

Health Impact Assessment International Best Practice Principles

HEALTH IMPACT ASSESSMENT MAY BE DEFINED AS A COMBINATION OF PROCEDURES, METHODS AND TOOLS THAT SYSTEMATICALLY JUDGES THE POTENTIAL, AND SOMETIMES UNINTENDED, EFFECTS OF A POLICY, PLAN, PROGRAMME OR PROJECT ON THE HEALTH OF A POPULATION AND THE DISTRIBUTION OF THOSE EFFECTS WITHIN THE POPULATION. HIA IDENTIFIES APPROPRIATE ACTIONS TO MANAGE THOSE EFFECTS.

(ADAPTED FROM WORLD HEALTH ORGANIZATION, 1999)

PURPOSE

These principles are intended to promote health impact assessment (HIA), to lead to better consideration of the health implications of decisions and render them more sustainable.

They should help practitioners to integrate health into impact assessment (IA), decision-makers to commission and review IAs and other stakeholders to ensure that health concerns and aspirations are addressed in development planning.

BACKGROUND

Health is a cross-cutting theme relevant to all fields of IA. These principles should therefore be read in conjunction with the other principles of best practice provided by IAIA.

IAIA and the World Health Organization (WHO) have a Memorandum of Understanding for collaboration in the area of HIA.

IAIA is actively developing a comprehensive series of Principles and Practice papers covering a wide range of important issues which need to be covered in IA. Many of the papers produced are devised by the IAIA Sections and this one is no exception. IAIA has an active Health Section, members of which have been instrumental in both requesting and developing these principles.

The principles were prepared by the Health Section of IAIA; comments are welcome at any time and should be forwarded to the current Chair of the Health Section via info@iaia.org.

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The underpinning concept of HIA

Individual and population health status is largely the result of the social, cultural and physical environment in which we live. Factors such as the state of our environment, access to resources to meet our basic needs, our exposure to risks and capacity to cope with these, our income and education level, and our social network of relationships with friends, family and neighbors all have considerable impacts on health and well-being.

Human health and the physical and social environment are intricately linked. Human health has a number of *determinants* that go beyond individual lifestyle choices (examples in Table 1):

1. Determinants related to the **individual**: genetic, biological, lifestyle/behavioral and/or circumstantial.
2. **Social and environmental** determinants: physical, community conditions and/or economic/financial.
3. **Institutional** determinants: the capacity, capabilities and jurisdiction of public sector institutions and the wider public policy framework supporting the services they provide.

What is Health Impact Assessment?

Health Impact Assessment (HIA) aims to identify how development induces unintended changes in health determinants and resulting changes in health outcomes. HIA provides a basis to proactively address any risks associated with health hazards. HIA also addresses health improvement opportunities in development. Health hazards, risks and opportunities also may be addressed explicitly in environmental assessment.

Development planning is typically conducted outside the health sector and is concerned with social and economic development, for example, energy, agriculture, industry and transport. With a considerably larger proportion of resources at their disposal, and with a responsibility for action that may change environmental and social health determinants significantly, these other sectors outstrip the health sector in the potential to affect, protect and promote population health.

Development planning without adequate consideration of human health may pass hidden "costs" on to affected communities, in the form of an increased burden of disease and reduced well-being. From an equity point of view, it is often marginalized and disadvantaged groups who experience most of these adverse health effects. From an institutional point of view, it is the health sector that must cope with development-induced health problems and to which the costs are incurred of dealing with an increased disease burden.

HIA provides a systematic process through which health hazards, risks and opportunities can be identified and addressed upstream in the development planning process, to avoid the transfer of these hidden costs and to promote multisectoral responsibility for health and well-being. The production of public health management plans with safeguards, mitigating measures and health promotional activities is an integral part of HIA.

