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JA PreventNCD

Work Package 9

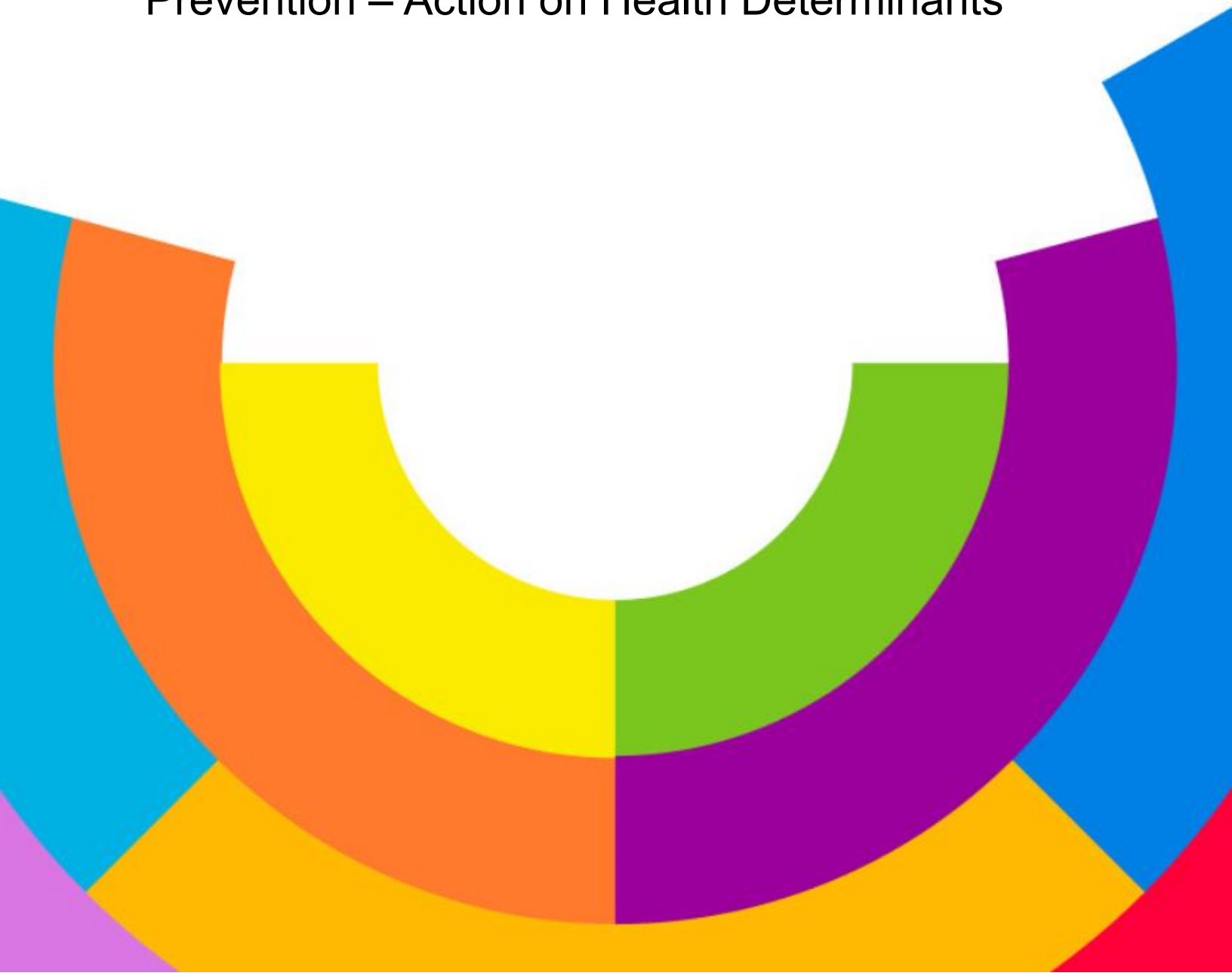
Internal Deliverable 9.5.2

Review of health and health equity considerations in the identified impact assessments

Date: 30.06.2025

# JA PreventNCD

Cancer and other Non-Communicable Diseases  
Prevention – Action on Health Determinants



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## Disclaimer

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## Executive Summary

Work Package 9 of the JA Prevent NCD aims to enhance the implementation of Health in All Policies (HiAP) across various governance levels. Prospective health impact assessment (HIA) is a key process of Health in All Policies (HiAP). Many government sectors already have some impact assessments (IAs) in place, presenting a significant opportunity to better integrate health, health equity, and wellbeing, including social determinants of health, into policy processes across government, planning, and private sector projects. Therefore, Task 9.5 aims to review and strengthen the health and health equity components in IAs and to build the capacity for conducting IAs with a strong focus on health and health equity.

The task is divided into five sub-tasks:

- Identification of IA tools and procedures.
- Review of health and health equity considerations in identified IAs.
- Development and piloting of a comprehensive checklist for health in IAs.
- Review and strengthening of capacity-building mechanisms.
- Development of an online platform for task materials.

The present deliverable (D9.5.2) builds on the results of D9.5.1, which provided an overview of the IAs implemented in the participating countries and at the EU-level and further elaborates on our analysis of health and health equity aspects within these Impact Assessments (IAs), as well as identifies potential entry points for integrating such considerations.

Eight countries participate in Task 9.5, led by Austria with support from Belgium and Finland.

60 IAs from Austria, Belgium, Estonia, Finland, Germany, Iceland, Italy, Spain and the EU were identified and further analysed. Available written guiding material was used for the analysis. Information on the execution in practice and on how often respective IAs are performed was not gathered.

This analysis yielded, among other things, the following results:

- Common types of IA include Regulatory Impact Assessments (RIA), Environmental Impact Assessments (EIA), and Strategic Environmental Assessments (SEA), which are obligatory under EU regulations. Stand-alone Health Impact Assessments (HIA) were found in five countries and at the EU-level.
- Most included IAs are mandatory, targeting laws, policies, projects, plans, and strategies.

- Public involvement plays a significant role, especially in the field of environmental assessments. Some guidelines recommend or require it, primarily through information and consultation.
- Health is explicitly mentioned in several guidelines, with a strong emphasis on the physical dimension of health, especially in environmental impact assessments.
- Health equity is less frequently mentioned explicitly. While some guiding materials consider specific population groups, like older persons, children, and people with disabilities, references to broader aspects of (in)equity are limited. Vulnerable groups are often acknowledged, but the consideration of intersecting equity dimensions that may increase the burden on affected populations is rare.

While there is a strong foundation for conducting IAs across the participating countries and at the EU-level, there are opportunities to enhance the integration of health and health equity considerations. Standardized tools like a comprehensive checklist for health and health equity, improving public involvement or participation of vulnerable group representatives, and ensuring consistent reporting and monitoring can help maximize the effectiveness of IAs in promoting health equity and reducing disparities.

## Table of Contents

Document information and history.....	I
Disclaimer .....	II
Executive Summary .....	II
List of acronyms/abbreviations .....	V
1. Introduction .....	1
2. Profiles of participating countries.....	3
3. Method.....	10
4. Impact Assessment on EU-level.....	12
5. Impact Assessments on country level.....	19
5.1. Austria .....	19
5.2. Belgium .....	24
5.3. Estonia .....	29
5.4. Finland .....	33
5.5. Germany.....	36
5.6. Iceland.....	41
5.7. Italy.....	45
5.8. Spain .....	51
6. Cross Country Analysis .....	55
7. Cross Country Conclusions and recommendations .....	64
7.1. Conclusions .....	64
7.2. Recommendations.....	65
References .....	66
Annex 1: Overview of Impact Assessments per country .....	67
Annex 2: Templates Part I and Part II.....	76
Template Part I: Identification of impact assessments tools and procedures.....	76
Template Part II: Profiles for Impact Assessments .....	78

## List of acronyms/abbreviations

AIA(s)	Administrative Impact Assessment
BIA(s)	Budget Impact Assessment(s)
DG SANTE	Directorate-general on Health and Food Safety (European Commission)
DG TRADE	Directorate-general for trade (European Commission)
DIA(s)	Distributional Impact Assessment
e.g.	example given
EIA(s)	Environmental Impact Assessment
eNAP	elektronische Nachhaltigkeitsprüfung / Electronic Sustainability Assessment
ESIA(s)	Environmental and Social Impact Assessment(s)
EU	European Union
FIA(s)	Financial Impact Assessment(s)
GIA(s)	Gender Impact Assessment(s)
HIA(s)	Health Impact Assessment(s)
HiAP	Health in All Policies
HTA(s)	Health Technology Assessment(s)
IAs	Impact Assessments
IHEIA	Integrated Health and Environment Impact Assessment
JA	Joint Action
LGBTBIQ+	Lesbians, Gays, Bisexuals, Transgender, Intersex, Queer
LIA(s)	Legislative impact assessment(s)
MSs	Member States
NGO(s)	Non Governmental Organization(s)
NIA(s)	Next generation Impact Assessment(s)
NCDs	Non Communicable Diseases
RIA(s)	Regulatory Impact Assessment(s)
SC	Sustainability Checks
SDG(s)	Sustainable Development Goal(s)
SEA(s)	Strategic Environmental Assessment(s)
SEIA(s)	Socio-Economic Impact Assessment
SEIA(s)	Strategic Environmental Impact Assessment(s)
SIA(s)	Sustainable Impact Assessment(s)
TA(s)	Technology Assessment(s)
TIA(s)	Technology Impact Assessment(s)
YC	Youth Check

# 1. Introduction

## Project Summary

Cancer and other non-communicable diseases (Cancer & NCDs) make up more than 2/3 of the burden of disease in Europe. At the population level, substantial variations exist according to socio-economic status, geographical area, age, disability, gender, and ethnic groups. A large part of this disease burden is preventable. The aim of the JA on Cancer and other NCDs prevention – Action on Health Determinants is to support strategies and policies designed to reduce the burden of Cancer & NCDs, their common risk factors both at a personal and societal level, and to define methods to assess their effectiveness across Europe. Specific objectives are:

- improve joint capacities of MSs to plan and implement Cancer & NCDs prevention policies and activities at national, regional, and local levels.
- improve the monitoring system for Cancer & NCDs and their common risk factors.
- contribute to reduced inequalities in Cancer & NCDs.
- engage with key actors in the field of Cancer & NCD prevention, including decision makers, civil society organizations, professionals, the general population, and patients' groups to facilitate cooperation and joint efforts.

This JA represents an ambitious effort to provide strategic guidance and consolidated efforts to the field of Cancer & NCD prevention. Key outputs include an EU Consortium on Cancer Prevention, high-level annual events, and intervention tools and policy recommendations that will contribute to reduced Cancer & NCD burden and inequality across Europe.

## Task 9.5 Review and redesign/strengthen the use of Health impact assessments

Prospective health impact assessment (HIA) is a key process of Health in All Policies (HiAP) implementation. Since many sectors of the government already have some prospective impact assessments (IAs) in place, there is a huge potential of health, health equity and wellbeing, including social determinants of health views to be better taken into account in policy processes across government, planning and private sector development projects. The purpose of the task is a) to investigate to what extent health and health equity are considered in existing impact assessments, b) to strengthen the health and health equity component in the assessments and c) to build the capacity for conducting IAs with a strong health and health equity component.

For the operationalization of this task, we define five sub-tasks, which build up on each other:

- Identification of impact assessments tools and procedures in participating European Countries and on EU-Level
- Review of health and health equity considerations in the identified impact assessments
- Development and piloting of a comprehensive checklist for health and health equity in impact assessments of various policy sectors
- Review and strengthening of (existing) capacity building mechanisms in the member states
- Development of an online platform to provide resulting material of the task

## Deliverable objective

The aim of this deliverable (D9.5.2) is to further elaborate the consideration of health and health equity aspects in IAs within the participating countries and at the EU-level that were identified in task 9.5.1. Therefore, we build up on the task's first report (D9.5.1) complementing it with results of these new analysis. The results from the investigation in Spain, which were missing in report D9.5.1 are presented below. Overall conclusions and recommendations based on the findings from the identification and review of the impact assessments are presented.

## Deliverable description

This report is structured into 7 chapters. It begins with general information on this internal deliverable (Chapter 1), followed by an overview of the participating countries, including a description of their governance systems relevant for policymaking and impact assessment (Chapter 2). Chapter 3 outlines the methodology of our investigation. The following two chapters present the results on IAs at the EU-level (Chapter 4) and within the participating countries (Chapter 5). Chapter 6 presents a cross-country analysis and Chapter 1 provides our overall conclusions and recommendations.

The general sections of this report were provided by the task lead, GÖG. The country-specific chapters were written by the task members of the respective country and the EU-level by the colleagues from Sciensano (Belgium). The cross-country analysis was performed by GÖG and discussed with all task member, incorporating specific feedback from the co-leads from Sciensano (Belgium) and THL (Finland) in the first deliverable phase. The overall conclusions and recommendations were discussed in a task meeting held on 11<sup>th</sup> June 2025 and drafted by GÖG. The draft report D9.5.2 was reviewed by the task members and WP-9-Lead.



## 2. Profiles of participating countries

In total, eight countries were part of the Task 9.5 dealing with health (in) IAs, led by Austria with support of Belgium and Finland. The following institutions were involved:

- Austrian National Public Health Institute, GÖG (Austria)
- Sciensano (Belgium)
- National Institute for Health Development, TAI (Estonia)
- Finnish Institute for Health and Welfare, THL (Finland)
- Robert-Koch-Institute, RKI (Germany)
- Directorate of Health Iceland, DOHI (Iceland)
- National Institute on Health and Science of Aging, INRCA (Italy)
- Foundation for the Promotion of Health and Biomedical Research of Valencia Region, FISABIO (Spain)

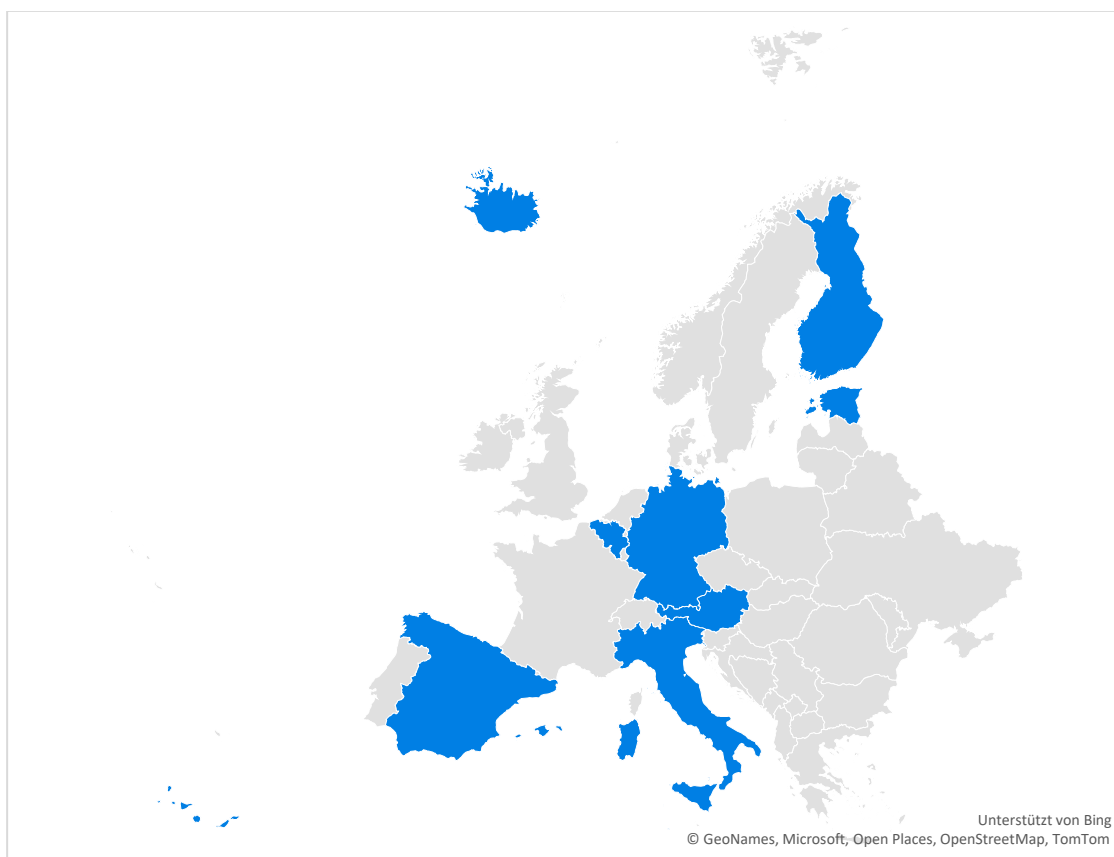


Figure 1: participating countries (alphabetical order): Austria, Belgium, Estonia, Finland, Germany, Iceland, Italy, Spain

Before examining the IAs identified at the EU-level and within the participating countries in chapter 4 and chapter 5, we provide a brief country profile below. Understanding the governance structures and policy-making frameworks of the involved countries offers valuable context information to interpret our results.

## Austria

Austria is a parliamentary republic with nine states (Länder). Decision-making powers are shared between the federal government and the states. Legislative processes primarily take place at the federal level in the national parliament, which consists of two chambers, the National Council (Nationalrat) and the Federal Council (Bundesrat). State parliaments (Landtage) have legislative power at the state level. The federal government possesses significantly more critical competencies (e.g. constitutional jurisdiction, immigration, education) compared to the federal states and municipalities. At the state level, regulatory domains include wildlife management (hunting and fishing), environmental conservation, construction law, tourism, and youth protection. Conversely, municipal governance addresses issues specific to the local community, such as the granting of building permits.

A distinctive feature of the Austrian political system is that formal representatives of employers and employees (and other interest groups), which are collectively known as the Social Partners, have significant influence on legislative processes, especially in the area of social policy and health policy. Austria has a long history of social protection via the social health insurance (SHI) system. Most persons are assigned to a certain insurance fund by law according to their profession.

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## Belgium

Belgium is a federal constitutional monarchy with decision-making divided across three levels of power, i.e. Federal government, Communities (Flemish, French and German-speaking) and Regions (Flanders, Brussels Capital and Wallonia). These three levels have responsibilities in different domains. The Federal government has its competences within finance, military, justice, social security, foreign affairs, domestic affairs, as well as major parts of public health (i.e. health insurance and health systems). The three Regions each have their responsibilities within the domain of economy, employment, infrastructure, spatial planning and environment. Whether the three communities have power in decision-making on language, culture, education and care (i.e. prevention, primary care and mental health). Local governments focus on local administration and public services, including social support.

Belgium has a compulsory health insurance system, funded through social contributions and government subsidies. All residents must be affiliated with a sickness fund, which reimburses healthcare services. Additionally, voluntary health insurance is available for services that are not or only partially covered.

## References:

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## Estonia

Estonia is a democratic parliamentary republic where legislative authority is vested in a unicameral parliament, the Riigikogu. In Estonia, executive power is held by the Government of the Republic, led by the Prime Minister and supported by ministers who oversee various areas of governance through their respective ministries. There are eleven ministries, each responsible for specific sectors. The Ministry of Social Affairs plays a key role in managing national health protection, medical care, employment, social security, and welfare, as well as promoting equal rights and drafting related legislation. Each ministry is led by a minister who directs its activities and implements government policies within their domain, ensuring effective governance across various sectors. The President of the Republic serves as the head of state, focusing on representing Estonia both domestically and internationally, without executive powers.

In Estonia, there are 79 local governments, divided into 15 cities and 64 rural municipalities. Local governments operate independently through democratically elected councils, managing local issues such as social assistance, youth work, housing, utilities, transportation, and infrastructure maintenance. Regardless of their size, all local governments are required to perform the same tasks and provide equal services to residents across Estonia. Although local governments have limited roles in healthcare, they make a significant contribution to health promotion efforts.

Estonia has a social health insurance system managed by a single insurer, the Estonian Health Insurance Fund (EHIF), which covers the majority of the population and is primarily funded through payroll taxes, with growing contributions from the state budget.

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## Finland

Finland is a parliamentary democracy. Finland's highest state bodies are Parliament, the Government, and the President of the Republic. The Government is the executive body that governs the country, formulates policy, and proposes legislation. Proposed legislation requires a parliamentary majority to become law and must be signed by the President. Central government comprises the ministries and the national agencies operating in their administrative branches. Trade and employer federations play an important role in national decision-making. In particular, issues closely related to employment (such as national health insurance or occupational health) are usually agreed in negotiations between the Government and the federations.

There are 309 self-governing municipalities in line with uniform national legislation. Municipalities are governed by democratically elected councils, which are the main decision-making bodies at the local level. Municipal councils are elected for four-year terms. Municipalities levy some taxes and, with Government subsidies, provide basic services, such as primary education, cultural services and infrastructure. The responsibility for organizing health care, social welfare and rescue services was transferred from municipalities to 22 wellbeing services counties in 2023. Wellbeing services counties are financed from the state budget having democratically elected councils. Wellbeing services counties do not have an unrestricted general mandate in the same way as municipalities, rather the counties can only decide to take on duties that support their statutory duties.

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Keskimäki I, Tynkkynen LK, Reissell E, Koivusalo M, Syrjä V, Vuorenkoski L, Rechel B, Karanikolos M. Finland: Health system review. *Health Systems in Transition*, 2019; 21(2): 1 – 166. Available from: <https://eurohealthobservatory.who.int/publications/i/finland-health-system-review-2019>

## Germany

Germany is a parliamentary republic with sixteen states (Länder). Decision-making powers are shared between the federal and the state levels. Legislative processes primarily take place at the federal level in the national parliament, which consists of two chambers, the Bundestag and the Bundesrat (Federal Council). The latter comprises of representatives of the states (Länder). State parliaments (Landtage) have legislative power at the state level. The federal government

possesses significantly more critical competencies compared to the federal states. At the state level, regulatory domains include education (including higher education), culture and media, police, municipalities and state institutions. The tasks, powers and structures of municipalities are regulated by the state constitutions and thus differ between the sixteen states.

Governance and legislation of Germany's health system is divided between state and federal levels as well as bodies of self-governance, e.g. associations of health insurance funds and associations of physicians and service providers. Different sectors of Germany's health system are subject to different laws, e.g. ambulatory, inpatient and long-term care or public health services. This results in differing structures and regulations for each sector.

The (compulsory) health insurance system comprises of statutory health insurance and private health insurance, with 89% of the population insured by statutory health insurance. The health insurance system is mainly self-governing.

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## Iceland

Iceland is a democratic country with the population of 383,726 persons. The constitutional arrangement in Iceland has been described as a parliamentary democracy with a semi-presidential constitution. The republic of Iceland has a multi-party system in which every four years the electorate chooses, by secret ballot, 63 representatives to sit in parliament. As stipulated in the Constitution, the Icelandic parliament and the President jointly exercise legislative power in the country. There are two levels of government – the central government and local governments. Municipalities (62) are governed by local governments.

The health system in Iceland is mostly publicly funded, covering all residents, with a partly integrated purchaser-provider relationship (a tax-based, state-run system). There are seven health care regions, and the national health insurance system is financed through the annual national budget.

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## Italy

The Italian Republic (Italy) has been a unitary parliamentary republic since 1946, when the monarchy was abolished. The president is Italy's head of state. The prime minister of Italy is head of government and has executive authority but must receive a vote of approval from the Council of Ministers to execute most policies.

The Republic consists of Municipalities, Provinces, Metropolitan Cities, Regions and the State. Municipalities, Provinces, Metropolitan Cities and Regions are autonomous entities with their own statutes, powers and functions according to the principles established by the Constitution.

Italy is constituted of 20 regions (regioni)—five of which have special autonomous status which enables them to enact legislation on additional matters. The regions have legislative powers in many fields, including the planning and organization of health and social services.

Italy's National Health Service (SSN) provides universal coverage for citizens and residents. The system is regionally based, with the central government, 19 regions and two autonomous provinces sharing responsibility. Funded by national and regional taxes, the SSN ensures equal, age-adjusted, per-capita funding. Access is mostly free, with minor co-payments for certain prescribed services. Both public and accredited private providers deliver healthcare. Primary care is emphasized, requiring individuals to register with a GP or pediatrician, who act as gatekeepers and care coordinators.

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## Spain

Spain is constituted as a social and democratic State of Law. The political form of the Spanish State is the parliamentary monarchy. The exercise of the legislative power of the State corresponds to the Cortes Generales, which represent the Spanish people and control the action of the Government. They are composed of two Chambers: the Congress of Deputies and the Senate.

The Congress of Deputies is made up of 350 deputies. All bills and proposals for legislation must first be examined, without exception, by the Congress of Deputies, and the Senate has the right to veto or amend the text prepared by Congress. The Senate is configured in the Constitution as the Chamber of territorial representation. The 10th Legislature is made up of 266 senators, of whom 208 are elected by direct universal suffrage and the other 58 are appointed by the Legislative Assemblies of the Autonomous Communities, which each elect one senator, plus one for every million inhabitants of their respective territory.

The 1978 Constitution recognized and guaranteed the right to autonomy of the nationalities and regions that make up the Spanish nation and solidarity between them all. The development of the constitutional provisions has led to a profound transformation of the territorial organization of the State, through the creation of the 17 Autonomous Communities and the Autonomous Cities of Ceuta and Melilla.

### 3. Method

At the start of our sub-task 9.5.1 in 2024, the task lead developed a template for assessing information on existing IAs. Following consultation with the co-leads, the template was revised, and a second one was introduced. **Template Part I** provides an overview of all identified IAs, while **Part II** focuses on the specific IAs, detailing aspects such as their main focus, legal foundations, health and health equity considerations, participation and monitoring (see attachment in Annex 2: Templates Part I and Part II). These templates were presented to and approved by all task participants.

