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Centre for Policy Studies  
Central European University  
Open Society Institute

Continuing Fellowship Project Proposal

*MOVING FROM RESEARCH TO PRACTICE IN THE  
POLICY PROCESS*

*DESIGN AND DELIVERY OF HEALTH IMPACT ASSESSMENT PILOT  
PROJECT*

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## Project overview

**Aim:** To design and deliver a national and regional Health Impact Assessment pilot project in partnership with Dutch HIA experts in order to promote confidence and build capacity in HIA.

**Objectives:**

- (i) To work with senior staff at the Ministry of Health, Social and Family Affairs and Prime Minister's Office to identify an emerging national policy that would be appropriate as the focus of a pilot HIA at national level.
- (ii) To work with senior staff at the "Dél-Dunántúl" Region of ÁNTSZ to identify an emerging regional policy that would be appropriate as the focus of a pilot HIA at regional level.
- (iii) To coordinate the design of the pilot study with input from key stakeholders: Prime Minister's Office, MoHFSA, Netherland's School of Public and Occupational Health, Dutch HIA experts, National Institute for Health Development, ÁNTSZ, Debrecen School of Public Health and Semmelweis Medical University.
- (iv) To coordinate delivery, analysis and reporting of the findings of the study including detailed recommendations for operationalising HIA in the policy process across all Government spending Ministries.
- (v) To lead implementation of other recommendations contained in the applicant's IPF Policy paper which will be necessary to ensure the longer term relevance and sustainability of HIA in Hungary.

**Rationale:** The Netherlands School of Public and Occupational Health is currently delivering a Dutch (MATRA) funded project in Hungary to develop capacity for health promotion at national and local levels. This project has training, institutional and strategic development elements. HIA was identified as a development issue in the first stages of this project. This project is due to end in January 2004.

As a result of the interest promoted in the findings from the applicant's IPF study (including at the Prime Minister's Office) there is an opportunity to utilise the existing MATRA project to provide support for a HIA pilot during the remaining period of the MATRA project. Unfortunately, it is exactly over this period that the National Institute for Health Development is being reorganised in line with new Public Health priorities; this will also delay mobilisation of financial resources available for HIA which will be part of the remit of a new National Institute. So, at present there are no financial resources available to support the input of the applicant in designing and delivering a HIA pilot study and driving implementation of the recommendations of her

Policy Paper. Note: the MATRA project supports the costs of Dutch experts (with whom the applicant developed contacts during her Fellowship year). but not 'local costs'.

## 1. INTRODUCTION

Development of HIA as part of mainstream policy design and delivery is a priority identified as part of the new EU Public Health Programme (under 'cross-cutting themes') and reflects the wider competency for health that Government's need to address as set out in Article 152 of the Treaty of Amsterdam.

The goal of the IPF Fellowship project that provides the foundation for this Continuing Fellowship Project proposal was to develop understanding of factors that could influence the use of HIA in Hungary and to take first steps to build capacity within the Hungarian system to conduct health impact assessment of any relevant policy or programme at national level<sup>2</sup>.

The project outlined in this proposal would significantly help to maintain the drive to implement HIA in Hungary. It would mobilise international 'expert' resources available through an existing Dutch funded initiative in Hungary in collaboration with Hungarian Government and academic stakeholders to deliver the recommendations contained in the applicant's Policy Paper.

The project presented in this proposal would cover a period of organisational change at national level in Hungary during which HIA will be institutionalised but during which it can be delayed to mobilise financial resources.

## 2. FOUNDATIONS FOR CONTINUING FELLOWSHIP PROJECT

The foundations for this project proposal have been created by work undertaken by the applicant during her Fellowship year. The main relevant research findings and policy recommendations are set out in this section.

### 2.1 Research paper: key findings

The assumption informing this research was that EU Accession would stimulate some of the changes necessary to modernise policy making/public administration and enable the adoption and development of relevant methods such as HIA.

In Hungary, the research found that:

- there is understanding of the complex policy challenges facing Government. However, policy design and critically, implementation is still pursued through sectors and sectoral interest groups rather than developing more flexible, intersectoral means of identifying, designing and delivering action. In part this reflects a lack of investment in modernising public administration, especially in the health sector;
- relatedly, an evidence-based working culture is not widespread in policy and professional arenas;
- there is recognition that capacity building is needed to develop the necessary infrastructure in order to conduct HIA;

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<sup>2</sup> Further information about and outputs of the study can be found at [www.policy.hu/ohr](http://www.policy.hu/ohr)

- finally, *policy and strategy is still largely developed by small closed groups* of expert and bureaucratic interests lacking transparency and meaningful engagement with wider stakeholder interests.

