

Health impact of Slovenia's agriculture policy assessed (pp. 391–398)

Slovenia assessed the health impact of its agriculture policies, in preparation for joining the European Union. Using a process that includes appraisal workshops with stakeholders, a review of relevant health research findings, and work with a cross-government task force, the assessment covers not only food safety but food security, nutrition and other health issues related to agriculture. The process improves inter-sectoral understanding and coordination.

Charter puts health on European transport agenda (pp. 399–403)

The Charter on Transport, Environment and Health was adopted at a European ministerial conference in London in 1999. It outlines ways to make government decision-makers aware of the health implications of transport plans through detailed scientific analyses of health effects, and cross-sectoral involvement in planning. It shows that simple procedures for health impact assessment can be systematically applied to decisions on transport strategies at regional, national or local levels.

"Soft" information puts health on the Dutch housing agenda (pp. 404–407)

Health impact assessment does not have to consist of easily measurable and quantifiable effects. Work carried out for the Dutch Housing Policy in 2001–02 assessed the needs and wishes of the Dutch population with particular reference to safety and exercise. Strong involvement from the Ministry of Housing in the assessment helped to give prominence to these two values in shaping their residential building plans.

Privatization would raise the level of arsenic in German drinking-water (pp. 408–414)

Water quality in the public supply system is assumed to be much higher than that required by law. In the long term, private companies managing the drinking-water supply on a commercial basis are likely to tolerate higher levels of arsenic as long as these stay within legal boundaries. Illegal

action would also be more likely under a commercially controlled management system. The largest fraction of expected additional risk is attributed to arsenic.

Good effects of assessment not yet proved (pp. 415–419)

Health impact assessment has won wide support in England, but its value depends ultimately on whether it improves health and reduces inequalities. So far its ability to do this has not been demonstrated. Assessment of the outcome of the process itself would help to meet this need and consolidate current gains.

Chad oil pipeline: assessment is one thing, action is another (pp. 420–426)

For the US\$ 3.5 billion Chad Oil Export Project, the World Bank established an environmental and health impact assessment group of external reviewers. Through their work, some minor health risks from communicable diseases were probably contained, but larger ones were probably not. The latter include HIV transmission through the migration of workers to and from the pipeline, and conflict caused by inequitable distribution of the benefits of the project. A billion barrels of oil will be pumped out of Chad over the next 30 years, with a value of US\$ 15–30 billion. The population displaced by the project were compensated at the rate of about US\$ 50 a person.

Household data add to the picture of Chad oil pipeline (pp. 427–433)

Weekly collection of self-assessed health data from 363 people over a 16-week period supplements the information derived from standard epidemiological surveillance. The work was carried out in Ngalaba, a village near a major oilfield in Chad. Acute conditions were reported repeatedly by the same subjects, suggesting failure of the health services to diagnose and treat common illnesses.

Assessing the impact of a proposed diamond mine in northern Canada (pp. 434–438)

For a diamond-mining project in Canada's northern territories, the government

required extensive assessment of its potential impact on the environment, living conditions and health of the society concerned. The input of traditional indigenous knowledge was given high priority. Government, industry and the community examined the concerns of all present stakeholders, as well as the implications of the project for future generations. Public hearings on the findings were held in the project area, so as to be accessible to the communities that would be most affected.

Beginning health impact assessment in South-East Asia (pp. 439–443)

The 10 countries in WHO's South-East Asia Region are not doing much health impact assessment yet. A situation analysis found that generally they make environmental impact assessments, with only a narrow focus on health, and only at the project level. The authors recommend starting the planning of a project with a taskforce which includes environmentalists, policy-makers, engineers, epidemiologists, and assessors, so that the perspective and responsibilities of all concerned are clear.

Delhi's urban transport should favour the majority (pp. 444–450)

Delhi has a population of 13.8 million, almost half of whom are thought to live in slums and squatter settlements. Its transportation policies favour motorized private vehicles, neglecting the needs of the more disadvantaged groups, who depend mostly on walking, cycling and public transport. Consultation with neighbourhood representatives would help to produce plans better suited to the health needs of the majority.

Both hard science and social realism are needed (pp. 451–460)

Information obtained from comparative risk assessment is seen as more scientifically robust, and health impact assessment as more socially robust. Integration of the two approaches in assessing transport policies could result in decisions that are more advantageous for health. In practice, however, the methods and tools for assessing the health implications of a given plan should be based not on the name of the approach but on their suitability for the task. ■