of various social groups, relationship between living space and social networks

JURA::CH RÉPUBLIQUE ET CANTON DU JURA

Population profile within the perimeter (1)

Répartition de la population par tranches d'âges
dans le périmètre d'étude (en%). GEOSTAT 2000.

▣	0 à 19
■	20 à 39
▢	40 à 64
▢	65 à 79
■	80 et plus
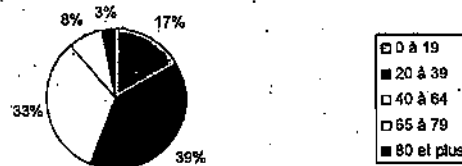
Population profile within the perimeter (2)

Répartition des ménages privés dans le périmètre d'étude (%).
OFS ESPOP 2000.

▢	Ménages d'une personne
■	Ménages de deux personnes
▢	Ménages de trois personnes
▢	Ménages de quatre personnes
■	Ménages de cinq personnes
▢	Ménages de six personnes
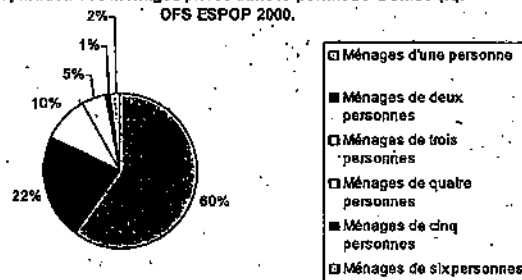
Buildings within the perimeter

- 130 buildings

- 81.5% were built before 1919, and only 4.6% during the last 30 years

- 72.3% were renovated between 1961 and 2005

- 27.7% still await renovation

Données sur les logements dans le périmètre, OFS ESPOP 2000.

- Logements occupés
- Logements habités temporairement
- Logement non occupés
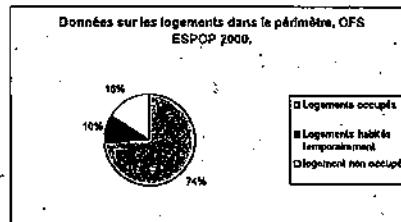
Main results

Architectural and town planning issues

Accessibility and connectiveness

•**Around the buildings**
 — Physical obstacles represent a substancial impediment for vulnerable populations (people with wheelchairs, the elderly, etc.); stairs, limited space not allowing ramps, lack of hand rails...

•**Inside the buildings**
 — Physical obstacles such as enclosed, steep and narrow staircases, with no lift/elevator, etc.
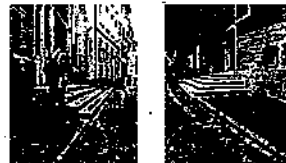
Access to public spaces

•Special problems for vulnerable
populations:

    Steep sideroads without handrails and
with inadequate ground covering (paving),
inconsistent pavements/sidewalks which
are often interrupted especially when
crossing other roads, lack of secured road
crossings, insufficient number and quality
of public benches

Noise

- The old town of Porrentruy has been given a DSIII ranking (Degré de sensibilité 3), meaning that relatively high levels of noise are deemed acceptable

- Main sources of noise: shopping, restaurants (terrasses), fetes & festivals

- Road traffic noise: very few complaints from local residents

- Complaints about noise made by neighbours: although many residents claim that this is a significant nuisance, few formal complaints have been lodged with the local police service...

Indoor environment

- Most people spend 80% of their time indoors...

- Radon risk for Porrentry is «average» according to Swiss Federal authorities (radon is a significant risk in some mountain areas in Switzerland)

- Water seeping in from underground is a risk which must be considered before any renovation in this area

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Economic issues

Financial access (1)

• Housing is one of the key determinants of health

• Access to housing is a key determinant of health

• Housing costs are considered a problem if they exceed 30% of total revenue

• Housing impacts on other health determinants: mobility, access to food, access to services, etc...
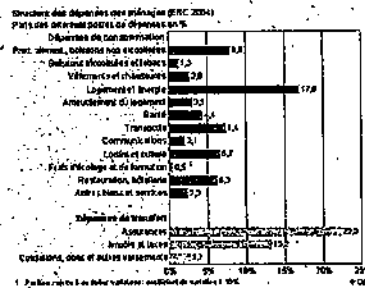
Financial access (2)

• Limited access to information on current rent levels

• Rent levels determine how much is left for the other basic expenses of the household

• A refurbished building can translate into a net increase in rent....