To gather information on existing IAs, the task participants conducted internet searches in their national language using relevant terms and explored specific national websites, such as those of ministries or governments. In some cases governmental agencies/organizations were contacted to collect more detailed information. However, it is important to note that we have only collected written information on how the IAs should be performed. We do not have explicit details on how they are executed in practice or the regularity of their performance. The detailed questionnaire in the Template Part II was to be completed based on available guidance or materials - such as guidelines, web applications and specific regulations - and was expected to reflect the requirements or recommendations outlined in these sources. For relevant IAs without an associated regulation, written guideline or publicly accessible online application, the participants provided a summary in an open field in the Template Part II. Our primary focus was on the national level, however, in decentralized countries, some participants focused on specific regions when describing details. Colleagues from Belgium performed the review for both the national level and the EU-level.

The information gathering phase lasted from 29<sup>th</sup> May to 30<sup>th</sup> August 2024, with an extension until the next virtual task meeting on 12<sup>th</sup> September 2024. The results were then presented and discussed during an in-person meeting in Vienna on the 23<sup>rd</sup> and 24<sup>th</sup> October 2024. Based on the discussions, task members agreed to conduct a second round of investigation. This round included searching for specific IAs identified in other participating countries and refining certain questions in the Template Part II to enhance clarity and relevance.

Regarding the inclusion and exclusion criteria for the IAs, we agreed to focus on IA procedures that are in place and assess programmes, policies, and legislative proposals aligning with our task's role within Work Package 9 "Health in All Policies". Consequently, we excluded IAs regarding data protection or simple budgeting tools without evaluating impacts on population. Additionally, we excluded Health Technology Assessments (HTA) due to their focus on specific health (care) interventions. However, we recognize that HTA follows systematic steps to analyze impacts on health with an EU directive in place. One criterion for including IAs was the availability of a guideline or a similar instruction. If no guideline or similar document was available, but the IA was still considered relevant to the work, it was included in the collection through a non-standardized description (see country level section). Responsibility for the content of the country-specific information lies with the task members of the respective countries.

For further analysis on how health and health equity are considered in the identified IAs, all task members dealt with their findings (documented in the templates) in detail and provided a revised conclusion for their country and the EU-Level. For the cross-country analysis in this report,



further items (gathered through the investigation in the participating countries and the EU-level) were analyzed, discussed among the task partners in a meeting on 8<sup>th</sup> April 2025 and presented in this report. The overall conclusions and recommendations were discussed in a task meeting held on 11<sup>th</sup> June 2025 drafted by GÖG. After this meeting, the agreed overall conclusions and recommendations were written by GÖG and reviewed by the task partners.

## 4. Impact Assessment on EU-level

### 4.1. Overview

We identified 10 IAs on EU-level, which are described below. They can be conducted on different administrative levels (European Commission and within participating countries), have different legal contexts and have available guiding materials for performing the IAs (see Annex 1: Overview of Impact Assessments per country)

#### Better Regulation – European Commission

**The Better Regulation framework** can be conducted at EU, national and regional levels. The European Commission follows a standardized and legally guided procedure for implementing Better Regulation, as outlined in Better Regulation Guidelines and Toolbox. The European Commission is responsible for commissioning such assessments, while various Directorate-Generals (DGs) and external experts, consultants or specialized organizations perform the assessment. Who performs it depends on the law proposal, policy or project under investigation. There is an obligation to publish the reports of the IAs. Conducting an IA under the Better Regulation Framework is mandatory by an EU Directive (2011, as amended in 2014). The usage of the Better Regulation guidelines and toolbox is mandatory for performing Better Regulation impact assessments within the European Commission. The guidelines set out requirements for the key steps in the policy cycle<sup>1</sup> and the toolbox provides practical, hands-on guidance and operational details<sup>2</sup>. An IA is required for Commission initiatives that are likely to have significant economic, environmental or social impacts or which entail significant spending, and where the Commission has a choice of policy options. Under the Better Regulation framework the impact of EU Laws and policies are evaluated in every phase of the policy cycle from policy design and preparation, through adoption, implementation and application to evaluation and revision. 'Better regulation' considerations should cover all relevant economic, social and environmental impacts, all interested parties and every phase in the policy cycle. In particular, any significant impacts on gender equality, territorial and rural issues, and the geopolitical context must be transparently assessed and presented. The same applies to the external implications of internal policies and their significant impacts on third countries. Also, impacts on competitiveness and small and medium-sized enterprises (SMEs) must be screened and assessed systematically. Health impact is a horizontal concern across many policies, both direct and indirect – however not specified when and to what extent it should be included. For all direct and indirect effects, it should be examined if a specific population (including risk groups such as children, persons with disabilities, (pregnant) women, elderly, low-income groups) or specific geographical areas are affected differently and disproportionately by the option, resulting in increased (or reduced) inequalities in health status. Consultation of stakeholders (citizens of member states, businesses, civil society organizations, public authorities of member states, academics and experts) is an important requirement. Sometimes targeted consultations are used when there are specific groups that are particularly affected by the proposal. Evaluations and fitness checks are used to assess whether EU laws, policies and funding programs are delivering the expected results at minimum costs. There is no direct controlling mechanism to track how the results were used, but through the EU Regulatory Scrutiny Board

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<sup>1</sup> [d0bbd77f-bee5-4ee5-b5c4-6110c7605476\\_en](https://ec.europa.eu/better-regulation/what-is-better-regulation_en)

<sup>2</sup> [e8e78294-589e-484a-8c87-86e5b3f6c617\\_en](https://ec.europa.eu/better-regulation/what-is-better-regulation_en)

(RSB), the use of evaluations and fitness checks, and the use of annual reports the processes are documented.

## Environmental Impact Assessment

**The Environmental Impact Assessment (EIA)** is conducted at the project level, assessing specific developments such as infrastructure projects, industrial activities, or other interventions that may significantly impact the environment. Additionally, the **Strategic Environmental Assessment (SEA)** operates a broader policy, plan or program level. The project developer or proponent (often a private company or public authority) is responsible for commissioning the EIA. The EIA is performed by the project developer, often with the assistance of independent environmental consultants. The EIA Directive (Directive 2011/92/EU as amended by Directive 2014/52/EU) mandates that EIA reports be made publicly available to ensure transparency. Carrying out the EIA is mandatory and follows specific guidelines for performing, EIA Guidance – Screening (2017)<sup>3</sup>, EIA Guidance – Scoping (2017)<sup>4</sup> and EIA Guidance – EIA report (2017)<sup>5</sup>:

While the guidelines are not legally binding, they serve as a reference for best practices. However, compliance with the EIA Directive is mandatory. Annex I and Annex II of the EIA Directive outline the types of projects that require an EIA. Annex I projects (e.g., large infrastructure projects, chemical plants) always require an EIA, while Annex II projects (e.g., urban development, agriculture, forestry) are subject to screening to determine whether an EIA is needed. The main focus of the EIA is to assess the potential environmental impacts of a proposed project, including effects on biodiversity, air and water quality, soil, climate, and human health. The EIA Directive includes human health as a factor in environmental assessments, considering aspects such as air and water pollution, noise, and exposure to hazardous substances – but also indirect by changes in living conditions and welfare of people, however, it is not clearly specified what exactly is included in 'living conditions' and 'welfare'. Public participation is a fundamental part of the EIA process. Stakeholders, including the general public, local authorities and NGOs, must be consulted, and their feedback must be considered in decision-making. The EIA Directive requires monitoring measures to track the environmental effects of a project post-implementation to ensure compliance with mitigation measures. The directive requires follow-up monitoring and reporting on how the EIA findings influenced project approval, design modifications, and mitigation strategies. Competent authorities oversee compliance with EIA findings, and enforcement mechanisms exist at the national level, including penalties for non-compliance.

## Strategic Environmental Assessment

The **Strategic Environmental Assessment (SEA)** can be conducted at the level of plans, programs and policies that could affect the environment. Public authorities or government entities are commissioning such assessments. European Commission in cases where EU findings or directives apply. Many EU countries have developed their own guidance for implementing the SEA Directive at the national and local levels, aligned with EU requirements

<sup>3</sup> <https://circabc.europa.eu/ui/group/3b48eff1-b955-423f-9086-0d85ad1c5879/library/a9f8a19a-fba5-440f-abf2-29d3f9ed7a63/details?download=true>

<sup>4</sup> <https://circabc.europa.eu/ui/group/3b48eff1-b955-423f-9086-0d85ad1c5879/library/38742302-d9d2-41e1-85de-aa88653ebe7c/details?download=true>

<sup>5</sup> <https://circabc.europa.eu/ui/group/3b48eff1-b955-423f-9086-0d85ad1c5879/library/b7451988-d869-4fee-80de-0935695f67f2/details?download=true>

but tailored to their specific administrative, legal, and environmental contexts. Research institutes, environmental experts or consultants with relevant expertise perform them. There is an obligation to publish the reports. There is a standard available on how to perform the SEA, however its use is not mandatory<sup>6</sup>.

The SEA is required when a plan or program is likely to have significant environmental effects, however no thresholds are described. The SEA focuses on environmental protection and sustainability and applies to measures related to development, environment and other public policies that could impact the environment. Health impacts ('The risks to human health') are considered in relation to the environment (e.g., traffic noise and air pollution) and indirectly through 'social and economic effects'. Public participation (consultation of the general public, public that is likely to be affected, and non-governmental organizations) is encouraged. Equity is not mentioned. Monitoring systems are outlined in the SEA, however, it does not prescribe how these effects are monitored. In addition, there is no information on a monitoring system nor a controlling mechanism on how the results of the SEA were used.

## European Policy Health Impact Assessment

**The Health Impact Assessment (HIA)** can be conducted at the policy, program and project levels. The HIA is commissioned by the European Commission (typically DG SANTE), or other relevant EU bodies responsible for policymaking and regulation. The HIA is performed by internal or commission external experts. Independent research organizations, universities and public health institutes are also frequently contracted. There is no strict legal obligation at the EU level to publish HIA reports. The European Commission provides guidance documents for conducting the HIA<sup>7</sup>. Regarding Better regulation, HIA is not formally embedded in the Better Regulation framework. It will typically serve as a complementary or supportive analysis to a broader IA under Better Regulation – but it remains optional. Formal integration of HIA into the Better Regulation Toolbox could ensure that health impacts are more systematically addressed across all policy areas.

The use of the guidelines is not mandatory. The HIA should be conducted when policies or programs have the potential to significantly impact public health. High-priority areas include environmental changes, healthcare policies, urban planning and food safety regulations. The HIA considers various health determinants. It is generally acknowledged that health is more than the absence of illness or disease; it is also about the physical, mental, social and spiritual wellbeing of people. Inextricably linked to this is the understanding that at every stage of life, health and wellbeing are affected by complex interactions between social and economic factors, the physical environment and individual behavior, as well as by hereditary factors. Factors such as income, employment, housing, access to basic services such as education and facilities such as shops are determinants of health, as they influence the degree of health, wellbeing, or health outcomes, achievable by individuals and communities. Public involvement (stakeholders and key informants) is recommended. Health inequalities are mentioned to ensure that policies do not disproportionately impact vulnerable populations (e.g., women, older people, people with disabilities, black and minority ethnic groups, people with low qualifications and lone parents). The HIA recommends monitoring health impacts post-implementation to track changes and

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<sup>6</sup> <https://circabc.europa.eu/ui/group/3b48eff1-b955-423f-9086-0d85ad1c5879/library/7527027a-126a-49e2-92ef-3aac8159fbf6/details?download=true>

<sup>7</sup> [https://ec.europa.eu/health/ph\\_projects/2001/monitoring/fp\\_monitoring\\_2001\\_a6\\_frep\\_11\\_en.pdf](https://ec.europa.eu/health/ph_projects/2001/monitoring/fp_monitoring_2001_a6_frep_11_en.pdf)

evaluate policy effectiveness. There is no information on monitoring how the results of the HIA were used. There is no controlling mechanisms at the EU-level.

## Distributional Impact Assessment

**The Distributional Impact Assessment (DIA)** can be conducted at European, national, and where relevant at regional and local level. The European Commission often commissions DIAs for its own legislative proposals. The European Parliament and Council of the European Union may request DIAs. EU member states may also commission DIAs. The DIA is part of the broader Better Regulation framework, and their application is guided by standard procedures. There is no clear obligation to publish the reports of the DIA, but it is highly recommended to increase transparency of policy making. Carrying out a DIA is recommended and follows a specific guideline for performing<sup>8</sup>. The usage of the guideline is not mandatory. DIAs should cover policy areas that have an impact on household income and their distribution, which relates typically to taxes and monetary benefits. They target proposed policies or regulations at the European level. There is no direct reference to health throughout the guideline, however indirect through income and poverty. Public involvement is not mentioned. Inequality (more in particular poverty) is mentioned throughout the guideline, but not necessarily related to health. The Commission will monitor the use of DIAs, but no clear systems are in place. In addition, there is no information if there is monitoring on how the results of the DIAs were used. Post-implementation analysis allow to evaluate the impact of reforms and investments on different types of households a certain period of time after the reform has been implemented. This can help to develop potential further steps or corrections in reforms. They are based on hard data but require the disentanglement of the effects of reforms from other changes. Credible post-implementation analysis would help to ensure the ownership and quality of assessments before implementation.

## Gender Impact Assessment

The **Gender Impact Assessment** can be conducted at the policy, program, legislative and project level to assess potential gender-related impacts before implementation. The commissioning bodies vary depending on the policy, program, or legislation being assessed. It can be European Commission, national, regional or local governments, international organizations and NGOs, private sector and businesses. The Gender Impact Assessment can be performed by various actors, depending on the commissioning body: e.g., public servants, independent consultants and experts, universities and research institutes, civil society organizations and NGOs. There is no mandatory EU-wide requirement to publish the reports. The European Institute for Gender Equality (EIGE) provides guidelines to support the systemic implementation of the gender impact assessment, however their usage is not mandatory<sup>9</sup>. The EIGE is an EU agency dedicated to promoting gender equality across member states. One of its key roles is to develop tools, data and guidelines to support policymakers in integrating gender perspectives into their work.

The Gender Impact Assessment should be conducted whenever a new policy, law, or program is proposed to assess its potential impact on different genders. The main focus is to analyse how policies, programs, or initiatives affect gender equality and to identify measures to mitigate

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<sup>8</sup> [Commission Communication on better assessing the distributional impact of Member States' policies](#)

<sup>9</sup> [https://eige.europa.eu/gender-mainstreaming/toolkits/gender-impact-assessment/guide-gender-impact-assessment?language\\_content\\_entity=en](https://eige.europa.eu/gender-mainstreaming/toolkits/gender-impact-assessment/guide-gender-impact-assessment?language_content_entity=en)

negative impacts and enhance positive gender outcomes. It considers health determinants, including access to resources (work, money, power, health, wellbeing, security, education, mobility, time, and so on). Gender-based mental health and Gender-based psychosocial health are specifically mentioned. Stakeholder consultation and public participation, including input from gender equality and women's organizations and civil society, are recommended to ensure diverse perspectives are included in the assessment. Equity is considered, particularly in analysing the differentiated health impacts of policies on different genders. The guideline encourages the establishment of monitoring systems to track gender-related outcomes and policy effectiveness over time. There is no information on monitoring on how the results of the Gender Impact Assessment were used. There is no formal EU-wide controlling mechanism.

## Human Rights Impact Assessment

The **Human Rights Impact Assessment** can be conducted at the level of policies, programs, projects or regulations that could impact human rights. The European Commission typically commissions the Human Rights Impact Assessment. It is performed by independent consultations with proven and diverse expertise in the assessment of human rights impacts. There is no explicit obligation for Human Rights Impact Assessments to be published. There are guidelines available, however not mandatory to use<sup>10</sup>.

The IA should be performed when there are negotiations of major trade and investment agreements or trade-related policy initiatives – in parallel with the SIA – to allow the Commission to conduct extended analysis of the potential impact of the measures proposed on human rights. Health determinants are directly referenced in the guideline as 'the right to the best standards of physical and mental health', as well as indirectly (e.g., right to just and favourable working conditions, adequate standard of living, education, social security and social insurance, ...). Broad public involvement (general public, individuals or groups that are likely to be affected, stakeholders and in particular social partners and other civil society organizations) is required. Gender equality and non-discrimination are considered as cross-cutting issues. The guidelines mention that an ex post evaluation should be performed after sufficient time has passed, however there is no information on how to do this. Ex post evaluations should include considerations on whether the findings and recommendations of the Human Rights Impact Assessment and SIA were appropriately and effectively taken into account. They should also look for unintended effects. There is no controlling mechanism on how results were used.

## Sustainability Impact Assessment

The **Sustainability Impact Assessment (SIA)** is conducted at the European level and mandatory by the EU Directive (2011/92/EU, as amended 2014/52/EU). Within the European Commission, a SIA is typically commissioned by the Directorate-General for Trade (DG TRADE), while it is carried out by independent external consultations. It is mandatory to publish the reports of the SIA. The SIA follows a specific guideline, however usage is not mandatory<sup>11</sup>.

The SIA targets policies and major trade agreements and focuses on sustainability in trade policies, more specifically the economic and social development and environmental protection. The magnitude of the expected economic, social, human rights and environmental impacts, their

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<sup>10</sup> <https://circabc.europa.eu/ui/group/7fc51410-46a1-4871-8979-20cce8df0896/library/991d8e1d-dbaa-49d6-8582-bb3aab2cab48/details>

<sup>11</sup> <https://op.europa.eu/en/publication-detail/-/publication/8b3a2b37-1028-11e6-ba9a-01aa75ed71a1>

nature, geographical scope and duration, as well as their potential cumulative effect should be taken into account. It must be performed during the negotiations. Health is both directly (e.g., health at work and public health) and indirectly (work situations, economy, labour market, air and climate, land, water, oceans, biodiversity, waste, chemicals, housing, ...) mentioned in the guiding material. Public involvement (civil society and stakeholder consultation) is mandatory. Inequalities are mentioned in regard to people with disabilities, consumer protection, discrimination and gender equality, but has not been mentioned as health equity as such. An ex post evaluation is conducted to analyse the observed economic, social, human rights and environmental impacts. However, this is not mandatory within the SIA framework. There is no information on monitoring on how the results of the SIA were used. Nor is there information on a controlling mechanisms on how results were used.

## EU Youth Test

The **EU Youth test** can be conducted at the EU-level, assessing the potential impact of proposed policies and legislation on young people. The European Commission or other relevant EU institutions commission the EU Youth Test. The assessment is performed by the policy-making bodies within the EU institutions responsible for the proposed policy. It is recommended to publish the results of the EU Youth Test and should be made publicly available on the respective Commission websites. Carrying out the EU Youth Test is voluntary and follows a specific guideline<sup>12</sup>. The usage of the guideline is not mandatory. The EU Youth Test includes a checklist to determine the relevance of a policy proposal to young people. If a proposal scores an average of 1.5 or higher on a scale assessing its impact on youth, it is considered relevant, and the test should be applied. The EU Youth Test targets all policy areas within the EU's competence, recognizing that decisions across various sectors can impact young people. Health (e.g. 'Access to health and wellness', 'access to nutrition and basic medical care') has been mentioned in the EU Youth Test. Also indirect health determinants (e.g., clean water and sanitation, environmental quality, affordable housing, education, information) have been mentioned. The EU Youth Test emphasizes the meaningful participation of young people. While health equity is not explicitly mentioned, the EU Youth Test wants to address the needs of young people, including those in vulnerable situations. There is no information concerning monitoring systems in place. In addition, there is no information on monitoring how the results of the EU Youth Test were used, nor is there information on a controlling mechanism on how results were used.

## 4.2. Conclusion

IAs at the European Union level are comprehensive and well-structured, covering a diverse range of policy areas, including environmental protection, human rights, youth, and health. A particularly notable feature of these assessments is the strong emphasis on stakeholder consultation and public participation, which is well integrated into the process. Furthermore, the EU has established a robust legal framework through Directives to govern various types of impact assessments, such as Better Regulation, the Strategic Environmental Assessment, the Environmental Impact Assessment ensuring consistency across Member States.

Despite the availability of detailed guidelines for most IAs, there remains a significant gap in translating these tools into effective implementation. As a result, the Impact Assessment process has a risk becoming a formal administrative requirement rather than a genuine

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<sup>12</sup> [https://www.youthforum.org/files/EU\\_Youth\\_Test\\_Guiding\\_Framework.pdf](https://www.youthforum.org/files/EU_Youth_Test_Guiding_Framework.pdf)

instrument for in-depth, qualitative assessments. This challenge is further exacerbated by the lack of clear monitoring mechanisms and the absence of a centralized controlling body to oversee compliance. While guidelines often mention the need for monitoring, they frequently lack concrete instructions on how to implement and enforce these measures in practice.

There are also strong interconnections between various types of IAs. Many assessments are conducted as additional evaluations within the Better Regulation framework.

While health considerations are integrated into these assessments in varying degrees, they often lack a clear definition and structured approach. Health is generally referenced in narrow terms – most often as physical health and health behavior – while broader dimensions such as mental and social health are overlooked. Only one IA reviewed made explicit reference to mental health. Health considerations could be better integrated by making health impacts more explicit with moving beyond vague references to “population” or “social impacts” and define specific health indicators. It should be embedded in all assessment stages from scoping to evaluation.

More critically, health equity is consistently absent, leaving gaps in assessing how health in different population groups may be disproportionately affected. When equity is mentioned, it is usually framed in terms of (in)equality and tends to focus on specific groups, such as women, low-income populations, or individuals with disabilities, rather than adopting a systematic and inclusive perspective. A clear definition of (health) equity across IAs with a distinguishment between equality and equity, and measurable equity objectives would be useful. Moving beyond single-axis analysis (e.g. only focusing on gender or income) to understand how overlapping equity aspects impact vulnerability and outcome. Equity considerations must be embedded throughout the IA process, not treated as an add-on. Moreover, marginalized communities should be meaningfully engaged through accessible and inclusive public participation methods, ensuring their voices inform the design and outcomes of assessments.

There is considerable potential to enhance the integration of health and health equity into EU IAs. A standardized health and equity screening tool could help policymakers systematically evaluate health and equity impacts across all policy areas. Mandatory inclusion of health considerations in non-health-related assessments would ensure that health consequences are consistently addressed. Cross-sectoral collaboration between health experts, environmental analysts, and social policy researchers could foster a more holistic approach to policy evaluation.

IAs at the EU level serve as critical instruments for ensuring evidence-based and balanced policymaking. However, to maximize their effectiveness, it is essential to systematically integrate health and health equity considerations. This can be achieved through legal mandates, interdisciplinary collaboration, and improved monitoring mechanisms. By adopting a more structured and inclusive approach, the EU can ensure that its policies promote health equity and reduce disparities, ultimately leading to more effective and just policymaking across all sectors.



## 5. Impact Assessments on country level

### 5.1. Austria

We identified six IAs in Austria, each applicable at different administrative levels, having different legal contexts and having available guiding materials for performing the IAs. While one additional assessment – Technology Assessment – lacks a formal guideline, we included it due to its potential relevance for further work within the scope of this task (see Austria).

#### Regulatory Impact Assessment

The **Regulatory Impact Assessment (RIA)**, or wirkungsorientierte Folgenabschätzung (WFA) (original name), is a national level assessment that is legally required. The responsibility for performing the RIA lies either within the responsible administrative or the budgetary body, e.g. a specific ministry under whose jurisdiction the draft was prepared or the project was planned. Its mandatory implementation is regulated by the Federal Ministries Act, meaning it does not require explicit commissioning. Civil servants are performing the RIA.

There is an obligation to publish the reports of the RIA for the interested public, collected in a yearly report<sup>13</sup>. A guideline is available<sup>14</sup>, which was published in 2013 and has not been revised since then. The manual is based on legal provisions, but it also includes additional information and recommendations.

There are specific criteria that indicate when the RIA should or must be performed, e.g. for the development process of laws, regulations and larger projects or regulatory projects and other projects of extraordinary financial importance. The RIA targets law proposals and budget drafts. It covers various impact dimensions, including social impacts, impacts on children and young people, impacts on companies, etc. If certain impact dimensions are expected to be significantly affected (i.e. if set threshold figures are likely to be exceeded), these impact dimensions must be examined in-depth. Alternatively, a simplified impact assessment is possible if, for example, there will be no significant impacts in the impact dimensions and no financial impacts are triggered.

Public involvement of relevant authorities or organizations who represent the public is a requirement. Therefore, a draft review of the law / project including the results of the RIA will be sent to invited bodies and the interested public to review the draft law.

Health and wellbeing are explicitly addressed through threshold figures for social and health issues. Health equity is indirectly considered by focusing on specific population groups, e.g. children/adolescents, older people, people affected by poverty / at risk of poverty, unemployed people or people with disability.

For monitoring, the Interdepartmental Impact Controlling Unit in the Federal Chancellery carries out the general quality assurance of the RIA, while the Federal Ministry of Finance examines the quality and comprehensibility of the presentation of the financial impact. There is no monitoring system to track how the results of the RIA were used. Instead, monitoring focuses on whether

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<sup>13</sup> <https://oeffentlicherdienst.gv.at/wirkungsorientierte-verwaltung/rechtsgrundlagen-berichte-und-materialien/berichte-uber-die-wfa/>

<sup>14</sup> <https://oeffentlicherdienst.gv.at/wp-content/uploads/2023/01/Handbuch-Wirkungsorientierte-Folgenabschaetzung.pdf>

the assumptions made in the RIA have actually materialized and whether the measures are suitable for achieving the objectives.

