Health Impact Assessment of Ticino's public policy

Country: Switzerland
Partner Institute: Università della Svizzera Italiana, Lugano
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Health Policy Issues: Public Health, Prevention, Others, Responsiveness

Current Process Stages

| Idea | Pilot | Policy Paper | Legislation | Implementation | Evaluation | Change |

Featured in half-yearly report: Health Policy Developments Issue 4

1. Abstract

HIA is based on the theory of health determinants, which recognizes that well-being is determined by a wide range of economic, social and environmental factors, by heredity and medical intervention. The intended HIA procedure represents a new approach to the evaluation of all cantonal policies in order to assess their potential health impacts and to improve the quality of governmental decision making through recommendations to enhance predicted positive health impacts and minimize negative ones.

2. Purpose of health policy or idea

Health Impact Assessment (HIA) can be defined as the estimation of the effects of a specified action on the health of a defined population.

The specific objective of every assessment HIA is the identification of the potential risks for health which have been caused by a particular public policy and the indication of the necessary corrective measures. The result is a qualitative improvement in the decisions made and the optimization of the resources invested thanks to a reduction in the repairing expenses and to the increase in value of the factors which benefit health. Therefore HIA can contribute to re-orienting the health system's management logic (and indirectly the priorities of public spending), replacing the pathogenesis approach with that of health genesis, with the appreciable result that the population and policy decision makers take on more responsibility with regard to health determinants (empowerment).

Specifically HIA of cantonal public policies represents a multi-sectoral approach meant to influence public policies not concerned with health in order to promote health and environmental sustainability. Above all, the aim of the cantonal procedure of HIA is to define a functional, efficient modality for the selection of the government projects which are important for their potential impact on the population's health and, secondly, to integrate HIA into the practice of the cantonal administration, without creating obstacles either to the production of new projects or to the decisional process regarding them. The procedure proposed thus introduces a process with various stages involving officials of various levels of each department (see Figure 1) and is set up in the following phases:

1. the HIA interdepartmental commission, made up of qualified officials already responsible for sustainability, selects the measures which could exercise a potentially important impact on health and indicates these to the government;
2. with the help of the departmental coordinators the government indicates which of these projects should be subjected to HIA;

3. the selected projects are evaluated and possibly modified;

4. finally the government definitely approves or rejects the projects concerned.

This procedure has to be endorsed by the cantonal government (State Council) (see point 5.2).

**Main objectives**

1. permit the decision makers to effect informed choices of benefit to health and sustainability

2. equally distribute the effects on the population's health

3. minimize the risks and maximize the advantages in terms of health

4. promote interdepartmental collaboration and multi-sectoral policies

5. re-orient the allocation of resources destined to development

**Type of incentives**

training for officials

**Groups affected**

groups of population targeted by cantonal policies and stakeholders, public administration and government

### 3. Characteristics of this policy

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
</tr>
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<tbody>
<tr>
<td>Degree of Innovation</td>
<td>innovative</td>
</tr>
<tr>
<td>Degree of Controversy</td>
<td>highly controversial</td>
</tr>
<tr>
<td>Structural or Systemic Impact</td>
<td>fundamental</td>
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</tbody>
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This project is highly innovative because it is an attempt to break down the strong influence of the medical lobby, which encourages the pathogenesis approach on all health issues, whereas the HIA starting point is the acknowledgement of the real determinants of health, which force public authorities to reconsider the allocation of the resources appointed for health. The result should be a high impact on the status-quo and a potential high visibility in public discussion.

Consensus is inherent in HIA; i.e. its methodology is built up as a process where participation (of all stakeholders), negotiation (between priorities) and balancing quantitative with qualitative data are cornerstones. In other words, without those factors we have anything (like risk assessment, for example) but not HIA.

4. Political and economic background

- WHO (1982), World health Assembly Resolution WHA-35.17 http://policy.who.int/cgi-bin/om_isapi.dll?infobase=WHA&softpage=Browse_Frame_Pg42

5. Purpose and process analysis

Origins of health policy idea
Impact assessment is a process and an assessment tool, which promotes sustainable development and is used to ensure that actions are economically viable, socially equitable, and environmentally sustainable. Impact assessment is a generic term that includes environmental impact assessment, strategic environmental assessment as well as many specialized assessment processes such as health and social impact assessment. It describes a process and tool which can be applied across the spectrum of planning and development activities, from policies and plans to programs and projects, from national policies to regional or local projects.