Key principles of HIA are presented in the three sections that follow:

1. “**What is HIA**” provides a definition of its scope, indicates the key determinants to be considered and outlines the main functions and purpose of the HIA process.
2. “**Guiding principles**” apply to all stages and types of IA; this section explains the basic values and how a desired outcome can be achieved for health and well-being.
3. “**Operating principles**” explains how health concerns and aspirations are best addressed in the main stages of the IA process.

What is HIA?

HIA systematically reviews the health hazards and health promoters associated with a development policy or project. It assesses risk factors associated with hazards and opportunities associated with promoters as they change in the course of a development activity, and it develops evidence-based recommendations to inform the decision making process on health protection and promotion.

The recommended measures should be technically sound, socially acceptable and economically feasible.

The appropriate actions, which are identified in an HIA, may be presented as a *Public Health Management Plan*. This intersectoral management plan explicitly includes safeguards to health and mitigating measures which may fall outside the remit of the health sector. The *Public Health Management Plan* can also include provision for adapted health services. Most importantly it provides for the monitoring of compliance and the evolution of health status.

HIA attempts to clarify health implications by disaggregating the **determinants of health and well-being** (examples listed in Table 1) (Public Health Advisory Committee, 2005).

HIA investigates the pathways of how the inter-related determinants may be affected by a proposed policy, programme or project. It aims to trace the changes through to their impact on health status. Some of the pathways are direct (such as pollution and asthma admissions to hospitals); others may be indirect (such as traffic density and community severance, leading to changes in several health outcomes) (Dahlgren, 1995).

The dimensions of HIAs (scope and time frame) will vary. Each HIA must be suitable for the context within which it is undertaken, it must be affordable and its costs must be proportional to the overall project budget. Supporting flexibility in approach is critical for maintaining the practical use of HIA. The size of a team carrying out a given HIA will vary accordingly.

Table 1. Examples of the determinants of health

Categories of determinants of health	Examples of specific health determinants
<i>Individual factors:</i> genetic, biological, lifestyle/behavioral and/or circumstantial. Some of these factors can be influenced by proposals and plans, others cannot.	Gender, age, dietary intake, level of physical activity, tobacco use, alcohol intake, personal safety, sense of control over own life, employment status, educational attainment, self esteem, life skills, stress levels, etc.
<i>Social and environmental factors:</i> physical, community and/or economic/financial conditions.	Access to services and community (health, shopping, support, etc.); social support or isolation; quality of air, water and soil; housing; income; distribution of wealth; access to safe drinking water and adequate sanitation; disease vector breeding places; sexual customs and tolerance; racism; attitudes to disability; trust; land use; urban design; sites of cultural and spiritual significance; local transport options available; etc.
<i>Institutional factors:</i> the capacity, capabilities and jurisdiction of public sector services.	Availability of services, including health, transport and communication networks; educational and employment; environmental and public health legislation; environmental and health monitoring systems; laboratory facilities; etc.

Purpose and functions of HIA

The purpose of all HIA is to inform and influence decision making on proposals and plans, so health protection and promotion are effectively integrated into them.

Linked to this central purpose, HIA has an important function contributing to healthy projects and healthy public policy. Some examples:

1. HIA involves and engages health experts, project proponents, other key players and the community affected by the proposal, and facilitates public participation in decision making¹.
2. HIA attempts to identify health inequalities that may arise from a proposal.
3. HIA addresses cross-cutting health issues with repercussions for sustainability.
4. HIA helps place public health on the agenda of many different agencies and individuals and increases awareness of what determines health status, thereby providing a basis for improved collaboration within and between agencies.
5. HIA provides a “license to operate,” not only for public bodies, but also for private sector companies who incorporate social and health responsibility into their activities.
6. HIA is a tool for intersectoral action for health.
7. HIA focuses on the health status of vulnerable groups.
8. HIA may reduce the burden on health sector services.

¹ The attempt to involve communities in an HIA is seen as a strength. IAIA has a public participation principles and practice paper (Special Publications Series No. 4, 2006)

Who does HIA?

