

**The Effectiveness of HIA:
Final Technical Implementation Report**

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Introduction

This final technical implementation report measures the project's success against its aim and objectives as stipulated in the annex to the grant agreement. The final technical implementation report covers the full project period from 15/05/2004 to 30/10/2007¹.

This final technical implementation report is accompanied by two books and a folder that includes a list of annexes and print outs that provide further details and supplementary information on the project and the results to date.

The project started with 17 participants (1 main and 16 associated beneficiaries) from 14 countries². One of the partners had to leave after project year 2 due to an organizational merger. Despite this premature departure, all research tasks were completed. In addition four participants from other countries³ contributed to the project to make the research even more complete. The completion of the mapping exercise has been covered by the interim reports. Annex I provides an overview on the completion of the effectiveness analysis and the case studies.

The project's success measured against the project's aim and objectives

The overall aim of the project was to map the use of HIA, evaluate its effectiveness and the determinants of successful implementation. In order to operationalize this overall aim, five specific objectives were formulated, which will be discussed in the following sub-sections of the final technical implementation report.

This section, however, shall briefly address the overall aim to explore and analyze the effectiveness of HIA.

¹ The project period includes the cost-neutral extension which was granted as derogation from the originally agreed 36 month project period.

² Belgium, Denmark, Finland, Germany, Hungary, Ireland, Italy, Poland, Spain, Slovenia, The Netherlands, Slovakia, Sweden, United Kingdom (England, Northern Ireland and Wales).

³ In addition to the associated beneficiaries, teams from Austria, Lithuania, Malta, and Switzerland joined the research.

The overall aim has been fully achieved. A clear and differentiated answer is given in the book on “The effectiveness of health impact assessment: Scope and limitations of supporting decision-making in Europe” (Annex III(a); see chapter 2): HIA is effective with some limitations. These limitations relate to the way HIA is implemented but they also relate to the nature of inter-sectoral decision making. In most cases, even the best result will be a compromise between different objectives in policy making, unless there is a clear win-win situation. The chapter also carefully discusses the robustness of the evidence and the unavoidable limitations of the case study methodology.

The book has been published only in October 2007. It has, already attracted considerable attention both in the research community and from policy makers. In this regard we would like to refer to the declaration of the Ministerial Conference on Health in All Policies in Rome 18 December 2007, in which the book and its insights were quoted in a prominent way (Annex II(h)).

Objective 1: To map the use of health impact assessment in Member States and accession countries

This objective has been fully achieved. The development of the conceptual framework, the application of methodologies, including questionnaire based international and domestic literature reviews, the development of a secondary data collection, and the posting of the data on the Observatory web-site for maximum transparency has been covered in the first interim report.

Tangible deliverables are two chapters focusing on the core results of the mapping exercise. In this regard we would like to draw attention to

- chapters 11 and 12 in the volume on Health in All Policies (Annex III(c))
- the revised reprints in the volume on “The effectiveness of health impact assessment: Scope and limitations of supporting decision-making in Europe” (Annex III(a))
- the prepared translation of chapter 12 into French (Annexe III(f))
- the prepared publication of both chapters in the Spanish translation of the book (Annex III(g)).

The mapping exercise produced goes well beyond what was stipulated in the grant agreement:

- **Country coverage:** It was planned to cover 15 countries⁴. We have, however, covered 19 countries
- **New Member States coverage:** the call for proposals emphasized the inclusion of the then accession countries⁵. According to the proposal it was planned to include Hungary, Poland, Slovakia and Slovenia in the mapping. We have, however, been able to cover in addition Lithuania and Malta.
- **Focus of the mapping exercise:** Instead of producing a simple map on the prevalence of HIA, we have produce two complementary mappings, one on the use and a second on implementation of HIA.
- **Level of detail:** The themes of the mapping exercise included the use of HIA definitions and terminology; differences in aims and values assigned to HIA; equity and participation: HIA in settings in terms of levels (national, regional, local) and sectors; differences in timing, stages and types of HIA. In addition, the embeddedness of HIA in health systems functions such as governance, financing resource generation and delivering was mapped.
- **Case studies:** In order to make the results of the mapping exercise more accessible and we have included in the published mapping exercises 10 case studies in boxes.

In conclusion, the project produced the conceptually most sophisticated, methodologically most rigorous, thematically most detailed and country wise most comprehensive mapping exercise on the use and implementation of HIA in Europe.

Objective 2: To map the use of other impact assessment methodologies that include health

This objective has been fully achieved. The questionnaire based literature reviews in the countries included a separate dimension covering 5 items on health in other assessments. These data were posted on the web and subsequently included in the publication.

