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# **HIA IN CITIES: A TOOL FOR URBAN HEALTH GOVERNANCE AND ACCOUNTABILITY**

***Health Impact Assessment :***

***taking forward the health in all policies agenda. Initiatives from Spain.***

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## **PUBLIC HEALTH GOALS**

- \* Develop policies to improve health and reduce health inequalities in the population.
- \* Gradually incorporate “health and equity in all policies approach” into all Spanish policy sectors, and gradually advance in the development of new methodologies to monitor the impact of different programmes and policies in health and health equity.

# Health Impact Assessment

## 1. HIA PRINCIPLES (VALUES) AND CHARACTERISTICS:

- Public participation. Democracy. Transparency.
- Equity. Social justice. Inequalities.
- Social determinants of Health.
- Health in all Policies.
- Sustainable development.



## **2. HIA IN SPAIN. SOME EXAMPLES:**

- Apheis (Air Pollution and Health: European Information System)
- Aphekom (Improving Knowledge and Communication for Decision Making on Air Pollution and Health in Europe)
- ENHIS-II (European Environment and Health Information System) (2006-2007).
- Project of urban regeneration (deprived neighbourhood). Bilbao (Bacigalupe et al 2007)
- HIA related to the underground construction. Granada (Gonzalez R, Martín-Olmedo P et al. 2007.
- Vitoria–Gasteiz City Council Programme (Gómez FJ ,Estibalez JJ, 2008).



## **THE PUBLIC HEALTH BENEFITS OF REDUCING AIR POLLUTION IN THE BARCELONA METROPOLITAN AREA**

**Reducing annual air pollution levels to WHO standards would result in about 3,500 fewer annual deaths**

**In addition to the reduction in death rates, it was estimated that this reduction in air pollution could result per year in a total of 1,800 fewer hospitalizations for cardio-respiratory diseases, a total of 5,100 fewer cases of chronic bronchitis symptoms among adults, a total of 31,100 fewer cases of acute bronchitis among children, and a total 54,000 fewer asthma attacks every year among children and adults.**

**These health benefits could translate approximately to 700 and 1,600 Euros per person per year.**

### **3.3. Network Centre for Health Impact Assessment (CREIS):**

- **Objectives:**
  - Standardize technical and methodological criteria for the development of HIA.
  - Coordinate effective strategies for its gradual implementation.
  - Promote knowledge and acceptance of HIA methodologies among other political sectors with an impact on health.

## **4. CURRENT SITUATION: ENVIRONMENTAL IMPACT ASSESSMENT (EIAs) AND STRATEGIC ENVIRONMENTAL ASSESSMENT (SEAS).**

- **European Union: legal Directives have made Environmental Impact Assessment (EIAs) and Strategic Environmental Assessment (SEAs) mandatory for Member States but not for Health Impact Assessment**

## **5. NEW PUBLIC HEALTH LAW:**

**HIA as a mandatory action in public health.**

- **A high level of health protection.**
- **Application scope: plans, programs...**
- **Need assessment previous to HIA.**
- **National Strategy for HIA.**
- **Promote knowledge on HIA.**

## 6. CHALLENGES AND OPPORTUNITIES

- **HEiAP is a sound and important framework for promoting public health in modern societies.**
- **HIA is a promising tool for integrating equity and health in public policies.**
- **Better understanding of political processes.**
- **Determined leadership and sensible use of diverse approaches in public health advocacy.**



**THANK YOU FOR YOUR ATTENTION**



Table 1. Expected annual health benefits per year for a reduction of PM<sub>10</sub> annual mean in Barcelona metropolitan area

Outcome	Applicable age	Health benefits (% total cases)* for decrease of PM <sub>10</sub> , annual mean concentration of 50 µg/m <sup>3</sup> , to		
		European Community standards (Annual mean PM <sub>10</sub> = 40 µg/m <sup>3</sup> )	WHO standards (Annual mean PM <sub>10</sub> = 20 µg/m <sup>3</sup> )	
<b>Mortality</b>				
Total long-term death (include estimates for immediate acute deaths)	All causes	≥30	1,200 (4%)	3,500 (12%)
Immediate acute death of wich	All causes	All	180 (0,6%)	520 (2%)
	Cardiovascular	All	90 (0,9%)	250 (3%)
	Respiratory	All	40 (1,3%)	120 (4%)
Infant deaths	All causes	<1	5 (4%)	15 (13%)
<b>Hospital admissions</b>				
	Cardiovascular	All	210 (0,6%)	620 (2%)
	Respiratory	All	390 (1,1%)	1,150 (3%)
<b>Morbidity</b>				
Chronic diseases	Chronic bronchitis adults	≥25	1,900 (9%)	5,100 (25%)
	Acute bronchitis children	<15	12,100 (19%)	31,100 (49%)
Asthma related symptoms	Asthma attacks adults	≥15	14,700 (4%)	41,500 (11%)
	Asthma attacks children	<15	4,000 (4%)	12,400 (11%)
<b>Gain in life expectancy</b>				
	Months	≥30	5	14
<b>Range of average costs</b>				
	Total in million euros	--	1,100-2,300	3,000-6,400
	Per capita in euros	--	300-600	700-1,600

\* Uncertainty around the estimates presented is in average +/-50%.

The complete report and additional information related to the study can be downloaded from the following websites: [www.creal.cat](http://www.creal.cat), [www.imim.es](http://www.imim.es) and [www.gencat.net](http://www.gencat.net)



## **7. HIA IN A BROADER CONTEXT: “HEALTH AND EQUITY IN ALL POLICIES”**

- Health is influenced by social determinants, which are consequence of public policies.
- “Health and equity” approach should be considered by all policy sectors with an impact on health.
- HIA allows to monitor the impact of different public policies on health and is a useful tool to influence non-health policies.
- It must be flexible and adaptable to different contexts.

- **HIA is a promising tool and a magnificent chance for improving population´s health by making use of appropriate public health governance.**