HIAs are typically commissioned by:

- Local, regional and national governments
- Local, regional and national health authorities/departments
- Local, regional and national planning authorities/departments
- National and international development banks/ bi- and multilateral donors
- Private industry

Practitioners usually have a diverse background of skills and experiences. There are no accreditation schemes for practitioners as yet, and a mix of skills is often developed and used. There is currently more experience of HIA at the program and at the project level than at the strategic level.

Training courses exist in some countries to assist practitioners and to develop capacity (particularly since capacity to undertake HIA is low in most countries). The skills required to undertake HIA are many, but they need not be held by one individual and should instead be present across the team of people undertaking the HIA. As an individual, the best way to develop HIA skills is to participate in or undertake an HIA.

Writing Terms of Reference (TOR) for full scale HIAs should be undertaken collaboratively by the Ministry of Health (MOH) (central or peripheral levels) and other relevant authorities. The MOH may also be in charge of the critical appraisal of the consultants' HIA report with its recommendations for mitigation of negative health impacts and enhancement of positive impacts. There is currently a lack of capacity among authorities on how to develop TOR and critically appraise the quality of HIA reports. The agreed procedures for HIA should reflect the responsibilities of different actors at different stages.

Generally, the leader of an HIA team would be a professional with a broad public health outlook rather than one with a narrow medical area of expertise. The expertise of an HIA team should reflect the complexity of the health determinants associated with a given project, programme or plan (e.g., public health, natural and social science, economics) and the key health issues identified at the screening phase.

Guiding principles for HIA

The Gothenburg consensus paper (World Health Organization, 1999) indicates that values are framed by society, the government in power, the sector and the people working in the sector within which a proposal is placed. These values of HIA are:

- Democracy – emphasizing the right of people to participate in the formulation and decisions of proposals that affect their life, both directly and through elected decision makers. In adhering to this value, the HIA method should involve and engage the public, and inform and influence decision makers. A distinction should be made between those who take risks voluntarily and those who are exposed to risks involuntarily (World Health Organization, 2001).
- Equity – emphasizing the desire to reduce inequity that results from avoidable differences in the health determinants and/or health status within and between different population groups².

² For example, across ages, genders, ethnic groups and geographic locations, etc.

In adhering to this value, HIA should consider the distribution of health impacts across the population, paying specific attention to vulnerable groups³ and recommend ways to improve the proposed development for affected groups.

- Sustainable development – emphasizing that development meets the needs of the present generation without compromising the ability of future generations to meet their own needs. In adhering to this value, the HIA method should judge short- and long-term impacts of a proposal and provide those judgements within a time frame to inform decision makers. Good health is the basis of resilience in the human communities that support development.
- Ethical use of evidence – emphasizing that transparent and rigorous processes are used to synthesise and interpret the evidence, that the best available evidence from different disciplines and methodologies is utilized, that all evidence is valued, and that recommendations are developed impartially. In adhering to this value, the HIA method should use evidence to judge impacts and inform recommendations; it should not set out to support or refute any proposal, and it should be rigorous and transparent.
- Comprehensive approach to health – emphasizing that physical, mental and social well-being is determined by a broad range of factors from all sectors of society (known as the wider determinants of health). In adhering to this value, the HIA method should be guided by the wider determinants of health.

Operating principles for HIA

HIA process

The following represents key steps in the HIA process and suggested responsibilities for each step:

1. Screening: deciding what scale, if any, HIA is required (desk exercise by ministry/authority).
2. Scoping: setting the boundaries in time and space for the assessment and formulating TOR for a full scale HIA accordingly (usually by MOH (central, province and/or district) and key stakeholders).
3. Full scale HIA (by HIA team according to specifications in TOR).
4. Public engagement and dialogue (initiated by MOH or other relevant authority).
5. Appraisal of the HIA report (compliance with TOR, quality control of independent criteria) and the feasibility/soundness/acceptability of its recommendations (MOH or another MOH-assigned independent consultant).
6. Establishment of a framework for intersectoral action (MOH and relevant ministries).
7. Negotiation of resource allocations for health safeguard measures (Ministry of Finance and relevant ministries).
8. Monitoring (of compliance and of pertinent health indicators), evaluation and appropriate follow-up (MOH and line ministries).

