Introduction to Health Impact Assessment
Table of Contents

Introduction  4
  Community Health and Business Performance  4
  About This Document  5

Section 1: Overview of HIA  6
  Understanding Health Impact Assessment  7

Section 2: Screening—How to Decide Whether to Conduct an HIA  16
  What Factors Trigger a Comprehensive HIA?  16
  When is a Rapid Appraisal (Desktop or Limited In-Country) HIA Appropriate?  18

Section 3: Environmental Health Areas  20
  Social Determinants of Health  23

Section 4: Scoping—How Comprehensive Should the HIA Be?  25

Section 5: Baseline Data—What, When, and How Much?  26
  Data Sources and Collection Methods  26
  Biomonitoring Data  28

Section 6: Stakeholder Engagement  29
  Key Components  29
  Gender and Cultural Considerations  29

Section 7: Risk Assessment—Assessing and Ranking Impacts  31
  How Can Risks Be Estimated?  31
  How Can Risks Be Rated?  31
  How to Assess Impact Significance  32

Section 8: Health Action Plan  33
  Fundamental Concepts  33
  How to Evaluate the Health Action Plan  35

Section 9: Monitoring and Verification  37
  Monitoring  37
  Verification  39

Section 10: Resourcing  40
  Allocation of Resources  40
  External Expertise  40
Introduction

This document is intended to provide good practice guidance for conducting a health impact assessment (HIA) to determine potential impacts on community health as a result of project development. This guidance supports IFC’s Performance Standards on Social and Environmental Sustainability. The document does not cover occupational health aspects work environments.

This document has three objectives:
- To present methodological approaches to assess and address potential community health impacts that might typically be encountered in the development or review of existing or future industrial projects
- To assist in the development of the terms of reference (TOR) that may be needed to conduct the HIA
- To help ensure inclusion of health impact aspects in the social and environmental impact assessment process.

An HIA is a combination of procedures, methods, and tools to assess the potential health impacts of a project on nearby populations, and to recommend mitigation measures. HIA addresses both negative and positive aspects of health. HIA will also try to identify benefits to health that may be enhanced. It may be necessary to include assessment of health impacts in the environmental and social assessment process, depending on their potential significance.

HIA is applicable across industrial sectors (such as agribusiness, infrastructure, extractive industries) and project settings (such as urban, rural, greenfield, brownfield).

This document applies to two generic situations: 1) expansion of existing facilities or projects, and 2) development of new projects or new locations.

Potential health impacts at existing facilities can be triggered by expansions. In these cases, the assessment should consider whether the impacts have already occurred (legacy issues), are presently occurring (assessment of ongoing impacts), and/or will occur as a result of the expansions. Legacy issues are a concern for older facilities that may have operated with minimal or ineffective pollution-control technologies.

Community Health and Business Performance

Community health issues can affect business performance and reputation. For instance, certain diseases, such as malaria and acute respiratory infections, have the potential to cause changes in local workforce productivity, adversely affecting the business. The presence of communicable diseases can also increase the health care costs of local employees and their families. And a rise in the prevalence of noncommunicable diseases such as diabetes, hypertension, cardiovascular, and stress-related diseases can have significant productivity and financial repercussions. On the other hand, direct or indirect health-related support from project developers to local communities is usually well-received and can have significant reputational benefits to the project sponsors. Outreach efforts that improve overall environmental, social, and health quality can turn existing health-associated risks into mutual benefits to businesses and communities.
About This Document

Section 1 addresses the types of HIAs, and how to determine which type of HIA is appropriate for the project. It also describes how an HIA fits into the social and environmental impact assessment process. Sections 2 and 3 explain when a comprehensive HIA may be required, and Section 3 also lists and describes the environmental health areas. Sections 4 and 5 focus on the in-depth level of the HIA and the baseline data needs. Sections 6 and 7 address health-specific stakeholder engagement and risk assessment aspects. Sections 8 and 9 provide information on the development of the health action plan and monitoring and verification, including a discussion on key performance indicators. And Section 10 focuses on the resources needed for conducting health impact assessments. Appendix A contains a list of useful websites where you can find additional relevant information on how to conduct HIAs. Appendixes B and C present mitigation measures and typical health impact issues. Appendix D is a screening-process checklist. And Appendixes E, F, and G provide sample outlines of comprehensive and limited in-country HIAs, recommended baseline data collection activities, and risk assessment activities.
Section 1: Overview of HIA

Project-related activities may directly, indirectly, and even cumulatively change community exposures to environment-based health risks, such as communicable diseases, equipment accidents, and exposure to hazardous materials or conditions. Projects have the potential to affect a broad range of environmental and social determinants of health either positively or negatively.

Factors that may contribute to health impacts include:

- A sudden influx of job seekers or extended family that increases demands on existing health and sanitation infrastructure
- Introduction of infectious diseases (both vector-borne and other communicable diseases)

These types of direct or indirect impacts may cause project delays, damage to relationships with communities or government organizations, legal liabilities, and additional costs. However, when properly managed, community health impacts may reduce unnecessary cost (down time, indemnifications), and help create positive perceptions, such as a social license to operate.

A key consideration for the project is the ability to effectively involve key stakeholders in a realistic and positive participatory process. (Refer to Section 6 for a summary of the relevant approaches to stakeholder engagement in the overall HIA process, and to Appendix A for a list of IFC and World Bank publications on the subject.)

The capacity of the health system, particularly at the local project level, is critical. This capacity should be carefully evaluated to determine whether and how a project might affect local health systems and service delivery capacities. Particular attention should also be given to the health information systems (HIS) that record and summarize clinical medical data.

Many health issues can be resolved with the application of well-established, simple, and cost-effective public health interventions, such as treated bed nets, immunizations, and information, education, and communication programs. A significant portion of the underlying community burden of disease (for example, respiratory, diarrheal-related, or vector-borne) is often effectively addressed by engineering strategies such as housing design, water access and supply,
Understanding Health Impact Assessment

This section describes the key characteristics of HIAs, the HIA process, and types of HIAs, as well as how to determine which type of HIA to use and how the HIA fits into the impact assessment process.

Key Characteristics

Two key characteristics define HIAs:

- Predicting the consequences of project-related actions
- Providing information that can help decision makers prioritize prevention and control strategies throughout the project cycle

Hence, the HIA is a critical tool for developing evidence-based recommendations for project decision makers and key stakeholders.

Health is the responsibility not only of the health sector but also of other relevant sectors such as engineering, design, construction, community affairs department, local waste-management service, country road safety department, and local emergency response unit. These sectors also can play an important role in prevention, promotion, and mitigation.

Health impacts can be positive or negative, intended or not, single or cumulative. The range of changes may or may not be evenly distributed across the population; so the HIA should consider the equity of impacts. Vulnerability is a key consideration within the general discussion of social, environmental, and institutional determinants of health. In many cases, certain subgroups (for example, children, women, the aged) may be disproportionately affected.

HIA Functions

Overall, the HIA process can contribute to the following:

- Predicting the consequences of different project-related options
- Providing information required to help prioritize prevention and control strategies throughout the project cycle
- Serving as a vehicle to engage companies and key stakeholders in a collaborative decision-making process
- Identifying the most critical environmental and social determinants of health that may be affected by the project
- Addressing health issues that may influence overall sustainability objectives
- Facilitating intersectional collaboration beyond the health sector and capacity building with local, regional, and national host-country health resources
- Enhancing the project “license to operate” in the eyes of local communities and the host government
The HIA Process

The essential elements of the HIA process (Quigley et al. 2006) typically include the following:

- **Screening**—preliminary evaluation to determine whether a proposed project is likely to pose any significant health questions. Specialists should generally assume that projects requiring environmental or social impact assessments are also likely to have potential health impacts. During the screening step, the need for an HIA can be determined.

- **Scoping**—a process for outlining the range and types of hazards and beneficial impacts. The overall types and categories of questions that should be addressed are defined at this stage of the HIA. The input of key stakeholders and the relevant host-country health authorities is critical, so that the HIA adequately addresses a realistic range of health concerns. This stage also is the time to develop the TOR for the scoping. The HIA effort should be “fit to purpose,” and it should adequately and realistically match the complexity of the project.

- **Risk Assessment**—includes the key set of activities to investigate, appraise, and qualitatively or quantitatively rank the impacts the project is likely to have, on the health of the defined communities. The spectrum of potential impacts—their relative importance and at what level they are expected to occur—is determined in this step.

- **Health Action Plan**—considers the rankings developed in the risk assessment and develops a written health action plan (HAP). The HAP, also known as a health management plan, establishes the proposed actions needed to mitigate identified impacts and promote health opportunities in the project. Mitigation is a systematic process by which to avoid, reduce, remedy, or even compensate for potentially negative impacts. Review and analysis by key stakeholders, including host-country health authorities, is critical.

- **Implementation and Monitoring**—occurs after the health action plan is developed. At this point it is necessary to decide how the mitigation actions will be implemented and monitored, and to establish the roles and responsibilities of the companies and key stakeholders. During this process, the project should establish action frameworks and allocation of resources, and it should design monitoring systems to ensure that mitigation progress is satisfactory. In addition, the monitoring system should be designed to capture unanticipated effects or provide an early-warning system to alert that problems, are occurring at the community level. The monitoring plan should define appropriate key performance indicators.

- **Evaluation and Verification of Performance and Effectiveness**—a system for determining that implementation has been accomplished and is achieving the intended results.

Figure 1 illustrates typical process and flow for conducting an HIA (IPIECA, 2005). This diagram follows the same sequence that is used for both environmental and social impact assessments. A chart outlining the entire HIA process is presented in Figure 2. (See page 10.)

The participatory process—including stakeholder communication and consultation—provides active involvement in decision making for those with a stake in the project. A well-designed program will generate a sense of ownership of the overall HIA results and recommendations (IFC, 2007).
As with all impact assessments, the HIA benefits from frequent review throughout the life of the project—so, the project can adjust the health action plan if necessary.

Types of HIAs

When gathering new field data for the HIA, the project will encounter different levels of effort and needs. The key descriptive terms for these cases—"comprehensive" and "rapid appraisal"—indicate the different depths of analysis and consultation required, and whether the performance of the HIA involves collecting new field data. (See Table 1.) In many situations, a rapid appraisal HIA will be sufficient; however, this assessment may uncover significant data gaps and trigger the need for a more comprehensive HIA, that is, new data collection.

- **Comprehensive HIA.** A comprehensive HIA includes screening, scoping, stakeholder consultation, risk assessment, appraisal, implementation and monitoring, and verification. (See Figure 1.) Stakeholder communication and consultation should take place at all stages—from screening through implementation and monitoring. During the project concept and feasibility studies and project planning phases, the project also will perform a limited level of local community stakeholder consultation.

A comprehensive HIA is more likely to be considered for large, complex projects, particularly if resettlement or relocation of existing communities is involved or if a significant influx of persons is expected, regardless of whether it is a new-project or new-location situation or a significant expansion of an existing facility. An essential element of the comprehensive HIA is the need for some type of new data collection in potentially affected communities, and for helping to predict changes in health determinants, the associated risks, and health
Figure 2: HEALTH IMPACT ASSESSMENT PROCESS

**Screening**
1. Assemble the team
2. Identify legislative requirements
3. Gather and review relevant project information
4. Evaluate health context
   - **Location**
     - Rural
     - Urban
     - Peri-Urban
   - **Climate**
     - Tropical
     - Temperate
     - Polar
   - **Endemic Diseases**
   - **Influx**
     - Temporary
     - Permanent
     - Countries or Locations of origin
5. Review project design
   - **Water Bodies**
   - **Operation Facilities**
   - **Roadways, Pipelines**
   - **Sources of Potential Exposure**
   - **Construction Camps**
   - **Transmission-Line Corridors**
6. Review the possible health impacts using environmental health areas
7. Identify potentially impacted geographic areas and potentially affected communities
8. Identify key stakeholders
9. Determine whether HIA is needed

**Scoping**
1. Set the geographical, time scale, and population boundaries to the assessment
2. Determine HIA approach
   - **Comprehensive**
     - Significant influx concerns
     - Resettlement/Relocation
     - Significant construction activity
     - New linear features
     - Large project in rural setting
   - **Rapid Appraisal**
     - Limited In-Country
     - No new data collection anticipated within communities of concern
     - Existing data source review
   - **Desktop**
     - Limited review

**Baseline Data**
1. Literature review by Environmental Health Area
2. Evaluation of existing country survey and research data
   - Data validation
   - Statistical analysis
3. Evaluation of data from Key Stakeholders; Traditional and Local Knowledge
4. Evaluation of health data from existing project workers

**Risk Assessment**
1. Detailed description of risks and potential causation
   - Use map to brainstorm and make sure all risks are listed
2. Assess impact significance
   - Perception of risks by potentially affected communities
   - Nature—direct, indirect or cumulative
   - Timing and duration
3. Risk-ranking
   - Severity
   - Probability
   - Extent
   - Magnitude
   - Frequency

**Health Action Plan addressing risks identified**
1. Mitigation Approach
   - Action
   - Resource flows and responsibilities
   - Timing (construction, operations, decommissioning)
   - Collaborating organizations, if applicable

**Monitoring and Evaluation**
1. Define Key Performance Indicators (KPIs)
2. Determine approach to data collection
   - Implement
   - Evaluate
outcomes. This data collection typically consists of health-questionnaire surveys.

- **Rapid Appraisal HIA.** These assessments require less-intensive efforts; however, in-country investigation may be triggered. Typically, rapid appraisal HIAs are subdivided into desktop HIAs and limited in-country HIAs.

A **desktop HIA** is a qualitative review of potential health impacts and is used to internally inform and comment on the proposed design of the project. It is also useful for determining whether a more detailed review is needed. The outcome of the desktop HIA may be the definition of scope for the HIA, or even that further assessment of health impacts is required.