• The risk of a rent increase linked to refurbishment can be a significant problem for households with limited financial means and/or people living alone (these categories form the majority of the population in the study area)

Ageing and the cost of health services (I)

Average access to health services at home (SASD) in Switzerland and Canton Jura in % (2002) (Obsan, 2006)

	65 - 79 ans	80 + ans
Suisse	7	27
Canton du Jura	12	39

Average access to nursing homes (EMS) in Switzerland and Canton Jura in % (2002) (Obsan, 2006)

	65 - 79 ans	80 + ans
Suisse	2	20
Canton du Jura	1,9	15

JURA CH RÉPUBLIQUE ET CANTON DU JURA

Ageing and the cost of health services (II)

Costs for nursing homes (EMS) and health services at home (SASD) in % (2002) (Obsan, 2006)

	Coût total (en millions)	% dépenses de santé	Personnes	Coût/personne
EMS	5576,6	12,1%	78174	71 336
SASD	915,7	2,0%	195 923	4 674

Il s'agit d'une moyenne de 30h de soins et de 40h d'aide familiale par personne et par an

JURA CH RÉPUBLIQUE ET CANTON DU JURA

Social issues

The social make-up in the study area

- The situation:
  - 60% of households = 1 person
  - 8% of households = 4 persons or more
  - Many households without children
  - Narrow staircases and corridors ...

Hypothesis: the present housing stock is not in line with the needs and expectations of the elderly, of families with young children, etc.

Mixed uses within the same building

•Mixed uses are already a fact in the study area

•Services, shops and other economic activities are already integrated into buildings (usually on the ground floor) which are otherwise devolved to housing

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Recommendations and perspectives

Architectural and town planning issues

- Improve access, especially for people with reduced mobility:
  Ensure continuity between walking paths, widen pavements/sidewalks, improve walking surfaces, install more public benches...
- Give an identity to areas at the foot of buildings
- Reduce noise inside buildings:
  Change orientation of rooms
  within flats/appartments, use
  double glazing systematically
- Choose adequate building materials,
  with low toxicity, and inform the population
  on how they can help improve their indoor
  air quality

Economic issues

- Enable people with low income to find appropriate and affordable lodging:
  ensure a sufficent number and proportion of appartments with low rents in order
  to keep present residents and attract others, while ensuring social mixity and
  helping the elderly stay at home as long as possible

- Ensure that the above criteria are included in the conditions for public support
  for rehabilitating projects: define criteria to limit rent increases after renovation
  projects, within the current legal framework. Ensure follow-up for these decisions.

- Reduce the risk of gentrification.

Social and institutional issues

- Develop more inclusive approaches for social mixity and densification: explore the interactions between social mixity and the life cycle

- Ensure appropriate lodging for people during the refurbishment process

- Use an evaluation tool based on sustainability, with appropriate indicators

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The situation now, regarding the refurbishment of ancient buildings in Canton Jura

- 2008 – 2012: pilot project in Porrentruy and Fontenais

- Integration of recommendations from the HIA in the form of evaluation criteria (entitled Measures for hygiene and health promotion) leading to financial support for renovation projects

- Around 70 homes have been created or renovated in 4 years

- The Canton and local communities (Communes) are satisfied with this framework

A few renovated homes...

Source : République et Canton du Jura www.jura.ch

JURA.CH RÉPUBLIQUE ET CANTON DU JURA

For more information: www.jura.ch

JURA.CH RÉPUBLIQUE ET CANTON DU JURA   **JURAGENDA 21**

Or:

www.impactsante.ch

JURA.CH RÉPUBLIQUE ET CANTON DU JURA

HIA of a Fixed Site for Needle Exchange in the West End of London

Erica Ison
Specialist Practitioner in HIA
Expert Adviser in HIA to the WHO European Healthy Cities Network, Phase IV
Expert Adviser to the WHO Sub-Network in HIA, Phase IV

Context

- In the West End, there is a long-established drugs market around Centre Point
- It spans the boundaries of two municipalities:
  - Westminster
  - Camden
- The drugs market is in a well-known tourist area known for its theatres
- It is also a residential area

Context

- It was traditionally a heroin market
- 2-5 years before the HIA, crack cocaine dealers moved in, giving free crack cocaine to the heroin users until they were "hooked"
- Antisocial behaviour and crime in the area worsened significantly with the uptake of crack cocaine
- Not long before the HIA a child was killed by a drug user on a high

Services provided to the drug users in the immediate area

- Needle exchange services were provided from a mobile unit – a white van with an opening in the side
- The van was introduced as a temporary measure which had ended up operating for 3 years
- It provided a poor working environment for staff
- Drug users liked the anonymity of the van, but there was no privacy to meet other needs of users when they visited, e.g. Immunisation, wound care or counselling

The proposal for the fixed site

- The mobile unit was considered to be unsuitable for future services
- A fixed site for needle exchange services was seen as a way to provide other necessary services to drug users, including encouraging them into rehabilitation
- The Westminster and Camden Drug Action Teams decided to commission an HIA

