

Health stream at IAIA 2004: an HIA 'kaleidoscope'.

What technical means do we have to carry out Health Impact Assessment?

How do we communicate with policy makers, with the public, or other stakeholders?

How can we mainstream health in other Impact Assessments?

What quality criteria should be applied to Health impact assessment?

How can we evaluate product, process, and impact of HIA?

And... What do we really mean when talking about health impacts?

These are just some of the many topics discussed in this year's IAIA health stream. In eight sessions papers were presented and workshops were run. The average number of participants in sessions was 30.

Some impressions:

Basics in HIA were central in the workshop on 'International Principles and Practice of HIA'. Carlos Dora of the WHO has co-ordinated the drafting of a paper, which was discussed in the health stream. The results of the discussion will be valuable input for further development of this work.

An interesting presentation concerned the 'Health Counts' project. Jonathan Mathers explained how indicators were developed that link up to how communities define health and how they perceive the main determinants of health. One of the methods applied was to compare citizen's definitions with those expressed by professionals. The set of indicators developed can be called 'community based'. Interestingly enough, the definitions given by citizens, although often worded very differently, were in many cases not essentially different from those given by professionals.

This qualitative approach contrasted with the 'hard' methods applied, in a risk assessment of an industrial wastewater treatment plant in Oklahoma City. Freddie Hall explained how in this assessment air dispersion modelling was used to determine the risk for the surrounding communities. Although this was a very technical exercise, communication with the community was an important -and well-organised- aspect of the project.

Integration of different Impact Assessment disciplines was a central topic. An example was Decharut Sukkumnoeds presentation about integrating HIA and economic impact assessment. Very often combining the two boils down to translating health gain or damage into monetary terms. If we wish to truly integrate we face a number of challenges, such as: replacing 'willingness to pay' by 'willingness to listen and learn', and reconciling the importance of long-term and irreversible health impacts with discounting commonly applied in Economic Impact Assessment.

Integrating HIA in SEA was seen as a opportunity for progress: Suphakij Nuntavorakarn argued that HIA is usually project-based and can therefore do little to change underlying broader policies, while SEA takes place on exactly this policy level. Moreover, SEA is a legal requirement and can therefore be very helpful to put health on the policy agenda, said presenter Ben Cave.

In some cases there is a legal basis for HIA. However, this does not mean that in such cases the life of an HIA practitioner is easy. Reiner Bankens presentation about HIA institutionalisation in Quebec showed that good negotiation and communication skills are still necessary for effective HIA application. It is helpful if there are HIA 'champions' under the policy makers. An example was the HIA on agricultural policies following EU membership in Slovenia, presented by Karen Lock. Without the enthusiasm of the Ministries of Health and Agriculture, the HIA would have been much less successful.

Besides enthusiasm, expertise is needed for HIA implementation. An overview of WHO-led HIA training activities in the European region was given by Marco Martuzzi. His presentation led to the initiative to spend an 'indaba' session on discussing how training activities can be better co-ordinated.

One whole session was spent on the evidence base for HIA. Participants discussed the content, format and presentations of guidelines for conducting systematic and rapid reviews of evidence for use in HIA.

Last but not least, evaluation was a health stream topic. Jayne Parry told us about a European project to develop evaluation criteria. These criteria are derived from the 'Gothenburg' definition of HIA and relate to: information (informed decision-making), prediction (evidence basis), participation, and influencing policies/projects. Besides developing criteria, we need to think about ways to implement evaluation. In his presentation, Rob Quigley told us that in the UK, evaluation is often not carried out well. This is often due to circumstances such as high workload or a lack of funding. Therefore the matter is how to change these circumstances. A strategy could be to make evaluation an integral part of the HIA work plan.

In the workshop on evaluation, led by Lorraine Taylor, Rob Quigley, and Marleen Bekker, participants discussed how they carried out evaluation in practice:

- Process evaluations: what worked and what did not work?
- Effect evaluations:
 - * What effect did the HIA have on health?
- * What effect did the HIA have on the policy or project?
 - * Did stakeholders (especially decision-makers) change opinions or attitudes due to the HIA?

The workshop led to the plan to draft a 'cook book' for HIA evaluation.

These are just a few examples of the many interesting contributions in the health stream. Moreover, health section members did not remain within their 'own' stream. They also presented their papers in other streams, such as the stream on decision-making and the 'oil and gas' stream, or visited other stream's sessions. In many cases this resulted in an interdisciplinary exchange from which both sides could learn.

The health section looks back on a successful IAIA 04 and looks forward to an inspiring IAIA 05!

Lea den Broeder, May 2004