A **limited in-country HIA** uses information that is already available or easily accessible. Thus, no specific new data collection is required. Data sources may include peer-reviewed scientific literature and “grey literature,” that is, health department data. Workshops or discussions with key internal and external stakeholders, which are usually planned in the context of other social and environmental assessment efforts, also can provide useful health-related information. The overall results are typically incorporated into the social and environmental impact assessment, although the limited in-country HIA may also be issued as a stand-alone report. Limited in-country HIAs are appropriate for many expansion scenarios where new data collection is not needed. In some situations large health databases are available,

### Table 1: Levels and Characteristics of HIAs

<table>
<thead>
<tr>
<th>Level of HIA</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Desktop HIA</td>
<td>Provides a broad overview of possible health impacts</td>
</tr>
<tr>
<td></td>
<td>Analysis of existing and accessible data</td>
</tr>
<tr>
<td></td>
<td>No new data collection</td>
</tr>
<tr>
<td></td>
<td>Usually takes an experienced assessor 2-3 weeks to perform the appropriate literature searches, analysis, and write-up</td>
</tr>
<tr>
<td>Limited In-Country HIA</td>
<td>Provides more detailed information of possible health impacts</td>
</tr>
<tr>
<td></td>
<td>Analysis of existing data</td>
</tr>
<tr>
<td></td>
<td>Stakeholder and key informant analysis</td>
</tr>
<tr>
<td></td>
<td>No new data collection</td>
</tr>
<tr>
<td></td>
<td>Typically takes a team of two experienced assessors 10-14 days in the field, followed by 4-8 weeks of analysis and document preparation, with literature (desktop) searches performed prior to the field work</td>
</tr>
<tr>
<td>Comprehensive HIA</td>
<td>Provides a comprehensive assessment of potential health impacts</td>
</tr>
<tr>
<td></td>
<td>Robust definition of impacts</td>
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<tr>
<td></td>
<td>New data collection</td>
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<tr>
<td></td>
<td>Participatory approaches involving stakeholders and key informants</td>
</tr>
<tr>
<td></td>
<td>Requires approximately 2-4 weeks of in-country field work</td>
</tr>
<tr>
<td></td>
<td>(Community surveys typically require a minimum of 2-4 months for data collection and analysis, depending upon the size and complexity of the survey. Typically, one survey team should be able to cover 4-5 households per day. A typical survey team includes 2-4 members.)</td>
</tr>
</tbody>
</table>

Perform the type of HIA needed to best understand and mitigate potential project impacts.

Formal community surveys are complex, time-consuming, and expensive if several hundred households are covered. A minimum cost of $500-1,000 per day is typical for formal large-scale household survey efforts that include both local and international consultants.
sufficient for documenting current baseline community conditions, making new field collection efforts unnecessary.

**How Does a Company Determine the Type of HIA?**

No clear dividing line exists to indicate whether a project needs a comprehensive HIA or a desktop or limited in-country HIA. (See Figure 3.) However, it is important to establish a rationale for performing a limited in-country HIA.

In Figure 3, the *potential health impact* axis considers health issues in the proposed project location, such as:

- Hazardous materials exposure—how the facility will operate, and what the potential exposures are to physical, biological, and chemical agents
- Resettlement or relocation—moving communities or providing compensation for relocation
- Endemic disease profile—malaria, dengue, HIV/AIDS, tuberculosis, schistosomiasis, and so on
- Health systems and infrastructure—poor or nonexistent health infrastructures
- Stakeholder concerns—critical community issues, such as water quality or access, increased road traffic and accidents

The *social sensitivity* axis covers a broad range of issues, many of which are typically addressed within the social analysis of the potentially affected communities (for example, conflict, resettlement, displacement, potential impact on use of natural resources, in/out migration access to health care, cultural health impact, food/housing inflation).

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**Figure 3: SELECTING AN HIA TYPE**

**Potential Health Impacts**
- Hazardous materials exposure
- Resettlement/Relocation
- Endemic disease profile
- Health systems/infrastructure status
- Stakeholder concerns

**Social Sensitivity**
- Socioeconomic situation
- Conflict
- Human Rights
- Resettlement
- Indigenous People
- Vulnerable Communities
- Political Factors
- Stakeholder Concerns

**Project Footprint**
- Knowledge
- Physical area, number of people impacted
- Timescale of impact
- Precedence
- Complexity (workforce size, countries of origin; level of inconvenience to quality of life; displacement, potential impact on use of natural resources, in/out migration access to health care, cultural health impact, food/housing inflation)

**High**
- Poor
- Large
- Long
- No precedent
- Difficult

**Low**
- Good
- Small
- Short
- Precedent
- Easy
political factors, vulnerable communities, human rights, and equity concerns). The vulnerable status includes factors such as gender, ethnicity, culture, sickness, physical or mental disability, poverty or economic disadvantage, and dependence on unique natural resources.

The *project footprint* axis applies to:

- Physical area, and number of communities and people impacted by construction, operation, and decommissioning (consider adjacent communities)
- Temporary and permanent inconvenience to the population's quality of life or economic activity, such as dust, noise, transportation corridors, temporary or permanent rerouting of roads and rerouting or damming of rivers
- Workforce size, potential countries of origin, and housing
- Impact on natural resources used by the communities (for example, land for forestry, farming, subsistence hunting and fishing, foraging, and water supplies for drinking, fishing, farming, and industry)
- Physical displacement (that is, resettlement or relocation of individuals or communities that may increase the footprint)
- Potential of the project to cause local violence or other significant disruptions of community cohesion
- Impacts on population size and profile (influx), such as in- or out-migration potentially triggered by the project
- Indigenous peoples' and local communities' cultural health practices
- Local people's access to health infrastructure and services
- Distortion of local prices, especially of land, food, water, and property

The HIA variables listed in Figure 3 are good indicators of health aspects. Key environmental health areas (EHAs) are discussed in detail in Section 3, and a list of EHAs is presented in Table 2.

### HIA for New Projects or New Locations

The HIA for new projects or new locations ideally seeks to identify and estimate the significant changes that may occur in the health of a defined population as the result of different actions. When a concurrent or retrospective health assessment is triggered, it aims to determine whether impacts are occurring or have occurred. Therefore, the timing of the HIA is critical. For maximum benefit, the project should conduct the HIA before the final engineering design specifications and construction contract are “locked in.”

**Timing is critical:**

Maximum benefit occurs when the HIA comes before the final engineering design specifications and construction contract are “locked in”—when it can influence decision making.

The HIA is not the best predictive tool for performing cause-effect analyses of specific community concerns—for example, whether past facility releases (air, water) may have impacted health or caused changes in underlying rates of diseases, such as malaria, reproductive outcomes, or respiratory diseases. For these types of situations, standard epidemiological investigations are much more appropriate. Also, these types of investigations are quite complex and require expert consultation.

When the HIA is performed concurrently with the environmental and social assessments, there is a greater ability to effect change, and significant opportunities for cost-effective improvements by public health engineering. Unfortunately, in many situations, a comprehensive HIA is performed, 1) after final design has occurred and construction has begun, and/or 2) after performance of a superficial rapid appraisal HIA, which is often embedded in the social environmental impact assessment (SEIA).
Stakeholders are often concerned about water quality and access.

**How Does an HIA Fit into the Impact Assessment Process?**

Since health impacts need to be assessed as part of the social and environmental impact assessments, the project should include the health component as part of the SEIA terms of reference. The proper integration of an HIA into its SEIA includes resolving boundaries, avoiding duplication, integrating mitigation measures, and integrating executive summaries.

How deep to take the health analysis and consultation depends on the project's potential health impacts. A company that identifies, through the screening process, potentially significant health impacts of the project should establish the need for conducting a comprehensive HIA, which can be incorporated into the SEIA instead of being a separate document. In such cases, the company should seek advice from health-assessment qualified experts, or include health experts on the team conducting the SEIA, or both.

All projects, particularly large projects, should consider the following aspects:

- The nature and extent (geographical distribution of effects) of potential health impacts may not match the communities defined in the SEIAs.
- How were potentially affected communities (PAC) and households defined and selected by the different impact assessments?
- Health equity considerations that are key to PAC and other key stakeholders have impacts that are felt disproportionately across different population subgroups.
- The biology of disease transmission is complex and variable across geographical settings (for example, urban, peri-urban, and rural), seasonal aspects, and cultural practices. The geographical areas, and the communities and households located within them, may differ from the way they are defined on a purely environmental or social basis.
- The utility and validity of existing health databases generated at the district and provincial levels could be overestimated.
- The range and depth of potential household- and community-level health impacts, particularly when there is resettlement or relocation, are often complex, subtle, and potentially long-lasting.

Since data obtained during the social and environmental assessment process can and should be used in the HIA, it is important to structure joint planning and coordination of household and community surveys to avoid having communities and individual households experience “survey fatigue.” This also saves time and cost of assessment.
The recommendations that are developed in the HIA are further discussed and analyzed either within the mitigation section of the SEIA or in a separate health action plan. The HAP is an important tool for defining the roles and responsibilities for the various proposed mitigation measures.

**Related Health Assessments**

Health Risk Assessments (HRAs) refer to either: 1) the quantitative calculation of incremental individual risk due to exposures to potential hazardous materials in the environment, or 2) the assessment of the risks and hazards that may be encountered by project workers (including expatriates), such as chemical exposures, heat stress, safety hazards, and so on.

Health Need Assessments (HNAs) generally describe the health needs and health assets of different groups in the local population; its primary function is to inform decisions about strategies, service priorities, commissioning, and local delivery plans. In contrast with the HIA starting point, which is the proposed development or project in relation to the community, the HNA starting point is the existing community. The HNA focuses on critical health problems, deficiencies, and assets that exist in a community, unrelated to a proposed project.

The different types of health assessments may overlap, and these assessments can benefit from exchanging and sharing data. The HNA is important in developing health management plans and investment strategies.
Section 2: Screening—How to Decide Whether to Conduct an HIA

Screening a is preliminary evaluation to determine whether a proposed project is likely to pose any significant health questions, and whether an HIA is needed.

Screening should be based on a complete description of project characteristics and potential impacts.

The following are some factors of the projects that should be subjected to HIA.

What Factors Trigger a Comprehensive HIA?

Several factors should be considered when evaluating the need to perform a comprehensive HIA. These factors should be based on potential impacts due to project characteristics, potential environmental and social hazards, and community concerns.

The following are examples of factors to be considered:

- **Significant influx concerns.** Influx can occur due to job seeking, commercial opportunities, small-scale trading, extended-family immigration, and so on. Significant influx, regardless of cause, can put tremendous strains on fragile local infrastructures and existing vulnerable populations. (IFC is developing a new guidance note for evaluating and managing environmental, social, health, and security impacts related to project-induced immigration. This guidance note will provide detailed approaches for risk assessment and management of influx-triggered impacts.)

- **Significant resettlement or relocation of local communities.** To document short-term, long-term, and cumulative impacts, the project should obtain accurate presettlement baseline data. It is unlikely that the SEIA will capture the full range of potential health impacts that are likely to occur.

- **Significant construction phases.** These including new major construction or expansion at existing facilities that may involve large temporary workforces often located at multiple work camps at different geographic locations. Construction activity typically acts as a magnet, causing an influx of people into the project area. The area of influence may be surprisingly large and not confined to the immediate host communities; hence, potential regional effects should be considered. Even if the workers are completely housed within camp construction sites, spontaneous settlements populated by “camp followers” are sure to develop.
Camp followers are those individuals and families newly attracted to an area because of the economic and employment opportunities associated with the construction phase of a new project. The ratio of worker to camp follower is unknown, but field experience indicates that a large construction site (more than 1,000 workers) will attract at least an equal number of camp followers, such as small traders, guest houses, shops, bars, restaurants, and sex workers.

- Prominent and new linear features, with emphasis on road transport. Linear features are structures such as railway lines, power transmission lines, pipelines, roads, and canals. Linear features may cross over and typically connect a variety of ecological and human communities. Changes in road and traffic patterns, particularly the increase in long-haul truck trips, can be a significant issue during all phases of a project. Their impacts include changes in sexually transmitted infections, increases in accidents and injuries, and greater exposures to road dust and vehicle emissions.

Changes in transportation corridors are important from both a social and a disease-transmission dynamic, because the spread of diseases (for example, sexually transmitted infections and certain vector-borne diseases) can be dramatically facilitated by the rapid influx of job seekers and construction workers into previously “sterile” geographical areas and communities. Although improved transportation corridors may bring many benefits, their presence also includes the potential for significant and long-lasting negative community impacts. Therefore, the overall potential impacts triggered by new linear features require careful review and analysis.

- Large projects in rural settings. The existing public health systems in rural areas may be weak or nonexistent, and the underlying burden of disease in local communities is high. Therefore, although it is important to systematically review the available data in the host country’s health information system (HIS), it is appropriate to exercise caution when evaluating the existing disease databases that may be available (Erlanger, 2008b). In general, there is massive underreporting and misreporting of disease burdens. Rural households that may have little or no access to health care services will not necessarily be captured in the reported health statistics. In addition, the published data may be a result of “syndromic diagnoses,” purely based on clinical analysis without objective laboratory confirmation. Therefore, it is critical for the health assessment to dig deep and to consult a variety of sources, such as published scientific literature, nongovernmental organizations, and general literature searches using Internet search engines and standard textbooks of public health and tropical medicine. Appendix A provides a detailed list of useful Web sites, published scientific papers, and commonly consulted textbooks.
The hallmark of almost all of these cited situations is project-triggered influx.

So, ask: Will the proposed project cause or facilitate (via transport corridors) in- and out-migration within its area of potential influence?

If the answer is yes, then the project should consider some level of new baseline data collection.

And a comprehensive HIA is appropriate.

