

WHO Centre for Health Development

# Expert Consultation

Impact Assessment as a tool for  
Multisectoral Action for Health

**20-22 June 2012**

**Kobe, JAPAN**



**SUMMARY and RECOMMENDATIONS**

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### Impact Assessment as a tool for Multisectoral Action for Health

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#### SUMMARY and RECOMMENDATIONS

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#### 1. Background

- 1.1. The UN General Assembly's Political Declaration on Non-Communicable Diseases (NCDs) in 2011 emphasized the need for multisectoral action for health (MSA) for prevention and control of NCDs;
- 1.2. The Rio Political Declaration on the Social Determinants of Health (2011) recommended the use of impact assessment and relevant tools to promote Health in All Policies;
- 1.3. The WHO Commission on Social Determinants of Health Final Report (2008) recommended the use of health impact assessment to address health inequities through the social determinants of health approach;
- 1.4. Multisectoral action for health<sup>1</sup> (MSA) is a process that rarely occurs naturally and tools are needed to help facilitate and sustain the process;
- 1.5. A recent review of "Health in All Policies" identified that of 16 countries that have experience in conducting Health in All Policies, 10 countries have also applied impact assessment tools<sup>2</sup>;
- 1.6. Impact Assessment is defined as "prediction or estimation of the consequences of a current or proposed action"<sup>3</sup>;
- 1.7. Health Impact Assessment (HIA) is defined as "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"<sup>4</sup>;
- 1.8. Integrated Impact Assessment (IIA) brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programmes or projects may affect the physical, social and economic environment;
- 1.9. It has been noted that the use of HIA evolved from three origins: (i) HIA as a part of environmental impact assessment; (ii) as an approach for intersectoral action on the

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<sup>1</sup> For definitions of terms refer to Glossary of Terms in Annex 1.

<sup>2</sup> Centre for Research on Inner City Health: "Getting Started with Health in All Policies: A Resource Pack", February 2011.

<sup>3</sup> <http://www.who.int/hia/about/glos/en/index1.html>

<sup>4</sup> Gothenberg Consensus Paper: "Health Impact Assessment: Main concepts and suggested approach", December 1999.

broader determinants of health; and (iii) as a mechanism to reduce and redress health inequities<sup>5</sup>;

- 1.10. The World Health Organization has advocated the use of health impact assessment for more than three decades as a tool to incorporate health in wider development issues<sup>6</sup>  
7;
- 1.11. The human health impacts of environmental disasters were an important driver for the development of regulatory impact assessment;
- 1.12. In this meeting a group of experts from different regions of the world including decision-makers, academics and public health practitioners deliberated the effectiveness of impact assessment as a tool for promoting and sustaining MSA in order to achieve better health, including in relation to NCDs.
- 1.13. There were four main objectives of the meeting:
  - i. To provide inputs for developing guidance on the use of impact assessments (IAs) to promote and sustain multisectoral action for health (MSA);
  - ii. To discuss the advantages and disadvantages of using integrated impact assessments (IIA) vis-à-vis health impact assessments (HIA) in facilitating MSA;
  - iii. To identify strategies to promote use and uptake of these tools by decision makers in various sectors; and
  - iv. To identify other tools or initiatives that can provide platforms for facilitating MSA.

## 2. Utility of Integrated Impact Assessment (IIA) and Health Impact Assessment (HIA) for Multisectoral Action for Health

### 2.1. Introduction

- 2.1.1. According to recent literature there are at least 142 types of impact assessments including health, environment, business, gender etc.;
- 2.1.2. There are currently around 51 screening tools and 80 different methodological tools of HIA<sup>8</sup>.

### 2.2. Enabling characteristics for IIA/HIA

- 2.2.1. IIA/HIA follow structured, stepwise approaches that are easy to follow and MSA is implicit in the process e.g. creation of a multisectoral steering committee;
- 2.2.2. IIA/HIA propose participatory approaches where different sectors and affected communities are involved and relevant information is shared across sectors;
- 2.2.3. When IIA/HIA have clear objectives and desired outcomes it can facilitate the engagement of multiple stakeholders;
- 2.2.4. IIA/HIA can also enable public health professionals to relate to broader development goals and vice-versa;

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<sup>5</sup> Harris-Roxas B, Harris E. Differing Forms, Differing Purposes: A Typology of Health Impact Assessment, *Environmental Impact Assessment Review*, 31(4): 396-403, 2011.