Use of environmental impact assessment (EIA) is one of the key principles of the Rio Declaration on Environment and Development (1992). Five years earlier, the Brundtland Commission identified the integration of environmental considerations into the mainstream of policy-making as one of the key institutional challenges of the XX century. This challenge still remains to be addressed. Impact assessment (IA) is an important vehicle for such integration.

At the local level (Canton Ticino) HIA is intended to promote the practice of multi-sectoral policy in order to improve the quality of public policies and to promote healthy policies. If HIA can be seen as a technical tool to evaluate single policies, programs, projects or laws, introducing HIA is also a way to change the quality of the decision making process in itself through the application of its major principles, i.e. participation, equity, multi-sectoral and
multidisciplinary approach, sustainability, use of quantitative and qualitative evidence, transparency - which are largely compatible with the major principles of both the health promotion and sustainable development approaches.

In Canton Ticino - and in Switzerland - the driving force is the public health sector and the health promotion sector particularly, which try to join their forces with those of the environment protection sector and of the sustainable development promoters. The main reasons that generated this commitment is the rising cost of the health care system (in Switzerland near to 11.5% of GDP), the acknowledgement of the real determinants of health and of the unequal distribution of the health effects in the population.

HIA is not strictly a science even if it most certainly draws on a scientific knowledge base. Scientific evidence on health impacts of specific determinants forms the backbone of this creative, interdisciplinary form of enquiry. The range of methods and approaches to HIA should reflect the nature and complexity of the subject-matter. This implies not merely that qualitative and quantitative methods should be used, but also that multi-method and interdisciplinary approaches are required. For this reason there is no standardized or fixed methodology to run an HIA. The new idea launched by the Ticino project on HIA consists of the merging of the developing instruments for sustainable assessment with those for health impact assessment. To achieve this target the governmental "Group for sustainable development in Canton Ticino" is working for HIA in collaboration with the public health authorities; moreover contacts are open with other similar projects or programs such as the WHO "PHASE" project (Healthy Cities Network).

Major examples of executed HIA are to be found in the UK but the most important experience of governmental policies screening for HIA at the national level is that of the Netherlands.

**Initiators of idea/main actors**

- Government
- Civil Society
- International Organisations

**Approach of idea**

The approach of the idea is described as: renewed:

**Stakeholder positions**

**Initiators of idea:** Department of Health and Social Welfare

Up to now stakeholders or groups possibly affected haven't taken any position towards this idea because they have never been officially involved. Unofficially some environmental ONGs, such as the cantonal WWF, regard this project in a very positive manner.

At the moment HIA has a place in the cantonal political agenda. The official project for the HIA screening procedure of the cantonal public policies is due to be introduced to the government by the minister for health and social welfare as an experimental project (see Figure 2) that should run through the present legislation (2004-2007).

The discussions and negotiations held up till now by the health officials across the different departments (economic, environmental, interior and education) don't show an overall consensus with this proposal. What is feared most is:

- slowdown of the decision making process
- interferences of the public health sector ("health imperialism")
- overwork of the officials involved in running the HIAs in collaboration with the public health officials
At the moment the project for an HIA screening procedure of the cantonal public policies is not intended to lead to a formal piece of legislation (meaning a law). It should rather be stated in the form of a governmental resolution shaping the decision making process and the drawing up of the departmental projects. However an amendment to the “Health law” could be considered for a second phase.

When it started, the HIA procedure project of the cantonal public policies should have been a project of the Department of Health and Social Welfare. However, while it was being drawn up, the obvious need emerged for it to be integrated with sustainable development. In fact, not only does a holistic approach seem to be more possible today, thanks to the policies and instruments developed at federal level (“Health-environment Plan” of the Swiss Federal Office of Public Health, plan for sustainable development in Switzerland and MONET Indicators of the Swiss Agency for Environment, Forests and Landscape), but it also seems that the window of opportunity that sustainable development enjoys today in Switzerland is wider.

However, although on principle all the cantonal administration, first and foremost the Department of the Environment, supports the need to develop the multi-sectoral policies more, the support for the HIA procedure proposal does not find large consensus due to the fears listed above.

