

HIA 2014 International HIA Workshop

**Proposed HIA Capacity Building Activities
and
Draft TWG-HIA Work Plan (2014-2016) of Southeast and
East Asian Countries**

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Executive Summary

Fourteen countries of Southeast and East Asian countries; Brunei, Cambodia, China, Indonesia, Japan, Laos, Malaysia, Mongolia, Myanmar, the Philippines, Korea, Singapore, Vietnam, and Thailand, agreed in 2007 to adopt the Environment and Health Charter. To support this, the Ministerial Regional Forum on Environment and Health in Southeast and East Asian Countries was established, with the aim of building member countries' capacity to tackle environmental health problems. The Forum is also the mechanism and platform for exchanging knowledge and experience between countries. In 2010, the Forum endorsed and approved health impact assessment (HIA) as another regional action theme and also established the Thematic Working Group HIA (TWG-HIA), chaired by the Korea Institute of Health and Social Affairs. The Korean Chair adopted and managed the TWG-HIA Work Plan (2010-2013); for the next three years, 2014-2016, the TWG-HIA will be chaired by Thailand – Department of Health, Ministry of Public Health.

The Department of Health, Ministry of Public Health, therefore needs to initiate the draft TWG-HIA Work Plan (2014-2016). The Department of Health has consulted the member countries and found many countries feel they need capacity building and greater exchange of knowledge between countries in the region. The Department of Health also conducted a survey on HIA capacity building need and invited comments on the TWG-HIA Work Plan (2014-2016) of member countries. The Department also consulted academic and international organizations linked to the TWG-HIA; WHO Geneva Headquarter Office, WHO Southeast Asia Regional Office, WHO Regional Office for Western Pacific, University of Otago New Zealand, University of New South Wales, and Curtin University Australia. The Department of Health, in collaboration with Faculty of Public Health, Khon Kaen University, then conducted a survey and sought comment from member countries and academic and international organizations on HIA capacity building need and proposed activities of the Work Plan 2014-2016.

The survey results on HIA capacity building needs show that most countries need to build their human resource capacity through greater experience with HIA and exchanging knowledge on HIA with other countries, especially about ways to use HIA for assessing policy, plan and strategy impacts, as well as the use of HIA for the six regional environmental health areas of concern. For the next TWG-HIA Work Plan (2014-2016) the member countries and international organizations recommended the TWG-HIA focus on creating a regional HIA training guide, organize regional HIA training courses, and help develop ways that HIA knowledge and experience can be exchanged between member countries.

HIA Capacity Building Need Assessment of Southeast and East Asian Countries

Background

HIA practices are primarily rooted in; i) the healthy public policy principle as referred to the Ottawa Charter 1986; ii) the desire of the public, academics, decision-makers, politicians, and country and international organizations or social movements at large to reduce health inequalities; and iii) the assessment and management of human health risk from any proposed development project, based on the EIA system. The first advocates for the creation of public policies that safeguard and promote good health of the population. The second emphasizes the analysis of population health impacts from proposed policies, plans, and projects, by exploring whether such proposals causes change in the social determinants of health, such as income, education, employment, housing, etc. Such changes in these determinants will eventually affect the physical, mental, and spiritual human health status. The last is so called EHIA, and involves the analysis of any hazards that might lead to physical health impacts. The EHIA usually applies the conventional human health risk assessment process; hazard identification, exposure assessment, dose-response relationship, and risk quantification and management.

The concept of using effective biomedical intervention for the treatment of diseases, as the basis of improving the health of the population is no longer sufficient, especially while human health status in many parts of the world is still not improving. Many of the causal factors that influence population health status lay outside the health sector. The physical, mental, and spiritual health status of a population are very dependent on changes in the social determinants of health. Positive and negative changes of these determinants are the outcomes of those activities generated by the policies, plans, and projects. Therefore, population health status is affected by development proposals and intervention not just by improvements in health services.

Recently, the World Health Assembly endorsed the Rio Political Declaration on Social Determinants of Health in May 2012. The WHO Secretariat reported to the Executive Board on 23 November 2012 on ways the WHO Regional Offices are supporting Southeast and East Asia member countries to take action on social determinants of health. The prime goal is to promote the concept of 'Health in All Policies' while aiming to reducing health inequalities. In 2013, in recent work, the WHO produced a Handbook on Health Inequalities Monitoring: With a Special Focus on Low-and Middle-Income Countries, as well as presenting a case study of the Philippines.

HIA is one strategy for promoting Health in All Policies and it is also an effective tool for achieving health equality. Many HIA guides use the social determinants of health as the main criteria for making, identifying and evaluating impacts. Some recent HIA guides have even developed a stronger contextual focus on 'health inequalities impact assessment'.

Although HIA is widely recognized in many European, North American and Australasian countries, the understanding and practice of HIA is relatively limited in many Southeast and East Asian countries. However, the Ministerial Regional Forum on Environment and Health gives high value to HIA and the Forum has endorsed the establishment of TWG-HIA since 2010 for the promotion of HIA for member countries.

In 2011, the TWG-HIA assigned Thailand (Department of Health, Ministry of Public Health; DOH-MOPH) to compile information on the availability of HIA training and formal educational courses delivered by government agencies and academic institutions in member countries. The DOH-MOPH collaborated with the Faculty of Public Health, Khon Kaen University, Thailand (FPH-KKU) to conduct the survey; however that work remains incomplete and a full list of member countries and regional and international partners¹ with their updated existing HIA training courses and their HIA capacity building is still needed.

Following the latest TWG-HIA meeting in Seoul Republic of Korea on 11 October 2012, the TWG-HIA has readdressed the need to survey activity on HIA training needs assessment of member countries, as well as the compilation of existing HIA training courses and HIA educational programs available for member countries. In light of this, the TWG-HIA requested the DOH-MOPH and FPH-KKU Thailand to complete the survey.

Objectives

1. To complete baseline data collection regarding HIA training courses in member countries and of regional and international partners.
2. To compile information on HIA training needs of member countries.
3. To list and make a brief notes on the availability of HIA training courses and formal educational program/curricula/course offered by member countries and regional and international partners.

Activities

1. The FPH-KKU, in collaboration with the DOH-MOPH Thailand, will develop a survey form on HIA training needs assessment of member countries and send that to member countries to complete information, as in Annex 1.
2. The FPH-KKU, in collaboration with the DOH-MOPH Thailand, will develop a survey form on the availability of HIA training courses and HIA educational programs of regional and international partners, as in Annex 2.

Expected Deliveries

1. The HIA training need data provided by member countries will be analyzed and then submitted for the consideration of the TWG-HIA members. This will provide the basis for formulating and developing a regional HIA training workshop.
2. Compilation of available HIA training courses and educational programs in member countries and of regional and international partners, which will be distributed to the Ministerial Regional Forum as well as disseminated to general public.

¹ WHO Geneva/SEARO/WPRO, UNEP, Soon Chun Hyang University, Okayama University Graduate School of Medicine Dentistry and Pharmaceutical Sciences, University of Otago, University of New South Wales, Curtin University, Khon Kaen University.