The HIA

- A management group led by EI
- A large Steering Group with politicians, local residents, an academic, a drug user, the police, and service providers were represented
- There was no documented proposal for the fixed site
- Two options were to be assessed for impacts:
  - Mobile unit
  - Fixed site

Disagreements associated with the HIA

- In general, public feeling was vehemently against a fixed site
- The local residents were in disagreement with the municipalities, and wanted three options in the assessment:
  - Mobile unit
  - Fixed site
  - Increasing the type and level of services provided at all other locations for drug users in/near the West End
- There was an inequity between the two municipalities – Westminster is much richer and has more resources than Camden, including for policing
- The inequity between the two municipalities could cause friction among stakeholders

Methods

- Community profile, including residents and drug users
- Rapid literature review
- HIA case-study review
- Interviews with 28 drug users by specialist drug worker
- Workshop for service providers
- Seminar for local businesses (evening)
- Open event for residents (including various ways to provide input)

Difficulties experienced by the HIA Management Team

- Difference in approach between the two Drug Action Teams
- Despite the recognition that the drug users needed help, the community (residential and business) were very strongly against the proposal
- Unwillingness of some stakeholders to take part
- Actions of local media (West End Extra)

How did it all end?

- **The draft report was leaked before approval by the Steering Group**
- **Having received the results, the two Drug Action Teams differed about what to do,**
- **A key member of staff at Camden was fired, and the issue went dormant in that municipality**
- **Westminster took the results of the HIA forward, and ...**

How did it all end?

... and, recognising the strength of public feeling, decided to implement an option which involved boosting services for drug users at other locations in and near the area ...

This was the option that the community wanted included in the study in the first place, and it was refused

This is the option about which the decision-makers have NO information about effects

Learning points

- Always try to obtain documentation about the proposal being assessed
- Study design is important, but beware it may be affected by politics
- Stakeholder identification is a skill worth developing
- Ensure stakeholder engagement is appropriate to the groups you are working with
- Stakeholder engagement is pivotal to developing richly textured suggestions to address potential impacts, especially when the evidence in the literature is sparse or non-existent
- Find a balance between completeness of information and key messages that need to be communicated in the report for decision-makers
- If the HIA is on a controversial issue, ensure that a Communications Strategy is developed by staff with experience in handling the media, and make sure everyone is aware of it
- Keep applying the values set for the HIA throughout the process, even when it seems most difficult to do so, and stick to the values of public health

Establishing a governance & accountability framework for the HIA

- Setting up a management team to conduct the HIA on a day-to-day basis – this could include external personnel
- Setting up a Steering Group to oversee the conduct of the HIA – this could be a group already in existence or a specific group set up for a particular HIA
- Setting the terms of reference for the Steering Group
- If the HIA is of short duration or does not involve many staff, it is possible for a line manager or other senior person to oversee the conduct of the HIA

Setting the boundaries for the HIA study

- Aims and objectives of the HIA
- Values for the HIA
- Elements of the proposal to be assessed, including different options if relevant & any non-negotiable aspects
- Communities affected by the proposal, including vulnerable groups
- Geographical area affected by the proposal
- Stakeholders and key informants for the proposal
- Conditions/features of community/location relevant to the HIA
- Major implications of the proposal that could have significant health impacts
- Methods to be used
- Information required for the HIA

Establishing the management arrangements for the HIA

- Roles of the Management Team
- Roles of the Steering Group/Line manager
- Reporting arrangements
- Decision-making process for the proposal, and how the HIA results will feed into that
- Timescale and timetable for the HIA
- Funding and other resource requirements for the HIA
- Dissemination of the HIA report
- Criteria for process evaluation
- Mechanism(s) for effectiveness (impact) evaluation

Profiling the populations or communities affected

Building a picture of the population from routine and non-routine data to act as a baseline, for example:
- Demographic information
- Socio-economic information
- Deprivation indices
- Environmental conditions:
  - Built environment
  - Natural environment
- Access to and availability of facilities and services
- Educational attainment
- Skills levels, including literacy & numeracy

Reviewing the published literature

Use the proposal analysis to identify the subjects to
search on:

- Topic areas within the proposal, e.g. construction –
  effects on health
- Determinants of health that could be affected
- Health outcomes or endpoints
- Interventions to address impacts
- Related HIA case-studies

Reviewing HIA case-studies

- Review other HIAs to obtain information about potential
  impacts, and suggestions for changing the proposal

- Review could include:
  - HIAs on similar proposals elsewhere – is your population
    similar or would they respond differently?
  - HIAs on related types of proposals – what can they tell
    you?
  - HIAs on different types of proposals but looking at the
    effects on the same population and/or vulnerable groups
    – for information on how the population responds or
    what type of interventions might be appropriate or
    effective in that population

Appraisal

- Appraisal is the engine room of HIA

- It involves two main tasks:
  - the identification of health impacts using various methods
  - ways to address those impacts

- It is the key stage for stakeholder involvement, using interactive and non-interactive techniques

Appraisal: consultation with stakeholders

Interactive methods

- Workshops
- Focus groups
- Delphi exercises
- Citizen's juries

Non-interactive methods

- Surveys
- Interviews
- Written responses

9

How do we identify impacts on health & well-being?

