

## 【考察】

HIA とは、提案された政策、施策、事業によって生じる可能性のある健康影響や健康事象に関連するあらゆる要因（医学生物学的、社会的、環境的、経済的など）の変化、及びそれらの影響を受ける集団を認識することによって、健康影響に関する便益を促進し、かつ不利益を最小にするように、提案された政策、施策、事業を最適化していく一連の過程とその方法論のことである(37)。既に欧州においては空港、ダム、廃棄物埋め立て処分場の建設などの大型事業や、都市計画、雇用、住宅供給政策など、多くの分野において HIA が実用されている

HIA が普及した背景として、近年の社会疫学や健康格差といった分野の研究成果から、社会経済状況、文化、環境、住宅、労働、社会や地域の特性、収入の格差などが健康を規定する強力な要因であることが認識されるようになったことが挙げられる(19, 20)。したがってこれらの要因に系統的に影響を及ぼす政策や政治的判断は、社会的な健康規定要因を介在して、最終的には集団の健康に直接、間接的に影響を与える。さらに、このように集団の健康に強く影響を及ぼす政策の多くが、経済、産業、住宅、交通、農業、教育やその他の「健康とは関係のない政策分野」の領域にある。HIA が狭義の保健・医療政策以外において重要性を強調されるのはこのような背景からである。

著者らが知り得る限り、国内においては HIA が活用された事例はない。そこで本研究では、自律的な労働時間制度に関する HIA を実施して、関係者間における当該政策形成の議論に資するとともに、国内における HIA のケーススタディとして提示することを意図した。また、HIA の性格上、対象となった政策や制度については中立の立場をとっており、従って本研究は「新しい自律的な労働時間制度」の導入に対しての賛否に答えるものではない。目的は、新制度が導入されるにあたって予想される健康影響を予測し、健康影響の観点から検討の方向性を示すことにある。

Evidence の評価および利害関係者の意見において優先度の高い論点は、新しい自律的な労働時間制度が長時間労働を助長する可能性についてであった。従って、新しい労働時間制度においては、新制度の対象となる労働者が結果として現行法の労働時間と同程度になるような調整の枠組みが、健康影響を配慮する上では必要である。ただし、この新しい労働時間制度における労働時間抑制の枠組みは、労働時間の算出するための期間や設計においてより自由度が高いものであることが考えられる。一方で、新しい労働時間制度によって、労働時間が短縮する可能性を指摘する意見もあった。従って、このような制度の導入の影響については諸外国の事例も参考としてさらに検討が必要である。いずれにしても制度導入時には、労働

時間が結果的に長時間労働とならないような制度の仕組みが必要である。

また新しい自律的な労働時間制度によって、家庭機能や社会生活への影響も予想された。自律的な労働時間制度が、家庭機能や社会生活に良い影響を与えるか、不利益を与えるかは、労働者個人の特性、家族構成、ライフステージなどにおいて異なる。このことは、必ずしも会社における労働者の立場や業務内容のみで決まるものではないことを意味する。新制度が導入される場合は、労働者の立場、職務内容、収入など雇用上の要件のみで対象者が選定されるのではなく、家族構成などにも配慮された上で、労働者の自由な選択が担保される必要がある。一方、「労働契約法制及び労働時間法制の在り方について(案)」や経団連のホワイトカラーエグゼンプションに関する提言でも、制度導入要件として労使協定の締結や労使委員会の決議を基本としている(1, 7)。労使の協議が労働者の意見のある程度反映するものであっても、労使の協議に基づく一律的な制度の適用は、労働者個人の選択を阻む懸念がある。