HIA Training Courses of Southeast and East Asian Countries and Academic Institutions in Asia and Pacific

HIA training courses of member countries

The survey results of 14 member countries of the Ministerial Regional Forum on Environment and Health; Cambodia, China, Korea, Brunei, Mongolia, Malaysia, Myanmar, the Philippines, Lao, Singapore, Indonesia, Vietnam, Japan, and Thailand. Nine countries responded to the survey; Cambodia, China, Korea, Brunei, Mongolia, Malaysia, the Philippines, Vietnam, and Thailand. Only three countries have HIA training courses; Malaysia, Thailand, and Vietnam, as detailed in Table 1 and with more brief details in Table 2.

Development of HIA training courses of the three countries was associated with the HIA management structure of each country. Brief details of the HIA courses in those three countries are as follow:

Malaysia

The Department of Environment has issued a regulation that any prescribed projects subject to EIA are also required to do an HIA report. In 2009, the Department of Environment set out a HIA guideline in the EIA report system, and the Department has made an agreement with the Department of Health to be in responsible for reviewing and making recommendations on the HIA report. Some Malaysian health agencies therefore have developed the HIA training courses for health officers, aiming to build their knowledge and skill in the HIA process and method for use in reviewing and making recommendation on HIA reports produced by consultants.

The health agencies that deliver the HIA training courses and their brief activities are as follows:

- 1) Malaysian Society for Environmental Epidemiology: this professional society offers a four-day short training course on HIA. The course content focuses on environmental health impact assessment, also including the use of HIA in policy and plan appraisal. The target groups are health officers who are responsible for reviewing the HIA in an EIA report.
- 2) Environmental Health Research Center of the Institute for Medical Research: this Center organizes the four-day HIA training course. The course content stresses the environment and health impact assessment context. The target groups are environmental health officers who are in charge of reviewing HIA in EIA reports as well as carrying out monitoring and following-up with the proponent about activities recommended by the HIA report.
- 3) Institute of Global Health of the United Nations University: the Institute offers a three-day short training course on HIA. The course is designed to focus on health risk assessment, and the target groups are academics and interested persons. The course aims to equip the trainees to use the HIA in environmental health work and assessing contaminated land.

Vietnam

The Vietnamese government enacted the health related law: the Prevention and Control of Infectious Act 2007. Under this Act, the Ministry of Health has issued an HIA regulation that requires HIA reports for certain kinds of proposed development project: industrial construction sites, urban land development, residential housing, and health services. The responsible agency for HIA is the

Environment and Health Agency which is another Department of Ministry of Health. The project developer needs to produce the HIA report and submit it to the Agency for approval. However, as the country has not yet developed an HIA guideline, the full HIA process has not yet been implemented. Another reason is that the country has limited HIA resource persons, and as a consequence the country has requested support from the World Health Organization for HIA capacity building for their health officers.

The HIA training courses are of two interconnected types:

- 1) A course on 'Training of HIA Trainers': this aims to train national HIA trainers for coaching and organizing HIA trainees at provincial level across the country. The HIA training course activities were supported by the WHO between 2006-2008. The course content focuses on HIA principles and practice as part of the EIA process. The course accommodated 12 trainees per session.
- 2) The HIA training course for provincial health officers, conducted by the trainers and organizers from the course described above. The course content focuses on HIA principles and practice as part of the EIA process, and the number of trainees per session is 15-20 persons.

Thailand

The Thai Constitutional Act 2007 requires any development activities which are likely to affect the environment and population wellbeing to provide reports on environmental quality and health impact. In 2009, the Ministry of Natural Resources and Environment accordingly issued the new EIA regulation which required the HIA. The HIA guideline was updated and made available in April 2013. Thailand also established an institution to be in charge of the HIA—the Division of Health Impact Assessment, in the Department of Health, Ministry of Public Health. The Division's key function is to develop guidelines for HIA practice and research, including capacity building of HIA human resources. Another agency is the National Health Committee which has the key mandate on national health policy development, including development of HIA process and method as well as promotion of HIA use in communities. This aims to facilitate community learning about health and community wellbeing impacts and how to make recommendations to the agencies involved in policy development and sectoral planning, including development of public health policy.

The agencies that offer HIA courses are as follow:

1. Division of Health Impact Assessment, of the Department of Health; the Division organizes two HIA training courses, these are:
 - 1) An HIA short-course for local government personnel. The target groups are local government administrators, policy and planning officers, and public health officials. The course content focuses on HIA principles and practice, the use of HIA for the impact assessment of proposed local development projects, as well as an introduction to measures to safeguard population health. The HIA training course accommodates 40-50 persons per session.
 - 2) An HIA short-course for public health officers at provincial and district levels. The course content focuses on the use of HIA in assessing health impact from development projects and the role of health officers in the application of HIA for safeguarding population health. The HIA course takes 40-50 persons for each training occasion.

2. The National Health Committee in collaboration with non-profit organizations organize two short training courses on HIA; these are:
 - 1) An HIA short-course for healthy public policy development; this aims to have HIA principles incorporated into the public policy development process and into sectoral policy development and planning. The target groups are academics, community leaders, and interested parties. The prime goal is to make recommendations for the improvement of policy development and planning. The course content focuses on the principles and practice of HIA in the healthy public policy development process. The training course has an intake of 30-50 per session.
 - 2) An HIA short course for building community learning; this aims to use HIA principles as a learning process in the community. The ultimate goal is to apply HIA in assessing development activities within community and use the lessons learnt to build healthy public policy. The training course accommodates 30-50 persons per session.
3. The Science and Technology National Council; the Council organizes an HIA short course to build HIA knowledge and skills to enable consultants and academics to produce HIA reports. The course content focuses on the EIA process and on how to do health risk assessment. The target groups are researchers who work for the consultancies, industrial managers, and academics. The course has an intake of 100-150 persons per session.
4. Faculty of Tropical Medicine, Mahidol University, offers the International Training Course on Environmental Health Impact Assessment [EHIA]. The course focuses on EIA process and health risk assessment. The target groups are academics and consultants with an intake of 35-50 per occasion.

HIA training courses of regional academic institutions and international agencies

HIA training courses in academic institutions

The following academic institutions provide technical support to the TWG-HIA: University of New South Wales and Curtin University in Australia, the University of Otago in New Zealand, Seoul National University, Hanyang University, Kyungpook National University, The Catholic University of Korea, Soon Chun Hyang University and Yonsei University in Korea, and Khon Kaen University in Thailand. The survey result shows that only Curtin University, Western Australia, is still offering a short-course training on HIA. The University of New South Wales, Australia, and the University of Otago New Zealand, both used to offer HIA training courses but have now ceased mainly due to lack of government financial support. There is no HIA course available in any of the Korean universities surveyed; in Thailand, the Faculty of Tropical Medicine, Mahidol University Thailand does offer training.

Curtin University is also the WHO Collaborating Centre for Environmental Health Impact Assessment, and it offers 4 international short-courses; (1) HIA principles, process, and practice, (2) human health risk assessment, (3) health research, and (4) environmental health management. The target groups are academics and other interested persons, with an intake of 20-25 per course.

HIA training courses of international agencies

The international organizations supporting the TWG-HIA are: the World Health Organization (WHO), Geneva Switzerland Headquarters Office; WHO Office for Western Pacific Region, Manila, the Philippines; WHO Southeast Asia Regional Office, New Delhi, India; the United Nation Environment (UNEP) Program Regional Office for Asia and the Pacific, Bangkok, Thailand; and the Asian Development Bank (ADB), Manila, the Philippines. Formerly, the WHO Regional Office for Western Pacific used to organize HIA short-course training but currently there is none, as budgets are limited. UNEP has never organized any HIA training, while the ADB has no HIA course but did produce the Guidelines for the Health Impact Assessment for Development Projects 1992.

