Experience with HIA at national policy level in the Netherlands

A case study

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THE POLICY LEARNING CURVE SERIES

Through its Policy Learning Curve Series, WHO’s European Centre for Health Policy (ECHP) provides timely information on health policy developments in European countries. As far as possible, these developments are described by those who were active participants in the process. This allows insight into the policy environment in which they took place, the motivation behind such processes, and the experiences of some of the major stakeholders. The present case study of experience with developing Health Impact Assessment (HIA) in the Netherlands, offers just such insight.

We believe that, in this way, policy-makers and students of policy development across Europe will have easy access to emerging developments, or thoughtful analyses of past events that have shaped policies for health. By sharing this experience, we trust that the capacity to assess what might work or not work in other countries or regions will be strengthened.

The aim is to go beyond the rather narrow circle of people who read scientific articles on policy development, to reach those who actually take the decisions to make policy happen. Authors have therefore been requested to present up-to-date information on and insight into health policy development processes based on available evidence and experience, without the formal demands of a scientific article, but to provide core references to potential further reading.

These papers and further information on the work of the ECHP can be found on our web site (http://www.who.dk/hs/ECHP/index.htm). If you are particularly interested in the issue of HIA, please check also our series of Health Impact Assessment Discussion papers.

Dr Anna Ritsatakis
Head, European Centre for Health Policy
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Gerard Varela Put¹, Lea den Broeder², Manon Penris³, Ernst W. Roscam Abbing⁴

1. Introduction

In this document we present the Netherlands experience with health impact assessment (HIA) over the past decade.

In section 2 we describe the history of the development of HIA as a new way to look at intersectoral policy and intersectoral action. Some important policy developments and documents are described that led to the establishment of an office in the Netherlands School of Public Health and the institutionalization of HIA in the mid-1990s.

In section 3 we present the way we have developed HIA over the past six years. After describing some theoretical and methodological ideas, we present our experience with HIA in practice.

In section 4 we bring up some critical issues regarding HIA, and we complete the document with some contemplations on the future.

2. The development of HIA in the Netherlands

2.1 Policy developments that led to the beginning of HIA

The development of HIA in the Netherlands has to be seen in the context of a pluralistic health system with an emphasis on health service policy. Nevertheless, there was growing interest, both in health policy and in health research, on factors outside the health sector that had an influence on health. This could be seen in the development of scenarios such as the Public health projections reports, and in research programmes on socioeconomic health differences. In 1986, the State Secretary for Health presented a

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comprehensive memorandum in which intersectoral policy was mentioned (1). In 1992, the document *Prevention policy for public health*, which included a chapter on priorities for intersectoral policy, was sent to Parliament. In this document HIA is mentioned as a tool for intersectoral policy, especially for addressing socioeconomic inequalities in health (2).

To explore the possibilities for HIA, in 1993 the Ministry of Health commissioned an expert report (3). This report recommended (among other things) that a start be made on experimental screening of national policy proposals for health impacts, in order to get an idea of:

- the difficulties in assessing the risk of unwanted health effects
- the time (plus variation) needed to assess proposals
- the need for documentation
- the incidence of proposals with a possible impact on health
- the frequency with which such proposals are recognized in the official policy process
- the description of such policies
- the health determinants most commonly influenced by policies.

The expert report also recommended studying the development of a quickly accessible (probably international) documentation system. The report was discussed during an intensive workshop in 1994. Scientists and policymakers, some of them experienced in other impact assessments (such as environmental impact assessment) made an attempt to further clarify the concept and practical possibilities of HIA. The workshop concluded that, despite quite a number of uncertainties, HIA was a useful tool that should be developed. It was also concluded that a standardized legal procedure was not (yet) feasible or desirable.

2.2 Development of HIA

Following the expert report and workshop, the Minister of Health in the health policy document underlined the importance of a methodology that could result in the “estimation of impacts of policy measures on health status” of the Netherlands population (4). As a result of this statement, a plan of action to develop HIA was sent to Parliament in May 1995 (5). This plan contained five major components:

1. making an inventory of existing methods and tools for impact assessment in the Netherlands, as well as foreign experience;
2. working out methods for estimating the size and significance of impacts on health of policy proposals;
3. developing procedures for HIA;
4. experimental performance of HIA; and
5. investigating the possibilities for the institutionalization of HIA.
An annual sum of € 230 000 was made available for carrying out the plan of action. In 1995, the Dean of the Netherlands School of Public health (NSPH) was asked to give technical assistance to this plan of action by setting up a help desk to support the Ministry. In 1996, an Intersectoral Policy Office (IPO) was set up within the NSPH, led by Professor Roscam Abbing of the University of Nijmegen together with a small steering committee.

In 1996, a study by Kim Putters was published (6) and sent to Parliament in July 1996 as an appendix to the second letter to Parliament regarding HIA (7). In this study several impact assessments and two tests (being) developed in the Netherlands are compared. The study concluded that there were two ways of carrying out an HIA. The first is a “rational” process according to fixed protocols and procedures, resulting in quantitative measures of health effects. The second is what Putters calls an “incremental” process, in which procedures and methods are chosen in interaction and negotiation with different actors. The product here is the consensus reached about health interests and health effects. The choice between the two options depends on the specific situation in which the HIA is to be performed.

In her letter accompanying the study, the Minister of Health concluded that HIA is possible, even though many cause–effect relations are hard to quantify. For each HIA, policy options should be discussed with a view to choosing the approach with the best expected health impact.

3. Implementation of HIA on national policy level in the Netherlands

3.1 Establishment of HIA within the NSPH

As described above, since 1996 the Ministry of Health has been assisted in developing HIA by the IPO within the NSPH. This office was established especially for this task and has no other activities. It has grown from two staff members (including the project manager) and a secretary in 1996 to four staff members and two secretaries in 2001. The total annual budget has increased from € 230 000 to € 340 000, while that for HIA has increased from € 65 000 to € 95 000. The IPO is financed by the Ministry, but has independent control over its budget.