仕事の裁量度は、自覚的健康度や抑うつ、睡眠障害および循環器系疾患と関連が強いことが多くの研究において報告されている。仕事の裁量度の拡大という点においては、新しい自律的な労働時間制度によって概ね良い方向の便益が得られると予想される。しかしながら、現行法にあっても十分に自律的な労働が可能であるという利害関係者らの主張がある。これに対して、例えば日本経済団体連合会の「ホワイトカラーエグゼンプションに関する提言」においては、現行の裁量労働制や変形労働時間制、フレックスタイムの適用範囲の狭さや、運用の煩雑さによる導入の困難さのため、労働者が自律的に働けるような環境が十分に整備されていないと主張している。しかしながら、新しい労働時間制度によってどの程度、現行法以上の自律的な労働が可能になるかの説明は報告書等においても十分になされていない。従って、新しい自律的な労働時間制度の導入に際しては、新制度が労働者の自立的な労働の選択を可能とする点において、現行制度より優れているという合理的な説明が必要である。

現行制度下において労働市場に参入できない人々が、自律的な労働が選択可能となることで雇用の機会を得ることは健康面の便益につながる。しかしながら、新しい自律的な労働時間制度が雇用の拡大において、現行制度を超える影響があるかは不明である。従って、新しい自律的な労働時間制度を導入する場合には、雇用の拡大を補完するという視点を含めた制度設計が望まれる。

今回実施したHIAの限界を述べる。本来のHIAでは、新しい政策や施策などの提案が検討される初期の段階から、評価者が政策関係者、利害関係者と相互に関与しながらHIAを実施していくことが、政策の健康影響の最適化というHIA本来の目的には最も理想的である

とされる。今回は、関係者の関与という点においてはHIAが効力を最も発揮できるプロセスを実施することはできなかった。また、今回実施した evidence の収集、評価方法については、いわゆるシステマティックレビューの形式を取っていない。提案された政策の「潜在的な」健康影響を探索するというHIAの趣旨から、今回は screening で抽出された健康影響(便益、不利益を含む)を示唆する文献資料を収集し採用した。今回の結果から、システマティックレビューを含めた、in-depth HIA や complete HIA と呼ばれるさらに詳細な検討の必要性が示唆された。

本研究では、現在、労働政策審議会建議等を経て次期通常国会へ関連法案が提出される予定である新しい労働時間制度についてHIAを実施した。HIAの手法を用いることで、政策担当者はより包括的な視点から当該プログラムの効果や生じうる問題点を明らかにすることができ、同時に健康上の便益を認識し、さらにそれを促進するように、提案に対して修正や改善を図ることができる。健康影響の観点も含めて、政策形成に係わる諸機関、および利害関係者らの間で検討がなされることを期待するものである。

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## II. 研究成果の刊行に関する一覧表

雑誌

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
藤野善久、 松田晋哉	Health Impact Assessment の基本的 概念および日本での 今後の取り組みに関 する考察	日本公衆衛 生雑誌	第54巻 第2号 (予定)	1-8	2007年
藤野善久、 松田晋哉	「新しい自律的な労働 時間制度」に関する Health Impact Assessment	日本産業衛 生学雑誌	第49巻 第2号 (予定)	未定	2007年

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## HIA ガイドライン資料集 目次

European Centre for Health Policy. Gothenburg consensus paper: Health Impact Assessment: main concepts and suggested approach, 1999. ....	1
<b>Merseyside Guidelines</b>	
Scott-Samuel, A., Birley, M., Ardern, K., (2001). The Merseyside Guidelines for Health Impact Assessment. Second Edition, 2001. ....	12
<b>EPHIA Guidelines</b>	
Abrahams D, Pennington A, Scott-Samuel A, Doyle C, Metcalfe O, Broeder L, Haigh F, Mekel O, Fehr R. European Policy Health Impact Assessment (EPHIA) A Guide, 2004. ....	34
<b>Wales</b>	
The National Assembly for Wales. Developing Health Impact Assessment in Wales: better health, better Wales, 1999 .....	62
The National Assembly for Wales. Improving Health and Reducing Inequalities - a practical guide to health impact assessment (September 2004) .....	96
Welsh Health Impact Assessment Support Unit, School of Social Sciences, Cardiff University. How to use health impact assessment: A short guide. ....	132
<b>NHS</b>	
Lorraine Taylor, Clive Blair-Stevens. Introducing health impact assessment (HIA): Informing the decision-making process, 2002. ....	141
NHS Executive London. Health Impact Assessment; A short guide to informing healthy decisions, 2000. ....	166
<b>New Zealand</b>	
Public Health Advisory Committee. A Guide to Health Impact Assessment: A Policy Tool for New Zealand, Second Edition, 2005. ....	182
<b>Australia</b>	
Commonwealth of Australia. Health Impact Assessment Guidelines, 2001. ....	265