Sufficiency of the HIA training courses

The three countries which have HIA training courses – Malaysia, Vietnam, and Thailand – reported their HIA courses are still not sufficient, as detailed in Table 3. Malaysia notes that its HIA courses are not sufficient for assessment at four levels: policy, project, community-based empowerment, and six regional environmental health areas of concern. Similarly with Vietnam, the country representative reports its HIA courses are still insufficient except for the project assessment level. The Thailand country representative also notes that all of their HIA courses are still not enough to meet needs.

Curtin University reports that its HIA course is sufficient and meets its needs.

Conclusion

The survey of all 14 member countries of the Regional Forum produced 9 country responses. Of these, only 3 countries (Malaysia, Vietnam, and Thailand) report having HIA training courses within their own country. In Malaysia, the Environmental Health Research Center and the Malaysian Society of Environmental Epidemiology offer HIA short-courses for public health officers, aiming to build a group of personnel with the skills to review, and make recommendations on, HIA information in the main EIA report. The Institution of Global Health of the United Nations University, as an international academic institution, offers an HIA short-course for academics and any interested persons. Vietnam organizes a medium-term HIA course for building nationally recognized HIA competent trainers. These master trainers will run the HIA short-course training for provincial health officers.

Thailand offers, in comparison to other the two countries, more HIA short-course training. The Division of Health Impact Assessment of Department of Health offers HIA training for local government officials and public health officers. The National Health Committee, in collaboration with the non-profit organizations, organizes the HIA course training for academics and community leaders; one course is designed to apply HIA for building health public policy, while the second course focuses on the use of HIA for facilitating community learning in policy development process. The National Science and Technology Council organizes HIA training courses for academics and private sector personnel, aiming to build their capacity for conducting HIAs in EIA process. The Faculty of Tropical Medicine of Mahidol University offers the International Short-Course Training on Environmental Health Impact Assessment for any interested persons in Asia.

In terms of the adequacy of the existing country HIA short-course for building their human resource competency, the three countries report that their current HIA courses are still not enough. The three countries need to improve their HIA short-course training by designing courses suited to particular purposes, such as using HIA in assessing of proposed development projects, building healthy public policy, and addressing the 6 regional environmental health areas of concern.

Table 1. HIA training courses of TWG-HIA member countries.

	Cambodia	Korea	China	Brunei	Mongolia	Malaysia	Philippine	Vietnam	Thailand
1. Availability of your country HIA training course/program						√		√	√
2. The agency that currently conducts or leads HIA training activities in your country									
3. Academic/research institution. (University/College/Institute)									√
• Government institution (Ministry of Health, Ministry of Environment)						√		√	√
• International organization (WHO, UNEP, UNDP etc.)									
• Other (Specify).....						√			√
4. Type of the HIA training course/program offered									
• Short-course training (1-5 days)						√		√	√
• Intermediate training program (1 week period or more)								√	
• Formal training course by enrolling in academic course program (university/college base)									√
• Other (specify).....									
5. Your country HIA training course/program focuses on									
• HIA for proposed development policy, program, strategy (policy HIA)									√
• HIA for proposed development project (EHIA, HIA integration with the EIA system)						√		√	√
• Community-base driven HIA (community learning using HIA, community-base healthy policy advocacy actions etc.)									√
• HIA application for the six TWG themes (as listed in the Regional Forum Charter 2010) ²									

²(1) Air quality; Water, (2) Sanitation and Hygiene; (3) Solid Waste and Hazardous Waste; (4) Toxic Chemicals and Hazardous Substances; (5) Climate Change, Ozone Depletion and Ecosystems Changes; (6) Contingency Planning, Preparedness and Response in Environmental Health Planning.

Table2. Brief details of HIA training course of TWG-HIA member countries and regional academic institutions.

Country	Organizations	Course Title	Objectives	Course Content/Training Period	Target Groups
Malaysia	Malaysian Society of Environmental Epidemiology	Hands-on Workshop on Environmental Epidemiology: Application in Environmental Health Impact Assessment (EHIA)	-To build health officers in capable of reviewing EHIA report in the main ERIA report -To guide health officials applying HIA for public policy development process	- EIA process -EHIA/HIA process and method -4-day training	-Health officials -40 persons per occasion
	The Environmental Health Research Center, Medical Research Institute, Ministry of Health	Understanding EHIA principle and method for reviewing of EHIA report	-To enable health officials reviewing of EHIA section in the EIA main report done by the consultant firm	-EHIA reviewing -How to do recommendation on the EHIA report -4-day training	Environmental health officers -30 persons per occasion
	Institute of Global Health, United Nations University	health risk assessment and health impact assessment for application in environmental health	To introduce HRA and HIA as a planning and decision making tool for assessment of environmental health hazards	-HRA principle and method -HIA principle and method -Application of HRA in the EIA work, environmental health work, and contaminated land -4-day training	-Academics and interested persons -40 persons per occasion
Vietnam	Environment and Health Agency	Master trainers of HIA trainees	To produce national HIA trainers	-HIA principle and process -15-day training	-National health officials -12 persons per occasion
	Environment and Health Agency	HIA short-course training for provincial health officers	To build provincial health officers with HIA principle and practice	-HIA principle and practice -3-day training	-Provincial health officials -15-20 persons per occasion

Table2. Brief details of HIA training course of TWG-HIA member countries and regional academic institutions. (cont.)

Country	Organizations	Course Title	Objectives	Course Content/Training Period	Target Groups
Thailand	Division of Health Impact Assessment, Department of Health	-HIA short-course training for local government personnel	To build understanding of local government with HIA and its application in local context	-HIA concept and principle -HIA process and tool -HIA report and monitoring -3-day training	-Local government administrators -Local policy analyst/planner -Health officials -40-50 persons per occasion
	Division of Health Impact Assessment, Department of Health	-HIA short-course training for health officials	To build understanding of health officials with HIA and its application for population health protection	-HIA concept and principle -HIA process and tool -HIA report and monitoring -HIA related law and regulation -3-day training	-Provincial and district health officers -40-50 persons per occasion
	Faculty of Tropical Medicine, Mahidol University	International Environment and Health Impact Assessment Course	To enable the trainees in capable of doing EHIA	-EIA, EHIA and sustainable development -EHIA process and method -15-day training	-Academics and interested persons -30-50persons per occasion
	National Science and Technology Council	EHIA short-course training	To build capacity the trainees in capable of doing EHIA	-EIA/EHIA process and practice -3-day training	-Academics and consultant firm personnel -150 persons per occasion
	National Health Committee	Community-base HIA	-To use HIA as a learning process of community groups leading to building health public policy	-Principle of HIA -Application of HIA for community-base learning in public policy development -5-day training	-Academics and community leaders -30-50persons per occasion
	National Health Committee	HIA short-course training for public policy development process	-To build capacity of using HIA in appraising development policy and strategy	-HIA and public policy -Case studies on HIA application for assessing sectoral policy -5-day training	- Academics and community leaders -30-50persons per occasion

