

The Challenge of Establishing Health Impact Assessment for the Improvement of Global Health.

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World Health
Organisation

Collaborating
Centre for
Environmental
Health Impact
Assessment

Professor Jeffery Spickett
WHO Collaborating Centre for EHIA
Curtin University
Perth
Western Australia

Content

- Case Study
- The role and function of HIA
- International Factors
 - Industries moving to best practice - corporate responsibility IFC
 - Equator principles
 - International standards

Case Study

Lead export from Esperance

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Case Study

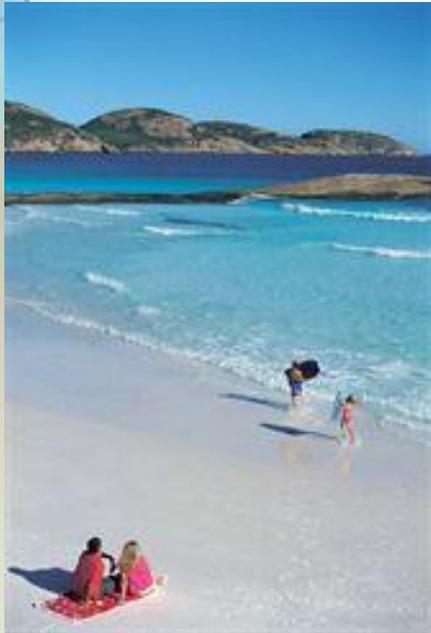
Background

- December 2006 reports of bird deaths in Esperance which by March 2007 had risen to 9,000
- Strong community reaction as Esperance is normally a pristine environment.



A report into lead contamination in Esperance has been tabled in State Parliament. (Shire of Esperance)

[Close Image](#)







Esperance port

Esperance port

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- Government established an enquiry
- Report stated that lead ore (carbonate) being transported and handled at the port was probably responsible for bird deaths but was never proven
- A number of key dust incidents during ship loading released lead pollution into the environment resulting in lead exposures
- About 25% of children under 5 years tested showed blood lead levels over 5ug/dL

Recommendations

- The enquiry recommended extra resources be provided to the DEC
- Legislation to ensure that the port ensure public health is protected

- Department of Health to have mandatory involvement in the approvals process - it was noted that if Department of Health recommendations had been acted on the lead pollution would probably have been avoided - this was essential recommendations from a HIA process
- The enquiry stated that the whole event was entirely predictable and clear advice was provided about the dangers of the product, transport, handling and environmental monitoring

- Costs to the company

- **Indirect costs**

- Damage to corporate reputation
- Team morale - uncertainty, fear and doubt
- Earn back social license to operate, regain trust of community, industry and Government
- Management focus - inability to focus on exploration and corporate development initiatives and financing opportunities

- **Direct costs**

- Inability to generate revenue
- US\$>50M (care & maintenance expenses, legal and consulting fees, financing fees and interest expense, Parliamentary inquiry and Esperance settlement costs)

Preparing for the Future

- Health sector faces changing risks:
 - old hazards in new forms e.g. drug resistant malaria and
 - new hazards of unknown risk.
- Necessary to have a predictive capability when assessing health risks.
- Allows for pro-active environmental health rather than reactive.

Predictive Tools for the Future

Health Impact Assessment (HIA)

- Used to forecast the potential health impacts of new developments, policies and plans.
- Is a process incorporating predictive and evaluative elements.
- Can be incorporated into current impact assessment procedures.

HIA related Initiatives

- Declaration of the Alma-Ata conference on primary health care USSR 1978 WHO
- Ottawa Charter for health Promotion 1986 WHO
- EHIA Principles WHO 1987
- Jakarta declaration on leading Health Promotion into 21 century 1997 WHO
- HIA Main Concepts and suggested approach Gothenberg Consensus Paper 1999
- HIA WHO 1994
- Bangkok Charter for Health Promotion in a Globalised World 2005
- European Charter for Environmental Health
- Regional Charter for Health and Environment Bangkok 2007
- WHO TWG on HIA 2010

The World Health Organization (WHO)
defines Health Impact Assessment as:

“a combination of procedures or methods
by which a policy, programme or
project may be judged as to the effects
it may have on the health of a
population.”

HIA: the Health Determinants

- Individual/family
 - Biological factors
 - Lifestyle
 - Personal circumstances
- Environment
 - Physical
 - Social
 - Economic/financial
- Institutional/Access
 - Health and other services
 - Economic conditions
 - Public policy

Health Impact Assessment

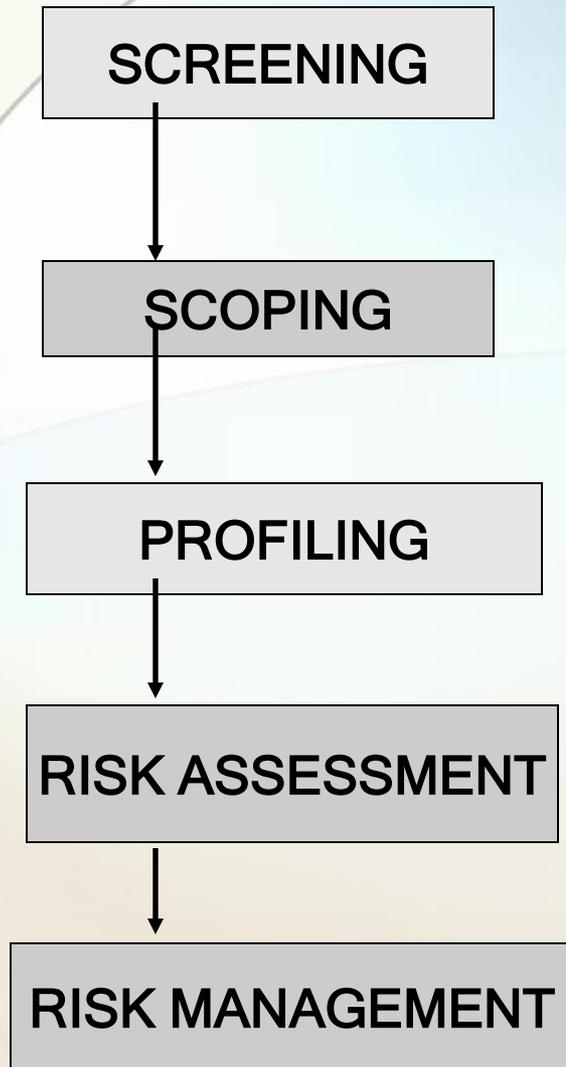
- Health Impact Assessment initiated worldwide to facilitate assessment of health issues in new proposals
- In Australia, National Environmental Health Strategy endorsed inclusion of HIA in EIA
- 2001 enHealth Council released *Health Impact Assessment Guidelines – since revised*

Health Impact Assessment

- In terms of the health impacts of a particular policy, plan or project, HIA aims to **maximise the positive** and **minimise the negative**
- HIA is based on the values of:
 - **Democracy**
 - **Equity**
 - **Sustainability**
 - **Promotion of health**
 - **Ethical use of evidence**

The HIA process

1. Initiative - Proposal description
2. Screening
3. Scoping
4. Profiling (understanding populations and vulnerability)
5. Assessing the health impacts (including risk assessments)
6. Risk management
7. Decision-making and implementation
8. Monitoring, environmental and health auditing, post proposal evaluation.



- Does the situation require a HIA?
- Identify health impacts
- Set boundaries
- Population
- Vulnerable groups
- What are the risks/benefits?
- Minimise risks
- Maximise benefits

HIA: What is it?

- HIA is a tool used to
 - predict the positive and negative health impacts of proposals during the planning stages
 - provide for holistic consideration of the impacts in proposals
 - put concern for equity and the reduction of inequalities in health on planning and policy agendas
 - produce evidence-based recommendations for decision making, and
 - set performance indicators for the proposal.

HIA: Why Undertake?

- HIA should provide explicit and balanced consideration of the human health impacts
- The costs of failure to protect and promote health fall on governments, the community in general and individual members of the public.
- The costs are unlikely to be borne by the proponent.
- HIA ensures a more equitable burden of these costs.
- The process should alert decision makers to potential health impacts that could be reduced.
- Potentially the direction of decisions can be influenced before it is too late in the decision making process.