Gothenburg consensus paper  
December, 1999

# Health Impact Assessment

**Main concepts  
and suggested approach**



WHO Regional Office  
for Europe

**European  
Centre for Health Policy**

Brussels, 1999



# **Health Impact Assessment: main concepts and suggested approach**

*Gothenburg consensus paper, December 1999*

## **Purpose of the Gothenburg consensus paper**

Health Impact Assessment (HIA) is a rapidly developing activity. The present paper is the first in a series intended to create a common understanding of HIA. It clarifies some of the main concepts and suggests a feasible approach to carrying out HIA at all levels (international, national and local). It is aimed mainly at policymakers and provides a departure point for discussion, comments and suggestions for the further development of the HIA approach and its related tools.

## **Why do we need to develop Health impact Assessment ?**

Social, economic and other policies in both the public and private sectors are so closely interrelated that proposed decisions in one sector may impact on the objectives of other sectors. In recognition of this, specific legal and administrative rules, procedures and methods have already been developed in many countries to assess the impacts of policies for example on the environment, employment, economic growth or competition, on cultural and social factors, or on ethnic groups and gender. The general objective of such assessments is to improve knowledge about the potential impact of a policy or programme, inform decision-makers and affected people, and facilitate adjustment of the proposed policy in order to mitigate the negative and maximize the positive impacts.

Although policies in other sectors can have a considerable influence on health and the production or prevention of illness, disability or death, this has so far only been considered to a limited degree, mainly in relation to environmental and social impact assessments. Recent attempts to take a more integrated approach to health and development has put HIA high on the agenda of some governments in Europe (at national, regional and local levels), and of international organizations including WHO and the World Bank. A similarly increased interest is reflected in research circles. An important step forward has been taken in the European Union through Article 152 of the the Amsterdam Treaty which states that "*A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities*", and the Council Resolution of June 1999 calling for the establishment of procedures to monitor the impact of Community policies and activities on public health and health care.

These developments have given a strong impetus to the need for developing common understanding about the core elements of health impact assessment and an international exchange of experience and innovations. This paper contributes to meeting that need.

## **Creating common understanding**

The present paper is based on the results of a more comprehensive discussion document<sup>1</sup> prepared by the WHO European Centre for Health Policy (ECHP) that reviews existing models, and on an important input from members of an HIA e-mail group. A preliminary draft of the consensus paper was presented at a meeting organized by the WHO/ECHP and the Nordic School of Public Health, with the collaboration of the European Commission and participants from across Europe, in Gothenburg, October 1999. On the basis of suggestions made by participants at the Gothenburg meeting, the consensus paper has been revised in its present form. It is therefore a product of the combined efforts of many partners.

The approach to health impact assessment suggested by the Gothenburg consensus paper is shown graphically on the following page. The existing models reviewed in the paper referred to above, did not always use the same terms in the same way. The diagramme is followed therefore, by definitions for the terms used in the ECHP/ Gothenburg approach. Definitions for a number of other related terms are also given in the annex, and readers are advised to check these first.