## Environmental Impact Assessment

The **Environmental Impact Assessment (EIA)**, or Umweltverträglichkeitsprüfung (UVP) (original name), is a national or provincial level assessment that is legally required. Responsibilities might differ corresponding to the specific infrastructure project. The project proponent is responsible for commissioning the EIA. There is an obligation to publish the reports of the EIA on a website<sup>15</sup>. There is a guideline for performing the EIA<sup>16</sup>. The guideline was published in 2008 and has been last revised in 2019. The usage of the guideline is not mandatory for performing the EIA. There are specific criteria that indicate for which projects at which thresholds/criteria an EIA should or must be performed, e.g. type of infrastructure, land consumption, hazardous materials. The main focus of the EIA is on the environment. Health and wellbeing are explicitly mentioned regarding the physical dimension and are indirectly addressed through ecological aspects and physical environments and equity. Public involvement of the general public (via information and consultation) is a requirement. Health equity is acknowledged from a medical perspective and that the exposure on the most affected communities and the exposure of particularly sensitive groups of people (e.g. in schools, hospitals, health resorts) must be known.

EIA is collected centrally and evaluations are also carried out (“EIA statistics”) on the procedural status of the project<sup>17</sup>. There is a controlling mechanism on how results were used, e.g. acceptance test carried out by authorities after completion of the project, as a follow-up inspection.

A simplified EIA procedure can be carried out for certain projects listed in the Environmental Impact Assessment Act (UVP-G)<sup>18</sup>. Among other things, a simplified EIA does not require a follow-up check (but a regular EIA procedure does so).

In cases of dispute, project applicants, the environmental ombudsmen (body established in all provincial governments in order to represent the public interests of nature conservation and environmental protection) and the local municipality can lodge an appeal with the Federal Administrative Court against a declaratory decision by the competent regional government. The Federal Administrative Court decides on appeals against all decisions under the Environmental Impact Assessment Act (UVP-G).

## Strategic Environmental Assessment

The **Strategic Environmental Assessment (SEA)**, or Strategische Umweltprüfung (SUP) (original name), is a national or provincial level assessment that is legally required. Carrying out a SEA is primarily the task of the administrative body responsible for drawing up the plan, program or policy. It is responsible for handling the SEA procedure. In case of uncertainty, an environmental agency must be involved.

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<sup>15</sup> <https://www.umweltbundesamt.at/umweltthemen/uvpsup/uvpoesterreich1/uvp-dokumentation/uvp-statistik>

<sup>16</sup> [https://www.bmk.gv.at/themen/klima\\_umwelt/betrieblich\\_umweltschutz/uvp/uve\\_uv\\_leitfaeden.html](https://www.bmk.gv.at/themen/klima_umwelt/betrieblich_umweltschutz/uvp/uve_uv_leitfaeden.html)

<sup>17</sup> <https://www.umweltbundesamt.at/umweltthemen/uvpsup/uvpoesterreich1/uvp-dokumentation/uvp-statistik>

<sup>18</sup> <https://www.ris.bka.gv.at/NormDokument.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10010767&Anlage=1>

There is an obligation to publish the reports of the SEA in an annual summary of all SEA procedures. A guideline including standards for performing the Impact Assessment<sup>19, 20</sup> was first published in 1997 and has been last revised in 2013. The usage of the guideline is not mandatory for performing an SEA.

There are specific criteria that indicate when the SEA should or must be performed, e.g. for those plans that are expected to have significant environmental impacts. The SEA is focused on environmentally relevant strategic planning, i.e. policies, plans and programs but not projects. The main focus of the SEA is on environmental aspects. Health and wellbeing is mentioned explicitly regarding physical, mental and social dimensions, as well as behavioral aspects. Public involvement (via information and consultation) of the general public and key players (e.g. environmental bodies) is a requirement. Health equity or relevant aspects are not mentioned explicitly in the SEA. There is a mandatory monitoring system in place to identify unforeseen negative effects at an early stage and to be able to take appropriate remedial action. Additionally, there is a monitoring and controlling mechanism on how the results of the SEA were used, such as tracking of the implementation for the recommended compensation measures.

## Health Impact Assessments

The **Health Impact Assessment (HIA)**, known as Gesundheitsfolgenabschätzung (GFA) (original name) can be conducted at national, provincial, regional and local levels. Administrations at different political levels (e.g. ministries, regions, municipalities) are commissioning such IAs. While there are no specific requirements concerning the contractor of the HIA, the involvement of health experts is recommended. To promote transparency, it is recommended that HIA results should be made publicly available, and the reports are collected on a designated website<sup>21</sup>. Although there is no legal obligation, performing HIAs is recommended through strategy papers, national plan, etc. A specific guideline exists for performing the HIA (REF<sup>22</sup>), but its use is not mandatory. There are no specific criteria that dictate when an HIA should be performed.

The aim of the HIA is to assess how (planned) policies, projects, plans and programs might impact population health and wellbeing, as well as how these potential positive and negative impacts may be distributed among different population groups. Public involvement (consultation, inclusion, delegated power) of representatives of target groups and organizations, key players from administration (via steering committee) as well as representatives of affected groups (via focus groups, interviews, etc) is strongly recommended. Health and wellbeing are mentioned explicitly in the guideline, with reference to their determinants throughout the guideline (e.g., living environments, social capital, socio-economic factors, individual lifestyles, etc). Health equity is a core element and is integrated throughout the assessment. While there are no formal monitoring systems concerning the HIA in place, it is recommended that there is a monitoring on how the findings of the HIA were used. However, there is no controlling mechanism in place to enforce this process.

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<sup>19</sup> <https://www.strategischeumweltpruefung.at/sup-grundlagen/material>

<sup>20</sup> <https://www.strategischeumweltpruefung.at/>

<sup>21</sup> [https://hiap.goeg.at/oesterreichische\\_gfa](https://hiap.goeg.at/oesterreichische_gfa)

<sup>22</sup> [https://hiap.goeg.at/sites/gfa.goeg.at/files/inline-files/GFA-Leitfaden\\_Publikation\\_3.pdf](https://hiap.goeg.at/sites/gfa.goeg.at/files/inline-files/GFA-Leitfaden_Publikation_3.pdf)

## Gender Budgeting

The **Gender Budgeting in administration**, or Gender Budgeting in der Verwaltung (original name), is a national level assessment that is legally required. Collaborations between budget experts and specialized experts (e.g. for gender aspects) of the respective administrative department are performing them. There is no obligation to publish reports. However, it is mandatory to collect and report annually on the funds that the federal government spends on measures to reduce violence against women and children, as well as on prevention work, including work with perpetrators in the individual ministries. There is a guideline for performing the Impact Assessment (REF<sup>23</sup>), published in 2011. The usage of the guideline is not mandatory for performing the Gender Budgeting. There are specific criteria indicating that Gender Budgeting must be performed in all decisions on budget management. The Gender Budgeting is targeting the budget policy processes. The main focus of the Gender budgeting lies on the (re)organization, improvement, development and evaluation of budget policy processes. It means a gender-based assessment of budgets, the inclusion of a gender perspective at all levels of the budget process and the reorganization of income and expenditure with a view to promoting gender equality. Health is mentioned explicitly by using health services as an indicator. Public involvement is not required. Health equity is not mentioned explicitly in the guideline. There are no monitoring systems of the overall implementation in place, but there is a monitoring on how the results of the Gender Budgeting were used (e.g. review of the distribution effects on gender and gender equality, target/actual comparison is carried out, recommendations for action). There is no information on controlling mechanism on how results were used.

## Österreichische Kontrollbank AG, Environmental and Social Impact Assessment (ESIA) for export credits

The **Environmental and Social Impact Assessment (ESIA)** for export credits is conducted at international level and is legally required. In accordance with the OECD Common Approaches 2024, the Austrian Control Bank AG (OeKB) assesses environmental and social impacts for export credits for projects and project related capital goods and/or services<sup>24</sup>. There is no obligation for publishing the reports, however, projects before and after assumption of liability are published on the OeKB Website. ESIA follows a specific guideline for performing, but there is no information if the usage is mandatory. There are specific criteria that indicate that ESIA must be performed when projects abroad are conducted through Austrian companies and supported by the OeKB with export credits (e.g. either projects from an implementation period of at least 2 years / costs of at least € 10 million Euro or shorter projects with an expected environmental or social impact). The focus lies on the consideration of environmental and social impacts in officially supported export credits. Health is explicitly mentioned in the guideline, whereby the physical dimension and working conditions should be looked at. Concerning public involvement, the general public should be informed about the projects and local communities, directly affected by the project, and/or their representatives should be consulted. Health equity is not mentioned explicitly in the guideline. There are monitoring systems in place, depending on the project financing category (e.g. OeKB requires regular reports as long as it is involved in the project in order to monitor whether mitigation measures are actually being implemented). In addition, there is a monitoring on how the results of the ESIA were used, e.g. detailed plans,

<sup>23</sup> [https://www.bundeskanzleramt.gv.at/dam/jcr:86e66bc2-d868-4483-ae3-2eaf987d27be/ah\\_gender\\_budg\\_verw.pdf](https://www.bundeskanzleramt.gv.at/dam/jcr:86e66bc2-d868-4483-ae3-2eaf987d27be/ah_gender_budg_verw.pdf)

<sup>24</sup> <https://www.oekb.at/dam/jcr:b86c9650-2b2f-41ce-805c-1acad55a813d/OeKB-ESIA-Process-Description.pdf>

definition of responsibilities, budgets, monitoring tasks by third parties as well as parameters, methods, implementation and consequences. Additionally, controlling mechanism on how results were used are in place, depending on the project financing category.

## Technology Assessment

**The Technology Assessment (TA)**, or Technikfolgenabschätzung, (original name), is a national assessment with an official recommendation for performance but does not have a formal guideline available. TA operates on an interdisciplinary basis to systematically and comprehensively analyse the possible consequences of the use of certain technologies, which do not necessarily have to be newly invented. Based on its findings, options for action are developed for those involved in technology policy (technology control). TA covers a wide range of topics, where health considerations may also be relevant. TA monitoring is carried out every six months to inform the parliament on socio-technical developments and emerging trends<sup>25</sup>.

## Conclusion

Besides HIA, all the identified assessments considered, it can be concluded that health is addressed marginally and without systematic depth. The extent ranges from superficial mentions to in-depth checklists for analyzing health aspects.

Health equity is rarely mentioned explicitly; instead, specific target groups (such as older people and children) are used as examples in some guidelines. Only the guideline for the Health Impact Assessment (HIA) offers a structured approach with a clear distinction between health inequalities and health inequities, as well as target group models like the “Layers of Diversity model”. In addition, Gender Budgeting clearly distinguishes between equality and equity and aims to achieve equity but without a specific connection to health.

Public involvement is handled differently across the impact assessments in Austria. In some assessments (EIA, SEA), public participation is mandatory – ranging from involving the general public to neighbourhoods, nearby businesses, employees, NGOs, authorities, and experts – with varying levels of involvement (from information to inclusion). Even if HIA is not mandatory, the Austrian guideline for HIA refers to a minimum level of participation that should be compiled when performing an HIA. In contrast, Gender Budgeting does not address participation, and in ESIA for export credits, it is merely recommended.

A common issue among all IAs (except HIA) regarding health and health equity is that they are mainly recognising limited health aspect, that are clearly related to the policy area the IAs is situated in, e.g. assessment of health-relevant factors such as pollution or noise in environmental assessments. However, these are rarely analyzed within a holistic health framework, and health determinants are seldom explicitly mentioned. The causal or rational links between exposure and health outcomes are missing from the guidelines.

Only the HIA provides a systematic engagement with health and health inequality and inequity, including intersectional perspectives and concrete identification of affected target groups, especially in regard to vulnerable groups. In other procedures, health often remains an implicit or subordinate topic, not treated as an independent impact dimension.

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<sup>25</sup> <https://www.oeaw.ac.at/ita/das-ita/was-ist-ta/methoden>

Furthermore, there is a noticeable need for standardized data sources and indicators that would enable evidence-informed assessment of health impacts. Many procedures only offer general recommendations for data sources (e.g., national standards, prognosis', internet links), which rarely address health aspects specifically. Additionally, state-specific regulations (e.g., in EIA and SEA) also hinder uniform implementation.

Technically the RIA in Austria can be seen as a kind of integrative impact assessment, as many impact dimensions are considered, including health as an indicator across various dimensions. However, usually the RIA is carried out by civil servants in charge of the proposal as a desk-based exercise, often missing in-depth analysis, as well as involvement of experts of different policy areas. In addition, below a defined budgetary threshold, it is just required to assess the financial and economic impact of the measure.

More generally, we do not know how the identified IAs are implemented in practice, i.e. to what extent the guiding materials are being taken into consideration.

In conclusion, all examined IA guiding materials address health (in variation of its extent), which offers an entry point for more in-depth consideration of health. There is significant potential for further development: by strengthening the health perspective, introducing health equity as a cross-cutting issue, systematically involving vulnerable groups, and establishing clear methodological guidelines, standardized indicators, and binding public involvement formats. The HIA can serve as a reference model for other impact assessments.

Drawing on Austria's experience with the implementation of HIA, intersectional collaboration has proven essential for advancing and integrating health considerations into other types of IAs. In many policy areas, there is often a tension between maintaining the core agenda and concerns that incorporating health might disrupt it. This highlights the importance of the HiAP approach, which encourages a shared understanding of mutual benefits and helps overcome siloed thinking of policy-making. Promoting awareness of the co-benefits of health and its relevance to other policy domains is key to fostering cross-sectoral commitment. One effective strategy could be compiling best practice examples to clearly demonstrate the added value of health integration, for making it more accessible and less abstract.

## 5.2. Belgium

We identified seven IAs in Belgium, which are described below. They are being conducted on different administrative levels, having different legal contexts and having available guiding materials for performing the IAs (see Belgium).

### Regulatory Impact Assessment

**The Regulatory Impact Assessment (RIA)**, or *regelgevingsimpactanalyse* (original name), is a national level assessment that is legally required. Authorized government members of the ministry are performing RIAs. There is an obligation to publish the reports of the RIAs, which are collected on a Federal governmental website. There is a guideline for performing the RIA<sup>26</sup>. The guideline was published in 2014 and is to current knowledge not been revised. The usage of the guideline is not mandatory for performing the RIA, but applicants need to fill in the web application, which is based on the guideline. There are specific criteria that indicate when the

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<sup>26</sup> <https://bosa.belgium.be/sites/default/files/content/documents/DTdocs/Simplification/RIA%20Handleiding%20-%20NL%20oct2014.pdf>

RIA should or must be performed, namely draft regulations that are subject to the approval of the Council of Ministers. The RIA is targeting legislative proposals. The main focus of the RIA is the environmental, economic and social impact. Health is mentioned explicitly in the form in one chapter. Also impact on health determinants is included. Health equity is mentioned, but no specific population groups are differentiated, except for the focus on equality between women and men. Public involvement is not a requirement.

There are monitoring systems in place, e.g. the Impact Analysis Committee submits annual reports on RIAs to the government. In addition, there is no information on monitoring or a controlling mechanism on how the results of the RIA were used.

## Environmental Impact Assessment

EIA and SEA are hereinafter collectively referred to as EIA (or Project EIA and Plan EIA) because both are discussed in the same guideline. **The Environmental Impact Assessment (EIA)**, or milieueffectenrapportage (MER) in Flanders, or La notice d'évaluation des incidences sur l'environnement (EIE) in Wallonia, or Effectenverslag binnen milieuvergunningaanvraag (original name) in the Brussels Capital Region, is an assessment that is legally required. Regional governments have the general responsibility of performing EIA. The federal government has specific responsibilities on cases on the danger of ionizing radiations and the marine environment. The regional government agency or a private actor is commissioning such IAs, while an EIA team is performing them. There is an obligation to publish the reports of the Impact Assessment, of which a non-technical summary is collected in a database. There are guidelines for performing the Impact Assessment. The most extended one is from the Flemish Region, which is discussed in this report<sup>27</sup>. This guideline was published in 2015 and was revised in 2022. There is no information if the usage of the guideline is mandatory for performing the EIA. There are specific criteria that indicate when the EIA should or must be performed, specified under the decree general provisions environmental policy. There are two types of EIA that could be performed, a Plan EIA for plans and programs, and a Project EIA for projects. The main focus of the EIA is to identify the possible effects of plans, programs or projects on the environment and on human health. There is one specific guideline on human health, with a focus on health-related stressors. Health equity is not explicitly mentioned, but there is a focus on specific population groups such as children, older people and other risk groups. Public involvement (consultation) of the general public and relevant governmental agencies is a requirement.

There are monitoring systems in place, e.g. follow-up on single IAs as a post-evaluation. In addition, there is monitoring on how the results of the EIA were used, namely a post-evaluation programme is a set of observations and associated measures initiated following the decision that the proposed activity will be carried out. There is no controlling mechanism on how results were used specified, but governments may play a role in the control of monitoring and feedback of results.

## Socio-Economic Impact Assessment

**The Socio-Economic Impact Assessment (SEIA)**, known as the Sociaaleconomische impact analyse (original name) is conducted at local level. There is no information on who is

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<sup>27</sup> <https://omgeving.vlaanderen.be/nl/omgevingsvergunning/milieueffectrapportage/richtlijnenboeken-handleidingen-en-codes-van-goede-praktijk>

commissioning such IAs, while project leaders or a consultancy firm are performing them. There is no information concerning an obligation to publish the reports of the SEIA. Carrying out the assessment is voluntary and does not have a specific guideline for performing<sup>28</sup>, which is published in 2022. The usage of the guideline is not mandatory for performing the assessment. There are no specific criteria that indicate when the assessment must be performed. The SEIA targets nature projects. The main focus of the assessment is to measure the impact of nature restoration and development projects on the local economy and society. There is no separate section on health included in the guideline, but health is considered as a potential socio-economic impact under the section 'possibilities, qualities and uses of the environment'. Additionally, health determinants are described under indicators of the impacts. Health equity is not mentioned. Public involvement (consultation) of stakeholders and experts is strongly recommended.

There is no information concerning monitoring and control systems.

### Health Impact Assessment

The **Health Impact Assessment (HIA)**, known as the Gezondheidstoets (original name) is conducted at the local level. The local government commissions the assessment, while the organization Gezondheidsmakers (previously known as Logo's, the regional health consultation platform) is responsible for conducting it. Carrying out the HIA is voluntary and there is no public guideline available. The assessment targets local spatial implementation plans and master plans, evaluating the impact of environmental factors in public spaces on population health. There is attention to vulnerable groups.

There is no information concerning public involvement, and monitoring and control systems.

### Discrimination-Impact Assessment

The **Discrimination-Impact Assessment**, known as the Gelijkekansentest (original name) is conducted at regional level, and more specifically in the Brussels Capital Region. The Brussels Capital Region is commissioning such IAs, while ministries and secretaries of state are performing them. There is no information concerning an obligation to publish the reports of the Impact Assessment. Carrying out the assessment is mandatory and does not have a specific guideline for performing, only a platform centralizing relevant and reliable information on equal opportunities<sup>29</sup>. However, in 2024 a new legislative framework was developed, after which the Gelijkekansentest and its guideline will be updated soon. The usage of the platform is not mandatory for performing the assessment. There are specific criteria that indicate when the assessment must be performed (e.g. mandatory for any draft legislation or regulation, as well as for the following documents at the draft stage: management agreements; strategic planning documents; assignment and concession documents relating to public contracts and concessions in excess of EUR 30,000; grant guides; grant award decisions in excess of EUR 30,000). The Gelijkekansentest targets policies. The main focus of the assessment is to measure the effect of policy measures on various population groups by considering their

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<sup>28</sup> <https://seia.vito.be/nl>

<sup>29</sup> <https://inclusionresources.brussels/nl/?criteres=79%2C82%2C85%2C88%2C91&competences=112%2C73%2C46%2C52%2C58%2C61%2C70%2C67%2C109%2C55%2C94%2C103%2C64%2C97%2C100%2C41%2C115%2C118%2C49%2C106%2C76&opérateur=IN#ressources-table>



specific needs. Health and health equity are not explicitly mentioned in the guideline. Public involvement is not recommended.

There is no information concerning monitoring and control systems.

## Sustainable Development Goals Monitoring and Reporting for a Local Policy with Impact

The SDG monitoring and reporting is conducted at the local level. Governmental organizations are performing these IAs. There is no information concerning the obligation to publish the reports of the Impact Assessment. Carrying out the assessment is voluntary and an inspirational guideline<sup>30</sup> was published in 2022. The usage of the guideline is not mandatory for performing the assessment. There are no specific criteria that indicate when the assessment must be performed. The assessment targets local policies, projects and plans. The main focus is to monitor the application of SDGs within local policies. Health and health equity are not specifically mentioned in the guideline but are known to be included in the broader SDGs. Vulnerable groups are referenced, though no further specifications are provided. Public involvement of employees, external partners and citizens is recommended in the guideline.

There is guidance on reporting and the SDG monitoring aims to redesign policies and consider follow-up of its impact.

## Belgian National Risk Assessment

**The Belgian National Risk Assessment**, known as the Belgische Nationale Risico Analyse (original name) is conducted at the national level. The Federal government is commissioning the assessment, while the National Crisis Centre is performing it in collaboration with experts. It is performed every three years. There is no guideline on how to perform the risk assessment. The assessment targets national risks and risk management capabilities, considering prevention and preparedness measures. Its objective is to identify and evaluate the major risks to which Belgium may be exposed, analyzing the probability and impact of various risk scenarios. Health risks, as well as human and social impact of risks are included in this assessment.

There is no information concerning monitoring and control systems.

## Conclusion

Belgium does not have a mandatory Health Impact Assessment. Currently, only one voluntary health impact test is provided at the local level by the regional health consultation platforms, though its scope and frequency of use is unclear. While health and health determinants are explicitly considered in other IAs conducted in Belgium (e.g. RIA and EIA), there are no concrete checklists or standardized guidelines provided on how potential health impacts should be assessed. Health is often described as a broad term without clear definitions of its dimensions, leaving authors the choice how to assess and describe the impact on health. When more detailed descriptions are provided, as in some RIA guidelines, these tend to be illustrative rather than prescriptive, without an obligation to assess all listed aspects. Moreover, current guidelines primarily emphasize physical health, especially in relation to environmental stressors, while social and mental health dimensions receive less attention. Health literacy is notably

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<sup>30</sup> <https://www.local2030.org/library/view/849>

absent. Access to health and medical care is often mapped, but a comprehensive multi-dimensional approach to health is lacking.

The terms 'health equity' and 'health inequalities' are only explicitly mentioned in one guideline. The majority of guidelines suggest considering the impact on vulnerable groups, but concrete guidance on which groups to include and how to assess this impact is missing. The groups that are mentioned in guidelines are children, elderly, and inequalities between women and men. In general, health equity and inequality is rather part of other chapters, than being a focused section in the IA itself. Only the Equal Opportunity Test does specifically target inequity and inequalities in policy-making, differentiating various subgroups of the population.

Furthermore, all guidelines recommend public involvement as an important aspect of the impact assessment. Experts are the most common key player to be involved in the IAs and may have an important role in the execution of the assessment. Citizens and other stakeholders are also often recommended to be involved, but their role is rather limited to information and consultation. However, what seems to be missing is the involvement of vulnerable groups. Meaningful inclusion of these groups is crucial to effectively incorporate health equity considerations into IAs.

Given the above-mentioned gaps in the current guidelines, there is clear potential to more effectively integrate health and health equity into IAs, as these aspects are already included but not sufficiently developed. Specifying various aspects of health, its determinants and the component of equity in a checklist would give more guidance to the authors in assessing the impact of regulations, policies and projects on health. This checklist would then be relevant on both local and national level. More specifically, health should be a separate chapter in the IAs, giving the opportunity to thoroughly address this topic. Each health dimension should consist of questions that should be considered and answered when assessing the impact of a regulation/policy/plan. A similar format should address the health determinants. Eventually, also vulnerable groups should be specified in this checklist, indicating the needs and possible barriers that should be assessed. Requiring authors to answer an elaborative list on health and health equity will facilitate health impact assessment within other IAs. It will ensure that health is approached multi-dimensionally, leaving no one behind.

To conduct the assessment, a qualified health expert should be required to evaluate this health-related section, ensuring that evidence-based responses are provided to the relevant questions. Also the inclusion of other experts with specific expertise in societal inequities and inequalities could help improve health equity. Moreover, public involvement should be specified more in the guideline. Participation of citizens and, especially, vulnerable groups should be a mandatory step in IAs in order to improve accuracy of the estimated impact and ensure that various factors and perspectives are taken into account. Including various population groups is essential to promote health equity. They could be involved throughout various steps in the assessment. Initially during the scoping of the assessment, to gain information on what is important to include. Next, during the assessment itself, various population groups could be consulted to collect details on the impact. Finally, they can be involved in giving feedback on the report, and eventually, should be consulted after the implementation of a regulation/policy/plan to evaluate the impact.

Overall, IAs currently appear to be a rather formal, administrative step in the development of policies, programs and plans. The extent to which detailed assessments are conducted with appropriate methodologies, and how their findings are utilized, remains uncertain due to a lack of transparency in monitoring and reporting. While guidelines exist, their implementation needs improvement. Interestingly, when contacting governmental actors and public health organizations, they expressed interest in more comprehensive IAs, highlighting the importance of strengthening this process.

### 5.3. Estonia

We identified five IAs in Estonia, which are described below. These assessments can be conducted at different administrative levels, have different legal contexts, and have available guiding materials for their implementation (see Estonia).

Additionally, we identified two health-related IAs: Health Technology Assessment (HTA) and Health and Wellbeing Profiles. The HTA is a valuable tool widely used in Estonia, but focuses mainly on medical aspects (e.g. screenings, health technologies). The Health and Wellbeing Profiles do not assess prospective impacts, making them inconsistent with our objectives. Therefore, these assessments were excluded from the main list.

