



2025

Health impact assessment guide
Environmental and Social Solutions Unit

Health impact assessment



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Publication of the Inter-American Development Bank, 2025

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Abbreviations

AoI	Area of Influence
CBO	Community-based organizations
CHMP	Community Health Management (and monitoring) Plan
CRF	Concentration-Response Functions
E&S	Environmental and Social
EIA	Environmental Impact Assessment
ESHIA	Environmental, Social, and Health Impact Assessment
ESIA	Environmental and Social Impact Assessment
ESMP	Environmental and Social Management Plan 5
ESPF	Environmental and Social Policy Framework
ESPS	Environmental and Social Performance Standard
ESRR	Environmental and Social Risk Rating
FBO	Faith-based organizations
FI	Financial intermediaries
GBV	Gender-Based Violence
GIS	Global Geopositioning Systems
GRM	Grievance Redress Mechanism
HGV	Heavy goods vehicle
HIA	Health Impact Assessment
HIV	Human Immunodeficiency Virus
HPV	Human Papillomavirus
IDB	Inter-American Development Bank
IEC	Information, Education, Communication
KAP	Knowledge, Attitudes, and Practice
KPI	Key Performance Indicator
MoE	Ministry of Environment
MoH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non-governmental organization
OHS	Occupational Health and Safety
PAC	Potentially Affected Communities
PAHO	Pan American Health Organization
PCC	Primary Care Center
PEP	Post-Exposure Prophylaxis
PPE	Personal Protection Equipment
PPrE	Prophylaxis Pre-exposure
RAP	Resettlement Action Plans
SARA	Service Availability and Readiness Assessment
STI	Sexually transmitted infection
TOR	Terms of reference
WHO	World Health Organization



1. Introduction

The Inter-American Development Bank's (IDB) Environmental and Social Policy Framework (ESPF) requires Borrowers to establish and maintain a process for identifying, assessing, and managing, the environmental and social impacts of a project. This includes project-related impacts on the health, safety, and well-being of communities.

The ESPF has 10 Environmental and Social Performance Standards (ESPS) for how impacts should be identified, assessed, and managed. ESPF 4 on Community Health, Safety and Security sets out the responsibilities of Borrowers to minimize the impacts of a project on community health, safety, and wellbeing.

Other ESPSs that also relate to ESPS 4 on Community Health, Safety, and Security include: ESPS 2 on Labor and Working Conditions, ESPS 3 on Resource Efficiency and Pollution Prevention, ESPS 5 on Land Acquisition and Involuntary Resettlement, ESPS 6 on Biodiversity Conservation and Sustainable Management of Living Natural Resources, and ESPS 9 on Gender Equality.

The ESPF recommends that Borrowers carry out a Health Impact Assessment (HIA), in its environmental and social risks and impacts identification process, as the optimal way to systematically identify, assess, and manage project-related community health impacts. This document provides guidance on conducting Health Impact Assessments in accordance with international good practice and the requirements of the IDB's ESPF and ESPSs.

2. About this Guide

This guide provides advice on Health Impact Assessment and how it can be used to systematically identify, assess, and manage the positive and negative community health impacts that a project may have on communities.

The advice in this guide complements the requirements set out in IDB's ESPF, and the 10 Environmental and Social Performance Standards. It therefore assumes that the borrower is familiar with the ESPF, the ESPSs, and the current guidance on them. Where any ambiguity, inconsistency, or contradiction arises between this guide and the ESPF or ESPSs, then the provisions of the ESPF and ESPSs will prevail.

Objectives of this Guide

This guide has three objectives:

- › Set out the key HIA concepts and principles that underpin good HIA practice;
- › Present the procedures, methods and tools for identifying, assessing and managing potential community health impacts during project planning and design; and
- › Support the systematic inclusion of community health impacts within the Borrowers' process for identifying, assessing, and managing the environmental and social risks and impacts of a project.

Structure of this Guidet

This guide is structured as follows:

- › Section 3 defines HIA, and key concepts and principles underpinning good HIA practice.
- › Section 4 provides guidance on the HIA procedures, methods and tools, focusing on their use on new projects.
- › Section 5 provides guidance on what needs to be considered when conducting HIA on ongoing projects.
- › Section 6 provides advice on what is required to further strengthen and institutionalize HIA practice across Latin America and the Caribbean.
- › The annexes to this document provide several supporting tools.