- Use an appraisal tool that covers relevant determinants of health
- Use the population profile (as the baseline), the information from the published literature, other HIAs and stakeholders to help you judge what the health impacts will be on the whole population and on vulnerable people in the population
- Assess what kind of health impacts there will be: for example, will they be positive, negative or neutral; will different impacts occur at different times?

How do we identify ways to address impacts on health?

- Consider the impacts on health that have been identified and, using the information from the published literature, routine and non-routine data, other HIAs and stakeholders, ask:
  - How can we enhance the effect if it is positive?
  - How can we avoid, reduce or minimise the effect if it is negative?

- Make suggestions that relate to the whole population and to vulnerable groups, and address issues of inequality and inequity

- Try to make sure the suggestions will be effective and appropriate for the population, and population sub-groups, affected by proposal implementation

Writing up the results of the HIA

The point in the process where we try to bring together the different types of information we have collected and integrate them into a coherent picture for decision-makers responsible for the proposal

- Treat the different types of information ethically and equally
- Outline:
  - Gaps in the information
  - Sources of bias
  - Areas of agreement and disagreement
- Give guidance on how best to achieve health gain through the proposal
- Outline any trade-offs between health gain and other priorities

Communicating the HIA results to decision-makers responsible for the proposal

Depending on the nature of the proposal and the decision-making process it is governed by, you could:

- Submit your written HIA report
- Give a presentation and have a discussion about the results
- Give briefings to key individuals or teams
- Any combination of the above

Monitoring & evaluation

There are three aspects to monitoring & evaluation:

1. Process evaluation – did the HIA process go well?

2. Effectiveness (impact) evaluation – did the HIA have an effect?

3. Outcome evaluation – what were the effects of proposal implementation on health outcomes?

Did the process go well?
Process evaluation

- Process evaluation is an important way of learning from the HIA, and of improving the way the next one is undertaken

- Develop a set of criteria relevant to the HIA process as practised in your organisation or partnership

Did the HIA have an effect?
Effectiveness evaluation

There are two important tasks within effectiveness (impact) evaluation:

- Identifying which suggestions were accepted by the decision-makers responsible for the proposal

- Identifying which of those suggestions were actually taken forward – never assume because they were accepted they were taken forward

The nature of HIA practice

- HIA is Action Research or Learning by Doing
- Expect to learn with every HIA you do
- Try to benefit from every HIA by developing:
  - some aspect of your own practice
  - skills and competency levels for other people involved, from your own organisation and others
  - the way HIA is conducted in your organisation

HIA / EIS
What next / Quoi suit ?

13 HIA Conference, Geneva

4th October 2013

John Kemm

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HIA Basic Questions

- Advocate   OR
- Impartial Assessor

- A tool to make decisions for decision makers   OR
- A tool to assist decision makers to make decisions

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Health in all Policies & HIA

- Aim to assist policy makers - not make decision for them
- Avoid temptation to lobby – be impartial
- Recruit champions for Health and HIA
- Reduce workload of assessment (?Integrated IA)
- Build capacity for impact assessment
- HIA community needs to understand how government works
- Health in All Policies Please

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Equity

- Equity is a political issue
- Who gets what how and when
- HIA should describe baseline situation and distribution of impacts
- Not the role of HIA to decide what distribution is equitable (fair)?
- Recommendations for mitigation may take HIA into questions of compensation

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HIA of Infrastructure in Developing World

- Commercial imperative
- World Bank (IFC) – China Exim Bank
- Is equity and improved health a concern of developers?
- Working with different governance and accountability structures

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HIA by Commercial firms

- Accountable to whom?
- Can they be impartial? – Conflict of interests
- Should reports be confidential?
- Competence with health issues?