<sup>6</sup> WHO (2008). *World Health Report 2008: Primary health care - Now more than ever*, World Health Organization. ISBN 9 7892 4156 3734.

<sup>7</sup> WHO (2009) *Megacities and Urban Health*, WHO Kobe Centre, World Health Organization.

<sup>8</sup> Hebert K. et al: "Health impact assessment: A comparison of 45 local, national, and international guidelines", *Environmental Impact Assessment Review*, Volume 34, April 2012, Pages 74-82.

- 2.2.5. IIA/HIA can also be a flexible process that can adapt to different decision-making contexts, which is important when working with multiple sectors.

### 2.3. *Pre-requisites for IIA/HIA*

- 2.3.1. While conducting IIA/HIA it is important to clearly identify incentives for different sectors;
- 2.3.2. The methodologies of generating evidence on the impacts, for example using predictions, should be clear and transparent;
- 2.3.3. IIA/HIA processes and methods should facilitate easier participation of a wider group of stakeholders including experts, communities, decision-makers etc.;
- 2.3.4. IIA/HIA toolkits may require adaption for large groups of stakeholders and also require prior planning for capacity in terms of time, money and human resources;
- 2.3.5. The involvement of stakeholders including decision-makers is critical if IIA/HIA is to effectively inform decision-making and implementation;
- 2.3.6. Responses to IIA/HIA should be planned for to ensure action on findings.

### 2.4. *Contexts and conditions that are conducive to using IIA/HIA*

- 2.4.1. Urgency of addressing health, equity and social issues in the political agenda, both nationally and locally, is conducive to the use of IIA/HIA;
- 2.4.2. Greater administrative and public awareness on health, equity and social issues are important to sustain the use of IIA/HIA;
- 2.4.3. IIA/HIA are mandated by law or the process of using the tools is institutionalized or, as in the case of Thailand, citizens have a right to request HIA;
- 2.4.4. The existence of grants and other incentives, including documentation of previous experiences, to conduct IIA/HIA;
- 2.4.5. International policies and agreements can provide opportunities for encouraging the use of IIA/HIA;
- 2.4.6. IIA/HIA should take advantage of *existing* multisectoral institutional mechanisms to ensure take up and implementation of IIA/HIA recommendations and monitoring of their effectiveness;
- 2.4.7. Governance reforms in the health and social sectors or civil service reforms can provide opportunities to conduct IIA/HIA;
- 2.4.8. The likely impact of the current economic environment:
  - 2.4.8.1. If the global economic slowdown continues, the need to protect the most vulnerable will be critical and, therefore, equity assessments and impact assessments will be important;
  - 2.4.8.2. IIA/HIA has the potential to inform decisions about resource allocation across government and also within the health sector;
  - 2.4.8.3. If economic interests dominate decision-making, it will be important to consider appropriate robust and validated methods to monetize the costs and benefits of better health outcomes and equity. This is specifically not easy in the case of health determinants and outcomes because of the complex and often distal causal pathways between policies, programs and projects, and health outcomes.

## 2.5. Roles and responsibilities of stakeholders

- 2.5.1. Identifying and subsequently engaging key stakeholders is an important step including communities, affected people, private sector, the media etc.;
- 2.5.2. IIA/HIA can work both with top-down and bottom-up governance structures;
- 2.5.3. For MSA, the ability to share information (capacity, permission) varies between sectors of government, and at different levels of government;
- 2.5.4. Therefore, it is important to clarify the expectations from health, environmental, finance and other relevant departments so that all necessary information can be shared in a timely manner with the proponent of a particular IIA/HIA;

### **Recommendations**

1. Any guidance should acknowledge the importance of being context-specific, while providing common principles and definitions, and clarify key concepts;
2. Review of the policy environment, including social, political and economic factors, should be carried out as a key component of impact assessment to understand both barriers and opportunities for MSA;
3. Document and share case studies on MSA that provides an analysis of the role of impact assessment and similar approaches;
4. Facilitate information on the importance of using appropriate robust and validated research methods for impact assessment (quantitative, qualitative and mixed methods), including guidance on data quality;
6. The participation/involvement of stakeholders should take into consideration both potential conflict of interests and alternatives for cooperation, if possible.
7. Health, environmental, finance and other departments are key contributors to the process of IIA/HIA, and efforts should be made to engage all relevant stakeholders throughout the process.

