



# Institutionalising health impact assessment in East and Southern Africa

East and southern African (ESA) countries have achieved many gains in health, but also face many health challenges, including from commercial risks and the challenges of climate change. Poverty and inequality continues to affect opportunities to lead healthy lives. This context, the region's policy commitment to primary health care and the need for action by many sectors to address the drivers of ill health calls for authorities, approaches and tools that more firmly lever evidence, and multi-sectoral action to protect and improve health. In the same way as environmental impact assessment was institutionalized in the ESA region to play a role in protecting ecosystems, health impact assessment similarly needs to be institutionalized to embed evidence and health-promoting changes in wider activities, systems and policies that raise health risks. Policy leaders in Africa recognized this in the WHO AFRO Regional Multi-sectoral Strategy to promote health and well-being, 2023–2030, with a target by 2030 to have institutionalized and integrated health impact assessment (HIA)<sup>1</sup>.

## What is health impact assessment (HIA)?

HIA is a structured process that informs decision makers about the potential effects of a project, programme, economic activity or policy on the health and well-being of populations, to make recommendations to improve it. HIA can be carried out separately, or alongside Environmental Impact Assessment (EIA).

HIA includes a set of procedures, methods, and tools that assess the potential direct and indirect health effects of a policy, plan, programme, economic activity or project. HIA assesses the distribution of those effects within the population, whether intended or unintended, and identifies appropriate actions to manage those effects.<sup>2</sup> As defined by WHO, health refers to physical, social, mental, and spiritual well-being, and not merely the absence of disease. It thus relates to multiple sectors that impact on wellbeing, and not just health services. HIA thus provides an important tool to identify where changes to design or operation of an economic activity, policy, or programme will provide health benefits and mitigate health risks.

HIA should desirably take place when an intervention is designed or proposed to provide recommend improvements for early adoption. Proactive impact assessment is recognised in EIAs, which have been almost universally implemented in ESA. However, EIAs do not apply public health principles nor address health impacts beyond those related to environments, such as from commercial activities that cause chronic conditions. While HIA is increasingly recognised and implemented internationally, it is not yet widely applied in the region, except in a more limited way as part of EIAs. HIA thus needs its own institutional mandate, duties and analytic framework that reflect public health rights, principles, authorities and goals.



HIA role in population health impacts of large mining projects (top) to issues such as tenders on managing urban dumpsites (bottom).<sup>3</sup>



