



**EUROPEAN COMMISSION**  
HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL  
Directorate G - Public Health  
**G1 - Policy analysis and development; international questions**

Luxembourg, 17 December 2001  
MH/ D(2001)

# **Ensuring a high level of health protection**

## **A practical guide**

# Ensuring a high level of health protection – A practical guide

## Introduction

The Treaty (Article 152) requires that a high level of human health protection shall be ensured in the definition and implementation of all Community policies and actions. A number of specific steps implementing this objective have been set out in the Commission's May 2000 Communication on the health strategy of the European Community (COM (2000) 285 final of 16.5.2000). Notably, from 2001, proposals with a particular relevance to health should "include an explanation of how health requirements have been addressed, normally by including a statement in the proposal's explanatory memorandum. The aim would be to show clearly how and why health considerations were taken into account and the expected health impact."

A number of proposals in the Commission's work programme either impact directly on health status and/or on health systems within and beyond the Community, or touch upon them in some way. There is considerable interest within the European Parliament, but also in the Council and in the other Community Institutions, about the way the Commission implements the Treaty requirement. It is likely that Commission representatives will be asked during discussions in the Institutions about the possible health impact of proposals, and how this has been assessed and evaluated.

The purpose of this document is to serve as a toolkit which can be used by services to evaluate their proposals from a health point of view. It has three key parts:

First, it contains a simple checklist which could be used for the screening of proposals for possible health impacts. Over time, the checklist could be developed into a more sophisticated instrument. At this stage, however, it should be regarded as a first attempt to develop a user-friendly tool to assist services in rapidly assessing proposals for policy and action.

Second, it contains some background material which can be useful to put discussions on health impact assessment (HIA) in a broader perspective.

Finally, the document contains an annex with references for further reading, including to a number of health impact assessment guides available on the Internet.

This document will help to ensure that health impact is addressed and presented in a similar way to the Institutions across Commission services. The document does not address the wider issue of how HIA fits into the general context of streamlining impact assessment across different policy fields, e.g. by putting into place a more comprehensive Sustainability Impact Assessment (SIA). *DG SANCO would be grateful if services could communicate their experience with this guide and HIA in general to the Secretariat of the Interservice Group on Health in SANCO/G/1 so that they can be taken into account in revising and expanding this guide.*

## HEALTH IMPACT SCREENING: KEY ISSUES TO BE CONSIDERED

### A CHECKLIST

This list sets out a number of key issues which should be considered in screening proposals and actions for their possible health impact. Its purpose is to identify areas of potential impact. Further, more in-depth, analysis may be required to fully assess the health impact of a proposal.

1. Does the policy proposal affect one or more of the following health determinants: Lifestyle (nutrition and diet, tobacco and alcohol, physical exercise, etc), Socio-economic determinants (inequalities, access to health services and insurance, poverty, social inclusion, etc.), Environmental determinants (physical agents, pollutants and associated diseases, other health threats)?
2. Which population subgroups could be affected by the policy proposal (whole population, vulnerable groups, specific age groups, other defined groups)?
3. Are there any potential effects on health systems, and on the way they operate?
4. Are there any possible (side) effects on the health of the population? Within the Community? In third countries?
5. What is the specific effect on Candidate countries, and/or on the Community's enlargement process?
6. What are the features of the health effect(s) resulting from the proposed policy (including duration, reversibility, scale, type and seriousness, direct/indirect effect)?
7. Which scientific information are you aware of to support the health effects expected?
8. Are there alternatives to the policy proposal? Would their health effects be different/more beneficial?
9. **Conclusion:** is HIA possible and necessary?

If the answer is yes, a more profound analysis of the proposal or action may be required.

The results of the screening and the outcome of an eventual analysis should be published as part of the explanatory memorandum attached to the proposal.

If you require help in applying this list, please refer to the background documents attached.

*Checklist based on work of the Netherlands School of Public Health (see below).*

## BACKGROUND

### About Health Impact Assessment

Policies in many areas of Community competence are closely interrelated. Proposed decisions in one sector may impact on the objectives of other sectors. Health Impact Assessment (HIA) addresses the potential impact of policies and actions on health and the production or prevention of diseases, disability or death. It should be seen as part of a more integrated approach to health at Community level which manifests itself in the Treaty provision about ensuring a high level of health protection in all Community policies and activities.