## 3. Comparative advantages of Integrated Impact Assessment (IIA) and Health Impact Assessment (HIA)

- 3.1. Integrated impact assessments (IIA) have the potential to identify the role of various sectors as addressing only health may not be a major motivation for other sectors;
- 3.2. IIAs consider a broad range of factors and impacts whereas HIA focuses on health. However, there is a danger of losing adequate focus on health in IIAs<sup>9 10</sup>;
- 3.3. There are other options, such as strengthening the health component in environmental impact assessment (EIA) and other relevant impact assessments;

<sup>9</sup> Banken R (1999) From Concept to Practice: Including the social determinants of health in environmental assessments, Canadian Journal of Public Health - Revue Canadienne De Sante Publique, 90:S27-S30.

<sup>10</sup> Harris-Roxas B, Viliiani F, Bond A, Cave B, Divall M, Furu P, et al. (2012) Health Impact Assessment: The state of the art, Impact Assessment and Project Appraisal, 30(1):43-52.

- 3.4. The uses of the tools (IIA and HIA) are context specific depending on governance structures, resources and capacity.

## **Recommendations**

1. The selection between HIA and IIA should be context specific and follow principles rather than definitions which could limit the benefits of using IA to catalyze MSA;

### **4. Strategies to promote use and uptake of impact assessment tools**

- 4.1. It has been proposed that there are four different types of health impact assessments including (a) mandated HIA, (b) decision-support HIA, (c) advocacy, and (d) community driven HIA<sup>11</sup>;
- 4.2. There are different strategic requirements to implement/use different types of IIA/HIA. Having legislation to support or mandate IIA/HIA is one option;
  - 4.2.1. For various reasons HIA had not been able to replicate EIA's success in being mandated through legislation;
  - 4.2.2. However, while legislation may be useful in institutionalizing the use of IIA/HIA it may not be a sufficient condition to increase and improve the use of IIA/HIA:
    - 4.2.2.1. There is a need to balance the 'routine' nature of the process when IIA/HIA is mandated with the enthusiasm generated through each voluntary initiative;
    - 4.2.2.2. Better sustainability for implementing IIA/HIA can be achieved through sensitization of communities on health and social issues;
    - 4.2.2.3. There will be a need to develop capacity to conduct IIA/HIA for greater uptake of the tools;
    - 4.2.2.4. Dedicated financial resources, direct or indirect, to support the use of IIA/HIA is important;
    - 4.2.2.5. IIA/HIA use validated tools that allow flexibility within the localized context;
    - 4.2.2.6. Instead of mandating HIA, the health component could be strengthened within EIA;
    - 4.2.2.7. Strong monitoring and enforcement systems which are open, transparent and available in the public domain, are required to manage the impacts of private sector and government initiatives.
- 4.3. Better public health communication is an important support mechanism for IIA/HIA.
- 4.4. The rationale for and overall strategy of IIA/HIA, including roles and incentives for proposed stakeholders, should be presented to key stakeholders to promote uptake, as in the case of other tools, such as Urban HEART.

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<sup>11</sup> Harris-Roxas B, Harris E. Differing Forms, Differing Purposes: A Typology of Health Impact Assessment, Environmental Impact Assessment Review, 31(4).

## Recommendations

1. International development institutions and agencies to promote and provide resources for projects that both mandate IIA/HIA and promote MSA;
2. Strategic and managerial partnerships at all levels – global, national and local – to be established to promote IIA/HIA and MSA;
3. Capacity building for the implementation, facilitation, and interpretation of IIA/HIA should be carried out for different stakeholders involved in the process and adapted to their needs, responsibilities and expertise;
4. Gather evidence on the practices most likely to promote IIA/HIA for MSA.