The IPO is positioned at the NSPH because:

- the development of HIA is (still) seen as experimental;
- HIAs commissioned by an independent external organization might be more acceptable to those “being assessed”;
- as a strong network organization with close links to academic institutes as well as numerous nongovernmental organizations and research institutes, the NSPH has a relative independent position as a commissioner of HIAs; and
- the NSPH is not a research institute and therefore cannot favour itself.
NSPH/IPO activities fall into two major categories. First of all, it is responsible for commissioning experimental HIAs on national policy proposals. Second, NSPH/IPO is asked to develop HIA methodology, including building a network of relevant organizations for HIA in the (public) health sector as well as other sectors such as education, finance, defence, environment and social affairs.

3.2 Experimenting with HIAs

With respect to the experimental HIAs, the working relationship between the Ministry and NSPH/IPO is shown in Fig. 1.

![Fig. 1. Working relationship between the Ministry of Health (MOH) and the NSPH/IPO](image)

**Note:** the intended or perceived roles of the Ministry and the NSPH/IPO at each stage are represented by the relative size of the boxes.

Both the Ministry and the NSPH/IPO make efforts to screen the policies of other ministries for those who might have an impact on health. The intention is that this should be a major activity of this particular department of the Ministry with the NSPH/IPO giving only technical and methodological support, whereas in practice the NSPH/IPO plays a major role in this. After the Ministry and the NSPH/IPO have agreed on a topic, an official request is sent from the Ministry to the NSPH in which the NSPH is asked to set up, coordinate, execute or commission a health impact screening (HIS) or a health impact assessment (HIA). An HIS is a more superficial assessment, more or less comparable to the HIA rapid appraisal as discussed in the Gothenburg...
consensus paper (8) while an HIA is a more extensive, focussed and in-depth assessment.

The main role of the NSPH/IPO in this phase is to find appropriate research institutes to conduct the HIS or HIA.

Since 1996, the NSPH/IPO has produced or coordinated 20 experimental HIAs (Table 1).

Table 1: HIAs produced or coordinated by NSPH/IPO

<table>
<thead>
<tr>
<th>Year</th>
<th>No.</th>
<th>Subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>1996</td>
<td>HIS 001</td>
<td>Energy tax regulation (Ecotax)</td>
</tr>
<tr>
<td>1996</td>
<td>HIS 002</td>
<td>High-speed railway</td>
</tr>
<tr>
<td>1997</td>
<td>HIS 003</td>
<td>Tobacco policy (2 reports)</td>
</tr>
<tr>
<td>1997</td>
<td>HIS 004</td>
<td>Alcohol and Catering Act</td>
</tr>
<tr>
<td>1997</td>
<td>HIA 005</td>
<td>Reduction of the dental care package</td>
</tr>
<tr>
<td>1998</td>
<td>HIS 011</td>
<td>National Budget 1997/Annual survey of care</td>
</tr>
<tr>
<td>1998</td>
<td>HIA 012</td>
<td>Tobacco policy</td>
</tr>
<tr>
<td>1998</td>
<td>HIS 013</td>
<td>Election programmes of political parties</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 015</td>
<td>Housing forecast 2030</td>
</tr>
<tr>
<td>1998</td>
<td>HIS 016</td>
<td>ICES (&quot;Operation Interdepartmental Commission for Economic Structural</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Reinforcement&quot;) (2 reports)</td>
</tr>
<tr>
<td>1999</td>
<td>HIA 017</td>
<td>Identification of policy areas influencing determinants of five major</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health problems</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 018</td>
<td>Occupational Health &amp; Safety Act and Monitoring (see HIS 021)</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 019</td>
<td>24-hours economy (see HIS 021)</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 020</td>
<td>Coalition agreement 1998</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 021</td>
<td>Employment policy proposals and health effect screening</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 022</td>
<td>National Budget 1999</td>
</tr>
<tr>
<td>1999</td>
<td>HIS 023</td>
<td>Regional development policy (pending)</td>
</tr>
<tr>
<td>2000</td>
<td>HIS 024</td>
<td>National Budget 2000</td>
</tr>
<tr>
<td>2001</td>
<td>HIA 025</td>
<td>Housing policy (in process)</td>
</tr>
<tr>
<td>2001</td>
<td>HIS 026</td>
<td>National Budget 2001</td>
</tr>
</tbody>
</table>

The HIS/HIAs shown in Table 1 are most of all *ex-ante* evaluations of national policy proposals, and mainly include examples of health impact rapid appraisal, health impact analysis and health impact reviews. A short description of each HIA is given in Annex A.

Over the years, areas of investigation have been shifting from the Ministry’s own policies towards those of other ministries, and from small experimental set-ups towards more comprehensive HIAs.
3.3 HIA methodology: theoretical notions

The works of Roscam Abbing and Putters were used as the methodological basis for experimenting with HIA (3,6). Some essential elements were the following.

- A three-phase model was used: (A) case-finding, (B) assessing impacts on health, and (C) using the results of A and B to influence intersectoral political–administrative decision-making in favour of health.
- No legal framework was available, nor was it considered desirable.
- The goals were: (a) influencing policy deliberations in favour of health, (b) increasing long-term awareness of the impacts of policies on health, (c) agenda-setting (getting and keeping health on the agenda), and (d) increasing the probability of health interests receiving structural attention.
- Methods were developed to perform a rapid impact assessment (< 3 months/HIA), with a focus on phase A and goals b, c and d.
- “Questionable” policies were selected using a checklist.
- HIA was used as early as possible in the policy-making process. The underlying idea is that policies that are still on the “drawing board” are easier to influence than those up for final debate in Parliament. A possible integration of HIA into the policy-making process is shown in Fig. 2 and 3.

**Fig. 2. Possible integration of HIA into the policy-making process**

The model shown in Fig. 2 can be used as a framework within the Ministry of health but also between the Ministry (commissioning the screening) and other
ministries (the proponents) and even as part of the parliamentary process. Last year the Council for Health and Care recommended *inter alia* that the Ministry should not have the monopoly on HIA but other national, regional and local authorities could commission HIAs (9). As part of the recently implemented policy programme on public health, the Ministry suggested HIA at local level (10).

HIA can be integrated into the policy process, where it is carried out as a preliminary screening (quick scan or rapid appraisal) in order to find health-relevant topics (case-finding). This screening can take place within the Ministry since civil servants are in a position to know about new policies at an early stage. This kind of screening can also be done outside the Ministry; this is now the case in the Netherlands, where the NSPH screens most policy proposals at national level. Theoretically, the screening can also be carried out by the initiating ministry (this is already the case with gender impact assessments; other departments are obliged to evaluate their own draft proposals).