Table3.Sufficiency of current HIA training course/program

	Cambodia	Korea	China	Brunei	Mongolia	Malaysia	Philippine	Vietnam	Thailand
6. Sufficiency of current HIA training course/program for building national human resource's HIA capability									
• Yes, largely sufficient no need for any improvement									
• Yes, some sufficient but still need improvement, please specify									
○ HIA for proposed development policy								√	
○ HIA for proposed development project									
○ HIA for public policy advocacy								√	
○ Community-base driven HIA								√	
○ HIA application for the TWG themes								√	
• No, it is insufficient for all the above and need much more improvement						√			√

HIA Capacity Building Need of Southeast and East Asian Countries

Almost all member countries need support from TWG-HIA in building their capacity on HIA as detailed in Table 4. for the exception is Cambodia as the country representative reasons that the country is still in the process of establishing an HIA policy therefore the way forward is not yet clear. The other 8 countries identify various needs as follows:

Republic of Korea

The country representative feels there is a need for a regional HIA practical guide and suggests the TWG-HIA should prioritize supporting HIA for the six regional environmental health areas of concern. The main human resource groups that need HIA capacity building are public health officials, environmental staff and engineers.

China

The Chinese country representative seeks supports in terms of HIA training materials, and study tours for HIA training activities among member countries. Equally important are the need to gain experience in using HIA for appraising proposed development project (HIA in EIA) and experiencing community-based learning and empowerment using the HIA process. The priority group to train in HIA is public health officials.

Brunei and Mongolia

The two countries have similar capacity building needs: HIA resource materials, HIA experts and resource persons, regional HIA training course guide, and study tours between member countries. The two countries also seek to be involved in most aspects of HIA practical activities (HIA policy, project, advocacy, community learning and empowerment, six regional environmental health areas of concern) although only Mongolia indicate the need to use HIA for community learning and empowerment. The two countries rank public health officials, environmentalist/engineer, and administrator/planner, as the main groups in need of HIA training.

Malaysia and the Philippines

Like Brunei and Mongolia, Malaysia and the Philippines seek support such as training resource materials for HIA of all types. Malaysia ranks the types of HIA training courses needing support from TWG-HIA respectively as follows: HIA for policy assessment, HIA for public policy development process, HIA for community-based learning and empowerment, HIA for project appraisal, and HIA for the regional six environmental health areas of concern. The Philippines rank three types of HIA training courses equally: policy appraisal, community-based learning and empowerment, and the regional six problem areas. In terms of building human resource capacity in HIA, the Malaysian representative respectively ranks the key groups as: public health officials, environmentalist/engineers, administrators/planners, and politicians. The Philippines consecutively ranks: administrators/planners, environmentalists, and public health officials.

Vietnam

The country representative indicates HIA training resource needs as follows: HIA training resource materials, regional HIA training guide, and study tours and exchanging experiences in HIA training activities between member countries. Vietnam is willing to be involved in the development of the following types of HIA training courses: HIA for policy appraisal, HIA for project assessment, HIA in public policy development process, and HIA used for the six regional areas of concern. The type of HIA training course that Vietnam ranks first is the use of HIA for assessing policy, plan and strategy. The priority groups that need support for HIA training are public health officials, and administrator/planners.

Thailand

Thailand would like the TWG-HIA to support a regional HIA training guide. The country representative expresses a willingness to get involved in activities associated with HIA for policy, plan, and strategy assessment, and project appraisal, and HIA for the six regional problems of concern. The country ranks the need to develop HIA training courses on policy and project assessment equally. The priority groups that needed HIA capacity building are public health officials and administrators/planners. Thailand is willing to support resource materials for the development of HIA training courses.

All member countries indicate they are all willing to make their resource materials available for the development of a regional HIA training course, as well as provide good HIA case studies.

Further Comments of Member Countries, Academic Institutions, and International Organizations on HIA Capacity Building Issues for TWG-HIA Member Countries

Malaysia

The TWG-HIA should compile a list of HIA experts and consultancy firms of the region.

Mongolia

The country representative suggests the TWG-HIA should do as follows:

- 1) Development of TWG-HIA website and archiving HIA activities, list of member countries, HIA guides, and HIA technical news.
- 2) Support the country representatives to work with international experts and other country representatives, in order to learn and build experience and skills.
- 3) The TWG-HIA should organize meetings of country representatives 1-2 occasions per months via video conferencing.

Republic of Korea

The country representative recommends the TWG-HIA collaborate with other TWGs, as she views that the HIA should be further developed to relate more strongly to specific themes, for examples, HIA and Air Quality, HIA and Water, Sanitation, and Hygiene.

Brunei

The country representative suggests that HIA training courses are very essential part of HIA capacity building. The TWG-HIA should identify specialist institutions among the member country or outside the member countries. Those institutions would be recommended by the TWG-HIA, and provide the knowledge and good practice thinking, and would also provide experts and professionals to support the member countries in term of policy, planning, and strategy in relation to EHIA.

Thailand

The TWG-HIA should build capacity through the use of HIA national focal point persons. This would help the country representatives understand the principles and concept of HIA, so that they can later apply HIA for any further development activities suited to their country situation.

World Health Organization, Headquarter, Geneva Switzerland

The WHO Geneva expert suggests the TWG-HIA should compile information on the many international and national HIA training courses being developed that might contain relevant/useful materials for the TWG-HIA. The TWG-HIA training course should focus on impacts on social determinants of health.

Curtin University, Australia

The Curtin University HIA expert suggests as follows:

- 1) A regional HIA guide should be developed, in the form of integrated impact assessment. In other words, he implies that it is better to incorporate HIA into the other impact assessment types: social impact assessment, environmental impact assessment, sustainability assessment. This is due to people already being urged to do too many different types of impact assessment. This comment on 'integrated impact assessment' is similar to the recent WHO expert consultation report in 2012, which suggested either incorporating HIA into the integrated impact assessment or adjusting the integrated type to include HIA.
- 2) Compilation of HIA case studies and guides is essential.
- 3) The TWG-HIA should develop a regional HIA capacity building proposal and submit that the donors; for example, to the Asian Development Bank and the World Bank.
- 4) The TWG-HIA should advocate HIA training within the member countries so local staff can participate.

University of Otago, New Zealand

The Otago representative suggests that HIA training courses should reflect the fact that HIA practitioners need to work with social impact assessment and cultural impact assessment practitioners to understand the indirect cause effect pathways that will lead to health impacts.

University of New South Wales, Australia

An HIA expert of the University recommends that the TWG-HIA should focus on the development of health equity impact assessment. Also, in addition to organizing HIA training courses for member countries, TWG-HIA should take into account the value of 'learning by doing' to help develop practical experience with HIA processes.

Table4. HIA capacity building seeks support from TWG-HIA.