Overreliance on country HIS data can be illustrated by the difficulty of evaluating reported diagnoses of malaria. Typically, in areas with malaria transmission, virtually all cases of fever are “suspect malaria” and reported as such. Fever is often the most commonly reported clinical diagnosis within a local HIS. However, if objective laboratory testing is performed, the number of confirmed malaria cases can fall dramatically, that is, 5-10-fold reductions in confirmed versus syndromically diagnosed cases (Amex, 2004). Therefore, a project that used the reported local statistics as a baseline may demonstrate significant postproject improvement by simply improving the local health provider’s ability to accurately diagnosis common diseases such as malaria.

When is a Rapid Appraisal
(Desktop or Limited In-Country)
HIA Appropriate?

Performing a rapid appraisal HIA does not mean that, 1) the level of effort or analysis is minimized, or 2) the potential for significant health impacts is missing. The term rapid appraisal HIA only implies that new field data collection efforts are not expected, because a careful literature survey may reveal availability of some or all of the following sources:

- Health surveys, such as demographic health surveys (DHS), multi-indicator cluster surveys (MICS), core welfare indicators questionnaires (CWIQ), or living standards measurement surveys (LSMS), may have been performed (Rutstein and Johnson, 2004). Typically, these surveys are well-designed and well-executed and have large sample sizes. DHS and MICS have been performed around the world, but particularly in Sub-Saharan Africa and Southeast Asia. For example, several of the more recent DHS, particularly in Sub-Saharan Africa, have included HIV testing and thus contain reliable population-based data on HIV seroprevalence. The CWIQ survey has been performed only in Sub-Saharan Africa. LSMS coverage is variable and limited; however, many countries use this survey as a basis for performing their own national surveys. Nevertheless, caution should be exercised when applying national or regional results to specific project locations, because the number of samples obtained in a given geographical location may be very small.
Other sources of data include published academic research studies that cover the proposed project areas. These studies may be far more sophisticated, particularly with regard to biomonitoring data, than the standard efforts typically proposed for impact assessments. Similarly, the project may have access to academic or government demographic surveillance sites (DSS), with comprehensive survey coverage. DSS data is collected under internationally recognized protocols (www.indepth-network.org) and is highly reliable and useful, if the geographical coverage matches the project requirements. DSS data are limited to locations that have a formal functioning site. There are over 30 DSS locations around the world, with many sites in Southeast Asia and Sub-Saharan Africa. Nevertheless, DSS coverage is far from complete, and the presence of a DSS does not mean that the specific project location will be within the defined catchment area.

Those conducting the HIA may find either of the following:
- Sufficient health data are available (rapid appraisal may be appropriate).
- No health data are available (comprehensive assessment is needed).
Section 3: Environmental Health Areas

The environmental health areas (EHA) framework defines the types of health impacts and provides a structure for organizing and analyzing potential project impacts on the community. Table 2 presents a list of EHAs. The EHAs can be used for both comprehensive and rapid appraisal HIAs.

Based on experience in analyzing and mitigating the key burden of health impacts (for example, respiratory problems, vector-borne diseases, accidents and injuries, diarrheal diseases, and so on), the HIA should identify the environmental health areas that are likely to broadly capture the vast majority of linkages between project-related activities and community-level impacts (Listorti and Doumani, 2001).

To further assist with the identification and development of the EHA analysis, Table 3 and Appendix C present a list of key issues (for example, influx, linear features, and so on) that can strongly help identify applicable EHAs. In addition, Appendix D includes an HIA screening process checklist through EHA that will facilitate a consistent analysis.

Potential health impacts are considered in 1) the broad perspective associated with development and mitigation of adverse environmental conditions, and 2) the narrower context of diseases and injuries associated with water, sanitation, solid waste, housing, vector control, and hazardous materials. Thus, the potential linkages between infrastructure-related activities and overall environmental health conditions need to be emphasized. These linkages are useful when considering the range of potential mitigation strategies for project impacts. World Bank research has demonstrated that a significant percentage (as much as 44 percent in Sub-Saharan Africa) of the typical burden on health can be mitigated by infrastructure improvements in four sectors: housing, water and sanitation, transportation, and communication (Listorti, 1996).

The project should identify the specific populations affected by each environmental health area. These population categories are designed to be consistent with the age groupings used in common demographic health surveys, as described in Table 4. (See page 23.)

Although not every EHA may be relevant for a given project, experience indicates that the project should consider EHAs while preparing the HIA. The EHA approach also captures some workforce issues that could impact relevant communities, for example, housing and respiratory issues (such as communicable respiratory diseases that could spread from construction camps to local communities), but it primarily focuses on the relationship between potential project impacts and communities. The EHA framework covers a broad view of environmental health, and encompasses a wide spectrum of health determinants, including social and institutional issues.

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1 Environmental health is the body of knowledge concerned with the prevention of disease through control of biological, chemical, or physical agents in the air, water, and food, and the control of environmental factors that may have an impact on the well-being of people. Environmental health encompasses the human living environment and stresses primary prevention based on engineering and design improvements. (Listorti, 1996)
### Table 2: Environmental Health Areas

<table>
<thead>
<tr>
<th>Area</th>
<th>Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vector-Related Diseases</strong></td>
<td>Malaria, schistosomiasis, dengue, onchocerciasis, lymphatic filariasis, yellow fever, and so on (Keiser, 2005; IPIECA, 2006; <a href="http://www.rollbackmalaria.org/">www.rollbackmalaria.org/</a>; <a href="http://www.who.int/entity/heli/risks/vectors/vector/en/index.html">www.who.int/entity/heli/risks/vectors/vector/en/index.html</a>)</td>
</tr>
<tr>
<td><strong>Respiratory and Housing Issues</strong></td>
<td>Acute respiratory infections (bacterial and viral), pneumonias, tuberculosis; respiratory effects from housing, overcrowding, housing inflation (Richeldi, 2006; Ezatti and Kammen, 2002; <a href="http://www.who.int/gtb">www.who.int/gtb</a>)</td>
</tr>
<tr>
<td><strong>Veterinary Medicine and Zoonotic Issues</strong></td>
<td>Brucellosis, rabies, bovine TB, bird flu, and so on (Zinsstag, 2005; <a href="http://www.ipfsaph.org/En/default.jsp">http://www.ipfsaph.org/En/default.jsp</a>)</td>
</tr>
<tr>
<td><strong>Sexually Transmitted Infections</strong></td>
<td>HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B; (<a href="http://www.who.int/hiv/en/">www.who.int/hiv/en/</a> ; <a href="http://www.census.gov/ipc/www/hiv/">http://www.census.gov/ipc/www/hiv/</a>)</td>
</tr>
<tr>
<td><strong>Soil- and Water-Sanitation-Related Diseases</strong></td>
<td>Giardiasis, worms, water access and quality, excrement management (Cairncross, 2003; DFID, 2003; <a href="http://www.who.int/water_sanitation_health/">www.who.int/water_sanitation_health/</a>)</td>
</tr>
<tr>
<td><strong>Food- and Nutrition-Related Issues</strong></td>
<td>Stunting, wasting, anemia, micronutrient diseases (including deficiencies of folate, Vitamin A, iron, iodine); changes in agricultural and subsistence hunting, fishing, and gathering practices; gastroenteritis (bacterial and viral); food inflation (Ehrhardt, 2006; <a href="http://www.childinfo.org/">www.childinfo.org/</a>; <a href="http://www.who.int/nutrition/en/">http://www.who.int/nutrition/en/</a>)</td>
</tr>
<tr>
<td><strong>Accidents and Injuries</strong></td>
<td>Road-traffic related, spills and releases, construction (home- and project-related) and drowning (<a href="http://internationaltransportforum.org/irtad/datasets.html">http://internationaltransportforum.org/irtad/datasets.html</a>)</td>
</tr>
<tr>
<td><strong>Exposure to Potentially Hazardous Materials</strong></td>
<td>Pesticides, fertilizers, road dust, air pollution (indoor and outdoor, related to vehicles, cooking, heating, or other forms of combustion or incineration), landfill refuse or incineration ash, and any other project-related solvents, paints, oils or cleaning agents, by-products, or release events (Sullivan and Krieger, 2001; <a href="http://www.who.int/pcs/">www.who.int/pcs/</a>)</td>
</tr>
<tr>
<td><strong>Social Determinants of Health (SDH)</strong></td>
<td>Including psychosocial, social production of disease, political economy of health, and ecosocial issues such as resettlement or relocation, violence, gender issues, education, income, occupation, social class, race or ethnicity, security concerns, substance misuse (drug, alcohol, smoking), depression and changes to social cohesion, and so on (CSDH, 2008; <a href="http://www.who.int/social_determinants/en/">www.who.int/social_determinants/en/</a>)</td>
</tr>
<tr>
<td><strong>Cultural Health Practices</strong></td>
<td>Role of traditional medical providers, indigenous medicines, and unique cultural health practices (<a href="http://www.who.int/topics/traditional_medicine/en/">www.who.int/topics/traditional_medicine/en/</a>)</td>
</tr>
<tr>
<td><strong>Health Services Infrastructure and Capacity</strong></td>
<td>Physical infrastructure, staffing levels and competencies, technical capabilities of health care facilities at district levels; program management delivery systems; coordination and alignment of the project to existing national- and provincial-level health programs (for example, TB, HIV/AIDS), and future development plans (<a href="http://www.theglobalfund.org/EN/">www.theglobalfund.org/EN/</a>)</td>
</tr>
<tr>
<td><strong>Noncommunicable Diseases (NCDs)</strong></td>
<td>Hypertension, diabetes, stroke, cardiovascular disorders, cancer, and mental health (<a href="http://www.who.int/chp/en/index.html">http://www.who.int/chp/en/index.html</a>)</td>
</tr>
</tbody>
</table>
### Table 3: Typical Health Impact Issues by Environmental Health Areas

<table>
<thead>
<tr>
<th>Environmental Health Areas</th>
<th>Health Impact Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influx</strong></td>
<td>Camp followers, job seekers, family, service workers</td>
</tr>
<tr>
<td><strong>Resettlement; Relocation</strong></td>
<td>Movement to different prevalence area</td>
</tr>
<tr>
<td><strong>Water Management</strong></td>
<td>Including creation of new water bodies, altering existing water bodies, and changes in drainage patterns</td>
</tr>
<tr>
<td><strong>Linear Features</strong></td>
<td>Roadways; transportation routes; transmission lines</td>
</tr>
<tr>
<td><strong>Hazardous Materials Control and Disposal</strong></td>
<td>Including waste containers (drums)</td>
</tr>
<tr>
<td><strong>Changes in Income &amp; Expenditure Consumption</strong></td>
<td>Including food/housing inflation</td>
</tr>
<tr>
<td><strong>Infrastructure; Facilities</strong></td>
<td>Including on-site housing, catering facilities, housing &amp; laundry, sewage-treatment plants (STP), surface-water runoff control, dams and containment facilities</td>
</tr>
</tbody>
</table>

#### Table 4: EHA Population Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children and infants &lt; 5 years (childhood illnesses)</td>
<td></td>
</tr>
<tr>
<td>Children ages 5-14 years (older childhood, adolescent health effects)</td>
<td></td>
</tr>
<tr>
<td>Women of reproductive age</td>
<td></td>
</tr>
<tr>
<td>Adults ages 15-64 years (working adults)</td>
<td></td>
</tr>
<tr>
<td>Elderly &gt; 65 years</td>
<td></td>
</tr>
</tbody>
</table>

#### Health Impact Issues

- **Vector-Related**: Increasing human parasite burdens (malaria)
- **Respiratory & Housing**: Crowded housing, both work camps and community
- **Veterinary Medicine**: Movement and migration of livestock due to influx of new groups
- **Sexually Transmitted Infections; HIV/AIDS**: Mixing of high- and low-prevalence groups
- **Soil, Water, & Sanitation**: Overburdening existing services/systems; explosive food-borne epidemics
- **Food & Nutrition**: Influx of extended family, more mouths to feed
- **Accidents & Injuries**: Overcrowding, falls, burns, road traffic
- **Hazardous Materials Exposure**: Squatter developments adjacent to industrial facilities with unplanned releases
- **Social Determinants of Health; Psychosocial; Gender Issues**: Cultural shock due to rapid social change
- **Cultural Health Practices**: Introduction of new practices and/or elimination of existing practices
- **Health Services Infrastructure & Capacity**: Increased visits for outpatient and inpatient services
- **Noncommunicable: Hypertension, Diabetes**: Changes in diet

#### High Risk Potential

- Creation and movement of breeding grounds, improper drainage, temporary water-pool creation
- Housing inflation triggered by local community members
- Inappropriate access to project housing by local community members
- Food inflation further marginalizing vulnerable groups
- Food inflation, food related illnesses, changes in local dietary habits
- Release of contaminants into local community streams and rivers
- Greater ease of mixing of different social/ethnic groups
- Shift to western medicine
- Introduction of new practices and/or elimination of existing practices
- Changes in access
- Changes in diet

#### Medium Risk Potential

- Changes in income and expenditure consumption
- Infrastructure; Facilities
- Table 4: EHA Population Categories
- Movement and migration of livestock
- Unplanned releases/ emissions
- Road traffic
- Release of contaminants into local community streams and rivers
- Greater ease of mixing of different social/ethnic groups
- Shift to western medicine
- Introduction of new practices and/or elimination of existing practices
- Changes in access
- Changes in diet

#### Low Risk Potential

- Improper drainage, temporary water-pool creation
- Inadvertent water-source contamination, of streams/ rivers
- Changes in movement and migration of livestock
- Unplanned releases/ emissions
- Road traffic
- Release of contaminants into local community streams and rivers
- Greater ease of mixing of different social/ethnic groups
- Shift to western medicine
- Introduction of new practices and/or elimination of existing practices
- Changes in access
- Changes in diet
Social Determinants of Health

Human health is strongly linked to “determinants”—the range of personal, social, economic, institutional, and environmental factors that determine the health status of individuals or populations. In low-HDI (Human Development Index) countries, individuals and entire populations suffer from high rates of illness, particularly infectious disease and malnutrition, due to inadequate food sources and supplies, poor water access/supply and quality, low levels of sanitation and shelter, lack of appropriate medical care, and failure to deal with the environments that lead to high exposure to infectious agents. Similarly, noncommunicable diseases also represent the major burden of disease for people at the lower end of the social gradient in middle- and high-income countries.

