

## Using health impact assessment to lever improvements in urban health in Lilongwe, Malawi



The photo on the left shows a Lilongwe resident drawing dirty water for household use CMPD, 2019. On the right the photo shows women drawing water from a newly installed point for safe water. Actionaid, Thyolo, 2022

- A health impact assessment (HIA) of the 2019 Malawi National Urban Policy was implemented in February to June 2024 in informal settlements in Lilongwe Malawi to show the situation and health impacts relating to the waste management, hygiene, safe water and clean energy services and to recommend improvements in line with the policy.
- Using a mix of secondary and photographic evidence and key informant interviews in the informal settlements in Lilongwe the HIA identified shortfalls in waste management and access to safe water and health consequences in child undernutrition, diarrhoea and risk of cholera.
- The recommendations to increase budget resources and services for environmental health and to integrate community representatives from these settlements in urban planning have been tabled with the local authorities and have led to improvements in and commitments to increase funding for these areas, showing the value of an HIA in making improvements for health.

### An unhealthy urban environment triggering an HIA to 'ENABLE' improvements.

EQUINET's recommendations on integrated urban health in 2024 in Eastern and Southern Africa include measures to **ENABLE** health promoting integrated improvements for urban health (EQUINET, 2024). This case study provides an example of this '**ENABLE**' agenda by institutionalizing health impact assessment (HIA), linking where relevant with environment impact assessment, for policies that have high health impact in urban areas. The case study illustrates implementation of an HIA of the 2019 Malawi National Urban Policy in four urban areas in Lilongwe, central Malawi, (Mtandire, Kauma, Senti, Chinsapo 1 and 2).

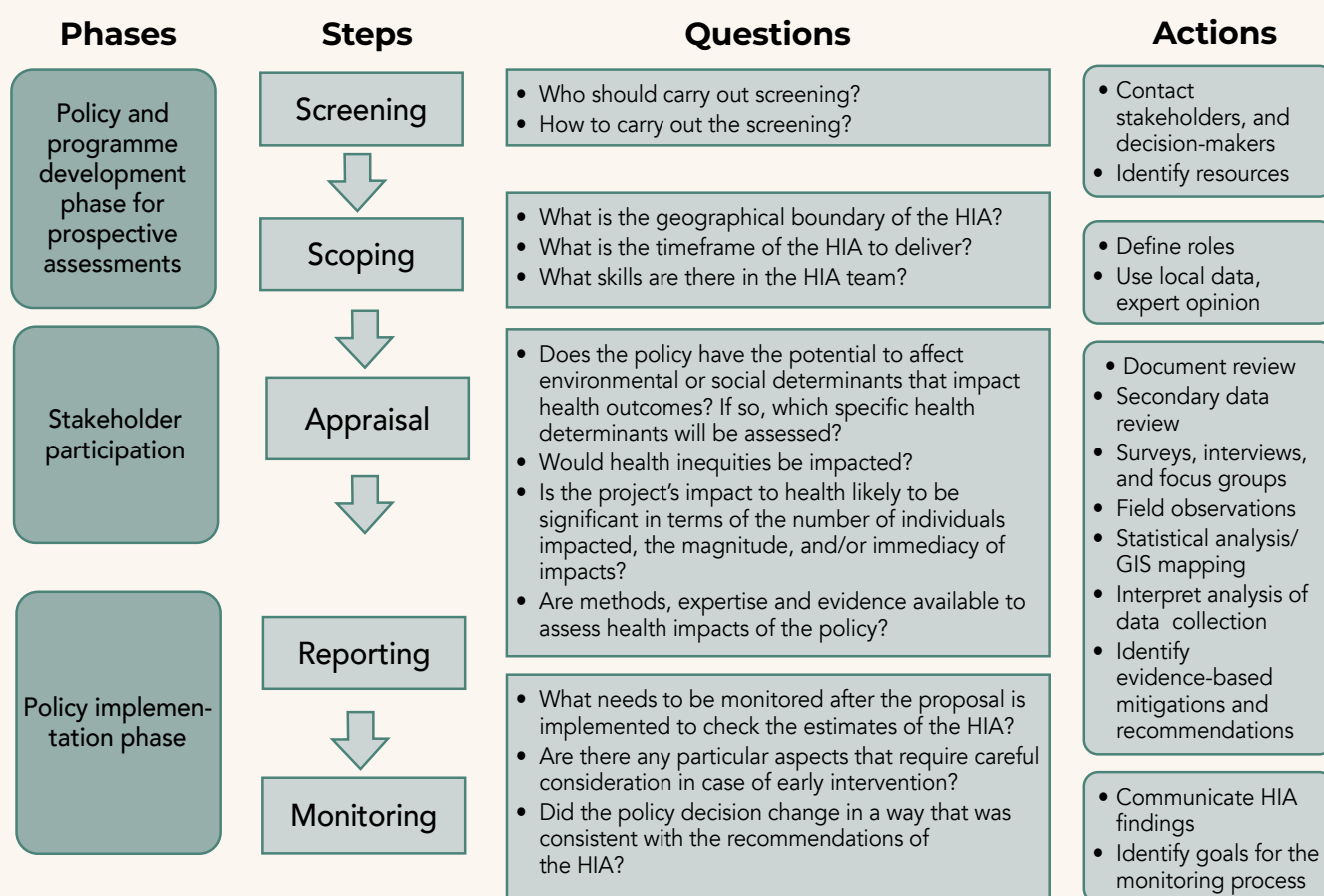
Malawi is one of the most rapidly urbanizing countries in the region, increasing at 5% per annum (Government of Malawi, 2015), as people migrate to urban centers for economic opportunities. Many settle in informal settlements, with the increased population influx raising pressure on environments and services affecting health and straining the already limited capacity of local governments to deliver infrastructure and services. As a result about a third of urban populations in Malawi lack access to clean water and sanitation (Government of Malawi, 2019). Those living in urban informal settlements have limited participation in urban planning and development and the resources to meet their needs are inadequate (Government of Malawi, 2019). the 2019 Malawi National Urban Policy aims to tackle these problems.