If health effects are expected, and if they can be evaluated, the HI screening can be used within the Ministry to reconsider further action. One possibility is that the Ministry itself decides that further assessment is needed, after which the other ministry (the proponent) is confronted with the outcomes of the HIA (reactive intersectoral policy). Another possibility is that the Ministry finds it more appropriate to inform the proponent about the results of the HI screening and invites the other ministry to work together regarding the proposal involved, in order to prevent negative health effects or to reduce the effects by means of mitigating measures (proactive intersectoral policy).

It greatly depends on the administrative as well as the political context within the Ministry and/or between the Ministry and the other ministries (and the position of the Ministry in the Cabinet) how the Ministry will proceed. Besides the hierarchy among ministries, timing is crucial to the success of any kind of intervention and therefore also crucial to any kind of impact assessment (see also section 3.2). A study by the University of Nijmegen regarding the effectiveness of the gender impact assessment (11) concluded *inter alia* that the windows of opportunity close when the proposal is no longer a draft version but has already become or is perceived to be a formal proposal, even when it is still a green paper (within the administration of that specific ministry).

Different outcomes can occur when health impacts are discussed. Such consultation can result in the proposal being accepted, in adjustments or amendments being made, or the proposal being withdrawn. In any case, there will probably will be some measure of negotiation between the different or even incompatible interests involved. It is also possible that the parties persist in their different points of view and there is no agreement among the civil servants involved. The issue is then to be brought up with the political representatives, either within the Ministry of Health or between the Ministry...
and another ministry. As a result of this, a political decision is made or it is decided to commission an HI analysis or HI review. In his study, Roscam Abbing (3) suggested options such as implementing an HIA after consultation with Parliament or, at regional and local levels, the provincial authorities or city councils.

With regard to the screening of policy proposals, Fig. 3 shows the possible outcomes.

**Fig. 3. Possible outcome of screening**

```
Policy proposals

Assessable
  Health impact expected
    Documented
      Causal relation understood
    Not documented
      Statistical correlation
      Logical relation
      Suspected link

Not assessable
  No health impact expected
```

In her letter to Parliament in 1995 (5) the Minister of Health stated that HIA should not be limited to easily assessable and quantifiable issues (causal relationships). She contended that it should clearly be possible to describe health effects in a qualitative and/or tentative way using case studies or even well reasoned assumptions. Although in theory this point of view provides the opportunity for a wide range of assessments, in practice this is much more difficult. There is often a need for quantitative data to convince other parties of potential negative health effects or health benefits.

In 1996, the first two assignments from the Ministry of Health were followed by a second batch in 1997. These included ten HIA requests, of which four were eventually carried out. At the same time work began on the methodological issues as mentioned above, such as case-finding (screening and “scoping”)

5 According to the Gothenburg consensus paper (8), a process of scoping takes place when the first screening has shown potential health impact. Scoping is defined as the process determining (a) which potential direct and indirect health effects of the proposed policy,
3.4 HIA methodology: screening and scoping in practice

We first developed an HIA checklist, in order to obtain a practical and applicable instrument for screening and scoping, and we worked on systematizing and finding practical methods for case-finding.

The checklist was first drafted in 1997 and was finished in 1998. In 1998/1999 customized software was developed in order to have a digital version for personal computers available as well as a paper version. It was also intended that the checklist could be used as a rapid instrument for HIA by officials at both national and local levels.

The checklist was developed to be used as a practical tool in order to evaluate specific policy proposals with regard to their relevance to health and their potential health effects. The checklist contains a structured list of questions and check boxes in order to describe and evaluate a proposal. One of these questions regards the potential influence of the policy proposal or the intended policy on one or more of the determinants we distinguish (see Table 2). Any proposal is judged as being relevant if one can tick one or more of the health determinants.

Table 2. Determinants of health as used by NSPH/IPO

<table>
<thead>
<tr>
<th>Lifestyle</th>
<th>Physical environment</th>
<th>Socioeconomic environment</th>
<th>Health care system</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>Environment</td>
<td>Income</td>
<td></td>
</tr>
<tr>
<td>Alcohol, tobacco, drugs and gambling</td>
<td>Housing conditions</td>
<td>Education</td>
<td></td>
</tr>
<tr>
<td>Exercise</td>
<td>Safety</td>
<td>Employment</td>
<td></td>
</tr>
<tr>
<td>Safe sex</td>
<td>Other</td>
<td>Social contacts and</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td>Welfare</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Recreation</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

Although the checklist is intended to be used to screen policy proposals, it has not yet been proved that it is suitable for evaluating policies, programmes and/or projects. Tests on specific proposals show that it is difficult or even impossible to get clear-cut answers. Section 4 explores some other aspects of the applicability of the checklist.

The following methods for were used in case-finding.

- Parliamentary documents (white papers, reports of committee meetings, etc.) available through Internet were screened daily. This is done in two steps: first a screening by title only (50–100 per day) and a subsequent programme or project need to be further considered; (b) with regard to which population; and (c) by which methods, with which resources, with whose participation and by which time.
screening of possible health-relevant documents. A useful “side effect” of this activity is that it provides an opportunity to see how (old and new) policies develop. The minutes of parliamentary meetings are also helpful in evaluating the impact of HIAs in political debates, for example if HIA reports are referred to or if the need for HIA on a specific topic is expressed.

- The National Budget is systematically screened. This provides a good idea of oncoming major governmental policies that might be relevant for health. Close scrutiny of the annual parliamentary debate on the National Budget is also useful. Up to now four screenings have been conducted (see Table 1). A subsequent analysis revealed that a two-year frequency was sufficient, and was reliable enough. It was recently decided to screen about half of the ministries each year.

- In the Netherlands each ministry has one or more advisory bodies. The reports of these bodies are often used as input for new policy (or at least one can assume that they will be followed up). Thus screening the programmes of these bodies and screening specific reports can help to track potential new policies at a very early stage, perhaps even before they are drafted.