## 5. Experiences of using other tools for Multisectoral Action for Health

- 5.1. The group recognized that a number of tools had been utilized to promote MSA in different countries and contexts for e.g. national health agendas or commissions, healthy settings, Reaching the Urban Poor (Philippines) etc.
- 5.2. In this meeting, examples of two other tools were presented to promote MSA: (1) Urban Health Equity Assessment and Response Tool (Urban HEART), and (2) Coaching programme for tackling obesity in Netherlands.
- 5.3. It was noted that although the primary function of the two tools differed from each other and from IIA/HIAs, they shared the common objective of promoting MSA;
- 5.4. Urban HEART is a policy planning tool to identify and act on health inequities through actions on the wider determinants of health:
  - 5.4.1. The role of various sectors in the process of Urban HEART is clear due to inclusion of specific indicators and of best practices from multiple sectors;
  - 5.4.2. The engagement of ‘champions’ (e.g. Mayors) from the beginning facilitates the process for assessment and taking action on appropriate responses;
  - 5.4.3. Urban HEART was also considered user-friendly by decision-makers as it used simplified charts to present and analyze results, e.g. colour coded matrices;
  - 5.4.4. The stepwise process of conducting Urban HEART is clearly defined in the User Manual for Urban HEART;
  - 5.4.5. It is feasible to monitor the impact of the Urban HEART process evinced by the example from Paranaque, Philippines, on facility-based births and access to safe water;
  - 5.4.6. Availability of disaggregated data remains a concern in sustaining MSA. While the short-term strategy is to conduct surveys, the long-term strategy will be to develop appropriate information systems;
- 5.5. A coaching programme to promote MSA for tackling obesity among local stakeholders:
  - 5.5.1. The coaching programme was conducted in the region of South Limburg of the Netherlands as an alternative tool to HIA;
  - 5.5.2. HIA was not used due to insufficient strategic commitment and inadequate competencies;



- 5.5.3. The process for the coaching programme led to the realization that health may not be the primary goal in this case and should be better integrated into overarching concerns such as social security, cohesion, inclusion and quality of life;
- 5.5.4. Health in All Policies is not realized, not because of non-health domains, but mainly due to lack of expertise and powerlessness in the public health domain.
- 5.6. There are several experiences of governance structures to favor the use of IA for MSA, including external coordination mechanisms, participatory budgeting, compulsory reporting, public consultations, etc.

## Recommendations

1. Prepare guidance for actors to select the most appropriate tool for different contexts and uses, considering their comparative advantages e.g. user-friendliness.
2. Document the use of Urban HEART, analyzing the strengths and weaknesses of using the tool, to promote and sustain MSA based on existing experiences

## 6. Key products

The expert group recognized that a number of manuals or “how-to” guides on IA and HIA already existed. Therefore, reference can be made to available guides for users on how to conduct IIA/HIA. Some examples of key resources include:

- WHO website on HIA: <http://www.who.int/hia/en/>
- University of New South Wales, Australia: <http://www.hiaconnect.edu.au/>
- HIA Gateway, UK: [http://www.apho.org.uk/default.aspx?QN=P\\_HIA](http://www.apho.org.uk/default.aspx?QN=P_HIA)
- Pew Charitable Foundation, USA: <http://www.healthimpactproject.org/>

While recognizing the recommendations for follow-up actions, the group deliberated on the production of **key guidance documents to provide the rationale for conducting an IIA/HIA to promote MSA**. These documents are intended to be brief, and each brief should focus on addressing the issue to a specific audience.

The list of key audiences for consideration included:

1. Policy makers: health sector
2. Policy makers: non-health sector
3. Media and public
4. Private sector

## **Annex I**

### Glossary of key terms

#### **Health Equity Impact Assessment (HEIA)**

Health equity impact assessment (HEIA) is an emerging support tool for building policy coherence for health equity. It is used to assess the potential health equity consequences of policy, which it feeds back into the decision-making process and which can also be used to engage the relevant ministries and stakeholders in dialogue. It is a means to ensure that the potential impacts of a proposal on health equity are considered prior to implementation.<sup>12</sup>

#### **Health in All Policies (HiAP)**

HiAP approach assists leaders and policy-makers to integrate considerations of health, well-being and equity during the development, implementation and evaluation of policies and services.<sup>13</sup>

#### **Health Impact Assessment (HIA)**

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”.<sup>14</sup> HIA aims to assess the health impacts of policies, plans and projects in diverse economic sectors using quantitative, qualitative and participatory techniques. HIA helps decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health.<sup>15</sup>

#### **Healthy Public Policy**

Healthy public policy is characterized by an explicit concern for health and equity in all areas of policy, and by accountability for health impact. The main aim of healthy public policy is to create a supportive environment to enable people to lead healthy lives. Such a policy makes healthy choices possible or easier for citizens. It makes social and physical environments health-enhancing.<sup>16</sup>

#### **Impact Assessment (IA)**

Impact assessment is about judging the effect that a policy or activity will have on people or places. It has been defined as the “prediction or estimation of the consequences of a current or proposed action”.<sup>17</sup>

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<sup>12</sup> WHO: Closing the Gap in a Generation: Health equity through action on the social determinants of health. Geneva: Commission on the Social Determinants of Health, World Health Organization; 2008.