⁴ Please note that one participant was covering Ireland and Northern Ireland, while England and Wales were covered by separate

⁵ As the proposal was written and submitted in 2003, the term accession countries was used.

All what has been said about the mapping exercise in the preceding section applies to this section equally. In addition, it should be noted, that the results of the mapping exercise, which showed that health in other assessments is an important issue, prompted us to include health in other impact assessments in our effectiveness analysis (Annex III(a); see Part 4, case studies 10-11).

Objective 3: To analyze the factors that enable or hinder the implementation of HIA

This objective has been fully achieved. Based on an international literature review, we developed a framework to analyze factors that enable or hinder the implantation. This framework builds on three types of factors:

- Inputs: political intervention, Legal/administrative procedure, community pressures
- Processes: Policy cycle, HIA stages, community dynamics
- Contextual factors

The conceptual framework, its application in empirical research and a summary of the results can be found in the book on “The effectiveness o health impact assessment: Scope and limitations of supporting decision-making in Europe” (Annex III(a)).

Objective 4: To develop a set of indicators to measure the implementation

This objective has been fully achieved. Two sets of indicators with regards to implementation were developed:

- The first indicator signals how effective the HIA was conducted. A distinction was made between four different types of effectiveness (direct, general, opportunistic and no effectiveness).
- The second set of indictors relates to the circumstance necessary to implement an HIA effectively.

Both sets of indicators were employed in the case studies in the book on “The effectiveness of health impact assessment: Scope and limitations of supporting decision-making in Europe” (Annex II(a)).

Objective 5: To disseminate the findings to improve the use of HIA in the decision making process in the Member States

An overview on the communication and dissemination activities is provided in Annex VI. The following subsections will only focus on major publications and events.

Publications

The project has edited, written, and published the following items:

- A project announcement in the European Journal of Public Health (covered in one of the interim reports; Annex VI)
- A project brief in Eurohealth (available online; covered in an interim report; Annex VI)
- A distinct part in the scientific background publication for the Finnish EU Presidency “Health in all policies: prospects and potentials”. This part includes 4 chapters (Annex III(c))
- A book titled “The effectiveness of health impact assessment: Scope and limitations of supporting decision-making in Europe” (Annex III(a)). Please note that the book is available on the internet for free (Annex II), or can be order through the WHO publication service (Annex III(c)).
- The same book is being translated into Spanish (Annex III(g))
- Chapters from the book are under translation for the franco-canadian journal *Télescope* (Annex III(g))
- An issue of the Italian Public Health Journal (Annex III(d) and III(e))

Face-to-face dissemination

We have intensively and targeted disseminated preliminary and final research results of the project through international scientific workshops and book launches:

- Scientific workshop at the Annual Conference of the International Union for Health Promotion and Education (IUHPE) Stockholm, 2005 (covered by interim report; Annex VI)
- Scientific workshop at the Annual Conference of the European Public Health Association, EUPHA, Montreux 2006 (covered by interim report; Annex VI)
- Scientific workshop at The 7th international Health Impact Assessment Conference in Cardiff, 2006 (covered by interim report; Annex VI)
- Technical book launch at the 8th international Health Impact Assessment Conference in Dublin, 2007 (Annex IV(a))
- Policy oriented book launch organized in Brussels 2007 (Annex IV(b))
- The book and the project was also omnipresent at the International Meeting on Health and Health Systems Impact Assessment conducted under the Portuguese Presidency, Lisbon 2007 and at the Ministerial Convergence on Health in All Policies, Rome, 2007 (Annex VI).

In addition to the international events, project partners organized scientific workshops and conferences for domestic audiences as for example the scientific workshop on HIA (Annex VI)

It should also be mentioned that there are future activities which draw heavily on the results of the project and the member of the network. An example for such an activity is the International Policy Dialogue and the Andalusian workshop on HIA planned which will take place in February 2008.

Web-site

The observatory has put online comprehensive web-pages on the key publication, the data, the network and the project in general (Annex II)

Final remarks

This project has contributed to advancing policy relevant knowledge on Health Impact Assessment as a part of the Health in All Policies Agenda. We firmly believe that this project has been successful in terms of delivering on the objectives and in terms of being useful for the research community, practitioners and policy makers, both on the European level and in the Member States.

We are therefore most grateful for the financial contribution and the technical and administrative support we received from the Commission. Without this support the achievements documented in this final technical implementation report would have been impossible to make.

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