3.5 HIA methodology: HIA in practice

As already mentioned, the first HIA was conducted in 1996 and up to now 20 reports have been commissioned (see Table 1). These HIAs are extremely varied, not only regarding the subject but also in the way they were initiated and at which point in time they were carried out in terms of the administrative or political process. It is clear that HIA reality differs from the theory, at least as far as Netherlands experience goes. We present below comments on a few examples of our HIAs. Brief descriptions of all HIAs are given in Annex A.

Regulatory levy on energy (Ecotax)
This HIA was conducted at a very late stage in the process, namely as a result of a debate in the Upper House. Within the HIA framework itself one would not normally consider an HIA at such a stage. Also, it did not fit with our own intended early-stage HIA (see section 3.1). Nevertheless, this HIA has had a demonstrable effect (see Annex B), raising the question as to what extent one may speak of HIA in relation to evaluating policy proposals. On the other hand, this issue was not yet implemented policy. Last year the Council for Public Health and health Care (9) recommended *inter alia* that HIAs should also be requested or commissioned by Parliament. So perhaps windows of opportunity can occur at different stages.

Policy to discourage smoking
In the case of this policy the Ministry of Health requested an HI rapid appraisal (comprising two reports) in 1996/1997, and this was followed by a second request for a in-depth HI analysis in 1998. The rapid appraisals were used in
the intersectoral (administrative) deliberations between the Ministry of Economic Affairs and the Ministry of Health at a preliminary stage, whereas the review was used to underpin the Ministry’s explanatory memorandum with regard to the proposed (new) tobacco policy. All this was merely an internal process, although all political parties referred to the HI analysis during the parliamentary discussion on the memorandum (the HI analysis was sent to Parliament before the memorandum).

**Housing forecast 2030**

As part of the case-finding (screening and scoping) the housing policy was traced through screening of the Annual Budget 1999 and judged to be health-relevant. Subsequently, an HI rapid appraisal was commissioned, followed by an expert meeting. A long process of intersectoral communication and negotiation finally lead to a consensus to conduct an HI review. This HIA is further discussed in section 4.2 and in Annex C a time schedule is presented describing both the HIA process and the policy process.

Up to recently, health inequalities were not systematically included in HIA of national policies in the Netherlands. Only one HIA (tobacco) explicitly refers to the impact of the policy proposal on socioeconomic differences in health. In a more implicit way, however, health inequalities have been addressed in the work carried out. The checklist, discussed earlier, includes key determinants of socioeconomic inequalities in health: employment, education and income. It also contains questions focused on vulnerable groups such as migrants, the unemployed and the poor, although explicit questions related to the distribution of health effects between different groups are lacking.

The IPO is starting to work out ways of implementing an equity approach in HIA. In the Health Impact Review on National Housing Policy, for instance, specific attention is being paid to equity matters (including gender-based inequalities). A supportive factor is that currently, in national as well as local health policies, reducing socioeconomic health differences is considered an important issue.

**3.6 HIA Methodology: influencing and modifying policies**

The proof of the pudding is the eating, and thus the third and last stage of HIA is the most essential. With regard to the effect of the assessments commissioned by the NSPH, the following remarks can be made.

In principle the Ministry of Health is responsible for implementing the results of HIAs. This means that the Ministry should make efforts to ensure adjustments or modifications, or even cancellation (see Fig. 2). From a formal point of view, the NSPH/IPO has no important role to play at this stage, but it remains to be seen if this will be the case in the future.
In 1999 the Minister of Health stated her opinion in a letter to the Lower House (12) (see Annex B). Apart from the issue of influencing other policies, the growing number of HIAs demands the development of methods and a practical approach regarding intersectoral action for health. In 2000, therefore, the Ministry requested more assistance from the NSPH/IPO.

4. HIA and national policies: what can we learn from the Netherlands case?

4.1 Case finding – which proposals to assess?

As described in section 2.1, experimenting with HIA at national policy level in the Netherlands was begun in order to get a feeling for the time needed to assess proposals, the incidence of proposals with a potential health impact, and the frequency with which proposals are recognized as such in the official policy process and in the description of these policies. These questions all relate to the process of selecting, screening and scoping HIAs.

The screening of the National Budget is appreciated by the Ministry as it provides a broad but succinct view of current policy proposals and shows health relevance at a glance (all proposals are presented and combined with the health determinants in a matrix). Nevertheless, it is difficult to select 10 issues for further consideration from an original list of 100 relevant issues. Therefore as an experiment we plan to invite a few research institutes to make a rapid appraisal based on the outcomes of the National Budget screening. These reports should provide more content and administrative details, and should be available shortly after the screening. As already mentioned, the secondary analysis concluded that screening is possible on a two-year basis. This will give more time to attend to the follow-up (separate appraisals, submission to the Ministry, etc.) and to plan and commission HIAs.

The screening and evaluation of parliamentary documents and advisory reports, apart from providing information, are meaningful only if this information can be passed on to and discussed with the Ministry and taken over by the Ministry counterparts for further action. This, however, is not the case.

With regard to the content evaluation of proposals of different kinds, the aim was that the HIA checklist would guide Ministry officials in the case-finding process. However, since the role of the Ministry in this phase of HIA has not been developing as anticipated, this checklist has not yet been implemented within the Ministry (although surprisingly it is now being tested at local level in cooperation with 15 cities). It is also not yet clear whether this tool can be fully used as an HIA rapid appraisal to describe and evaluate specific policy proposals.
4.2 HIA and timing

A considerable problem with HIA in the context of national policies is timing. Conflicting realities make timing difficult.

On the one hand, the willingness of the proponent to cooperate with an HIA process and to implement any outcome decreases with time, assuming that there are opportunities at an early stage. Most policy-making processes include some intersectoral aspects. In this idea-forming stage, a logical suggestion in a positive atmosphere can easily result in the recognition of the health impact by the proponent. However, when a Minister of Health raises the same concerns when the proposal is finally before Parliament after two years of hard work, the Minister needs to present a solid argument backed up by a detailed analysis of expected impacts.