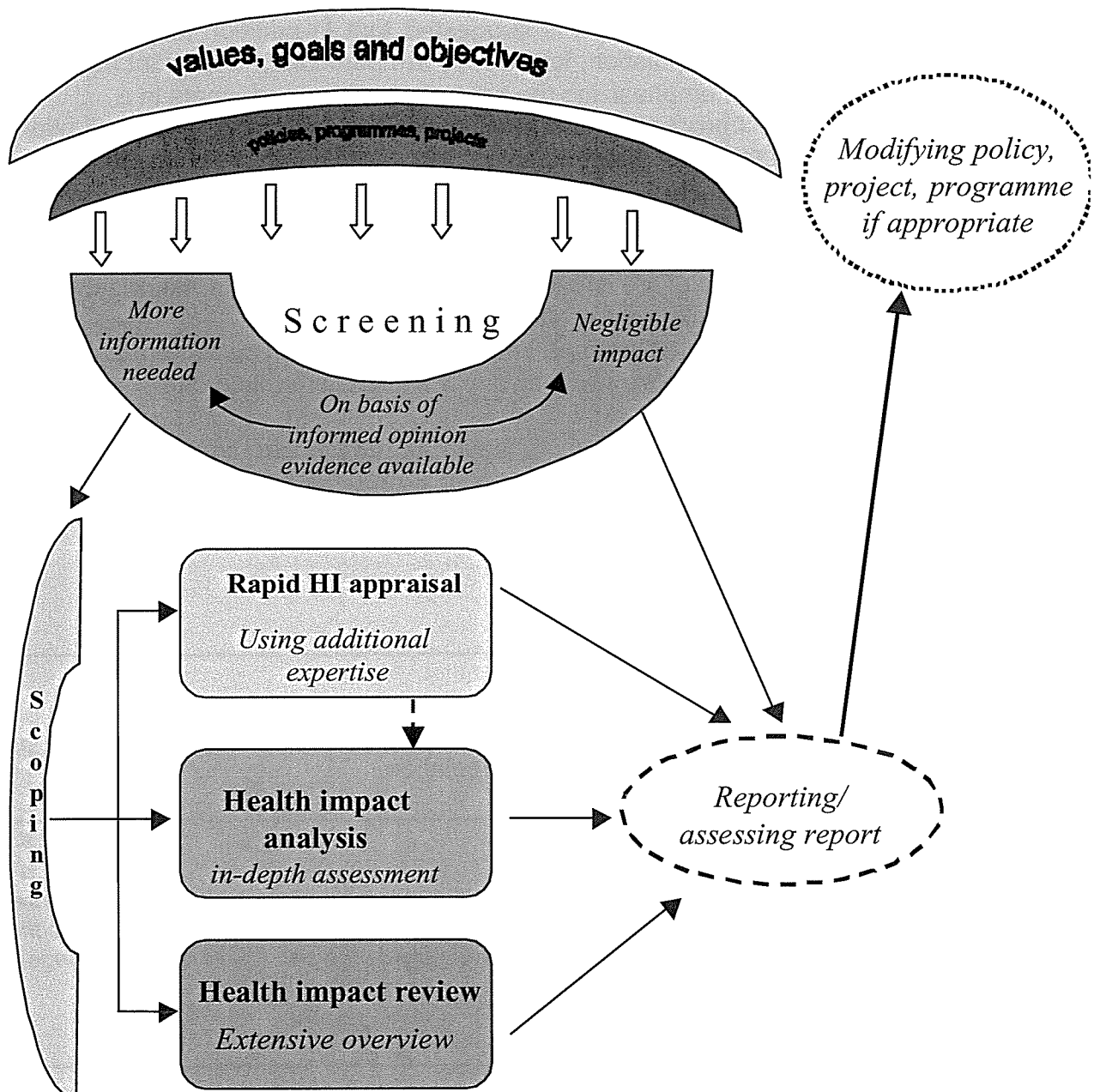
The consensus paper is intended as a "living document". The approach presented here will be discussed in a number of meetings, and networks and most importantly, will be tested and evaluated in practice in a number of pilot projects. As a result, it will be revised and up-dated in a continuous process of improvement.

