

Directions, enablers and barriers to country and regional implementation of Health Impact Assessment in East and Southern Africa

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EXECUTIVE SUMMARY

Health Impact Assessment (HIA) is an internationally recognised process adopted at policy level in East and Southern Africa (ESA) 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. It can be carried out separately, or alongside other forms of impact assessment (environmental, economic). Views and experience were obtained from stakeholders within the region to inform efforts to institutionalise HIA in collaborative governance, law, policy, awareness, capacity building and practice through three processes implemented through TARSC/EQUINET in August -September 2026:

- Five key informant interviews with country and regional policy actors in ESA
- A round table dialogue session with 11 official country and regional representatives to the ECSA HC held in association with the ECSA HC in August 2026, and
- A dialogue session on HIA in ESA with 28 ESA delegates at the World Congress on Public Health in September 2026.

The findings are presented in this report.

In summary:

AWARENESS AND POLICY ON THE ROLE AND VALUE OF HIA calls for wider awareness and knowledge in diverse policy, parliamentary, official/sectoral, technical/professional, private sector and public/community stakeholders of what HIA is and its role as a governance instrument to improve the quality of major policy and investment decisions in health and development. Country delegates felt that awareness and orientation input should start with the Ministry of Health and related public health institutions and reach from national to provincial and district levels, including local government and communities. Some noted that through and beyond awareness, we need to build demand for HIA and its value and role in decision-making. Including HIA as a tool for one health strategies and health in all policies further makes clear its role, the involvement of all sectors and brings high level co-ordination to HIA.

COLLABORATIVE GOVERNANCE OF HIA calls for a multi-stakeholder coordination and review mechanism at national level, and over time to provincial and district levels to coordinate HIA processes. This could link to existing mechanisms, or a multi-stakeholder technical working group could be established, convened by the health ministry with the environment ministry and cabinet office to co-ordinate information outreach, capacity building, consultation on guidance, regulations or legal reforms, and design and implementation of plans for HIA. Showing the cost benefit of HIA to finance ministries can assist to lever support and resources for the work.

ON LEGAL MANDATES FOR HIA it was generally felt that HIA should be explicitly incorporated into all Public Health Acts in the region with regulations for specific sectors, duties, reporting and penalties. This may require different levels of legal reform in different countries in the region depending on what is already provided in law, while existing legal duties to prevent harm to health can provide an entry point for initiating practice.

HIA TRAINING AND CAPACITY BUILDING was widely agreed to be necessary to sustainably implement and promote HIA to the necessary standard, involving health ministry focal persons for and through multisectoral approaches for priority sectors and stakeholders, integrating mentoring of HIAs in training. A certified core curriculum for HIA training could be adapted for different sectors and integrated into existing professional courses, and skills-building workshops, from national to community levels. Training calls for certification standards and certifying authorities.

IMPLEMENTATION AND REPORTING OF HIAs, starting with prioritised sectors identified, including mining; large agricultural projects involving land clearing; transport; construction; and water infrastructure projects, with financial resources levered for public sector implementation, was seen to practically demonstrate the value of HIA, if reports are provided, shared and used to make improvements. Integrating HIA within planning, investment and licensing / tender processes and implementing HIA concurrently with other impact assessments was noted to enable and reduce the costs of implementation.

AT REGIONAL LEVEL it was proposed that

- ECSA HC with technical regional partners administer a survey to Directors of Health in ESA countries to assess their current legal, institutional, capacity and implementation status and progress on HIA, to provide a 'baseline' situation analysis and to inform a regional road map on implementation of the 2024 Regional Health Ministers Conference Resolution on HIA.
- Regional organisations (SADC, EAC, ECSA HC) can facilitate exchange across countries on minimum standards and guidance, model law and regulations, clarity on roles and capacities of people undertaking HIA, a model training curriculum for HIA and harmonisation of legal standards / guidance for HIA, supported by an expert working group on HIA at regional level.
- Regional level training can take place in courses (such as the current EQUINET, partners and ECSA HC annual regional online training in ESA) and through online or in-person cross-country peer learning in association with regional professional, public health and public networks to share learning on implementing HIA.

BACKGROUND

East and Southern African (ESA) countries have been operationalizing policy to implement health impact assessment (HIA). The WHO AFRO Regional multi-sectoral strategy to promote health and well-being, 2023–2030 includes a target by 2030 to have institutionalized and integrated HIA and the 2024 ECSA Regional Health Ministers Conference Resolution on HIA: Recommendation 8 calls for Member States to institutionalise relevant evidence, including HIA to strengthen public health systems.