Audience for this HIA Guide

This guide is intended for the following audiences:

- › Borrowers, in support of their responsibilities to identify, assess, and manage community health impacts
- › The Inter-American Development Bank, in relation to its responsibilities throughout the lifecycle of projects
- › Project-affected communities and other external stakeholders
- › Health sector professionals and impact assessment consultants

Borrowers

This guide supports Borrowers to fulfil their requirement to identify, assess and manage project-related impacts in the community's health, safety, and wellbeing. It provides guidance on when and how Borrowers should conduct Health Impact Assessments as part of their environmental and social impact identification, assessment and management process so that positive impacts are maximized, and negative impacts minimized.

Banco Interamericano de Desarrollo

This guide supports IDB in screening and classifying projects according to their environmental and social impact, including community health impacts. It also supports IDB due diligence work, reviewing the information provided by Borrowers on project-related impacts in community health, safety, and wellbeing and requesting additional information and assessment where material gaps are found. Where appropriate, IDB may provide additional support to Borrowers to identify, assess, and manage potential impacts on community health, safety, and wellbeing.

Project-affected communities and other external stakeholders

This guide supports project-affected communities, nongovernment organizations, and other members of civil society by helping them to better understand how Borrowers and IDB identify, assess, and manage community health impacts. It can provide reassurance and an understanding of what community health issues are likely to be considered and when they, as key stakeholders, can feed into the HIA process, their own views, perspectives, aspirations, and concerns.

Health sector professionals and impact assessment consultants

This guide supports health sector professionals to understand and engage proactively in the HIA process ensuring that their views and experiences can feed into the identification, assessment, and management of community health impacts. It supports impact assessment consultants in understanding the IDB's requirements for conducting HIA as part of the Borrowers' environmental and social impact identification, assessment and management process for projects.

3. What is Health Impact Assessment?

HIA is a combination of procedures, methods and tools used to prospectively assess a project for its potential impacts – both positive and negative – on the health of a population, and the distribution of those effects within that population. An HIA provides appropriate recommendations to manage those impacts and develops monitoring and evaluation measures for managing project performance. The HIA therefore supports the planning, design, implementation, operation, and decommissioning process of development projects, and promotes sustainable development.¹

HIA procedures include screening, scoping, community health baseline data collection and analysis, the assessment of impacts, the development of management and monitoring plans, and the management, monitoring, and evaluation of impacts.

HIAs can use different **methods and tools**, both quantitative and qualitative, in support of community health baseline data collection and analysis, assessment of impacts, and monitoring and evaluation. HIA methods and tools are described throughout this guide.

HIAs can be applied to a range of development actions, from **projects to policies**. In the context of IDB-supported development, projects are the main focus for application, but HIAs can also be applied to other development actions (i.e. policies) and alongside their supporting instruments (i.e. Strategic Environmental and Social Assessments).

An HIA is a **prospective**, predictive, decision-support tool. It informs project planning and design by using scientific health impact research literature and stakeholder feedback to identify the reasonably predictable community health impacts. It then makes recommendations on how to best manage these potential impacts within the constraints of what is technically feasible, economically viable, and socially acceptable. An HIA does not retrospectively evaluate the impacts of a project after its operation phase.

An HIA provides **recommendations for mitigation and enhancement** measures that are evidence-based and justified by a **robust and systematic assessment of impacts**.

An HIA is concerned with impacts on community health. It does not address worker health and safety which is part of Occupational Health Risk Assessment.

¹Definition based on World Health Organization, 1999; Quigley et al., 2006; Winkler et al., 2021; and Asian Development Bank, 2018.

3.1 Health, determinants of health, and community health impacts

Understanding health and the determinants of health

HIA uses a broad definition of health. The World Health Organization (WHO) defines health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' – WHO, 1946.

This definition considers **physiological, psychological, and social dimensions**. It goes beyond the traditional medical model which defines health as the absence of illness or disease and emphasizes the role of clinical diagnosis and treatment.

Health is a human right that requires physical and social resources to achieve and maintain. Health itself is a resource for everyday life, a means to living well, and a fundamental attribute enabling participation in society. These capabilities approach to health focuses on the opportunity for people to achieve their goals in life or the ability to take part in society in a meaningful way, and is reflected in personal freedoms, human agency, self-efficacy, ability to self-actualize, dignity, and relatedness to others.

Mental health is defined by the WHO as a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn and work well, and to contribute to their communities (WHO, 2022). The WHO definition links health explicitly with well-being. Well-being refers to a positive rather than neutral state. **Well-being** includes a predominance of positive emotions and moods (i.e., happiness) compared with negative emotions (i.e., anxiety), satisfaction with life, economic productivity, a sense of meaning and positive functioning, including the capacity for unimpaired cognitive functioning.

