

Intersectorality and use of evidence in 6 EU-funded HIA projects

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Outline

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„Work in progress“



1. Intro

HIA – European (and global) dynamics:

(1969 NEPA, 1972 Stockholm conference)

1985 EC directive on EIA

1989 Frankfurt conf., European Charta “E&H”

(1992 Rio conference, Agenda 21)

1992 Treaty on EU / Maastricht

1997 EU Treaty of Amsterdam

1999 Gothenborg conference on HIA

2006-I Finnish EU presidency, incl. “HiaP”

2007-II Portuguese EU presidency, incl. “H(S)IA”



EU treaties

1992 Treaty on EU / Treaty of Maastricht

TITLE X: PUBLIC HEALTH

Article 129

1. The Community shall contribute towards ensuring a high level of human health protection ...

1997 Treaty of Amsterdam

Article 129

1. A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities...



2. Study objectives

Overall objective:

- to exploit the combined experiences of EU-funded HIA projects

Specific objectives:

- to compare the EU-funded international projects on HIA (commonalities and differences)
- to synthesize results, experiences, outputs
- to draw conclusions for the future development and practice of HIA in the EU



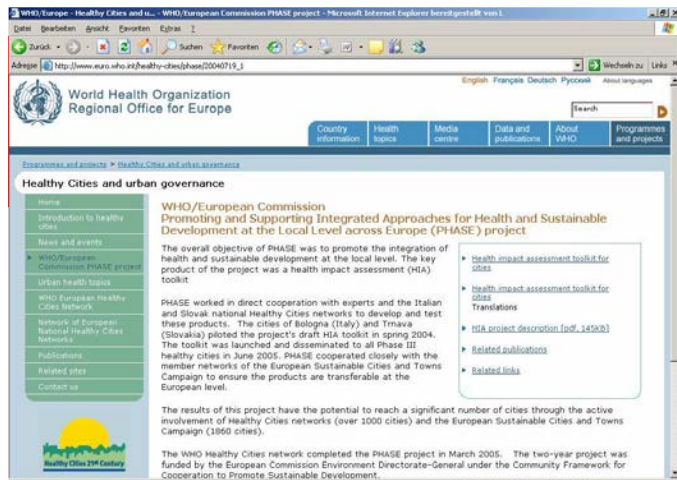
3. Methods

- a) Search of EU documents; criteria: “HIA”, EU-funded, international, completed by (/before) 2007
- b) Synoptic comparisons incl.:
 - main thrusts of the projects
 - topics covered in sample HIAs of the projects
 - “intersectorality” in HIAs
 - “use of evidence” for HIAs
- (c) Negotiating conclusions)



4. Results: Projects identified

1. Air Pollution and Health: European Information System: **APHEIS**, 1999-2003
2. European Policy HIA: **EPHIA**, 2001-2004
3. Promoting and Supporting Integrated Approaches for Health and Sustainable Development at the Local Level across Europe - HIA: **PHASE**, 2003-2005
4. Establishment of Environmental Health Information System Supporting Policy Making: **ENHIS**, **Work package HIA**, 2004-2007
5. The **effectiveness of HIA**, 2004-2007
6. HIA in New Member States and Accession Countries: **HIA NMAC**, 2005-2007