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HIA Mainstreaming & Institutionalisation

- Progress at district /municipal level
- Need to make progress at national level
- Political champions
- Make it easy
- Demonstrate usefulness
- Justify claim to predict
- Quality assurance mechanisms
- Learn to fit government ways of working

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Salle 2
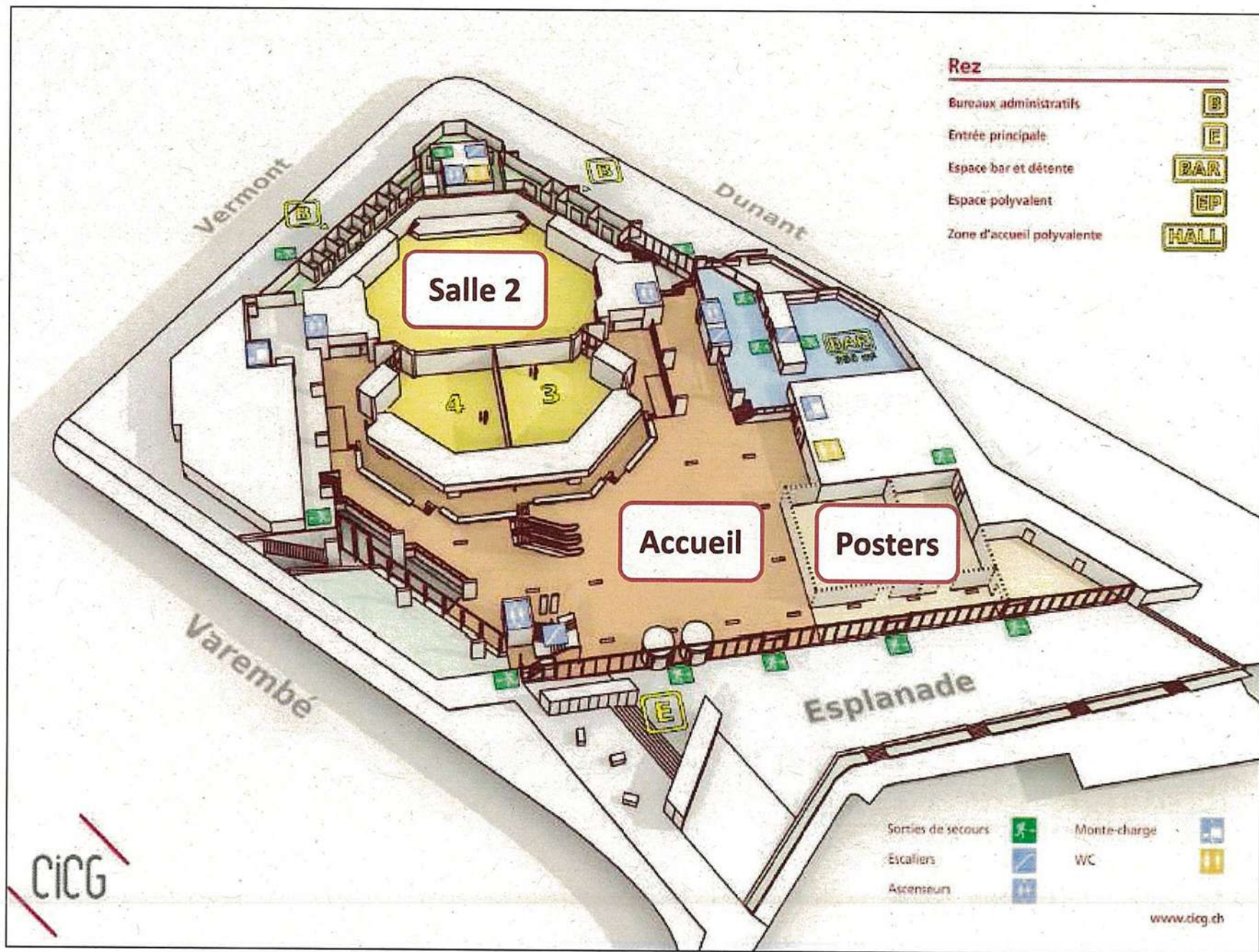
Accueil

Posters

Bureaux administratifs — B
Entrée principale — E
Espace bar et détente — BAR
Espace polyvalent — EP
Zone d'accueil polyvalente — HALL

