

# **HEALTH IMPACT ASSESSMENT (HIA)**

**Report of**

**AN INTER-REGIONAL MEETING ON HARMONIZATION AND  
MAINSTREAMING OF HIA IN THE WORLD HEALTH ORGANIZATION**

**and of**

**A PARTNERSHIP MEETING ON THE INSTITUTIONALIZATION OF  
HIA CAPACITY BUILDING IN AFRICA**

**Arusha, 31 October - 3 November 2000**



**Geneva, 2001**

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# Table of contents

|   | Page |
|---|------|
| Introduction  | 5    |
| Part I: inter-regional meeting on harmonization and mainstreaming of HIA in the World Health Organization | 5    |
| Background  | 5    |
| Purpose of the meeting  | 6    |
| Specific objectives   | 7    |
| Expected outcomes   | 7    |
| Proceedings   | 7    |
| Decisions and actions   | 23   |
| Part II: partnership meeting on the institutionalisation of HIA capacity building in Africa               | 25   |
| Background  | 25   |
| Purpose of the meeting  | 26   |
| Specific objectives   | 26   |
| Expected outcomes   | 26   |
| Proceedings   | 26   |
| Logical framework   | 29   |
| Annex 1: List of Participants   | 34   |
| Annex 2: Agenda and Programme of Work   | 35   |
| Annex 3: HIA guidelines and capacity building,<br>by Martin H. Birley                                     | 39   |
| Annex 4: Memorandum of Understanding with IAIA  | 57   |
| Annex 5: Proposal Acting Upstream - averting adverse impacts of<br>development on health                  | 59   |



## Introduction

Two back-to-back WHO meetings were held at the headquarters of the Eastern and Southern African Management Institute (ESAMI) in Arusha, Tanzania, from 31 October to 3 November 2000. This report covers the discussions and outcomes of both meetings. A list of participants is presented in annex 1; the agenda and programme of work are presented in annex 2.

The first was an internal WHO meeting to which all Regional Offices had been invited. For a variety of reasons, representatives of only three could attend. The background, objectives and expected outcomes of the meeting are presented below. The second meeting involved members of an *ad-hoc* partnership established for a proposal submitted to the World Bank Development Marketplace event in February 2000. This proposal (*Acting Upstream*) addressed the institutionalisation of HIA capacity building in Africa. Representatives from the World Bank, the African Development Bank, the WHO Regional Office for Africa, two WHO Collaborating Centres (the Liverpool School of Tropical Medicine and the Danish Bilharziasis Laboratory - DBL) and ESAMI had been invited. Representatives of the World Bank and of the African Development Bank were unable to attend. The background, objectives and expected outcomes of the second meeting are presented in Part II of this report.

Following these two meetings, Robert Bos (WHO), Martin Birley (Liverpool) and Peter Furu (DBL) stayed on in Arusha to work on the final draft of the training manual *Developing intersectoral decision-making skills in support of Health Impact Assessment in development projects*. This manual will be published jointly by DBL and WHO in the course of 2002.

## Part I : INTER-REGIONAL MEETING ON HARMONIZATION AND MAINSTREAMING OF HIA IN THE WORLD HEALTH ORGANIZATION

### BACKGROUND

Development policies, programmes and projects are transforming the social and physical environment globally. The impact of this transformation is considerable and, for a number of reasons, most pronounced in the developing countries. In many instances, development provides opportunities for health improvements. Often, however, development processes compromise their own sustainability through negative impacts on health, both reducing benefit-cost ratios through loss of productivity due to ill health and transferring hidden costs to the health sector. In many countries, policy and legal frameworks for environmental impact assessment (EIA) of development projects are now in place and have been grafted into procedures for financial decision-making about proposed projects, internally as well as in external support agencies. Until now, however, it has been common for the impact of projects on human health not to be assessed properly, mainly because of an insufficient notion of the cross-cutting nature of health issues, both inside and outside of the health sector.

There is a need, therefore, to ensure that health receives a distinct profile in the context of environmental and social impact assessment and to create a procedural framework in which health impact assessments are commissioned and used. WHO aims to develop and promote such a procedural framework through its Regional Offices and Country Representations, and through working with its Collaborating Centres.

Individual WHO Regional Offices are currently discussing the need to promote environmental health impact assessment (EHIA). In order to assume its responsibilities and tasks effectively and consistently in relation to technical cooperation, research and development (R&D) and capacity building for HIA, it is crucial for the Organization to first mainstream HIA internally, to harmonize its position on HIA methodology and procedures and to develop a realistic strategy. The goal of the two-day meeting was to make as much progress as possible in mapping out the steps needed to complete the process of HIA mainstreaming, harmonization and strategy development, for completion within a realistic time frame.