<sup>13</sup> Adelaide Statement on Health in All Policies 2010, WHO and Government of South Australia.

<sup>14</sup> WHO Regional Office for Europe. (1999). *Health Impact Assessment: Main concepts and suggested approach. (Gothenburg consensus paper)*. Brussels: European Centre for Health Policy. Retrieved from: [http://www.hiaconnect.edu.au/files/Gothenburg\\_Consensus\\_Paper.pdf](http://www.hiaconnect.edu.au/files/Gothenburg_Consensus_Paper.pdf).

<sup>15</sup> <http://www.who.int/hia/en/>

<sup>16</sup> WHO. (1988) Second International Conference on Health Promotion. Adelaide Recommendations on Healthy Public Policy. <http://www.who.int/hpr/archive/docs/adelaide.html>

<sup>17</sup> <http://www.who.int/hia/about/glos/en/index1.html>

### **Integrated Impact Assessment (IIA)**

Integrated impact assessment brings together components of environmental, health, social and other forms of impact assessment in an attempt to incorporate an exploration of all the different ways in which policies, programmes or projects may affect the physical, social and economic environment.<sup>18</sup>

### **Intersectoral Action for Health (ISA)**

Intersectoral action for health (ISA) has been defined as “a recognized relationship between part or parts of different sectors to take action to improve health and health equity”.<sup>19</sup> The objective is to achieve greater awareness of the health and health equity consequences of policy decisions and actions in different sectors. Various approaches to ISA can be taken: it may be issue-specific (e.g. focus on integrating a specific issue to other sectors policies), or it may be broader and aim to integrate a systematic consideration of health into all other sectors’ policies and actions (see definition of Health in All Policies above).<sup>20</sup>

### **Multisectoral Action for Health (MSA)**

Multisectoral action for health (MSA) has been used to refer to health action carried out simultaneously by a number of sectors within and outside the health system, but according to the WHO Glossary of terms,<sup>21</sup> it can be used as a synonym for intersectoral action for health.

### **Whole of Government Approach**

Whole of government approach denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues. Approaches can be formal and informal. They can focus on policy development, programme management and service delivery.<sup>22</sup> As a concept it is not specific to health, but aims at arriving at common government goals and their implementation.

\* There are various definitions of the terms Health in All Policies (HiAP), healthy public policy, intersectoral action for health (ISA), multisectoral action for health (MSA) and whole of government approach. Although there are some differences in their definitions, these terms are often used interchangeably.

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<sup>18</sup> <http://www.who.int/hia/about/glos/en/index1.html>

<sup>19</sup> WHO and PHAC. (2008) *Health equity through intersectoral action: an analysis of 18 country case studies* (2008) [http://www.who.int/social\\_determinants/publications/isa/en/index.html](http://www.who.int/social_determinants/publications/isa/en/index.html)

<sup>20</sup> WHO and PHAC. (2008) *Health equity through intersectoral action: an analysis of 18 country case studies* (2008) [http://www.who.int/social\\_determinants/publications/isa/en/index.html](http://www.who.int/social_determinants/publications/isa/en/index.html) and WHO. (2011) *Intersectoral Action on Health, a path for policy makers to implement effective and sustainable action on health*. [http://www.who.int/kobe\\_centre/interventions/intersectoral\\_action/en/index.html](http://www.who.int/kobe_centre/interventions/intersectoral_action/en/index.html)

<sup>21</sup> WHO. (1988) Second International Conference on Health Promotion. Adelaide Recommendations on Healthy Public Policy. <http://www.who.int/hpr/archive/docs/adelaide.html>

<sup>22</sup> Management Advisory Committee. (2004). *Connecting Government: Whole of Government Responses to Australia's Priority Challenges*. Canberra: Commonwealth of Australia.

## Annex II

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