This is not the only reason however, that the Consensus paper must be seen as a living document. Health impact assessment promises to be a complex process. Already work is underway for example, to develop related tools for screening, to consider the implications of achieving broad participation, communicating potential risks, or negotiating for the adaptation of proposed decisions. The ramifications of the HIA process are so broad that consensus around aspects such as these must be built up gradually. From this first version of the consensus paper which deals only with the core concepts, the ECHP/HIA project will build on and extend the consensus process, and develop companion papers and training modules. Reference is made at the end, to some of the main questions policymakers will have to face immediately in carrying out health impact assessment.

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<sup>1</sup> Lehto, Juhani, Ritsatakis, Anna *Health impact assessment as a tool for intersectoral health policy* A discussion paper for a seminar on "Health impact assessment: From theory to practice", Gothenburg, Sweden, 28-30 October, 1999

# An approach to health impact assessment



## Values governing HIA

All policy processes are carried out in the framework of values, goals and objectives that may be more or less explicit in a given society and at a given time. It is essential that such values are taken into account, otherwise HIA runs the danger of being an artificial process, divorced from the reality of the policy environment in which it is being implemented.

In the approach proposed here, it is suggested that in addition to promoting the maximum health of the population, four values are particularly important for HIA:

- **democracy**, emphasizing the right of people to participate in a transparent process for the formulation, implementation and evaluation of policies that affect their life, both directly and through the elected political decision makers;
- **equity**, emphasizing that HIA is not only interested in the aggregate impact of the assessed policy on the health of a population but also on the distribution of the impact within the population, in terms of gender, age, ethnic background and socio-economic status;
- **sustainable development**, emphasizing that both short term and long term as well as more and less direct impacts are taken into consideration; and
- **ethical use of evidence**, emphasizing that the use of quantitative and qualitative evidence has to be rigorous, and based on different scientific disciplines and methodologies to get as comprehensive assessment as possible of the expected impacts.

## Core definitions:

### Health impact(s)

Health impacts are the overall effects, direct or indirect, of a policy, strategy, programme or project on the health of a population.

*(This may include direct effects on the health of the members of the population and more indirect effects through intermediate factors that influence the determinants of the health of the population. Such impacts may be felt immediately, in the short term or after a longer period of time).*

### Health Impact Assessment (HIA)

Health Impact Assessment is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

## Elements of Health Impact Assessment

### HIA includes the following elements:

- consideration of **evidence** about the anticipated relationships between a policy, programme or project and the health of a population<sup>2</sup>;
- consideration of the **opinions**, experience and expectations of those who may be **affected** by the proposed policy, programme or project;
- provision of more **informed understanding** by decision makers and the public regarding the effects of the policy, programme or project on health;
- proposals for **adjustments/options** to maximize the positive and minimize the negative health impacts.

### Timing, stages and types of Health Impact Assessment

HIA should be an integral part of the policy process. The HIA process starts when there is a proposal or intention to continue or to make changes in an existing policy, or to launch a new policy or project. It should preferably be implemented early enough for any recommendations to be considered before critical choices are already made. The results of retrospective HIA are however, valuable in informing future prospective health impact assessments.

Firstly, there is a need to explore which policies or programmes could have an impact on health and what kind of impact (*screening process*). If further information is needed, a *scoping process* is carried out to determine what further work should be carried out, by whom and how. Whatever type of approach is agreed this will be followed by reporting on the findings, appraisal of the adequacy of the report and finally by action to adjust the proposed policy, programme or project accordingly. The results of any of these stages may require reconsideration of previous stages.

#### Screening for possible health impact

This is the first and essential step in HIA. In the HIA context, **screening** means making a quick mapping of whether there are potential linkages between the policy, programme or project and health, and what different aspects of health they might affect. This is done on the basis of informed opinion and the evidence already available.

If screening indicates a negligible potential health impact, either positive or negative, or if the health impact is well known, this is reported and the report made available for appraisal by the decision-makers and those affected by the proposed policy, programme or project.