The role of the HIA is to disentangle the determinants of health—that is, individual, social and environmental, and institutional factors that are directly, indirectly, or cumulatively affected by the proposed project—to allow better management of the risks associated with individual determinants.

Individual Factors

Many of the determinants of health are strongly influenced by individual factors, such as genetic, biological, lifestyle or behaviors, and specific circumstances. Examples of individual determinants include gender, age, dietary intake, exercise, alcohol and tobacco use, educational attainment, and employment. The relationship between a project and the individual determinants is complex and often controversial. The HIA is not a “social engineering” exercise; instead, the assessment should systematically analyze those potential direct, indirect, and cumulative community impacts that are predicted to occur due to the project.

Institutional Factors

Institutional factors include the capacity, capability, and coverage of public sector services such as health, schools, transportation, and communications. The EHAs capture those institutional factors that are most critical for the health impact analysis, for example, the “health services infrastructure and capacity.” It is critical to understand the project’s potential impacts on the local health system, because large projects can trigger significant community influx that can overwhelm understaffed local health clinics. Conversely, many large projects that have their own internal medical services have developed outreach programs with local clinics that positively impact community health service delivery. The social and environmental impact assessment typically analyzes institutional factors; hence, it is important to coordinate the analyses to avoid redundancy.

Although the SDH analysis is important, it is

Table 4: EHA Population Categories

- Children and infants < 5 years (childhood illnesses)
- Children ages 5-14 years (older childhood, adolescent health effects)
- Women of reproductive age
- Adults ages 15-64 (working adults)
- Elderly > 65 years

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2 Because marked differences exist in the distribution of health determinants across different groups within a population or community, the World Health Organization set up the Commission on Social Determinants of Health (CSDH) in 2005. The commission released a final report in 2008 (CSDH, 2008).

3 The HDI—human development index—is a summary composite index that measures a country’s average achievements in three basic aspects of human development: health, knowledge, and a decent standard of living. Health is measured by life expectancy at birth; knowledge is measured by a combination of the adult literacy rate and the combined primary, secondary, and tertiary gross enrolment ratio; and standard of living by GDP per capita (PPP US$). http://hdr.undp.org/en/statistics/indices/hdi/
necessary to avoid possible overlaps with the social and environmental impact assessments. The EHA framework is designed to include and cover the most significant health determinants. However, professional judgment and care should be exercised to ensure that the HIA focuses on those impacts that can be clearly related to the project. Similarly, as will be discussed in Section 8, mitigation strategies proposed in the health action plan (developed as part of the HIA) should also be realistic and tied to specific project impacts. (See Appendix B for examples of mitigation measures.)
Section 4: Scoping—How Comprehensive Should the HIA Be?

Scoping is a process of outlining the range and types of hazards and beneficial impacts, and setting the geographical, timescale, and population boundaries to the assessment. This stage of the HIA process also establishes TOR if needed. The overall types and categories of questions that should be addressed are defined at this stage. And it is essential to develop a description and general knowledge of the project, covering location, size, workforce, surrounding communities, operations, and likely exposures.

The project should give careful consideration to the following questions:

- Who is at risk during the different phases of a project (for example, construction workers, contractors, employees, community residents)?
- What related activities are under consideration (for example, movement of product or feedstock, transportation patterns and risks, secondary in-migration and development such as squatter camps, and so on)?
- What are the potential risks associated with the project?
- Are cumulative or residual impacts present, or likely to be present?

The level of effort to assess health impacts should be proportional to the potential health impacts and risks. It is vital to get a good balance that allows health issues to be integrated into project planning and implementation in a timely and cost-effective manner. The types of HIA and how a company determines the type of HIA are summarized in Section 1.

Knowledge of surrounding communities is important to identify the potential risks.

- Outline the range and types of hazards and potential impacts.
- Define the types and categories of questions.
- For older facilities, consider the potential for impacts from past release events into air, water, and soil.
- Consider the appropriate level of initial stakeholder communication.

See examples of annotated contents outlines for a comprehensive HIA and for a rapid appraisal HIA in Appendix E.

It is also important to perform careful scrutiny of the social impact assessment (SIA) or social environmental impact assessment (SEIA) for health elements, particularly if health has been integrated into the overall assessment without a separate HIA. Any SIA or SEIA is likely to be a significant source of data for an HIA, especially with regard to social determinants of health.

Additional information on types of expertise requirements is in Section 10.
Section 5: Baseline Data—What, When, and How Much?

Is there actually a need to collect new data? In many situations careful literature searches, review of host-country health information systems, and consultation with key stakeholders are sufficient.

Baseline data collection may include the following:
- A baseline literature search, review, and analysis
- Fact-gathering meetings with project personnel
- Fact-gathering meetings with government/institutional personnel
- Site visits and review of each project location
- Meetings with community member focus groups.

Appendix F provides activities and tasks recommended for performing baseline data collection.

Baseline data collection is an iterative process that repeats up to three times. At the early stage, it depends on Internet-based resources for literature review at the international level. This review is followed by an assessment of the quality of data collected to determine whether there appear to be significant gaps in available knowledge. If so, then a second review of the secondary literature should take place. This review typically will be performed in-country, using a local consultant who has access to local sources, including grey literature. This is followed by a gap analysis. If significant gaps still exist, then primary data collection will be needed.

There may be very different levels of capacity and information available between countries at diverse levels of economic development. Nevertheless, it is critical to work with the government authorities responsible for public health issues in the design, collection, and analysis of data.

If new health data collection is required, it should be conducted in a culturally sensitive and ethical manner, with a clear understanding of how the information will be used in the HIA, and what it means. New data-collection exercises can be a critical vehicle and positive opportunity for involving key stakeholders and local health officials in a collaborative and positive process. A participatory stakeholder process increases the likelihood of long-term acceptance and success.

Data Sources and Collection Methods

A wide variety of sources and data-collection methods can be used, including the following:

- Rapid appraisal methods, including key informant interviews, focus group discussions, community group interviews, direct observations, and mini-surveys (IFC, 2007)
- Questionnaires and surveys of knowledge, attitudes, beliefs, and practices
- Objective health-screening surveys for certain diseases or conditions, such as malaria and micronutritional deficiencies
- Health needs assessments (HNAs)
- Demographic health surveys
- Food-consumption and nutrition surveys
Various sources and types of data are available for use in the HIA. Active methods include participatory stakeholder meetings where both health concerns and traditional and local knowledge (TLK) can be solicited—TLK is a critical source of information about such issues as household-level nutrition and patterns of subsistence agriculture, including hunting and fishing. Formal household-level surveys are another active data-collection strategy and typically provide the most accurate source of disaggregated demographic and health data. Formal studies can also include knowledge, attitudes, practices, and belief (KABP) for specific diseases such as malaria and HIV/AIDS. KABP surveys are highly useful for isolated rural communities, which frequently are not covered by national sampling efforts.

Passive sources of data include Web searches and formal literature searches, including peer-reviewed papers and grey literature—that is, district-, provincial-, or national-level health data published by the national ministry of health (MOH). Grey literature can be variable in quality and geographical coverage. In rural areas, passive MOH data collection is not always available, since many local residents do not use the health system due to access and cost issues. Therefore, the data available may miss or underestimate the burden of disease for the most vulnerable groups. Web information should be used cautiously, because it may consist of anecdotal statements that have little or no scientific validity. Peer-reviewed published literature is useful when the geographical coverage of the study correctly matches the potentially affected communities under consideration in the HIA.

Collection of relevant and high-quality data is highly important. A variety of quality-management systems and quality-assurance and quality-control (QA/QC) programs can be consulted, such as the International Organization for Standardization (ISO 9000) and the U.S. EPA Data Quality Objectives (DQO) process. Although the QA/QC process is highly developed for the environmental sciences, it is less codified for HIA-triggered data-collection exercises. Nevertheless, many of the management systems and QA/QC processes are perfectly suited for use in impact assessment and are applicable for both social survey and health data-collection exercises.

For many projects, the formal structured process is not needed, and assessments will be made on existing data. In addition, historical reviews of other similar projects may be informative. Nevertheless, new data collection is required for many high-profile and complex projects. Therefore, it is important for projects to develop logical and structured data-collection processes, such as that presented in Figure 4.
Biomonitoring Data
Human biomonitoring is a scientific technique for assessing human exposures to environmental agents and their effects, based on sampling and analysis of an individual's tissues and fluids. Blood, urine, breast milk, and expelled air are most commonly measured, but hair, nails, fat, bone, and other tissues may also be sampled (http://www.enhis.org/object_binary/O2819_HIAGuidelines_BLL_children_uneditedVersion_September2007_v2.pdf). Due to complex ethical and technical issues, as well as uncertainty associated with linkages between results and exposures, biomonitoring typically is not performed by the private sector as part of HIAs. In exceptional cases when data collection requires biomonitoring, companies must conduct it in collaboration with national or international institutions.

In most countries worldwide, it is essential to obtain permission from the relevant local health authorities—as well as informed consent by each participant—to conduct epidemiological surveys with a biological component.

Figure 4: DQO Process

- State the Problem
- Identify the Decision
- Identify Inputs to the Decision
- Define the Study Boundaries
- Develop a Decision Rule
- Specify Limits on Decision Errors
- Optimize the Design for Obtaining Data
Section 6: Stakeholder Engagement

Effective stakeholder engagement is integral to the quality of health impact assessment and to the success of associated mitigation actions (IFC, 2007).

**Key Components**

Key components of stakeholder engagement include stakeholder identification and analysis, information disclosure, stakeholder consultation, negotiation and partnerships, grievance management, stakeholder involvement in project monitoring, and reporting to stakeholders.

During the stakeholder identification and analysis phase, it is important to address gender and cultural practices. In many places, women make the key health-related decisions; therefore, it is important to have a strategy that involves women at the community level.
In numerous cultural settings, women will not be vocal or comfortable in a gathering that includes men. Therefore, it is a good approach to establish separate, women-only discussion groups focused on health.

It is also critical to address needs and expectations of indigenous peoples and rural communities who have different health traditions and often are exceptionally vulnerable to project-induced health risks.

In some areas, public health facilities and supplies are poor or inadequate, resulting in frequent requests for related project assistance. However, in most settings there are chronic structural staffing shortages for trained medical personnel at all levels. Neither local authorities nor communities have the systems, skills, or financial resources to maintain the new or expanded public health infrastructure requested from sponsors. Prolonged and realistic engagement involving government agencies, communities, health NGOs, and other key stakeholders is required to establish whether, when, and how public health facilities and supplies can be supported in a sustainable manner (if at all).
Section 7: Risk Assessment—Assessing and Ranking Impacts

Risk assessment methods can be used to investigate, assess, and qualitatively or quantitatively rank the potential project health impacts to help prioritize management actions. The risk assessment process in HIA may include:

- An in-depth review of available national, regional, provincial, and district health data
- Comparison of study-area data to national, regional, and provincial and district health data
- Analysis of special at-risk subpopulations (such as children under the age of five years, pregnant women, elderly, camp followers, resettlement villagers, construction workers)
- Field survey visit by an HIA study team
- Consultation with relevant health representatives, particularly ministry of health officials at the national, district, provincial, and local levels.
- Seasonality considerations, that is, rainy versus dry season, potentially significant differences in agricultural or cultivation practices, water use and associated disease-transmission dynamics
- Variability of existing health care infrastructure across different project areas
- Coordination and alignment with existing national disease-control programs and strategies (for example, TB, HIV/AIDS, and malaria)

How Can Risks Be Estimated?
Risks can be estimated based on several factors, which may include:

- Perception of risks by a potentially affected community (Individuals and social groups generally perceive risks based on whether it is voluntary or involuntary, and based on the familiarity with the risk.)
- Nature—direct, indirect, or cumulative

- Timing and duration—construction, operations, decommissioning
- Extent—localities most likely to experience the projected impact (local, regional, national)
- Magnitude—degree, extensiveness, and scale, particularly with regard to existing baseline conditions
- Frequency—the overall rate of recurrence

How Can Risks Be Rated?
Results of these analyses should be prioritized as part of an action plan based on the likelihood and severity of the consequence of the risk. Figure 5 is an example of a qualitative risk-ranking or -analysis matrix to help identify priorities.

In Figure 5, numbers can be assigned to each category within the scale (for example, low=1, medium=2, and so on) to create a quantitative scale of the probability-weighted impact. Both the assigned probability (very low, low, medium, high) and the severity of a risk are often a function of how the impacts of the risk are calculated or perceived by the group performing the analysis, rather than how they’re perceived by the community. For example, community members potentially exposed to the risks might weight the impacts very differently than would scientific experts focusing only on statistical probabilities. Therefore, it is highly important to develop a process that rates risks from multiple perspectives and allows for adequate stakeholder participation. (See “Stakeholder Engagement,” Section 6.)
Defining the risk-rating scale within the overall impact assessment process is crucial, because it allows for health risks to be fully considered and compared against projected environmental and social impacts. Risk assessment approach and examples of risk-rating and -ranking scales are shown in Appendix G.

**How to Assess Impact Significance**

To assess impact significance, the project can consider several critical elements, including magnitude, duration, frequency, and geographical limits of the potential impacts.

**Magnitude**

The project can ask the following questions to assess the magnitude of impacts:

- Will there be a large change over health-related baseline data (for example, doubling of disease rates, crime rates, and so on)?
- Is there local capacity to absorb the change?
- Do local stakeholders think the change is acceptable?
- Are the predicted changes likely to exceed internationally recognized standards (for example, water quality standards)?
- Will there be persistent cumulative additions that will eventually lead to threshold exceedences?

**Duration**

Answers to the following questions will help the project determine the duration of impacts:

- What is the anticipated length of time the changes will last (days, years, decades)?
- How rapidly will the predicted changes occur (during a specific project phase such as planning, construction, operations, decommissioning)?