However, so close to EU Accession, this research shows that in Hungary *commitment to and investment in dealing with policy and public administration development e.g. as a platform for applying HIA methodology, is not obvious*. Effective capacity building will need educational, institutional and strategic level investment, not least to tackle all the political and more seriously, the institutional-cultural barriers to development.

## 2.2 Policy paper: main recommendations

As part of the process to build HIA capacity and understanding, detailed findings from the applicant's research paper were presented and policy implications discussed at a workshop for key Hungarian stakeholders. There was agreement that the following areas should be addressed in developing action at political, institutional and professional levels.

### Policy recommendations:

1. Establish a clear legal framework for HIA in Hungary. *Currently, only Environmental Impact Assessments are regulated by the law. This was created within the frame of EU regulation. However, the Health Law, 1997 does mention 'health risk assessment' but does not define the meaning of this term.*
2. Build capacity for HIA through strategic, institutional and professional development.
  - i. *Strategically, the assessment of the health impacts of policies at national and regional level should be a priority since the achieved effects are more fundamental and resource efficient than confining assessment at local or program level.*
  - ii. *Institutionally, this process should be guided by (i) a National Advisory Group with cross-Ministry and independent expert membership (ii) a Unit working within a background institute of the Ministry of Health, Social and Family Affairs.*
  - iii. *Capacity to undertake HIA would be determined initially through a market assessment to identify potential contractors (academic, commercial, NGO, Government agencies) and to design and deliver training in HIA for contractors.*
3. To undertake a pilot project in collaboration with an existing Dutch-funded MATRA initiative that demonstrates the HIA process to stakeholders (i-iii above) and builds understanding of and confidence in HIA by involving the stakeholders as participants so that they 'learn by doing'.

## 3. THE CONTINUING FELLOWSHIP PROJECT

The applicant has pursued a clear stepped approach to undertaking her IPF study and to influencing the circumstances in which the policy recommendations can be addressed. A Continuing Fellowship would provide support to leverage in and realise the added value of other work being funded in Hungary (i.e. a Dutch funded MATRA initiative<sup>3</sup>) in support of these policy recommendations. This is at a time when organisational changes mean that 'local' financial resources mobilisation can be delayed in the short-term to enable the necessary coordination of policy and practice stakeholders to ensure the take up of HIA in Hungary.

<sup>3</sup> Further information on this MATRA work is provided in the Project Overview above.

### 3.1 Aim

To design and deliver a national and regional Health Impact Assessment pilot project in partnership with Dutch HIA experts in order to promote confidence and build capacity in HIA.

### 3.2 Objectives

- To work with senior staff at the Ministry of Health, Social and Family Affairs and Prime Minister's Office to identify an emerging national policy that would be appropriate as the focus of a pilot HIA.
- To work with senior staff at the "Dél-Dunántúl" Region of ÁNTSZ to identify an emerging regional policy that would be appropriate as the focus of a pilot HIA at regional level.
- To coordinate the design and delivery of the pilot study with input from key stakeholders (see Appendix 1 for provisional Project Steering Group membership).
- To coordinate delivery, analysis and reporting of the findings of the study including detailed recommendations for operationalising HIA in the policy process across all Government 'spending' Ministries.
- To maintain commitment to and implementation of other recommendations contained in the applicant's IPF Policy paper which will be necessary to ensure the longer term relevance and sustainability of HIA in Hungary.

### 3.3 Delivering a HIA pilot project

The aim and objectives of this project can be achieved by taking the opportunity to work in partnership with the Dutch funded MATRA initiative currently running in Hungary and due to complete in January 2004. During the period when this proposal is being considered by IPF and with the agreement of all relevant stakeholders, the applicant will work (i) to identify a suitable emerging national and regional policy as the subject of a HIA pilot project (ii) with MATRA project staff to develop terms of reference for inclusion of the HIA pilot project in the wider MATRA initiative. If funding for a Continuing Fellowship is approved, the applicant will work with stakeholders to deliver the remaining objectives and disseminate and institutionalise findings from the HIA pilot project.

The applicant has worked hard to build commitment to this process and this means that representation from the various stakeholders will be available to support the delivery of the proposed pilot project (See Appendix 1).

The timescale for this Continuing Fellowship project would be approximately June 2003 to February 2004 to enable the HIA pilot project to be delivered and findings applied.