## Implementing the health Impact assessment

Country Minders for People's Development (CMPD), a local Malawian non state organisation, thus implemented an HIA of the 2019 Malawi National Urban Policy and its implementation in Mtandire, Kauma, Senti, Chinsapo 1 and 2, Lilongwe. It explored the policy's implementation of legal rights and duties in relation to waste management, safe water, safe sanitation, clean energy and inclusion of residents in planning in the policy and in its implementation. The HIA was implemented as a mentored case study by a team involving Wilson Damien Asibu (CMPD), Ndizi Machilika (Malawi Network of Community Health Workers), and Blessings Sabao in the process of a regional EQUINET training programme on HIA co-ordinated by Training and Research Support Centre (TARSC).

The HIA followed the steps shown in Figure 1.

Figure 1: Steps in HIA



Source: WHO (2023) [Health impact assessment \(HIA\) tools and methods](#), WHO, Geneva

The Malawi HIA used secondary and photographic evidence and key informant interviews.

- The screening and scoping stages reviewed the status of the policy, the timeliness / value of the HIA in the policy process and the influential and impacted stakeholders in relation to the urban policy. These key stakeholders included residents, the Lilongwe City Council, the Lilongwe Water Board, the health ministry and media amongst other stakeholders. This, the issues already raised by stakeholders and the availability of evidence were used to assess the feasibility and focus of the HIA as a concurrent HIA, carried out while the policy is being implemented.
- In the profiling and assessment and the recommendations stages, the HIA team summarised evidence on the key social determinants of health and health impacts related to the focus areas of water, waste, sanitation, energy and social participation in terms of their direction, magnitude, severity and likelihood of impact. This information was used to judge the significance of the impact, and to identify priorities and recommendations for improvements. While this mostly focused on areas of high significance, some were included as priorities even if less significant, such as due to their impact on equity.

The HIA noted that a high prevalence of diarrhoea, child malnutrition, malaria and other water borne diseases related to gaps in environmental measures (sanitation, waste management and drainage). The HIA integrated evidence from the 2015-16 Malawi Demographic and Health Survey (the latest available), such as 37% of children under 5 years in Lilongwe being stunted as a sign of chronic under-nutrition (Government of Malawi, 2015).

A third of people lacked access to safe sanitation and; 51% of urban households use a shared toilet. Lilongwe reports a rate of 28% of children with diarrhoea in 2015/16 with higher rates reported in informal settlements, with observations of poor waste disposal and water and sanitation services in these area (Government of Malawi, 2015).

While the 2019 National Urban Policy recognises these areas of intervention, the HIA noted gaps in implementation due to inadequate local government funds for these services and the mismatch between budgets and infrastructures and the growth of populations and service demand.

