# Report of the session on Measures to amplify the implementation of health impact assessment in East and Southern Africa

## World Congress on Public Health, Cape Town 6 September 2026

*How do we put public health at the heart of new laws, investments and economic decisions?*
*How do we protect equitable benefits for health in economic activities?*

#HIA #PublicHealth #OneHealth #HealthEquity

Convened by:
Dr Rene Loewenson, Training and Research Support Centre, Zimbabwe/ EQUINET East and Southern Africa
Dr Moeketsi Modisenyane, National Department of Health / University of Pretoria, South Africa
Dr Nosimilo Mlangeni, Health Research Support / Wits University, South Africa

# 1. Background

A neoliberal globalisation has amplified transnational commercial activity in East and Southern Africa (ESA) and weakened market regulation, such as in mining, infrastructures, energy, and manufacturing. While these activities potentially bring health benefit, they also bring significant population health harms that need to be controlled. Health impact assessment (HIA) provides an internationally recognised method to assess and manage health risks in commercial activities. Inequitably, it is scarcely applied in ESA, despite greater need. This workshop organised within the World Congress on Public Health, September 6-9 2026, in Cape Town international Convention Centre, South Africa presented evidence from convenor experience, desk review and government, professional and civil society structured dialogue during regional HIA training, to stimulate group discussion in the session on the barriers, enablers to, and measures to scale-up HIA in the region. It was one of a series of activities in the WCPH on health impacts of commercial activities and of a series of activities in ESA on approaches to and issues in amplifying implementation of HIA in east and southern Africa. Thanks to the convening and participant institutions and AEGT project and Medico for their support.

The session was attended by 36 participants from 11 countries in East and Southern Africa, Latin America, Asia and Europe (see *Appendix 1*). The programme, (shown in *Appendix 2*) proceeded with plenary and group presentations and discussions, on

Gp 1: Generating policy, sector and public awareness of the value of HIA.
Gp 2: Building multisectoral capacities and cross-sectoral interaction for HIA
Gp 3: Widening information on and use of HIA findings and law reforms to implement HIA,
The groups were facilitated by the convenors and rapporteured by identified participants- Gp 1: Jollen Zenbe, Dept Health South Africa; Gp 2: Nandi Makhaye, Wits University; and Gp 3: Rico Euripidou, Ground work – who reported on key issues from group discussions in plenary followed by closing inputs from session facilitators. The presentations and participant discussions identified options, steps, assets and resources to draw on to scale-up HIA in their own countries

This report summarises the information presented and discussed in the session.

