Health impact assessment (HIA) and health in environmental assessments – Enhancing HIA practice in Portugal

Workshop report
13-15 November 2017, Lisbon, Portugal
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Aim and objectives of the workshop

The importance of assessing the health implications of policies, plans, programmes and projects of different sectors has been long established. Through the Health 2020 approach, the European framework on health, adopted in 2012 by the Member States in the WHO European Region, the need for a whole-of-government and whole-of-society approach has been re-emphasised. Within this approach health impact assessment (HIA) can play a crucial role by supporting decision-makers in- and outside of the health sector to address health impacts and inequalities, and ensure the health of future generations through the identification and estimation of possible impacts of proposed policies and activities. HIA can thus play an important role in achieving the Sustainable Development Goals (SDGs).

The Ministry of Health of Portugal through its Directorate General is in the process of proposing a new Government Bill (nr 49/XIII) that defines the competencies of the Public Health Services. These competencies include among others the assessment of potential health impacts of proposed legislative acts. Therefore an implementation model for HIA in Portugal is proposed by the Committee for the National Public Health Reform to assess in a first step, policies of any sector and their potential impacts on health and well-being.

Through the implementation of HIA of policies, as well as of plans, programs and projects there is great potential for health gains. Several Member States in the WHO European Region have already established legal obligations for HIA but in the majority of countries HIAs are voluntarily conducted. Meanwhile, in many countries, including Portugal, legal obligations for environmental assessments exist which include the need to assess impacts on human health and on the population, as for example defined in the European Directives on Environmental Impact Assessment (EIA Directive 2014/52/EU) and on Strategic Environmental Assessment (SEA Directive 2001/42/EC) as well as the Espoo Convention on EIA in a Transboundary Context and its Protocol on SEA of the United Nations Economic Commission for Europe (UNECE). Public health authorities need to be prepared not only to assess the impacts of policies, plans, programs and projects of the health sector but also to engage in environmental assessments.

To further support development of HIA in Portugal, the Ministry of Health of Portugal together with the National Health Institute of Doctor Ricardo Jorge initiated organization of a workshop within the Biennial Collaborative Agreement (BCA) with WHO EURO office in Bonn, Germany. The workshop convened in Lisbon, at the National Health Institute of Doctor Ricardo Jorge on November 13-15, 2017.

Objectives

The overall objective of the workshop was to build technical expertise and a capacity to assess and further support the development and implementation of HIA and conduct HIA studies on selected topics in collaboration with health and other institutions from various sectors, in a perspective of health in all policies through:

- Introducing HIA as a tool to support inter-sector co-operation and a “Health in All Policies” approach;
- Reviewing the current situation of HIA implementation and the application of health assessments within environmental assessments in Portugal;
- Discussing with national experts different options and strategies for HIA implementation, for example, as adopted in other countries in Europe;
- Identifying capacity and data needs for further implementation of HIA within the health sector and also how to integrate a health perspective in environmental assessments;
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- Identifying steps and practical arrangements for further strengthening HIA and the health assessment in environmental assessments; and
- Examining and initiating three pilot HIA projects that will be conducted in the weeks following the meeting to further fine-tune the implementation approach of HIA in Portugal.

Target audience and format

The workshop addressed public health practitioners, and professionals and officers in all sectors who have responsibilities or interests in health-related matters. The tools and contents covered were of interest for all levels of administration and government, including national, regional and local. The workshop consisted of lectures, open discussion sessions, and group work (5-6 people per group). Participants were encouraged to actively engage in interactive discussions and exchanges.

The first day of the workshop was designed for a broader audience and served as an introduction to the thematic area of HIA, while at the second day a core group of a maximum of 30 participants started to work on three pilot HIA projects. On the last day of the workshop an introduction to implementation options was discussed and results of the workshop were summarized and evaluated. The workshop concluded with a round table policy dialogue to further raise awareness on the importance of the work on HIA among the different stakeholders.

Expected outcome of the workshop

The expected outcomes of the workshop were:

1. A basic understanding by participants of the broader political frameworks underlying the concepts of impact assessments such as HIA, EIA and SEA, and differences among different impact assessment tools;
2. A clearer understanding by participants of the HIA process, the type of information required for implementing HIA, where to acquire such information and how to present it for maximum impact in the context of policy processes; and
3. The establishment of working groups on each of three selected case studies and development of preliminary time schedule for conduct of case studies.

