

Health Impact Assessment Quarterly



International Association for Impact Assessment

Health Impact Assessment Quarterly
September 2008

From the Health Section Co-Chairs

It has been a busy time for health impact assessment. The IAIA Conference in Perth in May was a success, with a good representation from the health section. There are also a number of events HIA events being held around the world in coming months.

I'd like to encourage you all to consider attending the **IAIA Special Topic Meeting on Assessing and Managing Cumulative Environmental Effects in Calgary (6-9**

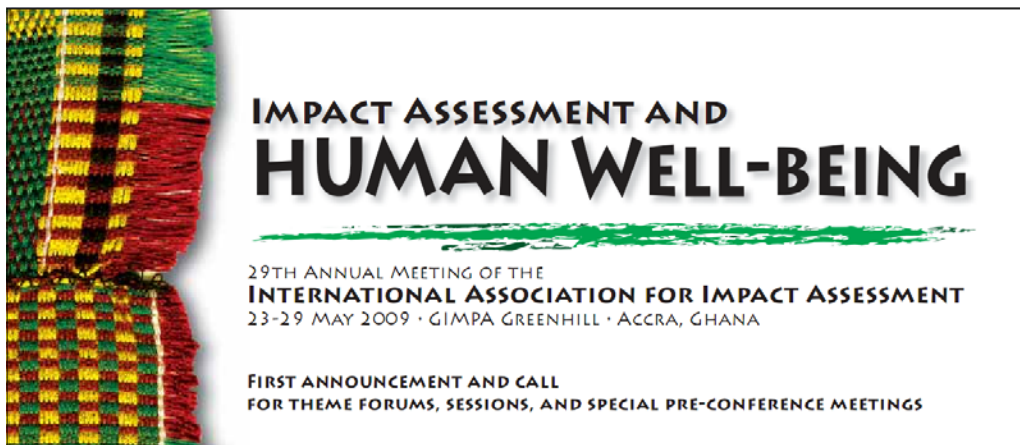
November) and submitting a session proposal for **IAIA09 in Ghana (due by 10 September)**.

The recently released report from the WHO Commission on the Social Determinants of Health calls for HIA and Health Equity Impact Assessment to be more widely used (see www.who.int/social_determinants/en). The World Bank is also expected to release guidelines for HIA in the near future.



Ben Cave
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Ben Cave Associates
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Whilst it seems unlikely that things will be less busy any time soon, we should keep in mind the gains that HIA has made and focus on how we can rise to the challenges the field will face in the future.



IMPACT ASSESSMENT AND HUMAN WELL-BEING

29TH ANNUAL MEETING OF THE
INTERNATIONAL ASSOCIATION FOR IMPACT ASSESSMENT
23-29 MAY 2009 · GIMPA GREENHILL · ACCRA, GHANA

FIRST ANNOUNCEMENT AND CALL
FOR THEME FORUMS, SESSIONS, AND SPECIAL PRE-CONFERENCE MEETINGS

The International Association for Impact Assessment (IAIA) is a forum for advancing innovation, development, and communication of best practice in impact assessment. Our international membership promotes development of local and global capacity for the application of environmental, social, health and other forms of assessment in which sound science and full public participation provide a foundation for equitable and sustainable development.

The Health Section of IAIA looks at Health Impact Assessment throughout the world and at the integration of human health concerns into impact assessment.

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Health Impact Assessment Quarterly

From the Editor

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In our next issue of the Health Impact Assessment Quarterly we will be profiling HIA practice and practitioners from around the world.

How did you become an HIA practitioner? What issues in HIA practice are you currently confronting? What challenges will you and your colleagues face in the future?

We are seeking pieces between 300 and 800 words long for our next Quarterly. To submit an article please email it to b.harris-roxas@unsw.edu.au

How did you
become an HIA
practitioner?

Tell your story in
our next issue

IAIA08 Through the Eyes of a Newcomer

Mette Winge Fredsgaard
Intern, Ben Cave
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England &
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Sunday morning, normally too early to function without a shot of caffeine, but because of jetlag I was wide awake. I headed off to join the IAIA administrative team at Perth Convention Centre to help with the conference registration. I was a bit nervous at first, new people, new tasks, but it didn't take long before I had "everything under control"!

I began my journey into the field of impact assessment when I was on an exchange stay in Slovakia and was introduced to HIA. At that point I knew that HIA was the future of health promotion.