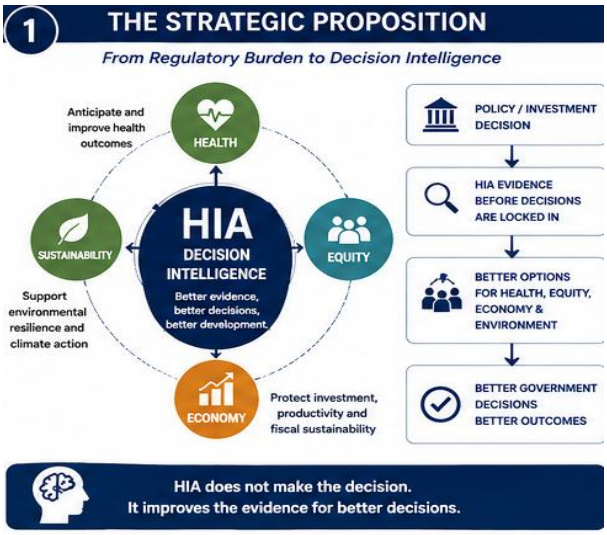
# 2. HIA in east and southern Africa

## 2.1 Overview

After welcoming participants, introducing convenors and outlining the session Rene Loewenson, TARSC/EQUINET presented an outline of progress and issues in taking forward HIA in East and Southern Africa. She noted HIA to be an internationally recognised tool that systematically assesses the potential health effects of a policy, programme, economic activity or project in terms of the direction, magnitude, severity, likelihood and significance of its impacts on SDH and population health and the groups affected to identify recommends actions to prevent and manage these impacts. HIA fosters collaboration across sectors and stakeholders in decision-making. She outlined the range of formal and informal policies, legal reforms and activities that have public health impacts and merit implementation of HIA, as a separate and concurrent activity with Environmental Impact Assessment (EIA). There is policy support for this in ESA, in the WHO AFRO Regional multi-sectoral strategy to promote health and well-being, 2023–2030; the 2024 ECSA Regional Health Ministers Conference Resolutions and to inform in health issues in economic diplomacy, such as the November 2025 G20 Johannesburg Summit proposals for a global framework for equitable benefit-sharing in critical mineral value chains, "integrating economic, social, and environmental dimensions". The latter is highly pertinent in the region where the health impacts of expanding critical mineral extraction are under-reported and poorly managed, especially in artisanal and small-scale mining.

Rene outlined the legal basis for HIA in selected countries in the region, noting however that these legal provisions are still inadequately operationalised. She outlined a theory of change that multi-stakeholder actors in the region have developed to widen the institutionalisation of HIA through building a critical mass of people able to implement HIA, legal provisions mandating it and widened implementation and reporting to show the value of HIA. Rene noted that 111 people have since 2024 been trained / are in training from regional, central and local government, technical and civil society in 11 countries through EQUINET with Australia, Brazil and ECSA HC online training, support by an HIA mailing list, short course modules and webinars. This work to date highlighted the importance of integrating a mentored HIA in training through multisectoral teams to provide a depth and cross sectoral breadth of skills. She outlined the range of countries - DRC, Kenya, Malawi, South Africa, Tanzania, Uganda, Zambia, Zimbabwe and Regional- and thematic areas where HIAs had been implemented in ESA, noting the role of local government in implementing recommended changes and of integration of HIA in planning, licensing and tender systems. While the region had developed Regional Guidance to support regulation, she noted the need for a public sector and cross sectoral road map to support implementation. The presentation raised issues of amplifying demand for and awareness of the value of HIA, of cross sectoral dialogue and implementation capacities and of legal and policy mandates for HIA to introduce the areas for further input and discussion taken forward in the three groups.

## 2.2 Raising policy and public awareness of HIA as a strategic governance tool




**In Group 1**, Moeketsi Modisenyane, DoH and University of Pretoria reframed health as an economic and social investment and HIA as a governance instrument that improves the quality of major policy and investment decisions to widen policy and public understanding and uptake, and position it upstream in supporting improved planning, investment appraisal and regulatory decision-making. Existing impact assessments often capture environmental and occupational risks without fully examining population health and equity and HIA broadens the lens to distributional effects: who benefits, who bears risk, and where impacts are concentrated. He noted that the focus should move beyond awareness of HIA to *demand* for HIA, with who needs to make that demand, why they would value it, and when demand should be activated in decision-making processes.

Moeketsi noted that for finance and planning, HIA can be framed as upstream fiscal-risk and investment-risk management, where unanticipated illness, injury, environmental exposure and displacement can translate into productivity losses and additional public expenditure, costs that HIA can identify and recommend action on to strengthen social licence, implementation certainty and the long-term resilience of investments. Learning from the HIA4SD project that explicitly examined how natural resource extraction could be aligned with health and sustainable development across Burkina Faso, Ghana, Mozambique, and Tanzania he observed that HIA can function as a development-governance tool—not simply a health-sector exercise. Moving forward called for leadership, mandates and strategic positioning at Cabinet, ministerial and regional levels; integration of HIA into planning, licensing, budgeting, investment appraisal and regulatory processes; multidisciplinary capability among public health, EIA, planning, economics and legal professionals, and strengthened participation, transparency and accountability so communities can understand and act on health impacts. Observing this he raised questions for discussion on how to raise political demand for HIA – in which actors, sectors, with what value propositions and what key entry points.