Many factors – called the **determinants of health** – combine to affect individual and community health. Therefore, whether people are healthy or not, is determined not only by age and other individual characteristics, but also by where they live, the quality of their environment, their income and education level, relationships with friends and family, and many other determinants (WHO, 2017). Although important, health care services are often overemphasized as a key determinant of health. Of the 30-year increase in the life expectancy achieved over the last 100 years globally, only 5 years can be attributed to health care services (Bunker et al., 1994). The determinants of health can be categorized as individual, social, and environmental (natural and physical). Examples of individual determinants include age, gender, and behaviors. Examples of social determinants include livelihoods, education, and income. Examples of environmental determinants include air quality, water quality, and noise. While individual behaviors are important for their health, they happen in larger social and natural environment contexts. Often changes in upstream social and natural environments lead to changes in downstream individual behaviors which in turn lead to changes in health status and health outcomes. A key focus of the HIA is on the changes to social and natural environments as they have a much greater impact on community health, safety, and wellbeing and the distribution of health effects (health disparities).

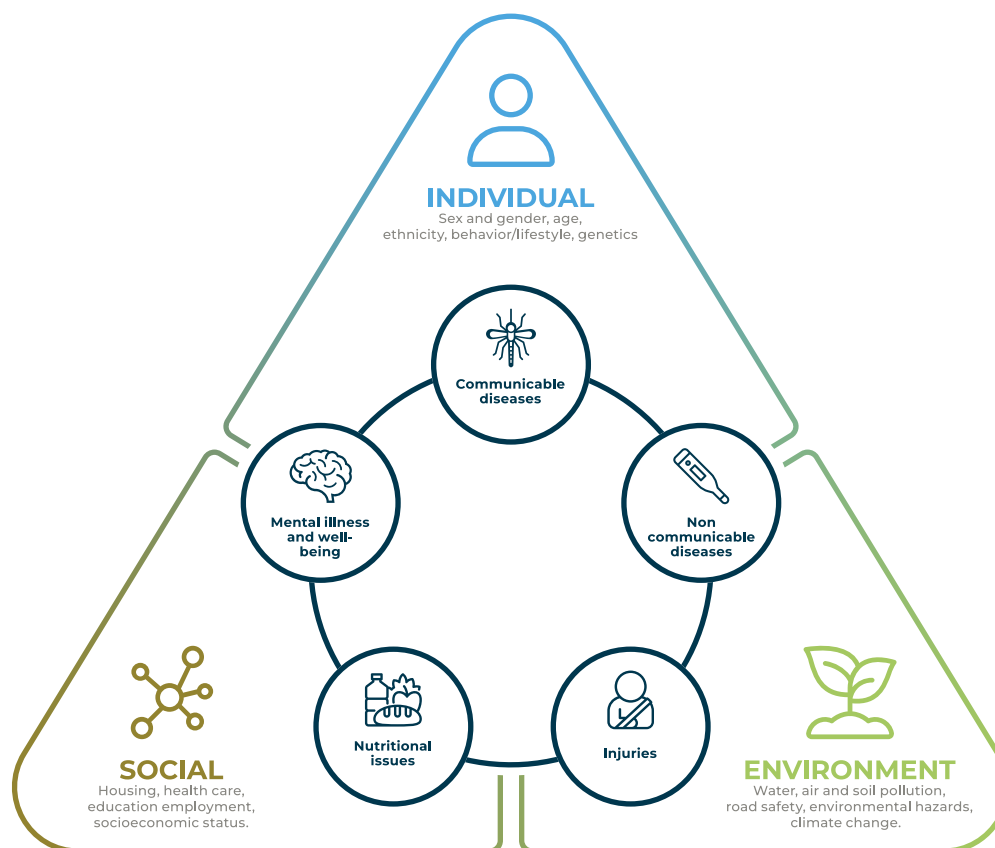


Figure: Depiction of Health Outcomes and Health Determinants (Adapted from ADB's HIA Sourcebook 2018)

Table 1: Examples of Negative and Positive Changes in Health Determinants by Sector

Sector	Negative changes	Positives changes
Watersupply	Arbovirus (i.e. dengue) vectors' breeding in water containers	Access to safe drinking water
Thermal energy generation	Air quality	Household energy supply
Agriculture	Access to pesticides (possible source of poisoning)	Food security
Housing and urban development	Urban heat island effect	Active commuting, quality of public space, improved air quality
Transport	Traffic congestion, air and noise pollution	Modal shift toward public transportation, active travel
Sewage treatment	Disease vector breeding (i.e. mosquitos)	Food security (from wastewater use for agriculture and aquaculture)

Source: adapted from ADB's HIA Sourcebook (ADB's, 2018).