### 3.4 Widening impact of this project within Central and Eastern Europe

There are three opportunities for widening the impact of this project in the region:

- initial discussions have taken place with regional colleagues to consider how the value of 'national' development projects can be shared to inform policy and practice regionally. A proposal is in development ('Health Impact Assessment Capacity in Europe' [HIACE]) for an EU/SANCO funded project that (i) proposes to develop HIA training and education modules for different stakeholder groups (ii) proposes to review, evaluate and develop recommendations with respect to different models of infrastructure used for implementing HIA;
- building on invitations to share learning from the original IPF project and this subsequent continuing fellowship e.g. input to EU PHARE funded training Strategic Impact Assessment workshop in Slovakia;
- pan-European survey follow-up: to identify issues relevant to generating a common understanding of health impact assessment across Europe and to promote its use. The results show that there are gaps in understanding of the range of uses for health impact assessment and action is needed to plug these gaps. The findings and issues are relevant to action in individual countries and pan-European action by the World Health Organization and by the European Commission. Given the level of interest in the survey so far, its findings should contribute to development of health impact assessment in individual countries and should inform the health impact assessment component of the European Community's new Public Health Programme.

**APPENDIX 1: PROPOSED MEMBERSHIP OF WORKING GROUPS**

Pilot Project Steering Group > National Advisory Group (NAG) + Working Group on Capacity Building (WGCB)

| <b>Name</b>             | <b>Function in the working group</b>                   | <b>Organisation</b>                                   |
|-------------------------|--|---|
| Peter MAKARA            | Charman of the WGCB = NAG                              | MoHSFA, Adviser to the Administrative State Secretary |
| Margit OHR              | Coordinator  | IPF Continuing Fellow and then new National Institute |
| Tamás KOÓS              | Representative of the MoHSFA                           | Head of the Public Health Division                    |
| András JÁVOR            | Representative of the National Public Health Programme | New National Institute for Health Development         |
| Róza ÁDÁNY              | Director of the DSoPH                                  | DSoPH   |
| Attila KOVÁCS           | Representative of ÁNTSZ                                | Deputy Director of the Chief Medical Office           |
| Jonathan Watson         | MATRA funded expert                                    | University of Nottingham                              |
| Frans van Andel         | MATRA Project Director                                 | NSPOH   |
| Dutch (and UK?) experts | MATRA funded experts                                   | NSPOH   |

*Policy recommendations '2' and '3'. The NAG/WGCB will lead on strategic, institutional and professional development issues. During the pilot project it will act as the Project Steering Group. International experts will take part in this group during the proposed pilot project period. The NAG will meet at least two times a year, having its first meeting after finalisation of the Policy Paper. It will be able to co-opt other stakeholders to form specific sub-groups for each of the above 3 issues.*

Working Group for Legal Framework (WGLF)

| <b>Name</b>           | <b>Function in the working group</b> | <b>Organisation</b>                                   |
|-----------------------|--------------------------------------|---|
| Peter MAKARA          | Charman of the WGLF                  | MoHSFA, Adviser to the Administrative State Secretary |
| Margit OHR            | Coordinator                          | IPF Continuing Fellow and then new National Institute |
| Tamás KOÓS            | Representative of the MoHSFA         | Head of the Public Health Division                    |
| Edina DANCSÓKNÉ FÓRIS | Representative of the MoE            | Department of Strategy Planning and Co-operation      |
| Gábor KAPÓCS          | Representative of the PMO            | Department for Social Relationships                   |
| István ERDÉLYI        | Legal expert                         | MEDICONSULT   |
| Dutch experts         | Expert advice and observation        | NSPOH and other Dutch organisations                   |

*Policy recommendation '1'. The working group for Legal Framework will be responsible for the overall guidance and development of the legitimisation of HIA into the decision making process and to evaluate this progress against the pre-determined parameters. The WGLF will meet at least two times a year, having its first meeting after finalisation of the Policy Paper and will have some cross-over membership with the NAG/WGCB.*

**APPENDIX 2: Abbreviations**

|        |  |
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| ÁNTSZ  | National Public Health and Medical Officer Service |
| DSoPH  | Debrecen School of Public Health                   |
| MoHSFA | Ministry of Health, Social and Family Affairs      |
| MoE    | Ministry of Environment                            |
| NAG    | National Advisory Group                            |
| NSPOH  | Netherlands School of Public & Occupational Health |
| PMO    | Prime Ministers Office                             |
| UoN    | University of Nottingham                           |
| WGLF   | Working Group for Legal Framework                  |
| WGCB   | Working Group for Capacity Building                |