Provided documentation

After the workshop participants were provided with an electronic folder via ShareFile system of WHO EURO including:

- All PowerPoint presentations and group exercises
- Scope and program of the workshop
- List of participants
- Reference source (file including websites, published paper references and HIA guidance)

Overview of the workshop content

November 13

Teresa Caldas de Almeida and Jose Maria Albuquerque on behalf of Fernando de Almeida, the Director of the National Health Institute Doutor Ricardo Jorge, who briefly welcomed participants and introduced them to the aim of the workshop, opened the workshop. In following Julia Nowacki on behalf of WHO EURO Bonn office welcomed the participants, summarized the program of the coming three days and gave a short introduction to subject of environmental and HIA and invited Gabriel
Guliš to launch the first session addressing key concepts of HIA. The importance of assessing the health implications of policies, plans, programmes and projects of different sectors has been long established. The methodology for HIA, one of the key approaches for inter-sectoral work, is currently established, and has been promoted, including by WHO, in several countries. In addition, in 2011, under the Polish Presidency in the Council of the European Union (EU), the Chief Sanitary Inspectorate organized a Ministerial Conference on “Solidarity in health – closing the health gap between European Union states” which included a workshop on “Implementing HIA: Implications for national and EU level”. HIA was (again) defined as an essential element of the Health in All Policies (HiAP) approach and a tool that aims to inform decision makers mostly outside of the traditional health sector on future consequences of current decisions.

Issues of the determinants of health theory, the relation of HIA to other impact assessments and the differences among of methodological steps within HIA were reviewed: It is widely recognized that there are many factors that determine the health of individuals and communities. Some of these factors are the responsibility of the health sector, such as the financing and provision of health care services. However, many of the factors that protect and promote health of populations are strongly influenced by the policies and actions of sectors beyond reach of health sector. For example, there is a strong relationship between the physical environment and health outcomes, such as air and water pollution, and often these issues are managed by environmental and other sectors, with limited or no direct involvement of health sector. Furthermore, differences in health also follow a strong social gradient, which reflects an individual or population groups’ position in society and subsequent differential access to and security of resources that are socially determined, such as education, employment, housing, as well as differential levels of participation in civic society and control over life.

HIA is one of the approaches designed, and established in several countries in the WHO European Region and globally, to promote the necessary inter-sectoral dialogue and ensure full consideration of the health implications of proposed policies and plans. HIA has evolved over the years to address key questions for informing and influencing policies, notably the question of health inequalities increasingly observed in contemporary society.

During the second session of the workshop Maria João Heitor dos Santos reviewed activities related to HIA conducted in Portugal during last decades. She summarized different capacity building events and called for systematic implementation. Portugal has a significant history of conducting capacity building activities in HIA yet systematic capacity building is missing. Hence, she called for systematic approach within the public health profession, the general health staff and also among civil servants. Manuela Felicio informed about the ongoing public health reform in Portugal and mentioned inclusion of South-Australian “health lens” approach in a pool of expected working methods after the reform is completed. This method is used routinely in South Australia and it is considered equivalent to HIA. She mentioned the plan to establish a national (regional and local) committee for HIA for 3-years’ time periods; the committee is expected to oversee HIA work in country (regions and local municipalities). The focus of the work should be on impact assessment of developmental plans. She also called for systematic implementation not only the conduct of HIA as such, but most importantly capacity building activities. The third speaker in this session, Andrea Silva, informed participants about conduct of a HIA-type case study addressing the issue of the impact of tobacco legislation on health in Portugal. She discussed the availability of data and informed participants about a published manuscript in Health Promotion International (Health Promotion International, daw076, https://doi.org/10.1093/heapro/daw076). The three presentations provided an excellent overview of history of HIA in Portugal and recent progress.