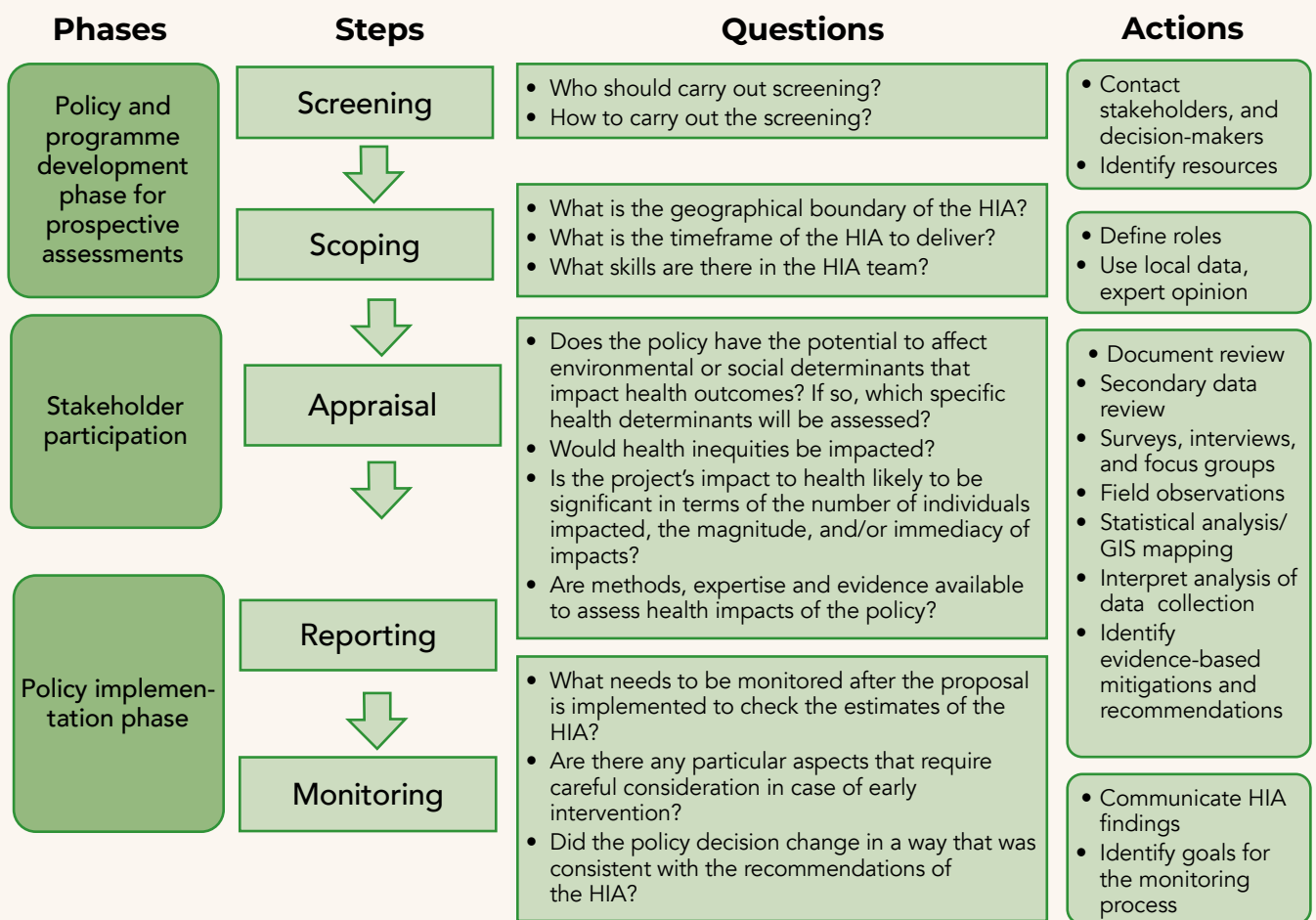
1 WHO AFRO (2023e) [Regional Multisectoral Strategy to Promote Health and Well-Being, 2023–2030 in the WHO African Region](#) AFR/RC73/10, Gaborone.

2 Asian Development Bank (ADB) (2018) *Health Impact Assessment: A Good Practice Sourcebook*, ADB,

3 Photos Top MoH Zambia 2018; Bottom FARM Madagascar 2024

There are a sequence of 5-6 steps in implementing an HIA, summarised in the figure below. While the names of these steps may vary slightly in different HIA tools, the steps are broadly similar.

Figure 1: Steps in HIA <sup>4</sup>



These steps involve the following:

- Screening** involves determining whether a HIA is feasible, timely, and would add value to the decision-making process, identifying also stakeholder interests and positions.
- Scoping** creates a plan and timeline for conducting a HIA that defines priority issues, affected population groups, research questions and methods, as well as participant roles and composition of a multi-stakeholder steering group.
- Appraisal** occurs in two steps:
  - Profiling and assessment**, and involves:
    - Creating an Existing Conditions Profile for a geographic area and/or population in order to understand baseline conditions and to be able to predict change.
    - Evaluating Potential Health Impacts, including the magnitude, direction, severity, likelihood, and significance of impacts, using quantitative and qualitative research methods and data.
  - Recommendations** are then developed to address the identified impacts to improve the project, plan, or policy and/or to mitigate any negative health impacts.
- Reporting** involves presenting and communicating the HIA to decision makers and to media and public, with reports including the proposal, policy context, methods, findings and recommendations.
- Monitoring** tracks the impacts of the HIA on decision-making, the implementation of the adopted recommendations and their health impacts, and further areas emerging that need response.