#### Administrative Impact Assessment

**The Administrative Impact Assessment (AIA)**, or Mõju hindamine (original name), is a national level assessment that is legally required. The government and ministries are responsible for initiating and overseeing IAs. The responsibility for conducting the AIA depends on the field of the assessment. Each ministry oversees the process within its domain, but the assessment itself may be performed by ministry officials, specialized units, or external experts, depending on the complexity and specific requirements of the field. There is a guideline for performing the Impact Assessment<sup>31</sup>. The guideline was published in 2012 and has been revised in 2021. The usage of the guideline is mandatory for performing the AIA. There are specific criteria that indicate when the AIA should or must be performed, e.g. in the preparation of draft laws, strategic development plans, and the positions of Estonia on EU matters. The AIA targets law proposals, projects, strategies, development plan, policies, budget drafts. Health is mentioned explicitly in a separate checklist included in the guiding materials. If the impact is assessed as part of a strategy or development plan, public involvement is required during the stage titled “Coordination of the draft sectoral development plan with ministries and stakeholders, and public consultation”. This is conducted via the government’s e-drafting system <https://eelvoud.valitsus.ee>, where the public also has the opportunity to submit comments on the document. In the case of draft laws, public and stakeholder involvement is required after the preparation of the explanatory memorandum and during the stages of coordination of the draft and/or concept paper with ministries and stakeholders, and public consultation. As in the previous case, the process is carried out through the government’s e-drafting system. Health equity considerations focus on specific population groups, e.g. children, adolescents, older people, LGTBIQ+ and people affected by poverty.

There are respective monitoring systems in place, e.g. mid-term and ex-post evaluations as integral parts of the AIA. In addition, there is information on monitoring on how the results of the

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<sup>31</sup> [Mõjude hindamise metoodika](#)

AIA were used, e.g. evaluating the effectiveness of implemented measures and recommending optimizations or adjustments for better outcomes. However, there is no information on a controlling mechanism on how results were used.

## Environmental Impact Assessment

**The Environmental Impact Assessment (EIA)**, or Keskkonna mõjuhindamine (original name), is a national level assessment that is legally required. The person or organization proposing the activity or project is commissioning the EIA, while licensed lead experts conduct it. There is a guideline for performing the EIA<sup>32</sup>. The guideline was revised in 2018. The usage of the guideline is mandatory for performing the EIA. There are specific criteria that indicate when the EIA should or must be performed, e.g. an activity permit or its modification is being applied for, and the proposed activity is expected to cause a significant environmental impact. The EIA targets specific activities or developments that may have significant environmental impacts, such as construction or industrial operations. The main focus of the EIA is on environmental impacts. Health is mentioned explicitly in relation to different environmental factors. Public involvement is a requirement. Health equity is not mentioned.

There is information concerning monitoring systems in place, such as those used to assess the implementation of mitigation measures and evaluate the accuracy of impact predictions. In addition, there is information on monitoring on how the results of the EIA were used, e.g. to improve forecasting methods. There is information on a controlling mechanism on how results were used, e.g. monitoring results have to be reviewed by the Environmental Board and that the decision-maker has a legal obligation to forward these results for evaluation.

## Strategic Environmental Impact Assessment

**The Strategic Environmental Impact Assessment (SEA)**, or Strateegiline keskkonnamõju hindamine (original name), is a national level assessment that is legally required. The responsibility for initiating and organizing a SEA belongs to the authority that is creating the plan or program (e.g. ministry or a local government). To carry out the SEA, the ministry (or other authority) can hire qualified experts, who must have the right qualifications, as set by Estonian law and guidance. There is a guideline for performing the Impact Assessment, which was published in 2017<sup>33</sup>. The usage of the guideline is mandatory for performing the SEA. There are specific criteria that indicate when the SEA must be performed, e.g. during the preparation of a strategic plan or program and before its adoption or submission for proceedings. The SEA targets strategies, plans, and programs. The main focuses of the SEA are environment and strategic documents. Health is mentioned explicitly in the form of physical, mental and social dimensions. Public involvement is a requirement. Health equity is not mentioned in this assessment.

There is information concerning monitoring systems in place, e.g. follow-up on single IAs carried out. In addition, there is information on monitoring on how the results of the SEA were used, e.g. the issuer of the strategic planning document is required to establish monitoring measures alongside its adoption or provide a justification for not doing so. There is information on a

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<sup>32</sup> [Keskkonnamõju hindamine | Keskkonnaamet](#)

<sup>33</sup> [Peterson, K., Kutsar, R., Metspalu, P., Vahtrus, S. ja Kalle, H. Keskkonnamõju strateegilise hindamise käsiraamat \(2017\).pdf](#)

controlling mechanism on how results were used, e.g. that the Environmental Board oversees compliance, ensuring the integration of SEA results into the strategic planning process.

## Budget Impact Assessment

**The Activity-based budgeting handbook**, or Tegevuspõhise eelarvestamise käsiraamat (original name) focuses on activity-based budgeting at the national level, providing guidance on strategic planning, budget modelling, and forecasting. While the handbook is legally required for budgeting processes, it does not explicitly mention Budget Impact Assessment (BIA) as a distinct process or methodology. However, it covers related aspects such as financial planning, cost estimation, resource allocation, and performance evaluation. In addition, this document is mentioned in AIA as a supplemental tool for budget assessment. The Ministry of Finance oversees these processes, coordinating the implementation and ensuring compliance through monitoring and audits. Health and health equity are not addressed, and while public disclosure of budget information is mentioned, public involvement is not. The handbook with guideline<sup>34</sup>, last revised in 2025, is a mandatory tool for strategic budgeting but does not specify criteria for initiating assessments like a BIA.

Monitoring systems are in place, including regular progress reporting. The document explains that results are controlled through regular reporting and performance evaluations to ensure alignment with strategic goals. The Ministry of Finance oversees these processes, with audits (both internal, e.g., an organization's own audit department, and external, e.g., the State Audit Office (*Riigikontroll*)), reviewing the use of resources and recommending changes if necessary.

## Legislative Impact Assessment

**The Legislative Impact Assessment (LIA)**, or Seaduseelnõu väljatöötamine ja seaduse mõju hindamine (original name), is a national level assessment that is legally required. The responsibility for conducting an IA lies on ministries. Each ministry oversees the process within its domain, but the assessment itself may be performed by ministry officials, specialized units, or external experts, depending on the complexity and specific requirements of the field. There is a guideline for performing the Impact Assessment<sup>35</sup>. The guideline was published in 2011 and has been revised in 2019, and the follow up assessment guideline material in 2022. The usage of the guideline is mandatory for performing the LIA. There are specific criteria that indicate when the LIA should or must be performed, e.g. legislative proposal. The LIA targets law proposals and strategies, as outlined in the preparation of draft legislation and the assessment of their impacts. The main focus of the LIA is impact of legislation. Health is mentioned explicitly in the separate checklist included in the guiding material. Public involvement is a requirement. Health equity focuses on specific population groups, e.g. children, adolescents, older people, LGBTIQ+ and people affected by poverty.

There are respective monitoring systems in place, e.g. monitoring systems include follow-up assessments, where ministries evaluate the practical implementation of regulations and their impacts (follow-up single Impact Assessment). In addition, there is information on monitoring on how the results of the LIA were used, e.g. the follow-up assessments analyse whether the

<sup>34</sup> <https://www.fin.ee/riigi-rahendus-ja-maksud/riigieelarve-ja-eelarvestrateegia/tegevuspohise-eelarvestamise-kasiraamat>

<sup>35</sup> <https://www.justdigi.ee/sites/default/files/documents/2021-09/Hea%20%c3%b5igusloome%20ja%20normitehnika%20eeskiri.pdf>

objectives outlined during the legislative process were achieved and whether adjustments to the regulations are necessary. There is information on a controlling mechanism on how results were used, e.g. Ministry of Justice oversees follow-up assessments to ensure their alignment with stated goals. The results are also discussed in the Riigikogu to provide direct feedback to policymakers.

## Conclusion

We identified five IAs in Estonia. The Administrative Impact Assessment (AIA) stands out due to its comprehensive checklist, covering nine impact areas (e.g. social, educational, cultural, environmental etc.). However, the use of this checklist is not mandatory. For instance, in the Legislative Impact Assessment (LIA), it is mentioned only as a recommendation, raising concerns about its practical application.

Overall, transparency in IAs is relatively strong, but accessing reports – particularly for Strategic Environmental Assessment (SEA) and Environmental Impact Assessment (EIA) – can be challenging for the general public.

The assessment of health and health equity in IAs is generally limited. Although health considerations are addressed in the guiding materials for SEA and EIA, other types of IA do not explicitly mention health in their core guidelines. According to the EIA and SEA guidelines, health impact assessment focuses on the effects of environmental factors on human health. Meanwhile, wellbeing is treated more broadly and refers to psychological, social, and economic aspects, including quality of life, peace, security, and access to resources and a clean environment.

Despite the mention of "health" and "well-being" in these documents, there is no specific reference to health equity. In contrast, the AIA and LIA include comprehensive checklists that address a wider range of health determinants and equity-related issues. For instance, one question explicitly asks: "Does the solution affect the treatment of different social groups and individuals within them?". This demonstrates a more thorough approach to equity considerations. However, it should be noted that this checklist is neither mandatory nor integrated into the main assessment materials; it exists as a separate, supporting document.

Overall, Estonia has a well-established Impact Assessment system. However, further development is needed to strengthen the integration of health and health equity considerations.

## Opportunities for Strengthening Health, Equity, and Public Involvement

In Estonia the AIA includes an outstanding checklist that contains questions related to health and health equity. To enhance the integration of these aspects into IAs, it would be beneficial to consider applying this checklist in the context of SEA and EIA. Furthermore, transforming the use of this checklist from a voluntary tool into a mandatory component of the assessment process could significantly improve consistency and accountability.

The health and health equity consideration should be integrated at the earliest stages of IA process, particularly during the screening phase. If, at this stage, there is evidence that the proposed plan or policy may impact health or health equity, these issues should be addressed

systematically throughout the assessment. This could involve either integrating them across all chapters of the report or dedicating a specific section to health-related impacts. The depth and extent of the analysis could vary depending on the scale and significance of the expected health impacts, but health and equity should be acknowledged in all cases.

Public involvement in IAs in Estonia is relatively well-established and regulated by legislation. However, the guidance on when and to what extent the public should be involved is sometimes unclear or not comprehensive enough in the guiding materials. Therefore, there is need to strengthen the regulation and standardisation of public involvement procedures. It is worth noting that SEA reports often document the involvement process and communication with the public, including responses to comments. A future analysis of these reports could assess whether the nature and quality of public involvement is consistent across different assessments. To summarise, there is significant potential for further development of health, equity, and public involvement in Estonian IAs. However, these improvements must be developed in partnership, involving experts from relevant ministries as well as scientific and academic institutions. Through intersectoral collaboration, it would be possible to identify the practical aspects of IA implementation in Estonia and to recognise and address limitations in the assessment of health and health equity within these IAs.

#### 5.4. Finland

We identified in total 18 IAs in Finland. Many of them are specific for a theme, subject or target group, such as child impact assessment, mental health impact assessment, gender impact assessment, rural impact assessment, exercise and physical activity impact assessment. These assessments are meant to be integrated in the preparation of programmes, policies and decisions where applicable. Six IAs were identified as being more general in nature and have been integrated into a specific procedures or processes making them more relevant to our task and described below (see also Finland).

#### Environmental Impact Assessment and Strategic Environmental Assessment

The Environmental Impact Assessment (EIA) and Strategic Environmental Assessment (SEA), or Ympäristövaikutusten arviointi and Suunnitelmien ja ohjelmien ympäristövaikutusten arviointi (original names), are national, regional and local level assessments that are legally required. For EIA, project administrators and for SEA, the authority responsible for preparing the plan is commissioning such IAs. Consultants, e.g. from Civil Engineering Offices, are performing them. There is an obligation to publish the reports of these IAs. An online training published in 2021 serves as a guideline for conducting the assessment<sup>36</sup>. The usage of the online training is not mandatory for performing the assessment. EIA aims at reducing or preventing the negative environmental impact of projects, while SEA's purpose is to ensure that environmental considerations are integrated into authorities' own plans and programs in support of environmentally sound and sustainable development. Health is mentioned only briefly. Public involvement is recommended. Health equity is not addressed for specific population groups.

Concerning monitoring systems in place, there is mention that Centres for Economic Development, Transport and the Environment (ELY Centres) act as liaison authorities that monitor the procedure. There is no information on monitoring how the results of the EIA and

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<sup>36</sup> <https://www.eoppiva.fi/koulutukset/ymparistovaikutusten-arviointi/>

SEA were used. There is no information on controlling mechanism on how the results were used.

### Assessment of the Effect of Statutes from the Perspective of Human Impacts

The **Assessment of the Effect of Statutes from the Perspective of Human Impacts**, known as Säädosvaikutusten arviointi ihmisiin kohdistuvien vaikutusten näkökulmasta (original name) can be conducted at national level. This guideline can be seen as complementary to the general Impact Assessment guideline in Law Drafting. There is no information concerning an obligation to publish the reports. The main focus of the assessment is on human impacts. Health is mentioned explicitly, and different dimensions have been comprehensively taken into account. Public involvement is recommended. Health equity focuses diversly on different population groups.

There is no information on how to monitor the use of Impact Assessment results. There is no information on a controlling mechanism on how results were used.

### Impact Assessment in Law Drafting

The **Impact Assessment in Law Drafting**, or Säädösehdotusten vaikutusten arviointi (original name), is a national level assessment that is legally required. Law drafters perform these IAs. There is an obligation to publish the reports of the Impact Assessment. There is a guideline for performing the Impact Assessment on law proposals<sup>37</sup>. The latest guideline was published in 2022. The usage of the guideline is not mandatory for performing the assessment. The main focus is on economic, environmental and other human and societal impacts. Health is mentioned explicitly under the “other human and societal impacts” section, and different health dimensions have been comprehensively taken into account. Public involvement is recommended. Health equity focuses diversly on different population groups. There are checklists both for the assessment process and impacts to be considered.

Finnish Council of Regulatory Impact Analysis serves as an independent and autonomous body that oversees the quality of the impact assessments conducted by the ministries. It selects the government proposals on which it provides statements. The work of the evaluation council is based on existing and continuously updated guidelines for legislative drafting and Impact Assessment of regulatory proposals. It issues public statements on government proposals and their IAs (30-50/year).

There is no information on how to monitor the use of the results of impact assessments. There is no information on controlling mechanism on how the results were used. There is just a mention about post-evaluation that should be done. A network between the ministries is set up to develop the monitoring and ex-post evaluation of legislation.

### Impact Assessment in municipal decision-making

**Impact Assessment in municipal decision-making**, known Vaikutusten ennakkoarviointi kunnallisessa päätöksenteossa (original name) is legally required, but the use of a specific tool or guideline is not required. Civil servants or selected experts are performing them. There is no information concerning an obligation to publish the reports of the assessment. There is a

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<sup>37</sup> <http://urn.fi/URN:ISBN:978-952-383-660-0>



national guideline for performing the assessment<sup>38</sup>, published in 2011. The usage of the guideline is recommended by The Association of Finnish Municipalities (Kuntaliitto). The assessment on local level targets municipal decision-making concerning policies, programs and budget on issues such as, restructuring the school network etc. The main focus of the assessment is human, environmental, organizational and economic impacts. Health is mentioned explicitly, and different health dimensions have been comprehensively taken into account. Public involvement is recommended. Health equity focuses on some specific population groups, e.g. children and older people.

There is no information on how to monitor the use of Impact Assessment results. There is no information on a controlling mechanism on how results were used.

## Sustainability Impact Assessment

The **Sustainability Reporting in Government Administration (SIA)**, or *Kestävyysraportointi valtionhallinnossa* (original name), is a national level assessment that is recommended. State Treasury is commissioning the IAs, while ministries, government agencies and institutions are performing them. It is recommended to publish the IA reports. The guideline for performing the Impact Assessment was published in 2020 and was revised in 2024<sup>39</sup>. The usage of the guideline is not mandatory for performing the SIA. The SIA targets the activities, including policies, law proposals etc. of ministries, government agencies and institutions. The main focus of the SIA is sustainability, UN Agenda 2030 / United Nations Sustainable Development Goals. Health or health equity are not mentioned in the guide, but they are included comprehensively in the SDGs. Ministries, government agencies and institutions should consider in their report those SDGs, that are most important for their own activity. Public involvement is not a requirement.

State Treasury prepares a state-level summary of the other reports for creating an overall picture of the sustainability work carried out in the state administration. There is no information on how to monitor the use of IA results. There is no information on a controlling mechanism on how results were used.

## Conclusion

There are several national level Impact Assessment guidelines and tools in Finland, prepared by public authorities and NGOs. Some municipalities and cities have their own guidelines, or they have adopted national guidelines. Only few of the IAs are mandatory (Law drafting, EIA, SEA). There is a very limited amount of information about how to monitor the identified impacts (whether they have realized or not) or whether the results of the assessments are being taken into account in decision making.

Specific Health Impact Assessment guidelines were not available. However, health was integrated in different levels in all reviewed assessments. Health equity was mentioned in three IAs; Guidelines for Impact Assessment in Law Drafting (2023), Impact Assessment in municipal decision-making (2011), and in Assessment of the effect of statutes from the perspective of human impact (2016). Public involvement was required in two IAs (EIA and SEA), and recommended in three IAs.

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<sup>38</sup> <https://www.kuntaliitto.fi/julkaisut/2011/1418-vaikutusten-ennakkoarviointi-kunnallisessa-paatoksenteossa>

<sup>39</sup> <https://www.valtiokonttori.fi/maaraykset-ja-ohjeet/kestavyysraportointi-valtionhallinnossa/>

## 5.5. Germany

We identified ten IAs in Germany, which are described below. Six of these IAs are conducted on the national level, two are conducted in different states and two are conducted on national, state and local levels. The IAs have different legal contexts and nine have available guiding materials for performing the IAs (see Germany).

### Regulatory Impact Assessment

The **Regulatory Impact Assessment (RIA)**, or Gesetzesfolgenabschätzung (original name), is a national level assessment that is required by the Joint Rules of Procedure of the Federal Ministries for all federal laws and regulations. Federal ministries are performing RIAs as a component of preparing laws and regulations. There is a guideline for performing the RIA<sup>40</sup>. RIAs assess general impacts of planned legislation, including impact on public budgets (national, provincial, municipal), economic costs, consequences for consumers, consequences for sustainable development. Neither health nor health equity is mentioned in the guideline. Consultation of key players and administration is recommended. There is no information concerning monitoring systems. There is no information on a controlling mechanism on how results were used.

### Environmental Impact Assessment and Strategic Environmental Assessment

The **Environmental Impact Assessment (EIA)**, or Umweltverträglichkeitsprüfung (original name), is an assessment on all administrative levels that is legally required by the Environmental Impact Assessment Law (Umweltverträglichkeitsprüfungsgesetz / UVPG) and respective state laws. Governmental agencies are performing EIAs as a component of an authorization procedure of projects, mainly infrastructure and industrial projects. There is a guideline for preliminary case examination in the context of determining the EIA obligation of projects<sup>41</sup> and a manual for application and interpretation of the new EIA regulations<sup>42</sup>. The guidelines were published in 2023. The usage of the guideline is not mandatory for performing the EIA. There are some criteria that indicate when the EIA must be performed. However, these criteria are not specific but rather name what aspects should be considered, e.g. size and design of a project, use of natural resources, waste production and pollution, location. The main focus of the EIA is the environment. Health is mentioned explicitly as one of the protected goods. Public involvement is a requirement: the general public has to be informed, the affected public and affected agencies have to be consulted. Health equity is not part of the Impact Assessment.

The results of the EIA have to be published and are included in the authorization procedure of the assessed projects. Overviews of EIAs can be found online for projects on the federal level<sup>43</sup> and for projects on the level of the states<sup>44</sup>.

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<sup>40</sup>[https://www.bmi.bund.de/SharedDocs/downloads/DE/veroeffentlichungen/themen/verfassung/arbeitshilfe-gesetzesfolgenabschaetzung.pdf?\\_\\_blob=publicationFile&v=4](https://www.bmi.bund.de/SharedDocs/downloads/DE/veroeffentlichungen/themen/verfassung/arbeitshilfe-gesetzesfolgenabschaetzung.pdf?__blob=publicationFile&v=4)

<sup>41</sup>[https://www.bmu.de/fileadmin/Daten\\_BMU/Download\\_PDF/Umweltpruefungen/uvp\\_pflcht\\_vorpruefung\\_einzelfall\\_leitfaden.pdf](https://www.bmu.de/fileadmin/Daten_BMU/Download_PDF/Umweltpruefungen/uvp_pflcht_vorpruefung_einzelfall_leitfaden.pdf)

<sup>42</sup>[https://www.bmu.de/fileadmin/Daten\\_BMU/Download\\_PDF/Umweltpruefungen/uvp\\_neue\\_vorschriften\\_anwendung\\_bf.pdf](https://www.bmu.de/fileadmin/Daten_BMU/Download_PDF/Umweltpruefungen/uvp_neue_vorschriften_anwendung_bf.pdf)

<sup>43</sup> <https://www.uvp-portal.de/de/vorhaben>

<sup>44</sup> <https://www.uvp-verbund.de/portal/:jsessionid=DF5B7AF43DB998CA8DEB123802A90CEB>, <https://www.uvp-portal.de/de/node/422>

Monitoring systems are required but no general rules exist as the agencies conducting the EIAs are responsible for the respective monitoring systems. While there is no information on how the results of the EIA were used, the Federal Environmental Agency published an evaluation of EIA's impact in 2009<sup>45</sup>. There is no information on a controlling mechanism on how results were used.

The **Strategic Environmental Assessment (SEA)**, or strategische Umweltprüfung (original name), is part of the same legislation as the EIA and is required for plans and programs on all administrative levels and underlies the same rules and procedures. There is a guideline for performing the SEA<sup>46</sup>, which was published in 2010. The usage of the guideline is not mandatory.

Overviews of SEAs can be found online for assessments on the federal level<sup>47</sup> and for projects in the states<sup>48</sup>. The Federal Environmental Agency published an evaluation of SEA's impact in 2023<sup>49</sup>.

### Electronic Sustainability Assessment

The **Electronic Sustainability Assessment (eNAP)**, or elektronische Nachhaltigkeitsprüfung (original name), is a national level assessment. While a sustainability assessment is required by the Joint Rules of Procedure of the Federal Ministries for all federal laws and regulations as part of the RIA, the online form of the eNAP is recommended. Federal ministries are performing eNAPs as a component of preparing laws and regulations. There is a guideline for performing the Impact Assessment which is integrated in the online form<sup>50</sup>. The form was published in 2022. The main focus of the eNAP is sustainability. Health is mentioned explicitly in the form of SDG 3 and Germany's key indicators for SDG 3: premature mortality rate (women/men), smoking rate (adolescents/adults), obesity rate (adolescents/adults), global pandemic preparedness. Public involvement is not required. Health equity is implicitly addressed in other SDGs.

There is no information concerning monitoring systems in place. There is no information on a controlling mechanism on how results were used.

### Equality-oriented Impact Assessment

The **Equality-oriented Impact Assessment**, or gleichstellungsorientierte Gesetzesfolgenabschätzung (original name), is a national level assessment that is recommended as part of the RIA. Federal ministries are performing them as a component of preparing laws and regulations. There is a guideline for performing the assessment<sup>51</sup>. The guideline was published in 2021. The usage of the guideline is not mandatory for performing the assessment. The main focus of the RIA is gender equality. Health is mentioned explicitly in the form of its physical dimension, health and medical care services, behavioural aspects,

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<sup>45</sup> <https://www.umweltbundesamt.de/sites/default/files/medien/publikation/long/3738.pdf>

<sup>46</sup> [https://www.bmu.de/fileadmin/Daten\\_BMU/Download\\_PDF/Umweltpruefungen/sup\\_leitfaden\\_lang\\_bf.pdf](https://www.bmu.de/fileadmin/Daten_BMU/Download_PDF/Umweltpruefungen/sup_leitfaden_lang_bf.pdf)

<sup>47</sup> [https://www.uvp-portal.de/de/vorhaben?f%5B0%5D=type%3Astrategic\\_audit](https://www.uvp-portal.de/de/vorhaben?f%5B0%5D=type%3Astrategic_audit)

<sup>48</sup> <https://www.uvp-portal.de/de/node/422>

<sup>49</sup> [https://www.umweltbundesamt.de/sites/default/files/medien/11850/publikationen/112\\_2023\\_texte\\_evaluation\\_der\\_p\\_raxis\\_der\\_strategischen\\_umweltpruefung\\_in\\_deutschland.pdf](https://www.umweltbundesamt.de/sites/default/files/medien/11850/publikationen/112_2023_texte_evaluation_der_p_raxis_der_strategischen_umweltpruefung_in_deutschland.pdf)

<sup>50</sup> <https://plattform.egesetzgebung.bund.de/cockpit/#/egfa>

<sup>51</sup> <https://www.bmfsfj.de/resource/blob/186980/e5528c0b2ce90cdc9bc8aa54c6e198c2/arbeitshilfe-gleichstellungsorientierte-gesetzesfolgenabschaetzung-nach-2-ggo-data.pdf>

prevention, health literacy. Public involvement is not required. Health equity is mentioned in regard to gender equality (here: women and men).

There is no information concerning monitoring systems in place. There is no information on a controlling mechanism on how results were used.