On the other hand, many proposals remain vague and abstract ideas change rapidly until a very late stage of development. Scoping of an HIA is hardly possible in such situations. A good illustration of this dilemma is the screening and scoping phase of the HIA on housing policy (see Annex C). When this HIA was begun in April 1999, two Green Papers identifying relevant trends and problems were available, which, however, did not contain any form of proposal. In December 1999, a confidential conceptual White Paper was circulated, which, however, was still subject to major change. In March 2000 the first official draft was sent to the Ministry of Health for consultation, asking for comments within a few weeks. In May the draft White Paper (including 69 proposals!) was published and sent to a number of advisory boards (those of the Ministry of Health were not included). In a meeting in April 2000 between the NSPH, the Ministry of Health and the Ministry of Housing about scoping the HIA, it was felt that such an HIA could no longer have any impact on the draft, and it was decided to use the outcome of the (by then accepted) White Paper.

Thus, when there were opportunities to bring forward health aspects in the general public debate preceding the Green Paper on Housing Policy, there were no proposals to be assessed. By the time the proposals were becoming clear there was no time or willingness to cooperate with an HIA that could still have an impact on the draft policy. This example illustrates the delicacy of HIA timing in the policy-making process, especially when the aim is to assess specific proposals and not major trends. In the case that an HIA is still conducted, it should be supported at the highest level by the Ministry of Health if it is to have any impact when finished.

Fortunately, the draft proposal appears to have a quite positive approach to health (especially concerning to wellbeing and health care in relation to aging) but there were still different opinions on the concept of promoting health. For example, during the intersectoral consultation it suddenly became clear to the other party (i.e. civil servants of the Ministry of Housing) that their overall policy would have negative effects for physical exercise. Elevators, for
example, are a prominent feature of buildings, while staircases are perceived as a secondary facility and are sometimes even placed out of sight. Another example is that the housing policy aims to get people as quickly and easily as possible from one place to another and consequently neglects opportunities for physical exercise.

After this conceptual breakthrough, HIA was judged in a more positive way and the health targets of the Ministry also became better understood. During 2000, representatives of both ministries and the NSPH finally agreed on an in-depth HI review on the Housing Policy. The results of this HIA will be available at the end of 2001.

4.3 HIA and counterparts

A strong influence outside the Ministry of Health can help promote the development of HIA, especially at a stage when the instrument still has to prove its value. The daily reality in a ministry is that civil servants are occupied with urgent matters. In such a context something as new and difficult as HIA is likely to have less priority than such perceived “urgent matters”. This, however, is not the only way of working. The Minister of Health should be responsible for assessing the health effects of national policies outside the direct health domain. The most appropriate way of exercising this responsibility in relation to HIA would be to implement HIA throughout the Ministry and make it part of the daily work of all departments. Creating an independent screening and assessment facility outside the Ministry might suggest that the Ministry is released from this responsibility.

In any case, HIA and/or intersectoral policy regarding health succeed or fail depending on the (lack of) commitment and efforts by the Ministry of Health. Up to now there has been very little follow-up by the Ministry. The early HIAs coordinated by the NSPH (see Table 1) were mainly Ministry of Health topics and/or proposals that were already at a final stage. Furthermore, there has been little attempt by the Ministry to influence the policy proposals of proponents. The letter to Parliament (see Annex B) shows some gaps compared with all the assessments carried out from 1996 onwards (comparing Table 1 and Annex A), and in her explanation the Minister was modest as to the effectiveness of HIA. On the other hand, this is not surprising bearing in mind the intended HIA experiment (see section 2) and the fact that HIA was quite unknown until recently.

Other changes within the Ministry are also needed to achieve the necessary intersectoral and HIA awareness. Up to now the Ministry has been responsible only for the effectiveness of the health care system, such as financing, waiting lists and adequate response to emergencies. Paying attention to these important and far-reaching issues is logical and understandable, but at the same time makes it difficult to introduce new concepts. This is reflected in the small proportion of the national budget for
health that is spent on public health in general and for intersectoral policy/HIA as a part of public health.

Furthermore, increasing awareness within the Ministry of HIA and intersectoral policy implies a new way of thinking (i.e. looking at health effects outside the Ministry’s domain). In its advice on intersectoral policy the Netherlands Council for Health and Care exceptionally recommended several organizational improvements.

4.4 Thoughts on the future

On the basis of several advisory reports (9,13–15) and experience since 1996 with the HIA reports, the Ministry of Health will reconsider its current attitude to intersectoral policy and HIA. The following issues have been raised.

- Should HIA imply a broad range of policy areas or should it be limited to the priorities of the Ministry’s policy itself (such as lifestyles and health inequalities)?
- Should HIA be a part of the Ministry’s intersectoral policy (applicability, usability, implementability of the HIA instrument) or should other possible strategies be preferred?
- Are methodological tools available (or can they be developed) for making an adequate selection among policy proposals?
- Should HIA at national policy level be institutionalized more formally (for instance by a Cabinet White Paper)?
- Should HIA be situated at a high (strategic) administrative level?
- Should HIA be the responsibility only of the MOH or also of other ministries?
- Should HIA be implemented at national or local level or both?

The answers to these questions will influence the focus of and methods used in HIA and intersectoral policy. They will also be reflected in the continuing work of the NSPH/IPO in supporting the Ministry.

At the moment the Ministry is not really convinced that HIA is an applicable and usable tool with regard to the protection and improvement of health. In addition, the Ministry has set out new policy for HIA to be developed at local level and tends to put the responsibility for HIA and its implementation with the other ministries. The Ministry intends to withdraw from HIA initiatives, except for some of its own initiatives (to be specified).