Health outcomes can be defined as a change in the health status of an individual, group, or population which is attributable to a cause (i.e. a proposed project and its activities). Health outcomes are sometimes called health effects. Health outcomes are medically defined states of disease and disability, as well as community-defined states of well-being.

Health outcomes are generally categorized into five broad categories:

- › Infectious or communicable diseases, including vector-borne (malaria, dengue); water-borne (diarrheal, typhoid, cholera); sexually transmitted (HIV, syphilis); zoonotic infections that can be passed between animals and to humans (Ebola, Covid-19); and respiratory/droplet transmitted conditions (TB, influenza, meningitis).
- › Non-communicable diseases, including cardiovascular disease, diabetes, chronic lung disease, and cancer.
- › Nutritional disorders, including undernourishment, obesity, vitamin disorders, or micronutrient deficiencies.
- › Physical injuries, including road traffic accidents, drowning, or non-accidental injury (assault or self-harm).
- › Mental health and well-being, including mental disorders – syndromes characterized by clinically significant disturbances defined by the International Classification of Diseases – as well as psychosocial disabilities – disabilities that arise when someone with a long-term mental impairment interacts with barriers, such as discrimination, stigma or exclusion, that hinder their participation in society, or even stress and loss that may be associated with, for example, physical resettlement, financial stress, or noise associated with a project.

Examples of health outcomes that may be associated with IDB-supported projects are provided in Table 2.

Table 2: Examples of health outcomes that may be caused by projects in key sectors

Sector	Communicable diseases	Noncommunicable diseases	Nutritional disorders	Physical Injury	Mental Health and Well-being
Water supply and sanitation	Dengue, filariasis, diarrhea	Arsenicosis, fluorosis, cardio-vascular disease	Undernutrition, micronutrient disorders	Musculoskeletal disorders from carrying heavy loads	Psychosocial wellbeing
Water resources development	Malaria, leptospirosis, filariasis		Undernutrition	Drowning	
Thermal energy	Respiratory infections	Cancer, heart disease, asthma			Anxiety
Agriculture and animal husbandry	Zoonoses	Pesticide poisoning, heavy metal poisoning	Obesity, acute and chronic malnutrition, micronutrient deficiencies	Musculoskeletal disorders from manual labor	Suicide
Urban	Tuberculosis	Cancer, heart disease, asthma	Obesity, diabetes	Heat-related deaths, interpersonal violence, traffic injuries	Anxiety, substance abuse
Transport	HIV and other STIs	Chronic obstructive lung diseases	Obesity	Traffic injuries	Sleep disturbance
Sewage treatment	Gastrointestinal infections, helminth infections		Undernutrition, micronutrient disorders	Drowning	Psychosocial wellbeing

Source: Adapted from ADB's HIA Sourcebook (ADB's, 2018).

Understanding projects, health impacts and health impact pathways

A project is a set of interconnected structures and activities, at a specific physical location, undertaken to achieve a defined aim for a particular period of time. Health impacts are temporary or permanent, positive or negative changes in health outcomes caused by the interaction of project structures and activities with the determinants of health.

The pathways by which project structures and activities interact with the determinants of health, and lead to health outcomes, are called health impact pathways. These health impact pathways can be direct or indirect. An example of a direct health impact pathway is project-related motor vehicle traffic increasing the risk of road traffic incidents that cause injuries or fatalities. An example of an indirect health impact pathway is project-induced in-migration reducing the availability of local housing and increasing overcrowding which in consequence increases the risk of transmission of tuberculosis.

1

BOX 1: Indigenous People's definitions of health

The Inter-American Development Bank's Environmental and Social Policy Framework recognizes Indigenous Peoples as distinct social and cultural peoples. Traditional Peoples, recognized by national law, are treated as Indigenous Peoples. The Environmental and Social Performance Standard 7 recognizes both Indigenous and Traditional Peoples, such as Quilombolas, Palenques, Caboclos, and Ribeirinhos. These peoples are among the most vulnerable to project-related community health impacts and therefore it is important to respect their

traditional medicines and health practices and how they perceive health and wellbeing. Where Indigenous and Traditional Peoples are involved, HIAs should use the definition of health that these peoples use, when identifying, assessing, and managing impacts on the community's health, safety, and wellbeing.

