

procedures for introducing this instrument into the complex decision-making processes of public administrations - and also expresses the difficulty in making it work in tandem with similar assessment concepts and tools. Another factor is the federalist organisation of the Swiss health system which - with the exception of the legal mechanism regarding health insurance - allows the Cantons complete independence in framing health policies. In fact this organisation tends to diversify interests and practices whereas HIA would benefit from more uniformity.

This article is intended to be the first provisional and pragmatic metanalysis through which we have tried to identify the common elements shared by the three Swiss Latin cantons.

### **Heterogeneous nature of cantonal political/institutional contexts**

#### ***Ticino***

Strongly inspired by the Ottawa Charter and the World Health Organisation's (WHO) health policies, the Canton of Ticino has played a pioneering role by introducing the determinants of health approach and through the use of HIA as a tool for its application into cantonal public policies. Reference to the approach was first made in the report to the cantonal Parliament on the 2000-2003 guidelines. Having thus placed HIA on its government's agenda, numerous inter-departmental initiatives linking the different sectoral policies have resulted in two fundamental government decisions: i) the introduction in the 2003-2007 legislature programme of a HIA pilot procedure for the appraisal of cantonal public policies (January 2005), and ii) the setting up (January 2006) of the 'Interdepartmental Health Impact Assessment Committee (HIA Committee)', whose brief is to direct the work. By this means Ticino has formalised a political/procedural approach to HIA and rendered it fairly operational.

Steered by the Department of Health and Social Welfare, the activities of the HIA Committee were organised around two main points: drawing up principles for the selection of policies to be assessed and developing *ad hoc* tools for the pre-screening, screening and scoping stages. These activities were accompanied by making essential documentation and training available to the HIA Committee and all those involved so as to - and this is a secondary aim - anchor HIA in all sectors, to promote 'empowerment', and to disseminate an interdepartmental culture of collaboration. In this way, a dozen or so decisions from varied fields (promotion of retail trade, supervision of prisoners outside prisons, density of medical equipments,

etc) were nominated as HIA projects for the experimental stage. In this context, a discussion was initiated on the possibility of integrating HIA into Environmental Impact Assessment (EIA) or, at least, to integrate its socio-economic determining factors in view of broadening the spectrum of effects on health alone. During this initial period of experimentation (2005-2007) a growing awareness for the potential of HIA has clearly arisen, but it is not possible to observe a clear positioning of the stakeholders concerned by the process.

On balance, the experience in Ticino yields the following findings:

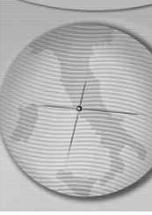
- politicians and civil servants tend to differ in their positioning from practitioners, on account of the different nature of the problems and the interests of each one;
- political support must be pursued by a very specific consolidation effort without forgetting that practicable solutions may rise from the operational level towards policy;
- there is room for manoeuvre and advantage should be taken of this in order to attempt to integrate HIA into public policies or, at least, to further the multisectoral approach to health.

#### ***Geneva***

Since the mid '90s, The Canton of Geneva has given large space to the determinants of health approach which is based on the WHO's « Health for All » strategy. Moreover, since 1994 the Canton of Geneva has participated in the World Health Organisation's European Healthy Cities Network which in its 4th phase (2004-2008) places HIA's amongst its principal themes. Against this background, it has been decided to develop this new tool which helps guide the decision making-process and which seeks integration of health promotion from the onset.

Accordingly, the Canton of Geneva has adopted an experimental and legislative approach. Pilot HIAs have been carried out while HIA has been given a place in the new health act adopted in April 2006, under which the Government can request a health impact assessment of any legislative project liable to result in negative effects on health [1]. The strategy adopted accords priority to the legal legitimization of HIA to be consolidated by practical legitimization - being sought through the implementation of intersectoral case studies, possibly in relation to Strategic Environmental Assessment (SEA). HIA remains clearly anchored in the Health Directorate of the Department for Economic Affairs and Health.

It was possible to test the positioning of all those involved when two HIAs were conducted



on a development project in a suburban area and on the smoking ban in public cafés-restaurants.