Moeketsi Modisenyane presenting to group 1

Group 1 participants in discussion

**In the discussion**, the group raised as entry points for amplifying HIA identifying the different forms of impact assessment underway and the added contribution of HIA to integrate or carry out concurrent HIA with these processes. Countries could identify specific entry points and triggers for HIA within policy development, planning, investment appraisal, budgeting, licensing and regulatory processes. Widening policy, public and sectoral awareness and demand was seen to call for communication on and from HIA in more accessible language and forms to reach and obtain buy in from these actors. In particular the group noted the key role of raising awareness in and demand for HIA from communities to support their engagement with local political and policy actors and parliamentarians as a key process to raise attention at national level. Communities should be recognised not only as stakeholders requiring information, but as sources of evidence, generators of demand and actors in accountability for health impacts and prevention/ mitigation commitments. The strategic shift is thus beyond raising awareness to creating sustained demand for HIA by diverse stakeholders at the points where decisions on laws, investments, development and regulation are made.

## 2.2 Building multisectoral capacities and cross-sectoral interaction for HIA

**In Group 2**, Nosimilo Mlangeni Health Research/ Wits University presented key points from experience of implementing HIA of a proposal for an Occupational Health and Safety (OHS) policy for agricultural workers in South Africa to raise issues in building multisectoral capacities and cross-sectoral interaction for HIA. She noted that inclusion of stakeholder analysis in the HIA of the OHS proposal in South Africa showed their influence and impact as part of the HIA, while a causal pathway implemented for the HIA showed clearly the social determinants of health and pathways from multiple sectors to the health impacts. Both processes in HIA profile the key role of multiple sectors and actors.

Nosimilo Mlangeni presenting to group 2

The recommendations from the HIA on the OHS policy were thus directed at multiple sectors, such as on providing OHS services to where farmworkers work live as a role of labour, health ministries and employers, providing access to housing of reasonable standards as a role of employers and the human settlement ministry and providing for child nutrition through garden spaces where workers can produce their own food as roles of employers, workers and their families. This example showed the key role of multiple sectors and actors in HIA, but also that HIA can foster collaboration across sectors and stakeholders in decision-making. She asked the group for their ideas and experiences on strengthening cross-sectoral planning and implementation of HIA, and ensuring the capacities to meet the demand for HIA.

**In the discussion**, on strengthening cross-sectoral planning and implementation of HIA, the group noted the need for environmental health practitioners to be involved throughout HIA processes given their expertise in water, air quality, environmental risks and development activities. Participants proposed establishing multidisciplinary platforms for collaboration at national, provincial and district levels that coordinate HIA processes, and that communities should be recognised and included in planning and in teams implementing HIA processes as critical stakeholders given that they are directly affected by developments. They should receive appropriate education and information to understand and contribute to HIA and decisions. Participants recommended integrating HIA within development planning, with early risk assessment and profiling of areas to identify potential health impacts before projects proceed.

Group 2 participants in discussion

The group recognised that capacities are critical and need to be defined and assessed, not only in terms of people, but also financial resources, technical skills, research capacities, information and evidence for HIA. Adequate funding and resources call for assigning responsibility for funding HIA, with appropriate budgets made available for assessments, technical expertise and implementation of recommendations. Capacity-building should include practitioners, institutions, service providers and communities.

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## 2.3 Widening HIA information and use and law reforms to implement HIA

**In Group 3**, Rene Loewenson, TARSC/EQUINET presented the experience of Zimbabwe on how HIA was moved from law to practice. Zimbabwe's Public Health Act 2018 Sec 32 Clause 2 empowers the Minister of Health, by statutory instrument, and in liaison with the Minister for EIAs and others, to specify the projects and activities which require a HIA to be conducted prior to licensing or implementation; the procedure for conducting the HIA; the contents of a HIA report; and offences and penalties in relation to HIAs. This provided an important legal basis for institutionalising HIA in Zimbabwe. This basis was built on by training multi-actor Zimbabwean teams in regional online HIA training in 2024 to 2026, with a range of HIAs implemented on mining, ASM, infrastructures, new laws. Some of these HIAs were reported at a national stakeholder meeting in August 2025 on HIA. They demonstrated the value of HIA and it received support from by key government, technical, associations, education institutions and civil society, leading to setting up of a national Technical Working Group (TWG) on HIA under the health ministry, co-convened with the environment ministry and the cabinet office. The TWG Identified key steps to operationalise the law, including sectors for HIA and which should be prioritised (see adjacent); adopted 'Guidance on implementing and reporting an HIA' used in drafting regulations.