Therefore the current considerations within the Ministry as to its formal position will be of crucial importance for the future of HIA in the Netherlands.
References


Annex A

OVERVIEW OF HEALTH IMPACT SCREENINGS COMPLETED OR IN PROGRESS

001 Regulatory levy on energy (Ecotax) (HI screening)
As a result of a debate in the Upper House of Parliament at the beginning of December 1995, in which several parliamentary parties expressed concern about the effect of the introduction of a regulatory energy levy on the income of various groups, most notably the chronically ill and the disabled, an investigation took place into the question of whether the chronically ill and the disabled consume more energy. This study was carried out by Erasmus University/Public Health Institute in Rotterdam and ipso facto in Houten. On 24 May 1996 the report was presented to the Ministry. This screening was subsequently one of three research reports incorporated into a memorandum dated 27 November 1996 and submitted to the Upper House by the State Secretary of Finance (Parliamentary documents 24 250 and 24 344).
Status: completed (1996)

002 High-speed rail link (HI rapid appraisal)
During the debate on 10 September 1996, the Minister of Health, Welfare and Sport was asked questions regarding the influence of dust from the rails and overhead lines, and the effect of carbon on the health of those living near the track. The government department passed these parliamentary questions on to the Netherlands School of Public Health (NSPH). The Toxicology Advice Centre at the National Institute of Public Health and Environmental Protection (RIVM) drew up a report on the issue. The report was presented to the Ministry on 22 October 1996. The Minister then answered the questions posed in a letter dated 4 November 1996 (Parliamentary document 25 000 XVI No. 11).
Status: completed (1996)

003 Policy to discourage smoking (HI rapid appraisal)
With regard to the Policy to Discourage Smoking (TK 24743), a number of measures were planned by the Ministry of Health, Welfare and Sport and the Ministry of Economic Affairs. These measures were based on the Tobacco Policy Paper issued in 1996 and consultations with the Lower House’s Standing Committee on Public Health. In order to gain an insight into the possible effects of these policy proposals, research was undertaken by the Health Education Department at the University of Maastricht and the Department of Addiction and Substance Use at the Trimbos Institute. These simultaneous screenings formed a review of an earlier HIS by the Trimbos Institute. At the request of the government department and on the basis of an amended research question, a second revised screening was carried out. The report was presented to the Ministry on 14 May 1997. At the request of the department, a more detailed health impact assessment was carried out, following on from this HIS (see dossier 012).
Status: completed (1997)

6 Full translation in English available.
004 Licensing Act (HI rapid appraisal)
The Licensing Act is being reviewed in the light of the policy on encouraging moderation in alcohol consumption. The planned measures were subject to scrutiny in the screening carried out by the Trimbos Institute. At the request of the government department, as a result of the reports issued by the researchers in mid-February, another screening was undertaken on the basis of an amended research question. This second, revised report was presented to the Ministry on 7 March 1997. In combination with the so-called MDW report (on market deregulation and legislative quality), the findings were incorporated in the letter by the Minister of Health, Welfare and Sport to the Ministerial Committee on Market Deregulation and Legislative Quality (the Kuypers Committee). In this process, the HIS served to counterbalance the Effect Assessment of Alcohol Legislation Proposals, which focused primarily on the consequences for business. The legislative proposal was presented to the Lower House in the spring of 1998 and the plenary hearing of the Licensing Act is currently (autumn 1999) under way (Parliamentary document 25 969).
Status: completed (1997)

005 Reduction of dental treatment covered by statutory insurance (HI analysis)
This screening relates to the reduction in the range of dental treatment covered by statutory medical insurance, which came into force from 1 January 1995 (Parliamentary document 24 124). On the one hand, the research concentrated on possible health risks and oral health as a result of the reduction in treatment, and on the other hand on the possible effects of changes in the accessibility of dental health care. A summary was also made of three previously published reports. As far as possible, the effect estimates were quantified and supported using a computer simulation model. The research was carried out by the Social and Preventive Dentistry Department at the University of Nijmegen.
Status: completed (1997)

011 National Budget 1997 (HI screening)
The screening of the national budgets (Parliamentary document 25 600) of all the ministries was carried out by the NSPH itself, using the checklist developed further by the NSPH. This exercise resulted in a list of 78 policy initiatives that were considered relevant to health in various degrees (yes/no/possibly). This list was also subjected to further analysis, and more refined criteria were applied to the selection of policy proposals. The report was completed at the end of August. Within the government department, this screening formed a basis for working out the best way of tracing the policy proposals.
Status: completed (1998)

012 Tobacco legislation (HI review)
This concerns a further and more extensive analysis of the policy on the prevention of smoking as a whole, and is therefore given the status of health impact assessment. This research builds on an HIS that was conducted previously (see dossier 003), but it goes a good deal further. To this end, a joint venture involving six different organizations was set up, a level of cooperation unique at the time. In addition to describing the effects of policy in a qualitative sense (by the Trimbos Institute and the Health Education Department at the University of Maastricht), attempts were made to quantify the effects and to simulate them over the long term using a computer model (University of Amsterdam/ISG). The economic effects in terms of jobs or replacement jobs as regards production, distribution, sales and
consumption were also described (University of Amsterdam/SEO). These effect estimates were followed from a different perspective by a social organization (Stivoro) and a patient organization (Netherlands Asthma Foundation). The report was submitted to the Ministry of Health, Welfare and Sport on 28 July 1998. The legislative proposal is currently being considered by the Lower House (Parliamentary documents 24 743 and 26 472).

**Status**: completed (1998)

**013 Political parties’ electoral manifestos** (HI screening)
In the run-up to the elections in November 1997, the NSPH was asked to screen the draft election manifestos of the major political parties. As a result of the general debate in the Upper House, the main themes of “socioeconomic policy” and “infrastructure” were used. Each of these themes was then divided into three separate aspects, related to specific health determinants. As well as indicating the extent to which the policy proposals mentioned in the programmes were relevant to health, the extent to which these proposals were concrete was also taken into consideration. After the report was presented to the Ministry on 6 March 1998, it was also sent out to the political parties concerned in the second term.

**Status**: completed (1998)

**015 Housing forecast 2030** (HI rapid appraisal)
This screening looks at the relationship between housing policy (Parliamentary document 24 508) and health. This dossier is related to dossiers 016 and 025. Housing projections are not very concrete. One of the aspects examined was the points of departure for specific policy proposals. In the first phase a discussion document was drawn up by the International Institute for the Urban Environment. In addition to an overview of the policy proposals in preparation within the framework of the discussion on Projections for Residential Requirements 2030, possible problem areas with regard to health and public health were outlined. The report was delivered at the end of June 1999. Following this, a meeting of experts was organized for 22 October 1999 to decide whether an HIA was appropriate and, if so, what form it should take. Additional research was initiated and is currently taking place.