In the first scenario, HIA has had to find its place within a procedure, the SEA, which is highly consolidated from a methodological point of view and has the benefit of a legal basis. These two features, in relation to which HIA must still evolve, have provided the testing ground on which the two types of assessments (and the players who carry them out) could be compared. The main point that emerged was the difficulty in clarifying the respective competences when dealing with certain themes (e.g. that of mobility). These difficulties, which relate essentially to the implementation process for the HIA, nevertheless reveal issues (of lawfulness and of temporality in the decision-making process) which HIA must face before full integration into political-institutional processes [2] becomes possible.

In the second scenario, HIA has, by contrast, been able to take place within a setting steered and controlled by health professionals. This entry point, which is perceived as belonging strongly to the health field, has undeniably fostered the acceptance of the HIA procedure. At the same time, this entry (real, or perceived) by health has made it possible to deal with a whole series of other aspects of the problem (economic, technical, public safety, etc) and integrate different players from non-health fields into it.

The work in progress is organised around two major axes. One revolves around the development of assessments in both health and non-health fields. The other concentrates on applying the new legal dispositions via the introduction of regulations for implementing the tool. The latter ought to improve the tool's institutionalization by providing clear guidelines for use, by assigning responsibilities and by clarifying the roles of all the players. The state of progress of the experiment is such that no definitive conclusions can be drawn regarding the chances of success of the institutionalization process. Nevertheless, we share the opinion of an analysis [3] concluding that the establishment of a legal basis considerably increases these chances. Equally important is the ability to assure the transfer of competences to all involved.

### *Jura*

Health Promotion is the guiding principle in the Canton of Jura's Agenda 21 (Juragenda 21) and in 2002, the Canton decided to develop HIAs as a tool aiding the decision-making process. The Canton of Jura has thus adopted an approach similar to the one of the Canton of Ticino, namely

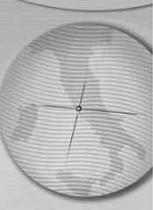
procedural and experimental and in this case complemented by a monitoring group which was created on the initiative of the Department of Health and in collaboration with the Department for Environment and Infrastructures.

The strategy adopted is that of drawing up a procedure which is suitable for the mode of operation of the Jura Government and which is likely to obtain support both at political level (heads of department) and at administrative level (heads of service). HIA clearly has its roots in the Health Service of the Department of Health but there is interfacing with other departments through their participation in the temporary monitoring group.

The work of this temporary group provided the opportunity to test the attitude to HIAs of all those who participated in the process. The group chose an original approach as it simultaneously developed the operational tools for the practice level and started the integration process on the political/institutional level. The fact of integrating civil servants from non-health departments into the group has made it possible to pinpoint a whole series of potential stumbling blocks and to identify the keys for successfully accommodating HIA in decision-making circuits (speed of the decision-making process, assessment proportional to the nature of the subject dealt with).

At present, the political and administrative institutions are using a summary sheet which is not optimally applied. On this background, the added value of HIA's were highlighted and some case studies were then conducted in order to test the real acceptance of this new tool in the cantonal political-administrative mechanisms. The first case related to the development of a technology centre on the outskirts of the Canton's capital. This exercise did not provide entirely satisfactory results in terms of added value of the tool. This was due to the yet early developmental stage of the project itself and to a lack of understanding of the specific features of HIA in comparison with other existing assessments.

The second exercise, relating to the planned rehabilitation of historic neighbourhoods promoted by the Jura Government, has taken account of these problems. The process was integrated from the outset: i) in connection with a competition for architectural ideas, assessment criteria were clearly specified, ii) the project monitoring group agreed to a set of clearly defined duties regarding the assessment process and iii) analysis was carried out pragmatically (choice of a pilot site, highlighting clearly identified issues). This approach has made it



possible to formulate recommendations precise enough to guide the decision-making process.

These experiences have resulted in the strengthening of the HIAs in the Canton of Jura. A Government Order of December 2006 has renewed the mission of the temporary monitoring group by entrusting it with the integration of HIAs in public management. For this purpose, the group - in collaboration with the Government, will focus its activities on integrating the HIAs directly into the flow of public policies. By developing analyses whose starting-point is the pre-screening of a dozen or so items of the 2007-2010 legislature programme and which are going to result in the implementation of a number of HIAs, an attempt will be made to verify the feasibility and relevance of introducing HIAs as 'routine' practice in Jura's Government.