## Youth Check

The **Youth Check (YC)**, or Jugend-Check (original name), can be conducted at national level. Federal ministries can commission a YC for their planned laws and legislations, while the Competence Centre Youth Check is performing them. There is no obligation to publish the reports of the Youth Checks, however, the competence centre publishes its reports on its website<sup>52</sup>. Carrying out the YC is voluntary and follows a specific methodology<sup>53</sup>. There are specific criteria that indicate when the YC should be performed: if young people (age 12-27) are affected. The main focus of the YC is the assessment of the influence of federal laws and regulations on young people. Health is mentioned explicitly as one of six spheres (environment/health) and one of eleven impact dimensions (Wirkdimensionen). Public involvement is not required. Health equity focuses on young people.

There is no information concerning monitoring systems in place. There is no information on a controlling mechanism on how results were used.

## Assessment of Environmental, Social and Human Rights Issues (ESHR) for export credit guarantees

The **Assessment of Environmental, Social and Human Rights Issues (ESHR) for export credit guarantees**, or Prüfung von Umwelt-, Sozial- und Menschenrechtsaspekten für Exportkreditgarantien (original name), is a national level assessment that is legally required for export credit guarantees. Exporting companies are commissioning such IAs, while the company Euler Hermes is performing them. There is no further information on this Impact Assessment available.

## Sustainability Checks on state level (mandatory)

The three states of Baden-Württemberg (BaWu), North Rhine-Westphalia (NRW) and Schleswig-Holstein (SH) have implemented mandatory **Sustainability Checks (SC)**, known as Nachhaltigkeitschecks or Nachhaltigkeitsprüfung (in NRW) for all state laws and regulations, in Schleswig-Holstein also funding guidelines. State ministries are performing them as a component of preparing laws and regulations. There are guidelines for performing the Impact Assessment: BaWu (published 2015)<sup>54</sup>, NRW (published 2020)<sup>55</sup> and SH (published 2022)<sup>56</sup>. The usage of the guideline is mandatory for performing the SC in all three states. The main focus of the SC is sustainability. Health is mentioned explicitly in the form of SDG 3 and indirectly in other SDGs. Public involvement is a requirement in BaWu. Here, municipal state associations, chambers of industry and commerce, crafts association, trade unions have to be

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<sup>52</sup> <https://jugend-check.de/jugend-checks>

<sup>53</sup> <https://jugend-check.de/ueber-den-jugend-check/methodik/>

<sup>54</sup> [www.normenkontrollrat-bw.de/fileadmin/normenkontrollrat/PDFs/Rechtsgrundlagen/2023/Anlage\\_2\\_-\\_Leitfaden\\_fuer\\_den\\_Nachhaltigkeits-Check\\_1.pdf](http://www.normenkontrollrat-bw.de/fileadmin/normenkontrollrat/PDFs/Rechtsgrundlagen/2023/Anlage_2_-_Leitfaden_fuer_den_Nachhaltigkeits-Check_1.pdf),

<sup>55</sup> [nachhaltigkeit.nrw.de/fileadmin/user\\_upload/Leitfaden\\_Nachhaltigkeitspruefung.pdf](https://nachhaltigkeit.nrw.de/fileadmin/user_upload/Leitfaden_Nachhaltigkeitspruefung.pdf)

<sup>56</sup> [efi2.schleswig-holstein.de/nhchk/check.html#](https://efi2.schleswig-holstein.de/nhchk/check.html#)

consulted if affected by the law or regulation. Health equity is implicitly addressed in other SDGs.

There is no information concerning monitoring systems in place in any of the states. There is no information on a controlling mechanism on how results were used.

### Sustainability Checks on state level (recommended)

The state of Brandenburg has developed a **Sustainability Check (SC)**, or Nachhaltigkeitscheck, that can be conducted at state level for plans and programs. There is no information on who is commissioning and who is performing the SC, nor any information concerning an obligation to publish the reports of the SCs. Carrying out the SC is recommended and follows a specific guideline for performing in form of an Excel spreadsheet<sup>57</sup>. Publication date is unclear. The usage of the guideline is not mandatory for performing the SC. There are no specific criteria that indicate when the SC should or must be performed. The main focus of the SC is sustainability. Health is mentioned explicitly in the form of SDG 3 and indirectly in other SDGs. The involvement of affected target groups is considered in SC but neither mandatory nor recommended. Health equity is implicitly addressed in other SDGs.

There is no information concerning monitoring systems in place in any of the states. There is no information on a controlling mechanism on how results were used.

### Technology Impact Assessment

The **Technology Impact Assessment (TIA)**, known as Technikfolgenabschätzung (original name) is conducted at national level. The German Bundestag, its committees and parliamentary groups are commissioning TIAs, while Office of Technology Assessment at the German Bundestag is performing them. Reports are published as Bundestag Printed Matters. Carrying out the TIA is voluntary; no guideline is published. The main focus of the TIA is the assessment of the potentials and effects of scientific and technological developments. Health is one thematic area in which TIAs are performed, especially innovative bio- and medical technologies as well as healthcare system issues. Public involvement is a requirement but not specified. Health equity is not mentioned.

There is no information concerning monitoring systems in place. There is no information on a controlling mechanism on how results were used.

### Conclusion

Although Germany has had an active Health Impact Assessment Community for a long time<sup>58</sup>, which has developed concepts for implementing HIAs or integrating them in EIA and SEA<sup>59</sup>, no HIAs exist in Germany at the federal or state level. EIA and SEA are well-established administrative tools that base on European and national laws. However, they seem to focus mainly on physical aspects of the environment. Humans – and human health – are one

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<sup>57</sup> [mluk.brandenburg.de/de/ueber-uns/agrar-und-umweltpolitik/nachhaltigkeit/nachhaltigkeitsstrategie/strategieumsetzung/nachhaltigkeitspruefung/#](https://mluk.brandenburg.de/de/ueber-uns/agrar-und-umweltpolitik/nachhaltigkeit/nachhaltigkeitsstrategie/strategieumsetzung/nachhaltigkeitspruefung/#)

<sup>58</sup> Fehr, R., Mekel, O., Welteke, R. (2004): *The German perspective*. In: Kemm, J., Parry, J., Palmer, S. (Eds.): *Health impact assessment*. Oxford: Oxford University Press: 253–265.

<sup>59</sup> [https://www.uvp.de/openaccess/leitlinien/LL\\_SG\\_Mensch\\_2020.pdf](https://www.uvp.de/openaccess/leitlinien/LL_SG_Mensch_2020.pdf), accessed 28.01.2025.

protected good among others. Neither health equity, health inequality nor health inequity seem to be relevant factors in these impact assessments.

IAs that are concerned with sustainability or with certain groups (gender, young people) have a stronger focus on health (in more than the physical dimension) and health equity, but they do not address health inequity directly either. While in these IAs health is only one aspect among others, their potential lies in their focus on equal opportunities, equity and fairness in various areas of life (e.g. education, employment, health, family life, leisure, social and political participation). This is a crucial factor because equity usually concerns more than just the health sector. These assessments may not be as well-established as EIA and SEA (and may have a weaker regulatory basis), but they can potentially incorporate a more holistic approach to health and wellbeing. Particularly IAs based on the SDGs could provide an integrated perspective on health, wellbeing and HiAP because – at least in theory – SDGs are interconnected and thus could offer a more comprehensive “in all policies” or wellbeing approach. These IAs could potentially also monitor health inequalities as the SDGs provide measurable indicators for all goals.

Public involvement is an integral part of established IAs, such as EIA, SEA or TA. For EIA and SEA, public involvement is regulated by law: The affected public and environmental associations have to have the opportunity to comment on any assessed plans and projects<sup>60</sup>. The relevant documents have to be publicly accessible for one month<sup>61</sup>. The Office of Technology Assessment at the German Bundestag states on its website that expert hearings and public consultations are “frequently” conducted in their technology assessments<sup>62</sup>. The other IAs found in this study relate to legislative processes and serve as guidance for civil servants when drafting laws. Public involvement is not mandatory, but consultation processes often take place during the preparation of draft legislation. These could potentially be designed in such a way that interest groups advocating for health equity are regularly involved, if health and health equity are affected by the legislation.

In conclusion, none of the investigated IAs considers health equality, equity or inequity explicitly. IAs focusing on specific groups or on SDGs have the biggest overlap with these issues and it is advisable to expand on these topics in these IAs. Considering the number of assessments that are required or recommended in law-making, it does not seem feasible to add a new assessment but rather to integrate health equality, equity or inequity into existing IAs (or to combine IAs into a “wellbeing assessment”), to strengthen public participation within the IAs and reinforce their role in law-making.

EIA and SEA have a very technical vantage point yet have the advantage of a legal basis and obligation. Whether the integration of health equality, equity or inequity in these IAs is feasible should be discussed with the expert community on HIAs as not much information on the actual processes on conducting these IAs could be found within the scope of this investigation.

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<sup>60</sup> §18 UVPG.

<sup>61</sup> §73 VwVfG.

<sup>62</sup> <https://www.tab-beim-bundestag.de/english/about-us.php?tab=%5B658%5D#tabpanel-658>, accessed 14.05.2025.

## 5.6. Iceland

We identified seven IAs in Iceland, which are described below. The assessments can, as appropriate, be conducted on different administrative levels, they have different legal contexts and the availability of guiding materials for performing the IAs vary (see Iceland).

### Legislative Impact Assessment

The **Legislative Impact Assessment (LIA)**, known as *Mat á áhrifum lagasetningar* (original name), is a national level assessment that is legally required. The ministry workforce are performing such IAs. There is no information concerning an obligation to publish the reports of the Impact Assessment. Carrying out the LIA is mandatory according to law and follows a specific guideline<sup>63</sup>, which was published in 2023. The usage of the guideline is mandatory for performing the LIA. The LIA should always be performed prior to legislation drafting, and the preliminary assessment of its impact must be presented at a meeting of all ministries in a timely manner. The focus of the LIA is the assessment of the possible influence of legislative framework on various factors, including public health. Health and health determinants are not referenced specifically in the guidelines, however a part of the LIA is assessing possible effects of the legislation on public health but currently no further guidance follows on how that should be done. Public involvement is not a part of the assessment.

There is no information concerning monitoring systems in place. However, there is information on monitoring on how the results of the LIA were used, e.g. the last section of the assessment is meant to be filled out after the laws have been passed, stating if any changes were made and if so what changes. There is no controlling mechanism on how results were used.

### Environmental Impact Assessment of projects

The **Environmental Impact Assessments of project (EIAP)** known as *Umhverfismat framkvæmda* (original name) can be conducted at national and local levels. It's mandatory by law appointed by the minister of Environment to commission the EIAP, however the National Planning Agency in Iceland oversees this work and evaluates them. Project developers themselves perform such IAs – they can be private companies, public companies, individuals or municipalities. The developer either assesses the environmental impact himself in an assessment report or hires a consultant.

There is an obligation to publish the reports of the Impact Assessment. Carrying out the EIAP is mandatory and follows a specific guideline<sup>64</sup>, which was first published in 2005. The usage of the guideline is mandatory for performing the EIAP. The criteria that indicate when the EIAP should be performed is the following: The act on environmental assessment of projects and plans specifies two categories of projects, A and B. Projects in category A are subject to assessment, i.e. always subject to environmental assessment. Category A covers larger projects that are likely to have a significant environmental impact. They are always subject to an environmental assessment. Constructions in category B are subject to notification; it is decided in each case whether implementation should be subject to an environmental assessment. Category B covers constructions that are below the reference limits in category A. Constructions in category B must be notified to the Planning Agency, which decides in each case whether the relevant construction should be subject to an environmental assessment. The EIAP targets

<sup>63</sup> <https://www.stjornarradid.is/verkefni/log-og-rettur/lagasetning/> found as: Legislative Impact assessment - form

<sup>64</sup> <https://island.is/s/skipulagsstofnun/umhverfismat-framkvaemda>

projects, power plants, dams etc. The main focus of the EIAP is the assessment of the influence of projects and plants/dams on the environment. Health determinants are referenced in the guideline and the possible effect on health. Public involvement is recommended as the Assessment is presented and available for reviews and suggestions for all at a specific time of the process at the government's consultation portal. Health equity is not specifically addressed in the assessment.

There is information concerning monitoring systems in place, as changes cannot be made unless the Environmental Assessment is conducted in all its steps. After completing the Environmental Assessment of the project, the developer applies for a construction permit from the relevant municipality and, where applicable, other licensing authorities. The granting of permits needs to consider the environmental assessment of the project. However, there is no information on monitoring or the controlling mechanism on results of the EIAP.

## Strategic Environmental Impact Assessment

The **Strategic Environmental Impact Assessment (SEA)**, known as *Umhverfismat áætlana* (original name) can be conducted at national and local levels. It's mandatory by law appointed by the minister of Environment to commission the SEA, however the National Planning Agency in Iceland oversees this work and evaluates the SEA. Various parties perform such IAs depending on the plan being assessed (e.g. local government, planning committee of a municipality, ministry of transport). There is an obligation to publish the reports of the Impact Assessment. Carrying out the SEA is mandatory and follows a specific guideline for performing<sup>65</sup>. The usage of the guideline is mandatory for performing the SEA. The criteria that indicate when the SEA should be performed is that if plans and changes to plans meet all of the following conditions:

- Are prepared and/or approved by the government.
- Are processed according to the law or a ministerial decision.
- Mark policy regarding the granting of permits for projects specified in the Environmental Impact Assessment Act, no. 106/2000.

The SEA targets projects and plans such as municipal planning, transportation plans. The main focus of the SEA is the assessment of the influence of projects, plans and programs on the environment. Health determinants are referenced in the guideline and the possible effect on health. Public involvement is recommended, in some cases consultation with the public through focus groups or by online surveys, otherwise the Assessment is presented and available for reviews and suggestions for all at a specific time of the process at the governments consultation portal. Health equity is not addressed specifically in the assessment.

There is information concerning monitoring systems in place, e.g. the plan or the plan changes cannot be made unless the environmental assessment is conducted in all steps. However, there is no information on monitoring or the controlling mechanism on results of the SEA.

## Health Impact Assessment

The **Health Impact Assessment (HIA)**, known as *Lýðheilsumat* (original name) is under preparation. It has been on the governments agenda to implement Health Impact Assessment

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<sup>65</sup> <https://island.is/s/skipulagsstofnun/um-umhverfismat-aaetlana>



for some years, first mentioned in 2016 in the first Public Health Policy for Iceland<sup>66</sup>. It still hasn't been fully implemented but there is a strong foundation for doing so. In the first National Public Health policy to 2030, passed by the Icelandic Parliament in June 2021, it is clearly stated that public health should be considered in all governments policymaking and planning. The National Public health policies action plan 2023-2027<sup>67</sup>, includes action to support implementation of this policy priority. Currently no formal guidelines exist nor is it mandatory to conduct HIA. However, three reports have been published<sup>68</sup>. Two comprehensive retrospective HIAs have been published on the indirect effects of Covid-19 on health and wellbeing, one focusing on the national level and published by the Directorate of Health and one on the local level by the City of Reykjavík. Furthermore, The City of Reykjavík has published a prospective comprehensive HIA on public transportation plans.

## Financial Impact Assessment

The **Financial Impact Assessment (FIA)**, known as *Mat á fjárhagsáhrifum* (original name) can be conducted at national level. The ministry workforce performs such IAs. There is no information concerning an obligation to publish the reports of the Impact Assessment. Carrying out the FIA is mandatory according to law and follows a specific guideline, in the form of a checklist<sup>69</sup>, published in 2017. The usage of a checklist is mandatory for performing the FIA. The FIA should always be performed prior to legislation drafting, and the preliminary assessment of its impact must be presented to the financial ministry before the presentation of the bill. The focus of the LIA is the assessment of the possible financial influence of legislative framework on various factors. Health and health determinants are not referenced specifically in the guideline and public involvement is not a part of the assessment.

There is no information concerning monitoring systems in place nor on how the results of the FIA are used. There is no information regarding controlling mechanism on how results were used.

## Gender Budgeting

The **Gender Budgeting or Gender Impact Assessment (GIA)** is known as *Kynjuð fjárlagagerð* (original name). All ministries are performing such IAs, the financial ministry plays the largest role. There is no obligation to publish the reports of the GIA, however it is mandatory to file them appropriately within each governmental body. Carrying out the Impact Assessment process is mandatory and follows specific guidelines for performing<sup>70</sup>. The usage of the guideline, which was revised in 2019, is mandatory for performing the Impact Assessment. The criteria that indicate when Gender Impact Assessment is performed is at the start of implementation of fiscal measures, budget process and new policies. The GIA targets fiscal measures and budget process at all governmental levels, and therefore policies. The focus of the GIA is the assessment of the governmental decisions on possible different influences on the genders. Health determinants and health equity are not specifically referenced throughout the guideline. Public involvement is not a part of the assessment.

<sup>66</sup> [https://www.stjornarradid.is/media/velferdarraduneyti-media/media/skyrslur2016/Lydheilsustefna\\_og\\_adgerdaaetlun\\_30102016.pdf](https://www.stjornarradid.is/media/velferdarraduneyti-media/media/skyrslur2016/Lydheilsustefna_og_adgerdaaetlun_30102016.pdf)

<sup>67</sup> <https://www.stjornarradid.is/gogn/rit-og-skyrslur/stakt-rit/2024/04/03/Adgerdaaetlun-lydheilsustefnu-2023-2027/>

<sup>68</sup> <https://phwwhocc.co.uk/whiasu/>

<sup>69</sup> <https://www.stjornarradid.is/verkefni/log-og-rettur/lagasetning/> found as: Financial Impact Assessment - checklist

<sup>70</sup> <https://www.stjornarradid.is/verkefni/efnahagsmal-og-opinber-fjarmal/kynjud-fjarlagagerd/>

There is no information concerning monitoring systems in place, on how the results of the GIA were used nor how a controlling mechanism on how results were used.

The city of Reykjavík, the largest municipality and the only city in Iceland has adapted this approach to the local level, with a recommended equality assessment<sup>71</sup>

## National Security Assessment Report

The **National Security Assessment**, known as *Mat þjóðaröryggisráðs á ástandi og horfum í þjóðaröryggismálum* (original name) is conducted at national level in the form of a report. The Icelandic National Security Council conducts the report, which includes key government ministers, parliamentary representatives, and security officials. The Impact Assessment is published in the form of reports. It's not mandatory and there are no specific guidelines.

Two reports have been published on the matter. One in 2021 which is more on a general term and the second published in 2022 observing possible effects of the Russian invasion to Ukraine and its possible effect on Iceland<sup>72</sup>.

## Conclusions

Iceland has a well-established culture of conducting IAs. However, the structure and depth of these assessments vary. EIAs are the most comprehensive and well-developed, benefiting from a strong legislative framework and long-standing implementation. In contrast, other types of IAs are often conducted in a more simplified, checklist format, typically completed by a single individual.

Currently, health and health equity are not central elements in the mandatory IAs commonly used in Iceland. When health is addressed, it is primarily through a checklist approach, though there are opportunities to dig deeper. However, the Environmental IAs do mention the concepts of these terms, especially health inequities, but without labeling it with that specific term. Health and wellbeing and its determinants could and should also be analysed in broader way. The structure of the IAs identified in Iceland also seem to not offer the possibility of public involvement except in the Environmental IAs, where it's an important factor.

Despite this, there is a foundation for implementing HIAs. HIA has been on the government's agenda for many years and in the National Public Health policy passed in June 2021, it is clearly stated that public health should be considered in all governments policymaking and planning and it's included in the policies action plan. Some experience already exists. Inally Health impact assessment is in preparation at the ministry of Health in cooperation with the Directorate of Health. The HIA being developed are guidelines for the public health part of LIA. It is a simple 5 step instruction on how to assess the possible effect of legislation on public health. The HIA uses the gender budgeting equality assessment set up, to keep familiarity for the ministries workers conducting the LIA. The aim is that the guidelines will be ready and implemented in the fall of 2025. With this step

There are also opportunities to integrate health and health equity considerations into other IAs or even integrate HIA into them. Notably, Iceland's 2024 Climate Action Plan includes the

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<sup>71</sup> <https://reykjavik.is/kynjud-fjarhags-og-starfsaaetlun/innleiding>

<sup>72</sup> <https://www.stjornarradid.is/gogn/rit-og-skyrslur/stakt-rit/2023/09/26/Loftslagstholid-Island-Tillogur-fyrir-gerd-landsaaetlunar-um-Adlogun-ad-loftslagsbreytingum/>

development of guidelines for assessing the social impact of climate measures, an initiative currently in its conceptual phase, led by the Prime Minister's Office<sup>73</sup>. Additionally, in *Climate Resilient Iceland – Proposals for the Development of a National Plan for Adaptation to Climate Change*<sup>74</sup> (2023), the Minister of Health emphasised to find practical ways to implement and integrate HIAs within other assessments, such as environmental and equality assessments and other actions, e.g. the social impact of climate action.

Finally, Health Impact Assessment (HIA) is currently being developed by the Ministry of Health in cooperation with the Directorate of Health. These guidelines, designed as a simple five-step instruction for assessing the potential effects of legislation on public health in the LIA. The HIA leverages the existing gender budgeting equality assessment framework to maintain familiarity for staff conducting the LIA. The aim is for these guidelines to be finalised and implemented by fall 2025. The key challenge for Iceland is to build upon this existing foundation and implement HIA effectively – whether as a standalone process or integrated within other IAs. The ultimate goal is to develop a user-friendly, clear, and sustainable approach that both facilitates its practical use and ensures that public health considerations are systematically assessed and valued in policymaking.

## 5.7. Italy

We identified seven types of IAs in Italy, which are described below. They can be conducted on different administrative levels (e.g. national, regional). They have different legal contexts and the availability of guiding materials for performing the IAs varies (see Italy). Six of them are located at national level and one to regional level, showing how the national legislation was transferred to regional level.

### Regulatory Impact Assessment

The **Regulatory Impact Assessment (RIA)**, or *Analisi dell'impatto della regolamentazione* (original name), is a national level assessment that is legally required. There is a standard procedure regulated by law, that outlines how processes should be carried out and provides a consistent methodology for the assessment. The responsibility for performing the RIA lies within the responsible administrative body, under whose jurisdiction the draft was prepared or the project was planned.

There is a guideline for performing the RIA<sup>75</sup>, which was revised in 2018. The usage of the guideline is not mandatory for performing the RIA. There is no information on the obligation to publish the reports.

The RIA targets regulatory acts and is an integral part of the regulatory inquiry. The main focus is to ensure the proper competitive functioning of the market and the protection of individual freedoms.

Health is explicitly addressed in terms of health effects, including mortality and morbidity risks. The regulatory system impacts the wellbeing and lives of individuals, therefore the social, economic, and environmental impacts are also mentioned.

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<sup>73</sup> <https://www.co2.is/adgerdir/th2e-rettlát-umskipti>

<sup>74</sup> <https://www.stjornarradid.is/gogn/rit-og-skyrslur/stakt-rit/2023/09/26/Loftslagsthólid-Island-Tillogur-fyrir-gerd-landsaetlunar-um-Adlogun-ad-loftslagsbreytingum/>

<sup>75</sup> <https://www.governo.it/it/dipartimenti/dip-gli-affari-giuridici-e-legislativi/dagl-attivita-impattoregolatorio/24200>

Public involvement (consultation) is strongly recommended. Health equity is not explicitly mentioned, but equity between specific social groups, gender and generation is mentioned.

There is no information available regarding monitoring systems and the monitoring or controlling mechanisms on how the RIA results were used.

## Environmental Impact Assessment

The **Environmental Impact Assessment (EIA)**, known as Valutazione di Impatto Ambientale (VIA) (original name) can be conducted at national, provincial or regional level.

The person or organization proposing the activity or project is commissioning such IAs, while The Ministry of the Environment and Protection of Land and Sea is competent authority on national level and responsible for determining whether an EIA is required and also for conducting it. This ministry collaborates with the Ministry of Cultural Heritage and Activities and Tourism for the preliminary activities related to the EIA procedure. At the regional level, the competent authority is the public administration, which is entrusted with duties of environmental protection, preservation, and enhancement according to the provisions of regional laws or autonomous provinces. The EIA or the verification of the need for an EIA can fall partly under the jurisdiction of the state and partly under regional authorities or autonomous provinces, depending on the nature and scope of the project or intervention. Therefore, the competent authorities shall prevent situations that could lead to a conflict of interest and ensure that any conflict, even potential ones, are reported to the appropriate authorities.

There is no information concerning an obligation to publish IA reports. Conducting the EIA is mandatory and follows a specific guideline<sup>76</sup>, though its use is not mandatory. There are specific criteria indicating that the EIA must be performed for projects with significant adverse environmental impacts. The concrete criteria are included in national and regional plans for the EIA and SEA.

The EIA targets plans and programs and focuses on ensuring that human activities align with sustainable development principles. This includes respecting the regenerative capacity of ecosystems and resources, preserving biodiversity, and ensuring a fair distribution of the benefits of economic activities.

Health is mentioned in the general part of the law to emphasize that the EIA is necessary to prevent potential harm to human health. The EIA of projects aims to protect human health, contribute to a better environment and quality of life, ensure the preservation of species, and maintain the reproductive capacity of ecosystems as essential resources for life.

Public involvement (information, consultation) of (representatives) of target groups, affected groups, key players and administration is recommended. All regional laws include consultation methods designed to encourage broad participation from environmental stakeholders and the public. Health equity is not mentioned throughout the assessment.

Monitoring is performed by the *Department for Environmental Monitoring and Protection and Biodiversity Conservation* at the Institute for Environmental Protection and Research (ISPRA).

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<sup>76</sup> <https://www.isprambiente.gov.it/it/attivita/autorizzazioni-e-valutazioni-ambientali/valutazione-di-impatto-ambientale-via/ispra-e-la-via-1>

There is no information available regarding the monitoring process or the controlling mechanisms on how the results were used.