	Cambodia	Korea	China	Brunei	Mongolia	Malaysia	Philippine	Vietnam	Thailand
1. Need support from TWG-HIA on sharing information and exchange of HIA resource materials									
• Yes		√	√	√	√	√	√	√	√
• No									
2. Types of HIA training resources that need the TWG-HIA to support or contribute									
• HIA training materials			√	√	√	√	√	√	
• HIA resource persons				√	√	√	√		
• Development of regional HIA training course				√	√	√	√	√	√
• Visit and experience on other countries in conducting HIA training course/program			√	√	√	√	√	√	
• Other (specify)....		√							
3. Types of HIA training courses or capacity building that your country needs to be involved									
• HIA for proposed development policy, program, strategy				√	√	√	√	√	√
• HIA for proposed development project			√	√	√	√	√	√	√
• HIA for public policy advocacy				√	√	√	√	√	
• Community-base driven HIA			√	√	√	√	√		
• HIA application for the TWG themes		√		√	√	√	√	√	√
• Other (Specify)....									
4. Prioritization of types of HIA training course or resources that your country seeks support from the TWG-HIA									
• HIA for proposed development policy, program, strategy				√	√	1	√	√	√
• HIA for proposed development project			√	√	√	4			√
• HIA for public policy advocacy				√	√	2			
• Community-base driven HIA			√		√	3	√		√
• HIA application for the TWG themes		√		√	√	5	√		
• Other (Specify)....									

Table4. HIA capacity building seeks support from TWG-HIA (cont.)

	Cambodia	Korea	China	Brunei	Mongolia	Malaysia	Philippines	Vietnam	Thailand
5. Who are the first priority group/profession that requires building HIA capacity in your country									
• Health professional		√	√	√	√	1	3	√	√
• Environment and engineer professional		√		√	√	2	2		
• Decision-makers/planners				√	√	3	1	√	√
• Other (specify).....						4			
6. Willing to contribute and support of your country resource materials if the TWG-HIA is to develop HIA generic guideline, training resources, HIA good practice etc.									
• Yes	√	√	√	√	√	√	√	√	√
• No									

Proposed Actions for Human Resource Capacity Building on HIA of Member Countries

Summary of country HIA capacity building need

The survey of member country needs for HIA capacity building, most countries commonly seek support from the TWG-HIA to build their human resources knowledge and skills, first, for the application of HIA in assessing policy, plan, and strategy, and second, to incorporate and use HIA for impact assessment in relation to the six regional environmental health areas of concern, namely:

1. Air quality
2. Water, Sanitation and Hygiene
3. Solid Waste and Hazardous Waste
4. Toxic Chemicals and Hazardous Substances
5. Climate Change, Ozone Depletion and Ecosystems Changes
6. Contingency Planning, Preparedness and Response in Environmental Health Planning

The member country representatives, especially of Mongolia and Brunei, express the view that HIA is very new to them. Their personnel want to study and understand more about HIA as well as exchange knowledge, experience, and skill among member countries.

Most member countries need HIA training resource materials, including opportunities for study visit activities and hands-on experience between countries. They also point out the need to develop a regional HIA training guide.

All member countries identify the target groups for HIA capacity building as, firstly, public health officials, and secondly, administrators and planners.

Use of HIA in appraising impacts of policy, plan and strategy

The intention of member countries to use HIA for policy and strategy impact assessment was mentioned above, and this conforms to the experts' opinion and recommendations from a recent meeting³ at which they considered on the declaration on Multisectoral Action for Health for Prevention and Control of Non-Communicable Diseases discussed at the United Nation General Assembly in 2011. In addition, the expert groups also reviewed and highly valued country action on social determinants of health, under 'the Rio Political Declaration on Social Determinants of Health' released by the World Conference on Social Determinants of Health, 19-21 October 2011, in Rio de Janeiro, Brazil. The country leaders at the World Conference agreed to take action on social determinants of health and well-being through a comprehensive intersectoral approach, and to reduce health inequities by manipulating the social determinants of health. The Declaration also advocated all countries to use HIA with an equity focus for assessing policy and strategy for safeguarding and promoting population health and wellbeing.

The experts also suggested the use of integrated impact assessment to incorporate the multi-facetted dimensions of social, health, and environment. The WHO Commission on Social

³WHO Centre for Health Development, Expert Consultation: Impact Assessment as a tool for Multisectoral Action for Health, 20-22 June 2012, Kobe, Japan.

Determinants of Health recommended the WHO member countries applied the HIA to assess 'health inequalities'. This is because population health impacts often emerge from non-health sector policy development. In summary, the expert group recommended the use of integrated impact assessment and health impact assessment, as these are the most suitable tools for assessing policy, plan, and strategy. These tool should focus on the population health status interrelated to social factors, which finally leading to health inequalities. They also called for action for health across all sectors (Multisectoral Action for Health), so that any policy arena should incorporate relevant health matters during its development process (Health in All Policies).

The WHO recently recommended its member countries develop HIA within their own jurisdictions. This might include looking at establishing a legal mandate for HIA, developing a country HIA guide, and building human resource capacity focusing HIA, as well as incorporating HIA with other sectors. Specific recommendations were made to build HIA capacity in both health and non-health, development sectors with a special emphasis on health inequalities impact assessment of proposed policies, plans, and strategies⁴.

Guidance on Using Health Inequalities Impact Assessment in the Policy, Plan, Strategy Development Process

WHO defines the health inequalities as 'differences in health status or in the distribution of health determinants between different population groups'⁵. Health inequalities are rooted in the unequal distribution of determinants of health, for example, income, education, housing, health and social services⁶.

A recent study of inequality in health in India by Ratnu⁷, based on sampling 5 Districts across the country for closer investigation, revealed differences inadequate water and sanitation ranged between 9.5-89.5%, ANCs between 11.2-97.4%, and immunization coverage between 9.4-96.2%. These reflect the differences in health status between the Districts. The researcher suggested that to solve the health status problem by focusing on improvement of the health care system alone was not sufficient. The root cause of differences in population health status is from social determinants of health. Although these determinants are outside health sector control, the information of health inequities can be used as evidence to inform the decision-makers to improve their policy development process.

An early approach to the use of HIA for assessing policy was developed by the International Health Impact Assessment Consortium based in UK, which produced the Merseyside HIA Guide⁸ in 2001 (see

⁴Lee JH, Röbbel N and Dora C. Cross-country analysis of the institutionalization of Health Impact Assessment. Social Determinants of Health Discussion Paper Series 8 (Policy & Practice). Geneva, World Health Organization, 2013.

⁵<http://www.who.int/hia/about/glos/en/index1.html>

⁶Signal, L., Martin, J., Cram, F., and Robson, B. The Health Equity Assessment Tool: A user's guide. 2008. Wellington: Ministry of Health.

⁷Ratnu, AN. Impact assessment of health inequalities: a comparison of five districts in India, *The Lancet*, Volume, 38, S124.

⁸Scott-Samuel, A., Birley, M., Ardern, K., (2001). The Merseyside Guidelines for Health Impact Assessment. Second Edition, May 2001

in Annex 3). This guide aims to quantify the health impact of public policy: the first stage is to do policy analysis followed by community profiling, key informant interview, literature review, identification of health determinants impact, prioritization of impacts, and making recommendations.

The European Commission (EC) produced “European Policy Health Impact Assessment: A Guide”⁹ which applies HIA based on the concept of ‘health and wellbeing’. This guide is used by the EC to assess its own policy development. The EU member countries were encouraged to use this guide for their own purpose. The ultimate goal of the guide is to reduce health inequalities, and its implementation steps are very similar to the Merseyside approach by assessing determinants of health. The guide also includes case studies, and a health matrix tool, together with HIA methods and tools (for more details see Annex 4).