The third session of first day concluded the general part of the workshop and focused on health and environmental assessments such as EIA and SEA, and the potential of SDG oriented policies to support HIA development. Julia Nowacki first reviewed the issue of HIA-EIA-SEA collaboration both in theoretical and practical terms setting it into recent WHO and EU policy frameworks. As HIA is an
approach to estimate the health consequences of projects, plans and policies it can play a crucial role in governing health implications within whole-of-government and whole-of-society approaches like Health 2020, the European health policy framework, adopted in 2012 by the Member States of the WHO Regional Office for Europe. Within this approach HIA can play a crucial role by supporting decision-makers in and out of the health sector to address health impacts and inequalities, and ensure the health of future generations through the identification and estimation of possible impacts of proposed policies and activities. Through the implementation of HIA of policies, plans, programs and projects there is great potential for health gains; the same potential exist in EIAs and SEAs, if environmental and social determinants of health are considered, and environmental justice issues are addressed. While HIA is mainly voluntarily conducted in the majority of WHO Member States, environmental assessments are usually based on legal provisions like the European Directive on EIA (2014/52/EU) and the European Directive on SEA (2001/42/EC) as well as UNECE Espoo Convention on EIA in a Transboundary Context and its Protocol on SEA. Within these legal frameworks the impacts of different proposals on the health of the population have to be assessed by law. Hence, public health authorities need to be prepared to engage in environmental assessments.

Maria do Rosario Partidário summarized recent activities and knowledge on EIA and SEA in Portugal and invited all participants and sectors to work closely together to achieve bigger impacts in the policy making arena. Gabriel Guliš concluded the session by addressing the relation between SDGs and HIA. SDG can be perceived as a substantial justification for HIA as the 17 goals address all wider determinants of health. This might lead to a genuine win-win collaboration leading to better conduct of HIA and important role in achieving the SDGs.

Session 4 of the first day opened the specific workshop on HIA case studies. It was divided into two parts: and introduction of the three HIA case studies and in-depth lecture on key methodological steps in HIA. Pedro Graca introduced the case study on a simplified nutrition labelling system; Luciana Costa the case study on increasing health literacy in community’s and Vera Noronha de presented a case study about an HIA on contaminated soil at the former EXPO zone project (Parque das Nações-Lisboa). After a brief discussion of the case studies, it was agreed that the first two case studies should be further developed as advocacy type of HIA studies whereas the third topic as a community initiated HIA study. The first day concluded with an extensive introduction to screening and scoping steps of HIA by Gabriel Guliš and the agreement on starting the second day with small group work oriented toward screening exercise on three case studies.

**November 14**

Session 5 of the workshop provided participants a possibility to test the theoretical knowledge acquired during the first day of the workshop on conducting screening and scoping on three cases studies. The session started with a further summary on different impact assessment approaches and their differences. Participants were then assigned into three groups and used a screening tool of the National Public Health Institute of Ireland to screen the three case study proposals. In all three cases, working groups agreed that more descriptive work on the case studies need to be done before conduct of HIA can proceed. The following scoping exercise was therefore limited to discussing the potential steering group set up and the expected main issues for risk appraisal. Before proceeding to a detailed description of risk appraisal step of HIA, Paulo Nogueira presented a detailed presentation on data availability in Portugal. There is rich data availability in country including modern, geographic information system based tools. Principles of risk appraisal were postponed to session 7 later in afternoon.

Session 6 provided two very nice and important presentations from the national and the municipal level. First Ana Cristina Garcia reviewed from the Ministry of Health view the contribution of HIA to health systems governance and community well-being. This was followed by Mirieme Ferreira's
presentation on the inclusion of HIA in the practices of Healthy Cities in Portugal using the example of Seixal.

Session 7 finalized the review of HIA methodology by describing principles of risk appraisal and risk assessment by Gabriel Guliš and Julia Nowacki and discussed the subject of presentation of HIA results in terms of writing skills and technical as well as legal issues around final report of HIA. Due to the fact that all three case studies need more elaboration before risk appraisal question can be defined and analysis conducted, examples from practice of both speakers were used (Copenhagen case by Gabriel Guliš commented by Julia Nowacki).

November 15

For final day of the workshop Dr Carlos Dora, the former coordinator of the Protection of the Human Environment and Interventions for Healthy Environments unit at WHO, Geneva, joined the workshop facilitators. The first two hours of the day were spent on discussing implementation. Gabriel Guliš and Julia Nowacki presented theoretical considerations around HIA implementation and reviewed recent experience from Europe, Asia and USA on HIA implementation. The advantages and disadvantages of legal implementation were discussed and the issue of readiness of communities to conduct HIA was mentioned.