**Status**: preliminary study into HIS completed; further selection of HIA in preparation

**016 ICES operation**
In keeping with the proposed approach, this HIS consists of a number of reports that are more limited in scope. The first of these contains an overview of all the policy packages and proposed projects within the framework of the ICES operation (Parliamentary document 25 017). Five policy packages have been distinguished, two of which appear relevant to public health. Each project is described in terms of its status and current stage of development. Subsidiary report 1 was presented to the Ministry at the end of December 1998. On the basis of the outcome, it was decided to limit further analyses to one of the five policy packages, i.e. “Vital cities”. This part of the ICES policy has close links with the Urban Renewal Investment Fund (ISV) and Urban Policy (Grote-Stedenbeleid, GSB). The second report was completed at the beginning of October 1999 and was submitted to the Ministry in November.

**Status**: completed (1999)

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7 ICES is the Dutch acronym for Interministerial Economic Structure-strengthening Programme.
017  **Study of the policy-related determinants of health problems (HI analysis)**

This study does not consist of an HIS, but takes as its starting point five major health problems and examines which determinants are relevant and which other policy sectors within central government also play a part in terms of their own policy. An assignment was given to the Public Health Status and Forecasts Department of the National Institute of Public Health and Environmental Protection (RIVM). This follows on from the confirmation in the Public Health Status and Forecast of 1997 that considerable health benefits can be achieved outside the domain of health, welfare and sport itself. One of the main aims is therefore to obtain greater insight into the policy areas and government departments relevant to health, in order to reinforce the process of health impact screening and to deploy HIS more effectively. One of the health problems in question, chronic obstructive pulmonary disease, has been examined in greater detail and described in terms of health effects and damage to health (prevalence, burden of disease, DALYs and costs). The report was completed in mid-June 1999 and presented to the Ministry.

**Status:** completed (1999)

18  **Working Conditions Act and monitoring of occupational health (HI rapid appraisal)**

This policy issue is very wide in scope and probably pertains to ongoing policy. The areas that are to become the subject of an HIS have yet to be identified. The institute given the assignment of selecting the issues relevant to health and of describing them in relation to one another was TNO Occupational Health. An exploratory screening, on the basis of the Social Policy Document 2000 (a major policy document of the Ministry of Social Affairs), was completed at the end of December. The questions of whether to use HIA and how to approach it will be considered on the basis of this preliminary study. See also dossiers 019 and 021.

**Status:** completed (1999)

019  **24-hour economy (HI rapid appraisal)**

This is a limited HIS, intended to consider the possible relevance of aspects other than those already examined in this respect. The HIS is placed in a wider context, namely the 24-hour economy and the ongoing far-reaching developments in flexible working. TNO Occupational Health has been given the task of selecting the issues of relevance to health. An exploratory screening, on the basis of the Social Policy Document 2000 was completed at the end of December. On the basis of this preliminary study the use of an HIA will be considered further. See also dossiers 018 and 021.

**Status:** completed (1999)

020  **New coalition agreement (HI screening)**

This screening was carried out by the Ministry of Health, Welfare and Sport itself by means of a small workshop at the beginning of September 1998. Since only a small number of issues were discussed, it was decided to conduct another HIS, this time covering the entire coalition agreement (Parliamentary document 26 024). This HIS was carried out within the NSPH and was completed in mid-February 1999 when it was presented to the Minister of Health, Welfare and Sport. The outcome, together with the findings of dossier 022, form the basis for the selection of HIS subjects for 1999 and 2000.

**Status:** completed (1999)
021 Social security  
(HI rapid appraisal)
Despite plans dating from 1997, lack of concrete policy issues meant that no screenings were carried out. The developments in this area are nonetheless still important and relevant. Only the selection of the topics for research remains. The Ministry of Health, Welfare and Sport is in consultation with the Ministry of Social Affairs and Employment. Topics were proposed by the NSPH, TNO Occupational Health was commissioned to select the issues relevant to health. An exploratory screening based on the Social Policy Document 2000 was completed at the end of December. The employment of an HIS will be considered further on the basis of this preliminary study. See also dossiers 018 and 019.

Status: completed (1999)

022 National Budget 1999  
(HI screening)
On the basis of the previously issued HIS for the 1997 National Budget (dossier 011), it was concluded that it would be useful to systematically screen a number of future budgets. Central to this screening are the budgets of the following ministries: Economic Affairs; Finance; Agriculture, Nature Management and Fisheries; Education, Culture and Science; Transport, Public Works and Water Management; and Housing, Spatial Planning and the Environment (Parliamentary document 26 200). This HIS was carried out at the NSPH and the report was presented to the Minister of Health, Welfare and Sport in mid-February 1999. Together with the findings of dossier 020, the results form the basis for the selection of HIS topics.

Status: completed (1999)

023 Fifth National Spatial Planning Policy Document
This HIS was added to the HIS list on an ad hoc basis and was carried out immediately. In the preparatory stage of the Fifth National Spatial Planning Policy Document the Ministry of Housing, Spatial Planning and the Environment asked the Ministry of Health, Welfare and Sport to make a contribution with regard to health aspects. The Ministry of Health, Welfare and Sport then called in the assistance of the NSPH. The input of the Ministry rests on three main policy aims: increasing the number of healthy life years, reducing differences in health based on social and economic factors, and quality of life. The strategy in the first term is aimed at determining the main directions in which HIS topics can be determined from a general, administrative perspective once the concepts of the Fifth National Spatial Planning Policy Document have been worked out and made available. Four previously published HIS reports (see dossiers 015, 016, 017 and 022) are related to this issue and contribute relevant data.

Status: awaiting consultation between the Ministry of Health, Welfare and Sport and the Ministry of Housing, Spatial Planning and the Environment

024 National Budget 2000  
(HI screening)
As part of the systematic screening of documents and the tracing of relevant policy, a screening of the National Budget 2000 has taken place (Parliamentary document 26 800). As with the previous screenings (see dossiers 011 and 022), this screening also provides a number of policy issues relevant to health. These may include new policy proposals as well as issues already selected (see dossier 022), the progress of which in terms of policy preparation can possibly be clarified. The screening was carried out within the NSPH and the report presented to the Ministry in February 2000.

