

Évaluations d'impacts sur la santé - et si les politiques publiques se souciaient de la santé

(Health impact assessment - public policy as if health mattered)

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What is HIA?

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

Source: WHO Gothenburg consensus paper, 1999



Uses of HIA

- healthy public policies / projects
- health advocacy
- personal / social / economic development
- advocacy for disadvantaged groups
- partnership building

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Early origins: 1970-1990

- environmental impact assessment
- healthy public policy



Early origins: 1990-1996

- Manchester Airport 2nd Runway 1992-3
- Health Impact Assessment Toolkit BC MoH 1994
- Health Impact Assessment Guidelines BC MoH 1995
- Policy Appraisal and Health 1995
- PATH Project 1996

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Early origins: 1990-1996

- National Health Guide for Environmental Assessment 1995
- Health impact assessment as a tool for population health promotion and public policy Health Canada 1996



HIA 1996-1998

- Liverpool Public Health Observatory 1996-8
- A Canadian Health Impact Assessment Guide 1997
- HIA vs policy appraisal, health impact analysis etc

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UK / Irish government support for HIA

- · Saving Lives: Our Healthier Nation
- Health impact assessment: report of a methodological seminar
- Better Health, Better Wales
- Developing health impact assessment in Wales
- · Working Together for a Healthier Scotland
- Health impact assessment: a way forward for Scotland
- Well Into 2000
- Institute for Public Health in Ireland



European support for HIA

- STAKES (Helsinki) meeting January 1998
- Swedish Federation of County Councils
- WHO European Centre for Health Policy
- European health impact assessment email group
- fellowships / seminars / monographs
- Gothenburg consensus conference / book
- EC involvement DG Sanco
- · Practical Guide to Services
- Policy HIA for the EU

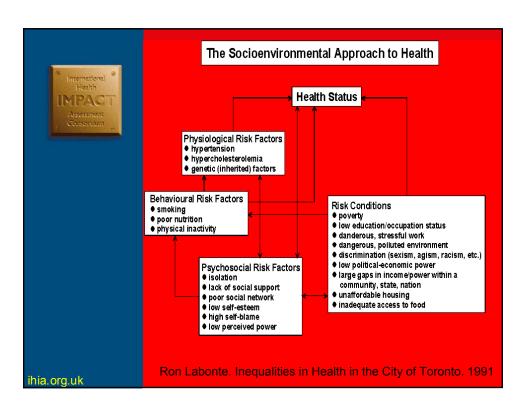
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HIA 1998 onwards

- Health and Environmental Impact Assessment (BMA) 1998
- 1st UK Health Impact Assessment Conference 1998
- Merseyside Guidelines for HIA
- UK public sector projects+++
- · capacity building
- academic centres
- · journal papers
- · widely adopted by WHO, TNCs etc
- US / Australian interest

International Health IMPACT Assessment Consecretum	Two Perspectives		
		BROAD PERSPECTIVE	TIGHT PERSPECTIVE
	View of health	Holistic	Definition and observation
	Disciplinary roots	Sociology, epidemiology	Epidemiology, toxicology
	Ethos	Democratic	Technocratic
	Quantification	In general terms	Towards exact measurement
	Types of evidence	Key informant data	Measurements
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The Merseyside approach - procedures

- Screening
- Steering group and terms of reference
- Select assessor
- Conduct assessment
- Appraise assessment
- Negotiate favoured options
- Implement and monitor
- Evaluate and document

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The Merseyside approach - methods

- Policy analysis
- Profiling of communities
- Interview stakeholders and key informants
- · Identify health determinants affected
- Assess evidence
- Establish priority impacts
- Recommend and justify options for action



Methodological controversies

- science and politics
- value-free and value-laden
- · holism and reductionism
- · qualitative and quantitative
- · expertism and participation
- · duration and depth
- policies and projects
- equity and inequality

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Health inequality

Unfair or unjust differences in health determinants or outcomes within or between defined populations



Equity (in health)

...from each according to his abilities, to each according to his needs...

Karl Marx, Critique of the Gotha Programme (1875)

Distributional justice

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Health inequality in HIA

- inequality a screening (selection) criterion
- vulnerable groups identified in profiling and policy analysis
- distributional impacts (as well as population impacts) identified
- recommendations take account of impact inequalities
- monitoring and evaluation



Equity in HIA

- public involvement in HIA steering groups
- 'lay' people as stakeholders and key informants
- equitable valuation of lay evidence and of evidence on lay priorities
- 'bias to the poor' in recommendations
- choice of paradigm (expertist vs participatory)

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Gaps in current practice

- · poor monitoring and evaluation
- limited coverage especially re public policy
- macroeconomic policy
- human rights
- foreign policy
- trade
- social and gender policy



Gaps in current theory

- distributional effects poorly operatioalised, eg
- gender
- race
- age
- · participatory research
- · feminist research

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The future of HIA

Causal drivers

- · promotes healthy public policy
- promotes sustainable development
- promotes organisation development
- · reduces health inequalities

Contextual drivers

- equity
- · public participation



The future of HIA

- · whether takes off in USA
- healthy public policy relatively unpopular
- disparities agenda
- NB there's gold in them than HIAs
- acceptable to all UK politicians?
- likely to thrive in EC
- good global prospects human rights, TNCs etc

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Integrated impact assessment

- Cabinet Office
- NW Regional Assembly / NWDA
- EC Secretary-General DG
- human impact assessment
- future impact on HIA?



Capacity building

- a limiting factor
- training
- advocacy
- policy development
- organisation development