The final session of the workshop was a policy dialog with the aim of promoting alignment and consensus in the approach to this theme in Portugal. In order to achieve this goal, representatives of the Health, Environment, Education and Agriculture sectors were invited to participate in a round table. Participants in this discussion included Dr Nuno Lacasta (President of the Portuguese Environment Agency, APA), Dr José Robalo (Chairman of the Board of Directors of the Regional Health Administration of Alentejo, ARS Alentejo), Dr Júlio de Jesus (Portuguese Impact Assessment Association, APAI), Dr Fernando de Almeida Bernardo (General Director of the General Directorate of Food and Veterinary Medicine), Dra Isabel Lopes (Superior Technician of Directorate of Special Education Services and Socio-Educational Support from the General Directorate of Education), and Dr Alexandre Dinis (Director of the Department of Quality in Health from the General Directorate of Health, DGS). In addition, Dr Carlos Dora (Coordinator of Public Health and the Environment Department at WHO Headquarters in Geneva) and Dra Manuela Felício (Public Health Reform Commission (CRSP) had the function of energizing this policy dialogue introducing the theme and the new model of “Health Impact Studies” proposed by the CRSP for the Portuguese context. The Vice-President of INSA, Eng. José Maria Albuquerque, moderated the policy dialogue by asking questions for debate. Dr Carlos Dora also made some recommendations regarding HIA implementation processes in other countries, given his experience on this topic. In particular, he stressed the need for HIAs to be guided by the SDGs while the importance of involvement of various sectors through communication narratives with all stakeholders was pointed as a key step in the process of implementing HIA. Portugal was considered to hold a very good structured Public Health system and an already well established experience in EIA which could be crucial to further promote HIA. Focus on the need to use integration, public involvement, communication and media engagement to widely spread dissemination of HIA benefits (namely at the financial level) were considered equally important to sensitize all levels of the population to develop a sustainable HIA strategy based on their needs and expectations.

Following her presentation on 1st day Seminar concerning the proposal of CRSP for a model to implement HIA in Portugal, Manuela Felicio pointed out its instrumental character to facilitate Health Governance and aligned with the National Health Plan (PNS), centred in the main health priorities at national, regional and local level. In this model under discussion, a bottom-up/top-down approach was proposed while focus in inequity was considered a priority. Importantly, the creation of a national Coordination Commission comprising DGS, INSA and national Health Services
representatives was also foreseen. The character obligatory or voluntary of the studies to be implemented was discussed as a challenge to be considered in the national context.

Representing the APAI, Julio Jesus stressed the need to uniform the lexicon used by the different sectors when approaching the HIA/EIA thematic. A common agreed definition of terms should be met in order to promote communication between sectors and their cooperation towards implementation. Aligned with this view, the early involvement of the public and the “health on all policies paradigm” was seen as crucial for the development and sustainability of this area of study in Portugal.

In agreement with this idea, Dr Nuno Lacasta, further expressed the requirement for a “shared model of reflexion” in order to integrate environment and health sectors. Following the recent new Community Environment Directive demanding to incorporate a human health descriptor in Environmental Impact Studies (EIS), the urgency of this cooperation was highly welcomed and desired. Thus, the timely organization of the workshop was considered crucial to undertake the first steps to meet these objectives and follow a common plan between the two sectors. It was also pointed out that despite the lack of regulation, in EIS health has been systematically addressed in the past 40 years in Portugal due to its natural interaction with environmental factors. Thus, the need of further coordination between these sectors seems not only necessary but also urgent.

In this context, Dr José Robalo recalled the existence of an already existing “Plan of Health and Environment” done in close collaboration between DGS and APA and that could be revisited as basis for the new steps ahead. Also, it was pointed out the potential facilitator role of the “Regional Plans of Health” (PRS) concerning the implementation of HIA in Portugal.

According to Dr Alexandre Dinis, the focus of action should be taken in particular into formation and education of human resources to execute dedicated HIA. Thus, its results could particularly influence the PNS and be addressed not only to Health Ministry but to the whole of government in order to promote the “health in all policies” approach and the involvement of all ministries that develop measures with impact in health sector. Importantly, it was considered that it should be the Health Public Services, as DGS and INSA that should coordinate HIA with the involvement of stakeholders.