In 2008, the Ministry of Health, New Zealand, issued “Health Equity Assessment Tool: A User’s Guide” (see Annex 5). This tool aims to reduce health inequalities; the assessment steps involve a set of questions and completing simple tasks, so this guide is not complicated. The tool also includes consideration of health issues from the perspective of indigenous people (in this case the Maori people)

In 2010, the UK Department of Health, issued “Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process”¹⁰. This guide is intended for use by government departments to assess their new policy developments for the improvement of policy content, by focusing on reducing health inequalities, (see Annex 6). The latest HIA guide was developed by the Ministry of Health Scotland and is entitled “Health Inequalities Impact Assessment”¹¹ : An approach to fair and effective policy making”. This HIA guide is straightforward and not complicated (see Annex 7).

Proposed Activities for HIA Building Capacity for Human Resources in Member Countries

With reference to the survey results of member countries’ HIA capacity building needs, the main finding is that most want the TWG-HIA to support the use of HIA for appraising policy, plan, and strategy. The brief document review results noted above also revealed that the experience and use of HIA for assessing policy is not complicated and many guidebooks and manuals, including case studies, are available. These may well be relevant for the development of a regional HIA guide.

The main purpose of most of the HIA guides reviewed, described above, is to reduce health inequalities of the population resulting from policy and plan development; for example, potential health impacts from transportation policies and plans, housing policies, water resources policies, etc. The member countries have many such policies and plans in place, however they are also characterized by different political, social, and economic conditions. They also have differing social and economic structures, so it will be necessary to build some common ground as the basis of

⁹Abrahams, D. et al. European Policy Health Impact Assessment: A Guide, IMPACT University of Liverpool, UK, 2004.

¹⁰Herriott, N. and Williams, C. Department of Health, Health Impact Assessment of Government Policy: A guide to carrying out a Health Impact Assessment of new policy as part of the Impact Assessment process, 2010, Department of Health, UK.

¹¹ NHS Scotland, Health Inequalities Impact Assessment: An approach to fair and effective policy making, NHS Health Scotland, 2011.

building HIA training guide if the guide is to be effective across the countries in the region. The guide should include case studies and at a later stage provide a basis for HIA training at regional and country levels.

In addition to HIA training course development, HIA capacity in the member countries can be increased using other mechanisms, to build HIA knowledge and exchange experiences among member countries. Some possibilities suggested include:

1. Development of TWG-HIA website

Aim: To disseminate resource materials and activities related to HIA to member countries; specifically:

- a) The website structure should be in English, and the TWG-HIA Chair should be the executive administrator of the website. The information uploaded onto the website would be managed in collaboration with and according to the need of the TWG-HIA National Focal Persons, as well as in consultation with regional academic institutions and international organizations.
- b) There should be one person who is in charge of routinely managing the website; this person should be capable of handling the computer website and communicating in English.
- c) The website content should, basically, at least include:
 - 1) Short details of TWG-HIA member countries' organizations.
 - 2) TWG-HIA Work Plan
 - 3) Available HIA guidebooks or manuals as the member countries view that likely fit to regional circumstances.
 - 4) The regional HIA training guide, the handbook that the member countries cooperatively created.
 - 5) HIA case studies of member countries.
 - 6) Messages related to HIA, news, events, conferences, workshops, training courses, announcements.
 - 7) Etc.

2. Video conferencing between TWG-HIA member countries

Aim: To increase more opportunities for contacts and meetings between the TWG-HIA member countries.

- a) **Methods:** This should be done at least bi-monthly, 2 hours per occasion. The TWG-HIA Chair notifies and invites the member countries beforehand via e-mail with an appointment of time, date, and the draft agenda. The Chair should also inform the members to raise any issue or agenda incorporated into the meeting session.

- b) Equipment, materials and personnel used for the video conferencing activity: this should apply the most convenient and common platform already at the market place, for example, Skype, and an audiotape recording made of the meeting. There should be one person to manipulate transcription and meeting minutes, and later sending off that conference note to member countries via e-mail. This person should have very good level of in communication in English.

3. HIA Regional Conference

Aim: To increase opportunities for member countries to exchange knowledge and experience on HIA.

- a) **Methods:** The TWG-HIA Chair will be the main conference organizer and this will be held on one occasion per her/his term of service, with the member country representatives as co-organizers. The organizers will invite persons/organizations of member countries as well as international organizations and any interested individuals/agencies to come and attend the conference. The conference activities include presentation of research papers, with both oral or poster modes of presentation. The organizers should also invite international organizations and donors to support the conference, both technically and financially.
- b) The conference period should be for at least 2 working days and the conference should also include an excursion or HIA study trip.
- c) The regional HIA conference should be administered by the secretariat groups/committees consisting of at least 3 competent persons. The secretariat groups/committees should consult the member country representatives and resource persons/experts to formulate the conference theme/sub-themes, arrangements for the proceedings, advertisement, meeting venue etc.

4. Organizing HIA Short-Course Training for Appraising Policies, Plans and Projects

Aim: To increase knowledge and building personal skills of member countries in applying HIA for policy, plan, and project assessment.

Methods:

- a) The TWG-HIA Chairperson should consult the member country representatives to formulate a training framework to address the use of HIA for the assessment of policies, plans, and projects, for country members. The HIA training should focus on health inequalities impact assessment.
- b) It is necessary to hire or commission experts or a competent institution to develop the 'Southeast and East Asia Health Inequalities Impact Assessment Training Guide or Manual'. The development of this guide should be carried out in consultation with member countries.

- c) Organizing the HIA training activity for member country personnel at least once per year with an intake of 30 persons per session. The HIA training title suggested as 'Southeast and East Asia Regional Training on Policy Appraisal: Health Inequalities Impact Assessment' and the training may seek support for financial assistance from international organizations or any donors.
- d) The HIA course contents should include:
 - 1) HIA concept and practice.
 - 2) Policy and health inequality
 - 3) Policy content and policy development process.
 - 4) HIA methods and steps used for appraising policy.
 - 5) Case studies and hands-on exercises.
 - 6) HIA study trip.

Proposed Actions on HIA Activities with Reference to the Six Regional Environmental Health Areas of Concern

The six regional environmental health areas of concern are directly or indirectly the consequences of development policies, plan, and projects. The use of HIA, for policy, plan, and project assessment, prior to final decisions on policies, plans or projects provides a means to prevent possible impacts, including those associated with the six regional problem areas. In other words, the HIA acts as the upstream method to identify and prevent likely adverse impacts before they can occur. The TWG-HIA probably does not have the ability or resources to develop HIA training courses or guidance for each of the six problem areas. However, it may be feasible to select one or two priority areas and develop HIA related courses for these. For example, the WPRO¹² has noted that the critical challenges for the region, both marked by intense severity and magnitude of impacts, are climate change, and air quality.

These proposed activities of HIA for the two problem areas are preliminarily at this stage. The TWG-HIA member countries may suggest more areas to add or change one or both of the two suggested; also this needs to take into account the response of the six TWGs towards the introduction of HIA.