Health impacts have been defined as the overall effects, direct or indirect, of a policy, strategy, programme or project on the health of a population. HIA has been defined as 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<sup>1</sup>. It is useful to include potential effects of a measure on the health systems and the way they function into the scope of the analysis.

In the literature, five steps of health impact assessment have been identified<sup>2</sup>:

- screening
- scoping
- appraisal of potential health effects
- decision-making
- implementation and monitoring.

*Screening* consists of a preliminary assessment to see if the project is likely to pose any significant health questions and should be subject to a full HIA. If the health impact were judged to be negligible or would already be obvious at this stage, the results of screening would be made public for appraisal in the decision-making process. *Scoping* refers to the process of judging which potential health impacts need to be discussed further and which method(s) will be used in a subsequent assessment if it were to be required. Depending on the nature of potential risks and impacts, a decision will have to be taken how an *appraisal of potential health effects* takes place. This element also includes considering how the objectives of an action or measure could be reached while minimising the potential health impact, or whether there is a need for accompanying measures. The results of the assessment feed into the *decision-making* process. As there may be unanticipated adverse health effects after a measure takes effect, or effects may have been difficult to quantify before implementing a measure, it may be important to *monitor* the *implementation* of actions or measures.

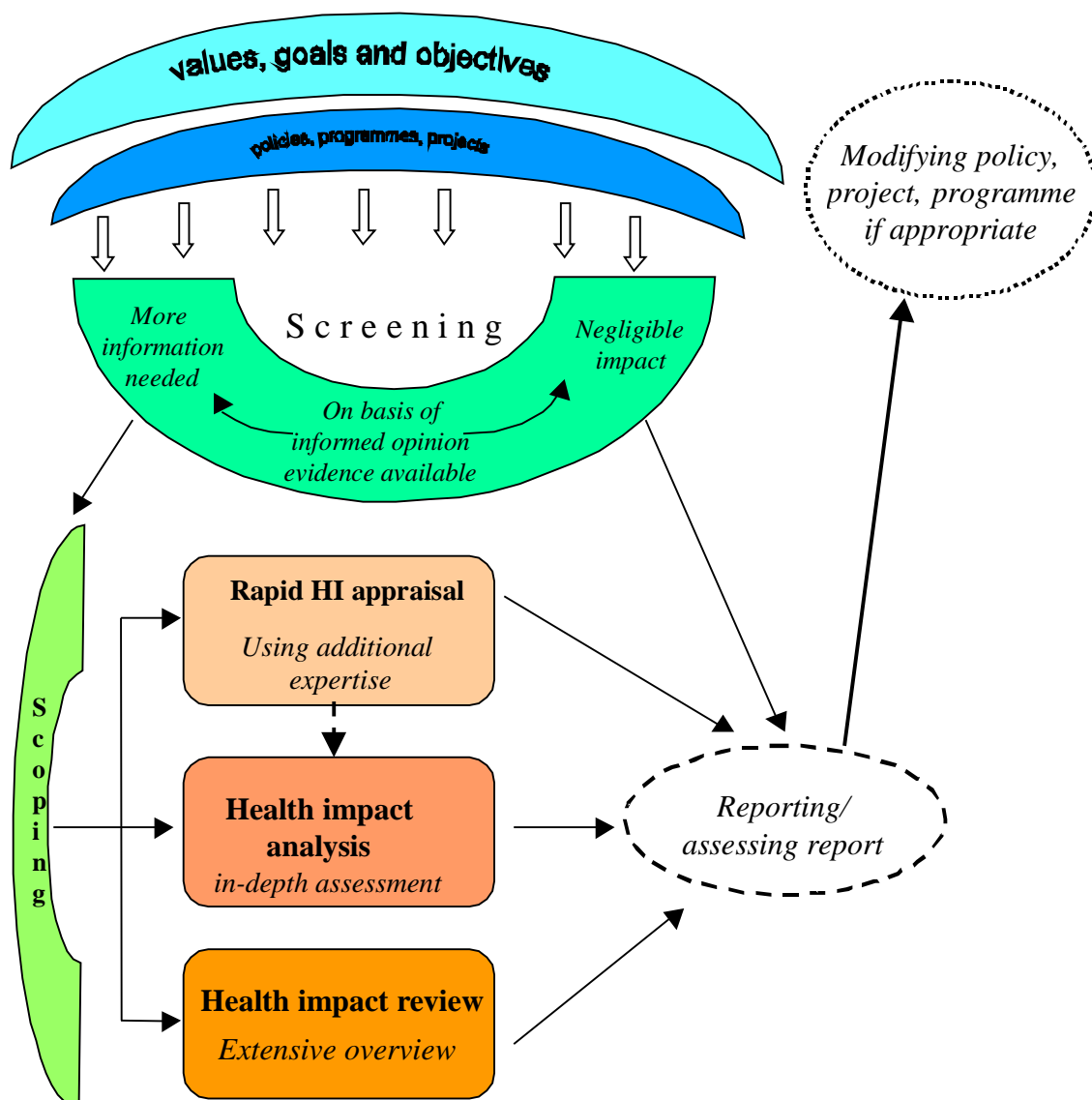
The different steps involved are summarised in the following graph taken from the ECHP Consensus paper:

---

<sup>1</sup> Both definitions are taken from the Gothenburg Consensus Paper on Health Impact Assessment, European Centre for Health Policy, WHO-Euro, Brussels 1999

<sup>2</sup> In addition to the WHO document quoted above, this section relies upon Developing health impact assessment in Wales, The National Assembly for Wales, Cardiff 2000, and A Short Guide to Health Impact Assessment, NHS Executive London, London 2000

## An approach to health impact assessment



Source: Gothenburg consensus paper (see footnote 1)

Note that the Gothenburg paper distinguishes between three different appraisals of health effects, depending on the amount of time and resources available. The decision on the kind of appraisal undertaken would fall within the scoping phase of the model outlined above.

HIAs are already in use in a number of settings in different Member States. The Dutch Ministry of Health, for example, uses HIA to assess policy documents emanating from other services within the government. There is a general commitment to HIA in the UK, and some experience with it in some regions. In Sweden, the Association of County Councils has published a HIA tool which local and regional governments use in decision-making. Some details and links to these and further examples of the use of HIA are provided in the annex.

### **Steps in health impact assessment**

For use within the Commission, this guide provides a simple checklist for health impact screening (see above). In this section, some background information has been drawn together on screening, scoping, and on how to conduct a more profound risk assessment (see below).

#### *Screening*

Screening is a rapid process to determine whether a proposal is likely to have a health impact and whether a more profound assessment is needed. This document contains a screening checklist (see above). It is based on a list of key questions which were developed by the Netherlands School of Public Health for use in screening proposals within the Dutch Government:

1. What is the content of the policy proposal?
2. Does the policy proposal affect one or more of the following health determinants (Lifestyle, Physical Environment, Socio-Economic Environment, Health Care, other)?
3. Which population subgroups are possibly affected by the policy proposal (whole population, vulnerable groups, indicator groups, other defined groups)?
4. What are possible side effects on the public health?
5. What are the duration and reversibility of the activity resulting from the proposed policy?
6. What are features of the health effect resulting from the proposed policy (duration, reversibility, scale, type and seriousness, direct/indirect effect)?
7. What is your impression of the availability of scientific information to 'prove' the health effects expected?
8. What is known about the policy proposal?

9. What is the administrative context of the policy proposal (which actors, which interests)?
10. Which alternatives exist for the policy proposal?
11. Is this dossier politically explosive?
12. Conclusion: is HIA possible and necessary?

Source: Netherlands School of Public Health, Checklist for Health Impact Screening, Utrecht 1998; their full 'checklist' is included as annex 1.

### *Scoping*

Scoping is linked to the screening process. The key question here is which area need to be considered in an in depth appraisal of potential health effects, and how detailed the assessment has to be.

The ECHP has prepared a series of key questions as well as a full checklist (see annex 2) for scoping:

### **Critical choices to be made in scoping an HIA**

#### **Critical choices should define the scope of:**

- the context of the proposal
- the population
- the impacts
- the participation
- the use of evidence
- the use of expertise

Source: WHO ECHP (1999)

### *Health impact appraisal*

If the screening process indicates that a health impact assessment is required, scoping will help to determine how detailed it will have to be. Three different kinds of appraisal set out in the Gothenburg paper are described as follows:

### **Rapid Health Impact Appraisal**

A *Rapid Health Impact Appraisal* is a systematic assessment of the health impact of a policy, programme or project by a number of experts, decision makers and representatives of those potentially affected by the proposed policy. It is based on an exchange of the existing knowledge of the participants involved, including knowledge gained from previous similar exercises and research.