**Frequency**

To assess the frequency of impact, ask:

- How often will the change be observable—intermittent (what is the interval), continuous?

**Geographical Limits**

- Can geographical limits of health impacts be local, regional, or national?
Section 8: Health Action Plan

The project can use the outcomes of the risk assessment step to establish actions that will potentially mitigate the identified impacts. These mitigation actions should be written into the health action plan. (See Box 1.)

The HAP may be issued as a separate document or incorporated within the HIA. Often the health mitigation actions are rolled into the social development plan; however, if the project is large or complex, consider producing a separate chapter (or report) on how to mitigate health impacts.

Fundamental Concepts
HAPs are generally organized around two fundamental public health concepts:

- Disease prevention
- Health promotion and education

Disease Prevention
Disease prevention includes any intervention that seeks to reduce or eliminate diagnosable conditions. It may be applied at the individual level (as in immunization) or at the community level (as in chlorination of the water supply).

Box 1: Mitigation Strategies in the Health Action Plan

Mitigation Strategies
The project should consider including the following in the health action plan:

- Types of health-protection processes that may be required
- Availability of different mitigation strategies
- Timelines of mitigation strategies
- Availability of interim measures or modifications
- Local capacity to absorb the proposed mitigation strategies

Chlorination of the water supply is a community-focused disease-prevention strategy.

The concept of disease prevention is often illustrated by the prevention pyramid (Figure 6), which is composed of the following actions:

- **Primary.** The base of the pyramid covers individual- or population-oriented actions designed before health problems develop. These actions included elimination (eliminate certain features or aspects of the project), substitution (for example, new housing provided as part of a resettlement or relocation program), design or engineering, and administrative controls (including personal protective measures such as treated bed nets).

- **Secondary.** The second level covers clinical preventive services for populations at high risk, where interventions are designed to prevent a condition (such as sexually transmitted infection prevention, hand-washing programs, and so on).

- **Tertiary.** The top of the pyramid covers treatment intervention or rehabilitation with existing, serious problems (such as treatment of children with lead poisoning from a decommissioned mine site).
The primary objective of the HAP should be the prevention of health impacts. But when prevention is not enough to eliminate possible health impacts on the communities, then cures need to be considered.

Appendix B presents examples of mitigation and implementation tables for addressing community-focused measures, and it illustrates the importance of appropriate coordination and communication with host-country health authorities. Even though well-developed generic health intervention strategies have been developed for the major infectious diseases, it is important to develop mitigation strategies that are both scientifically defensible (evidence-based) and locally acceptable.

It is essential that there be a clear understanding of the difference between impact mitigation and a project's discretionary community-outreach efforts. Impact mitigation is usually specific and tied to a project-related effect. Community-outreach efforts may not be tied to a specific project impact but may be selected because the project sees long-term benefit in measures that may enhance overall community services. It should be understood that a “pure” selection of mitigation measures rarely occurs, because local and national political considerations can influence the overall process. Therefore, it is important that project proponents engage key stakeholders to ensure that the identification of impacts and the selected mitigation measures are understood and agreed to. Significant adverse community reaction can develop when the boundary conditions for project-related mitigation are not clarified and explained.

Health Promotion and Education

Health promotion and education is a mitigation action that will help improve or protect health. It includes any combination of health education and related (that is, organizational, political, economic) interventions designed to facilitate behavioral and environmental adaptations to achieve better health. In combination with primary prevention, health promotion and education is the most efficient and cost-effective method of managing potential impacts.

A workforce health promotion and education effort spearheaded by the project can significantly impact behaviors and practices in local communities by using the project workforce as “peer educators and

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**Figure 6: Prevention Pyramid**

- **Primary**: The base of the pyramid which covers individual or population-oriented actions designed before health problems develop.
- **Secondary**: The second level covering clinical preventive services for populations at high risk, where interventions are designed to prevent a condition.
- **Tertiary**: The top of the pyramid covering treatment interventions or rehabilitation with existing serious problems.
ambassadors” to local communities. The overwhelming evidence in the prevention literature is that peer educators are the most successful change agents at the household level.

**How to Evaluate the Health Action Plan**

Evaluation of the project’s HAP requires careful review of several critical elements, including resource flows and responsibilities, government capacity, and social and environmental determinants.

**Resource Flows and Responsibilities**

A critical aspects of determining the effectiveness and success of the HAP implementation is the establishment of adequate resource flows, and assignment of responsibilities between relevant sectors and entities. These factors can help ensure the effective use of limited resources and the successful collaboration between the project and the various stakeholders, including the host government at local, regional, and even national levels.

| Assess the capacity of the involved parties to perform specific activities. |

**Government Capacity**

Among the most challenging tasks is assessing local and national government capacity and identifying viable partners that can help ensure the long-term sustainability of the project. The capacity issue includes preparation, experience, and sufficient human and financial resources.

In numerous examples, projects will build and refurbish hospitals, clinics, or dispensaries as “mitigation.” Although these activities are highly visible and initially well-received, in many cases they tend to have poor long-term sustainability due to a significant shortage of technical support staff (nurses, laboratory technicians, and so on). To be successful and sustainable, structural improvements should be coupled with a realistic and long-term assessment of the human resources that are actually available.

Mitigation measures have a greater sustainability success rate when they are focused on specific, targeted potential project effects, such as adequate drinking-water supply, solid and human waste disposal, and appropriate drainage systems to deal with the influx of workers in a community.

However, to assure sustainability, the project should implement these mitigation measures through collaborative and supportive measures with existing local governments, NGOs, and local relevant agencies.
Social and Environmental Determinants
It is also critical that the project identify social determinants of health as well as environmental determinants, such as alterations of the physical environment, through the implementation of an engineering-based mitigation strategy. The project should consider strategies that deal with key social determinants of health (alcohol, drug use, gender violence), but such strategies are likely to require a multidisciplinary effort, involving social and medical specialists as well as community stakeholders.

A good tool for assessing the responsibility levels of the HAP is the 2005 Paris Declaration on Aid Effectiveness, which is relevant to the implementation of the proposed mitigation actions for the health risks identified. This declaration emphasizes the need for measurable effectiveness. (See Box 2.)

These issues should be adequately addressed in parallel to the assessment process—and before a program is designed, initiated, and rolled out to the community.

---

Box 2: Paris Declaration on Aid Effectiveness—Key Issues

Paris Declaration Key Issues:

- **Ownership**: Who will exercise effective leadership over the effort and coordinate actions?
- **Alignment**: Are the efforts aligned with the government’s overall strategies, and can they help strengthen government regulations and procedures?
- **Harmonization and Simplification**: Are the proposed actions harmonized and transparent?
- **Managing for Results**: Are the available financial resources being managed for verifiable results?
- **Mutual Accountability**: What system will be developed to hold both government and the project accountable for results?
Section 9: Monitoring and Verification

The mitigation strategy and the health action plan established by the company should include 1) long-term monitoring and evaluation (M&E), and 2) verification programs.

**Monitoring**

For a large and geographically diverse project, a formal system of monitoring (surveillance) should be considered, and as appropriate, the *local health information system should be reviewed for fit and reliability* (Ezzati, 2005).

For the M&E plan to capture early effects and unanticipated consequences, it should be based on appropriate, applicable, and relevant key performance indicators (KPIs) (World Bank, 2004). Defining KPIs can be a complex undertaking, and specialized consultation is often advisable.

The M&E system is designed to ensure:
- Satisfactory progress
- The capture of unanticipated effects
- Early warnings of population-level problems (at single or cumulative levels)

M&E should be based on Key Performance Indicators.

Monitoring strategies should take into consideration that impacts may affect both the project and the community. For instance, the project workforce is not only part of the inside-the-fence-line community but also sometimes part of the wider external rural or urban environment surrounding the project. Therefore, many of the monitoring strategies originate inside the fence line and extend outside to specific project-affected areas.

Monitoring strategies should detect both acute and chronic changes within the defined potentially affected communities. Acute changes are those that can be manifested within weeks to months, such as acute disease-rate changes for malaria or respiratory infections. In contrast, chronic noncommunicable disease-rate changes for cardiovascular disorders evolve over a much longer period of time. The differences in timing, and acute versus chronic changes, help illustrate the importance of establishing appropriate key performance indicators (KPIs).

**Key Performance Indicators**

Numerous KPIs have been established for monitoring health performance (Mosse and Sontheimer, 1996). Health indicators can be divided into three types:

- **Structural indicators** assess buildings, equipment, drugs, medical supplies, and vehicles; personnel; money; and organizational arrangements.
- **Process indicators** assess the effectiveness of the actions, and identify who is involved and whether the various programs are working.
- **Outcomes indicators** measure the long-term effects of a program. The five Ds (death, disease, disability, discomfort, and dissatisfaction) are typically considered outcome measures. The morbidity and mortality outcome indicators are calculated as rates.

Box 3 provides some examples of the three types of KPIs.

Note that the Millennium Development Goals (MDGs) established a significant number of health-based performance indicators (such as under-five mortality rate, maternal mortality rates, and HIV and malaria rates) that may be of use in the selection of KPIs.

The key concept embedded within the health MDGs is the notion of rate (that is, changes in the level,
Box 3: Three Types of Key Performance Indicators

Examples of KPIs

Structural
- Household characteristics (household size, number of rooms)
- Pharmacy supplies of specific categories of drugs (such as antimalarials)
- Numbers of latrines
- Number of stem pipes, boreholes

Process
- Changes in access times for secure water supplies
- Access to maternal medical services (such as trained birth attendants) and number of predelivery visits

Outcomes
- In-migration patterns (place of origin of household members, professional status of household members)
- Training with follow-up knowledge, attitudes, practices, beliefs (KABP) concerning prevailing diseases (including malaria, soil-transmitted helminths, HIV, and so on)

Nutritional-effects data are captured by measuring height, weight, and age of children under age five.

Monitoring System

The M&E system should be designed to be capable of capturing a variety of positive and negative trends across the community over different time scales. Monitoring strategies should also consider that a variety of positive community-level impacts will occur. For example, rapid changes in and alleviation of “income poverty” is likely to produce significant improvement in the nutrition status of children under five years of age. Nutritional changes can occur both acutely (over days and weeks) and chronically (over months and years) with significant direct effects on other disease states, such as anemia, malaria, pneumonia, and so on. Nutritional-effects data are relatively easy to capture by systematically measuring height, weight, and age in children under age five.

When measuring positive impacts, measurements such as underweight (weight for age), stunting (height for age), and wasting (height for weight), which are known as anthropometric data, can be rapidly and reliably performed in the field, and they require minimal technology. These anthropometric data are sensitive to...
both acute and chronic changes within time periods (3-12 months), and they can be readily measured and monitored by a project, making them very good KPIs.

Disease-specific rate changes (such as for malaria or HIV/AIDS) are far more complex. Malaria rates tend to have marked seasonal variations, even in locations that have year-round parasite transmission. Therefore, the timing and frequency of community monitoring surveys are critical to obtaining valid data. Similarly, collecting community HIV data is a highly sensitive process that should be performed by or in conjunction with the relevant public health authorities. However, disease-prevention efforts (such as for malaria or HIV) should be strongly encouraged. Many projects enthusiastically participate in and support such efforts.

Some projects may benefit from host-country monitoring systems, such as demographic surveillance systems (DSS), or other monitoring information gathered as part of a country-specific HIA policy and infrastructure. But these types of monitoring systems typically are not appropriate or realistic for most small-to-medium projects, whose needs may be met by a few well-chosen indicators, such as anthropometric measurements, village-level disease-specific surveys (malaria), immunization rates, symptom prevalence surveys, anemia prevalence, changes in bed-net usage, drinking-water source and access, and toilet type and access.

**Verification**

The project should establish a verification system to allow the project proponent as well as external stakeholders to review the progress of the mitigation efforts.

The HIA should provide the information necessary for external reviewers and key stakeholders to verify what is actually occurring at a household and community level. It is essential that simple KPIs be selected to ensure that data are available in a timely fashion. For most projects, it is unrealistic to begin the verification process before the project has collected at least 6-12 months’ worth of information.

For the external verification to be effective, it should not begin prematurely, since it takes time and can be costly. For most health indicators, yearly verification reviews are likely to be sufficient. Formal external verification for health performance should be performed at selected time intervals, but it is possible to create a platform for more frequent community stakeholder involvement and input.
Section 10: Resourcing

Projects should assign budget and resources for the development and implementation of the applicable health impact assessments, health studies, monitoring and evaluation programs, and health management and verification plans.

Allocation of Resources

The allocation of financial and human resources to conduct an HIA ought to be commensurable to the potential anticipated risks. Costs are largely a function of scope, schedule, and final deliverable report. Key aspects to consider include development of clear terms of reference and a careful assessment of the adequacy of existing baseline data. New data collection is often a difficult, time-consuming, and expensive process.

Some projects may require comprehensive HIAs, but most projects will not. For those projects that do require new data collection, some level of specialty consulting support may be required. Local and national public health authorities should always be consulted, since their knowledge and expertise is critical and is grounded in the realities of the project’s location and overall country situation. In addition, specialized support or an independent review process may help identify gaps or other issues not fully considered by an internal team, and may enhance validity and transparency.