During my public health study in Denmark I have been privileged to work in the field of HIA for almost 1 1/2 years now, and I thought I had established a pretty good network, but it was only at the conference I realised how



The theme for the IAIA08 conference was the art and science of impact assessment

much greater the opportunities were for networking, collaboration, job opportunities and further capacity building, and not just in the discipline of HIA but also in many of the other disciplines of impact assessment.

I was truly but a very small fish in a large pond, although I did not feel intimidated. I felt that though I was a very small fish, with the help of all the opportunities that the IAIA provides, I could one day become one of the bigger fish in the pond. As a newcomer experiencing an IAIA confer-

ence for the first time, attending the conference has been one of the best choices I have done in my life and for my career so far.

The Art and Science of Impact Assessment A Report from IAIA08 in Perth

The annual meeting of the IAIA kicked off with an engaging welcome from Karen Jacobs, representative of the Whadjuk Traditional Owners of the Perth Region, and the Common Ground dance troop. IAIA brings together impact assessment specialists from around the world to discuss impact assessment issues as well as learn about what is happening in impact assessment across the board. The opening plenary session emphasised the need for impact assessment to consider social, economic and environmental issues in balance. This was a constant message throughout the conference, with particular emphasis on how a health perspective might fit into this.

Before the conference, I was asked to speak to a session sponsored by the Western Australian Branch of the Public Health Association of Australia on HIA. There were also presenters from Ireland, New South Wales, the United States and the UK. It was fantastic to learn what others are doing in HIA and how each country has looked at the issue of legislation for HIA and HIA capacity building.

Climate change was a key theme of the conference and there were a couple of sessions dedicated to the health impacts of climate change. The session about the work done in Western Australia on cli-

mate change and health was well attended. The HIA undertaken in Western Australia looked at the potential health impacts of extreme weather events as well as the potential health impacts of gradual climate change (see <http://www.health.wa.gov.au/envirohealth/home>).

It was also great to see a number of Pacific countries represented at the conference. There was a special session that looked at the use of environmental impact assessment and strategic environmental assessment in the Pacific countries. One of the issues that emerged was how to better co-ordinate the efforts on impact assessment across the Pacific. Speakers thought impact assessment will be particularly useful in the Pacific region around issues relating to climate change, land resource degradation and the management of customary land.

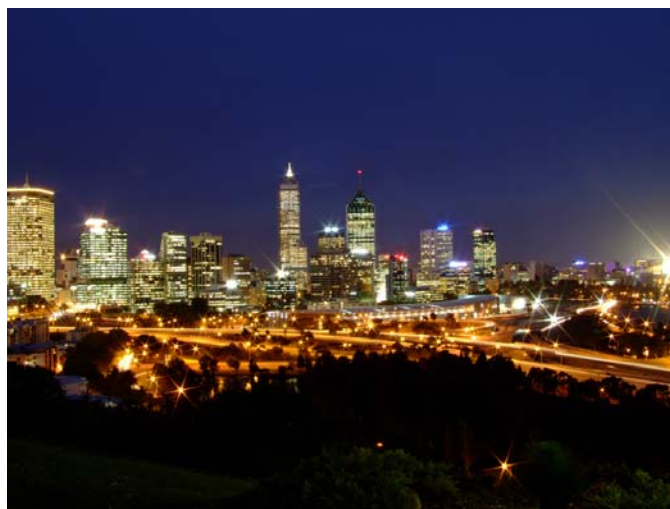
Towards the end of the conference, Ben Cave from the UK chaired the IAIA Health Section meeting. It was a good time to remind ourselves that there are some best practice guidelines for HIA on the IAIA website. Speakers at the IAIA Health Section meeting suggested health could be more prominent for the next IAIA meeting. The speakers concluded that health impact assessment practitioners have a role not only in promoting HIA but also in promoting a public health approach which includes a broader conceptualisation of health and wellbeing.

Matt Soeberg

Ministry of Health HIA
Support Unit

New Zealand

“Development banks need... the capacity to conduct, and then critically evaluate, HIAs”



Perth at Night

IFC Standards, Equator Principles and Health

Martin Birley

Birley HIA

England

The World Bank Group, as many people know, is made up of several different institutions. One of these is called the International Finance Corporation (IFC) and it lends and invests mainly to the private sector, in contrast to other parts of the Bank which lend to government. Clients include the extractive sector – oil and mining. The standards that used to be applied to this lending were somewhat out-of-date and disappointing. Then a series of major public reviews took place and out of this emerged, in 2006, a new set of standards.

