

Editorial

Introducing Health Impact Assessment (HIA) in Switzerland

Dr. Jean Simos is Adjunct Director of the Health Department of the Canton of Geneva, Switzerland

*In the Spring of 1994, we were in the process of adding the finishing touches to Geneva's Application for the European **Healthy Cities** Network sponsored by the World Health Organisation (WHO). In order to better familiarise ourselves with the practical aspects of what actual involvement the implementation of such a programme meant for local authorities, we called on our colleagues in Rennes who already had considerable experience in this area. What struck me immediately during our discussion with Annette Sabouraud, the Mayor's Assistant in charge of the project, was the realistic long term objective she had set for the Healthy Cities Programme for her city: see to it that any decision taken by the City Council is in line with or even improves the population's health. They were already considering using "a grid through which all Council decisions would be analysed from a health and social point of view before being implemented". A decade later, with the change in mentalities deriving from the knowledge and the experience gained, this objective can be met in the medium term due to advances in the field of methodology and a favourable configuration of the institutional context. The methodology that allows us to envisage – with reasonable optimism – this extraordinary and promising prospect is the **Health Impact Assessment (HIA) Process**.*

HIA is a set of procedures, methods and tools, that ensure that a law, a public policy, a programme or a project is assessed according to its potential impacts (positive or negative, direct or indirect) on the population's health. It also takes into consideration how the impact is dispatched throughout the population (European Centre for Health Policy 1999)

*HIA must be considered as **a tool to facilitate decision-making** since it offers the possibility to minimise negative impacts and to strengthen beneficial effects on health before the decision-making process is completed. At the same time,*

it helps to better inform decision-makers and planners and it improves the transparency of the process for the benefit of the public.

*In most cases, it applies to objects outside the field of health in a strict sense. Thus, it is a powerful means for cooperation between sectors. It is built on an approach based on **health determinants**, it takes into account data provided by actors coming from non-health areas and it also raises their awareness.*

There are six major stages in the HIA Process:

- **Screening** which determines whether or not a HIA should be carried out
- **Scoping** which sets the terms of reference for the HIA
- **Appraisal** which assesses the proposal's potential to affect health, either positively or negatively
- **Reporting** which conveys the findings of the assessment and includes the evidence base
- **Decision-making** which prompts decisions about changing the proposal to minimise the negative impacts and maximise the positive impacts
- **Monitoring and evaluation** which assesses the extent to which the changes to the proposal have been made and evaluates the HIA process itself as well.

The HIA concept is greatly inspired by the Environment Impact Assessment (EIA) concept. The latter either has a legal basis or else is integrated in the institutional procedures of over 100 countries. The general concept of EIA explicitly includes the possibility of considering effects on health as well, but actually almost all institutional procedures assess these health effects only marginally if at all. The WHO, the World Bank and other International Organisations have endeavoured to take these social sanitary effects more into consideration in their assessments.

There recently was an opportunity with the Strategic

Environmental Assessments (SEA) introduced by the European Union Directives¹ in 2001. Unlike the EIA, the SEA address objects located at a higher planning level (politics, programme, ...) than the isolated projects alone. The Swiss Confederation has been considering the introduction of the SEA since 1997, but only the Canton of Geneva ventured a regulatory basis². For the time being, the SEA have managed to avoid the pitfalls resulting from too rigid a formalisation which have driven the EIA to fail much too often. Depending on viewpoints, detractors of nit-picking bureaucracy consider that the EIA either produce no added value for decision-makers or that it is a basic curb to economical expansion or just a plain alibi.

As an example of their implementation with a legal basis, Quebec introduced the HIA principle by way of Article 54 of its recent Bill on Public Health. No European country has any equivalent legal foundation at its disposal yet, but certain countries (United Kingdom, Ireland, Germany, Finland, Hungary, The Netherlands, and Sweden) have shown a strong commitment to implement HIAs at different levels (national, regional, local). Within its European Healthy Cities Network, the WHO decided to make it one of its three main topics of Phase IV (2003-2007).

What is the situation in Switzerland?