As the name suggests, such an appraisal would be carried out without a great deal of resources and rather quickly.

### **Health impact analysis**

A *health impact analysis* involves an in-depth examination of a policy, programme or project, its potential impact on health and of the opportunities for adjusting the policy, programme or project to ensure a more positive impact on health. It includes a review of the available evidence, exploration of the opinions, experience and expectations of those who may be affected and, if needed, production and analysis of new data.

It would usually include a broad range of multidisciplinary expertise, and a combination of various methodologies. The resources and time needed for implementation would necessarily be greater than those for a rapid appraisal.

### **Health impact review**

Some policies, strategies, or clusters of policies, programmes and projects may be so broad as to make an in-depth analysis infeasible. In this case, the process of a *health impact review* may be considered. This aims at creating a *convincing summary estimation* of the most significant impacts on health of the policy or cluster of programmes and projects, without necessarily trying to disentangle the precise impact of the various parts of the policy or cluster on specific aspects of health. It is based largely on a review of earlier published analyses of similar policies. As in the health impact analysis, expert panels and other methods of reviewing the available informed assessments of the policy proposal are used.

The difference between health impact analysis and health impact review lies in the type of policy/programmes/projects being assessed, and the degree to which an attempt is made either to directly relate and possibly quantify or otherwise measure, cause and effect, or to give a broad-brush view of the impact.

Source: Gothenburg consensus paper (see footnote 1)

It goes without saying that other factors will also play a role in this context – including elements deriving from the political process, such as the political urgency of putting forward a proposal, lack of funding and lack of methodological guidance in bringing forward work. It is hoped that funds available in the Community's research programmes and in the new public health action programme will help to initiate work on developing and refining HIA methodologies for use in the Community context, and to run some pilot studies. Instead of providing a step-by-step checklist for assessments at this stage, it

would seem more prudent to refer back to the steps identified in a report prepared by the High Level Committee on Health in 1996. This document, which was already annexed to the Interservice Group on Health' initial position paper on the Integration of health protection requirements in Community policies adopted in October 1998, is presented here in a slightly revised version:

### **STEPS IN POLICY APPRAISAL**

#### *1. Identify any health impact*

What positive or negative effect may the proposed measure have on lifestyle health determinants, environmentally related determinants or socio-economically related determinants, and how might that in turn have an impact on the incidence of preventable diseases or accidental injuries?

#### *2. Assess its magnitude and distribution within the population*

#### *3. Identify sources of uncertainty*

3.1 How reliable are the sources of data and/or expert advice upon which the analysis of possible health impact is made?

3.2 What are the assumptions and sources of expert advice upon which assessments of possible changes in individuals' behaviour are made?

3.3 What are the assumptions and sources of expert advice upon which estimates of the effects on environmentally related and socio-economically related health determinants are made?

*4. Present the results clearly for decision makers (valuing them in monetary terms where this would be helpful). Ensure that the process is as open and transparent as possible.*

*5. Weigh health objectives against other objectives.*

Source: High Level Committee on Health, 1996

### **Conclusions**

It goes without saying that the use of HIA within the Commission services and, indeed, the Community as a whole is only at its very beginning. This guide will have served its purpose if it makes services aware of the need to take health impacts into account when developing proposals and planning activities, and if HIA is seen to be a useful instrument in this context.

The intention is to update this guide regularly to take account of new developments.

## **Resources**

A full resource guide for health impact assessment, including a guide on how to apply HIA and a number of case studies, can be found on the London's health website (NHS Executive London) at <http://www.londonhealth.gov.uk/>. In addition, the National Assembly for Wales has published a guide on Developing HIA in Wales. Regarding developments of the UK, cf. also K. Lock, Health Impact Assessment, BMJ 320:1395, 20.5.2000, with an extensive bibliography (copies of both publications are available from the Secretariat of the Interservice Group on Health).