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<sup>2</sup> This is understood to include both the health of the total population and of groups within the population

If however, screening indicates that more information is needed, then the scope of this further action has to be decided.

### **Scoping of health impact assessment**

When there is a need for further information on the potential health impact, a process of **scoping** helps to judge:

- which potential direct and indirect health effects of the proposed policy, programme or project need to be further considered,
- with regard to which population,
- by which methods, with which resources, with whose participation and in which time frame the further HIA process will be implemented.

In this approach, it is suggested that the scoping process will reveal the need for one of three broad categories of action, which as can be seen in the diagramme, have been named :

- **rapid health impact appraisal,**
- **health impact analysis and**
- **health impact review.**

### **Rapid Health Impact Appraisal**

A **Rapid Health Impact Appraisal** is a systematic assessment of the health impact of a policy, programme or project by a number of experts, decision-makers and representatives of those potentially affected by the proposed policy. It is based on an exchange of the existing knowledge of the participants involved, including knowledge gained from previous similar exercises and research.

As the name suggests, such an appraisal would be carried out without a great deal of resources and rather quickly.

### **Health impact analysis**

A **health impact analysis** involves an in-depth examination of a policy, programme or project, its potential impact on health and of the opportunities for adjusting the policy, programme or project to ensure a more positive impact on health. It includes a review of the available evidence, exploration of the opinions, experience and expectations of those who may be affected and, if needed, production and analysis of new data.

It would usually include a broad range of multidisciplinary expertise, and a combination of various methodologies. The resources and time needed for implementation would necessarily be greater than those for a rapid appraisal.

### **Health impact review**

Some policies, strategies, or clusters of policies, programmes and projects may be so broad as to make an in-depth analysis infeasible. In this case, the process of a



**health impact review** may be considered. This aims at creating a **convincing summary estimation** of the most significant impacts on health of the policy or cluster of programmes and projects, without necessarily trying to disentangle the precise impact of the various parts of the policy or cluster on specific aspects of health. It is based largely on a review of earlier published analyses of similar policies. As in the health impact analysis, expert panels and other methods of reviewing the available informed assessments of the policy proposal are used.

The difference between health impact analysis and health impact review lies in the type of policy/programmes/projects being assessed, and the degree to which an attempt is made either to directly relate and possibly quantify or otherwise measure, cause and effect, or to give a broad-brush view of the impact.

### **Appraisal of the HIA report**

In all cases, following the screening process, rapid appraisal, impact analysis or impact review, a report is prepared including the potential impacts and options for enhancing the positive and minimizing the negative impacts. The report is made public to give those who have legitimate interest an opportunity to become acquainted with the content of the report and express their opinion about it. This **appraisal of the HIA report** may lead to a request to improve the report by additional information and a reappraisal. A summary of comments made during the reappraisal may be added to the report.

### **Adjusting the proposed decision or intention**

The final but essential step is to **act on the results of the HIA**. The decision makers are expected to consider the recommendations of the HIA report and its appraisal, weigh the population health interest against any other interests related to the proposed policy, and to adjust the policy, programme or project in such a way as to maximize positive and minimize negative health impacts.

### **Monitoring and evaluation**

Although a specific HIA essentially ends here, two types of follow-up can be considered. Firstly that the results are made available to inform similar processes, and secondly that a comparison is made in the future between the expected impact of the recommendations adopted and the actual impact, in order to create a continually developing process.

## **HIA and other impact assessments - critical questions to be faced**

The impact on health is included to some extent in models of environmental and social impact assessment. Synergy between different impact assessments may be attained, and overlap or overburden with various impact assessments can be prevented by coordination and cooperation. Whether to carry out separate HIA or to combine this with other impact assessments is just one of the critical questions facing policy-makers. Even when agreement is reached on the core ideas presented here, there are many more difficult policy choices to be made, including:

**What?** It will be impossible to screen every policy, programme and project so criteria need to be established for what should be screened.