PHASE

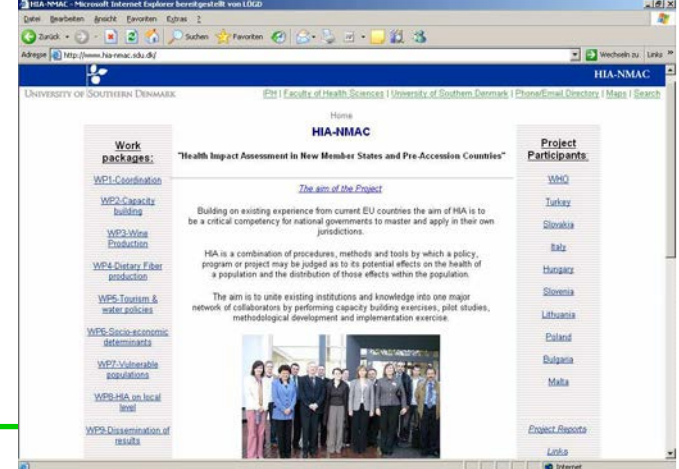
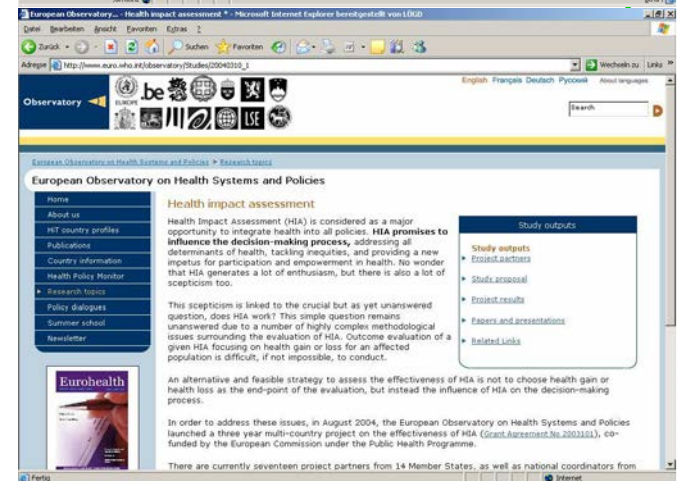
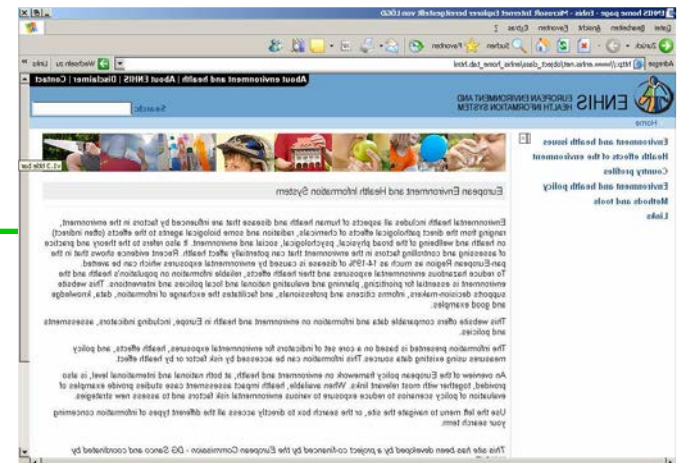
ENHIS,
WP HIA

EPHIA

HIA
effect.

APHEIS

HIA
NMAC





Projects: Main thrust is to ...

APHEIS: ... **transfer expertise** from research to air quality management and public health action

EPHIA: ... support the assessment of **EU policies**, espec. to establish and communicate HIA **guidelines**

PHASE: ... develop an HIA **toolkit** for practitioners and for decision-makers

ENHIS, WP HIA: ... develop and test **methods** for HIA of selected environmental factors

HIA effect: ... **map the use** of HIA in member states and accession countries; to assess the factors that **enable or hinder** ...

HIA NMAC: ... consolidate HIA **networks** in Eastern Europe, strengthen HIA **capacity** ...



Projects: sample HIA topics

APHEIS: ... outdoor air pollution

EPHIA: ... European Employment Strategy; national adaptations UK, IRE, NL, D

PHASE: ... (i) “Last minute market”, Bologna, IT, (ii) children’s playground, Trnava, SK

ENHIS, WP HIA: ... selected environmental factors, e.g. environmental tobacco smoke, traffic noise

HIA effect.: ... urban development, CAP adoption, transport projects (17 case studies)

HIA NMAC: ... CAP (wine / dietary fibre production), tourism, recreational water policies



Intersectorality

Meaning of “**sector**”:

- societal / governmental, e.g. health, social, env.
- public / private
- political, governmental / administrative / scientific / stakeholder (developer, user, impactee)

Dimensions of “**intersectorality**”:

- ... of **topic**: nearly always multiple “sectors” touched
- ... of **stakeholders**: nearly always multiple “sectors” represented
- ... of **assessors**: “unisectorial” to “multiple”
- ... of **methods**: “biomedical” to “social sciences” to ...