External Expertise

When conducting an HIA, the project may require external help in the following competency areas:

- Public health planning at a community level
- Risk assessment—qualitative and quantitative modelling and ranking
- Risk communication
- M&E system planning
- Assessment of psychological impacts and possible relocation effects
- Community stakeholder facilitation
- General infectious diseases (tuberculosis and respiratory diseases)
- HIV/AIDS assessment (including modelling, prevention, and planning)
- Insect and pest control
- Epidemiology (knowledge of diseases endemic to the area under consideration)
- Sanitation (including food-, water-, and waste-related issues and diseases)
- Geographical Information Systems (GIS) mapping of disease and impact areas
- Assessment of existing health infrastructure (systems analysis)
- Accidents, injuries, risks related to chemical exposure, and so on

For large projects where cultural sensitivities may conflict with the need to thoroughly assess certain diseases (such as HIV/AIDS), it may be advisable to appoint an independent advisory board.
DATA SOURCES

- **General**
  - **UNICEF**
    [http://www.childinfo.org/MICS2/Gj99306k.htm](http://www.childinfo.org/MICS2/Gj99306k.htm)
    Multiple Indicator Cluster Survey. Developing-country national/country-level surveys for under-five children
  - **DFID** (U.K. Department for International Development):
    Country profiles focused on developing world
  - **DHS** (Demographic Health Surveys)
    [http://www.measuredhs.com/countries/start.cfm](http://www.measuredhs.com/countries/start.cfm)
    Key health surveys for the developing world
  - **WHO Statistical Information System (WHOSIS)**
    Country-specific health Key Performance Indicators (KPIs)
  - **WHO Regional Office Europe**
    [http://www.euro.who.int/countryinformation4](http://www.euro.who.int/countryinformation4)
    Covering Eastern Europe, Russian Federation, Newly Independent States
  - **Millennium Development Goals (MDGs)**
    Summary by country of current and projected KPIs
  - **Centers for Disease Control and Prevention (CDC)**
    Travel—Yellow Book information
  - **Roll Back Malaria (RBM)**
    [http://www.rbm.who.int/countryaction/index.html](http://www.rbm.who.int/countryaction/index.html)
    Country-specific data for malaria
  - **MARA/malaria maps Africa**
    Key vector and disease maps for malaria in Africa
APPENDIX A

- **Pan-American Health Organization (PAHO)**
  Core statistical, country-specific data

- **National Library Medicine (PubMed)**
  Key medical database search engine for peer-reviewed papers

- **INDEPTH Network. Demographic Surveillance System (DSS)**
  Detailed health data for 38 developing-country sites

- **World Bank Living Standards Measurement Surveys (LSMS)**
  Key statistical source for LSMS data for developing countries

- **World Bank**
  Statistics about Africa

- **Core Welfare Indicators Questionnaire (CWIQ)**
  Key survey, including selected health outcomes

- **World Bank Data and Statistics**

- **USAID**
  General page with links to developing-country projects and publications

- **Asian Development Bank (ADB)**
  [http://www.adb.org/Countries/](http://www.adb.org/Countries/)

- **U.S. Department of Labor Occupational Safety & Health Administration (OSHA)**
  Regulations for temporary labor camps by the U.S. Department of Labor
APPENDIX A

- **Biomonitoring**
  - European Union Biomonitoring Web site
    - [http://ec.europa.eu/environment/health/biomonitoring.htm](http://ec.europa.eu/environment/health/biomonitoring.htm)
  - Health Canada Biomonitoring Web site
    - [http://www.hc-sc.gc.ca/ewh-semt/contaminants/biomonitoring-biosurveillance_e.html](http://www.hc-sc.gc.ca/ewh-semt/contaminants/biomonitoring-biosurveillance_e.html)
  - U.S. Centers for Disease Control and Prevention (CDC) Web site for biomonitoring
    - [http://www.cdc.gov/biomonitoring/](http://www.cdc.gov/biomonitoring/)
  - WHO Biomonitoring Issues
  - WHO Public Health Practices Water and Sanitation

- **WHO Social Determinants of Health**
  - [www.who.int/social_determinants/en/](http://www.who.int/social_determinants/en/)

- **HIA Methods Web sites**
  - [http://www.iaia.org](http://www.iaia.org)
  - [http://www.who.int/hia](http://www.who.int/hia)
  - [http://www.hiagateway.org.uk](http://www.hiagateway.org.uk)
  - [http://www.hiadatabase.net](http://www.hiadatabase.net)

- **Data Quality Issues**
  - A Guide to Reviewing Published Evidence for use in Health Impact Assessment
    - [http://www.lho.org.uk/Download/Public/1D846/1/Reviewing%20Evidence-Final%20v6.4_230806.pdf](http://www.lho.org.uk/Download/Public/1D846/1/Reviewing%20Evidence-Final%20v6.4_230806.pdf)
    - Types and uses of evidence for HIA as well as considerations to be made when reviewing this evidence

- **General Articles on HIA**
APPENDIX A


Books—Dams and Water Projects


<APPENDIX A

☐ Stakeholder Engagement and M&E


☐ General Public Health and Burden of Disease


## EXAMPLE OF COMMUNITY-FOCUSED MITIGATION MEASURES

This table presents examples of mitigation measures that can be implemented for a large project within a community in a rural setting. It is not meant to serve as a template, but rather to illustrate some of the actions that can be taken. These actions were developed based on risks identified in the health impact assessment.

<table>
<thead>
<tr>
<th>= Specific Health Mitigation Target</th>
<th>PE = Pre-Employment</th>
<th>WHO = World Health Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;C = Company and Contractor Health Plan</td>
<td>Co. = Company</td>
<td>PACs = Potentially Affected Communities</td>
</tr>
<tr>
<td>RR = Resettled or Relocated Health Plan</td>
<td>EHA = Environmental Health Area</td>
<td>WATSAN = Water Sanitation Agency</td>
</tr>
<tr>
<td>Timing: C = Construction, O = Operations, DC = Decommissioning, PD = Predesign, D = Design phase</td>
<td>CDC = Centers for Disease Control</td>
<td></td>
</tr>
</tbody>
</table>

### COMMUNITY HEALTH ACTION PLAN—MITIGATION

### COMMUNITY-FOCUSED MITIGATION MEASURES EXTERNAL TO THE PROJECT

<table>
<thead>
<tr>
<th>COMMUNITY-FOCUSED MITIGATION MEASURES EXTERNAL TO THE PROJECT</th>
<th>TIMING</th>
<th>ACTION PLAN</th>
<th>RESPONSIBILITY</th>
<th>INDICATORS</th>
<th>SURVEILLANCE METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>C&amp;C PACs</td>
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</tbody>
</table>

**Respiratory & Housing: Respiratory Diseases—Tuberculosis (TB), Upper Respiratory Infections (URIs); Housing Design**

**Risk: Transmission of respiratory diseases (within project facilities) that impact community members**

Communicate with local-level TB-control program coordinator to initiate case finding, treatment, and follow-up with family members and others living within the same housing compound as workers diagnosed with active TB.  

![C → DC](image)

Company, local TB-control program case manager  

Country TB-control program  

Project medical records review

Review resettlement housing design related to indoor cooking practices.  

![D](image)

Company  

Housing audit

**Risk: Respiratory Illness, psychological and social stress in resettled communities due to resettlement housing design**

Review resettlement home design space requirements, i.e., total square meters vs. number of rooms.  

![D-C](image)

Co. Engineering Design, Construction  

Occupants per room  

Resettlement site assessment
<table>
<thead>
<tr>
<th><strong>COMMUNITY HEALTH ACTION PLAN—MITIGATION</strong></th>
<th><strong>COMMUNITY-FOCUSED MITIGATION MEASURES EXTERNAL TO THE PROJECT</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>C&amp;C</strong></td>
<td><strong>PACs</strong></td>
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</tbody>
</table>

### Sexually Transmitted Infections including, HIV/AIDS

**Risk:** Increased rates of sexually transmitted infections (STI) and HIV/AIDS that impact local community rates

<table>
<thead>
<tr>
<th>Timing</th>
<th>Action Plan</th>
<th>Responsibility</th>
<th>Indicators</th>
<th>Surveillance Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>C→DC</td>
<td>Company HIV Program Coordinator</td>
<td>Country health services, local HIV NGOs</td>
<td>Number of STIs treated</td>
<td>Program assessment</td>
</tr>
</tbody>
</table>

#### Issue TOR for HIV prevention program targeting high-risk groups, particularly Sex Workers (SW). Include requirements for case-finding and treatment of curable STIs, social marketing of condoms, peer-educators program, condom distribution, and Voluntary Counseling & Testing (VCT) targeting PACs. Implement and evaluate quarterly.

### Vector-Related, Insect-Related

**Risk:** Increased rates of vector- and insect-related diseases (malaria, schistosomiasis, onchocerciasis, Buruli Ulcer) impacting local communities

<table>
<thead>
<tr>
<th>Timing</th>
<th>Action Plan</th>
<th>Responsibility</th>
<th>Indicators</th>
<th>Surveillance Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>C→DC</td>
<td>Company, DSS</td>
<td>Country health services; vector-control division</td>
<td>Entomologic-al infection rate (i.e., infected bites/yr.) and parasite prevalence rates in children</td>
<td>DSS report reviews</td>
</tr>
</tbody>
</table>

#### Implement an ongoing entomological survey program for mosquitoes and snails in PACs (resettlement communities and potentially affected communities).

#### Resettlement design and construction

- During resettlement design planning sessions conducted with communities to be resettled, include visually based educational sessions with women leaders of the communities regarding protective measures offered by the construction and maintenance of screened windows and doors.
- Conduct resettlement housing design educational sessions with communities to be resettled, led by women who are leaders in the communities, who have attended educational sessions, regarding malaria protective measures provided by screened windows and doors.

<table>
<thead>
<tr>
<th>Timing</th>
<th>Action Plan</th>
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<th>Indicators</th>
<th>Surveillance Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>D, C</td>
<td>Company Community Affairs Dept.</td>
<td>Local women’s groups</td>
<td>Assessment of resettlement houses</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Community Affairs Dept.</td>
<td>Local women’s groups</td>
<td>Assessment of resettlement houses</td>
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</table>
## Community Health Action Plan—Mitigation

### Community-focused Mitigation Measures External to the Project

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<tbody>
<tr>
<td>C&amp;C</td>
<td>PACs</td>
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</table>

- Construct resettlement housing with 16-mesh screening over windows and rooftop eaves (if applicable), and with screen doors (if acceptable to the local community).

  - **C**
  - **Co. Engineering and Construction**
  - **Local malaria-control officer**
  - **Assessment of resettlement houses**

- Locate resettlement housing at least 500 m from significant anopheles breeding sites.

  - **PD, D**
  - **Design, Engineering and Construction**
  - **Country health services**
  - **Site assessment**

- Consider malaria transmission data per community in decisions regarding placement of resettlement housing, e.g., avoid locating communities with current low transmissions within/near communities with high transmission rates.

  - **PD, D**
  - **Design, Engineering and Construction**
  - **Country health services**
  - **Site assessment**

- Design project-initiated boreholes according to country design requirements for this area, with appropriate drainage such that mosquito breeding sites are not created.

  - **D**
  - **Design, Engineering and Construction, community WATSAN agency**
  - **Country WATSAN specifications**
  - **Site assessment**

- Provide support to district health malaria-control programs to provide long-lasting Insecticide Treated Nets (ITNs) at reduced costs to PACs, to proactively manage the perception that malaria will become worse due to the project. Educate women leaders in the community regarding benefits and proper use. Include women leaders who have been educated in education and distribution campaigns. Redistribute every 5 years.

  - **C→DC**
  - **Company, country health services**
  - **District health service**
  - **Bed net use**
  - **DSS**

- Educate project community representatives regarding environmental-management measures within the PACs for control of vector breeding sites and maintain proper drainage in flood-prone areas, especially in rainy seasons. Project community representatives collaborate with local WATSAN committees to implement environmental-management measures during community clean-up days.

  - **C→DC**
  - **Company, WATSAN committees**
  - **Local and district environmental health officer**
  - **Site audit**
## Community Health Action Plan—Mitigation

### Community-Focused Mitigation Measures External to the Project

<table>
<thead>
<tr>
<th>Soil-, Water-, Sanitation-related</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk:</strong> Transmission of water-related diseases (cholera, etc.), worms, rodent- and fly-related diseases, and exposure to sewage outfall impacting local communities</td>
</tr>
<tr>
<td>Provide adequate numbers of toilets and urinals for workers at each work site (establish number per local or applicable international guidance/requirements).</td>
</tr>
<tr>
<td>Conduct health education programs for project workers regarding fecal/oral transmission of diseases, transmission of helminthic diseases (ascaris, pinworm, etc.), and safe drinking water and food safety. Provide pictorial take-home handouts.</td>
</tr>
</tbody>
</table>
| Collaborate with local waste-management services to implement nonhazardous-waste-management plans in resettlement communities, such that:  
  - Number of garbage cans and dumpsters provided is sufficient to hold accumulated garbage  
  - Garbage is stored in rodent-proof containers, and with tightly fitting lids  
  - Sanitary and solid waste is collected daily and covered daily with a solid layer of soil (15–30 cm) or incinerated, to prevent insect and rodent access  
  - Prohibit the movement of large quantities of foodstuffs to local animal farmers, so that rodent and reptile habitats are not created  
  - Appropriate container program, to avoid breeding waterborne vectors (i.e., dengue control) | C→DC | Company Site Services, catering supervisor, local waste-management services | District environmental health officer | Site assessment |
## COMMUNITY HEALTH ACTION PLAN—MITIGATION

### COMMUNITY-FOCUSED MITIGATION MEASURES EXTERNAL TO THE PROJECT

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## Food and Nutrition

**Risk: Transmission of food-borne diseases, increases in vitamin-deficiency diseases**

- Collaborate with the government-sponsored DSS to conduct anthropometric monitoring (height, weight, age) within the PACs.  
  - **C→DC**: DSS  
  - **Indicators**: Stunting, wasting, underweight, z scores  
  - **Surveillance Method**: Demographic Surveillance System

- Collaborate with local health-education services to provide materials (from food- and nutrition-related health-education programs conducted for workers) to local health-education services and school programs.  
  - **C→DC**: Company, local health education service  
  - **Indicators**: Country health services

- Assist with food sanitation awareness materials to local district environmental sanitation officers for educational sessions with food handlers and slaughterhouses, particularly vendors who sell food to project workers.  
  - **C→DC**: Company  
  - **Indicators**: Local Environmental Dept. Internet sources