TWG-HIA and Climate Change

The WHO identifies climate change as one of the critical health determinants¹³. Impacts of climate change are being seen as variations in the Earth's temperature, rainfall intensity, and humidity. These further lead to high incidents of vector transmitted diseases and diarrheas. Climate change will also see greater frequencies of storms, floods, droughts, etc. Extreme weather impacts are becoming a serious regional problem, causing many people to displace, migrate, and leading to a rise in injuries and deaths. The WHO has called for action by asking countries to incorporate health into the climate change agenda. The current health action with respect to climate change mainly emphasizes the identification of vulnerable and at-risk groups, and preparedness of health services.

Human health and climate change is a key theme with the IPCC predicting that by 2030 there will be increases in gastrointestinal tract diseases and malnutrition due to climate change. The IPCC then urged every country to initiate and support climate change adaptation policies¹⁴, especially for those marginal population groups. Until now, HIA practice has focused on exploring the relationship between the climate change scenarios and the incidences and distribution of diseases. However, now the studies are tending to shift focus to investigate vulnerability, risk, and adaptation approaches for health. The adaptation approach is attractive to many as a way of exploring how people can cope and adapt to climate impacts, including health aspects. Another approach is to build Scenario and Predictive Models of diseases, to try to predict changes in vector related diseases outbreak and distribution as a result of climate change, but this is commonly associated with high uncertainty and technical limitations.

¹²WPRO, Health in Asia and the Pacific, World Health Organization Regional Office for South-East Asia and the Pacific, 2008.

¹³WHO, Protecting Health from Climate Change: World Health Day 2008, World Health Organization, Geneva, Switzerland.

¹⁴Parry et al (eds). Climate Change 2007: Impacts, Adaptation and Vulnerability, Working Group II to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change, IPCC, Cambridge University Press, UK.

There have been very few studies of health impacts in relation to the climate change in the region, especially in relation to the use of HIA. However, recently Spickett et al.¹⁵ attempted to explore the use of HIA process for the development of a climate change adaptation strategy in western Australia. The researchers used community workshops to facilitate the participants to identify impacts, carry out risk analysis, and consider risk management, and develop adaptation strategies. The study found the use of HIA process was successful in recommending measures to be used by the government when initiating future policy development.

Up to the present, the international organizations and academic institutions have not been producing any material on HIA and climate change. Therefore, the most likely way for the TWG-HIA to address this theme is to explore and collaborate with the TWG-Climate Change in a pilot project or research.

TWG-HIA and Air Quality

Air quality is another critical problem for the region, especially in urban and industrial areas. Application of HIA in relation to air pollution is commonly of two types: health risk assessment (HRA) and health impact assessment. The two models need good epidemiological records and analyses of data using environmental epidemiological techniques, such as mapping distributions of disease incidences in relation to air quality. In many cases, this will involve the use the geographic information systems to explore relationships and analyze patterns.

The first approach, HRA, is widely used, especially for those who do an EHIA study as part of an EIA report. HRA predicts the impacts which are likely to occur from the proposed development project. The assessment steps commonly used are hazard identification, exposure assessment, assessing health risk and impact, and health risk management. The EHIA output is usually a set of recommendations on risk management for the project developer.

The second approach, HIA, is also widespread especially the use of HIA for assessing proposed policies and plans of sectors such as transportation, housing, urban development planning, etc. Unlike health risk assessment, HIA uses a process of screening, scoping, appraisal, and recommendation. Qualitative methods often characterize the assessment steps; for example, by interviewing, organizing community workshops, focus-group discussions, and including a literature review.

The California Department of Health, is a leading agency using HIA, has produced an HIA guide for use in assessing proposed urban development policies and plans, including air quality issues. The TWG-HIA can review and make use of this guide or bring it in to inform and consult the TWG-Air Quality members.

¹⁵Spickett, JT., Brown HL .and Katscherian, D., Adaptation strategies for health impacts of climate change in Western Australia: Application of a Health Impact Assessment framework, *Environmental Impact Assessment Review*, 31 (2011), 297–300.

Summary

These proposed actions on HIA and climate change and air quality cannot be taken any further at this stage. That will depend on the judgment of the other two TWGs (Climate Change and Air Quality). However, the information provided here is still valuable for the TWG-HIA to use it for discussion with the other two TWGs.

Draft TWG-HIA Work Plan for Southeast and East Asian Countries (2014-2016)

Background

The Ministerial Regional Forum on Environment and Health in Southeast and East Asian countries highly values HIA as a cross cutting tool to be used for reducing health risk, inequalities, and seeking opportunities to promote population health within the policy, program, and project development process. The Second Ministerial Regional Forum in Jeju Republic of Korea 2010 made an addendum to the Regional Environment and Health Charter on priorities for 2010-2013 urging governments at all levels to assess potential health impacts of proposed development agendas where the health impacts could occur in the priority areas of environmental health of concern. These are air quality; water, sanitation and hygiene; solid waste and hazardous waste; toxic chemicals and hazardous substances; climate change, ozone depletion and ecosystem changes; contingency planning, preparedness and response in environmental health planning.

At a global scale, the Rio+20 Earth Summit Conference in June 2012 focused on the green economy and recognized health as a precondition for, and another indicator of sustainable development. The World Health Organization (WHO) promoted putting health into the green economy development context and encouraged its member countries to use HIA as a policy evaluation tool. The recent International HIA Conference in Canada in August 2012 also emphasized the need to consider health in decision-making across sectors and their associated policy development processes.

HIA is well developed and applied widely in many countries, particularly in European, North American, and Australasian countries, but its use is quite limited in most Southeast and East Asian countries. However, some countries in the region have made more progress, especially Thailand which has successfully regulated for HIA under the Health Act 2007, as well as establishing an agency to fulfill the HIA mandate. Lao PDR issued the HIA Prime Minister's Decree 2006 as a legal mechanism to incorporate HIA within the existing EIA system. Vietnam likewise adopted the HIA regulation under the Prevention and Control of Infectious Act 2007. Malaysia, the Philippines, and Thailand have successfully developed and issued EHIA guidelines for use in the EIA system. Some countries in the region have also incorporated HIA into their National Environmental Health Action Plan. There remains, however, many countries in the region where HIA is still in the early development stage. In both Brunei and Mongolia, for example, the officers in charge reported that the countries are very new to the HIA and therefore seeking much support from TWG-HIA.

Although many countries in the region have not formulated a legal framework for HIA, many development projects which received loans from international financial institutions are required to do an HIA report. Many projects with soft loans supported from the multinational funders, for example, in Indonesia, Lao, and Vietnam, are all required by the funders' policy to provide an HIA report. In a number of countries which have no legal mandate for HIA, the country health agencies have attempted to initiate the HIA activities in various situations; for example, in Mongolia the health agency successfully introduced HIA incorporated into policy development documents for the draft national adaptation strategy to climate change 2010, and the national health program 2010. The Republic of Korea used the HIA to review and assess the Industrial Complex Supply Plan (2002-2011).

At present, many countries in the region have developed health impact assessment guidance especially tailored to the EIA system. This health impact analysis tool usually follows the health risk assessment (HRA) model and generally the HRA/EIA report is executed by the consultant firm and submitted for approval by the Ministry of Environment on behalf of the proponent. The HRA process is centered around; hazard identification, exposure assessment, risk quantification, and risk management, while the health risk analysis much relies on modeling with high uncertainty. The HRA in nature is less likely to include stakeholders' involvement activity as well as rarely being open to public comment and concerns about the health impacts from a proposed project. The HRA report is largely prepared by expert or professional groups and therefore in recent years it is claimed by many community groups that the HRA is not sufficient to capture community or public concerns about population health impacts. In many instances, the HRA struggles to quantify certain types of impact from the project—for example, cumulative effects, spiritual health, wellbeing, inequalities etc.