The IFC Performance Standards (PS) represented a step change in thinking around the financing of major private sector projects in developing countries¹. There are 8 Performance Standards including the following.

1. Social and Environmental Assessment and Management Systems
2. Labour and Working Conditions
3. Pollution Prevention and Abatement
4. Community Health, Safety and Security
7. Indigenous Peoples
8. Cultural Heritage

The Equator Principles (EP) are a derivative of and based on these standards. They represent

an agreement by many of the major banks to only support projects in developing countries that apply the IFC Standards². They are presented as 10 Principles and headed “a benchmark for the financial industry to manage social and environmental issues in project financing”.

Neither the Standards nor the Equator Principles seem to bind projects in high income OECD countries. Apparently they are assumed to have existing regulatory mechanisms and institutional strengths. However, the concept seems to have taken hold more broadly and US banks have now established, for example, principles around climate change³.

Not all major banks have yet agreed to the EP. The most striking gap is in the Chinese banks and other Chinese state owned enterprises, as these are increasingly important players in developing countries. However, the list of banks which have adopted the Equator Principles is growing and concerted efforts are being made to bring new ones on board.

Why are the banks doing it? Well, they are not doing it for altruistic reasons. There is a business case. That case talks about risk management, differentiation, simplified financing and

syndication.

The key message, for us, in PS 4 is:

The client will evaluate the risks and impacts to the health and safety of the affected community during the design, construction, operation, and decommissioning of the project and will establish preventive measures to address them in a manner commensurate with the identified risks and impacts. These measures will favor the prevention or avoidance of risks and impacts over minimization and reduction.

Where the project poses risks to or adverse impacts on the health and safety of affected communities, the client will disclose the Action Plan and any other relevant project-related information to enable the affected communities and relevant government agencies to understand these risks and impacts, and will engage the affected communities and agencies on an ongoing basis consistent with the requirements of Performance Standard 1.

The reference to PS 1 includes a significant requirement for community engagement and consultation. The process seems to be taken very seriously and borrowers are being asked to demonstrate design changes that result from



The IFC website on environmental and social standards

<http://www.ifc.org/ifcext/sustainability.nsf/Content/EnvSocStandards>

IFC Standards, Equator Principles and Health Cont.

community concerns.

The model of health implied in the PS seems to be broad. For example, reference to spiritual well-being can be inferred from PS 2, 7 and 8. Supplementary guidance has been produced to explain what health means⁴.

Together the PSs create a requirement for "Social and Environmental Assessment". In other contexts this is called ESIA or ESHIA. Health is subsumed within social. In bank terminology this is being referred to as SEA, not to be confused with strategic environmental assessment. Social has been placed first to highlight its importance.

All these new ideas represent a capacity building challenge at various levels. At the level of the lending institutions, there is a need for training courses to explain the Standards. The audience for such training includes the financial institutions and the extractive sector. The IFC addressed this challenge for the former by appointing 4 organisations to be trainers. Attrition has now left two organizations, namely Sustainable Finance Limited and ERM. Recent information suggests that those courses may not be functioning although other providers are emerging targeting the "bank client" or project developer side, such as Prizma⁵. These are high level courses

where all 8 Standards must be addressed in one day – leaving 45 minutes for human health, arguably the least well understood component. Although participants do not need to be able to do an HIA themselves, they do need to know how to manage one. This includes knowing how to procure competent services, how to integrate with environmental and social assessment and action plans, and ensure concordance with the Standards and Equator Principles.

It seems likely that a framework of courses may emerge that range from an overview to detailed training. It also seems likely that many consultants will be offering lending institutions and their clients services around the Standards and the Principles regardless of whether they have recognisable competence in health or whether they are members of IAIA and other HIA networks. It is also inevitable that the main appraisers will be generalists who have limited technical knowledge around all 8 Standards.

This is a challenge and an opportunity.