This question is the main reason why this forum was put up: we are still at the early stages and preliminary contacts of HIA. People need to know what has already been done in Switzerland, which are the various actors and networks and which are the connections between them. This information gap determined the choice of the contributions presented in this issue of SPM.

In 2003, the Federal Department for Public Health launched a process focused on the multidimensional health policy, which ties in with the HIA to a certain degree (impact on health deriving from other policies). Health Promotion Switzerland also evinced interest and on 19 October 2004 co-organised a meeting in Bern on this topic. This affirmed

the interest shown by several parties but also pointed out that there is still a long way to go before Federal mentalities can be changed. In the end, it's at the cantonal level that the most accomplished initiatives and promising efforts can be found. Already in 2003, the Swiss conference of cantonal ministers for health and social affairs adopted a first frame document³ but left it to its members to take the initiative. Ticino (Frei & Casabianca 2006, this issue) and Jura (Litzistorf Spina 2006, this issue) are acting as pioneers in this area while Fribourg included the concept in its Cantonal Legislation. A "Latin platform of coordination" was set up and obtained the support of Health Promotion Switzerland. Implementing HIA is also one of Geneva's main priorities – and not only because it is a member of the WHO European Healthy Cities Network. Its future Bill on Health, currently with the Grand Council (local parliament), should provide the legal foundation. While waiting for a decision from the legislator, health authorities are promoting a pragmatic approach:

- *Fit the HIA approach into the SEA, which is also a new approach not yet fully in line with the culture of the canton, and*
- *Experiment with a complementary approach involving protection against passive smoking in public areas such as restaurants.*

The latter strategy is being pursued further in a similar effort undertaken by Brighton (Scanlon et al. 2006, this issue), a Healthy City. The former is based on an important urbanisation framework under development in the rural part of the canton of Geneva (Simos & Arrizabalaga 2006, this issue). In this way, we hope to prove that HIA represents a valid aid in decision-making in urban planning. Furthermore, it could be developed with the prospect of integration into a holistic process which examines the compatibility of a decision with sustainable development.

Jean Simos

¹ and generalised by the SEA Protocol (United Nations Economic Commission for Europe 2003).

² K 1 70.05 – Implementing Rules for the Federal Decree on the environment impact assessment, OEIE.

³ elaborated by P. de Herdt

References

European Centre for Health Policy (1999) Health impact assessment: Main concepts and suggested approaches. Gothenburg consensus paper. Brussels & Copenhagen: ECHP & World Health Organization, Regional Office for Europe.

Frei K, Casabianca A (2006) Health Impact Assessment: how Ticino Canton makes health a common issue. *Soz Praventiv Med* 51(3): ●●-●●.

Litzistorf Spina N (2006) Les études d'impact sur la santé: encore une nouvelle illusion pour devenir plus efficient ou un réel outil d'aide à la décision? *Soz Praventiv Med* 51(3): ●●-●●.

Scanlon TJ, Lawrence L, Blair-Stevens T, Nichols S (2006) A programme for Health Impact Assessment in Brighton and Hove. *Soz Praventiv Med* 51(3): ●●-●●.

Simos J, Arrizabalaga P (2006) Utiliser les synergies entre évaluation environnementale stratégique (EES) et évaluation d'impact sur la santé (EIS) pour promouvoir la prise en compte de l'environnement et de la santé dans les processus décisionnels publics. *Soz Praventiv Med* 51(3): ●●-●●.

United Nations Economic Commission for Europe (2003) Protocol on strategic environmental assessment to the convention on environmental impact assessment in a transboundary context. Geneva: UNECE. <http://www.uncece.org/env/eia/documents/protocolenglish.pdf>.

Address for correspondence

Dr. Jean Simos
Directeur adjoint
DASS – Direction générale de la santé
Av. de Beau-Séjour 22-24
1206 Genève
Tél.: +41 22 839 98 30
Fax: +41 22 839 98 50
e-mail: jean.simos@etat.ge.ch



To access this journal online:
<http://www.birkhauser.ch>