Status: completed (2000)
025  Housing policy (HI review)  
HIS 015 on the Housing forecast 2030 was the starting point of a discussion leading to the decision to carry out a health impact review on the final document of the Ministry of Housing, Spatial Planning and the Environment concerning housing policy in the 21st century. The Ministries of Health and of Housing were both involved in decision-making concerning the specific issues to be addressed in this review. Finally it was decided that the review would focus on safety (social safety, safety in traffic and prevention of accidents in and around the home) and on (lack of) physical exercise. Special attention will be paid to vulnerable groups: people of a low socioeconomic status, the elderly, the chronically ill and migrants. Gender differences will be analysed wherever relevant. Four scientific institutes have been commissioned to carry out parts of the review. The institutes are in close contact with each other to ensure coherence.  
**Status:** current (September 2001)

026  National Budget 2001 (HI screening)  
As part of the systematic screening and case-finding, a screening was undertaken of the National Budget 2001 (Parliamentary document 27 400). As with the previous screenings (see dossiers 011, 022 and 024), this screening also provides a number of policy issues relevant to health. To come up to full coverage within a two-year period, eight ministries were examined this time. The screening was carried out by the NSPH and the report presented to the Ministry in August 2001.  
**Status:** completed (2001)
Annex B

ANSWERS OF THE MINISTER OF HEALTH, WELFARE AND SPORT TO QUESTIONS OF THE LOWER HOUSE

In which ways and to what extent have health impact screenings/assessments (HIS/HIA) led to the amendment or abandonment of policy up to now? (#page 32)

In my letter of 18 May 1995 (TK 24 126 No. 3) I indicated that we would explore the possibilities of using the HIS as a policy instrument. In recent years the Department of Intersectoral Policy at the Netherlands School of Public Health (NSPH) has been working on HIA and a clearer picture is now emerging. The HIS/HIA reports are diverse in nature and are concerned both with indicating and assessing health-related policy proposals (first phase of intersectoral policy) and with further description and estimation of potential health effects (second phase). The reports do not all provide an equally clear account of influence on policy, a problem relating in part to the phased approach already referred to. A list of subjects and related policy amendments are given below.

Regulatory levy on energy (Ecotax)
This HIS is one of three research reports incorporated in a memorandum from the State Secretary for Finance to the Upper House, dated 27 November 1996. One effect of the HIS is that it led the cabinet to reconsider the position of the chronically ill and the disabled in terms of income. One measure to strengthen the position of these groups is raising the fixed rate deduction for extraordinary expenditure by D.fl. 511 to D.fl. 1532 in the Memorandum of Amendment to the Tax Plan. In addition to this, the old-age tax allowance and occupational disability tax allowance will be increased by 50%. The share of the budget set aside for this purpose amounts to D.fl. 75 million. In addition to this, an amount of D.fl. 225 million has been earmarked to accommodate an increase in claims under the Provisions for the Disabled Act. Lastly, the Cabinet has decided to reserve an additional amount up to a maximum of D.fl. 10 million under the allocation to the Provisions for the Disabled Act to boost the income of the chronically ill by means of tax concessions.

Policy to discourage smoking
On 10 April 1999, the legislative proposal Amendments to the Tobacco Act was submitted to the Lower House. The written preparations for the public hearing of the proposed legislation are currently under way, and in its report (July 1999) the House explicitly referred to this health impact assessment and discussed its findings and conclusions. The results played a part in the interministerial consultations on striking a balance between economic and health-related interests, part of the policy preparations for this legislative proposal. One of the findings to emerge is that negative business impact on the tobacco sector due to a reduction in consumption is compensated for at macroeconomic level. Favourable effects have also been shown for sectors such as the police and fire services.

Licensing Act
At the time the findings were incorporated into the Explanatory Memorandum accompanying the Bill for Amendments to the Licensing Act. As a part of this process, the HIS served to counterbalance the Effect Assessment of Alcohol Legislation Proposals carried out by the Committee on Market Deregulation and Legislative Quality, which was primarily concerned with the consequences for
business. The legislative proposal is currently awaiting passage through the Upper House.

Housing forecast 2030
Within the framework of the housing policy of the Ministry of Housing, Spatial Planning and the Environment, and the previously published Projections for Residential Requirements 2030, an HIS was carried out to gain an insight into the potential effects of the envisaged scenarios on health and policy. As a preliminary study, this HIS has recently been discussed by a group of 30 experts from various disciplines with the aim of selecting specific issues that might lend themselves to further study, in the form of either an HIS or an HIA. One result of the discussion was that it gave the experts the opportunity to view their own policy areas from a different perspective.

Study of the policy-related determinants of health problems
This study does not deal with health effects resulting from policy or policy proposals, but takes as its starting point five major health problems (cancer, chronic obstructive pulmonary disease, cardiovascular disease, accidents and mental health problems). The report describes which determinants of these conditions can be influenced and identifies the other policy sectors (ministries, departments) that either develop or can develop policy to influence these determinants. I will inform the House separately about the consequences of this report, which have yet to take effect.

In addition, National Budgets (1997, 1999), a number of 1998 party electoral manifestos and the 1998 Coalition Agreement were all screened. These screenings belong to the initial indication phase and resulted in an analysis of policy proposals relevant to health.
Annex C

**HIA ON HOUSING POLICY**

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<td>July 1997</td>
<td><em>Woonverkenningen: Wonen in 2030</em> (Explorations in Housing: housing in 2030) Memorandum of the Ministry of Housing, Spatial Planning and the Environment</td>
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<td>August 1998</td>
<td>Coalition agreement 1998</td>
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<td>September 1998</td>
<td>National Budget 1999</td>
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<td>April 1999</td>
<td><em>De Agenda voor de discussie over het woonbeleid in het eerste decennium van de 21ste eeuw</em> (The Agenda for the debate on housing policy in the first decade of the 21st century) Discussion document of the Ministry of Housing, Spatial Planning and the Environment</td>
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<td>July 1999</td>
<td><em>Rapid appraisal: Voorstudie gezondheidseffectscreening Woonbeleid</em> (preliminary study Health Impact Assessment on Housing Policy)</td>
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<td>October 1999</td>
<td>Discussion meeting based on preliminary study</td>
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<tr>
<td>December 1999 – December 2000</td>
<td>Discussions with Ministry of Housing and Ministry of Health</td>
</tr>
<tr>
<td>Begun spring 2001</td>
<td>Health impact review: health impact review on housing policy</td>
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European Centre for Health Policy