What impacts should be assessed? It is suggested here to include impacts on health outcomes, determinants and risks to health and that these should include an equity component.

**How?** Do we integrate HIA in existing processes, do it separately, or opt for either depending on the issue? Must there be a legal mandate or government regulations, or is there also room for voluntary HIA?

How can we infer causality between policy and outcome and what lines of evidence can contribute to this?

**When?** How early or late is effective? Will there be sufficient information at the conceptual stage? Will a proposal be too difficult to adapt when it is already quite concrete? What can we learn from retrospective HIA?

**Who?** Who does it

- policy or programme proponent?
- independent bodies
- regulatory agencies?
- within the process, who does what? (preparing the report, assessing the report, communicating the results for example)
- how can participation inform HIA and how is it best organised?

Who pays ? (the proponent, the public sector, others)

**Where?** International, national, local levels?

The ECHP/HIA project will progress stepwise, with many partners, building consensus around concepts and approaches, testing through pilots, revising, further developing and adding tools to the core. The basic consensus paper will be updated continuously and accompanied by additional information documents. Further work is already being carried out on screening and scoping.

## **Annex - Definition of related terms**

### **Health**

WHO glossaries present at least three definitions of health:

- *"Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO constitution).*

The glossary of WHO/EURO's *Health21* refers to this definition but suggests that it "expresses an ideal, which should be the goal of all health development activities (i.e. health as a fundamental human right and a worldwide social goal)", and "does not lend itself to objective measurement, and for working purposes a narrower definition is required." A second definition is therefore suggested for this purpose:

- *"Health is the reduction in mortality, morbidity and disability due to detectable disease or disorder, and an increase in the perceived level of health."*

Finally, following the Fourth International Conference on Health Promotion, the following definition was given (WHO, Health Promotion Glossary):

- *"Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities."*

### **Equity in health**

*Equity in health implies that everyone should have a fair opportunity to attain his or her full health opportunity, and that no one should be disadvantaged from achieving this potential. This term has clear moral and ethical dimensions.*

### **Health determinants**

*Health determinants are the personal, social, cultural, economic and environmental factors that influence the health status of individuals or populations. These include a range of factors such as income, employment, education, social support, to name but a few.*

### **Health status**

*The state of health of a person or population assessed with reference to morbidity, impairments, anthropological measurements, mortality, and indicators of functional status and quality of life.*

### **Health outcomes**

*Changes in current or future health status of individuals or communities that can be attributed to antecedent actions or measures.*

### **Policy**

*A set of statements or commitments to pursue courses of action aimed at achieving defined goals of public or private institutions.*

### **Programmes, projects**

In order to implement policies, any number of programmes and projects may be developed. A **programme** is usually a set of actions/projects designed for a specific purpose (for example a child welfare programme, or tobacco control programme). A **project** is usually more narrowly defined, although in terms of resources used it may be larger or smaller than a programme (for example, the building of an oil refinery, or a small training course might both be defined as projects).

### **Values**

Values denote worth or desirability.

In policy terms, "solidarity" or "democracy" would be examples of values.

### **Participation**

In the policy field, participation relates to the *active involvement of all interested parties in the planning, operation and control, monitoring and evaluation of the use of measures and resources.*

### **Monitoring**

*The regular observation, surveillance, or checking of changes in a condition or situation, or changes in activities.*

### **Evaluation**

*The systematic assessment of the relevance, adequacy, progress, efficiency or effectiveness of a policy, programme or project, in relation to its intended aims and objectives.*

### **Impact assessment**

The dictionary definition of an **impact** is an "effect or influence" and of **assessment** is the "estimation of size, quality, value".

It has been said that public sector policymaking draws on two general categories of assessment and evaluation traditions: policy analysis and evaluation, and impact assessment. Policy analysis and evaluation is described as being part of the policymaking process whereby an attempt is made to explore whether or not policies are meeting their defined objectives, whereas impact assessment also looks at unintended consequences, spin-offs or side-effects.