HIA is an internationally recognised 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. It can be carried out separately, or alongside Environmental Impact Assessment (EIA). It can be done in sectors where EIAs are required that also have public health risks. Public health law in ESA includes duties to prevent harm to health and there has been progress in the region to widen HIA capacities. EQUINET has in association with the East Central and Southern Africa (ECSA) Health Community been implementing capacity building and mentoring HIAs in countries in the region. However, there is still need to raise awareness on and operationalise HIA, including in law, to further widen HIA capacities and reporting.

To support these efforts as EQUINET and to inform ECSA HC implementation of the RHMC resolution we sought to better understand the enablers and barriers countries face and actions needed to institutionalise HIA in law, capacity building and practice; and the priority sectors for this.

METHODS

To implement this, we carried out three processes covering in total 11 of the 17 ESA countries covered by EQUINET

1. Key informant interviews with country and regional policy actors in the ESA region to obtain their views and advice. Five individual KI interviews were carried out by DB and RL during the ECSA Health Community Best Practices Forum in August 2026 and the World Congress on Public Health in September 2026. The interviews were with senior officials from health ministries, other sectors, related technical institutions and regional organisations covering countries in the ESA region. All key informants were informed of conditions of participation, including that their role is voluntary, their individual feedback confidential, with acknowledgement and reported information not containing personally identifiable information and that they would be provided with the draft report for review. Kis gave consent to being interviewed.
2. A round table session was held with 11 official country and regional representatives to the ECSA HC was held during the ECSA Health Community Best Practices Forum in August 2026, with questions facilitated by RL and feedback from countries recorded by DB.
3. A further HIA session in the World Congress on Public Health in September 2026 moderated by RL generated information from 38 participants to the session, (28 from the ESA region and 10 from UN, India, Brazil, UK and Chile) pertinent to the key questions adding detail to or further validating the issues raised in the core methods (1) and (2) above. This information is separately reported and key points pertinent to the questions / areas in this report were added to the collective findings.

The findings of the three processes have been collectively summarised, anonymising individual key informants and meeting participant inputs. In the key processes in (1) and (2) the information was obtained on the following areas:

- a. **Awareness and collaboration-** viz actions to widen awareness of HIA, the most important groups to reach; and collaborative mechanisms and their convenors and members that could be used for cross sectoral dialogue on strategies for implementing HIA in countries.

- b. **Policy and law-** viz steps to include specific provisions in law to require HIA in identified sectors, and in wider policies such as the national One Health Strategy.
- c. **Training and capacities-** viz effectively widening capacities to implement HIA in a range of training approaches for identified priority targets, with a mechanism for certifying competencies in HIA.
- d. **Implementation and reporting** - in which prioritised sectors, and with what approaches to addressing barriers and enablers to widening implementation of HIA in these sectors.
- e. **Other-** such as the role the region should play or other issues or steps towards institutionalising HIA.

The synthesised information has been prepared by TARSC/EQUINET. It is being shared with key informants, regional actors and others including those trained in HIA training for review feedback before finalising a report to inform and support future programming on HIA. Resource support for this work was provided by TARSC, ECSA HC, Medico Int and the AEGT project.

FINDINGS

The findings from all sources are reported within the five categories outlined in the methods.

ON AWARENESS AND POLICY ON THE ROLE AND VALUE OF HIA

It was generally agreed that widening the implementation of HIA calls for **wider awareness and knowledge of what it is and what role it plays in improvements in health and development**. Reframing health as an economic and social investment and HIA as a governance instrument that improves the quality of major policy and investment decisions is noted to enable policy and public understanding and uptake of HIA, and positions it upstream in supporting improved planning, investment appraisal and regulatory decision-making. 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. These are costs that HIA can identify and recommend action on to strengthen social licence, implementation certainty and the long-term resilience of investments.

Awareness outreach on HIA in accessible language/terms is important for both supply and demand-side actors, including at policy, parliamentary, official/sectoral, technical/professional and public/community levels. It would be helpful to understand the existing impact assessment processes underway (environmental, economic) and stakeholders involved to reach these personnel, including on the added value of HIA and how it co-ordinates with existing impact assessments. Widening awareness and generating policy support requires a co-ordinated campaign of engagement, education and information outreach. Awareness of the contributions of HIA, and capacities to show them in a systematic manner helps to build demand for HIA, and when demand should be activated in decision-making processes. A systematic approach to reaching key actors calls for a national strategy and co-ordination and review mechanism, discussed further later in this section.

Country delegates felt that **awareness should start with the Ministry of Health and related public health institutions in countries** across the region, to introduce the concept of HIA and its role and value in informing health improvements, including within health in all policies, one health and health in development. One KI noted the pertinence of outreach to all districts through health and local government structures, reaching also non-state organisations working in health in the districts. The Regional Guidance on HIA developed in 2025 is a useful support to such information outreach. It was also suggested that providing awareness to parliamentarians through pertinent parliamentary committees would facilitate legal reforms and oversight, and that their raising questions in parliament on health impacts in key sectors can help to build wider public awareness.