Information on the tools developed by the Swedish Federation of County Councils is available (in English) at <http://www.lf.se/hkb/engelskversion/instruments.htm>.

Health Impact Assessment is a major priority of WHO Europe's European Centre for Health Policy (EHP) located in Brussels. Information is available at <http://www.who.dk/hs/echp/index.htm>.

Further documentation is available from the secretariat of the Interservice Group on Health in SANCO/G/1.

**ANNEX 1**

**Checklist**

**for**

**Health Impact Screening**

**Netherlands School of Public Health**

**Utrecht**

**May 1998**



Other.....

**Health care system**

**Other, namely**.....

.....

.....

.....

**3 Which population groups could be affected by the policy proposal?**

**Entire population**

**Vulnerable groups**

Children

Senior citizens

Chronically ill

The disabled

Addicts

Migrants en refugees

Unemployed

Single persons

Economically disadvantaged persons

Homeless persons

**Sentinel groups**

Young children

Senior citizens

Chronically ill

The disabled

People with specific sensitivities

Pregnant women

Other.....

**Other relevant population groups**

Detainees

People with specific professions

People who perform heavy physical labour

People in specific locations

Other .....

**4 What are the anticipated side effects of the policy proposal on public health?**

Positive.....  
.....  
.....  
.....  
.....

Negative.....  
.....  
.....  
.....

**What are the characteristics of the policy proposal**

**a. Duration of the activity due to the policy proposal**

Brief

Weeks

Months

Years

Entire live

Unclear

**b. Irreversibility of the policy proposal**

Yes

No

Unclear

**c. Irreversibility of the health impact**

Yes

No

Unclear

**d. Scale of the health impact (does it affect many people)**

a few persons

a part of the population

the entire population

**e. Seriousness of the health impact**

- Somatic impact
- Impairment
- Disability
- Handicap
- Possibly lethal
- Psychosocial impact

**f. Direct or indirect health impact**

- Indirect
- Direct

**Part 2: First orientation on the availability of knowledge**

The next questions help to make an orientation on the availability of knowledge. With this information the decision can be made whether it is opportune to perform a HIS.

*What impression do you have of the scientific information concerning the health impact?*

*How much information is available on the policy proposal?*

*9 Administrative context analysis*

9a Which parties are involved in the policy making process?

9b What are the interests of the parties involved?

Are there alternative policies?

Is the policy proposal politically important?

*Conclusion part 2*

Based on the previous information it is possible to decide about performing a HIS. We recommend to motivate the decision. You can use the answers to the questions of part 1 and 2 of the checklist.

**Is it necessary to perform a Health Impact Screening?**

**0 Yes**

**0 No**

Explanation

.....  
.....

# ANNEX 2

## SCOPING

A preliminary draft

December 1999

“When there is a need for further information on the potential health impact, a process of *scoping* helps to judge:

- which potential direct and indirect health effects of the proposed policy, programme or project need to be further considered,
- with regard to which population,
- by which methods, with which resources, with whose participation and in which time frame the further HIA process will be implemented.

In this approach, it is suggested that the scoping process will reveal the need for one of three broad categories of action, which have been named :

- rapid health impact appraisal,
- health impact analysis and
- health impact review.”

### Introduction

The definition of scoping presented above is from the Gothenburg consensus document on Health Impact Assessment. It was developed at an international meeting of Health Impact Assessment – From Theory to Practice, organized by the WHO/ECHP and the Nordic School of Public Health, with the collaboration of the European Commission and participants from across Europe, in Gothenburg, October 1999. The meeting also concluded that there is a need for further international collaboration to develop the consensus document, to collect and analyse experience of the practice and development of Health Impact Assessment and of its role and position in policy making in different public and private sectors. One aspect of this continuing and expanding international collaboration is the development of checklists and other tools for the implementation of the different aspects of Health Impact Assessment.

**This paper is the first attempt by the ECHP/WHO to draft a tool or a checklist for scoping. It is based on only a few published descriptions of scoping and it has not been tested in practice. Thus, it certainly will be totally changed during a forthcoming process of asking for comments, developing it in international working group meetings, testing it in practice and analysing the experience of using other scoping tools. This preliminary draft is prepared for an international meeting on Health Impact Assessment of Integrating in the EU, Budapest 16-18 December 1999.**

## **Purpose of scoping**

The definition indicates that scoping follows a conclusion of screening that a more in-depth health impact assessment is required. The purpose of scoping is to prepare the assessment process that is to follow. This means preparing and making a number of choices between potential alternative options. The outcome of scoping should be a feasible assessment plan that covers the relevant potential health impacts. Although it should be a concrete work plan, it should also allow some flexibility for including additional impacts which may become evident as the assessment process progresses.