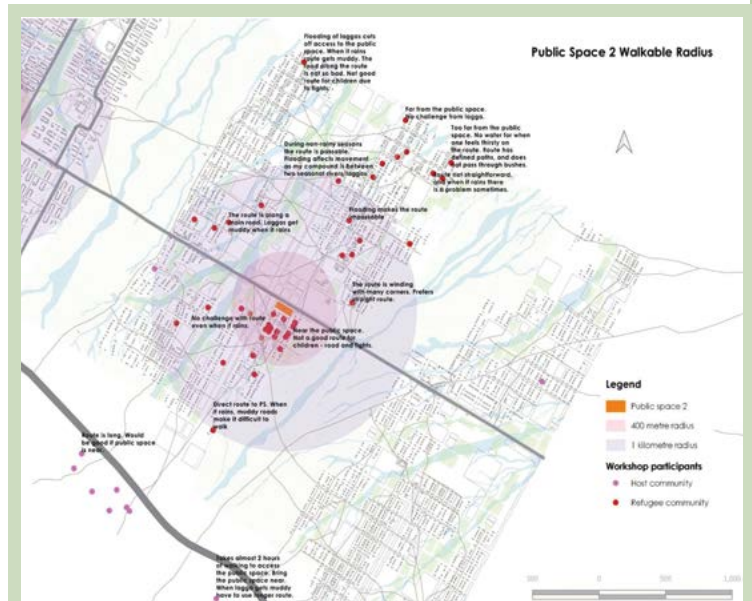
The HIA steps may be implemented in a desktop, rapid review, or in a more comprehensive process, demanding different levels of time and work. It should enable participation by key groups and affected communities, such as through their inclusion in a steering committee that reviews the methods and findings. It may take a few weeks to a few months, or longer. The HIA may be *prospective*, carried out before implementation to inform the design of a proposal. The HIA may, however, also be *concurrent*, done during the implementation of a proposal to inform changes, or *retrospective*, done after a proposal has been implemented, to inform learning and future plans.

<sup>4</sup> WHO (2023) [Health impact assessment \(HIA\) tools and methods](#), WHO, Geneva

# Why implement HIA?

As noted earlier, assessing the potential effect of policies, strategies, corporate and economic activities on health is a core capability that is needed to protect public health and address health equity. The introduction noted high levels of inequality in health that are driven by factors beyond the health sector. This calls for health to influence wider sectoral actions. HIA provides a systematic, evidence-based, collaborative tool for this, to recommend improvements in the design or operation of actions that can yield health, environment and economic benefit.

There are many other reasons for implementing HIA. It provides a means to 'health-proof' development planning. It thus optimises plans from a health lens at the onset, rather than coping with more costly and complex negative impacts after implementation. As noted earlier, this cannot be achieved by simply including a health person in EIAs, as EIAs do not focus on many social determinants of health, health priorities nor health actors' perspectives or public health principles.



Mapping population health impacts of urban industrial processes, KDI, 2024.

HIA works through collaborative teams and provides an organised framework and internationally recognised methods to integrate different skills, lenses, stakeholders and sources of evidence to inform 'Health in all policies' (HiAP) and 'One health' approaches. It improves policies/activities and their legitimacy. As a decision-making *support* tool, rather than as a *control* tool, it helps decision-makers gain a better grasp of public health knowledge. It is a governance tool that fosters interaction between public administration sectors and encourages work across siloes and boundaries. It supports horizontal management within government and transparency of decision-making.

The state in ESA countries is a duty bearer to protect the rights and the health of populations. Public health law requires all persons (including institutions and companies as legal persons) to prevent harms to health. Overlooking health impacts of socio-economic activities and systems that could be anticipated and addressed is unjust to populations affected and generates levels of ill health that are costly for the state and households. Ignoring these impacts could also be damaging to industry, and to their reputations. It raises a possibility of litigation on the health risks that have been overlooked and contestation on the enterprise's license to operate, with implications for investment. There are thus reasons to implement an HIA for people affected by health risks, for forward-looking enterprises, and for local and central government, as well as for those seeking to share knowledge on interventions to prevent health risks and promote health improvements.

## What can countries do?

While HIA is recognised in policy, most recently in the 2024 ECSA Regional Health Ministers conference resolutions, and there are many reasons to implement HIA, countries also face multiple competing priorities and pressures with limited resources. So what can countries do to expand practice in HIA?

Countries need to translate the regional strategy into national policy support, including in national health strategies and plans. Having an identified focal point/leadership within health ministries and a multi-actor national working group is important to support the implementation of HIA. There are available resources that can be used to inform guidance on HIA. Health sectors can link to and begin to implement HIA alongside or in co-operation with other sectors implementing impact assessments, including EIAs and economic impact assessments, such the economic impact assessments implemented by the African Development Bank, or as was implemented on oil extraction in Ghana<sup>5</sup>.