References

1. International Finance Corporation. *Policy and Performance Standards on Social & Sustainability*. 2006 [cited 2008 April]; Available from: www.ifc.org/ifcext/enviro.nsf/Content/EnvSocStandards
2. Equator Principles. *The Equator Principles*. 2003 2006 [cited 2006 October]; Available from: <http://www.equator-principles.com>
3. Sustainable Finance Ltd. *The Carbon Principles*. 2008 [cited 2008 April]; Available from: <http://www.carbonprinciples.org>
4. International Finance Corporation. *Environmental and Social Standards Guidance Notes*. 2008 [cited 2008 April]; Available from: www.ifc.org/ifcext/enviro.nsf/Content/GuidanceNotes
5. Nazari, M. *Prizma Solutions*. 2008 [cited 2008 April]; Available from: www.prizmasolutions.com

Health Impact Assessment in the Netherlands An Overview

The development of HIA in the Netherlands started in 1995. The Director of the Municipal Health Services in the city of Rotterdam commented on new plans for the local airport, asking why economic development should have higher priority than health issues.

The Minister of Health was interested in this question and decided to take up the challenge of helping other sectors to include health in their policies. Thus, in 1996 a small team was installed at the Netherlands School of Public Health with the assignment to develop HIA for the Netherlands. This 'Intersectoral Policy Office' (IPO) was asked to prepare an overview of what was going on in other countries, to propose points of attention for HIA in the Netherlands and to develop HIA in a 'learning-by doing' manner. However, no specific legal framework for HIA was created.

The IPO focused on HIA on national policy level. Broad screening of all governmental policies was carried out using a screening checklist, applied to the annual National Budget of all Ministries, documents for the Parliament, and reports by governmental advisory boards. The checklist was based on a biosociophysical model of health. The policy fields showing the largest

numbers of health relevant issues were: transport, social policy, agriculture and housing/spatial planning. Between 1996 and 2003 more than 20 HIAs were carried out covering different topics such as tobacco policy, high speed rail, energy tax regulation, and housing. In 2003 the Ministry of Health decided to end the IPO project, thus putting institutionalization of HIA on national policy level to an end. Since that time no broad national policy HIA has been carried out.

Instead, local policy became the focus point for HIA in the Netherlands. In 2002 the Public Health Act came into force. This Act obliges municipalities to ensure that health impacts are taken into account in all policy development. However, even though this provides a potentially

powerful legal framework only in a few places the health departments of municipalities used this instrument. The Netherlands Health Care Inspectorate assessed in 2005 how municipalities were doing regarding Health in All Policies and concluded that this should improve. This has given an impulse to the process and more and more municipalities are now experimenting with HIA. Tools used are based on the first HIA screening tool used in the Netherlands described above. Moreover the Netherlands Institute for Health Promotion and Disease Prevention (NIGZ) carries out training courses on HIA for municipalities.

A completely different development came from the environmental field. The City and Environment

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National Institute for Public Health
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rivm
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Health Impact Assessment Database

Welcome to the HIA Database

What is Health Impact Assessment?

Social, economic and other policies influence the determinants of health, and through these, the health of a population.

Health Impact Assessment (HIA) is a combination of procedures, methods and tools by which a policy, program or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.

The general objectives of HIA are

1. to improve knowledge about the potential health impact of policies or programmes from other sectors
2. to inform decision-makers and affected people
3. to facilitate adjustment of proposed policies in order to reduce health damage and to maximize positive effects
4. to contribute to better policy-making, as well as to reduction of health inequities

This site

The HIA database is meant for all those who are interested in HIA: researchers, policy makers, HIA practitioners and others. HIA reports are often published as 'grey' documents. This database was initiated to improve access to these hard-to-find information sources. It offers you:

1. Full text reports, tools and guidelines, and background papers
2. Links to other websites about HIA
3. Facilities to publish your own documents

RIVM Health Impact Assessment Database
<https://webcollect.rivm.nl/hiadatabase>

Health Impact Assessment in the Netherlands An Overview Cont.

Act enables municipalities to deviate from environmental regulations under the condition that health is not seriously affected. A specific type of HIA was developed to accommodate this.

Also in the environmental field, the MOH and the Ministry of Housing, Spatial Planning and Environment are working together to better use the EIA and SEA framework for health protection. This results in training and tools. The National Commission for Environmental Assessment plays an important role in this development.

Currently, on a more general level HIA comes into the picture once again as a tool within the wider context of Health in All Policies. A boost for this came from the Government's vision of health and prevention 'Being healthy and staying healthy' (2007). One of the pillars for a national health and prevention policy is a focus on intersectoral cooperation and parallel interests between sectors. Connecting different sectors as well as different policy levels (international-national-regional-local) is central. Not only should other sectors worry about health impacts, but the health sector itself should be able to show how health improvement serves other sector's goals. This will lead to an

increased application of HIA, and perhaps to the development of new tools and procedures to complement HIA and thus facilitate the reciprocity of the process as advocated by the Dutch government.