HIA: Community Consultation

- Community consultation is a very important component
- Mechanisms should be developed to ensure the public gains relevant information as well as opportunities to express their concerns and provide local knowledge
- Ideally, consultation should occur at every stage.
- Public input is particularly important to the scoping of the proposal

Value of HIA seen as

- Brings health to the agenda when considering specific proposals
- Provides an explicit method of evaluating potential positive and negative impacts
- Can provide a reasonable projection of potential health effects over time
- Increase decision makers and stakeholders awareness of health issues
- Help to build working relationships across sectors

HIA and EIA

- Much written about problems with EIA
- EIA coordinated by different lead agencies
- Health impacts not specifically identified in EIA processes
- Highly prescribed so only covers specifically mandated issues
- Only covers projects

- HIA requires broad, flexible and open ended approach so inconsistent with EIA but could be incorporated

Approaches to HIA

- Quantitative/analytical

- uses risk analysis but covers a wide range of potential impacts
- qualitative versions follow same logic
- not very common but there are cases not necessarily called HIA eg airport siting in Holland

- strengths: objectivity and ability to compare options
- weaknesses: limited data on affected population, time and cost intensive, tends to only consider single exposures, erroneous impression of precision

- Participatory

- draws on community based health promotion

- stakeholder participation main feature

- UK and Swedish examples

- strengths: public participation to influence decision making, process rather than outcome focused

- weaknesses: little legitimacy in legal system, comparisons between alternatives difficult, may neglect long term effects as relies on common knowledge, who is represented, better suited to local issues not broader policies etc

- **Procedural**

- combines elements of other two
- driven by process to meet bureaucratic requirements
- can range from short checklist to comprehensive analysis covering physical and social impacts
- set apart by focus on compliance
- incorporation of HIA into EIA eg Canada and Australia
- strengths: uses mixed methods as relevant to compliance, can be transparent, reproducible, uses generally well understood methods, can be quick but rules can slow process
- weaknesses: bureaucratic aspect may compromise integrity, numbers may give appearance of objectivity, public participation may not be fully considered, vet decisions already made

Institutionalised HIA

- Lithuania has a legislated approach to HIA.
- Thailand has HIA in legislation - 2007. People can demand HIA and to participate in process. Covers projects and activities.
- Lao PDR has legislation but no real capacity to put into effect

Equator Principles

- The aim is to “ensure that financed projects are developed in a manner that is socially responsible and reflect sound environmental management practices”
 - “that negative impacts on project-affected ecosystems and communities should be avoided where possible, and if these impacts are unavoidable, they should be reduced, mitigated and/or compensated for appropriately”
- EPFIs provide loans to projects where sponsors can demonstrate compliance
- Applied to projects where:
 - capital cost is US\$10m (was \$50m) or more
 - Project generates revenue through outputs
- Project finance – repayment of loan depends on revenue generated
- Applies to OECD, OECD not designated High-Income and non-OECD countries

10 Equator Principles

Principle 1: Review and Categorisation

- Projects categorised based on the “magnitude of its potential impacts and risks in accordance with the environmental and social screening criteria of the International Finance Corporation (IFC)

10 Equator Principles

Principle 2: Social and Environmental Assessment

- For projects the borrower must:
 - conduct a Social and Environmental Assessment process to address the relevant issues
 - the Assessment should also propose mitigation and management measures relevant

10 Equator Principles

Principle 3: Applicable Social and Environmental Standards

Principle 4: Action Plan and Management System

Principle 5: Consultation and Disclosure

10 Equator Principles

- *Principle 6: Grievance Mechanism*
- *Principle 7: Independent Review*
- *Principle 8: Covenants*
- *Principle 9: Independent Monitoring and Reporting*
- *Principle 10: EPFI Reporting*

Application of EP

- Projects in emerging markets need to take into account IFC safeguard policies
 - guidance on issues
 - natural habitats, indigenous peoples, involuntary resettlement, safety of dams, forestry and cultural property.
- Covers all industry sectors
- Not retrospective but covers upgrades or expansion of existing facilities

Health Impact Assessment and EPs

- Major HIA consultant in US to undertake extensive HIA of project in Laos (hydroelectric dam).
- Integrated with social and environmental assessment and management components
- Significant areas of health and wellbeing impacts identified including resettlement (>10,000 people):
 - Extensive impacts on villagers in the overall catchment area:
 - In all catchment components
 - In resettlement areas
 - Transportation corridors

HIA and EPs

- Used World Health Organisation model for HIA:
 - Communicable diseases
 - Non-communicable diseases
 - Accident and injuries
 - Malnutrition
 - Psycho-social disorder
 - Social wellbeing
- Extensive programme commencing before 2003
- Report published 2005
- For information on the Nam Theun 2 Dam go to World Bank website: NT2 project

Table 5-3: Health-Related Issues during Different Phases of the NT2 Project.

Time period	Communicable diseases	Non-communicable diseases	Nutrition-related health issues	Accidents and injuries	Psycho-social issues
<i>Baseline</i>	Studies at province, district and village level	Studies at province, district and village level	Studies at province, district and village level	Studies at province, district and village level	Stress, anxiety
<i>Preconstruction, transition and mobilization</i>	Diseases related to lack of clean water and improved sanitation	Increased road dust	Food inflation with secondary poor diets	Increased traffic-related accidents and injuries	Stress, anxiety
<i>Active construction</i>	STIs, including HIV/AIDS, and malaria	Dust-induced respiratory problems	Loss of subsistence	Construction related, traffic	Uncertainty
<i>Commissioning and reservoir filling</i>	Changes in vector-borne disease patterns	Dust-induced respiratory problems	Changes of agricultural production	Drowning	Stress, anxiety
<i>Early operation and post-reservoir filling</i>	Water-related diseases (e.g. malaria, dengue)	Increased use of pesticides and fertilizers	Loss of river garden crops and altered fishery	Drowning, and traffic-related accidents and injuries	Displaced communities lose coherence
<i>Standard operation (3-5 years post-filling)</i>	New steady-state of vector-borne diseases	Pesticide contamination	Loss of agricultural lands	Drowning, traffic	Changes in traditional medicine practices
<i>Decommissioning</i>	Unknown	Unknown	Unknown	Unknown	Unknown

5.4.6 Environmental Health Areas

A further level of detailed investigation was performed by creating nine broadly defined environmental health areas that could be reasonably linked to the major sectors. The nine environmental health areas are:

- Respiratory disease: including but not exclusive to ARIs (bacterial and viral), pneumonias, TB.
- Vector-related disease, including but not exclusive to malaria, typhus, dengue.
- Sexually Transmitted Infections (STIs): including but not exclusive to HIV/AIDS, genital ulcer disease, syphilis, gonorrhea, Chlamydia, hepatitis B;
- Soil and Water borne disease: including but not exclusive to soil transmitted helminths (STH), leptospirosis, schistosomiasis, melioidosis, cholera, water quality
- Food and nutrition related issues: including but not exclusive to stunting, wasting, micro-nutrient diseases, changes in agricultural practices, gastroenteritis (bacterial and viral); opisthorchis infection, and food safety.
- Accidents/injuries: including but not exclusive to traffic and road related, construction (home and project related) and drowning.
- Exposure to potentially hazardous materials: including but not exclusive to pesticides, inorganic and organic fertilizers, road dusts, air pollution (indoor and outdoor related to vehicles, cooking, heating or other forms of combustion/incineration), landfill refuse or incineration ash, any other project related solvents, paints, oils or cleaning agents, etc.
- Psychosocial: including but not exclusive to relocation, violence, security concerns, substance abuse (drug, alcohol, smoking), depression and communal social cohesion.
- Cultural Health Practices: including but not exclusive to the role of traditional medical providers, indigenous medicines and unique cultural or ethnic health practices.

Table 5-23: Risk Profiling of Plateau Resettlement Area (PIA #1)

Environmental health area (EHA)	Project timing									
	Construction					Operation				
	Age groups									
	<5 years	5-15 years	♀15-49 years	15-60 years	>60 years	<5 years	5-15 years	♀15-49 years	15-60 years	>60 years
Respiratory diseases										
Vector-related diseases										
Sexually-transmitted infections										
Food, water and soil-borne										
Accidents and injuries										
Exposure to hazardous materials										
Nutrition, food source										
Psychosocial										
Cultural health practices										

Legend for tables

Population affected	
A	Children/infants < 5 years
B	Children age 5-14 years
C	Women of reproductive age 15-49 years
D	Men and female 15-60 years
E	Elderly > 60 years

Impact level	
High	
Medium	
Low	
None	
Enhanced	+

For further information:

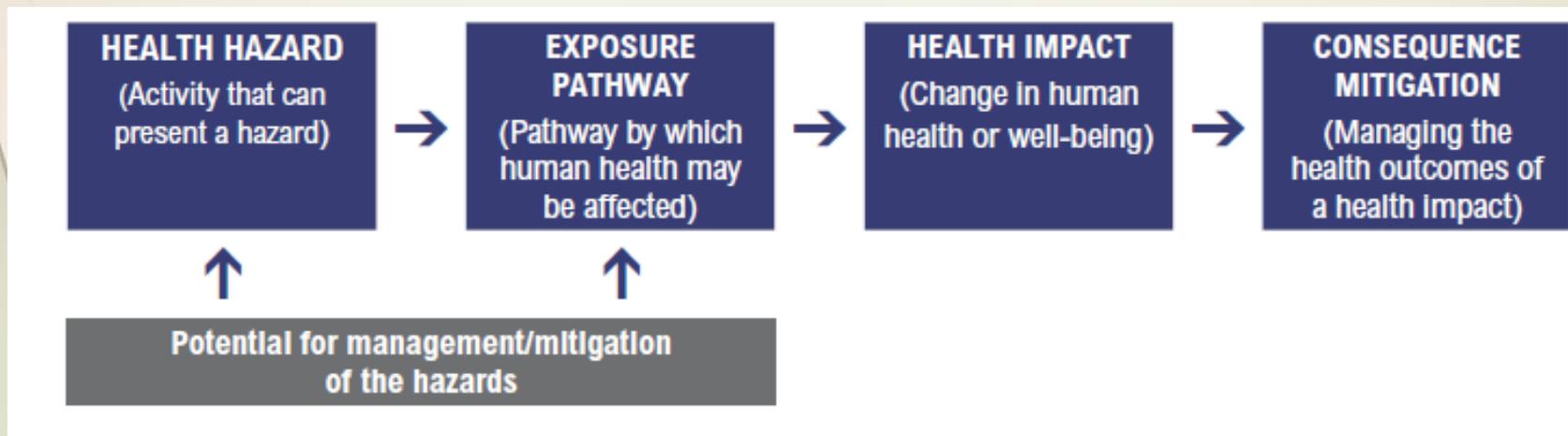
Equator Principles: <http://www.equator-principles.com/index.shtml>

International Finance Corporation
<http://www.ifc.org/>

Nam Theun 2 dam:
<http://www.worldbank.org/>

New HRA Framework

- Initially proponents determine if there is the potential for their proposal to impact on health in HIA
- Potential impacts to health from climate change can arise from physical, chemical, biological, or social hazards
- The links between health hazards and health impacts are via:



Health Risk Assessment in HIA

The development of consequences and likelihood scales to be able to better assess health risk.

Risk Assessments

Risk = Consequence x Likelihood

Consequence	Likelihood
Catastrophic	Almost Certain
Major	Likely
Moderate	Possible
Minor	Unlikely
Insignificant	Rare

Table 1 Categories for Health Consequences

*Estimated average size of population at-risk across project lifecycle

CATEGORY	ACUTE HEALTH CONSEQUENCES (PER HAZARD OR OUTBREAK)	CHRONIC HEALTH CONSEQUENCES (PER PROJECT LIFECYCLE)
Catastrophic 1	>1 fatality OR >5 permanent disabilities OR Non-permanent injuries requiring hospitalisation for 5-10% of population at risk OR Acute health effect requiring hospitalisation for >5-10% of population at risk	Chronic health effect requiring medical treatment for 10-15% of population at-risk*
Massive 2	1 fatality OR 2-5 permanent disabilities OR Non-permanent injuries requiring hospitalisation for 2-5% of population at risk OR Acute health effect requiring hospitalisation for >2-5% of population at risk	Chronic health effect requiring medical treatment for 5-10% of population at-risk*
Major 3	No fatality AND (1 permanent disability OR Non-permanent injuries requiring hospitalisation for >1-2% of population at risk OR Acute health effect requiring hospitalisation for >1-2% of population at risk OR Evacuation is necessary)	Chronic health effect requiring medical treatment for 2-5% of population at-risk*

<p>Moderate/ Significant 4</p>	<p>No fatality AND No permanent disability AND (Non-permanent injuries requiring hospitalisation for 1-2% of population at risk OR Acute health effect requiring hospitalisation for 1-2% of population at risk AND No evacuation</p>	<p>Chronic health effect requiring medical treatment for 1-2% of population at-risk*</p>
<p>Minor 5</p>	<p>No fatality AND No permanent disability AND (Non-permanent injuries requiring hospitalisation for 0-1% population at risk OR no acute health effect requiring hospitalisation) AND No evacuation</p>	<p>Chronic health effect requiring medical treatment for about 0-1% of population at-risk*</p>
<p>Negligible/ slight 6</p>	<p>No fatality AND No permanent disability AND No non-permanent injuries requiring</p>	<p>No chronic health effect requiring medical treatment</p>
	<p>hospitalisation AND No acute health effect requiring hospitalisation AND No evacuation</p>	

*Estimated average size of population at-risk across project lifecycle

Category	Consequences to Health Services
Catastrophic 1	>\$10,000,000 of health cost per hazard OR Demand exceeds capacity of health services by >40% at any point of time
Massive 2	>\$5,000,000 – \$10,000,000 of health cost due to hazard OR Demand exceeds capacity of health services by >30–40%
Major 3	>\$1,000,000 – \$5,000,000 of health cost due to hazard OR Demand exceeds capacity of health services by >20–30%
Moderate/Significant 4	>\$500,000 – \$1,000,000 of health cost due to hazard OR Demand exceeds capacity of health services by >10–20%
Minor 5	\$100,000 – \$500,000 of health cost due to hazard OR Demand exceeds capacity of health services by >1–10%
Negligible/ slight 6	< \$100,000 of health cost due to hazard OR Demand exceeds capacity of health services by 0–1%

- Considers both:
 - Costs to services
 - Capacity to deliver

HRA Framework

- B. Consider the Likelihood of the impacts occurring:
- Likelihood categories have two elements:

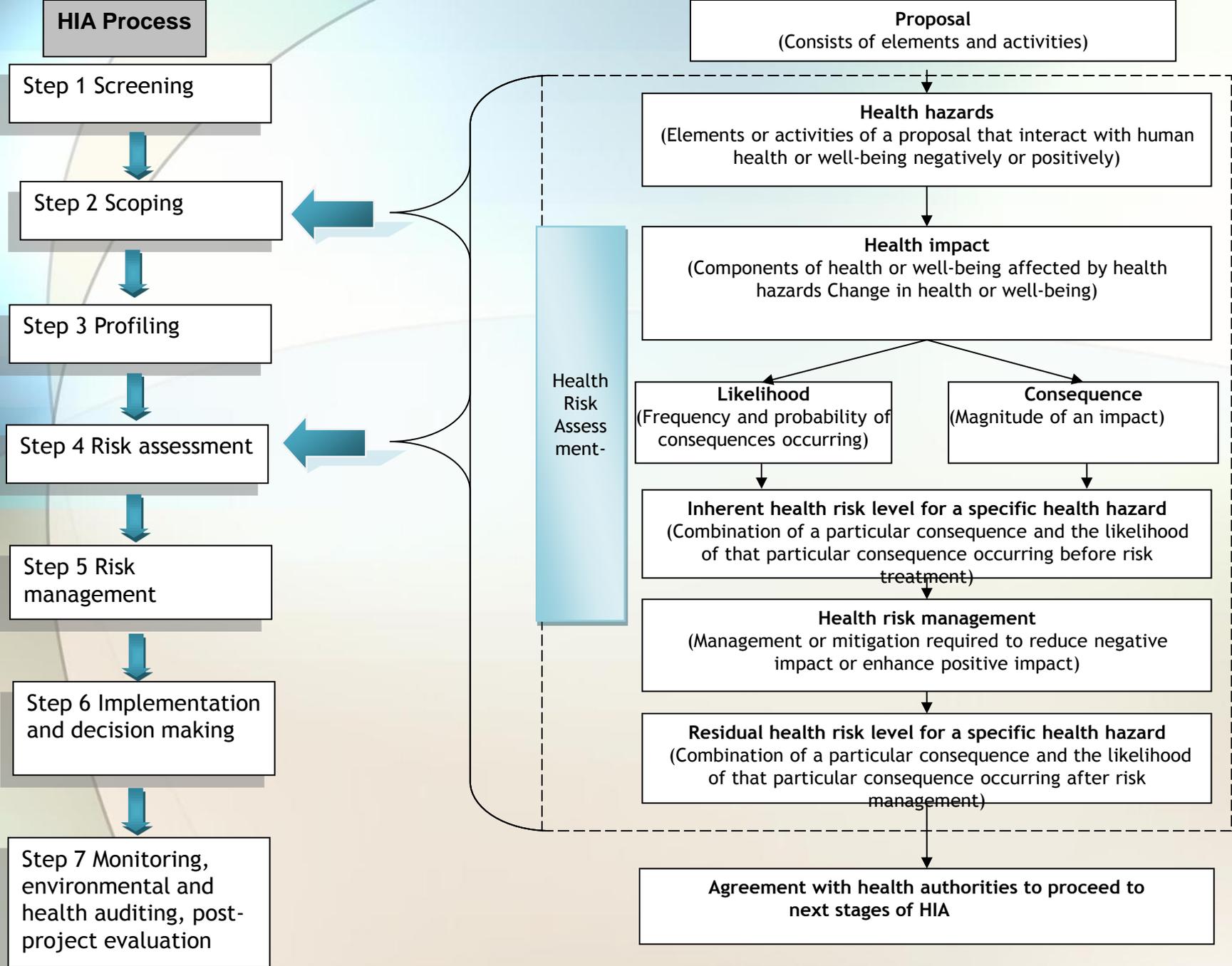
Level	Likelihood Descriptor	Frequency of Incident or Outbreak with NON-CHRONIC HEALTH EFFECT	% Chance of CHRONIC HEALTH EFFECT during life of project
1	Rare/remote	Once in more than 10 years	Up to 5%
2	Unlikely	Once in 5 – 10 years	6 – 30%
3	Possible/ occasionally	Once in 3 – 5 years	31% – 60%
4	Likely	Once in 1 to 3 years	61% – 90%
5	Almost certain	More than once a year	Over 90%