Interview respondents and participants of dialogue sessions observed that government ministries – such as health, environment, local government, mining, infrastructures- professionals, including those that bridge sectors like environmental health practitioners, and other technical, traditional, economic and social stakeholders play a key role in widening awareness on what HIA is and on its benefits.

It was thus noted that these groups need to have orientation input on HIA and to engage key policy makers with information on HIA and its role and value to support this outreach. Two further constituencies were noted to play a role: 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 and combine with official actors to sustain the processes for institutionalizing HIA over time. The media may also play a role in outreach on HIA, with information on legal duties and on stories of where HIA has informed improvements to conditions affecting health.

Information outreach on HIA should reach personnel within the key ministries noted above and priority sectors for implementation discussed later. The information should reach high levels (permanent secretaries, directors; cabinet secretary/presidents office); personnel at central and local government levels, as well as technical / academic and legal personnel and training institutions. It should reach related parliamentarians, civic, community and civil society leaders through such central and local personnel and through their associations and forums, meetings and conferences.

At regional level it was thus proposed that ECSA HC with technical regional partners administer a survey to Directors of Health in ESA countries to assess their current legal, institutional, capacity and implementation status and progress on HIA, to provide a ‘baseline’ situation analysis. (This may complement assessment of legal standards on HIA in the region and internationally implemented by EQUINET). **The survey findings could be used to inform a road map at regional level** on the implementation of the 2024 RHMC Resolution on HIA. Countries noted the intention to include a recommendation on a road map for HIA implementation by member states in the 2026 ECSA-HC BPF and DJCC Conference.

ON COLLABORATIVE GOVERNANCE OF HIA

Implementing a systematic national approach on HIA involving key stakeholders was seen to call for a **multi-stakeholder coordination and review mechanism**. Collaborative multi-actor and multisector collaboration mechanisms could over time be set up at national, provincial and district levels to coordinate HIA processes, especially if HIA is linked / concurrent with other impact assessments and with improved development planning.

There are country coordinating mechanisms already in place that address health issues that can play a role in this, however respondents / officials indicated that these are not always consistently active nor legally mandated. They suggested that it would be necessary to have a national multi-stakeholder coordinating committee or technical working group for HIA convened by the Ministry of health, in collaboration with other key ministries (eg environment, cabinet office, local government) and with support from technical partners. This can be as provided for in law or if not then set up by government, such as through a national technical working group on HIA. It should co-ordinate information outreach, capacity building, consultation on guidance, regulations or legal reforms, and support design and implementation of plans for HIA, and obtain pertinent information / capacity support for their roles.

As noted above, some respondents noted that it would be helpful to have similar multi-stakeholder coordinating mechanisms at provincial and district level that support implementation of HIA. Beyond the health ministry and related co-convenors (environment, cabinet, local government), respondents noted that the co-ordination mechanism should involve government agencies and other stakeholders from key sectors for HIA – noting mining, agriculture, transport, manufacturing, energy, water and waste infrastructures, construction, education- and technical, training institution, civil society, traditional and private sector representation.

ON LEGAL MANDATES FOR HIA

Country officials observed that there is inclusion of health in some countries in the region in Environment law where Environment Impact Assessments include social and sometimes health impacts and that some Public Health Acts include health impact assessments, but it was generally felt that **HIA should be explicitly incorporated into all Public Health Acts in the region** with provisions for regulations for specific sectors, duties, reporting and penalties. This was seen to be fundamental to ensure implementation. Such provisions in public health law can cross reference to environment law and occupational health / labour/employment law to note links to and co-ordination with duties in these sectors.

This may require different levels of legal reform in different countries in the region depending on what is already provided in law, with some countries needing review of the Public Health Act and others needing specific regulations or revisions/links to other laws as noted above. Countries have existing drafting and consultative processes for law reforms that can be used. At the same time, it was noted that countries can make use of existing public health law, such as Public Health Act provisions to prevent harm to health. The regional survey noted earlier can assist to provide information on current legal status/processes and proposed approaches in countries to inform and exchange on legal reform.

A range of **barriers to HIA legal reform** were noted, including lack of understanding of HIA, its methods and role; lack of leaders and champions to engage on and promote it; commercial and economic interests seeking to avoid further assessment, or exposure of public health risks; the costs of implementing HIAs and lack of partners supporting the processes.