Legislative outcome

n/a
Actors and influence
Description of actors and their influence

**Government**
- Minister of health
- Some other ministers

**Civil Society**
- Citizens

**International Organisations**
- WHO

**Positions and Influences at a glance**

Adoption and implementation
This project is run within the public administration. The major actors involved are those who will be charged with its endorsement or application: ministers (who are chiefs of department at the same time), executive and scientific officials.

An important role as moderators is played by the "departmental coordinators" (five, one for each department), who act as interface between the technical priorities of the officials and the political ones of the ministers. They are followed by the executive officials, who have to provide the human and financial resources to put the HIA procedure into practice. This explains the fear of health imperialism and overwork of the officials involved in running the HIAs.

How to overcome opposition: at a practical level, by containing as much as possible the officials’ engagement in screening and evaluation activities, at a political level, proving that 1) HIA is profitable in terms of controlling state expenditure for health and 2) it is better to control HIA and sustainable development as an approach (and tools as
well) rather than leave it in the hands of NGOs, which could use it for challenging governmental decisions.

Monitoring and evaluation
At present neither concepts nor instruments of this kind have been developed at a local level.

Some estimations of the effects of the HIA approach have been carried out. The long-term economic advantage generated by a widespread use of HIA has not been proved yet, as there are too many variables to be analyzed to be able to quantify the weight of the factors at stake. However, it is possible to state that, theoretically, if the fundamental principles of HIA are respected (participation, equity, multidisciplinary and multi-sectoral approach, sustainability, use of quantitative and qualitative evidence, transparency), indirect benefits, which can be defined concisely as empowerment of the population and increase in the assets for health and development within the communities involved, are added to the direct benefits, which are the minimization of risks for health.

6. Expected outcome
At the present stage there are limited chances of success in introducing this HIA procedure because of the skepticism - or the opposition - of an important part of the public administration. Nevertheless an alternative way to promote HIA is feasible. It consists in offering HIA as a tool to be applied to single projects in collaboration with other departments, in order to increase their inherent quality.

Similarly long term results are too difficult to be foreseen. For sure if HIA is implemented it will foster the quality of the cantonal decision making process. Yet the discussions which took place with the officials to prepare the introduction of the project have had an important effect on the interdepartmental collaborating level. In some small circles interdepartmental collaboration on multi-sectoral issues has progressed in real terms: e.g. public health representatives have been invited to join the commission for the updating of the cantonal development strategy and, most of all, HIA has been included within the governmental strategies for the 2004-2007 legislature.

Undesirable effects: theoretically there is a little risk of misrepresentation of the real mission of HIA by the government or by some key actor. HIA principles can be easily interpreted by these actors as slogans which are not followed by real actions or by the providing of the resources announced because of a lack of political willingness to challenge the dynamics of the political arena.

<table>
<thead>
<tr>
<th>Quality of Health Care Services</th>
<th>marginal</th>
<th>fundamental</th>
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<tbody>
<tr>
<td>Level of Equity</td>
<td>system less equitable</td>
<td>system more equitable</td>
</tr>
<tr>
<td>Cost Efficiency</td>
<td>very low</td>
<td>very high</td>
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The impact on equity depends to a large extent on what is meant by equity. In terms of access to treatment the effect will probably be nil. In terms of distribution of health effects, on the other hand, the equity of public policies should turn out to be improved, as the more serious incongruities would probably be singled out by an HIA and therefore avoided. If, however, some key principles of HIA - especially the participation of the population affected and of the other stakeholders - should be systematically neglected (e.g. by simplifying the process), equity meant as power of self-representation would be strongly compromised at the socio-political level.

Finally the impact on the cost-effectiveness relationship cannot really be assessed. Theoretically an advantage is expected, but the absence of objective assessments permits only a moderate optimism.
7. References

Sources of Information

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4. Domenighetti, G. (2000), Per una politica di sanità pubblica centrata sui bisogni della popolazione e non su quelli dei servizi [For a public health policy centered on the population's needs and not on those of the services], Punto Omega; 2: 9-22.


Internet sites

http://www.ihia.org.uk

http://www.hiagateway.org.uk

http://www.euro.who.int/healthimpact

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