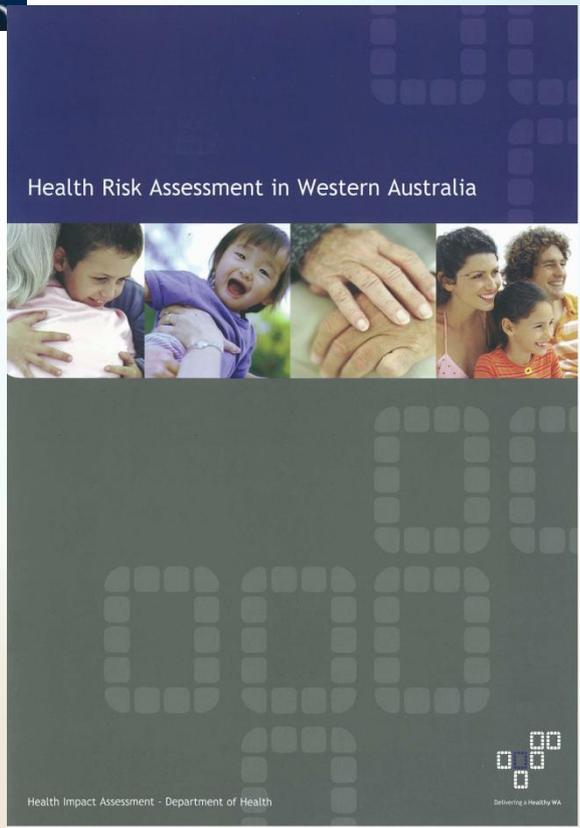
(Based on WA Health - CORPORATE RISK EVALUATION PROCESS and CRITERIA TABLES, 2009)

HRA Framework

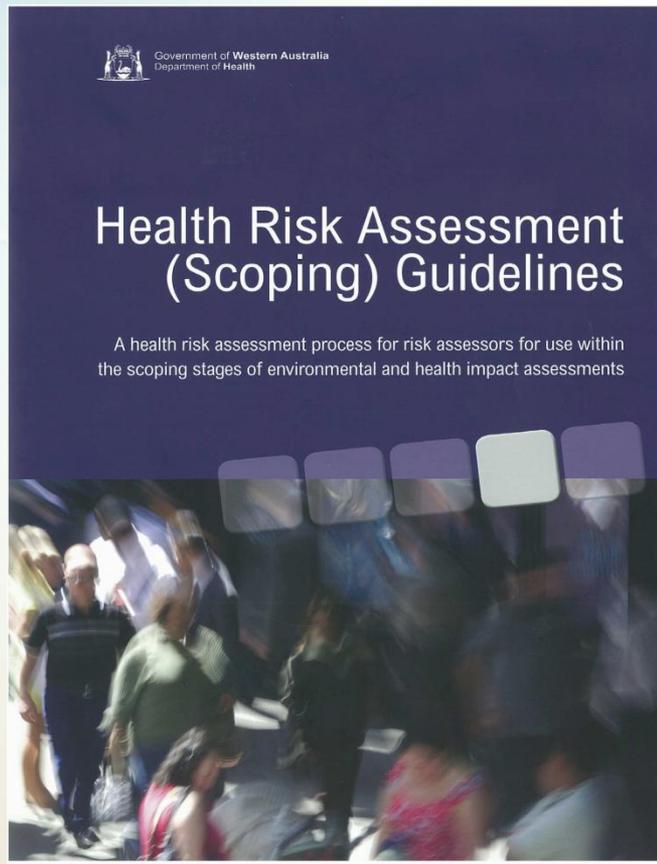
- Outcomes assessed through qualitative risk matrix:
 - The risks range from Extreme to Very Low risks

Likelihood	Consequences					
	Slight/ negligible	Minor	Moderate	Major	Massive	Catastrophic
Almost Certain	Low	Medium	High	Extreme	Extreme	Extreme
Likely	Low	Low	Medium	High	Extreme	Extreme
Possible	Very Low	Low	Low	Medium	High	Extreme
Unlikely	Very Low	Very Low	Low	Low	Medium	High
Rare/remote	Very Low	Very Low	Very Low	Low	Low	Medium





J. Spickett D. Katscherian and H. Brown



J. Spickett D. Katscherian and Y. Goh



World Health Organisation

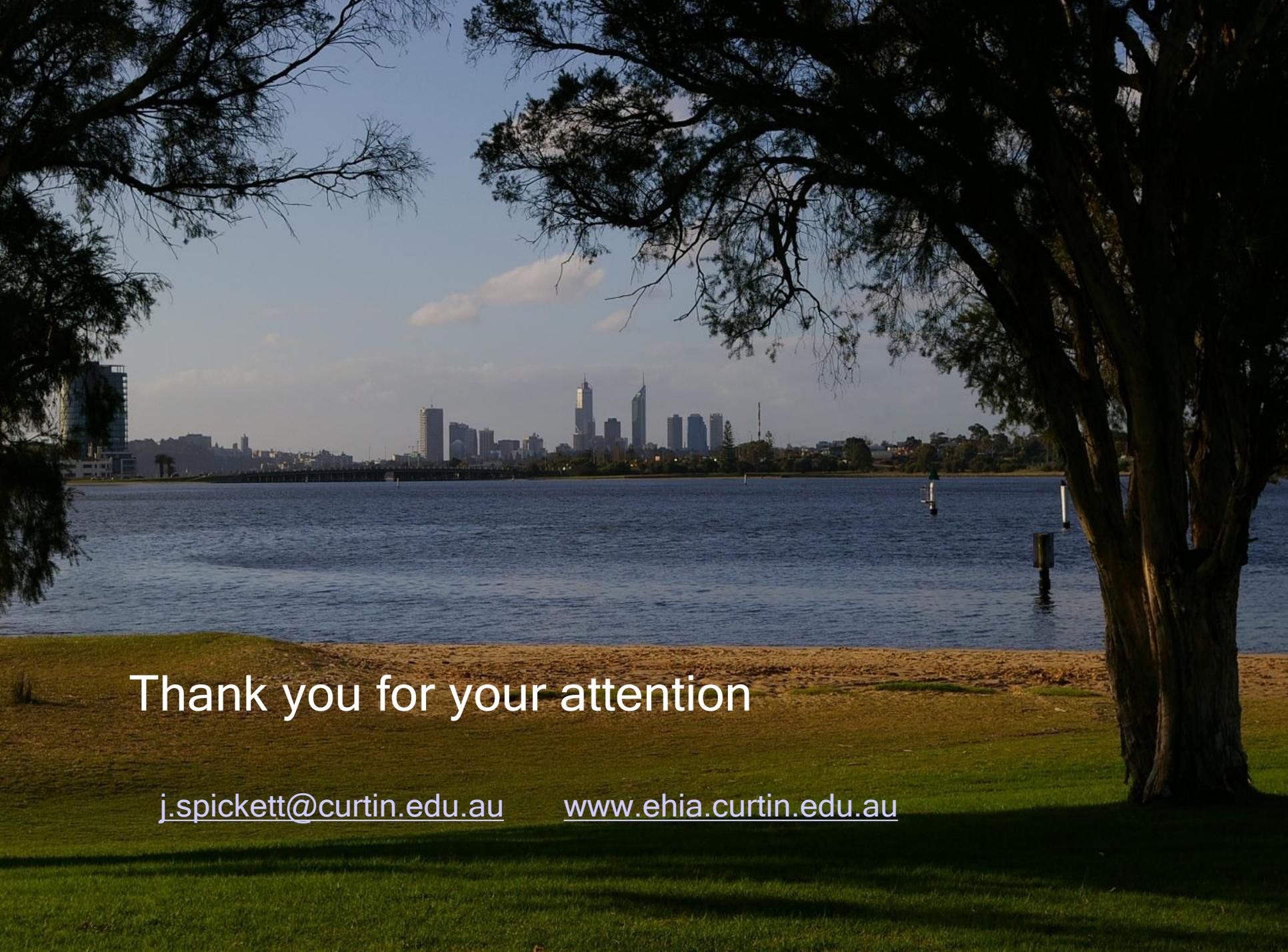
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Issues for Further consideration

- A position paper on HIA in the region
- Lobbying strategy - advocacy groups
- HIA as an accepted and integral part of decision making process
- Technical difficulties with HIA - projects, policies, programs
- How to ensure expectations of HIA are met?
- HIA well incorporated in some places eg NZ and Quebec - longstanding experience with coordinated government planning and inter-sectoral commitment to health
- Need for HIA expertise across different sectors of government preparation and assessment?