## Strategic Environmental Assessment

The **Strategic Environmental Assessment (SEA)**, known as Valutazione Ambientale Strategica (VAS) (original name) can be conducted at the regional, provincial, and municipal level. The person or organization proposing the activity or project commissions these IAs, while the competent authorities at the regional, provincial and municipal level, along with the Italian Institute for Environmental Protection and Research (ISPRA) and the Technical Commission for Environmental Impact Assessment, carry them out.

There is no information concerning an obligation to publish the reports of the SEA. Carrying out the SEA is mandatory and follows a specific guideline for performing<sup>77</sup>. There is no information on whether the usage of the guideline is mandatory for performing the SEA.

Specific criteria indicate when a SEA must be conducted, particularly for plans and programs that may have significant environmental impacts.

The SEA targets strategies and focuses on monitoring the significant environmental impacts of implementing plans and programs, utilizing existing mechanisms where possible. This approach aims to identify adverse effects early and implement appropriate corrective measures

Health is mentioned in the general part of the law but not in the guideline, emphasizing that the environmental assessment of projects aims to protect human health, improve quality of life through a better environment, ensure the preservation of species, and maintain the reproductive capacity of ecosystems as essential resources for life.

Public involvement (information, consultation) of (representatives) of target groups, affected groups, key players and administration is recommended. All regional laws include consultation methods designed to encourage broad participation from environmental stakeholders and the public. Health equity is not mentioned throughout the assessment.

Monitoring is performed by the *Department for Environmental Monitoring and Protection and Biodiversity Conservation* at the Institute for Environmental Protection and Research (ISPRA). There is no information available regarding the monitoring process or the controlling mechanisms on how the results were used.

## Health Impact Assessments

The **Health Impact Assessment (HIA)**, known as Valutazione dell'impatto sulla salute (original name) can be conducted at national level. The person or organization proposing the activity or project is commissioning such IAs, while the Ministry, through the ISS (Istituto Superiore di Sanità)-Regions-local Authorities (provinces and municipalities), in consultation with local health authorities are performing them. There is no information concerning an obligation to publish the reports of the IA. Carrying out the HIA is mandatory and follows a specific guideline for

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<sup>77</sup> <https://www.isprambiente.gov.it/it/attivita/autorizzazioni-e-valutazioni-ambientali/valutazione-ambientale-strategica-vas/normativa-via/linee-guida-documenti-tecnici>

performing<sup>78</sup>. The guideline was first published in 2017 and has been revised in 2019. The usage of the guideline is not mandatory for performing the HIA. There are specific criteria that indicate when the HIA must be performed. Notably, it should be performed ex ante, serving as a supplement to the Environmental Impact Assessment (EIA) for defined industrial facilities. The HIA is not mandatory in relation to EIA. Although HIA is often integrated into the EIA process, HIA is a broader tool with wider applications and can be conducted independently. HIA and EIA are two independent tools that have direct links.

The HIA targets policies and law application. The main focus of the HIA is protecting health of the populations exposed to the impacts of plans, programs or industrial plants. Health determinants are referenced throughout the guideline. Public involvement (consultation, inclusion, power to make decisions) of target groups (representatives), affected groups, key players and administration is strongly recommended. Health equity is a core element and is integrated throughout the assessment.

Monitoring systems for HIA are in place, the content and modalities of monitoring for the specific HIA should be defined in close collaboration with institutions and health experts. The monitoring plan must be developed in cooperation with territorial and central bodies, such as the ISS, agreeing on the procedures, methodologies, timing, and necessary resources for its implementation. There is no information on a controlling mechanism on how the results were used.

### Marche Regional Guidelines on Integrated Health and Environment Impact Assessment (as an example of regional level)

The **Marche Regional Guidelines on Integrated Health and Environment Impact Assessment (IHEIA)**, known as Linee guida regionali per la valutazione integrata di impatto ambientale e sanitario nelle procedure di VIA e di VAS (original name) can be conducted at regional level. The person or organization proposing the activity or project is commissioning such IAs, while their performance is the responsibility of the person in charge of the procedure (competent body), the Agency for Environmental Protection of Marche Region (ARPAM)- Land Services, the Single Regional Health Agency for Marche Region (ASUR Marche), the ARPAM-Environmental Epidemiological Observatory (EAO) and the Regional Epidemiological Observatory (OER).

There is no obligation to publish the reports of the IA. Carrying out the IHEIA is mandatory and follows a specific guideline for performing<sup>79</sup>. It is unclear whether the use of the guideline is mandatory for performing the IHEIA.

Specific criteria determine when the IHEIA must be conducted, e.g. verifying the compatibility with standards for protecting human health and wellbeing, increased health risks through emissions.

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<sup>78</sup> [https://www.iss.it/documents/20126/5273083/19\\_9\\_web.pdf/2507ac11-0c8b-732d-b956-f6eca8c099c7?t=1582815974633](https://www.iss.it/documents/20126/5273083/19_9_web.pdf/2507ac11-0c8b-732d-b956-f6eca8c099c7?t=1582815974633)

<sup>79</sup> [https://www.regione.marche.it/portals/3/Aree\\_attivita/Area\\_prevenzione/s%20LINEE%20GUIDA%20REGIONALI%20OPER%20LA%20VIAS\\_2020.pdf](https://www.regione.marche.it/portals/3/Aree_attivita/Area_prevenzione/s%20LINEE%20GUIDA%20REGIONALI%20OPER%20LA%20VIAS_2020.pdf)

The IHEIA targets the implementation of national law and guidelines at regional level. The IHEIA should create interdisciplinary cooperation and tools for the preventive assessment of health impacts. It also focuses on developing models and fostering inter-institutional relationships to evaluate the health impacts of pollutants. Health determinants are explicitly referenced throughout the guideline. Public involvement (consultation, inclusion, control) of (representatives) of target groups, affected groups, key players and administration is recommended. Health equity is mentioned throughout the assessment.

Monitoring systems are in place, aiming to summarize the mitigation plan, monitoring indicators, and those responsible for implementation. It focuses on gathering information to improve social conditions and community wellbeing, and establishing a surveillance system for territorial impacts. A checklist of health determinants guides the qualitative assessments to identify issues needing further analysis. There is no information on a controlling mechanism on how results were used.

### Social Impact Assessment

The **Social Impact assessment (SIA)**, or Linee guida per la realizzazione di sistemi di valutazione dell'impatto sociale delle attività svolte dagli enti del Terzo settore (original name), is a national level assessment that is recommended. The person or organization proposing the activity or project is commissioning such IAs, while „not-for-profit" entities are performing them. There is a guideline for performing the IA<sup>80</sup>, published in 2000 and revised in 2019. The usage of the guideline is not mandatory for performing the SIA.

Specific criteria determine when an SIA should be conducted. The SIA aims to implement an evaluation system of the social impact of activities carried out by third sector entities.

The primary focus of SIA is on social aspects. It serves as a tool for third-sector entities to communicate their effectiveness in creating social and economic value to their stakeholders.

Health is mentioned only in the context of improving the social conditions of the affected areas and communities in which they operate.

Public involvement (including workers, beneficiaries, relevant institutions, suppliers, and target communities) is strongly recommended. Health equity is not mentioned.

There are monitoring systems in place to ensure that the process clearly describes the elements of the analysis dimensions (e.g. defining value dimensions of impact measurements, autonomous methods for collecting opinions and monitoring impacts among the main stakeholders). However, there is no information on the mechanisms for monitoring or controlling how the results of the SIA were used.

### Next generation Impact Assessment

The **Next generation Impact Assessment (NIA)**, or Linee guida per la valutazione dell'impatto generazionale delle politiche pubbliche (original name), is a national level assessment that is recommended. The Minister for Youth Policy is commissioning such IAs, while the public administrations are performing them. There is no information on the obligation to publish the

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<sup>80</sup> <https://www.lavoro.gov.it/documenti-e-norme/normative/Documents/2019/DM-23072019-Linee-guida-realizzazione-sistemi-valutazione-impatto-sociale-attivita-svolte-dagli-ETS.pdf>

reports. There is a guideline for performing the NIA<sup>81</sup>, which was published in 2022. The usage of the guideline is not mandatory for performing the NIA.

There are specific criteria that determine when the NIA and policies with generational impacts should be conducted (e.g. all interventions targeting young people within the age group 14-35, interventions not directly dedicated to young people but with generational impacts). The NIA focuses on youth policies, with special attention to the National Recovery and Resilience Plan. Its main objective is to promote the evaluation of the impacts of public policies on young people.

Health is mentioned explicitly in the form of indicators (e.g. physical dimension). The wellbeing indicator measures the effects on the psychological and physical condition of young people. There is no information in regard to public involvement. Health equity is not mentioned.

A monitoring system is in place, featuring recommended steps and four impact areas. However, there is no information on monitoring or a controlling mechanism on how the results of the NIA were used.

## Conclusion

Italy has a well-established tradition of conducting Impact Assessments (IAs), though their structure and depth can vary across contexts. The most comprehensive and advanced are the Health and Environment Impact Assessments, supported by a robust legislative framework and long-standing implementation. In some regions, these assessments are integrated.

Currently, health is a central element in all mandatory IAs regularly used in Italy. While it plays a central role in some assessments, in others it is only mentioned superficially, suggesting that health, wellbeing, and their determinants could be analysed more comprehensively. Additionally, mental health and the social dimension are often overlooked.

Health equity is only addressed in the two IAs that specifically focus on health. Therefore, there are opportunities to integrate health equity considerations into all IAs. However, health equity is underlined in a few National/regional Plans related to health. In particular:

In the latest National Prevention Plan (Piano Nazionale di Prevenzione 2020–2025, PNP), the concept of equity is fundamental and is consistently emphasized across all thematic areas. In particular, equity in health policy is highlighted as a central vision within the policy framework. The plan stresses that social inequalities account for up to 60% of health disparities. Consequently, one of the plan's primary goals is to reduce these inequalities. To achieve this, the involvement of local communities in health policy planning is encouraged, along with regular monitoring and evaluation (Chapters 2.7–2.8, PNP).

Due to the decentralized nature of Italy's healthcare system, each region is responsible for drafting its own Regional Prevention Plan (Piano Regionale di Prevenzione, PRP). Unfortunately, there is no comprehensive national repository that consolidates all the regional plans. In Marche Region's PRP equity has a dedicated chapter and a transversal role.

In parallel, both the state and regional authorities are expected to monitor the provision of Essential Levels of Care (Livelli Essenziali di Assistenza, LEA), which are defined at the national level but delivered by the regions. One of the most significant and recent monitoring tools is the New Guarantee System (Nuovo Sistema di Garanzia 2022, NSG 2022), which tracks healthcare

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<sup>81</sup> <https://www.politichiegiovanili.gov.it/media/idvcoo3w/linee-guida-covige.pdf>



performance across regions. This system includes equity-related indicators such as self-perceived health status, childhood obesity, elderly frailty, chronic illness index, and instances where individuals forgo medical treatment (see Table 11 of NSG 2022).

Also, for epidemiology, the National Health Institute (Istituto Superiore di Sanità, ISS) through the program PASSI, since 2016 monitors the health status of the population, through specific indicators, including some related to equity.

According to the data, the Italian health system generally performs well across the three main domains: territorial care, hospital services, and prevention. However, there is a concern that socio-economic disparities may be underrepresented. Current performance indicators tend to focus narrowly on measurable outcomes (e.g., response time after a femur fracture), which may not fully capture the broader issue of inequities in access to healthcare services.

Given that the recommendations to involve the public and monitor activities, Italian public administration is required to publish periodic reports — often on an annual basis — in order to meet transparency and accountability standards.

These reports are submitted to relevant decision-making bodies, which are expected to take political and organizational action based on the issues and findings that emerge. Nevertheless, there is still significant room for improvement in terms of public accessibility of these documents, as well as clarity regarding how the results should be translated into concrete actions and effective control mechanisms.

An existing gap is a comprehensive and more user-friendly, simplified and sustainable approach that supports the practical use of IAs while encouraging the systematic consideration of health and health equity in policymaking.

## 5.8. Spain

We have identified four laws of impact assessment. Two about Health, one of them at regional level, gender and environment. And five guidelines: two about gender impact assessment (one to be used in general cases and other for budgeting), one about environment (included in the law) and two about health impact assessment (national and regional) (see Spain).

### Environmental impact assessment & Strategic Environmental Impact Assessment

The Environmental Impact Assessment & Strategic Environmental Impact Assessment is mandatory by law (Act 21/2013 of September 9) and must be conducted at national, regional and local level. The National Government is commissioning such impact assessments while a team of whoever (technical people, civil engineering offices...) possesses sufficient technical capacity in accordance with the regulations on professional qualifications and higher education performs them. There is an obligation to publish the reports of the impact assessments and there is a [website](#) where they are compiled. The main topic is environment. The usage of the guideline is mandatory so it is integrated into the law. There are specific criteria that indicate when EIA and SEIA must be performed, e.g. projects that involve a significant increase in atmospheric emissions or a significant increase in discharges into public watercourses or the coastline. The EIA targets the following governance measures: plans, programs and projects that may have

significant effects on the environment. Health determinants are referenced throughout the guideline. Public involvement (information and consultation) of affected groups is a requirement according to the guiding material. There are no mentions to health equity.

Must be monitoring systems during the execution of the project and during the normal operations of a facility. There is a monitoring report that includes a checklist of the measures outlined in the environmental monitoring program. There is a controlling mechanism on how results were used. The environmental authority may carry out checks and gather information to verify compliance with the conditions of the environmental impact statement or the environmental impact report, as well as evaluate the degree of implementation, results, effectiveness, and efficiency of the environmental impact assessments carried out, allow for continuous improvement of the method based on feedback, and compile statistics.

### Health Impact assessment

The Health Impact Assessment is mandatory by the law 33/2011 of October 4, general public health. It forces to develop health impact assessments at national, regional and local levels. HIA is integrated in the Environmental Assessment act. In other plans there's no commissioner. Civil engineering offices and governmental administrations are in charge of performing such impact assessment. There is no information concerning an obligation to publish the reports of the impact assessment. The usage of the guiding material is not mandatory. There are no specific criteria that indicate when the HIA must be performed. The HIA targets the following governance measures: the regulations, plans, programs and projects they select for having a significant impact on health. Health determinants are mentioned explicitly in the guideline. Public involvement of target groups (partnership) is a requirement. Health equity is integrated throughout the assessment.

There are no monitoring systems in place. There is no monitoring on how the results of the HIA were used. There is no controlling mechanism on how results were used.

### Gender Impact Assessment

The Gender Impact Assessment can be conducted at national and regional levels. Government is commissioning such impact assessment and there is no information about who should perform the assessment. The main topic is gender. There is no information concerning an obligation to publish the report of the impact assessment. Carrying out the Gender impact assessment is mandatory by the act 30/2003, of October 13, and the usage of the guideline is only a recommendation. There are specific criteria that indicate when the impact assessment must be performed: the elaboration of law proposals of the government. The Gender Impact Assessment targets law proposals and policies. Health is not mentioned in the guideline. Public involvement is a requirement but there is no more information about how public should be involved. Health equity is not mentioned.

There is no information about monitoring systems in place. There is no information on monitoring the results of the gender impact assessment nor on a controlling mechanism on how results were used.

### Gender budgeting

The Gender budgeting affects at national level. Government is commissioning such impact assessment and there is no information about who should perform the assessment. The main

topic is gender. There is no information concerning an obligation to publish the report of the impact assessment. Carrying out the gender budgeting is mandatory by the act 30/2003, of October 13, and the usage of the guideline is only a recommendation. There are specific criteria that indicate when the impact assessment must be performed: the elaboration of law proposals of the government. The gender budgeting targets law budget drafts. Health is not mentioned in the guideline. Public involvement is a requirement but there is no more information about how public should be involved. Health equity is not mentioned.

There is no information about monitoring systems in place. There is no information on monitoring the results of the gender budgeting nor on a controlling mechanism on how results were used.

## Conclusion

Spain do not have an established culture of conducting impact assessments. However, the structure and depth of these assessments vary.

Environmental impact assessments are the most comprehensive and well-developed, benefiting from a strong legislative framework and long-standing implementation. All the plans, programmes and projects likely to have significant effects on the environment, approved by the government at national, regional or local level, have an environmental report. Focusing only in the health aspects, is poorly developed and only mention health risks in the guide. This situation makes it difficult to implement a standardized analysis. There is no description of useful data sources about how to inform these health impacts assessments.

Related about health and health impact assessments, although is mandatory by the public health law, there is no a culture of performing the impact analysis. There is a national guide and regional guides (that are mostly a copy of the national guide), but there is no political accordance about the importance of performing these impacts assessments. That's why, depending on what political parties are in the government, there is more or less development.

Talking about gender impact assessment, there is a rutinary revision of gender impact in every report, laws, etc. developed by the government at national, regional and local level. There is a gender unity in every administration that does that revision.

The concepts of health equity, health inequalities, and health inequities are gradually being introduced into som public policies in Spain; however, there remains significant room for progress. These concepts are currently only being applied in specific sectors and small-scale projects often in conjunction with public participation initiatives.

Among the guiding materials analysed, only one—explicitly addresses these concepts and provides a detailed explanation of them.

In theory, integrating these aspects into Impact Assessments is feasible. However, initiatives, this integration remains limited. Achieving real improvements in population health requires the design and implementation of evidence-based policies, which are ultimately shaped by the political context and the priorities of the governing parties at any given time. In the case of Environmental Impact Assessment and Strategic Environmental Assessment (SEA), the inclusion of health, equity, and meaningful public participation—beyond merely consultative processes—would likely result in substantial improvements.

To incorporate health, equity, and public involvement into IA guiding materials, two key conditions must be met: first, those responsible for developing the materials must have a comprehensive understanding of these concepts; second, there must be political will to translate these principles into action. Spanish policy-making is often marked by a gap between legal frameworks and their implementation.

To foster health equity and public participation in IAs, certain strategies may be effective. Identifying and documenting successful small-scale case studies that meaningfully integrate these elements could serve as practical models for broader application and replication.

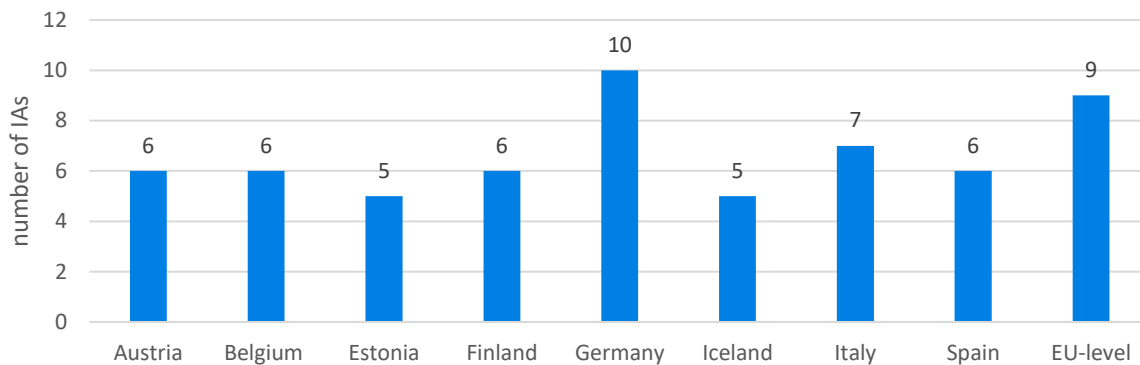
There are a lot of possibilities to improve although the current legislation. There is no consciousness among the populations nor the politicians.

## 6. Cross Country Analysis

This section presents a comparative analysis of the results regarding the IAs established in the participating countries, describing both the similarities and differences among the identified IAs. However, it's important to note that the analysis is based solely on gathered information from existing guidelines and toolboxes outlining how the IAs should be conducted. As such, it does not include details on how these assessments are implemented in practice or how frequently there are carried out.

### 6.1. General information

In total, 60 IAs with detailed information based on guiding materials were reported from the participating countries Austria, Belgium, Estonia, Finland, Germany, Iceland, Italy, Spain and at the EU-level.



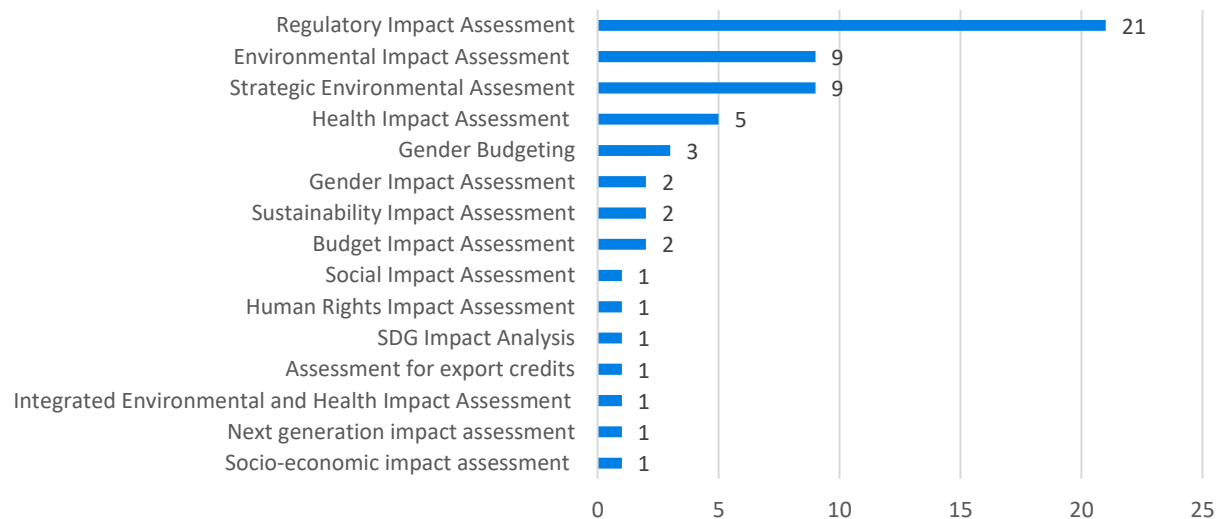
$n = 60$

Figure 2: IAs per country and on EU-level

Figure 3 shows the variety of the different reported IAs, sorted by frequency of mentioning. All participating countries have well-established procedures and guidelines for conducting Regulatory Impact Assessments (RIA), Environmental Impact Assessment (EIA) and Strategic Environmental Impact Assessment (SEA). For RIAs, there were several guidelines (n = 21 in total) available which complemented the key RIA procedure and guideline.

RIA, EIA and SEA are applied across all eight participating countries as well as at the EU-level. Health Impact Assessment (HIA) was mentioned five times (by Austria, Italy, Spain and the EU<sup>82</sup>). In addition, Italy reported an Integrated Environmental and Health Impact Assessment. In Belgium and Iceland, National Risk Assessments were mentioned, which identify and evaluate the probability and impact of various risk scenarios the country may be exposed to (e.g. human, social or financial impact). Other reported IA included for example Budget IA, Gender Budgeting or Gender IA, Human Rights IA, Social IA or Socio-economic IA, Sustainability IA, etc. (see Figure 3).

### Overview of reported Impact Assessments



n = 60

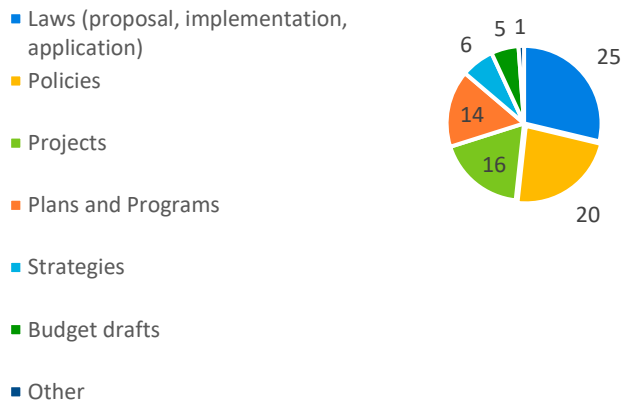
Figure 3: Overview of reported IA with detailed information (participating countries and EU-level)

For all reported IAs, guiding materials are available (60 out of 60 IA). Most commonly, there are guidelines (cross country n = 45; EU-level n = 7), standards (cross country n = 12, EU-level n = 2), web applications (cross country n = 8, EU-level n = 0), or other materials such as toolkits, questionnaires, or checklists (cross country n = 9, EU-level n = 1) available for the IAs.

<sup>82</sup> In Belgium a concrete national Health Impact Assessment was not found; only on a local level assessments called "Gezondheidstoets" provided by public agencies were found, but no guiding materials. For this reason, the assessment was not included in the list of HIAs.

## 6.2. Regulatory context

In 44 out of 60 impact assessments, conducting the IA is either mandatory or at least required to assess whether the full IA process needs to be undertaken. For 10 IAs, implementation is recommended; for 5, it is voluntary; and for one assessment an alternative approach is applied. (mandatory if government decides per case). However, even when carrying out the impact assessment is mandatory, it is often not mandatory to report - or make public - how the assessment was conducted or to explain why it was not carried out. Most often the included IAs target laws (proposals, implementation, application, n = 25), followed by policies (n = 20), projects (n = 16), plans and programs (n = 14) or strategies (n = 6) (multiple answers possible, see Figure 4).



n = 60

Figure 4: Governance measures (participating countries and EU-level)

## 6.3. Public involvement

Of the 51 different IAs across the eight participating countries, 35 (approximately 70 %; 10 assessments are of the RIA category) require or recommend public involvement in their guiding material, as do eight of the nine IAs at the EU-level (see

Figure 5).