Over the last ten years, HIA has become more attractive to many academics, international organizations, experts, decision-makers, and even politicians. The WHO has been promoting the use of HIA for many years, especially HIA for appraisal of proposed sectoral development policy, strategy, and project on water resources, energy, transportation, housing etc. Recently, the WHO established the Social Determinant of Health Committee, which advocates the use of HIA in exploring the potential effects on the social dimension of health caused by the proposed policy, plan, and project. The social determinants of health included income, education, employment, housing etc. Adverse change of these social health determinants will lead to health inequalities and reduce population health status. In other words, the changes of social determinants of health are an important root cause of physical, mental, and spiritual health impacts.

At present, there are many HIA guides available, particularly in those North America, Europe, and Australasia. These guides mainly take a broader view of health by exploring possible effects on social determinants of health which may be caused by a proposed policy, plan, or project. The ultimate HIA goal is to lessen the health inequalities among population groups, and to recommend improvements in the proposals. However, although an HIA aims to inform decision-makers about possible social determinants of health impacts leading to health inequalities, the available HIA guides can vary in context. For example, within the same country, New Zealand, the HIA Policy guide includes the Maori dimension of health, while the other main guide, the Health Equity Assessment Tool, is tailored for the improvement or redesign of interventions by the health service agencies. In the UK, the HIA Guide released by the Department of Health, describes an HIA process that involves public servants, economists, and planners, with little involvement from stakeholders.

Most countries in the region are relatively new to the concept and practice of HIA. To a certain extent, HRA shows similar features: HRA knowledge and skills tend to be limited to an expert group and in some countries, for example, in Malaysia, health officers have required HRA capacity building in order to equip them with the necessary knowledge and skills to be capable of reviewing and making recommendation on the EHIA section of an EIA report. However, the HRA Guides of the countries in the region, some of which are available online, have similar contents and use a very similar form of risk assessment. Any interested officials or health personnel in the region can follow such an HRA Guide. In contrast, there is no HIA Guide available within the region – this presents a major challenge for the TWG-HIA.

Some countries in the region; for example, Lao PDR and Vietnam, have organized a number of HIA training courses or workshops, supported by the WHO and European international organizations. The main guide used for these training courses is 'Health Opportunities in Development: A Course Manual on Developing Intersectoral Decision-making Skills in Support of Health Impact Assessment'¹⁶. This manual is very comprehensive, including a mixed approach of HRA and HIA contexts as well as detailed information on the project development process. Some local and regional universities also deliver HRA short-course training. For example, in Malaysia the Environmental Health Research Center offers a short-course training on HRA as does the Faculty of Tropical Medicine, Mahidol University, Thailand. However, there is no short-course HIA training available in the region – except of Curtin University, Australia.

In terms of HIA conferences, which provide valuable platforms for exchanging wider HIA knowledge and experience, there have been four HIA Asia and Pacific Regional Conferences to date, organized by the member countries in collaboration with research institutions and international organizations. The most recent one, the 4th Asia and Pacific Regional Health Impact Assessment Conference was held in Seoul, Republic of Korea, 9-10 October 2012, organized by the Korea Institute of Health and Social Affairs

Current activities listed in the TWG-HIA Work Plan (2010-2013) have achieved the objectives set forth. However, member countries remain committed to the fulfillment of the existing activities of the TWG-HIA Work Plan strengthen future use of HIA by focusing on human resource HIA capacity building and information sharing and exchanges of among member countries.

The results of the human resources HIA capacity building needs assessment, together with comments on the draft WTG-HIA Work Plan (2014-2016), showed that all member countries agreed to the draft Work Plan. They all responded by requiring support from the TWG-HIA in certain areas including: HIA resource materials, regional short-course training development, exchanging knowledge and practice, and training national focal point personnel with an HIA short-course.

The next three-year TWG-HIA Work Plan (2014-2016) will have the following objectives:

Objectives:

- 1) To promote HIA learning as well as knowledge and experience sharing within member countries.
- 2) To support the Regional Forum on Environment and Health in Southeast and East Asian countries with information on HIA knowledge and practice as well as the uses of HIA tools and methods.
- 3) To build capacity of the HIA National Focal Point Persons with HIA knowledge and skills in promoting and conducting of HIA.

¹⁶Bos, R. et al., Health Opportunities in Development: A Course Manual on Developing Intersectoral Decision-making Skills in Support of Health Impact Assessment, World Health Organization, Geneva, 2003.

Planned activities:

Objective 1) To promote HIA learning as well as knowledge and experience sharing within member countries.

Activities	Timeline			Lead member
	2014	2015	2016	
1) To review and draw lessons learnt from policy-base HIA practices of member countries, in mainstreaming of HIA into the mutisectoral and sectoral policy development process, and to produce as a brief document available for the region.	√			To be considered
2) To review and draw lessons learnt from project-base HIA practices of member countries, in mainstreaming of HIA into the EIA system or standalone HIA system, and to produce as a brief document available for the region.	√			To be considered
3) To review HIA cases and draw lesson learnt on practice of social determinants of health impact assessment and how to make due recommendation for the improvement of proposed policy, plan and project, and to produce a brief document for the region.	√			To be considered
4) To develop a short-course training on HIA (health inequity impact assessment) for the region.		√		
5) To disseminate information on any of HIA resource materials, update HIA conference and workshop events to member countries via the TWG-HIA website.	√	√	√	To be considered
6) To organize the Fifth HIA Regional Conference for HIA sharing knowledge and experience.		√		To be considered

Note: Activities 1- 3 will be input into the development of activity 4.

Objective 2) To support the Regional Forum on Environment and Health in Southeast and East Asian countries with information on HIA knowledge and practice as well as the uses of HIA tools and methods.

Activities	Timeline			Lead member
	2014	2015	2016	
1) To promote and contribute the Regional Forum with HIA resource materials for sharing HIA knowledge and practice.	√	√	√	To be considered
2) To promote and publicize the HIA short-course training activity to the Regional Forum.	√	√	√	To be considered

Objective 3) To build capacity of the HIA National Focal Point Persons with HIA knowledge and skills in promoting and conducting of HIA.

Activities	Timeline			Lead member
	2014	2015	2016	
1) To organize a regular meeting (via video conferring) between HIA National Focal Point Persons for exchanging and discussing on regional and country HIA issues.	√	√	√	To be considered
2) To organize a short-course training on health inequalities impact assessment for the HIA National Focal Point Persons.		√		To be considered

Outputs:

- 1) A brief report of mainstreaming HIA into the multisectoral and sectoral policy and planning development process.
- 2) A brief report of mainstreaming HIA into the EIA system.
- 3) A brief report on HIA cases and lesson learnt on social determinant of health impact assessment.
- 4) TWG-HIA website.
- 5) Regional HIA short-course training manual (Health Inequalities Impact Assessment).
- 6) HIA Regional Conference report.
- 7) A national focal point HIA short-course HIA training report.

Resources:

To be considered by the member countries and international organizations.