## **Basic requirements for scoping**

Five basic things are needed for scoping:

- A description of the proposed project, programme or policy, including background analyses or other preparatory documents if such exist;
- The results of screening, particularly the mapping of the potential health impacts of the different aspects of the proposal;
- Broad knowledge of determinants of health of different population groups and of the potential of policies, programmes and projects to affect the determinants;
- Knowledge of the sector in which the proposal is made and of the opinions and interests of the people potentially affected by the proposal;
- Knowledge and experience of the procedure, methods and tools of health impact assessment.

These requirements indicate that, normally, a team including experts and representatives of the potentially affected people, of the proponent and of the decision makers may be needed for carrying out the scoping phase.

## **The process of scoping**

The time, expertise and other resources needed for scoping depend on the extent, complexity and context of the project, programme or policy in question. If a time and resource consuming assessment process is expected, it may be feasible to proceed in two phases: first a quick scoping and implementation of a rapid health impact appraisal and, second, based on the results of this appraisal, a more thorough scoping for a full scale health impact analysis or health impact review. Scoping may proceed through the consideration of the following questions.

## **Scoping questions**

### ***1. Initial questions***

- What are the aspects of the proposal and the different health impacts, indicated by screening, that need further consideration?

- What is the time frame for assessment, taking into consideration the time frame of the finalization of the proposal being assessed?
- What are the possible human and financial resources which may be available for the whole HIA process?
- How much participation of those interested and/or affected may be sought?
- What kind of expectations about the assessment are there among decision makers, affected people and those who are proposing the project, programme or policy?
- Is the same proposal assessed also with regard to its environmental, economic or other impacts and would it be feasible to do some parts of the assessment jointly?

## **2. Critical choices**

- Scoping of the context of the proposal - often a project is part of a programme, a programme part of a policy and a policy part of a larger policy and policy context. The choice should be made to what extent different aspects of this larger context are taken into consideration
- Scoping of the population – a proposal may directly affect a smaller population and indirectly a larger or other populations. The choice should be made about which population is focused, to what extent the distribution of the potential health impacts within this population will be addressed and whether there is reason to specifically assess the impact on certain vulnerable or other subpopulations
- Scoping of the impacts – it may not be feasible to implement an in-depth assessment with regard to all potential impacts (more and less direct) and within short, medium and long term perspective. Criteria should be chosen to select those impacts that should undergo a more in-depth assessment
- Scoping of the participation – the number of stakeholders and the affected population may be quite great, there are different options for involving them in the assessment process and there may be agreed mechanisms for participation in place. The choice should be made about who are the key stakeholders, which options for participation are used and how the process and the assessments are made transparent and democratic
- Scoping of the use of evidence – normally only already available evidence is used but sometimes also new data may be needed to enable the application of the existing evidence in the specific context and with regard to the specific population affected. The existing evidence may also be more or less easily accessible. The choice should be made about how far reaching efforts are feasible in collecting and applying evidence.
- Scoping of the use of expertise – if the proposal influences many sectors and potentially has many kinds of impacts on the health of many different populations, the choice of experts used also may influence the outcome of the assessment. The opportunities to balance different expert approaches by involving more experts in the assessment team are not limitless. The choice should be made about who are the key experts who may be involved.
- Sometimes the need for broadening or changing the scope becomes evident when assessment is already in progress. Thus, there may be a need for reserving some resources or time for adding other aspects of the proposal, other impacts, other participants, other evidence or other expertise later.

### 3. *The outcome of scoping*

The outcome is a draft terms of reference of the proposed assessment process, including:

- work plan based on the conclusions of the critical choices mentioned above
- budget
- time table
- planned format of the health impact assessment report
- principles of communicating the intermediate and final results to the stakeholders and to the general public
- nomination of the people responsible for carrying out the process

Source: WHO ECHP (1999)