**Sectors identified for implementing HIA**

All sectors where EIA is required that have public health impacts

Other sectors with high levels of public health impact

Prioritised sectors for roll out

- Mining and Quarrying;
- Housing, new town and township developments;
- Waste treatment, management and Water Supply
- Cemetries

TWG members introduced modular training on HIA in the Masters in Public health course and held online awareness sessions. She asked participants if this experience triggered further experiences and suggestions from their own countries.


Group 3 participants in discussions

**In the discussion**, participants noted that two key constituencies need to be involved in implementation processes, communities to generate demand for HIA, and finance sectors to appreciate their cost benefit and provide public sector resources to implement HIA. Both would complement the sectoral and professional resources. Communities and professionals were seen to be important actors to profile health and social costs of economic activities. There is growing understanding of this that can provide leverage for the processes of setting and operationalising law and practice. Equally, evidence showing the cost benefit of prevention can enable finance ministries to understand the value of HIA. This poses HIA as both a tool for human rights and for improved economics, equity and inclusion. Participants suggested that what is assessed should include often ignored issues such as displacement, loss of commons, health impacts and access to resources, all of which are included in HIA methods, so that HIA can be seen as a tool for more comprehensive assessment. It was noted that this needs a common language for the diversity of those involved. Participants from the USA and Brazil noted the need to overcome rapidly changing political contexts and fragmentation of policy frameworks, so that it would be important to show and support the opportunity for multisectoral co-ordination that HIA provides, while building community understanding and demand to sustain the processes across different political periods.

## 3. Next steps from the session

Rapporteurs provided key points in plenary from the discussions in their groups (reported in Section 2). The group discussions in the session noted in summary:

a. The strategic role of HIA as a governance instrument that improves the quality of major policy and investment decisions as key for policy support, where discussions noted that need to make HIA and its value for this in more accessible communication and practical demonstration, including to communities and local political, policy and parliamentary actors who are key for raising demand for HIA at national level.
b. The key role of multiple actors and of establishing multisectoral platforms for co-ordination of HIA at district, provincial and national levels, and for this of professionals who address wider social determinants of health such as environmental health professionals, the importance of integrating HIA in development processes, planning and investments to identify and prevent risks and of raising the financial, technical, information capacities for HIA.
c. The opportunity of working in a national cross sectoral working group to set a road map to institutionalising HIA regulation, implementation, capacity building in prioritised key sectors; while involving communities in HIA planning and processes given their role in raising sustained demand for comprehensive profiling and prevention of health costs that directly affect them; and of engaging finance sectors to understand the cost benefit of preventing these harms.


Rene Loewenson in the plenary session

Rene Loewenson thanked participants and presenters for the range of options, steps, assets and resources to draw on to scale-up HIA in the region. She noted that this would feed into ongoing national and regional dialogue and practice underway on institutionalising and implementing HIA in ESA. She welcomed participants to join the online HIA mailing list, to read further resources on HIA on the EQUINET website and to join the regional online training, and welcomed links, exchanges and collaboration with those in other regions globally working on HIA. Moeketsi Modisenyane thanked participants for their contributions and closed the session- calling for the ideas raised to translate into action.