Vermont
Dunant
Varembé
Esplanade

BAR 385 m²

Sorties de secours
Escaliers
Ascenseurs
Monte-charge
WC

CiCG

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Salle 20

Salle 19

Salles
5 & 6

Vermont

Dunant

Varembé

Esplanade

3ème étage

Terrasse

Zone VIP

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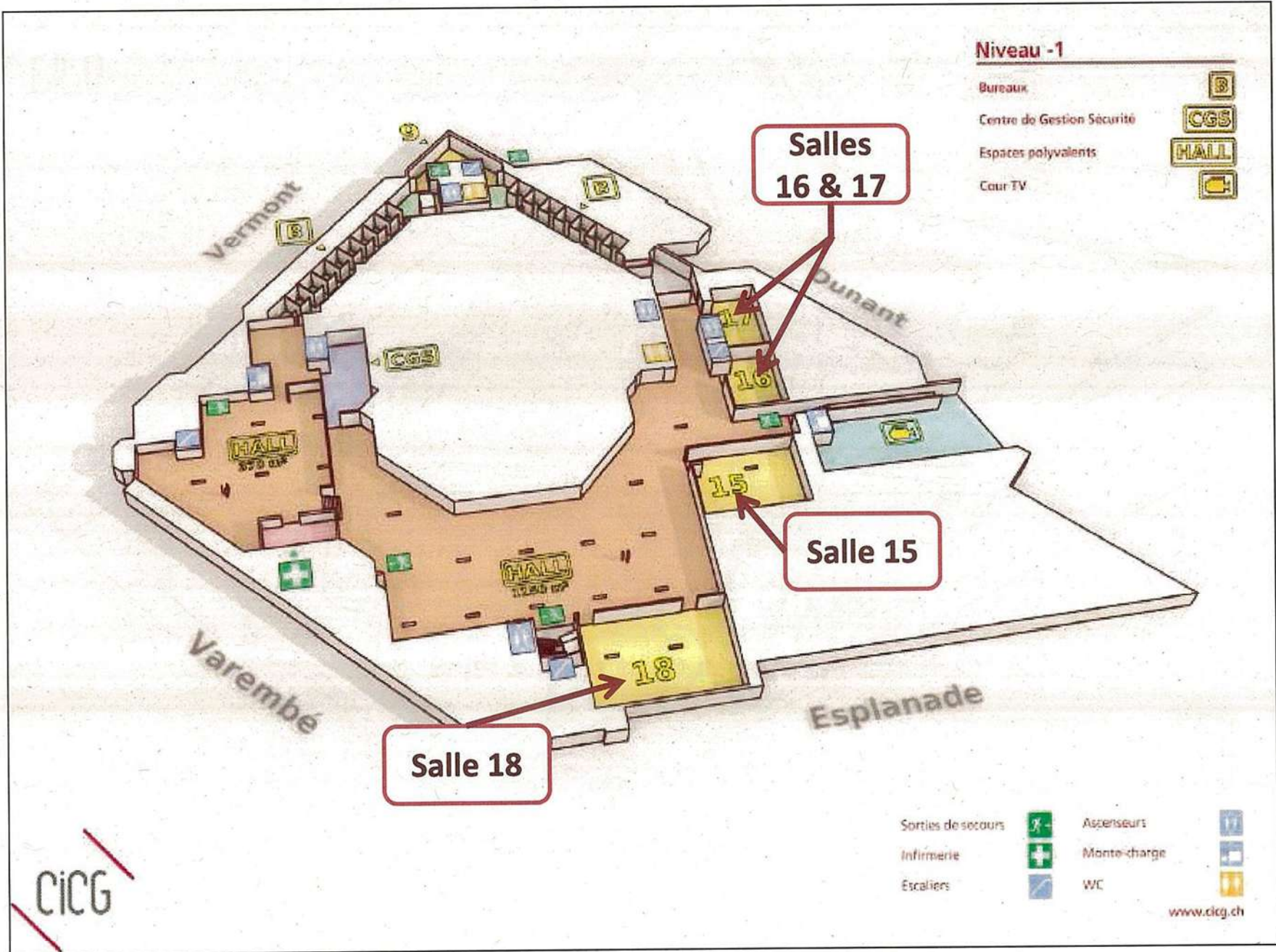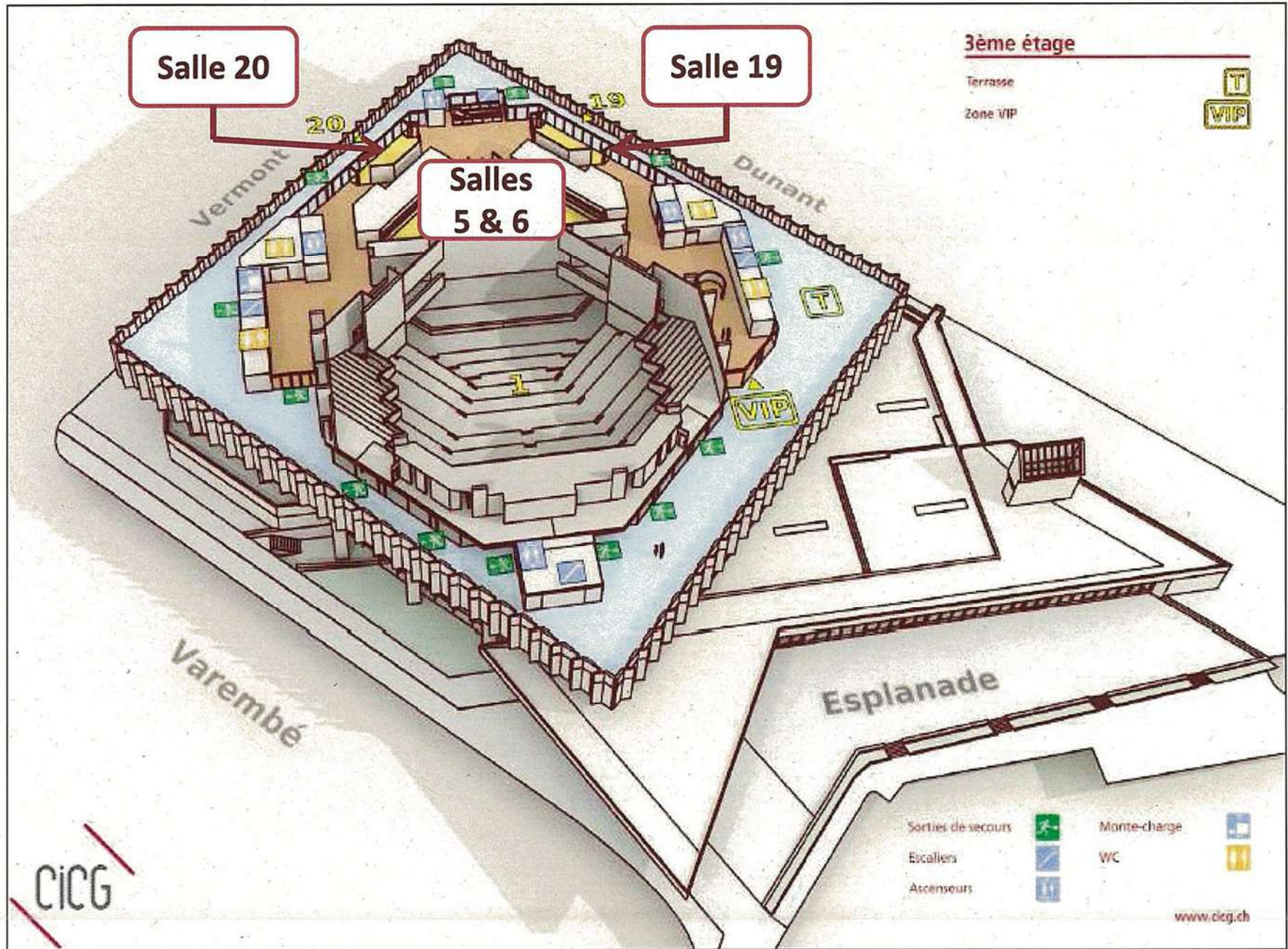
University of Geneva > Médecine > HIA 2013 > Oral presentations (pdf)