## Accidents and Injuries

**Risk: Potential increase in roadway-related accidents and injuries**

- Collaborate with the district road-safety unit to establish and maintain pictorial road-safety signage in local language and English language (if needed); descriptions along project roadways directly surrounding project facilities, including conveyor-belt routes, roadway rerouting areas, heavy-equipment crossing areas, etc.  
  - **C→DC**: Company, Country Road Safety Dept  
  - **Indicators**: District road safety work group  
  - **Surveillance Method**: Traffic accidents, Roadway audits
### Hazardous Materials Exposure

**Risk: Potential exposure of community to project-related materials**

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>RESPONSIBILITY</th>
<th>INDICATORS</th>
<th>SURVEILLANCE METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implement emergency spill response plans and procedures, including medical monitoring plans, for each potential contaminant (project and community). Test at least quarterly.</td>
<td>Company, local emergency response units</td>
<td>Program audit</td>
<td></td>
</tr>
<tr>
<td>Conduct pest-management program (for workers and resettled farmers) that focuses on organic methods and includes education campaigns regarding hazards of handling and using fertilizers and pesticides.</td>
<td>Company, local government agricultural agency</td>
<td>Program audit, DSS</td>
<td></td>
</tr>
</tbody>
</table>

### Psychosocial

**Risk: Potential increase in violence-related activities and alcohol drinking**

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>RESPONSIBILITY</th>
<th>INDICATORS</th>
<th>SURVEILLANCE METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborate with the authorities to establish a system to monitor violence and community cohesion related to project activities. Conduct violence-prevention education programs, particularly focusing on gender violence. Conduct alcoholism-prevention education programs.</td>
<td>Company, local government Gender Violence Unit</td>
<td>Program audits</td>
<td></td>
</tr>
<tr>
<td>Throughout all project-cycle materials published for the community, include information about the closure and decommissioning phase and its effects on both workers and communities.</td>
<td>Company</td>
<td>Local education system</td>
<td>Communications materials assessment</td>
</tr>
</tbody>
</table>

### Health Systems Infrastructure

**Risk: Potential disruption of access to health care by resettled population**

<table>
<thead>
<tr>
<th>ACTION PLAN</th>
<th>RESPONSIBILITY</th>
<th>INDICATORS</th>
<th>SURVEILLANCE METHOD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide assistance for the provision of national health insurance to resettled populations.</td>
<td>Company, Country health service</td>
<td>DSS</td>
<td></td>
</tr>
</tbody>
</table>
## Community Health Action Plan—Mitigation

### Community-Focused Mitigation Measures External to the Project

<table>
<thead>
<tr>
<th>Risk</th>
<th>Responsibility</th>
<th>Indicators</th>
<th>Surveillance Method</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cultural Health Practices</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk:</strong> Potential disruption to local cultural health practices through resettlement or relocation</td>
<td>Understand local cultural health practices so that resettlement conditions accommodate local practices and behaviors and provide opportunities for health improvement, if feasible.</td>
<td>Company, district social services dept.</td>
<td>DSS</td>
</tr>
<tr>
<td><strong>Noncommunicable Diseases</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk:</strong> Potential increases in hypertension and diabetes due to changes in lifestyle</td>
<td>Provide educational handouts used in worker education programs to country health service for use in local clinics.</td>
<td>Company, local health services</td>
<td>Records audit</td>
</tr>
<tr>
<td><strong>Veterinary Medicine</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk:</strong> Potential increases in livestock-related diseases, such as TB and brucellosis, due to changes in pastoralists, migration patterns</td>
<td>Collaborate with local agricultural programs to implement animal vaccination programs.</td>
<td>Company, local agricultural programs, Swiss Tropical Institute, Animal vaccination rates</td>
<td>Surveys</td>
</tr>
<tr>
<td><strong>Monitoring and Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Risk:</strong> Lack of adequate in-country vital-statistics services, resulting in inability to evaluate key performance indicators related to project impacts</td>
<td>Collaborate with existing government and vital-statistical services to strengthen capacity and perform future monitoring surveys.</td>
<td>Company, government statistical services, INDEPTH Network, Demographic Surveillance System data</td>
<td>DSS</td>
</tr>
</tbody>
</table>

### Table

<table>
<thead>
<tr>
<th>Timing</th>
<th>Action Plan</th>
<th>Responsibility</th>
<th>Indicators</th>
<th>Surveillance Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>C→DC</td>
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<tr>
<td>C→DC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
TYPICAL HEALTH IMPACTS ISSUES

Influx Management
When the project triggers significant migration (laborers, extended families, service providers, and so on) to the project area, it can pose potential significant impacts to surrounding communities. These impacts may occur, to varying degrees, across all phases of the project (exploration, preconstruction, construction, operations, and decommissioning). A strong interaction and mixing among local workers, imported specialty workers, and expatriates can facilitate the spread of respiratory disease, including the production of explosive epidemics that can pass back and forth between the project and the community. In addition, explosive food-borne epidemics are significant and can spread back and forth between the project worksite and the community via food handlers or petty traders.

Resettlement, Relocation
The health effects of resettlement or relocation should be carefully considered above and beyond the typical social and anthropologic analysis that is triggered by resettlement or relocation.

Water Management
During active construction periods, projects may create new breeding sites for key mosquito vectors. Resettlement and relocation communities may be in closer proximity to water bodies, which will significantly increase the vector-borne disease risk. New water bodies, such as surface-water environmental-control dams or new reservoirs, may become magnets for local community members and increase the risks of injury, including accidental drowning. In addition, water-storage facilities require careful environmental engineering (for example, shoreline slopes and vegetation control) to prevent development of vector breeding sites. During construction and operations phases, tires, drums, and other containers may become significant breeding sites for mosquitoes, with subsequent increased risk of dengue fever outbreaks.

Linear Features
Any physical structure (roads, bridges, transmission lines, pipelines, river systems, and so on) that crosses and/or connects diverse ecologic or human populations can be considered a linear feature. Linear features have the potential for both positive and negative health consequences, since they significantly facilitate the movement and interaction of diverse groups of humans and livestock.

Hazardous Materials Control and Disposal
These materials are often “recycled” within communities, with unusual consequences (for instance, increased small-scale breeding grounds for the mosquito vectors of dengue and other arboviral diseases). In addition, waste-storage drums that have industrial residues may adversely impact household water and food supplies, because these containers are often prized as inexpensive storage devices.

Changes in Income and Expenditure Consumption
Projects have significant potential to positively alter underlying levels of community- and household-income poverty. These potential positive effects can have profound impact on a variety of health performance indicators for all populations in a community (for example, children under age 5, women of reproductive age, elderly, and so on). Conversely, projects can trigger significant inflation, impacting both food and housing in surrounding communities. Significant food or housing inflation can adversely impact existing vulnerable groups, with negative consequences on individual- and community-level health performance indicators. Significant food or housing inflation can make recruitment and retention of health care workers and teachers extremely difficult for local communities. Significant and sudden changes in income can have a marked effect on alcohol usage and subsequent gender violence. Workforce education and training are potential key mitigation activities.

Infrastructure and Facilities
Large projects will build a significant number of physical structures that can impact the overall human environment. Within the fence line, projects construct temporary and permanent housing, sewage-treatment plants, catering facilities, maintenance yards, and a variety of administrative and management office buildings. In addition, for many extractive-industry projects, containment ponds known as environmental-control dams are often constructed due to the need to capture sediments and surface-water runoff. Large mining projects may have large conveyor systems and invariably have tailings dams, along with open pits or underground works. All of these structures can potentially impact, positively or negatively, local communities. Careful analysis of distinct facilities is important so that primary design changes can be made to efficiently and cost-effectively mitigate negative impacts.
## HIA SCREENING PROCESS CHECKLIST

### Basic Information
- ✓ Type of project
  - Greenfield / Expansion
- ✓ Project location
  - Country / Rural / Urban / Peri-Urban
- ✓ Presence of nearby communities or populations (within 30 km)
- ✓ Evidence that social and/or environmental assessment activities have been completed
  - (If not, are any under consideration?)

### Identify potential health impacts

<table>
<thead>
<tr>
<th>Environmental Health Areas (EHAs)</th>
<th>Aspects to consider</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Vector-related diseases—malaria, schistosomiasis, dengue, onchocerciasis, lymphatic filariasis, yellow fever</td>
<td>○ Are any of these present in the project area? ○ Will the existing pattern of water and roadway distribution change because of the project? ○ Will there be worker influx from other areas?</td>
</tr>
<tr>
<td>✓ Respiratory and Housing issues—acute respiratory infections (bacterial and viral), pneumonias, tuberculosis; respiratory effects from housing, overcrowding, housing inflation</td>
<td>If there is a construction phase: ○ Will it trigger an influx of workers? ○ Will there be any work camps?</td>
</tr>
<tr>
<td>✓ Veterinary Medicine/Zoonotic issues—brucellosis, rabies, bovine TB, bird flu, etc.</td>
<td>○ Will there be interaction between the project and local animal husbandry?</td>
</tr>
<tr>
<td>✓ Sexually transmitted infections—HIV/AIDS, syphilis, gonorrhea, chlamydia, hepatitis B</td>
<td>○ Will the project trigger influx? ○ Will the project trigger long-haul truck trips?</td>
</tr>
<tr>
<td>✓ Soil- and Water-borne diseases—giardiasis, worms, water access &amp; quality, excrement management</td>
<td>○ Will the project trigger influx? ○ Will the project change water or soil quality or distribution in nearby communities</td>
</tr>
<tr>
<td>✓ Food- and Nutrition-related issues—stunting, wasting, anemia, micronutrient diseases (including folate, Vitamin A, iron, iodine), changes in agricultural and subsistence hunting/fishing/gathering practices, gastroenteritis (bacterial and viral); food inflation</td>
<td>○ Will the project trigger influx? ○ Will the project change agricultural practices or food distribution?</td>
</tr>
<tr>
<td>✓ Accidents/Injuries—road-traffic-related, spills and releases, construction (home- and project-related), and drowning</td>
<td>○ Will the project trigger influx? ○ Will the project trigger changes in existing road/rail/shipping/air transportation patterns? ○ Will there be temporary or permanent increases in road transportation?</td>
</tr>
</tbody>
</table>
### Environmental Health Areas (EHAs)

<table>
<thead>
<tr>
<th>Environmental Health Areas (EHAs)</th>
<th>Aspects to consider</th>
</tr>
</thead>
</table>
| **Exposure to potentially hazardous materials**—pesticides, fertilizers, road dust, air pollution (indoor and outdoor, related to vehicles, cooking, heating, or other forms of combustion/incineration), landfill refuse or incineration ash, any other project-related solvents, paints, oils, or cleaning agents, by-products, or release events | o For an existing facility:  
  - Is there any history of past releases into air/water/soil?  
  - Have there been any community complaints or concerns related to past releases?  
  o Will hazardous-material residues be transported to/from the site?  
  o Will hazardous material be used at the site?  
  o Any anticipated air/water/soil releases?  
  o Any community exposure concerns anticipated related to facility construction and operations phases? |
| **Psychosocial** (social, including Key Determinants of Health)—resettlement/relocation, violence, security concerns, substance misuse (drug, alcohol, smoking), depression, and changes to social cohesion | o Will the project trigger influx?  
  o Will there be work camps?  
  o Is resettlement/relocation required?  
  o Will the project change existing subsistence practices, i.e., access to hunting/fishing/farming?  
  o Will temporary or permanent jobs be created for local populations?  
  o Will the project have any effect on equity or equality? |
| **Cultural health** practices—role of traditional medical providers, indigenous medicines, and unique cultural health practices | o Will the project change access to or the status of traditional health providers? |
| **Health-services infrastructure and capacity**—physical infrastructure, staffing levels and competencies, technical capabilities of health care facilities at district levels; program-management delivery systems—coordination and alignment of the project to existing national- and provincial-level health programs (e.g., TB, HIV/AIDS), and future development plans | o Will the project trigger influx?  
  o Will the project provide all health services for its workers? |
| **Noncommunicable Diseases (NCDs)**—hypertension, diabetes, stroke and cardiovascular disorders, and cancer | o Will the project trigger influx?  
  o Will there be work camps?  
  o Will temporary or permanent jobs be created for local populations? |
Identify potentially affected communities

- Use the EHA results to determine whether the communities may be affected by the project.
- Determine whether existing medical infrastructure will be affected by the project.

Determine the type of health impact assessment needed

- Situations that are likely to trigger the need for an HIA include:
  - Relocation or resettlement of people
  - New large construction-related work camps
  - Large project footprint with large populations affected
  - Long construction timescale
  - Long operations timescale with potential health impacts
  - Significant decommission phase, e.g., plant closure affecting community workforce
  - Potential for significant change in existing burden of disease
  - Potential for significant changes in key social determinants of health
  - Anticipated impact on local health services and infrastructure
  - Potential significant community exposures
  - Large project footprint, with significant development of linear features such as roads, transmission lines, railways, pipeline, etc.
# APPENDIX E

## HIA SAMPLE OUTLINE

### Comprehensive HIA

### EXECUTIVE SUMMARY

### LIST OF TABLES

### LIST OF FIGURES

### LIST OF ACRONYMMS

### 1.0 INTRODUCTION

1.1 Project Background

1.2 Objectives and Scope

### 2.0 PROJECT DESCRIPTION

2.1 Location

2.2 Key Operational Aspects of the Proposed Project: Timing and schedule, particularly (i) front-end design aspects, (ii) construction, and (iii) scheduled date for actual commencement of operations

2.2.1 Site Access: Description of project location and accessibility (i.e., remote and/or difficult access); need for new transport features (i.e., road/rail/port/airstrips be constructed)

2.2.2 Operational Support: Are outside, (e.g., third-country nationals expected to be brought in for construction activities; is there a series of subcontractors under a prime contractor reporting to the companies?

2.2.3 Project Timing/Schedule: Timing issues: Are seasonality effects (rainy season, etc.) expected to affect project scheduling?