- Need for high level partnerships?
- Other sectors of government may see HIA as health encroaching on their territory
- Need for rigorous analysis and focus on important areas of public interest in health impacts
- Need for efficiencies in HIA process - central depot for completed HIAs to assist those preparing HIAs?
- HIA capacity building?
- Balance between advantages of legislating for HIA and lack of flexibility in HIA process
- Does HIA give premature and unrealistic expectations to the community?

A scenic view of a city skyline across a body of water, framed by trees in the foreground. The city skyline is visible in the distance, with several tall buildings. The water is calm, and the sky is clear with a few clouds. The foreground shows a grassy area and a large tree on the right side.

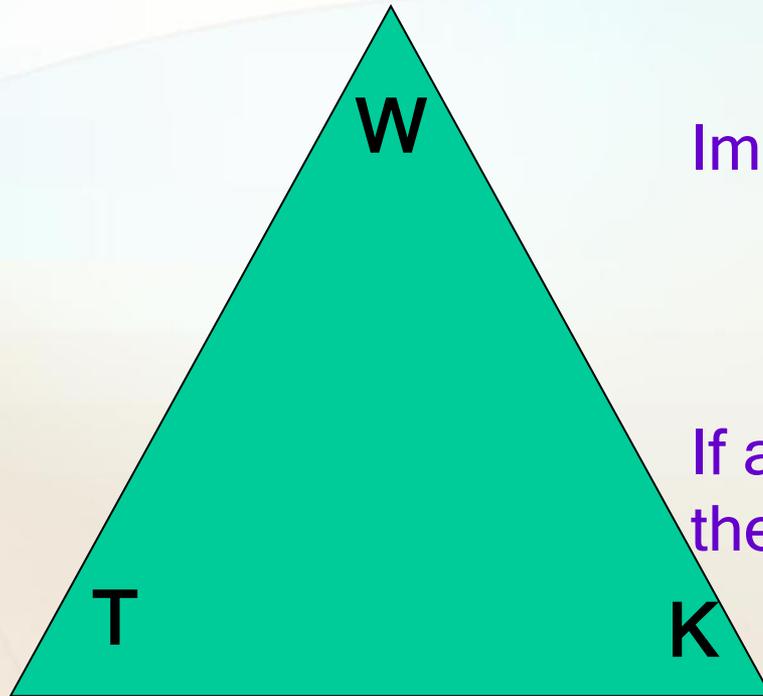
Thank you for your attention

j.spickett@curtin.edu.au

www.ehia.curtin.edu.au

Impact of Political Commitment

Willingness & Values = Political commitment



Technical
Capacity

Knowledge
Competencies
Skills

Improvements in Global Health (P)

$$P = W \times T \times K$$

If any of these are low in value
then P is low

“The economy and the health
of the population are wholly
owned subsidiaries of the
environment”

(Gaylord Nelson)



Health Impact Assessment

- Health Impact Assessment initiated worldwide to facilitate assessment of health issues in new proposals
- In Australia, National Environmental Health Strategy endorsed inclusion of HIA in EIA
- 2001 enHealth Council released *Health Impact Assessment Guidelines*
- All states and territories have agreed to implement HIA

HIA: What is it?

- **HIA is a tool used to;**
 - predict the positive and negative health impacts of proposals during the planning stages
 - provide for holistic consideration of the impacts in proposals
 - put concern for equity and the reduction of inequalities in health on planning and policy agendas
 - produce evidence-based recommendations for decision making, and
 - set performance indicators for the proposal.

HIA: the Values

- **HIA is based on the values of:**
 - **Democracy – allowing people to participate in the development of proposals that may impact on their lives**
 - **Equity – the distribution of impacts on the whole population is assessed with particular reference to vulnerable people**
 - **Sustainability – the short and long term impacts are considered as well as the obvious and less obvious impacts**
 - **Ethical use of evidence – a wide variety and the best available qualitative and quantitative evidence must be identified and used.**

HIA: Why Undertake?

- HIA should provide explicit and balanced consideration of the human health impacts of policies, programmes and development.
- The costs of failure to protect and promote health fall on governments, the community in general and individual members of the public.
- The costs are unlikely to be borne by the proponent.
- HIA ensures a more equitable burden of these costs.
- The process should alert decision makers to potential health impacts that could be reduced.
- Potentially the direction of decisions can be influenced before it is too late in the decision making process.

HIA: Community Consultation

- Community consultation is a very important component
- Mechanisms should be developed to ensure the public gains relevant information as well as opportunities to express their concerns and provide local knowledge
- Ideally, consultation should occur at every stage.
- Public input is particularly important to the scoping of the proposal
- Key community issues that have the potential to impact on health should be included in the scope

HIA: the Health Determinants

- Health is more than the absence of illness or disease; it includes the physical, mental, social and spiritual well-being of people.
- Health is affected by social, economic and environmental factors as well as individual behaviours and heredity.

HIA: the Health Determinants

- **Individual/family**
 - Biological factors
 - Lifestyle
 - Personal circumstances
- **Environment**
 - Physical
 - Social
 - Economic/financial
- **Institutional/Access**
 - Health and other services
 - Economic conditions
 - Public policy

HIA: Key Principles

- The potential for health impacts should be considered as early as possible in the process
- Ideally health impacts should be determined at the development and assessment of alternatives stage.
- The health impacts should consider not just the exposure to a single generation but the potential exposure to future generations
- The assessment of health impacts should address the sources of the impacts rather than adverse outcomes

HIA: Key Principles

- Qualitative information should also be used as well as quantitative risk assessments
- Proponents should be able to adapt management and monitoring activities to new information and changing environmental conditions
- A precautionary approach is essential to the determination of health risks
- There should be strong collaboration among all decision making bodies.



WHO Basic Principles for EHIA (1987)

- One of the fundamental considerations in the *approval of projects, policies and plans* should be the *health of communities affected by them*.
- Greater consideration should be given to the consequences of development policies and programs for human health.

WHO Principles continued..

- **Environmental Impact Assessment should provide the best available factual information on the consequences for health of projects, policies and plans.**
- **Information on health impacts should be available to the public**



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Screening questions for health impact assessment

Last modified date: 15 June 2007

The health and well-being screening questions help you consider both the wider determinants of health such as education, housing, employment, environment, crime and transport as well as the possible impacts on people's life styles and the effect there may be on health and care services.

Any proposal may have an impact on health or health inequalities.

These impacts should be considered as one of the specific impact tests in the impact assessment (IA) for each option so that health is designed into national policy.

The questions will help you determine whether there are significant impacts on health and well-being. You will need to record whether there is a health impact in the specific impact test checklist and reference the paragraph in the Evidence Base section of the IA or state if it is in an annex.

The definition of 'significant' is that it refers to the whole population, a major sub group of the population or the degree of severity of the impact.

IAs must assess all of the potential impacts of a policy proposal, particularly their costs and benefits. Some of these, such as education, employment, environment, crime and transport, will also affect health. Where a policy or regulation would affect these wider determinants of health, they should be taken into account in considering health impacts. You will need to consider how the proposal could be re-focused to have a positive impact. For more background information on the assessment of policy impacts on health see the links below.

Some of the health impacts may have already been covered in other specific impact tests and can contribute to the answers to question 1. For example the Environment checklist covers waste, water and noise, Rural Proofing includes access, travel costs, employment and recreation, Sustainable Development relates to transport, housing education and social inclusion, and Equalities Impact Assessment picks up impacts on some of the vulnerable groups,

- ### Additional links
- ▶ [Public health excellence at NICE \(opens new window\)](#)
 - ▶ [Health Impact Assessment Gateway \(opens new window\)](#)

1. Will your policy have a significant impact on human health by virtue of its effects on the following wider determinants of health?

- Income
- Crime
- Environment
- Transport
- Housing
- Education
- Employment
- Agriculture
- Social cohesion

Consider the **potential** to have a health impact.