#### **An institutional culture to be constructed**

The critical examination of the HIA experiences has brought out the inherent difficulties in introducing any assessment procedure in political/institutional contexts in Latin Switzerland. This can be stated at several levels.

In the first place, the culture for institutional assessment is little developed. At the bureaucratic level, evaluation is generally perceived as a penalty and not as a supportive factor for advancing policies, programmes and projects. Nevertheless, an increasing number of decision-makers acknowledge the need to introduce systematic evaluation in order to foster good governance. Moreover, HIA must 'take on' the negative liability which certain pernicious effects of EIA have left in the minds of a great many politicians and officials and which include the proliferation of procedures and the slowing down - and indeed the blocking - of decision-making. In actual fact, this is a case of a false association insofar as HIA is related more to the SEA which was developed some years ago precisely to correct the weaknesses recorded above in connection with EIA.

Secondly, the proliferation and competition of various assessment tools for public policies is noteworthy. Today HIA must establish itself and justify its added value within a set of other assessment tools of varying legal status and which are all directly or indirectly attached to sustainable development: EIA, SEA and sustainability assessment.

To date, little effort to introduce consistency has been made. The progression of these tools must be closely monitored, notably those going under the more general umbrella of sustainable

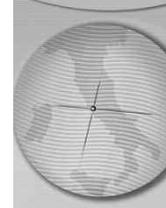
development at federal level. Equally the extent to which this evolution is going to impact on the tools already elaborated at cantonal level must be assessed. However, it ought to be pointed out that, from the outset, HIA has been conceived 'with a view to sustainable development' in order to anticipate the ongoing nature of the process and because such an approach makes sense.

A third point is the weakness of institutional culture in connection with health. The holistic and systemic definition of health is far from being understood and/or accepted by others than health promotion professionals. The promotion of HIA, which is structured around the theory of the determinants of health and which calls for an intersectoral approach in the treatment of issues, thus comes up against the lack of a shared basis of definitions, knowledge and practices. This common ground needs to be constructed if support is to be obtained from all players potentially involved in HIAs. In this context, defining an effective model for the transfer of skills and boosting capacity in connection with health in non-health sectors is the condition for an institutionalization of HIA in the decision-making process [3]. Opening up the field to outside players and adopting a 'making sense together' model rather than 'speaking truth of power' [4] is likely to defuse the recurrent criticism of the imperialism of health, making health a concern shared by all public policies. This ought to reinforce the place of HIA as a relevant tool assisting in the decision-making process.

#### **HIA: implementation methods and examples**

The following few points illustrate the very recent and highly specific nature of the introduction of HIA in the Swiss context. Nevertheless, it is just possible to perceive a common matrix of the implementation processes covering two operational approaches - HIA process and HIA 'desktop' - and two types of appraisals - rapid or comprehensive.

From an empirical point of view, it must be noted that the HIA process is based on the complete execution of each stage and is characterized by the integration of a strong participatory dimension on the part of all the stakeholders. In contrast, the 'desktop' HIA approach which can also be considered as a 'routine-friendly' approach, represents an 'alternative' way, often 'managed by bureaucrats who are conducting analyses. This approach is characterized by very limited participatory dimension and by a more concentrated execution of the different stages. In Switzerland, HIA has only recently been introduced and certain stages



of the process, particularly those of screening, monitoring and evaluation, are not formally applied since HIA has not yet been integrated in the routine work of public administrations. As to date, only Ticino has - experimentally - formalised a systematic procedure based on a set of pre-screening and screening tools.

However, distinguishing different types of HIA approaches from different types of HIA appraisals is important as frequently an association between

the HIA desktop approach and the HIA rapid appraisal on the one hand, and the HIA process and the HIA comprehensive appraisal, on the other hand, have to be observed. In actual fact, both depend primarily on the availability of time and other resources (money, data and expertises), as shown in Table 1 (for theory) and in Table 2 (at a practical level in Swiss Cantons).

