

Five concerted HIAs concerning the European Employment Strategy (EES) and its country-specific adaptations – The EPHIA project

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Context:

The HIA literature does not contain many examples of “concerted” HIAs, based on an agreed methodology and covering identical or closely related topics.

EPHIA project:

The European Policy Health Impact Assessment (EPHIA) project provides 5 such HIAs: one concerning the European Employment Strategy (EES) on EU level, and the other ones concerning country-specific adaptations.

The main objective was to develop and pilot a generic methodology for HIAs of EU policies. The project design consisted of reviewing existing approaches, drafting a generic methodology, piloting it with a selected EU policy, and refining it accordingly.

This analysis:

With respect to these 5 pilot HIAs, we look at:

- participatory and other methods; recommendations; selected quantitative report characteristics (tab. 1)
- report composition: pages (fraction of total) per topic (fig. 1)
- intersectorality: institutions invited to participate in the stake-holders / key informants groups, stratified by “employment, economics, industry”, “health”, and “others, incl. environment” (tab. 2)
- use of evidence, distinguishing between stakeholder involvement, documentary / literature analysis, and secondary data analysis, modeling (tab. 3).



Table 1: EPHIA pilot HIAs: Synopsis of selected aspects

	UK	IRE	NL	D	EU
Participatory methods	Key stakeholders & informants: >20 invited; interviews	Key stakeholders & informants: 11 invited, 9 attended	Steering gr.: 8 persons / institutions	Key stakeholders & informants: 8 invited, 5 attended	Key stakeholders & informants: c. 15 invited; interviews
Other main methods	Doc. / lit. analysis (203 ref.); impact matrices	Doc. / lit. analysis (123 ref.)	Doc. / lit. analysis (64 ref.); telephone interviews	Doc. / lit. analysis (61 ref.); quantitative modeling	Doc. / lit. analysis (151 ref.); impact matrices
Recommendations	6 overall, with 38 specifications	---	1 general, 5 specific; reflection on methodology	3 overall, with 6 specifications	6 overall, with 29 specifications
Report	125 pp., 27 tab., 19 fig.	60 pp., 21 tab., 2 fig.	63 pp., 8 tab., 4 fig.	91 pp., 8 tab., 23 fig.	107 pp., 14 tab., 41 fig.

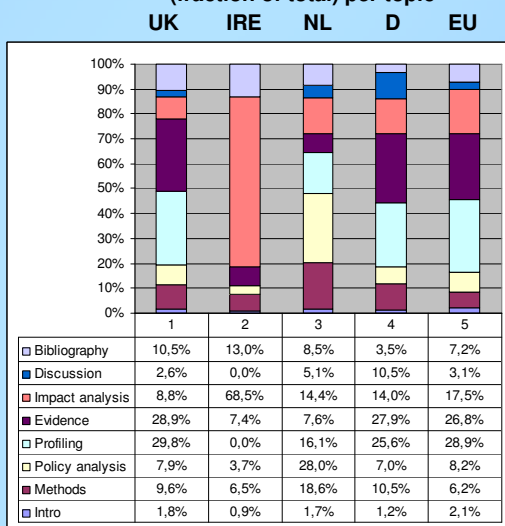
Table 2: EPHIA pilot HIAs: Intersectorality - Institutions invited to participate

Sector	UK	IRE	NL	D	EU
Employment, economics, industry	Confederation of British Industry, Trade Union Congress, et al.	Dp. of Enterprise; Services Industrial Professional & Technical Union, et al.	Ministry of Social Affairs and Employment; Federation of Trade Unions	EES expert, Unemployment Association, Federal Ministry of Economics & Labour	DG Employment, DG Economic Affairs, European Trade Union Confederation, et al.
Health	Health Development Agency	Deputy Chief Medical Officer; Institute of PH, et al.	Nat. Health Inspectorate; Royal Dutch Medical Ass.; RIVM	Environmental health expert, Federal Ministry of Health	European Disability Forum, University College (London)
Other, incl. environment	Dp. Education & Skills, Dp. for Environment, Eurofound, et al.	Equality Authority; National Disability Authority, et al.	National Patient & Consumer Federation, et al.	Ministry for Environment, EU politics expert	European Women's Lobby, Eurofound

Table 3: Use of evidence – Priorities given to different approaches

Approach	UK	IRE	NL	D	EU
Stakeholder involvement	1 st	2 nd	1 st	3 rd	± equal priorities for all 3 approaches
Documentary / literature analysis	2 nd	1 st	2 nd	2 nd	
Secondary data analysis, modeling	3 rd	---	3 rd	1 st	

Figure 1: Report composition – pages (fraction of total) per topic



Conclusions:

This set of HIAs on rather similar topics and based on a commonly agreed (i.e. EPHIA) methodology, provides an indication of **variation** in the handling of HIA methodology in practice.

The variation can be interpreted in various ways, including:

- positive **adaptability**, i.e. allowing for adaptations depending, e.g., on the specific circumstances and/or stakeholder positions and expectations
- „**diversity**“ due to cultural factors including, e.g., variations in training, experiences and preferences of HIA teams.

With HIA being „**art and science**“, HIAs conducted by different teams certainly don't have to fully agree. But in order to constitute relevant input for decision-making, certain levels of „objectivity“, independence from team preferences as well as reliability and validity will be expected.

More research is needed into the following questions:

- how to measure “**agreement**” (~ reliability) and “**rigour**”(~ validity) of HIAs?
- what levels of “agreement” and “rigour” do exist **in practice**? what are their **determinants**?
- what levels of “agreement” and “rigour” do **decision-makers expect** from HIAs? **what works best** to promote healthy policy?

EPHIA website:

<http://www.ihia.org.uk/ephia/home.html>

EU website:

http://ec.europa.eu/health/ph_projects/2001/monitoring/monitoring_project_2001_full_en.htm, incl.:
Executive summary of the final report (121 KB)
Final report, August 2004 (749 KB)
Annex 1: Pilot HIA of the EES in Germany (1.1 MB)
Annex 2: Pilot HIA of the EES in Ireland (618 KB)
Annex 3: Pilot HIA of the EES in the Netherlands (949 KB)
Annex 4: Pilot HIA of the EES in the United Kingdom (1.5 MB)
Annex 5: Pilot HIA of the EES in the European Union (4.1 MB)
Annex 6: European Policy HIA (EPHIA): a guide (431 KB)

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