2. Will there be a significant impact on any of the following lifestyle related variables?

- Physical activity
- Diet
- Smoking, drugs, or alcohol use
- Sexual behaviour
- Accidents and stress at home or work

Consider risk factors that influence the probability of an individual becoming more or less healthy.

3. Is there likely to be a significant demand on any of the following health and social care services?

- Primary care
- Community services
- Hospital care
- Need for medicines
- Accident or emergency attendances
- Social services
- Health protection and preparedness response

Consider the likely contacts with health and social service provision.

If the answer to two or more of these questions is YES:

You will need to carry out a full health impact assessment. Guidance on how to do this is in the health impact assessment questions and guidance:

- ▶ Health Impact Assessment questions and guidance for impact assessment
- ▶ Preliminary considerations
- ▶ Answering the questions
- ▶ How to record the outcome of your assessment in the IA
- ▶ Further help
- ▶ Feedback on health assessment

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Preliminary considerations

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It is important that, when assessing the potential health impacts of a policy, you take into account not just the direct determinants of health, but the wider determinants too. These include factors such as:

- poverty, unemployment, poor housing, crime, low educational attainment, social exclusion;
- agricultural and transport policies, and environmental issues, such as air pollution; and
- sustainable development issues in terms of health

In addition, you need to consider the impact on the health of the population as a whole, any disproportionate impact on particular groups and what can be done to ensure inequalities are not widened.

Information from other specific impact tests may inform the HIA, particularly those on sustainable development, environment and equalities.

There may not always be an obvious connection between the policy and health, so a broad approach to health and well-being will need to be taken. For example:

- policies promoting social integration might promote mental health
- policies aimed at young people might impact on risk-taking behaviour
- policies that generate traffic, waste or out of town centres may increase pollution
- air transport changes, or location of mobile telephone masts are causes of public concern about health
- improving facilities for pedestrians and cyclists would promote exercise and health.

This guidance is to help you assess the potential health impacts of your policy proposal and the options considered, once you have established that there might be significant impacts. It applies to Government policy including regulatory bodies.

The definition of significant impact is that it refers to the whole population, a major sub-group of the population or the degree of severity of the impact.

HIA: What is it?

The World Health Organization (WHO) defines Health Impact Assessment as:

“a combination of procedures or methods by which a policy, programme or project may be judged as to the effects it may have on the health of a population.”

Health impact assessment is a multidisciplinary process within which a range of evidence about the health effects of a proposal is considered in a structured framework. It takes into account the opinions and expectations of those who may be affected by a proposed policy. Potential health impacts of a proposal are analysed and used to influence the decision-making process. A health impact assessment is based on a broad model of health, which proposes that economic, political, social, psychological, and environmental factors determine population health.



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North Yorkshire Public Health Laboratory 2004

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- Borrower required to show project complies with host country laws and WB and IFC guidelines
- For projects in emerging markets also need to take into account IFC safeguard policies - guidance on issues - natural habitats, indigenous peoples, involuntary resettlement, safety of dams, forestry and cultural property.
- Covers all industry sectors
- Not retrospective but covers upgrades or expansion of existing facilities
- Applies to OECD, OECD not designated High-Income and non-OECD countries

A recent example of HIA using IFC guidelines Nam Theun 2 Lao PDR

objectives

- to establish the baseline of existing health conditions in a project area;
- to evaluate the potential health impacts on individuals, populations and communities influenced by a project, programme or policy;
- to employ qualitative, semi-quantitative or fully quantitative data for assessment of health impacts, where impacts can be neutral, positive or negative;
- to provide a formal mechanism that involves and engages the relevant stakeholders to ensure appropriate discussions directed towards the prevention and mitigation of negative effects on health; and
- to provide a basis, if necessary, for developing formal mitigation action plans.



Clearly, there is overlap and redundancy across these three filters. In order to minimize redundancy, while capitalizing on the fact that many of the specific disease agents can be easily classified under broader headings (e.g. respiratory, vector-borne, etc.), the HIA has expanded and modified the World Bank environmental health approach by both increasing and broadening the linkage between sectors and broadly defined environmental health. The result of this effort was the creation of nine named environmental health areas:

1. Respiratory diseases, including but not exclusive to ARIs (bacterial and viral), pneumonias and TB.
2. Vector-related: including, but not exclusive to malaria, dengue, JE.
3. STIs: including, but not exclusive to HIV/AIDS, genital ulcer disease, syphilis, gonorrhoea, Chlamydia, hepatitis B.
4. Soil- and water-borne: including, but not exclusive to STHs, leptospirosis, schistosomiasis, meliodosis and cholera.
5. Food and nutrition: including, but not exclusive to stunting, wasting, micronutrient deficiencies, changes in agricultural practices, gastroenteritis (bacterial and viral); opisthorchis infection.
6. Accidents and injuries: including, but not exclusive to traffic and road related, construction (home and project related) and drowning.
7. Exposure to potentially hazardous materials: including, but not exclusive to insecticides/pesticides, inorganic and organic fertilizers, road dusts, air pollution (indoor and outdoor, related to cooking, traffic, or other forms of combustion/incineration), landfill refuse or incineration ash, any other Project-related solvents, paints, oils or cleaning agents, etc.
8. Psychosocial: including, but not exclusive to violence, security concerns, substance abuse (i.e. drug, alcohol, smoking), depression and communal social cohesion.
9. Cultural health practices: use of traditional medicine providers, indigenous drugs and behavioral practices, e.g. post-partum “lying by the fire (*yuu fai*)”.

An overall health impact assessment table (HIAT) for each of the 8 defined potential impact area of concern (PIA) has been constructed. These PIAs specific tables show the nine environmental health areas on the Y-axis with project timing (construction and operation), population age groups affected, and impact levels on the X-axis.





DBL - Centre for Health Research and Development

Department of Veterinary Pathobiology - Faculty of Life Sciences

[Staff](#)[Advisory Committee](#)[Strategy](#)[Funding](#)[History](#)[Organization](#)

ABOUT DBL

DBL's vision is:

A world of equitable health and sustainable development

DBL's mission is:

to contribute to improved public health conditions for people in the South through research, research-based capacity building and knowledge management in close partnership with research and health institutions in the South and in the North.

DBL's general objective is:

To strengthen DBL's engagement in generating and managing health knowledge and in providing demand-driven support and facilitation for knowledge utilization in the South.

DBL works primarily in Danida programme countries with health sector support programmes or with sector programmes with relevance for health (e.g. environment, education, agriculture, water resources).

Helle Lohmann Schøler, hisc@life.ku.dk - last update: 8 July 2008

Overview of HIA

- The HIAs could have genesis in the inquiry into the sanitary conditions of the labouring population of Great Britain in 1842 (Chadwick - for economic reasons)
- Report on a general plan for the promotion of public and personal health by Shattuck in the US in 1850
- Physical environment
- Socio - economic environment (in this case poverty and excessive workloads)
- As determinants of mortality, morbidity and well being

HIA related Initiatives



- Declaration of the Alma-Ata conference on primary health care USSR 1978 WHO
- Ottawa Charter for health Promotion 1986 WHO
- EHIA Principles WHO 1987
- Jakarta declaration on leading Health Promotion into 21 century 1997 WHO
- HIA Main Concepts and suggested approach Gothenberg Consensus Paper 1999
- HIA WHO 1994
- Bangkok Charter for Health Promotion in a Globalised World 2005
- European Charter for Environmental Health
- Regional Charter for Health and Environment Bangkok 2007



HIA in the USA

- Interest in HIA slow to develop due to more individualistic approach to health promotion?
- Interest is growing due to
 - importance of health and its determinants is of increasing public concern
 - recognition of the influence of other government sectors on public health and recognition of limitations of traditional methods of health promotion
 - interest in using research evidence on the assessment of policy decisions
 - realisation from other sectors that HIA can be used to support proposals
- Generally HIA is to bring health issues into consideration in decision making in other sectors including policies

Value of HIA seen as



- Brings health to the agenda when considering specific proposals
- Provides an explicit method of evaluating potential positive and negative
- Can provide a reasonable projection of potential health effects over time

- Increase decision makers and stakeholders awareness of health issues
- Help to build working relationships across sectors



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HIA and EIA

- Much written about problems with EIA
- EIA coordinated by different lead agencies
- Health impacts not given much attention except in California but limited to cancer from chemicals
- Highly prescribed so only covers specifically mandated issues
- Only covers projects
- HIA requires broad, flexible and open ended approach so inconsistent with EIA

EHIA/HIA Guidelines - developed countries

- Australia 1994
- New Zealand 1995
- Philippines 1997 - newly developed!
- Sweden 1998
- Merseyside 1998
- Canada 1999
- Wales 1999

Other issues

- Few HIAs
- Lack of practitioners
- Limited training UCLA, CDC
- Baseline data limitations