The execution of these evaluations has been largely inspired by British practice, which is

**Table 1: General characteristics of the two types of appraisal**

<i>Characteristics</i>	<i>Types of appraisal</i>	
	<i>Rapid appraisal</i>	<i>Comprehensive appraisal</i>
<i>Definition</i>	<p>Rapid appraisal uses information or evidence that is already available. Rapid appraisal can be carried out as a participatory or a non-participatory process.</p> <ul style="list-style-type: none"> <li>• Non-participatory appraisal: sometimes called a desktop appraisal. It is very rapid and is generally undertaken by technical experts/officers to gain a snapshot of the expected effects on health and to be able to determine the direction of a proposal.</li> <li>• Participatory appraisal: this is undertaken by several stakeholders concerned by the proposal together with technical experts/officers in charge of the appraisal. The key element is a workshop which brings together all the players and on which the major efforts are focused.</li> </ul>	<p>Comprehensive appraisal entails collecting new data. This might include a survey among the public, a comprehensive literature review or a primary study of health effects of the same proposal elsewhere. It requires a prolonged time commitment from a considerable number of people and is resource-intensive.</p>
<i>Time span</i>	<ul style="list-style-type: none"> <li>• Participatory: 1-2 months</li> <li>• Non-participatory: a few days</li> </ul>	Months to years (depending on the content of the proposal)
<i>Features of the appraisal</i>	<ul style="list-style-type: none"> <li>• Can be a desktop exercise</li> <li>• Could be carried out by an assessor within a participatory stakeholder workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Extensive collection of qualitative and quantitative data showing evidence of health effects</li> <li>• Should be carried out by one or more person(s) within or outside the government trained in HIA (such as a (public) health officer, social scientist or political scientist)</li> </ul>
<i>Consultation and participation</i>	<ul style="list-style-type: none"> <li>• Participatory: involves holding a half-day stakeholder workshop</li> <li>• Non-participatory: little consultation. Non-participatory techniques can be useful for assessing a proposal's effects on health routinely in the planning stages</li> </ul>	<ul style="list-style-type: none"> <li>• Full participation of stakeholders</li> </ul>
<i>Primary and secondary data</i>	<ul style="list-style-type: none"> <li>• Makes use of existing or readily available data and the results of assessments of similar proposals</li> <li>• Makes use of the knowledge and perceptions of stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Involves collecting and analysing new data</li> <li>• Involves a review of existing evidence and assessments of similar proposals</li> <li>• Makes use of the knowledge and perceptions of stakeholders</li> </ul>
<i>Output</i>	<ul style="list-style-type: none"> <li>• Brief report</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive report, agreed and possibly co-written by a number of stakeholders</li> </ul>

a) Source: WHO, *Health Impact Assessment Toolkit for Cities, Document 1, Copenhagen, WHO, 2005, p.15 (adapted from the English text).*

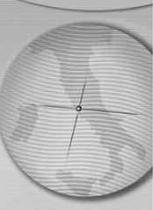


Table 2: Classification of HIA experiments according to the type of approach and appraisal

Cantons	Comprehensive HIA	Rapid HIA	Desktop HIA
<b>Ticino</b>	<ul style="list-style-type: none"> <li>• Transport plan for the region of Mendrisio (feasibility study completed pending a decision)</li> </ul>		<ul style="list-style-type: none"> <li>• School dental service</li> <li>• Amendment of the Labour Act, Art. 29(1)</li> <li>• Smoking ban in public administration buildings</li> </ul>
<b>Geneva</b>	<ul style="list-style-type: none"> <li>• Passive smoking in public cafés-restaurants</li> <li>• Development of a suburban area (PAC<sup>b</sup>-MICA<sup>c</sup>)</li> <li>• Development of the France-Vaud-Geneva conurbation (in progress)</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of the power-assisted bicycle (PAB)</li> </ul>	<ul style="list-style-type: none"> <li>• Promotion of ecological paints</li> </ul>
<b>Jura</b>	<ul style="list-style-type: none"> <li>• Rehabilitation of historic neighbourhoods</li> </ul>		<ul style="list-style-type: none"> <li>• Establishment of a technological centre (ZARD<sup>d</sup>)</li> </ul>

a) Note: the classification of case studies following this categories, is the result of a pragmatic approach, aiming at offering a clear and synthetic vision. In practice, these various categories of analysis are much less rigid and permeable between themselves

b) Perimeter of coordinated spatial planning – Translator.

c) Mon Idée Communales d'Ambilly - Translator.

d) Zone d'activité régionale de Delémont or Delémont Regional Activity Area - Translator.

widely diffused across the WHO's network, and particularly by the "Merseyside model" which is promoted by International Health Impact Assessment Consortium (IMPACT), attached to the University of Liverpool. Direct contacts with this unit and with other international academics and practitioners has, amongst other things, produced access to a large array of specific information as well as further training. The future HIA Platform has benefited from these and from the comparison with the British experience which has also given rise to the first analysis of the Swiss HIA experience [5-7]. This analysis, inspired by political science, is at the base of the above-mentioned meta-analysis.