## Appendix 1: Participant list

| Name | Institution | Country |
|---|---|---|
| Rene Loewenson | Training and Research Support Centre / EQUINET | Zimbabwe/ East and Southern Africa |
| Moeketsi Modisenyane | National Department of Health / University of Pretoria | South Africa |
| Nosimilo Mlangeni | Health Research Support / Wits University | South Africa |
| Nicole Valentine | Social determinants of health equity (SDHE) World Health Organisation0 | Switzerland |
| Stuart Batterman | Environmental Health Sciences; Global Public Health, University of Michigan | USA |
| Rico Euripidou | Ground work | South Africa |
| Shweta Narayan | Global Climate and Health Alliance | India |
| Azeeza Rangunwala | Ground work | South Africa |
| Nandi Makhaye | Wits School of public health | South Africa |
| Peter Orris | University of Illinois | USA |
| Abigail Nanjui | United States International University | Kenya |
| Sakhile Venus Ndwandwe | United States International University | Kenya |
| Longhelihle Ndebele | United States International University | Kenya |
| Nongamo Koza | Atlantic Fellow | South Africa |
| Lebogang Kobola | Medicins Sans Frontiers | South Africa |
| Mapitsi Photo | Western Cape Health Department | South Africa |
| U Bulage | Uganda National Institute of public health | Uganda |
| Paula Martins | Federal University of Sao Paulo | Brazil |
| Thiago Domingo | UNIFESP | Brazil |
| Emiliana Mbelenga | Iyashi Wellness Centre | Kenya |
| Thami Muhukwe | Not indicated | Not indicated |
| Mabhedile Tumi | Not indicated | Not indicated |
| Mohamed Omar Hallab | LSHTM | UK |
| Mateus Udosiejcuk | University of Edinburgh | UK |
| Sanskithi Thakur | HCWH | India |
| Solange Mianda | University of Western Cape | South Africa |
| Chancy Chimatiro | University of Western Cape | South Africa |
| Martin Lembani | University of Western Cape | South Africa |
| Mmaphenya Raphadu | Wits Health Consortium | South Africa |
| Sinewo Lukubeni | Nelson Mandela University | South Africa |
| Maxine Nunu | University of Pretoria | South Africa |
| Milena Sergeeva | Global Climate and Health Alliance | Chile |
| Claudia Fegadolli | Federal University of Sao Paulo | Brazil |
| Tshepo Mohadi | EHP | South Africa |
| Maphoko Phomane | Groundwork | South Africa |
| Bulelwa Nokue | DoH | South Africa |
| Jollen Zenbe | DoH | South Africa |
| Zynanda Funani | DoH | South Africa |

## Appendix 2: Programme

| Time | Session | Facilitated by |
|---|---|---|
| 09:00-09.05 | Welcome, Session objectives, presenter introductions | Rene, Moeketsi, Nosimilo |
| 09.05-09.20 | Overview of HIA in ESA, its policy and legal basis, key areas assessed, introducing the theory of change and steps taken operationalising it | Dr R Loewenson, Director Training and Research Support Centre / EQUINET, East and Southern Africa |
| 09.20 – 09.40 | Three round tables in implementing HIA in participant countries<br>**Gp 1: Generating policy, sector and public awareness of the value of HIA.** Brief overview of experience from HIA eg for asylum seekers in SA (5 min intro) – Discussion on country measures<br><br>Gp 2: **Building multisectoral capacities and cross-sectoral interaction for HIA;** Brief overview of experience from HIA eg for agricultural workers in SA (5 min intro) – Discussion on country measures<br><br>Gp 3: **Widening information on and use of HIA findings and law reforms to implement HIA**. Brief overview of experience from HIA on mining, infrastructures in Zimbabwe (5 min intro) – Discussion on country measures | Gp 1: Dr Moeketsi Modisenyane, University of Pretoria and National Department of Health, South Africa<br>Rapporteur: Jollen Zenbe, Dept Health South Africa<br><br>Gp 2: Dr Nosimilo Mlangeni, Health Research Support, and Wits School of Public Health, South Africa<br>Rapporteur: Nandi Makhaye, Wits University<br><br>Gp 3: Dr R Loewenson, Director TARSC/ EQUINET<br>Rapporteur: Rico Euripidou, Ground work |
| 0940– 0947 | 2-3 key areas from each group (2 min each) on options to scale-up HIA in their own countries. | Moderated by N Mangeni, Health Research Support and Wits School of Public Health, South Africa |
| 0947-0952 | Conclusions: Follow up options, steps, assets and resources to draw on to scale-up HIA in countries and in ESA. | Dr R Loewenson, TARSC/ EQUINET<br><br>Dr Modisenyane, University of Pretoria and National Department of Health, South Africa |
| 0952-0955 | Closing | |

**Thanks for joining the session!**

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