Université de Genève

EIS 2013

Oral presentations (pdf)

HIA2013 Introductory keynote
Health in All Policies (HiAP): New perspectives after the Helsinki Conference
Prof. Kickbusch
HIA2013_Kickbusch (3,138 Kb, 📄)

Dr. Ollila
HIA2013_Dr_Ollila (233 Kb, 📄)

Plenary sessions
Plenary session I - HIA and global public policy change
Prof. O'Keefe
HIA2013_OKeefe (2,081 Kb, 📄)

Plenary session III - HIA in developing countries, including large infrastructures projects
Michaela Pfeiffer
HIA2013_Pfeiffer (676 Kb, 📄)

David Houeto
HIA2013_Houeto (298 Kb, 📄)

Francesca Viliani
HIA2013_Viliani (4,073 Kb, 📄)

Plenary session IV - Mainstreaming and institutionalisation of HIA
Alberto Fernandez Ajuria
HIA2013_Fernandez_Ajuria (2,743 Kb, 📄)

Parallel sessions
Quantitative approaches
Odile Mekel
HIA2013_Mekel1 (460 Kb, 📄)

Astrid Holm
HIA2013_Holm (822 Kb, 📄)

Odile Mekel
HIA2013_Mekel2 (257 Kb, 📄)

Equity
Laura Mc Donal

HIA2013_McDonald (273 Kb, 📄)

Maria Benkhalti Jandu
HIA2013_Benkhalti_Jandu (507 Kb, 📄)

Maria Cortes
HIA2013_Cortes (668 Kb, 📄)

Christina Mattson Lundberg
HIA2013_Mattson_Lundberg (1,235 Kb, 📄)