Currently the Public Health Act is under revision. It is uncertain as yet whether the new Act will provide a framework for HIA on a national level, but it may be expected that the existing framework for local HIA will remain in place or even be reinforced.

Finally, mention must be made of the Declaration on Health in All Policies of the European Union. Ministries of Health of all EU member states have decided that all member states will strengthen Health in All Policies as well as HIA in their own countries and will regularly report on the progress made in this field. This may open new ways to include health in other policy fields in the Netherlands.

HIA Americas Workshop

Marla Orenstein
Habitat Health Impact
Consulting
Canada

“the first-ever HIA
Americas workshop
will take place
September 24-26,
2008 in the San
Francisco Bay
area.”

We are excited to announce that the first-ever HIA Americas workshop will take place September 24-26, 2008 in the San Francisco Bay area.

This workshop will focus on the evolution/progress of HIA in North and South America. It is intended as a forum for current HIA practitioners to discuss regional issues of relevance. (We hope to stage a larger conference next year that can accommodate others who may be interested, such as those involved in EIA or SIA, community advocacy, etc.)

The workshop is being organized by Marla Orenstein and Murray Lee of Habitat Health Impact Assessment; Jonathan Heller of Human Impact Partners; Rajiv Bhatia and Lili Farhang of the San Francisco Department of Public Health; and Aaron Wernham of the Alaska Inter-Tribal Council.

For more information, please visit habitatcorp.com/whats_new/conference.html or e-mail conference@habitatcorp.com

IAIA
INTERNATIONAL ASSOCIATION FOR IMPACT ASSESSMENT
Thursday, 2007 May 17

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Upcoming conference
IAIA07
SEOUL KOREA

Why join IAIA?

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- Job postings
- Searchable online membership directory
- Networking opportunities
- Reduced rate for conference, special discount through publisher
- Leadership role
- Training opportunities, mentoring and more
- And much, much more!

What's New

- IAIA's web site has a new look and feel!** Although the "new" site is now launched, we continue to move information from the old site. Please check back, as more material will continue to be posted and updated over the next several weeks. You may also notice some technical or formatting errors when navigating the site or looking for information; be assured that when this happens, we are working on it.

www.iaia.org

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**Published
something?**

Let us know!

Journal Watch: Articles and events

Journal Articles

Ahmad B et al. (2008) *Enabling Factors and Barriers for the use of Health Impact Assessment in Decision-Making Processes*, Public Health, 122 (5): 452-457. doi:10.1016/j.puhe.2007.08.014

Elliot E, Williams G (2008) *Developing Public Sociology Through Health Impact Assessment*, Sociology of Health and Illness, In Press. doi:10.1111/j.1467-9566.2008.01103.x

Fell G, Haroon S (2008) *Learning from a Rapid Health Impact Assessment of a Proposed Maternity Service Reconfiguration in the English NHS*, BMC Public Health, 8 (138) doi:10.1186/1471-2458-8-138

Lincoln P, Salay R (2008) *Health Impact Assessment and Effective Regulation*, Consumer Policy Review, 18(1): 22-26.

Morgan R (2008) *Institutionalising Health Impact Assessment: The New Zealand experience*, Impact Assessment and Project Appraisal, 26(1): 2-16. doi:10.3152/146155108X300547

Stewart J (2008) *Benefits of a Health Impact Assessment in Relation to Fuel Poverty: Assessing Luton's Affordable Warmth Strategy and the need for a national mandatory strategy*, Journal of the Royal Society for the Promotion of Health, 128(3): 123-129.

doi:10.1177/1466424008089797

Upcoming Conferences

24-26 September 2008
HIA Americas Workshop
San Francisco, USA
http://habitatcorp.com/whats_new/conference.html

8-10 October 2008
2008 International HIA Conference
Liverpool, England
<http://www.profbriefings.co.uk/hia08>

6-9 November 2008
IAIA Special Topic Meeting: Assessing and Managing Cumulative Environmental Effects
Calgary, Canada
<http://www.iaia.org/modx/index.php?id=386>

8-10 December 2008
HIA2008 2nd South East Asia and Oceania HIA Conference
Chiang Mai, Thailand
<http://www.hia2008chiangmai.com>

23-29 May 2009
IAIA09 Impact Assessment and Human Wellbeing Conference
Accra, Ghana
<http://www.iaia.org/modx/index.php?id=442>

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