Table 1 Health impact assessment in the United States: completed and in-progress HIAs (as of September 9, 2006)^{1,2}

Title or topic	Location of the proposed policy or project	Organization(s) involved	Date	Key impacts and pathways
Los Angeles City Living Wage Ordinance (16)	Los Angeles, California	UCLA school of public health	2003 (published 2005)	Income Health insurance
After School Programs— Proposition 49 (74)	State of California	UCLA school of public health	2003	Education Crime
2002 Federal Farm Bill (74)	United States	UCLA school of public health	2004	Subsidies/nutrition Biofuels/air pollution
Sacramento Safe Routes to School (74)	Sacramento, California	UCLA school of public health and CDC, Project Move	2005	Physical activity Injury Air pollutant exposure Social capital
Buford Highway/NE Plaza (74)	Atlanta, Georgia	UCLA school of public health and CDC, Project Move	2005	Physical activity Injury
Injury liability protection for recreational physical activity (74)	State of California	UCLA school of public health	2005	Physical activity
State physical education policies	State of California	UCLA school of public health	In progress	Physical activity
Modification of a public market	Trenton, New Jersey	UCLA school of public health	In progress	Nutrition Physical activity Social capital Economic development
Health Benefits of a Local Living Wage Ordinance (9)	San Francisco, California	San Francisco department of public health/UC Berkeley occupational and environmental health	2001	Income
Eastern Neighborhood Community HIA—Development & Urban Planning (14)	San Francisco eastern neighborhoods	San Francisco department of public health/UC Berkeley occupational and environmental health	2006	Land-use policy Housing Transportation Employment
Oak to Ninth Avenue (73)	Oakland, California	UC Berkeley, environmental health studies/school of public health	2006	Pedestrian safety Parks Housing Air quality Noise
Affordable Housing and Child Health—rental voucher program (13)	State of Massachusetts	Child Health Impact Assessment Working Group	2005	Housing
Puyallup City Planning (71)	Tacoma/Pierce County, Washington	Tacoma-Pierce County of Public Health and Puyallup	In progress	Physical activity Injury Crime Economic development
Housing Redevelopment (15)	North Minneapolis, Minnesota	Minneapolis department of health and family support	In progress	Housing, built environment

(Continued)

HIA in Europe



- The 2007 EU Health Strategy includes “health in all policies” and states that HIA should be used to strengthen integration of health in all **policies** - no force of law.
- EIA and SEA are mandatory at member state level - **plans** and **programs**
- HIAs carried out separately from IIA not mandatory
- EC does not require HIAs for proposals or plans as for EIA and SEA
- IIA is a rigorous process applied to major initiatives with economic, social (health) and/or environmental impact
 - includes directives, proposed regulations, white papers, expenditure programs guidelines for international agreements
 - not included green papers, executive decisions and proposals from international obligations



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- IIA removes need for multiple assessments
- Covers a large range of issues so health can be overlooked - more focus on economics
- Shown that 50% of IIA did not mention health!!
- Health included under social not separate identity
- DG responsible has to identify health as an issue
- For inter-sectoral impacts the DG chairs representative committee
- European Council and Parliament receives report and can request revision but expertise lacking.

Member states

- Directive on EIA - focus on projects 1985 updated 1997
- Directive on SEA - broader plans, programs or policies 2001. Includes population human health but more on environmentally related health effects.
- WHO have recognised that health as part of SEAs can be effective as many environmental impacts also affect health eg provision for walking and cycling in city centres.
- In England DoH developing guidance on including health in SEAs

For the future should consider

- Legal obligation for HIA as for EIA and SEA
- A broader interpretation of health in SEA - include promotion, equity etc as well as protection
- HIA could be extended to improve and monitor self regulation. For example broadcasting advertisement restrictions should apply to non-broadcast media.
- Develop expertise and increase resources
- Improve transparency around IA
- In SEA a broad interpretation of health needs to be highlighted
- Alliances to be formed to press to have HIA on all policies

Impact assessment at EC and State Levels

	Required for	Looks at
At European Commission level		
Impact assessment (IA) <i>See section 3.</i>	<ul style="list-style-type: none"> – Items on the Commission’s Work Programme: directives or proposed regulations, White Papers, expenditure programmes, and negotiating guidelines for international agreements. – NOT required for Green Papers, executive decisions, periodic Commission decisions and reports, and proposals stemming from international obligations. 	<ul style="list-style-type: none"> – Economic, social, environmental impacts – Social impacts include a range of public health and safety issues, including population health, the socio-economic environment, and effects on lifestyle-related determinants of health. – Environmental impacts include effects of air pollution on human health.
At Member State level		
Environmental impact assessment (EIA) <i>See section 4.</i>	<ul style="list-style-type: none"> – Public and private projects in Member States which are likely to have significant effects on the environment. – Certain projects must be subject to EIA, such as crude-oil refineries, power stations, waste water treatment plants. – Other projects are subject to EIA if they meet certain criteria that show they will have a significant effect on the environment (ie, their nature, size or location). – For a full list of projects see Annex I and II of Directive 97/11/EC. 	Looks at the project’s direct and indirect effects on: <ul style="list-style-type: none"> – human beings, fauna and flora – soil, water, air, climate and the landscape – the inter-action between the factors mentioned in the first and second indents – material assets and the cultural heritage.
Strategic environmental assessment (SEA) <i>See section 4.</i>	<ul style="list-style-type: none"> – Broader plans, programmes or policies in Member States prepared for agriculture, forestry, fisheries, energy, industry, transport, waste management, water management, telecommunications, tourism, town and country planning or land use. 	Looks at the likely significant effects on the environment, including on issues such as biodiversity, population, human health, fauna, flora, soil, water, air, climatic factors, material assets, cultural heritage including architectural and archaeological heritage, landscape and the interrelationship between the above factors.

Table 11.1 Health impact assessments as reported in the fact sheets^a

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005 ^b	On- going	Yr n/a	Total
Austria						2							3		5
Belgium								1			1	1			3
Denmark									1	1					2
England					1		3	7	5	4	4	1		3	28
Finland		1		2	2	2	5	3	3	11	5				34
Germany		1		2						1	2	1			7
Hungary															0
Ireland											3				3
Italy										2	2				4
Lithuania											1				1
Malta												1			1
Netherlands			2	4	3	6	1	1	1						18
N. Ireland									2		3				5
Poland						1									1
Portugal															0
Slovakia									1						1
Slovenia	2			1	1					1	1				6
Spain								1		5		1			7
Sweden										1	4				5
Switzerland												1		2	3
Wales				1		2	5	4	3	3	6				24
Total	2	2	2	10	7	13	14	17	16	29	32	6	3	5	158

^a Only HIAs reported in the fact sheets corresponding to the study were recorded in the table.

^b The mapping exercise was completed in 2005. All HIAs completed by this time were included in 2005 and those still in progress were included under "ongoing".

Table 1 Selected examples of how HIA has been applied in EU member states

Country	Administrative level at which HIA conducted (national, regional, local)	Policy sectors to which HIA has been applied
Netherlands	Health impact screening of national policy ³¹	Housing policy, ³⁷ employment, ³⁸ environmental energy tax, ³¹ national budget ³⁹
England	National	Burglary reduction initiative, ⁴⁰ national alcohol strategy ⁴¹
	Regional	London Mayoral strategies including transport, waste disposal, economic development ^{42, 43}
Wales	Local	Regeneration projects, ⁴⁴ farmers markets
	National ⁴²	Home energy efficiency scheme, Objective 1 programme, ⁴⁵ tourism (national botanical garden) ⁴⁶
Sweden	Local	Power station development, landfill sites, housing renewal scheme
	National Local county council level ⁴⁷	Agriculture, ³⁷ alcohol policy Various

Sources: Welsh Assembly government (2003), Health Development Agency HIA gateway web site (<http://www.hiagateway.org.uk/>).