### 3.0 LEGAL, ADMINISTRATIVE, AND LEGISLATIVE FRAMEWORK:

Is there host-country legislation requiring health analysis?

### 4.0 HIA FRAMEWORK AND METHODOLOGY

4.1 HIA within the Proposed Project: How does the HIA "fit" within the other impact assessments, e.g., environmental and social?

4.1.1 Scope of the HIA: Are there areas that will not be covered in the HIA?

4.2 Impacts Categorization: What system will be used in the HIA to describe potential impacts?

4.2.1 Direct versus Indirect Effects: Will indirect effects be considered; regional level effects; national effects?

4.2.2 Cumulative Effects: How will this be defined and evaluated, if at all?

4.2.3 Specific Comprehensive HIA Methodology—Sectoral approach: Looks at impacts across broad sectors.

4.2.3.1 Housing: Will new housing be built within or for potentially affected communities?

4.2.3.2 Water Supply, Sanitation, and Food: Will there be changes in access to water quantity and supply sources; will local sanitation services be improved, overwhelmed, or otherwise affected?

4.2.3.3 Transportation: Changes in roads/rail/ports/air access.

4.2.3.4 Communications, Information Distribution

4.2.4 Environmental Health Areas (EHAs): As described in IFC Guidance Note 4 for Performance Standard 4, "Community Health, Safety and Security," these are the 12 defined areas to examine for potential project impacts.
4.2.5 Potentially Affected Communities (PACs): Which communities are most likely to be impacted; are these communities the same as defined by the environmental and/or social assessment; why or why not?

5.0 BASELINE ANALYSIS: What are the existing data sources; what were the data gaps that required new household surveys; have the key data gaps been filled?

5.1 Baseline Data at the National, Regional, and Provincial Levels: What are the existing sources of health data relevant to the project; what are the existing data, if any, from Demographic Health Surveys (DHS), etc.? Are there regional-level data that can be applied to the project; are there provincial-level data sources; what is the quality assessment of these data?

5.2 Baseline Data at the District Level: Are there any data available for the potentially affected communities; what is the age and quality of these data?

5.3 Baseline Data from Detailed Household Surveys: Describe the data from project-specific household surveys; were the data from proportionate population sampling or comprehensive (>90% of all affected households sampled); how do the project data compare to regional- and national-level surveys, assuming they exist? If there are significant differences, these should be explained. Are the health household data consistent with the social survey data; have social determinants of health been assessed?

6.0 STAKEHOLDER ANALYSIS: Who are the key stakeholders for health; are there differences between stakeholders associated with health issues versus social/environmental issues; what are the power relationships across and between the stakeholders and the project?

7.0 RISK ANALYSIS

7.1 Analysis: Each of the 12 EHAs should be considered for potential impacts, positive, negative, or both; risk is a combination of impact and likelihood.

7.2 Overall Summary Analysis

8.0 MITIGATION: What are the general strategies and actions that can be used; what is the role and responsibility for the host government versus the project proponents; how will interventions be coordinated?

9.0 MONITORING AND EVALUATION (M&E): Describe the system that will be used for this activity; define key performance indicators; define roles and responsibilities between the project and the host government.

10.0 SUMMARY

11.0 BIBLIOGRAPHY
HIA SAMPLE OUTLINE

Limited In-Country HIA

EXECUTIVE SUMMARY

LIST OF TABLES

LIST OF FIGURES

LIST OF ACRONYMS

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1.2 Objectives and Scope

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2.2.1 Site Access: Is the proposed project location remote or difficult to access; will new transport features, e.g., road/rail/port/airstrips be constructed?

2.2.2 Operational Support: Are outside, (e.g., third-country) nationals expected to be brought in for construction activities; is there a series of subcontractors under a prime contractor reporting to the companies?

2.2.3 Project Timing/Schedule: Timing issues: Are seasonality effects (rainy season, etc.) expected to affect project scheduling?

3.0 LEGAL, ADMINISTRATIVE, AND LEGISLATIVE FRAMEWORK: Is there host-country legislation requiring health analysis?

4.0 HIA FRAMEWORK AND METHODOLOGY

4.1 HIA within the Proposed Project: How does the HIA "fit" within the other impact assessments, e.g., environmental and social?

4.1.1 Scope of the HIA: Are there areas that will not be covered in the HIA?

4.2 Impacts Categorization: What system will be used in the HIA to describe potential impacts?

4.2.1 Direct versus Indirect Effects: Will indirect effects be considered; regional-level effects; national effects?

4.2.2 Cumulative Effects: How will cumulative effects be defined and evaluated, if at all?

4.2.3 Specific Mini-HIA Methodology: Sectoral approach: Looks at impacts across broad sectors.

4.2.3.1 Housing: Will new housing be built within or for potentially affected communities?

4.2.3.2 Water supply, Sanitation and Food: Will there be changes in access to water quantity and supply sources; will local sanitation services be improved, overwhelmed, or otherwise affected?

4.2.3.3 Transportation: Changes in roads/rail/ports/air access.

4.2.3.4 Communications, Information Distribution
4.2.4 Environmental Health Areas (EHAs): As described in IFC Guidance Note 4 for Performance Standard 4, "Community Health, Safety and Security," these are the 12 defined areas to examine for potential project impacts.

4.2.5 Potentially Affected Communities (PACs): Which communities are most likely to be impacted; are these communities the same as defined by the environmental and/or social assessment; why or why not?

5.0 BASELINE ANALYSIS: Current available data. Since this is a mini-HIA, no new health-specific field data collection is anticipated; what are the data sources; are they adequate; data-gaps analysis?

6.0 STAKEHOLDER ANALYSIS: Who are the key stakeholders for health; are there differences between stakeholders associated with health issues versus social/environmental issues; what are the power relationships across and between the stakeholders and the project?

7.0 RISK ANALYSIS
7.1 Analysis: Each of the 12 EHAs should be considered for potential impacts, positive, negative, or both; risk is a combination of impact and likelihood.

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9.0 MONITORING AND EVALUATION (M&E): Describe the system that will be used for this activity; define key performance indicators; define roles and responsibilities between the project and the host government.

10.0 SUMMARY

11.0 BIBLIOGRAPHY
## RECOMMENDED BASELINE DATA COLLECTION ACTIVITIES AND TASKS

### Activities

- Obtain a demographic profile for the impacted community. Include important community features, such as:
  - Residential, commercial, agricultural, farming, and industrial areas
  - Locations of schools, churches (i.e., places of worship and other sacred sites), health care facilities, and recreational areas
  - Location of water sources, local food sources, reservoirs, sewage/waste system
  - Languages of the area
  
  - Translating this information into maps of the potentially impacted area is an excellent way to show results.
  - Maps also help the project anticipate possible project impacts.
  - Coordinate with SIA social mapping exercise.

- Identify community health issues that have been identified from other HIAs, published studies, reports, or communiqués on projects similar to this one.

- Identify health risks and define baseline data according to each of the 12 environmental health areas listed in Table 2.
  
  - The technical nature of this material will likely require a public health specialist to collect and/or interpret information on disease and risk factor prevalence.

### Tasks

**Conduct a baseline literature search, review, and analysis. Determine data gaps.**

**Review current and updated project documents and data:**

- Social impact/management reports
- Environmental impact/management reports
- Drinking water sampling results
- Influx management plan
- Sewage-treatment plant capacity plans
- Medical response to spills plan
- Food and water safety plans and procedures
- Any anticipated survey efforts (before the surveys are conducted)
- Existing baseline data collected
- Stakeholder consultation meeting minutes/reports
Fact-gathering meetings with project personnel

- Project management—regarding community health-related concerns, project perceptions of health/social/environmental impacts
- Environmental representative—regarding air emissions, road dust, water
- Hydrogeology representative—regarding water-management practices and water monitoring
- Social representative—regarding social impacts identified that may relate to health and potentially affected communities
- Geographical Information data representative (ArcGIS or CAD)—regarding regional and district GIS/map files
- Head construction contractor—regarding managing contractor personnel

Fact-gathering meetings with governmental/institutional personnel (with emphasis on project location)

- Ministry of Health representatives in the area
- Water Sanitation representatives
- Transportation Safety Department (if present)
- HIV/AIDS—Sexually Transmitted Infections Control Program
- Malaria Control Program
- Tuberculosis Control Program
- Road Safety Department
- Alcohol Prevention Program
- Domestic Violence Prevention Program
- Ministry of Health—Health Education Department
- Water Sanitation programs

Ground Truthing (site visit and review) of each project location

Field activities will include:

- Characterization of the project from a health perspective
- Where the project will be located (visual evaluation of adjacent and surrounding communities—no community population interviews)
- Physical structures and facilities
- How it will operate
- Important potential exposures to the community from physical, biological, and chemical substances (what, how much, how often)
- Workforce size
- Workforce countries of origin
- Planned locations of these worker populations
- Identify communities that are downstream and downwind
- Transportation corridor(s)
- Transmission-line corridors
- Pipeline corridors (if applicable)
- Project timing
- Physical issues (weather, topography)
- Environmental issues related to health (EIA)
- Social issues related to health (SIA)
- Current health infrastructure and systems in potentially affected communities (discussions with local health services representatives may be needed)
- Sustainability-capital data analysis

**Community Members Focus Groups**
- Individual perceptions of health impacts (including project personnel)
- General view of community lifestyles
- Traditional and local knowledge (TLK)
- Women’s groups (currently organized religious, water/sanitation, or support groups)
Risk assessment can be used to qualitatively or quantitatively rank the potential project health impacts to help prioritize the mitigation measures. Activities included in the risk assessment process are described below.

### Risk Assessment Activities

<table>
<thead>
<tr>
<th>Activities</th>
<th>Comments</th>
</tr>
</thead>
</table>
| Health Risk Assessment | In either a qualitative or quantitative analysis, the magnitude of the potential health effect on the worker and community populations is a function of:  
• hazard’s potency,  
• exposure level,  
• number of people exposed,  
• probability that exposure occurs, and  
• modifying factors. |
| Estimate magnitude of potential health effects related indirectly to the project: | If disease incidence rates are not available, qualitative impacts may be estimated (e.g., adverse dietary effects from loss of crop land). |
| • See strategies above for direct effects. | |
| Ranking of health risks: | Health risks are ranked in order of highest concern by health impact area of concern, or by hazard, or by other metrics as appropriate. |
| • Rank the relative health risks and select the health risks that will be mitigated. | Mitigation priorities are typically based on the seriousness and magnitude of the impact resulting from the project and the probability that it will occur. Priority rankings may be determined using a consensus process among the HIA team and stakeholders. |
| Set mitigation priorities for selected risks: | |
| • Consider project health impacts and probability of occurrence on all items identified in the health risk assessment. | |
| • All health impacts identified should be discussed in the HIA, and the reason(s) for not mitigating selected ones stated. | |
| • Classify each potential health effect: high, medium, low, none, enhanced (meaning the project will likely have a positive impact). | |
Manageability

Manageability is the ability to influence risk through risk responses (proactive or reactive) and is illustrated in the example below.

Manageability Scoring

<table>
<thead>
<tr>
<th>Scoring Scale—Manageability</th>
<th>Description</th>
<th>Probability</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>Within the control of the Project Management team. Can control probability and/or impact.</td>
<td>&gt;25%</td>
<td>More than 1 in 4 projects experience this</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>Within the influence of the Project Management team. Can influence probability and/or impact.</td>
<td>5% to 25%</td>
<td>Circa 1 in 10 projects experience this</td>
</tr>
<tr>
<td>LOW</td>
<td>Outside the influence of the Project Management team. Can only influence impact.</td>
<td>1% to 5%</td>
<td>Circa 1 in 50 projects experience this</td>
</tr>
</tbody>
</table>

Risk Assessment Examples

Probability Determination of an Oil and Gas Project

<table>
<thead>
<tr>
<th>Probability</th>
<th>Scale</th>
<th>Description</th>
<th>Probability</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>Likely</td>
<td>&gt;25%</td>
<td>More than 1 in 4 projects experience this</td>
<td></td>
</tr>
<tr>
<td>MEDIUM</td>
<td>Less Likely</td>
<td>5% to 25%</td>
<td>Circa 1 in 10 projects experience this</td>
<td></td>
</tr>
<tr>
<td>LOW</td>
<td>Unlikely</td>
<td>1% to 5%</td>
<td>Circa 1 in 50 projects experience this</td>
<td></td>
</tr>
<tr>
<td>VERY LOW</td>
<td>Very Unlikely</td>
<td>&lt;1%</td>
<td>Fewer than 1 in 100 projects experience this</td>
<td></td>
</tr>
</tbody>
</table>

Community Health Impact Levels from Safety and Environmental Threats

<table>
<thead>
<tr>
<th>Severity</th>
<th>Scale</th>
<th>Community Health</th>
<th>Safety (inside the fence)</th>
<th>Environment Threats</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOW</td>
<td>Isolated community health complaint. No media inquiry.</td>
<td>Minimal impact</td>
<td>Minimal impact</td>
<td></td>
</tr>
<tr>
<td>MEDIUM</td>
<td>Small numbers of sporadic community health complaints. Local media inquiries.</td>
<td>Recordable injury, first aid, serious occurrence</td>
<td>Rapid onsite clean-up</td>
<td></td>
</tr>
<tr>
<td>HIGH</td>
<td>Increasing rate of health-related complaints, repeated complaints from the same area (clustering). Increased local/national media interest.</td>
<td>Serious injury</td>
<td>Short-term damage within facility boundary</td>
<td></td>
</tr>
<tr>
<td>VERY HIGH</td>
<td>High level of concern or interest from local community due to health-related issues. National and/or international media interest. Serious breach of regulation, resulting in investigation by regulator. Operation suspended, licenses revoked.</td>
<td>One or more fatalities or multiple permanent injuries</td>
<td>Damage is long-term and/or extensive</td>
<td></td>
</tr>
</tbody>
</table>
References


Acknowledgements

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