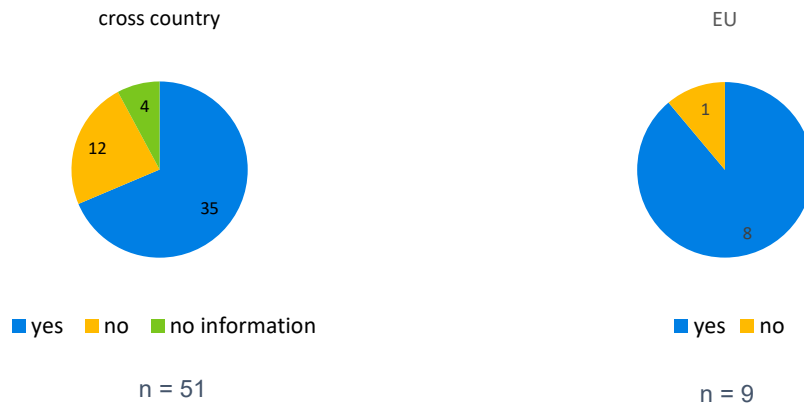


Figure 5: Impact Assessment guidelines by obligation/recommendation for public involvement (cross country, EU)



Among the IAs from countries that require or recommend public involvement, the general public (e.g. the “interested public”, citizens and civil society organizations) is particularly mentioned as the entity to be involved (around 80 %). This is followed by key players (e.g. environmental bodies, experts, stakeholders; around 70 %). Additionally, just over half of the guiding materials explicitly mention specific population groups (e.g. local communities directly affected, affected groups) as entities to be involved (see

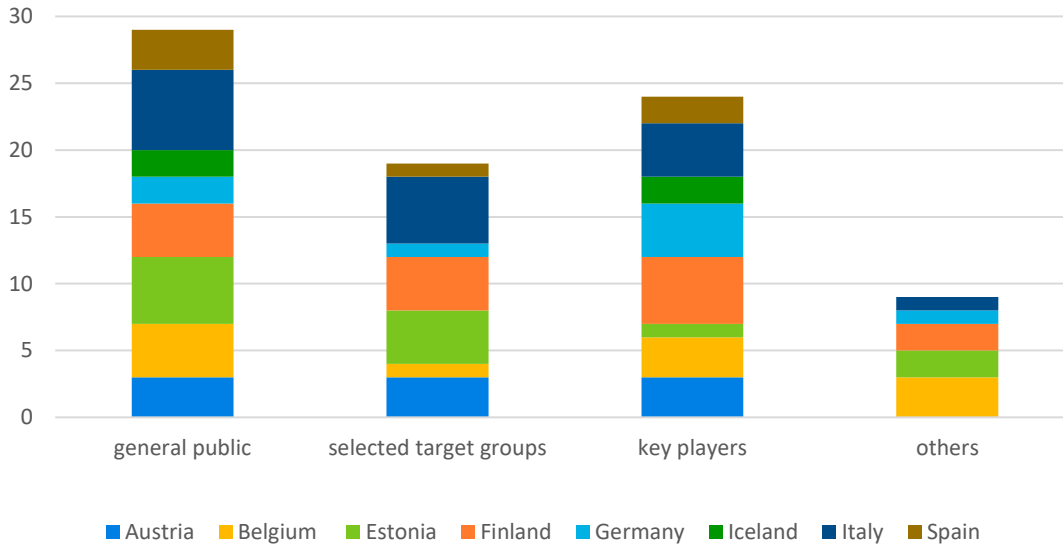


Figure 6).

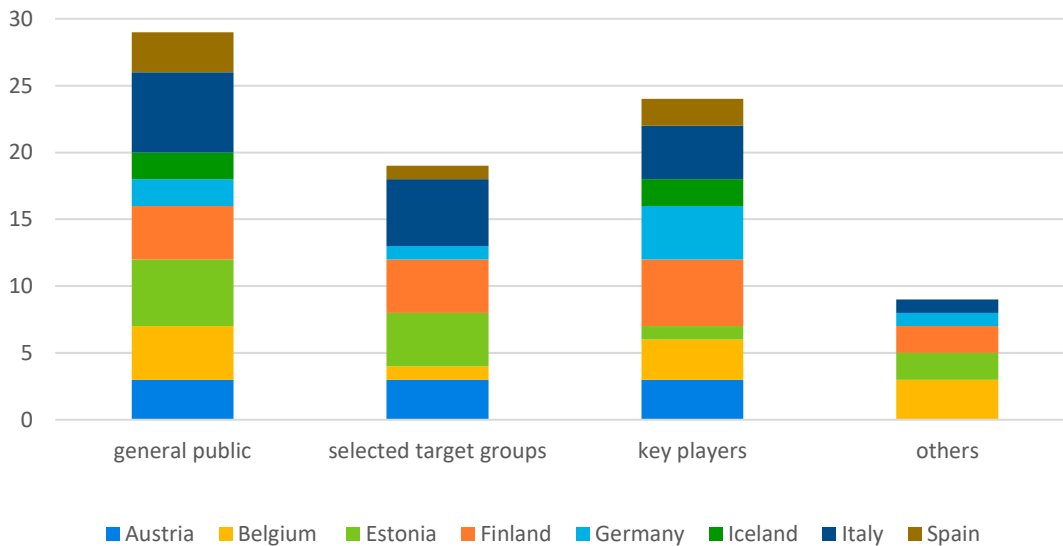


Figure 6: Impact Assessment guidelines by who should be / is recommended to be involved (cross country)

Among the eight EU IA guiding materials that address public involvement, both key players and the general public are particularly mentioned (each 6 assessments), followed by specific target groups (4 assessments).

An essential aspect of public involvement is the level of involvement and whether it merely involves informing the entities, consultation, or close engagement. When considering all the assessments across the participating countries and all the mentioned entities involved, it becomes clear that information and consultation play the most significant roles, both in the countries and in the EU-level assessments. Only a few assessments go beyond these ways of consultation and engage in a partnership or co-determination.

While public involvement plays a role to some extent in all countries; it is important to highlight that, in most cases, the guiding materials recommend public participation rather than mandate it.

## 6.4. Health and wellbeing

Health and/or wellbeing is explicitly mentioned in 41 of the 51 impact assessments (around 80 %) of the countries. In the EU-level impact assessment, it is mentioned in eight out of nine guiding materials (see Figure 7). Thus, health consistently plays, at least to some extent, a role in most of the impact assessments.

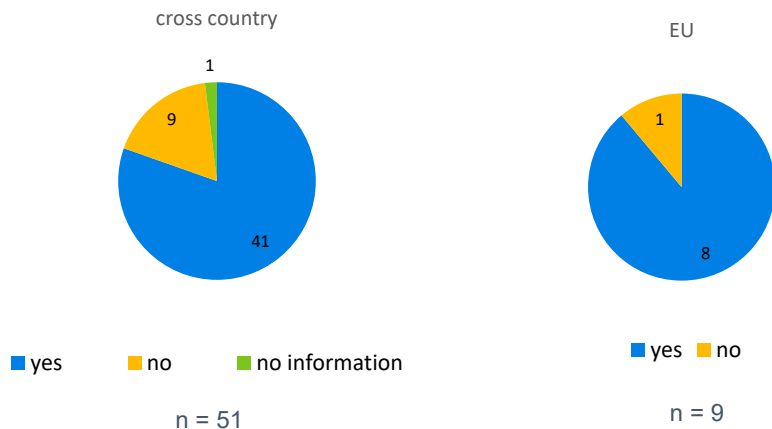
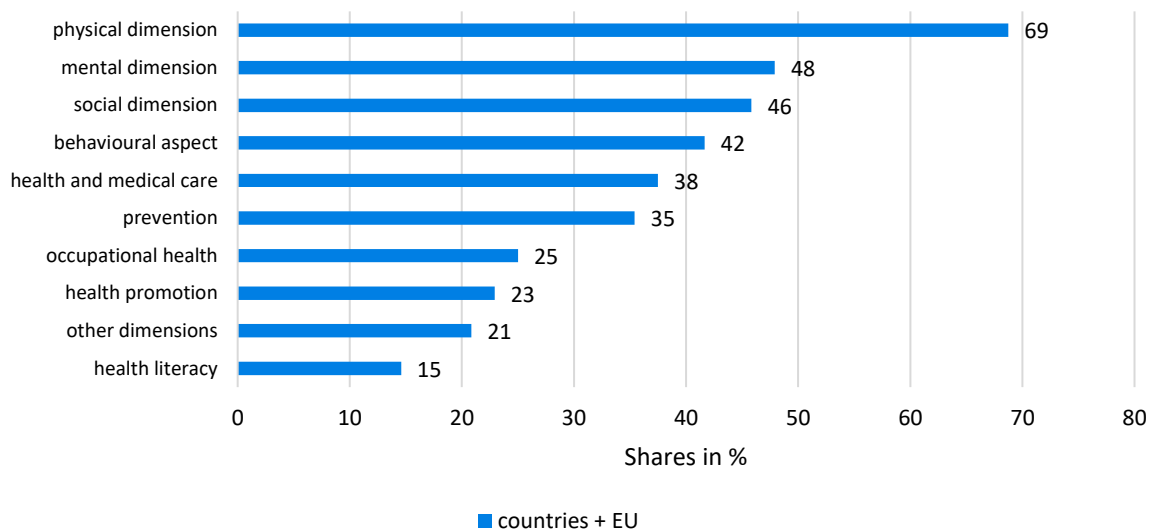


Figure 7: Number of Impact assessment guidelines by explicit mention of “health” or “wellbeing” (cross country, EU)

Upon closer examination of the term “health”, it becomes clear that especially the physical dimension plays a significant role and is mentioned in around 70 percent of all guiding materials (participating countries and EU) that explicitly mention health/wellbeing, followed by mental health, social dimension and behavioural aspect (see Figure 8).

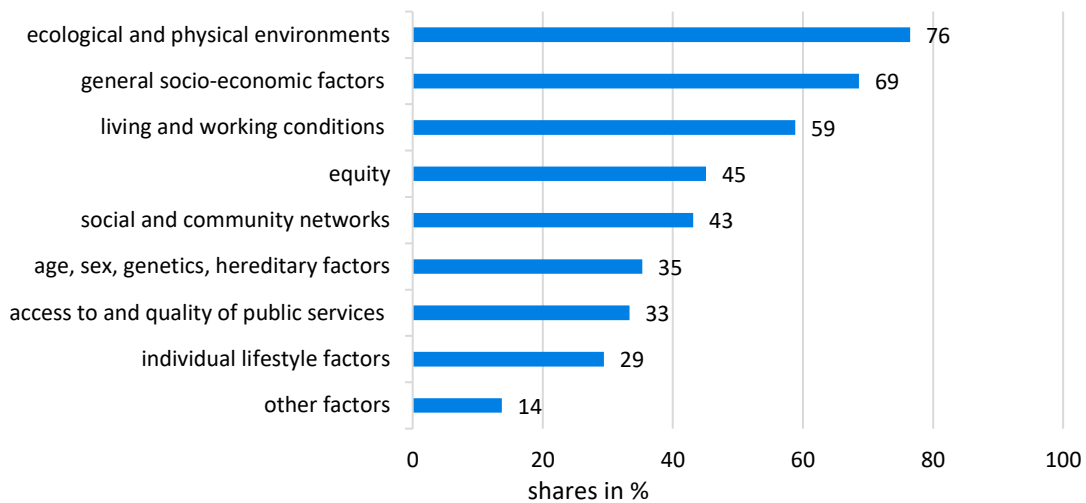


n = 49

Figure 8: Mentioned health dimensions in the guidelines, proportion of all guidelines that explicitly mention health/wellbeing (participating countries and EU)

In addition to the direct mention of health and/or wellbeing, the indirect references to health are also significant, as health can be shaped by a wide range of determinants that may not be immediately apparent. Therefore, the IA guiding materials were analyzed to determine whether health is also addressed indirectly, perhaps even in cases where health/wellbeing is not explicitly mentioned. Identifying these indirect links offer potential entry points to incorporate health into future impact assessments.

In all 9 EU IAs, there is an indirect link to health in the guiding materials, as well as in 42 of the 51 IAs in the countries. Given the fact that all countries have EIA and SEA guidelines, it is not surprising that in 76 percent of all guidelines (both countries and EU) where an indirect link to health was observed, ecological and physical environments were identified as a significant health determinant. Another relevant health determinant, which appears in almost 70 % of the mentioned guidelines, are general socio-economic factors. Living and working conditions were also addressed in more than half of them (see Figure 9).



*n* = 51

Figure 9: Mentioned indirect health links in the guidelines, proportion of all guidelines that have an indirect health link (participating countries and EU)

Only in 15 out of 60 IAs (cross country and EU-level), a specific checklist on health and wellbeing is available in the guiding material, in 32 no checklists are available and in 13 IAs there is no information given.

## 6.5. Health equity

While public involvement and health and/or wellbeing are visibly acknowledged in the guiding materials, this cannot be said with equal clarity for health equity. It is also noteworthy that the guiding materials more frequently refer to equality rather than equity, indicating a limited focus on addressing structural or distributional differences in health outcomes.

*Of the 51 IAs among the participating countries, 34 included no references to health equity, while 13 did contain relevant references. For four IAs, either no information was available or it was indicated that there are no explicit references to health equity. In the EU-level IAs, references to health equity were found in five out of nine (see*

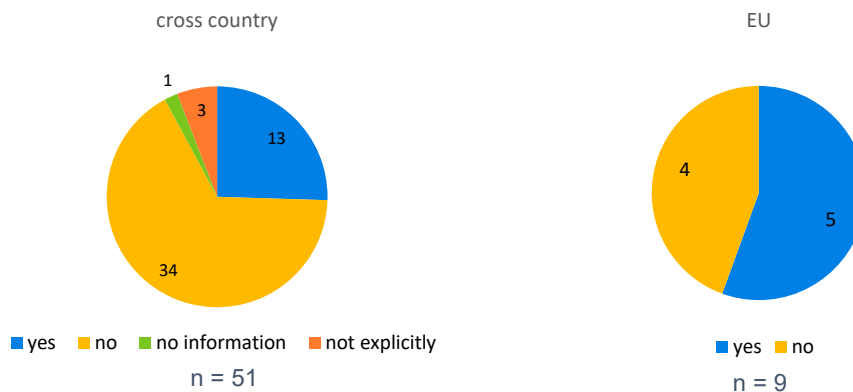


Figure 10).

Figure 10: Number of IA guidelines by references to health equity (cross country, EU)

In 20 IAs (cross country) and 5 IAs (EU), the guiding material refers to specific population groups, mostly mentioned were children/adolescents in 19 IAs (and their guiding material) (see Figure 11).

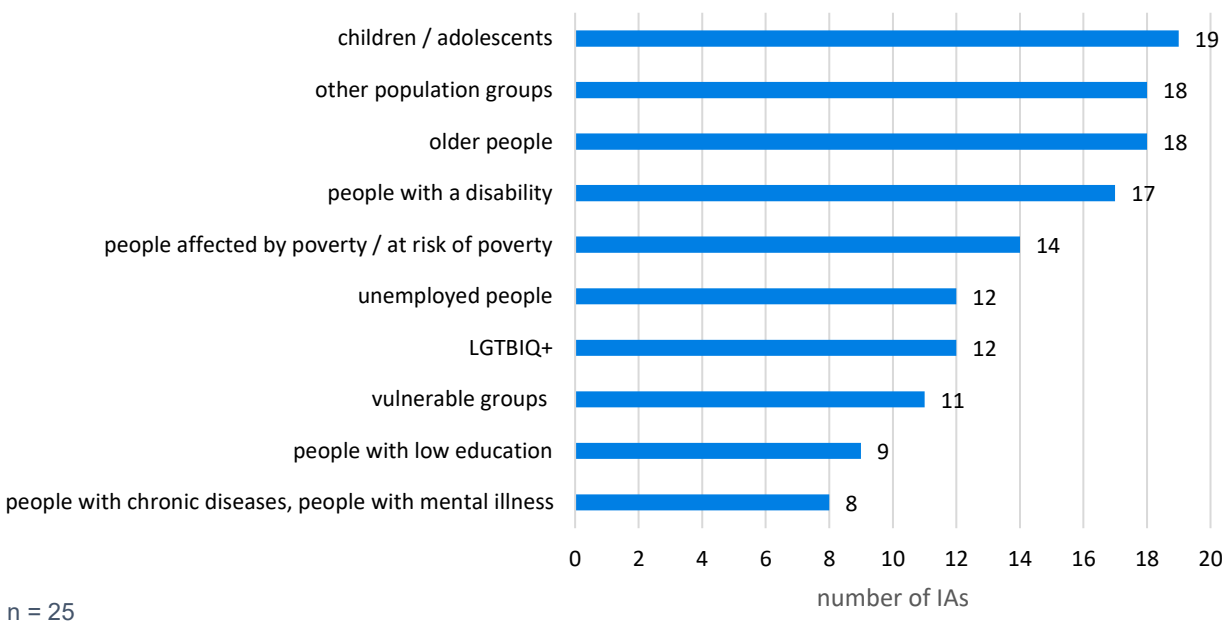
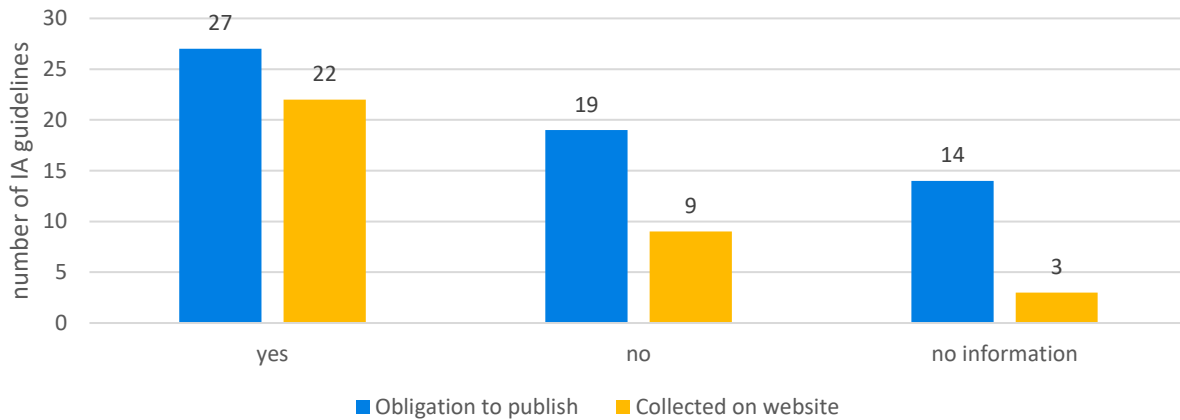


Figure 11: Number of Impact Assessments which guiding materials refer to specific population groups (participating countries and EU)

## 6.6. Reporting

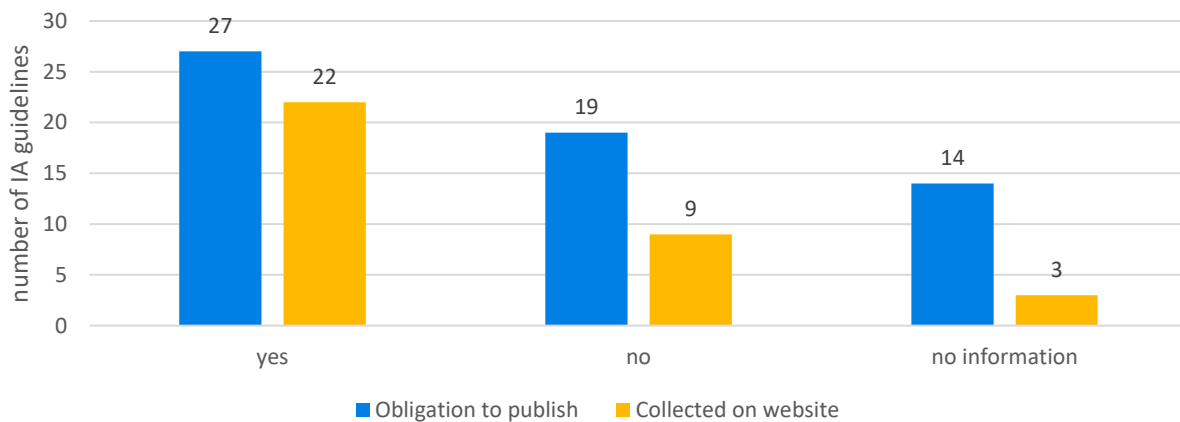
For 27 out of 60 reported IAs (participating countries and EU), the guiding materials state that there is an obligation to publish reports (14 of these are either EIAs or SEAs), but only 22 out of 27 are collected and available on a specific website. For 19 IAs there is no obligation, but some have indicated that there is a recommendation to publish (n = 4). Half of them (n = 9) are published on websites. For 14 IAs there is no or unclear information regarding the publication obligation (see



n = 60 (for obligation to publish)

Figure 12).

Regardless of whether there is a publication obligation or not, 34 reports from IAs are collected on specific websites, 15 are not published or there is no or unclear information about it (n = 11).



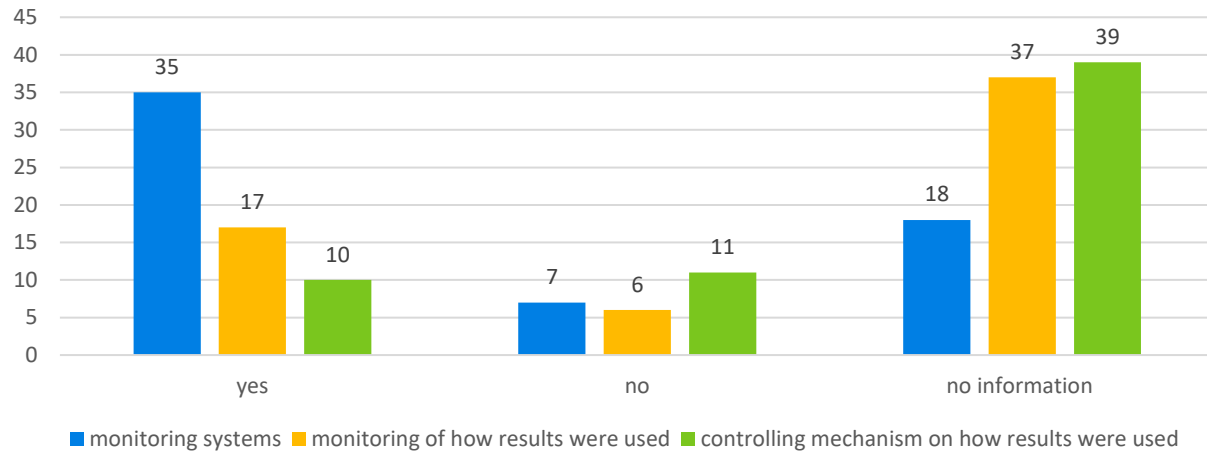
n = 60 (for obligation to publish)

Figure 12 Publication of report of IAs (participating countries and EU)

In 35 out of 60 IAs, monitoring systems are recommended (e.g. follow up on IA as post-evaluation, post-implementation analysis, significant effects, etc.), while for 7 IAs no monitoring systems are in place according to the guiding material and for 18 IAs the written guiding material states no information on monitoring systems. For only 17 out of 60 IAs exists a

monitoring on how the results of the IA were used (e.g. achievement of intended goals, necessary adjustments to the regulations, implementation of additional measures for optimization, trends and redefinition of parameters/indicators/variables over time, redesign of a policy or plan, unintended effects, etc.). In most of the IAs (n = 37) no information is available on how the results of the IAs are used.

Only 10 IAs mention controlling mechanisms on how results are used, e.g. compliance checks, follow-up monitoring, feedback for improvement conducted by controlling authorities, regular reporting, performance evaluations, internal and external audits, etc... In most of the IA, no information is given on controlling mechanism on how results are used (n = 39).



n = 60

Figure 13 Monitoring and controlling mechanism of IA (participating countries and EU)



## 7. Cross Country Conclusions and recommendations

### 7.1. Conclusions

The analysis of IA guiding materials on the EU-level and in the participating countries (Austria, Belgium, Estonia, Finland, Germany, Iceland, Italy, and Spain) reveals a complex and diverse landscape in the integration of health, health equity, public involvement in IAs, monitoring and control mechanisms.

#### **Siloed nature of policy making**

First, it is to mention that the responsibility of policymaking lies with thematic competent authorities, like ministries at the national or state level. Usually, their policies aim to fulfil the core targets of the respective policy areas and support units or mechanisms for cross-sectoral cooperation for IAs are rarely mentioned in the guiding material. This siloed thinking makes the integration of health and equity considerations into IAs and, consequently, into policy processes, more difficult. This issue was observed by task members from all participating countries, even though some countries reported integrative aspects in IA, e.g. Regional Guidelines on Integrated Health and Environment Impact Assessment in Italy.

#### **Health and Health Equity**

Health is acknowledged in most IA guiding materials, but its consideration is often limited to physical health and environmental determinants, such as pollution or occupational hazards. Broader determinants – including mental health, social well-being, and access to healthcare – are rarely addressed in a structured or comprehensive manner. Only a few IAs have developed more systematic approaches.

Health equity is seldom addressed in the reviewed IA guiding materials. While some guiding materials mention vulnerable groups (e.g., children, the elderly, women) or call for single-axis analysis (e.g., focusing solely on gender or income), few provide concrete methodologies for assessing differential impacts or mitigating health inequities. In most of the identified guiding materials, equity remains a peripheral concern, missing dedicated sections, indicators, or analytical tools.

One barrier to the effective integration of health and equity in IAs is the absence or limited availability of standardized, equity-focused health data on different levels (EU, national, states, regions, neighbourhoods), which makes it often difficult to assess differential impacts across population groups in IAs, especially when public involvement is not required or foreseen.