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Table 2 HIA projects and development activity in new member states

Country	HIA guidelines and/or training	HIA projects	Administrative level at which HIA conducted (national, regional, local)
Czech Republic	Health risk assessment (National Institute of Public Health, Prague) Health Impact Assessment in the Hygiene Service ⁴⁸	Development regional plan— strategic health plan (planned)	Regional
Estonia	Guidelines for health impact assessment of municipality policies (Estonian Centre for Health Promotion 2002)	Pilot project: health impact assessment in Rapla municipality (in progress)	Local
Hungary	National HIA Workshop (December 2003)	Part of ongoing EU and WHO co-funded project mapping the use and context of HIA ⁴⁹	National
Lithuania		Annual report of the National health Council health policy assessment (1998, 1999, 2000) Toxic substances health impact assessment (2003 planned) Environmental health impact assessment of waste management system, Siauliai region	National
Malta		Development of HIA strategies Consideration of health issues in EIA for abattoir waste incinerator (preliminary HIA)	Regional Local
Poland	Technical assistance by the EU to strengthen environmental health impact assessment to assist compliance with the EIA directive (personal communication)	Part of ongoing EU and WHO co-funded project mapping the use and context of HIA ⁴⁹	National
Slovakia	Health impact assessment in the hygiene service HIA workshop for nine central and eastern European countries (2002, 2003) ²⁰	Part of ongoing EU and WHO co-funded project mapping the use and context of HIA ⁴⁹ -WHO healthy cities network PHASE project are developing: a HIA Toolkit; a HIA training module; a resource pack to support planning for health and sustainable development. Together with the Slovak and Italian healthy cities network they are piloting the draft HIA toolkit in 2004 in Trnava (Slovakia) and Bologna (Italy) ⁵⁰	Local and national
Slovenia	Two day HIA training course run at National Institute of Public Health (2002) ²⁸	Part of ongoing EU and WHO co-funded project mapping the use and context of HIA ⁴⁹	National

Source: Welsh Assembly government,⁸ Lock *et al* (2003),²⁰ Matthias Wismar,⁴⁹ den Broeder.²⁴

Commission on Social Determinants of Health - WHO



Established 2005 with 20 commissioners.
Task is to identify and support the application of interventions that will improve the social conditions that determine health

- Review evidence on health equalities and knowledge on best interventions
- Advocate for use of evidence by decision makers
- Work with national authorities to support policies and programs
- Support the authorities to use leadership and take forward global action



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- EP use a screening process based on IFCs process and are classified as A, B or C (high, medium or low risk). Categories:
 - A - potential significant social or environmental impacts that are diverse, irreversible or unprecedented
 - B - potential limited adverse impacts that are few, generally site specific, largely reversible and readily addressed by mitigation
 - C - minimal or no impacts
- Borrower completes an Environmental Assessment - environmental and social issues identified in categorisation process
- After consultation with stakeholders A and B projects to prepare Environmental Management Plans.

Performance Standards

- Social & Environmental Assessment & Management System
- Labour and Working Conditions
- Pollution Prevention and Abatement
- Community Health, Safety and Security
- Land Acquisition and Involuntary Resettlement
- Biodiversity Conservation and Sustainable Natural Resource Management
- Indigenous Peoples
- Cultural Heritage

The IFC has developed a set of Guidance Notes to accompany each Performance Standard.

Introduction

1. Performance Standard 1 underscores the importance of managing social and environmental performance throughout the life of a project (any business activity that is subject to assessment and management). An effective social and environmental management system is a dynamic, continuous process initiated by management and involving communication between the client, its workers, and the local communities directly affected by the project (the affected communities). Drawing on the elements of the established business management process of “plan, implement, check, and act,” the system entails the thorough assessment of potential social and environmental impacts and risks from the early stages of project development, and provides order and consistency for mitigating and managing these on an ongoing basis. A good management system appropriate to the size and nature of a project promotes sound and sustainable social and environmental performance, and can lead to improved financial, social and environmental project outcomes.

Objectives

- To identify and assess social and environment impacts, both adverse and beneficial, in the project’s area of influence
- To avoid, or where avoidance is not possible, minimize, mitigate, or compensate for adverse impacts on workers, affected communities, and the environment
- To ensure that affected communities are appropriately engaged on issues that could potentially affect them
- To promote improved social and environment performance of companies through the effective use of management systems

Introduction

1. Performance Standard 4 recognizes that project activities, equipment, and infrastructure often bring benefits to communities including employment, services, and opportunities for economic development. However, projects can also increase the potential for community exposure to risks and impacts arising from equipment accidents, structural failures, and releases of hazardous materials. Communities may also be affected by impacts on their natural resources, exposure to diseases, and the use of security personnel. While acknowledging the public authorities' role in promoting the health, safety and security of the public, this Performance Standard addresses the client's responsibility to avoid or minimize the risks and impacts to community health, safety and security that may arise from project activities. The level of risks and impacts described in this Performance Standard may be greater in projects located in conflict and post-conflict areas.

Objectives

- To avoid or minimize risks to and impacts on the health and safety of the local community during the project life cycle from both routine and non-routine circumstances
- To ensure that the safeguarding of personnel and property is carried out in a legitimate manner that avoids or minimizes risks to the community's safety and security



Action Plans



- For Category A and B an Action Plan to be prepared
- Can range from brief description routine mitigation measures to a series of documents - resettlement, indigenous peoples, emergency preparedness, decommissioning etc
- To be consistent with Performance Standard 1 Social and Environmental Management System incorporates
 - Social and Environmental Assessment
 - Management Program
 - Organisational Capacity
 - Training
 - Community Engagement
 - Monitoring
 - Reporting



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Problems with IA in Europe

- The rigorous IIA often overlook health impacts as not fully considered for policies outside the health sector
- Each DG decides if an IIA is needed and how to frame the process. Other DGs can object but a very sensitive matter.
- Lack of capacity to do IA and review IA. DGs can ask for assistance from other DGs but capacity limited.
- Problems framed and analysed according to perspective of DG carrying out assessment.
- Risk of environmental and health concerns not really considered for economic objectives are strong.

Application of EP

- The NGOs also claimed that EP banks formed lobby group to block pro poor reforms at World Bank
- EPs specifically address many negative repercussions eg involuntary resettlement
- However the NGOs have called for six commitments to sustainability, in the areas of:
 - do no harm,
 - responsibility,
 - accountability,
 - transparency,
 - sustainable markets
 - governance
- Also that the sector to be brought up to best practice requirements, not least common denominator

Commission on Social Determinants of Health - WHO

Recent report - Closing the gap in a generation

Recommendations

- **Improve daily living conditions** - the circumstances in which people are born, grow, live work and age
- **Tackle the Inequitable Distribution of Power, Money and Resources** - the structural drivers of conditions of daily life global, national and local
- **Measure and Understand the Problem and Assess the Impact of Action** - expand knowledge base, develop workforce trained in SDH, raise public awareness about SDH

Improve daily living conditions

- Improve the well-being of girls and women
 - Emphasise early childhood development for girls and boys
 - Improve living and working conditions
 - Create social protection policy
 - Create conditions for flourishing older life
-
- Policies will involve civil society, governments and global institutions

Evidence base for social determinants

Problems

- lack of precision in specifying causal pathways
- merging the causes of health improvement with causes of health inequalities
- lack of clarity about health gradients
- inadequacies in descriptions of social differences in populations
- impact of context on gathering and interpreting evidence
- getting knowledge into action

Tackle the Inequitable Distribution of Power, Money and Resources

- Address inequities between men and women - the way society is organised
- Requires strong public sector - committed, capable and financed
- Requires strengthened governance - legitimacy, space, and support for civil society
- Requires an accountable private sector
- Requires people to agree public interests and reinvest in value of collective action
- Requires governance dedicated to equity from community to global institutions

Measure and Understand the Problem and Assess the Impact of Action

- Ensure health inequity is acknowledged and measured
- Need for nations and international organisations to set up national and global equity surveillance systems - health inequity and SDH
- Requires evaluation of health inequity impact of policy and action
- Requires organisational space and capacity to act on health inequity
- Requires investment in training policy makers and health practitioners
- Requires public understanding of SDH
- Requires stronger focus on social determinants in public health research



The HIA Gateway

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e-learning course: Health Impact Assessment in Practice

NHS Health Scotland Health Impact in Practice – e learning course

An excellent short introduction to HIA has been made available as an interactive e-learning course by NHS Health Scotland. It is available to all as an open access course.

The course contains six modules, each of which takes up to 2 hours to complete. It includes three case studies, and there is a downloadable workbook for you to record your findings as you work through these.

To find the course go to <http://elearning.healthscotland.com>
You do not need to register but can click on 'login as guest' to access the course. Go to 'Courses and Resources' then click on Health Impact Assessment in Practice (Under Health Inequalities).

You may need to change certain settings on your browser since the course requires your browser to accept certain ActiveX controls and allow pop-ups in order to run. The site may ask you to run a compatibility test to ensure that your computer has the appropriate software to run the course. Notes on the site will explain how to do this and then you should be able to follow the course.



HIA In WA

- **There is potential for HIA through direct application to:**
 - **Government policy**
 - **Complex and strategic development projects**
 - **State, regional and local planning**
 - **Local Government decision making**

HIA: Implementation

- **Extensive consultation with government stakeholders**
- **Awareness raising and provision of information to other stakeholders.**
- **Development of Discussion Paper**

HIA and EPs

- Subsequently, consultants commissioned by IFC to write HIA framework for major resource developments
- International HIA group considering global application of framework
- Potential for application in WA in north west.
- Consideration will be given to its applicability on other projects in WA