Intersectorality, ctd.

Examples of groups involved:

APHEIS:

17 project partners, incl.: 12 health-medical, 2 (regional) governments

5 advisory group members, incl. 3 health-medical; additional advisory groups on: exposure assessment, epidemiology, biostatistics, HIA, public health

EPHIA: For each of the 5 HIAs, institutions invited to participate included 3 sectors: (i) employment, economics, industry, (ii) health, (iii) environment / other



Intersectorality, ctd.

HIA NMAC: (Objective:) Develop a network of collaborators ... both on academic field and on field of daily routine work across broad range of topics...

ENHIS: Expert meetings, providing methodological and technical support; partnership with networks of local authorities

PHASE: Project partners = Italian Healthy Cities network, Association of Healthy Cities of Slovakia; numerous other networks ->



PHASE

Partnership with “European Sustainable Cities and Towns Campaign” (1860 localities, 10 networks):

- ▶ Association of Cities and Regions for Recycling (ACRR)
- ▶ Climate Alliance
- ▶ Council of European Municipalities & Regions (CEMR)
- ▶ Energy-Cités
- ▶ Eurocities
- ▶ International Council for Local Envir. Initiatives (ICLEI)
- ▶ Medcités
- ▶ Union of the Baltic Cities (UBC)
- ▶ WHO-Healthy Cities Project (> 1000 Städte)
- ▶ World Federation of United Cities (FMCU-UTO)



Intersectorality, ctd.

Example of experiences - EPHIA /D (similar: /EU):

- HIA procedure was relatively unknown -> highly limited availability of partners (for advisory group) already familiar with HIA
- EES as an issue cutting across sectors - > problems of “whose topic is it” -> partners withdrawing from involvement



Use of evidence

“Evidence” = ? Not all data / information is evidence

“Evidence” implies critical (systematic, quality-assured) evaluation of associations of relevant parameters, based on a theoretical framework (e.g., causal health determinants)

Example “EMF”: evidence that a fraction of people is being concerned about their health if they know they are exposed; generally, no sufficient evidence for objective health effects



Use of evidence, ctd.

APHEIS:

Quantitative: use of monitoring air pollution; exposure estimation (trends in Europe over time), dose-response estimation, based on meta-analysis of studies, risk assessment: estimation of attributable numbers of persons affected

Qualitative: face-to-face interviews with group of government decision and policy makers; APHEIS network of 31 European cities: agreement on standard procedures

EPHIA:

Qualitative: document and literature (content) analyses, group discussions, interviews

Quantitative: profiling of countries and EU; modeling health effects of, e.g., “work flexibility”



Use of evidence, ctd.

PHASE:

Qualitative: document and literature analyses, group discussions, interviews

ENHIS WP HIA:

Qualitative: Experts' consultation on scientific and practical evidence; literature reviews

Quantitative: use of environmental health indicators (cf. other WPs of project); exposure estimation; dose-response estimation, risk assessment: estimation of attributable numbers of persons affected



5. Discussion

“Work in progress”, but already recognizable that these 6 projects created a wealth of experiences on HIA

The projects varied (highly) with respect to:

- “intersectorality” in the HIAs, incl. the approaches chosen and the priority given, e.g., to participation
- “use of evidence” in the HIAs, incl. the criteria for accepting data / information (qualitative, quantitative) as “evidence”



Discussion, ctd.

Depending on topic, objectives, country-specific situation etc., each HIA faces challenges re:

- intersectorality of topic / stakeholders / assessors / methods
- use of evidence

Specific solutions need to be found for each new HIA, often as a compromise (neither “mono-sectorial” nor “all-encompassing”; neither “risk assessment only” nor “any data will do”)

The synthesis of the 6 EU-funded HIA projects is expected to contribute to appropriate, individualized HIA solutions.