#### **Public Involvement**

Public involvement is widely recognized as a core principle of effective IA, yet its implementation varies across different types of IAs. While some IAs, such as EIA and SEA, have legal mandates for public involvement, others do not. Moreover, the depth and inclusiveness of engagement differ, as do the population groups involved. When the public is involved, it is typically either the directly affected general public (e.g., in EIA and SEA) or the general or interested public. Vulnerable and marginalized groups, however, are rarely included in a systematic way.

## Transparency

Monitoring and transparency are recognized as essential components of IAs. However, some guiding materials leave room for improvement, particularly when clear monitoring aims are not stated or when monitoring is not even mentioned at all. In addition, for certain types of IAs, there is often uncertainty about whether findings are systematically followed up or integrated into final decision-making processes. In some cases, IA reports are not made publicly available.

## 7.2. Recommendations

Despite the mentioned challenges, there is considerable potential to enhance the role of health and equity in IAs across Europe. By addressing these opportunities and leveraging existing strengths, the EU and the European countries can transform IAs into tools for promoting health, equity, and inclusive governance.

Key opportunities:

- **Developing Comprehensive Checklists:** Creating standardized checklists that address multiple dimensions of health and health equity, tailored to different IA contexts and policy areas (note: to be developed in task 9.5.3).
- **Awareness raising and capacity building for different target groups:** E.g. awareness raising for decision-makers by showcasing good practices in integrative IAs to highlight co-benefits across different policy areas and sectors or trainings for IA performers in using the mentioned comprehensive checklists. (note: to be addressed in task 9.5.4)
- **Promoting Intersectoral Collaboration:** Encouraging collaboration across ministries and sectors to integrate health considerations into IAs and therefore into broader policy agendas, through support units or appointed experts / civil servants in different ministries or public institutions.
- **Enhancing Public Involvement:** Establishing clear requirements or instructions for inclusive public involvement, with specific strategies for engaging vulnerable and marginalized groups throughout the IA process.
- **Transparency and monitoring mechanisms:** Establishing clear monitoring mechanisms for tracking the implementation and impact of IAs, including public reporting and independent oversight.

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## Annex 1: Overview of Impact Assessments per country

### EU

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Better Regulation	RIA	Better Regulation framework	European Commission	legal obligation	yes
Environmental Impact Assessment	EIA	Environmental Impact Assessment	European Commission	legal obligation	yes
Strategic Environmental Assessment	SEA	Strategic Environmental Assessment	European Commission	legal obligation	yes
Health Impact Assessment	HIA	Health Impact Assessment	EU level, international, national	recommended	yes
Distributional Impact Assessment	DIA	Distributional Impact Assessment	EU level, international, national, regional, local	recommended	yes
Gender Impact Assessment	Gender Impact Assessment	Gender Impact Assessment	EU level, international, national, regional, local	recommended	yes
Human Rights Impact Assessment	Human Rights Impact Assessment	Human Rights Impact Assessment	European Commission	recommended	yes
Sustainability Impact Assessment	SIA	Sustainability Impact Assessment	European Commission	recommended	yes
EU Youth Test		EU Youth Test	European Commission, Member States, Regional	voluntary	yes

## Austria

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Regulatory Impact Assessment	RIA	wirkungsorientierte Folgenabschätzung	national	legal obligation	yes
Environmental Impact Assessment	EIA	Umweltverträglichkeitsprüfung	national / provincial	legal obligation	yes
Strategic Environmental Assessment	SEA	Strategische Umweltprüfung	national / provincial	legal obligation	yes
Health Impact Assessment	HIA	Gesundheitsfolgenabschätzung	national / provincial / regional / local	recommended	yes
Gender Budgeting		Gender Budgeting	national	legal obligation	yes
Environmental and social assessment for export credits	ESIA	Umwelt- und Sozialprüfverfahren der ÖKB	national for international projects	legal obligation	yes
Technology Assessment	TA	Technikfolgenabschätzung	national	recommended	no

## Belgium

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Regulatory Impact Assessment	RIA	Regelgevingsimpactanalyse	National	Mandatory	yes
Environmental Impact Assessment	EIA	Flanders Region: Milieueffectrapportage (MER) Walloon Region: La notice d'évaluation des incidences sur l'environnement (EIE) Brussels Capital Region: Effectenverslag binnen milieuvergunningsaanvraag	National, but applicable to regional law	Mandatory	yes
Socio-economic Impact Assessment	SEIA	Sociaaleconomische impact analyse	Local	Voluntary	yes
Health Impact Assessment	HIA	Gezondheidstoets	Local	Voluntary	no
Discrimination-impact analysis		Gelijkekansentest	Regional (Brussels)	Mandatory	yes
SDG- impact assessment		SDG Monitoring and Reporting for a local policy with impact	Local	Voluntary	yes
Belgian National Risk Assessment	RA	Nationale risicoanalyse	National	Voluntary	no

## Estonia

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Administrative Impact Assessment	AIA	Mõjude hindamine	National	legal obligation	yes
Environmental Impact Assessment	EIA	Keskkonnamõju hindamine	National	legal obligation	yes
Strategic Environmental Assessment	SEA	Keskkonnamõju strateegilise hindamine	national	legal obligation	yes
Budget Impact Assessment/ Activity-based budgeting handbook		Tegevuspõhine eelarvestamine	National	legal obligation	yes
Legislative impact assessment	LIA	Seaduseelnõu väljatöötamine ja seaduse mõju hindamine	National	Legal obligation	yes
Health Impact assessment	HIA	Tervisemõju hindamine	National/local	Voluntary	yes
Health Technology Assessment	HTA	Tervisetehnoloogiate hindamine	National	recommended	yes
Health and Well-being Profiles		Tervise- ja heaoluprofiilid	Local	Legal obligation	yes

## Finland

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Environmental Impact and Strategic Environmental Assessment	EIA / SEA	Ympäristövaikutusten arviointi / Suunnitelmien ja ohjelmien ympäristövaikutusten arviointi	national / local / regional	mandatory	yes
Assessment of the Effect of Statutes from the Perspective of Human Impacts	RIA / HuIA	Säädösvaikutusten arviointi ihmisiin kohdistuvien vaikutusten näkökulmasta	national	recommended	yes
Impact Assessment in Law Drafting	RIA	Lainvalmistelun vaikutusarviointiohje	national	mandatory	yes
Impact Assessment in Municipal Decision-Making	RIA	Vaikutusten ennakoarviointi kunnallisessa päätöksenteossa	local	semi-mandatory	yes
Sustainability Reporting in Government Administration	SIA	Kestävyysraportointi valtionhallinnossa	national	recommended	yes



## Germany

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Regulatory Impact Assessment	RIA	Gesetzesfolgenabschätzung	National	mandatory	yes
Environmental Impact and Strategic Environmental Assessment	EIA / SEA	Umweltverträglichkeitsprüfung / Strategische Umweltprüfung	national / state / local	legal obligation	(yes)
Electronic Sustainability Assessment	eNAP	Elektronische Nachhaltigkeitsprüfung für Gesetzesvorhaben	national	recommended	yes
Equality-orientated impact assessment		Gleichstellungsorientierte Gesetzesfolgenabschätzung	national	mandatory	yes
Youth Check	YC	Jugend-Check	National	voluntary	no
Assessment of Environmental, Social and Human Rights Issues (ESHR) for export credit guarantees	ESHR	USM-Prüfung für Exportgarantien	National for international projects	mandatory	no
Sustainability checks of the states of Baden-Wuerttemberg, North Rhine-Westphalia, Schleswig-Holstein	SC	Nachhaltigkeitschecks Baden-Württemberg, Nordrhein-Westfalen, Schleswig-Holstein	state	mandatory	yes
Sustainability check of the state of Brandenburg	SC	Nachhaltigkeitscheck Brandenburg	state	recommended	yes
Technology Impact Assessments	TIA	Technikfolgenabschätzung	National	voluntary	no

## Iceland

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Legislative Impact Assessment	LIA	Mat á áhrifum lagasetningar	national	legal obligation	yes
Environmental Impact Assessment	EIA	Umhverfismat framkvæmda	national / local	legal obligation	yes
Strategic Environmental Assessment	SEA	Umhverfismat áætlana	national / local	legal obligation	yes
Health Impact Assessment	HIA	Lýðheilsumat	national / local	Under preperation	no
Financial Impact Assessment	FIA	Mat á fjárhagsáhrifum	national	legal obligation	yes
Gender Budgeting		Kynjuð fjárlagagerð	national	legal obligation	yes
National Security Impact Assessment		Mat þjóðaröryggisráðs á ástandi og horfum í þjóðaröryggismálum	national		no

## Italy

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Regulatory Impact Assessment	RIA	Semplificazione e riassetto normativo per l'anno 2005 art.14.	national	legal obligation	yes
Environmental Impact Assessment	EIA	Manuali e linee guida ISPRA: Autorizzazioni e valutazioni ambientali	national	legal obligation	yes
Strategic Environmental Assessment	SEA	<a href="#">Normativa in materia di VAS nazionale e delle regioni e province autonome — Italiano</a>	National/Regional	Legal obligation	Yes - at regional level
Health Impact Assessment	HIA	Valutazione dell'impatto sulla salute	national	Legal obligation	yes
Marche Regional Guidelines on Integrated Health and Environment Impact Assessment (as an example of regional level)	IHEIA	Linee guida regionali per la valutazione integrata di impatto ambientale e sanitario nelle procedure di VIA e di VAS	regional	Legal obligation	yes
Social Impact Assessment	SIA	Linee guida per la realizzazione di sistemi di valutazione dell'impatto sociale delle attività svolte dagli enti del Terzo settore	national	recommended	yes
Next generation Impact Assessment	NIA	Linee guida per la valutazione dell'impatto generazionale delle politiche pubbliche	national	recommended	yes

## Spain

Impact Assessment	type	original name	administrative level	mandatory / recommended / voluntary	guideline
Environmental Impact Assessment and Strategic Environmental Impact Assessment	EIA / SEA	Ley 21/2013, del 9 de diciembre, de evaluación ambiental	National	Mandatory	Included in the law
Health Impact Assessment	HIA	Herramienta de cribado	Regional	Mandatory	Yes
Gender Impact Assessment		Informes de impacto de género	National	Mandatory	Yes
Gender Budgeting		Guía metodológica. Informe de impacto de género	National	Mandatory	Yes
Health Impact Assessment	HIA	Guía para la evaluación rápida de impacto en salud en la elaboración de normativas	National	Mandatory	Yes

## Annex 2: Templates Part I and Part II

### Template Part I: Identification of impact assessments tools and procedures

#### Introduction

Impact Assessment Tools are utilized in various political fields across EU member states, either voluntarily or as a result of legal obligations. The purpose of this assessment is to identify the impact assessments used in your country.

To begin, **Part I** involves providing an **overview of all existing Impact Assessments** in your country. Specify whether there is a legal obligation or standardized procedure in place for their performance, or if there is a tradition of voluntary assessments.

In the second step, proceed with **Part II: Profiles for Impact Assessments**, which involves an **"in-depth questionnaire" for each type of Impact Assessment**. Utilize available guiding materials such as guidelines, web applications, and specific regulations. Copy the Part-II-tables as much as you need, resulting in a set of profiles for the Impact Assessments in your country. If Impact Assessments are institutionalized at various administrative levels (e.g., national, provincial, regional, local), and they follow similar rules, refer to the guiding material at the highest administrative level in profiles.

If Impact Assessments in your country are conducted without written guidelines or online applications, provide an overview in section 9 of Part II. Briefly describe who is responsible for the impact assessment and which topics are typically covered, especially whether (public) health aspects are included.

## Part I: Overview of existing Impact Assessments

Name of the Assessment <i>(e.g. Environmental Impact Assessment, Health Impact Assessment, Impact Assessment of proposed legislation)</i>	Administrative level <i>(please state all relevant levels - e.g. national / provincial / regional / local)</i>	Status of implementation <i>(please indicate the status of implementation by filling in "X" at the appropriate category)</i>				Guideline, standardized tool etc. available <i>(Please indicate by filling in "X")</i>		Publication date <i>(recent publication)</i>	<i>Please add reference (weblink etc.) if available</i>
		Legal obligation <sup>83</sup>	Recommendation <sup>84</sup>	Voluntary usage <sup>85</sup>	Under preparation / pilot phase <sup>86</sup>	Yes	No		
-									

<sup>83</sup> Legislation that defines when / how to mandatorily perform an Impact Assessment

<sup>84</sup> No legal obligation but an official recommendation for performance of Impact Assessment, e.g. based on strategy paper, national plan etc.

<sup>85</sup> Impact Assessment performed on voluntary basis

<sup>86</sup> Impact Assessment is not fully implemented yet but under preparation or piloted at the moment

## Template Part II: Profiles for Impact Assessments

### Introduction

Please note that the main purpose of Part II is to collect information on regulations, defined requirements or standards, etc. for conducting impact assessments in your country. Therefore, the detailed questionnaire should be completed on the basis of available guidance or materials such as guidelines, web applications and specific regulations and should reflect the requirements or recommendations set out in these documents/tools.

For impact assessments carried out in your country without a regulation, written guidelines or online applications, you don't need to fill in the detailed questionnaire. However, please complete questions 1.1 to 1.3 and then proceed to section 11 to provide an overview and a brief description of who is responsible for the impact assessment and what topics are typically covered, in particular whether (public) health aspects are included.

1. Copy the Part II tables as many times as you need to produce a set of profiles for impact assessment in your country. If impact assessments are institutionalized at different administrative levels (e.g. national, provincial, regional, local) and follow similar rules, refer to the guidance material at the highest administrative level in the profiles. **General Information**

<p><b>1.1. What is the name of Impact Assessment?</b>  <i>e.g. Health Impact Assessment/HIA, Environmental Impact Assessment/EIA, Strategic environmental Impact Assessment/SEA, Social Impact Assessment/SIA, administrative Impact Assessment on legislative proposals</i>          - Please name</p>
<p><b>1.2. What is the main topic/focus of the Impact Assessment?</b>  <i>e.g. Environment, Health, Gender</i>          - Please specify (multiple answers possible)</p>
<p><b>1.3. What governance measures is the Impact Assessment targeting?</b>  <i>e.g. law proposals, projects, strategies, policies, budget drafts, ...</i>          - Please specify (multiple answers possible)</p>
<p><b>1.4. Is there a support structure for conducting the impact assessment?</b>  <i>e.g. Support Unit, Helpdesk, specific department in administration</i>          - please specify, add any additional information like web link and contact address (if available)</p>
<p><b>1.5. Are there guiding materials for performing the Impact Assessment?</b>  <i>e.g. guidelines, standards, web application</i>          - Yes: name and add weblink (if available)          - No: please go to Section 11 (last page)          - No information found: please go to Section 11 (last page)</p>
<p><b>1.6. What is the type of the guiding material?</b>          - please tick the box(es) or describe below if none of the answers is applicable</p>

<b>Guideline</b> <i>(document that defines how to conduct an assessment, e.g. principles, process steps, methods to use)</i>	
<b>Standard</b> <i>(document that defines quality requirements and criteria for a performance as state of the art)</i>	
<b>Web Application</b> <i>(web application that supports a standardized performance by filling a questionnaire providing guidance, calculating specific numbers related to the policy to assess etc.)</i>	
<b>Other guiding materials?</b> Please specify	
<b>1.7. In which language(s) are the mentioned guiding materials available?</b> - please specify	
<b>1.8. When was the guiding material first published?</b> - please state date (year)	
<b>1.9. Was there a revision of the guiding material?</b> - If yes, please state date of recent publication (year)	
<b>1.10. Is the usage of the guiding material mandatory for performing the Impact Assessment?</b> - Yes / No / No information	
<b>1.11. Are there specific criteria that indicate when the Impact Assessment should/must be performed?</b> <i>e.g. financial scope of the policy (more than XY €), minimum number of affected people, size of affected area</i> - please specify	
<b>1.12. Who is commissioning such an Impact Assessment?</b> E.g. Government, Ministries, State Governments	
<b>1.13. Who performs such an Impact Assessment?</b> E. g. Research Institutes, Civil Engineering Offices, Planning Offices, Universities	

## 2. Legal/regulatory context

<b>2.1. What is the approach of the Impact Assessment? Carrying out the Impact Assessment is...</b> - please tick the box or describe below if none of the answers is applicable - if recommended or voluntary: please move to Section 3	
... mandatory / regulatory	
... recommended	
... voluntary	
Other please specify below	
<b>2.2. If mandatory / regulatory: What is the legal obligation?</b> <i>e.g. EU directive, national law, national act, national action plan</i> - please specify (multiple answers possible) and add a weblink (if available)	
<b>2.3. If mandatory / regulatory: Who has the legal responsibility?</b>	



<i>e.g. federal ministry, national council, provincial government</i> - please specify
<b>2.4. If mandatory / regulatory: Is there a governance structure with specific responsibilities?</b> <i>e.g. competent authority for reviewing assessment reports, steering committees</i> - please specify
<b>2.5 If recommended: Is it performed regularly?</b> - Yes / No / No information

### 3. Guiding Material, e. g. guidelines, standards, web application

<b>3.1. In the identified guiding material, are there requirements/criteria for...</b> - please state yes/no/no information and if yes, please specify	
<b>...the starting point of the assessment?</b> <i>(e.g. draft version of policy, final planning state of infrastructure)</i>	
<b>...the level of comprehensiveness?</b> <i>(Is there the possibility for different intensities? E.g. desktop, rapid, extended)</i>	
<b>...the duration of the assessment?</b> <i>(e.g. min. 1 month, max. 6 months)</i>	
<b>...the scope of the assessment?</b> <i>(e.g. topics or sectors to be involved, definition of goals and limits/boundaries)</i>	
<b>...performing an evaluation or a monitoring regarding recommendations/outcomes/etc.?</b> <i>(e.g. monitoring is defined as mandatory process step of Impact Assessment)</i>	
<b>3.2. In the identified guiding material, is it specified on which level the assessment could be conducted?</b> - please state yes/no/no information and if yes, specify if needed	
local	
regional	
national	
subnational	
international	
EU-level	
other level - please specify	
<b>3.3. In the identified guiding material, are the following process steps specified?</b> - please state yes/no/no information and if yes, please specify	
Screening	
Scoping	
Appraisal	
Reporting	
Evaluation, monitoring, follow-up	
other process steps?	

- please specify	
<b>3.4. In the identified guiding material, are certain methods/techniques stated?</b> - please state yes/no/no information and if yes, please specify	
Literature review	
Analysis of existing data	
Quantitative data collection	
Qualitative data collection (focus groups, interviews etc.)	
Aggregation and comparison of options	
Other methods/techniques? - Please specify	

## 4. Public Involvement / Participation

<b>4.1. Is public involvement a requirement/recommendation according to the guiding material?</b> Public involvement means all variations of participation, e. g. information processes, active consultation, shared decision-making - if yes, detailed questions will follow - Yes: please proceed - No: please move to section 5 - No information / Not mentioned: please move to section 5	
<b>4.2. If public involvement is a requirement/recommendation: who should be involved and to what extent?</b> - please state yes/no/no information and if yes, please specify	
<b>general public?</b>	
information	
consultation	
inclusion	
partnership / codetermination	
delegated power / partly authorized to make decisions	
control / power to make decisions	
<b>selected target groups? (e.g. vulnerable/disadvantaged groups, potentially affected groups)</b> - if they are defined in the guiding materials, please specify target group(s)	
information	
consultation	
inclusion	
partnership / codetermination	
delegated power / partly authorized to make decisions	
control / power to make decisions	
<b>key players?</b>	
information	
consultation	
inclusion	
partnership / codetermination	
delegated power / partly authorized to make decisions	
control / power to make decisions	

<b>other?</b> - please specify	
information	
consultation	
inclusion	
partnership / codetermination	
delegated power / partly authorized to make decisions	
control / power to make decisions	

## 5. Health and Wellbeing

<b>5.1. Is health or wellbeing mentioned explicitly in the guiding material?</b> - Yes: please proceed but skip question no. 5.9 - No: please move to question no. 5.7	
<b>5.2. Is a specific checklist on Health and wellbeing available within this Impact Assessment?</b> - Yes / No / no information - If yes, please store it and copy website link in this template	
<b>5.3. If health or wellbeing is addressed explicitly: which health dimensions should be looked at?</b> - please specify	
physical dimension	
mental dimension	
social dimension	
health and medical care (access to and availability of health facilities/services)	
behavioural aspects	
health promotion	
prevention	
health literacy	
occupational health	
other dimensions?	
<b>5.4. At what stage(s) of the assessment process should health be addressed?</b> - screening / scoping / assessment / appraisal / reporting / evaluation, monitoring	
<b>5.5. To what extent should health be integrated in the assessment report?</b> - one chapter / more chapters / integrated throughout the assessment	
<b>5.6. Should the Impact Assessment address an analysis of causal pathways between impacts and health conditions?</b> - yes/no	
<b>5.7. Are "health impact(s)", "health effect(s)", "health risk(s)", "health hazard(s)" or "health determinants" mentioned explicitly in the guiding material?</b> - yes/no	
<b>5.8. Is there an indirect reference to health and wellbeing through assessing the impact on health determinants?</b> (Health determinants = The range of personal, social, economic and environmental factors that determine the healthy life expectancy of individuals and populations;	

<a href="https://iris.who.int/bitstream/handle/10665/350161/9789240038349-eng.pdf?sequence=1">https://iris.who.int/bitstream/handle/10665/350161/9789240038349-eng.pdf?sequence=1</a> - Yes: please proceed but skip question no. 5.9 - No: please move to question no. 5.9	
<b>5.9. If health and wellbeing is addressed indirectly (reference: health determinants): which aspects should be covered according to the guiding material?</b> - please specify	
<b>general socio-economic factors</b> (poverty, productivity, wealth and income distribution, work-life-balance, security, diversity, discrimination etc.)	
<b>access to and quality of public services</b> (health care services, health information, social services, other public services, participation/public consultation mechanisms, coherence with other public policies etc.)	
<b>ecological and physical environments</b> (natural environment, pollution, urban and spatial planning, infrastructure, transportation, natural resources, climate protection, agriculture/food production etc.)	
<b>living and working conditions</b> (education/educational opportunities, work/employment, arts/culture/leisure, social security, social and health insurance etc.)	
<b>social and community networks</b> (Social support, wider social network, social cohesion etc.)	
<b>individual lifestyle factors</b> (tobacco consumption, alcohol consumption, love/sexuality/relationships, nutrition, physical activity, relaxation and stress reduction, self-care etc.)	
<b>age, sex, genetics, hereditary factors</b>	
<b>equity</b> (focus on selected vulnerable or disadvantaged groups)	
<b>other factors</b>	
<b>5.10. If health or wellbeing should neither be directly nor indirectly mentioned: Do you see potential to incorporate health?</b> - please specify, then move to section 7 "scientific methods health sciences"	

## 6. Health Equity

<b>6.1. Should health equity or aspects related to health equity be mentioned explicitly according to the guiding material?</b> - Yes: please proceed - No: please move to question no. 6.3
<b>6.2. Should the distribution of health impacts among different subgroups within the population affected by the policy be examined, according to the guiding material?</b> - Yes: please proceed - No: please move to section 7
<b>6.3. Which population groups should be examined more closely?</b> - please state yes/no - if yes: please specify

children / adolescents	
older people	
LGTBIQ+	
people affected by poverty / at risk of poverty	
people with low education	
unemployed people	
people with a disability	
people with chronic diseases, people with mental illness	
vulnerable groups (e.g. homeless people, people with migration or refugee experience)	
other population groups	
<b>6.4. Does the guiding material state to what extent health equity has to be integrated in the assessment report?</b> <i>e. g. one chapter / more chapters / integrated throughout the assessment</i> - please specify	

## 7. Involvement of experts

<b>7.1. Does the guiding material state any competence requirements regarding the lead of performance?</b> <i>e.g. civil servant, trained person, planning bureau</i> - Please state yes/no - If yes: please specify the field of expertise
<b>7.2. Is the involvement of health experts in the Impact Assessment mandatory according to the guiding material?</b> - Yes - Not mandatory, but recommended - No - Not mentioned

## 8. Reporting

<b>8.1. Is there an obligation to publish the reports of the Impact Assessment?</b> - Yes / No / no information
<b>8.2. Are the reports collected on a certain website?</b> - Yes / no / no information - If yes, note Website

## 9. Monitoring and control mechanisms

<b>9.1. Are monitoring systems in place?</b> <i>E.g. Monitoring of the overall implementation of the Impact Assessment in your country, Follow-up on single Impact Assessments carried out, meta-analysis on latest Impact Assessments performed</i>
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- Yes / No/ no information (please state at least “no information”) - If yes, please describe
<b>9.2. Does the monitoring cover health/health equity specifically?</b> - Yes / No / no information (please state at least “no information”) - If yes, please describe
<b>9.3. Is there a monitoring on how the results of the Impact Assessments were used?</b> E. g. implementation of additional measures for optimisation, redesign of a policy or plan - Yes / No / no information (please state at least “no information”) - If yes, please describe
<b>9.4. Is there a controlling mechanism on how results were used?</b> - Yes / No/ no information (please state at least “no information”) - If yes, please describe

## 10. Further information

<b>10.1. Do you want to state any further comments on the Impact Assessment?</b> - comment if needed
<b>10.2. Do you want to share any further information and sources/references regarding the Impact Assessment?</b> - web links etc.

## 11. Impact Assessment Procedures without written guiding material

<b>11.1. In order to give an insight on how this sort of impact assessment is usually performed in your country, please describe briefly which topics were typically covered, who is responsible for the impact assessment, are (public) health aspects already covered.</b> - please describe
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