This calls for a wider level of institutional and professional capacities to implement HIA than currently exist in many ESA countries and key institutions. However, HIA capacities can easily be built amongst those with public health capacities, skills that are already widespread in most ESA countries. HIA can be integrated in existing training, including in-service training, within the state, academia and civil society. This can be facilitated if those teaching in public health schools, medical schools, technical colleges, universities and other institutions integrate HIA skill-building as part of the professional training.

5 Nyonator F, Clark E (2012) [Oil and gas development and health in Ghana](#), GHS,

There is a potential to expand online training on HIA in the ESA region, including to train trainers in key institutions. EQUINET has, for example, with the ECSA Health Community and international and regional resource people, successfully implemented an online course to build skills on HIA in 2024. Having a critical mass of people with capabilities to implement HIA will enable practice, as well as scientific and technical peer review of HIA findings and reports to strengthen their quality and validity. This would be further strengthened by regional exchange of experience and information.

Widening capacities also helps to identify the sectors where HIA needs to be more routinely implemented, due to the level of health risks or potential for improvement of health. In ESA countries, this may include mining, energy, service and infrastructure projects, amongst others.

A national legal framework helps to institutionalise HIA. There is a legal requirement for EIA in all ESA countries. There is a lot that can be done using general public health law. However, not having a specific law requiring HIA in ESA countries weakens the demand for HIA to be implemented in practice. While many public health laws in the region set a legal duty on everyone to avoid harm to health, few have specific laws for HIA.

In contrast, HIA is increasingly a legal requirement in many high and middle income countries globally, providing useful legal framing to draw from<sup>6</sup>. The 'Well-being of Future Generations (Wales) Act 2015', described by the United Nations as "world-leading", includes statutory HIAs, while Welsh public health law includes provisions shown in *Box 1* below. Some ESA countries have taken steps on this. South Africa, for example, explicitly includes HIA within its EIA law. Kenya proposed in 2017 the development of HIA Guidelines. Zimbabwe's Public Health Act CH15:18 2018 has explicit provisions for HIA, also shown in *Box 1* below.

### Box 1: Inclusion of HIA in law

The Public Health (Wales) Act 2017 in Sec 108 includes a requirement for regulations on carrying out HIAs by public bodies, stipulating the circumstances in which a public body must carry out a health impact assessment; the way in which it is to be carried out; the assistance by the Public Health Wales National Health Service Trust to another public body carrying out a health impact assessment; and representation of or consultation of those affected.<sup>7</sup>

Zimbabwe's Public Health Act 2018<sup>8</sup> provides in Section 32 Clause 2, under the duty to prevent harm to health, for the Minister of Health, by statutory instrument, to specify events, occurrences or things that constitute public health risks. It includes the measures for application of the duty to avoid harm; and the projects and activities which require a health impact assessment to be conducted prior to licensing or implementation; with the procedure for conducting the HIA, the contents of the HIA and the time frame for implementing remedies to harm to health.

## Where to find more information?

There are many resources on HIA that provide information on the methods, examples of HIA reports, and information on legal guidance. Some resources with their hyperlinks are shown in the footnotes in this brief. A sample of methods guidance documents with their hyperlinks are:

- a. Asian Development Bank (2018) [Health Impact Assessment: A Good Practice Sourcebook](#), ADB.
- b. Human Impact Partners (2011) [A Health Impact Assessment Toolkit](#), HIP, Oakland, CA.
- c. Mahoney M, Simpson S, Harris E, Aldrich R, Stewart Williams J. (2004) [Equity Focused Health Impact Assessment Framework](#), the Australasian Collaboration for Health Equity Impact Assessment.
- d. PAHO, WHO (2013) [Health Impact Assessment: Concepts and Guidelines for the Americas](#), PAHO.

EQUINET has a database of resources and training materials for online training on HIA and plans to run future online training. There are also people in the ESA region and resource people who have participated in / mentored HIA training who can share experience. Please contact [admin@equinetafrica.org](mailto:admin@equinetafrica.org) if you would like further information.

<sup>6</sup> Thondoo M, Gupta J (2020) Health impact assessment legislation in developing countries: A path to sustainable development? Review of European, Comparative & International Environmental Law DOI:10.1111/reel.12347.

<sup>7</sup> [Public Health \(Wales\) Act 2017, Sec 108 Requirement to carry out health impact assessments](#)

<sup>8</sup> Republic of Zimbabwe, [Public Health Act CH15:17, 2018](#),