However, there was also note of various **enablers to support legal reform on HIA**, including the inclusion in public health law; the presence and policy acceptance of EIAs and support for HIA from the environment management agency personnel; policy, political and parliamentary committee awareness of and support for HIA; technical awareness of HIAs and their benefits; and growth of economic projects/ activities/ infrastructures that have clear (but sometimes under-reported health impacts); informed advocacy from health professionals and civil society.

The regional organisations (SADC, EAC, ECSA HC) were seen to play an important enabling role by support exchange across countries on and **harmonisation of legal standards / guidance for HIA**. A suggestion was made by one KI to have an **expert working group on HIA at regional level** to support this.

It was noted that all countries included have one health strategies and these could integrate HIA as a tool as it can bring stakeholders involved in one health to the HIA processes, and makes clear that risks or legal violations raise duties across all sectors. It brings co-ordination of the cabinet/President's office to HIA. At the same time one KI indicated that the 'health in all policies' approach could also facilitate HIA, as it integrates health considerations into decision-making across all sectors 'whole-of-government' and 'whole-of-society' approaches.

ON TRAINING AND CAPACITIES

There was wide agreement amongst country officials that we need to **train more people to implement HIA**, to sustainably implement and promote it to the necessary standard. Officials suggested that capacity-building start with the health ministry, especially those focal persons involved with public health, primary health care and related areas that play a role in all areas of the country. It was also noted that health ministries need to partner with/invite and integrate other involved sectors in training programmes to support a multisectoral approach. Training could also be tailored for specific priority sectors. In all cases it was noted to be useful to have a certified core curriculum for HIA training that could be adapted for different sectors and courses.

Priority targets for training were seen to include ministry of health staff, and staff from other ministries (eg mining, infrastructure, local government, agriculture), environment personnel, as well as from non-state, technical, academic and research organisations. Training within local government was identified to be important for spreading capacities within countries. Specific note was made of training students of public health, such as in existing Masters in Public Health training programmes.

It was suggested that **training activities** build on the awareness activities discussed earlier, and take place in stand-alone short courses and workshops, as well as online training courses and resources, and inside professional and academic training programmes, including those for health such as public health, and others in related sectors such as environment, mining, and local government.

One KI noted that need for a technical champion to support the outreach and review of training activities, while another suggested that regulations on HIA could integrate information on who should implement the assessments, what capacities they should have and standards for certifying capacities. Certifying competencies for HIA was observed by KIs to be the role of training and research institutions/ universities; the health ministry supported by technical institutions; and country health professions councils.

IMPLEMENTATION AND REPORTING

The country officials and KI respondents identified the following **prioritised sectors for HIA implementation**: Mining; Large agricultural projects involving land clearing; Transport; Construction; and Water infrastructure projects.

Beyond legal and capacity issues, some **barriers were noted to implementing HIA in these sectors**, including lack of financing (mentioned by many); bureaucratic processes and the addition of another task to existing workloads; the time taken for uptake of HIA recommendations; the absence of a land use plan and of political will to apply the HIA or its findings.

Addressing barriers, beyond capacity or legal issues discussed earlier, was noted to call for various measures, including having advance planning with relevant ministries and stakeholders for its implementation including for any challenges to identify mitigation measures; integration of HIA within investment proposals; and having designated trained persons and adequate resources / funds for implementing HIA. Country officials also noted that carrying out HIA and EIA concurrently reduces the bureaucratic and cost burden.

In contrast various **enablers to implementation of HIA** were noted, including political and policy will and support, including of one health approaches; the availability and strength of institutions and involvement of ministries; and the availability of financial resources.

OTHER COMMENTS

Country officials and KIs noted the important **role the region can play in taking forward HIA** in countries, observing that collaboration across countries will be mutually beneficial for all.

The regional communities can provide clear policy resolution as the ECSA HC has done in its RHMC resolution to adopt HIA. **Regional and intergovernmental organisations can provide minimum standards and guidance, model law and regulations, clarity on roles and capacities of people undertaking HIA, a model training curriculum for HIA.**

An expert working group on HIA could be convened at regional level to prepare such standards or guidance. With technical partners, research institutions and academia, training can be organised at regional level (such as for example the current EQUINET, partners and ECSA HC regional online training).

The region should organise cross-country peer learning online or in meetings to share strategic information, knowledge and experience between countries, including on how to overcome challenges. Such cross-country exchanges could support those still at earlier stages, and share learning on successes and challenges in implementing HIA.

Various measures were felt to be necessary to support these regional roles, including the regions mobilising resources for the programme of work on HIA, and **conducting stakeholder mapping of the institutions and actors** who play different roles for talking HIA forward with their roles, interests, and capacities.

Finally country and regional officials proposed that the **development of a regional road map to take forward HIA as per the the RHMC resolution and a survey of current country laws, capacities, and work underway would be important to include in the 2026 ECSA HC BPF and DJCC recommendations.**