

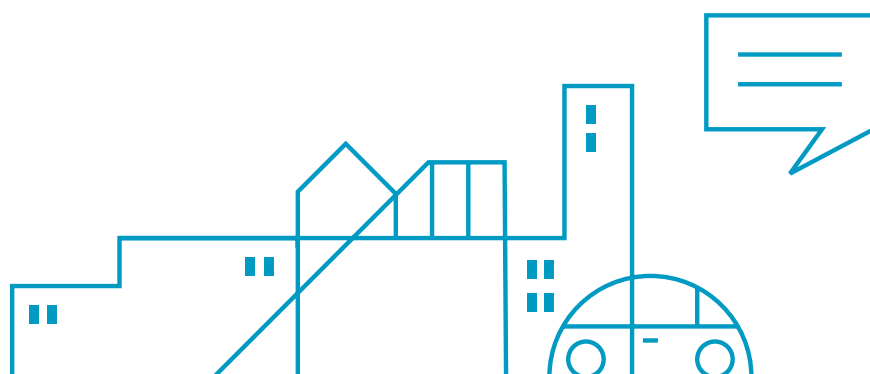
Impact Assessment Outlook Journal

Volume 21: July 2024

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# Impact Assessment Frontiers Part 2: People, Health and Equality

Thought pieces from UK and International practice



Guest Editor  
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# The path to mainstreaming Health Impact Assessment in Italy

Health Impact Assessment (HIA) is a process which systematically judges the potential, and sometimes unintended, effects of a project, program, plan, policy, or strategy on the health of a population and the distribution of those effects within the population. HIA generates evidence for appropriate actions to avoid or mitigate health risks and promote health opportunities. HIA guides the establishment of a framework for monitoring and evaluating changes in health as part of performance management and sustainable development.<sup>19</sup> HIA has become increasingly widespread worldwide, albeit with differences experiences and expressions in different jurisdictions. Regularly using HIA is instrumental in healthier, more inclusive and equitable communities.

In Italy, sustainable development is a fundamental principle of the environmental legislation, including Sustainable Development Goal 3, 'To ensure health and well-being for all and for all ages'. However, existing impact assessments do not include health, despite the fact that many factors that influence the natural environment are also 'determinants' of human health. This is the case in Italy, even though the right to health is the only right that Italian Constitution defines as 'fundamental'. This narrow position is seemingly at odds with the World Health Organization (WHO), which has adopted a broad notion of health, defined not only as the absence of disease, but also as a state of wellbeing. Implicit to the WHO definition of health is a broad range of influences from social, behavioural, economic and institutional factors as well as environmental factors.

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During my research activities at Turin University, I investigated implementation of HIA in Italy, both from a national and regional standpoint.

In Italy HIA is mandatory<sup>20</sup> for very few categories of projects, for example, only a subset of those that are subject to Environmental Impact Assessment.<sup>21</sup> These HIAs must be in accordance with the guidelines drawn up by the Italian Health Authority (*Istituto Superiore di Sanità*). However, based on national legislation, HIA is not mandatory for other projects subject to EIA or for plans, programmes or policies. Regions have variously regulated the issue and the situation is fragmented. Case law has stated that HIA is not mandatory unless, based on the precautionary principle, actual preliminary evidence demonstrates the existence of a serious danger to public health.<sup>22</sup>

<sup>19</sup> Winkler, M., Viliani, F., Knoblauch, A., Cave, B., Divall, M., Ramesh, G., Harris-Roxas, B., & Furu, P. (2021). *Health impact assessment international best practice principles* (International Association for Impact Assessment).

<sup>20</sup> Article 23, par. 2 of Legislative Decree 3 April 2006, n. 152.

<sup>21</sup> *i.e.* Crude oil refineries (excluding enterprises producing only lubricants from crude oil), as well as gasification and liquefaction plants of at least 500 tonnes per day of coal or oil shale, and liquefied natural gas regasification terminals; thermal power stations and other combustion plants with thermal power exceeding 300 MW.

<sup>22</sup> Council of State, 29 August 2019, n. 5985.

Whilst standalone HIAs could, in theory, be undertaken more often in Italy, with very few projects having used HIA, e.g., to assess the pollution caused by a specific plant,<sup>23</sup> there are not established methods of practice.

Considering the situation from a comparative standpoint—say compared to HIA practice in Wales—in Italy, HIA is based more on quantitative data (using toxicological, epidemiological and ecotoxicological data) than on qualitative data (e.g., following interviews, workshops etc.). Another difference is the scope of application. Whilst, for example, in Wales HIA is frequently applied to policies and strategies as well as projects, in Italy HIA is much more focused on the project level only.

One of the positive aspects of Italian HIA implementation is that—even if only partially—the path to institutionalisation has been started and the practice of HIA is currently under development. Indeed, the National Prevention Plan 2020–2025<sup>24</sup> adheres to the ‘One Health’ and ‘Health in All Policies’ approaches, expressly recognising the need for methodological and operational guidelines to support national and regional authorities in identifying the conditions under which HIA should be carried out, in order to ensure a uniform approach throughout the country. Training on HIA is acknowledged as a key aspect.

My view is that taking into account the state of the art, an expansion of HIA (along with the introduction of further legislative requirements), is needed to complement the work already done and for future developments.



<sup>23</sup> *Health impact assessment of steel plant activities in Taranto, Italy*. Copenhagen: WHO Regional Office for Europe; 2023, available at [iris.who.int/bitstream/handle/10665/373258/9789289058360-eng.pdf?sequence=1](https://iris.who.int/bitstream/handle/10665/373258/9789289058360-eng.pdf?sequence=1).

<sup>24</sup> *Piano Nazionale della Prevenzione 2020-2025*, available at [www.salute.gov.it/imgs/C\\_17\\_notizie\\_5029\\_0\\_file.pdf](https://www.salute.gov.it/imgs/C_17_notizie_5029_0_file.pdf).