³ Groups can be vulnerable due to their physical status (e.g., children, older people, disabled people) or due to their social positions (e.g., people with low socioeconomic status, ethnic minorities, women).

HIA methods

The HIA team works according to specific TOR for the assignment in question. The TOR may suggest specific methods to be used by the assessor and emphasize the need to share information produced by environmental and social IA teams working in parallel with the HIA team. Examples of methods include:

- Collection and analysis of appropriate secondary data from relevant authorities (e.g., national or district health statistics, environmental and demographic data).
- Interviewing key informants and conducting focus group discussions in stakeholder groups (participatory approaches).
- Direct field observations in the bio-physical, social and institutional environments.
- Mapping using Geographical Information Systems.
- Review of relevant scientific and “gray” literature.

In most cases, there is no time for cross-sectional epidemiological surveys, but these may be carried out as part of the assessment in projects with exceptionally long planning stages, such as large dams. Where appropriate, integrated assessment may be introduced to benefit from a joint methodological approach saving time and reducing cost of the assessment.

Policy HIA

Although HIA is often carried out on a project level, broader policies, such as employment, trade, education and strategic spatial planning policies can, and are, also assessed for health impacts. The aim of HIA of policies is, again, to prevent health damage and enhance opportunities for health improvement. As such, HIA is a tool for the development of healthy public policy, guaranteeing a “Health in All Policies” approach.

Health in Environmental Assessment

Strategic Environmental Assessment (SEA) at the strategy, policy and programme level and environmental impact assessment (EIA) at the project level have traditionally addressed health issues. Human health is, however, often a single bullet point on an EIA or SEA check list. The assessment of health effects is likely to be biased towards bio-physical health determinants rather than a holistic view that also includes important wider determinants. The scope of health issues covered may reflect the industrial country roots of EIA, and therefore lack the level of comprehensiveness necessary to make the assessment fully relevant to local health conditions.

Most importantly, EIA procedures frequently do not recognize the fact that the ultimate authority for health pertains to Ministries of Health (central or peripheral levels), which should have the regulatory responsibilities for the planning, quality control and final approval of any assessment of the impact on health and its follow-up. In that case, care needs to be taken:

- To ensure health is covered comprehensively.
- To strike an acceptable balance between strengthening of health services and design and operational measures by other sectors to safeguard health and well-being.
- To adequately address the wider determinants of health.
- To anchor the final authority for the health component with the Ministry of Health.

Glossary

Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization, 1948).

Health hazard: An agent with a potential to create ill health (e.g., bacteria, toxins, chemicals).

Health risk: Indicates the extent to which the potential of a hazard may be realized.

Health promoter: An agent with a potential to enhance health status (e.g., anti-oxidants, constituents of medicinal plants).

Health determinants: The range of personal, social, economic and environmental factors which determine the health status of individuals or populations (NIHCE, 2006).

Health outcome: A change in the health status of an individual, group or population which is attributable to a planned intervention or series of interventions, regardless of whether such an intervention was intended to change health status.

Health inequality: Differences in health status or in the distribution of health determinants between different groups of a population. They occur as a consequence of differences in social and educational opportunities, financial resources, housing conditions, nutrition, work patterns and occupational conditions and unequal access to health services (NIHCE, 2006).

Health inequity: Is a term that has a moral and ethical dimension – where inequities can result from avoidable and unjust differences in health status (Scott-Samuel, 1996).

Methods and tools web sites

<http://www.who.int/hia>

http://www.who.int/water_sanitation_health/resources/hia/en/index.html

<http://www.hiagateway.org.uk>

<http://www.hiadatabase.net>

<http://www.who.dk/eprise/main/WHO/Progs/HMS/Home>

http://www.hc-sc.gc.ca/ewh-semt/pubs/eval/index_e.html

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