Dr Fernando de Almeida Bernardo noted that despite the importance of institutions to be involved in this process, one could not underestimate the crucial role of public opinion in the implementation of such studies.

The need for HIA focusing initiatives of “health education” was stressed by Dra Isabel Lopes who mentioned the “Health Education Reference” document as crucial in the orientation of this process. The importance to take into account “mental health” in children and adolescents was tackled and health literacy highlighted.

A general discussion with the public in the audience raised the issue of “independence need” in the development of HIA studies. The use of a robust methodology however was considered enough to guarantee this obligation. Consideration about analysis of costs was debated but conclusion was that inactivity results in higher spending. In general, it was considered that awareness raising of the advantages of HIA should be taken as a priority and knowledge on health determinants should be an investment to promote this kind of initiatives. Importantly, the involvement of various sectors in consensus was seen as crucial to motivate implementation of successful HIAs that should be driven by consumer needs and expectation in order to guarantee its sustainability.

The main conclusions of the policy dialogue focused on the need to promote a commitment from the various sectors involved in the HIA and should therefore be based on the use of a common glossary. It was also considered of the utmost importance to establish a dialogue between stakeholders in order to promote an HIA culture and ensure the success of HIA initiatives.
Conclusions - Final remarks

The workshop was conducted in a very positive, enthusiastic atmosphere. Participants agreed on:

- Organizing three working groups to complete the three HIA case studies
- The work should resume in mid-December and both Julia Nowacki and Gabriel Guliš expressed their interest and willingness to consult via e-mails, Skype calls, or a virtual meeting in one of available online meeting tools
- It is expected that the three case studies should be done within March 2018 May and a follow up workshop will be organized late March or early April 2018 early June in Lisbon, Portugal
- The issue of readiness survey will be discussed end of February 2018 with organizers of the workshop and potentially conducted so, that final result would be available to second workshop in spring 2018.
- Further awareness raising on HIA benefits are needed as well as further capacity building within the health sector.
- Environment and health sector can further intensify their collaboration and work together through environmental assessments such as EIA and SEA.
- There is a need to promote a commitment from the various sectors involved in the HIA, which should be based on the use of a common understanding.
- There is a need for a decision from the Health Ministry to clarify how to proceed in future, regarding the legislation and structures needed.
Annex 1. List of participants

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### Annex 2. Programme of the meeting

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Time</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 November</td>
<td><strong>Open seminar: HIA implementation in Europe and Portugal</strong></td>
<td>09.30 – 10.00</td>
<td><strong>Opening session and introduction</strong>&lt;br&gt;- Fernando de Almeida (Executive Board of National Institute of Health Doutor Ricardo Jorge, INSA)&lt;br&gt;- Julia Nowacki (WHO Regional Office for Europe)&lt;br&gt;- Teresa Caldas de Almeida (Department of Health Promotion and Non-communicable Disease Prevention, INSA)</td>
</tr>
<tr>
<td></td>
<td><strong>Session 1: An overview of health impact assessment – HIA key concepts &amp; terminology</strong></td>
<td>10.00 – 11.00</td>
<td>(Julia Nowacki, WHO &amp; Gabriel Guliš, University of Southern Denmark)&lt;br&gt;- Determinants of health including economic, environmental and social determinants&lt;br&gt;- Assessing health impacts from HRA and HTA to policy analysis, programme evaluation and HIA&lt;br&gt;- HIA – main concepts and key steps</td>
</tr>
<tr>
<td></td>
<td><strong>Coffee break</strong></td>
<td>11.00 – 11.30</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Session 2: Development of HIA in Portugal</strong></td>
<td>11.30 – 12.30</td>
<td>(Maria João Heitor dos Santos (Psychiatric Service at Beatriz Angelo Hospital)&lt;br&gt;- Implementation model of HIA studies in Portugal – Manuela Felício (National Commission for Public Health Reform)&lt;br&gt;- A study using LBD methodology: Impact assessment of the Tobacco Law with a focus on equity – Andreia Silva (Service of Disease Prevention and Health Promotion, DGS)</td>
</tr>
<tr>
<td></td>
<td><strong>Lunch</strong></td>
<td>12.30 – 14.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Session 3: HIA and health in environmental assessments</strong></td>
<td>14.00 – 15.30</td>
<td>(Julia Nowacki &amp; Gabriel Guliš)&lt;br&gt;- Linking HIA and Environmental Impact Assessment (EIA) and Strategic Environmental Assessment (SEA)&lt;br&gt;- The role of HIA in supporting the Sustainable Development Goals (SDGs)&lt;br&gt;- Environmental assessments and health in Portugal – Maria do Rosário Partidário (Centre for Management Studies of Instituto Superior Técnico)</td>
</tr>
<tr>
<td></td>
<td><strong>End of Seminar /Coffee break</strong></td>
<td>15.30 – 16.00</td>
<td></td>
</tr>
</tbody>
</table>
### 13 November  Workshop on HIA Pilot Studies