The theoretical maturation of this decomposition exercise has been somewhat limited by immediate operational needs and still partial results. Nevertheless, it permits to state that to date in Switzerland, i) the introduction of HIAs follows the pragmatic logic well known in Anglo-Saxon countries and ii) that despite a substantial array of theoretical tools the choice of a type of approach and appraisal is heavily dependent on the political-administrative contexts of the introduction of HIAs and on the general state of public finances.

From a political-administrative point of view, the constraints imposed by the novelty of the tool and the fear of health supremacy above other public policies, of an overload of work and of a slowdown in the decision-making process, frequently results in priority being given to rapid appraisals and/or the desktop approach. Financial constraints and the reduction in the number of public servants frequently lead to the same type

of choice. Admittedly, this does not mean that other methods of executing HIAs are definitively ruled out. Rather, it is the expression of a pragmatic strategy which leads governments and other decision-makers to introduce HIAs 'softly' into the political-administrative machinery. It thus opens up windows of opportunity, the benefit of which has been clearly demonstrated [8] as far as health policies are concerned. Accordingly, the hypothesis is put forward that the success of this strategy is likely to facilitate the establishment of an assessment mechanism which could be free from the aforementioned constraints.

The selection of the subjects of appraisal testifies both to the need to test the tool in different situations in order to verify its relevance and illustrates its added value, but it also highlights the importance of finding a precise institutional context where HIA can evolve. Concerning the latter point, the work carried out so far has above all highlighted the need to respond to a series of questions (the definition of health, intersectoral collaborations, culture of assessment, etc), the responses to which will define the way HIA will be shaped in the different Cantons.

The Swiss HIA Platform, supported by Health Promotion Switzerland and coordinated by the NGO equiterre, has been created with the precise aim to reunite the pioneering Cantons, to promote HIAs and to create, for the time being in Latin Swiss Cantons, a common practice originating from comparable cultures and with similar reference models.

The specific objectives of the platform - namely i) to exchange the knowledge, experience and



know-how of the cantons and other Swiss or foreign partners, ii) to raise the rank of HIA in the priorities of the local (cantonal) political agendas, and iii) to bring the HIA into synergy with other tools which are developed at different institutional levels - have hitherto been pursued by active communication, the networking of different target groups and by the training of stakeholders with different backgrounds (prevention and health promotion officials, officials from other sectors and partners outside local communities). However, this strategy must be further developed and integrated. It is particularly important to target factors that are likely to consolidate the scientific basis of HIA in Switzerland; this should open up possibilities of collaboration with different Swiss universities and of extending the platform by winning other cantons over to this cause.

### Conclusions

Developing and disseminating HIA today is a complex and protracted operation. This is clearly demonstrated by the experience of the various cantons and mirrors those of Anglo-Saxon countries where more favourable preliminary conditions existed, such as a strong tradition of interpreting health in transversal terms, a culture of assessment which is decidedly more widely accepted and shared, major resources allocated for HIA and political support rooted in a national long-term vision of public health.

It would thus be inappropriate to judge the success of HIA in Switzerland only in terms of the number of procedures which have been institutionalized in the different Cantons. In a similar way to what has been stated regarding the effectiveness of HIA [9], it is rather a question of knowing what has worked properly and in which contexts, or at least what has enabled an

intersectoral approach to health. This is all the more relevant since HIA has shown that it is able to integrate well with other assessment tools and should therefore not be simply rejected, but should result in the creation of assessment instruments which are just as practical. This would be the case, for example, if other instruments took on public health issues at the strategic level (SEA, sustainability assessment).

It may thus be affirmed that HIA in Switzerland is proving to be a catalyst of the intersectoral approach to health which should be appreciated at its true value in the context of public health policies.

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