Mélanie Villeval
HIA2013_Villeval (419 Kb, 📄)

Elizabeth Harris
HIA2013_Harris1 (456 Kb, 📄)

Elizabteh Harris
HIA2013_Harris2 (616 Kb, 📄)

Marie-France Raynault
HIA2013_Raynault (584 Kb, 📄)

Ethics and values
Yorghos Remvikos
HIA2013_Remvikos (571 Kb, 📄)

Fiona Haigh
HIA2013_Haigh (3,269 Kb, 📄)

Sustainability and governance
Emile Tremblay
HIA2013_Tremblay (801 Kb, 📄)

HIA and housing
Hilary Dreaves
HIA2013_Dreaves (334 Kb, 📄)

Sophie Grinnell
HIA2013_Grinnell (1,012 Kb, 📄)

Effectiveness and evaluation of HIA
Margaret Douglas
HIA2013_Douglas (1,465 Kb, 📄)

Elizabeth Harris
HIA2013_Harris (881 Kb, 📄)

Sarah Couper
HIA2013_Couper (829 Kb, 📄)

Martin Higgins
HIA2013_Higgins (1,756 Kb, 📄)

New perspectives

Henk Hadders

HIA2013_Hadders (458 Kb, 📄)

Janneke Harting

HIA2013_Harting (280 Kb, 📄)

Mainstreaming and institutionalisation

Michiko Hoshiko

HIA2013_Hoshiko (1,359 Kb, 📄)

Luiz Angel Moya Ruano

HIA2013_Moya_Ruano (1,661 Kb, 📄)

Stella Kraemer

HIA2013_Kraemer (82 Kb, 📄)

Pauline Mordelet

HIA2013_Mordelet (1,822 Kb, 📄)

John Kemm

HIA2013_Kemm (475 Kb, 📄)

Urban planning

Françoise Jabot

HIA2013_Jabot (1,943 Kb, 📄)

Anne Roue-le-Gall

HIA2013_Roue_le_Gall (1,452 Kb, 📄)

Integrated HIA into other impact assessments

Mareike Mähs

HIA2013_Maehs (441 Kb, 📄)

Gille Feyaerts

HIA2013_Feyaerts (641 Kb, 📄)

Francesca Viliani

HIA2013_Viliani (1,295 Kb, 📄)

Workshop - Making Health Equity Impact Assessment Fit For Purpose

Alex Scott-Samuel

HIA2013_Scott_Samuel (540 Kb, 📄)

Debie Sigerson

HIA2013_Sigerson (335 Kb, 📄)

Debra Fox

HIA2013_Fox (766 Kb, 📄)

Fiona Haigh

HIA2013_Haigh (3,269 Kb, 📄)

Workshop - The analysis of equity in HIA: a pragmatic solusion

Erica Ison

HIA2013_Ison (96 Kb, 📄)

Capacity buiding (distance learning)

Hilary Dreaves

HIA2013_Dreaves (334 Kb, 📄)

Julie Castonguay

HIA2013_Castonguay (1,208 Kb, 📄)

Antonio Colom

HIA2013_Colom (2,298 Kb, 📄)

HIA in the energy sector

Thierno Diallo

HIA2013_Diallo (235 Kb, 📄)

Marianne Rappolder

HIA2013_Rappolder (827 Kb, 📄)

HIA and urban planning

Fiona Haigh

HIA2013_Haigh (3,269 Kb, 📄)

Alexandre Lebel
Maria Dolores Baixas

HIA2013_Baixas (1,176 Kb, 📄)

Thierno Diallo

HIA2013_Diallo (758 Kb, 📄)

HIA in developing countries

Jonathan Drewry

HIA2013_Drewry (1,856 Kb, 📄)

Mirko Winkler

HIA2013_Winkler1

Mirko Winkler

HIA2013_Winkler2 (1,069 Kb, 📄)

Economics and nutrition

David Mc Conalogue

HIA2013_Mc_Conalogue (431 Kb, 📄)

Teresa Keating

HIA2013_Keating (748 Kb, 📄)

HIA and the transportation sector

David Rojas-Rueda

HIA2013_Rojas_Rueda (2,150 Kb, 📄)

Yorghos Remvikos
HIA2013_Remvikos (571 Kb, 📄)

HIA for large developemnt projects

Mirko Winkler
HIA2013_Winkler (4,740 Kb, 📄)

Martha Barata
HIA2013_Barata (572 Kb, 📄)

Francesca Viliani
HIA2013_Viliani (4,808 Kb, 📄)

Craig Janes
HIA2013_Janes (3,725 Kb, 📄)

closing session
What's next?
John Kemm
HIA2013_Kemm

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