The following table lists some of the actions undertaken by WHO Headquarters and the six WHO Regional Offices at the time of the meeting. The list is not exhaustive.

|               |   |
|---------------|---|
| AFRO          | Earlier work on HIA of water resources development, HIA guidelines proposal   |
| EMRO          | Draft EHIA guidelines prepared, country workshops held, earlier work on HIA of water resources development  |
| SEARO         | Consultation on HIA for vector-borne diseases and development projects held in Bangkok, 18-22 October 1999  |
| EURO          | Draft guidelines commissioned, transportation initiative, healthy public policy initiative, earlier work on chemical safety and industrial pollution  |
| AMRO/<br>PAHO | Discussions held, HIA guidelines on industrial pollution produced in Spanish, workshops held in Ecuador   |
| WPRO          | Country HIA workshops held, assistance provided to Philippines and to the Asian Development Bank for HIA guidelines production  |
| HQ            | PEEM guidelines, report to World Commission on Dams, HEADLAMP project, national policy workshops in four African and one South-American country, intersectoral training course developed and tested |

## PURPOSE OF THE MEETING

The purpose of the meeting was to set in motion an Organization-wide process of HIA mainstreaming, harmonization and strategy development. Within this goal the generic objectives of the meeting were to find common ground on HIA methodology and procedures, to consider what actions would be enhanced by information exchange and collaboration between WHO Regional Offices and to define the capacity building needs within WHO itself so it can function optimally in the promotion of HIA in its relations with Member States and other development partners.

## **SPECIFIC OBJECTIVES**

- To review the progress achieved in Health Impact Assessment and the activities presently under way by partners.
- To agree on and adopt generic HIA methods and procedures as the common basis for technical collaboration activities by all Regions.
- To agree on a process of capacity building needs assessment in Member States, on the basis of which common training course material could be developed, translated, printed, and used in all regions,
- To agree on the role of WHO headquarters, Regional Offices, Country Representations and Collaborating Centres in the promotion of effective Health Impact Assessment of development,
- To identify opportunities for the synergistic use of different budgets, and for the prevention of duplication, and
- To formulate an action plan for the mobilisation of resources in support of an Organization-wide effort in HIA.

## **EXPECTED OUTCOMES**

- A report containing the shared knowledge of the global state of the art of HIA in the context of Environmental Impact Assessment, the current status of HIA plans and activities in WHO headquarters and the WHO Regional Offices, and recommendations for the strengthening of the position of HIA within the WHO and of WHO's interaction with other development partners,
- An agreed plan for the rapid formulation of a generic text on HIA methodology and procedures, that will serve as the basis for Regional HIA guidelines, and agreement on a common approach for the elaboration of guidelines for HIA,
- Agreement on areas of collaboration, information exchange, partnership and common goals for HIA in all regions and a roadmap, with a realistic time frame, for the development of an Organization-wide HIA strategy.

## **PROCEEDINGS**

*Introduction of issues* Following the formal opening by the Director-General of ESAMI, a round of introductions of the participants and a brief review of the meeting's objectives and expected outputs, Dr Birley presented his background paper on Health Impact Assessment (see annex 3). The paper considered in detail issues of definition and scope, the procedural aspects of HIA and the policy context within which HIA is to take place in the Member States. The meeting addressed the key questions raised by the paper, to begin with the links between Environmental Assessment and Health Impact Assessment.

*HIA links with EA* In order to ensure a balanced assessment of health impacts of development, both environmental and social determinants of health have to be taken into consideration. This key argument, put forward in the background paper, was favourably received by the meeting. Health within the context of EA was, as a rule, considered one of many bullet points on a

checklist without giving credit to its cross-sectoral nature. The health recommendations emerging from an EA were therefore usually strictly health sector confined. An EA seldom resulted in changes in project design and/or operation with the explicit goal of protecting or promoting human health. A distinct profile for HIA was, therefore, warranted, but HIA should not be divorced from EA; on the contrary, it should be an integrating factor in the link between environmental and social impact assessment.

*EA/HIA at country level*

Realities at the national level will dictate to what extent HIA can be assigned this distinct profile in the broad development context. In many countries in Asia, Africa and South and Central America, there is still insufficient capacity to carry out Environmental Assessment in a satisfactory way. Creating a parallel procedure for HIA would not only further stretch the existing impact assessment capacity beyond its limits, but it would also require from ministries of health to build their own capacity in this field of work, to play the necessary counterpart role in the process.

A proper impact assessment requires resources and for externally funded development projects this often implies additional loan components, unless it was negotiated that the multilateral or bilateral agency involved covered the cost of impact assessment. A distinct health component would definitely add to the costs and it may therefore be desirable to review the need for an HIA on a case by case basis. This would be guaranteed by putting into place proper screening and scoping mechanisms

*A distinct HIA profile*

The group agreed that WHO activities in the field of HIA should be based on the principle that ideally health in development deserves a distinct assessment which places health protection and promotion in a cross-cutting context, but that while capacity is being built in Member States, efforts should be made to ensure that the health component in Environmental Assessments is comprehensive and not limited to the formulation of recommendations exclusively addressed to the health sector

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