While the desk-based HIA faced limitations in the availability of evidence and in the capacities of the team to gather primary evidence, The team, however, obtained support from mentors in the regional HIA training and drew on capacities in a local steering committee, including on how to report to and engage with decision –makers. The team faced bureaucratic delays and reluctance to adopt the HIA by some decision –makers. The HIA team recognised the competing budgetary priorities of the local government.



Waste piling in Lilongwe, CMPD 2020

## Following up to move HIA recommendations to practice

While HIA training built skills and evidence, it was recognised that report would benefit from stakeholder review. The involvement in the process and review of findings by community and civil society organizations such as Malawi Health Equity Network (MHEN) and the Water, Environment and Sanitation Network (WESN), the Parliamentary Committee on Health and the Malawi Network of Community Health Workers and media helped to persuade decision makers on the need to act on the recommendations.

## The HIA recommendations

Based on the evidence, the HIA team recommended to the Ministry of Planning and Urban Development, Central Region Water Board and Lilongwe City Council to:

- Increase the budget allocation to local government for waste management, water, sanitation, and clean energy by 30% by June 2025 to reduce the health impacts brought by poor service provision, especially to improve funding of these services in the informal settlements.
- Increase by 50% the number of households provided with safe toilets in these settlements by December 2025 to reduce the risk of cholera and diarrhoea.
- Integrate by December 2024 representation by community members in all urban planning and development processes and meetings for Mtandire, Kauma, Senti, Chinsapo 1 and 2.

After finalizing the HIA, the HIA team shared their findings in August 2024 with stakeholders identified as key in the HIA. They included Lilongwe City Assembly and Central Region Water Board. The HIA report was tabled during the District Development Platform in the presence of other stakeholders noted above. Stakeholders agreed with the report findings that urbanization is affecting health in informal settlements and service delivery to them. The report was thus well received.

Feedback was provided by both Lilongwe City Assembly and the Central Region Water Board. In response to the recommendation to increase budgets for waste management, improved access to water and sanitation and clean energy in the informal settlements, the Assembly noted that they are working on a 20% increase in budgets for service provision in these areas. The Central Region Water Board noted that they are expanding and improving their water provision services in these settlements. In response to the recommendation for increased representation of community members in urban planning and development processes and meetings, the City Authorities indicated their readiness to welcome urban community representatives in the planning and development processes. In the meeting held by the team with the City Assembly the authorities agreed that community representatives were poorly represented. They noted that these representatives stopped coming to their meetings but welcomed their return and have since encouraged this.



## Learning from using an HIA to 'ENABLE' improved urban health

Our team saw the value of the HIA process in building evidence and relationships between decision-makers and community members in urban areas as a vehicle for engaging on and improving health. It provides a systematic tool for showing key areas of concern and the recommendations to address this. The HIA proposal helps city authorities to both recognise and allocate scarce resources to these areas to prevent or mitigate negative health impacts that may end up costing them and residents more in service, health and social costs.

Having a policy as the focus of the HIA, in this case the Malawi 2019 Urban Policy, means that the HIA adds weight to efforts to hold duty bearers accountable for and ensure effective implementation of public policies.

The authorities indicated as feedback that the HIA assists them to interrogate existing problems, their causes and what needs to be done in line with existing policy and legal frameworks.

The team saw that the HIA process creates an evidence-backed platform for engagement between residents and authorities. to improve service delivery and improve health outcomes in these areas.



Women in Lilongwe drawing water from newly installed piped water, Southern Region Water Board, 2024

These benefits of the process is motivating the team to train others in how to do an HIA, to expand work to other urban settlements in Malawi, and to engage policy and decision –makers to ensure inclusion of HIA in development programmes.

Cite as: Country Minders for Peoples Development (2025) Using health impact assessment to lever improvements in urban health in Lilongwe, TARSC/EQUINET, Harare

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Acknowledgements to: Training and Research Support Centre (TARSC) and the HIA course mentor support to Malawi HIA team; to the residents of Mtandire, Kauma, Senti and Chinsapo 1 and 2, Lilongwe, for their participation in the initiative, and to the Lilongwe Water Board and Lilongwe City Council for working with the HIA team and for making time, considering and taking up the recommendations given. Thanks to R Loewenson, TARSC for technical review and edit, Blue Apple for layout and Medico Int for resource support.