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 4a: The three HIA pilot studies – short presentations by the topic leaders</th>
</tr>
</thead>
</table>
| 16.00 – 16.30 | - A simplified nutrition information system on food labels – Pedro Graça (National Programme for the Promotion of Healthy Eating, DGS)  
- “Bem Entender a Saude“ (BEnS): increasing health literacy in communities project – Luciana Costa (Department of Health Promotion and Non-communicable Disease Prevention, INSAN)  
- Parque das Nações contaminated soils at the former EXPO zone – Vera Noronha (National Public Health Reform Commission, CRSPN) |

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 4b: Key steps in HIA – Mini lectures &amp; group work preparations</th>
</tr>
</thead>
</table>
| 16.30 – 18.00 | - Screening and scoping  
- Appraisal stage  
- Stakeholder consultation  
- Reporting  

Introduction of group work for day 2 on screening and scoping

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 1 end</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.00</td>
<td>Day 1 end</td>
</tr>
</tbody>
</table>

### 14 November  Workshop on HIA Pilot Studies

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 5: Key steps in HIA – Group work and mini lectures</th>
</tr>
</thead>
</table>
| 09.15 – 12.15 | - Screening & scoping (cont.) Progress report from day 1  
- Stakeholder involvement  
**Resources & tools: Data for HIA** – Paulo Nogueira (Service of Information and Analysis, DGS)  
**The appraisal stage** – Julia Nowacki, Gabriel Guliš  
- Assembling evidence: literature reviews exercise  
- Calculating the health impact  
Coffee break any time – tea & coffee available

<table>
<thead>
<tr>
<th>Time</th>
<th>Lunch</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.15 – 13.30</td>
<td>Lunch</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 6: Health in all Policies</th>
</tr>
</thead>
</table>
| 13.30 – 14.30 | - Contribution of HIA to governance of Health Systems and community well-being – Ana Cristina Garcia (Department of Epidemiology, INSAN)  
- Healthy Cities – Mirieme Ferreira (Portuguese Healthy Cities Network) |

<table>
<thead>
<tr>
<th>Time</th>
<th>Session 7: Key steps in HIA – Group work and mini lectures</th>
</tr>
</thead>
</table>
| 14.30 – 17.30 | - Communicating results to policy makers and the public: plan public presentations of results  
- Reporting back on findings of the group work and discussion  
Coffee break any time – tea & coffee available

<table>
<thead>
<tr>
<th>Time</th>
<th>Day 2 end</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.30</td>
<td>Day 2 end</td>
</tr>
</tbody>
</table>
### 15 November - Workshop on HIA Pilot Studies

**09.00 – 10.45**  
**Session 8: HIA implementation, workshop evaluation and next steps**  
(workshop facilitators & participants)

- HIA implementation across Europe – Gabriel Guliš & Julia Nowacki  
- Recap on previous days & outstanding issues, next steps/milestones for the HIA work in Portugal – Julia Nowacki, Teresa Caldas Almeida  
- Plenary discussion  

**10.45 – 11.00**  
Coffee break

### 15 November - Round table policy dialogue

**11.00 – 13.00**  
**Session 9: HIA in Portugal**  
Moderation: Fernando de Almeida (Executive Board of National Institute of Health Doutor Ricardo Jorge)

- Fernando D’Almeida Bernardo, General Director, Directorate-General for Food and Veterinary  
- Alexandre Dinis, Director, Department of Quality in Health (DGS), Directorate-General for Health (DGS)  
- Carlos Dora, Public Health and the Environment Department, WHO  
- Manuela Felicio, Coordinator, National Commission for Public Health Reform, Department of Public Health, North Regional Health Administration (ARS North)  
- Pedro Gaspar, General Inspector, Food and Economic Security Authority (ASAE)  
- Júlio Jesus, General Director, Portuguese Impact Assessment Association (APAI)  
- Nuno Lacasta, President, Portuguese Environment Agency (APA)  
- Isabel Lopes, Superior Technician, Directorate of Special Education Services and Socio-educational support (DGE), Directorate-General for Education (DGE)  
- José Robalo, President, Regional Health Administration of Alentejo (ARS Alentejo)  

**Closing remarks:** Fernando de Almeida, INSA
## Annex 3. Evaluation of workshop

<table>
<thead>
<tr>
<th>Please rate the following statements listed below by circling the appropriate rating (1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree)</th>
<th>Average (Overall: 4.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The content presented depend my understanding of HIA</td>
<td>3.9</td>
</tr>
<tr>
<td>2. The content presented today depend my understanding of the connection between EIA, SEA and HIA</td>
<td>3.8</td>
</tr>
<tr>
<td>3. The content presented depend my understanding of how to address equity through HIA</td>
<td>3.9</td>
</tr>
<tr>
<td>4. The content presented depend my understanding of how to engage stakeholders in HIA</td>
<td>3.9</td>
</tr>
<tr>
<td>5. The content presented depend my understanding of how to assess impacts in HIA</td>
<td>3.9</td>
</tr>
<tr>
<td>6. What did you find most useful about the workshop?</td>
<td>case studies, group work, exercises, practical examples, definitions, systematization of different health assessments</td>
</tr>
<tr>
<td>7. Are there questions that the training raised that were not answered?</td>
<td>more examples, more time, more practical exercises, more on quantitative and qualitative methods</td>
</tr>
<tr>
<td>8. Connecting environmental, social, and political conditions and health</td>
<td>4.1</td>
</tr>
<tr>
<td>9. Differences between HIA, HRA, and evaluation</td>
<td>3.9</td>
</tr>
<tr>
<td>10. Introduction to HIA</td>
<td>4.4</td>
</tr>
<tr>
<td>11. Linking environmental assessments with health and HIA</td>
<td>4.2</td>
</tr>
<tr>
<td>12. Examples of HIAs</td>
<td>3.9</td>
</tr>
<tr>
<td>13. Step 1: Screening</td>
<td>4.4</td>
</tr>
<tr>
<td>14. Step 2: Scoping</td>
<td>4.4</td>
</tr>
<tr>
<td>15. Step 3: Stakeholder engagement</td>
<td>4.1</td>
</tr>
<tr>
<td>16. Step 4: Appraisal phase</td>
<td>4.1</td>
</tr>
<tr>
<td>17. Step 5: Reporting</td>
<td>4.1</td>
</tr>
<tr>
<td>18. HIA development in Portugal</td>
<td>3.8</td>
</tr>
<tr>
<td>19. HIA and Health in All Policies</td>
<td>4.2</td>
</tr>
<tr>
<td>20. HIA implementation</td>
<td>3.8</td>
</tr>
<tr>
<td>21. Overall, the workshop meet my expectations</td>
<td>3.9</td>
</tr>
<tr>
<td>22. Is there anything about the training that you would recommend we change in the future?</td>
<td>more time, more practical exercises, theoretical lectures in the morning, more real case studies</td>
</tr>
</tbody>
</table>
Please rate the following statements listed below by circling the appropriate rating (1-strongly disagree; 2-disagree; 3-neutral; 4-agree; 5-strongly agree)  

<table>
<thead>
<tr>
<th>Statement</th>
<th>Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>23. I was satisfied with the workshop facilities (plenary room / group rooms)</td>
<td>4.2</td>
</tr>
<tr>
<td>24. I was satisfied with the food/drinks provided at the breaks.</td>
<td>4.7</td>
</tr>
<tr>
<td>25. I was satisfied with the pre workshop registrations process.</td>
<td>4.5</td>
</tr>
<tr>
<td>26. Any other comments?</td>
<td>-</td>
</tr>
</tbody>
</table>
The WHO Regional Office for Europe

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