Indigenous and Traditional Peoples have a wider and broader view of health than those set out earlier. For them, individual health is strongly connected to the well-being of the whole community. It is linked to the health and spirit of sacred

lands and having a healthy relationship with the natural world (Sangha et al., 2018). They see health as having spiritual, physical, mental, and emotional domains that strongly link to their sense of cultural identity (Butler et al., 2019; Dockery, 2020). Therefore, health, for them, encompasses close relationships between humans, nature, community, and culture (Donatuto et al., 2020; Dudgeon et al., 2017). Indigenous and Traditional Peoples are diverse and therefore their definition of health varies across groups.



Credit: Maria Luisa Lopez Estivill

3.2 HIA Mandates in Latin America and the Caribbean

Environmental impact assessment (EIA) legislation across the region puts the safeguard of people's health as a core objective of EIA practice. However, EIA practice tends to address only health impacts associated with a project's effects on the biophysical environment. The Pan-American Health Organization (PAHO) has recommended strengthening the assessment of community health impacts within EIAs as well as strengthening the practice of HIAs (PAHO, 2013). Some countries in the region, like Brazil (Ministério da Saúde, 2014), have developed national guidance on HIA. This guide complements and aligns with existing guidance in the region.

2

BOX 2: Brazilian National HIA Guidance

In 2014, the Brazilian Ministry of Health published its HIA guide 'Health Impact Assessment – methodology adapted for application in Brazil'. The guide sets out actions for the Ministry of Health to strengthen its engagement in the assessment of community health impacts, including through providing health input into the environmental permitting process. The guide focuses on large infrastructure development projects, and the range of impacts

that these projects can have on the health of communities and on the demand for health services. The Ministry of Health published the document to contribute to the development of HIA practice in Brazil and foster discussions among stakeholders from different sectors on the application of HIAs.



3.3 The Added Value of HIAs

Assessing and managing a project's community health impacts benefits all stakeholders, including borrowers, both public and private, communities, and the health sector.

HIAs help Borrowers understand project impacts and where changes to project design or operation can reduce negative impacts and enhance positive benefits. HIA helps avoid delays to project implementation, legal and reputational risks, as well as adding economic value to projects. This is because health impacts can be a key cause of conflict between communities and project proponents, directly affecting the social license to operate and the sustainability of projects. Early and proactive identification of impacts enables the adoption of optimized and cost-effective mitigation measures compared to the cost of dealing with the consequences of negative health impacts on communities. In addition, certain health issues affect workforce productivity and can increase the health care costs for workers and their families.

Communities benefit from the avoidance and minimization of negative impacts that can lead to unanticipated out-of-pocket expenses for medical care or loss of livelihood through acute or chronic illness. It can also improve and enhance community trust and participation in the project planning and decision-making process.

The health sector benefits from the minimization of the transfer of costs due to the increased demand for health and social care linked to unmitigated negative health impacts. It can also benefit from early planning and resourcing for any project-related public health emergency. The health sector is often under-resourced. Therefore, any additional costs can become a significant long-term burden.

4. HIA procedures, methods, and tools

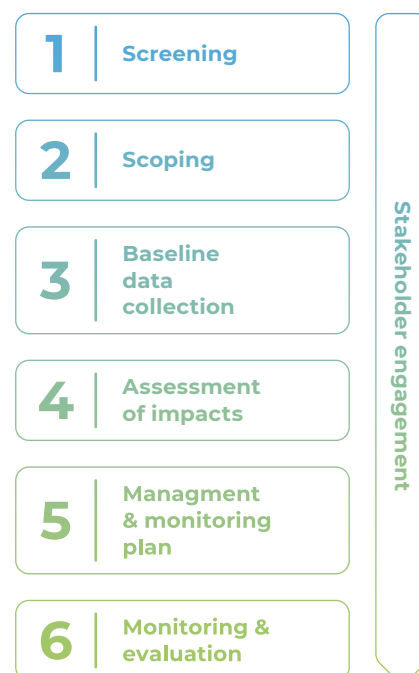
4.1 Overview of the Health Impact Assessment Process

The HIA is a stepwise process with the following steps:

1. Screening
2. Scoping
3. Baseline data collection
4. Assessment of impacts
5. Development of a community health management and monitoring plan
6. Monitoring and evaluation

Stakeholder engagement should take place throughout the process, starting at scoping.

The HIA process can be iterative in that it can loop back to earlier steps. This may happen when new baseline data, impact evidence, and impact analyses require the scope to be widened, new impacts to be considered, or additional project-affected communities to be accounted for.



Screening determines whether a Health Impact Assessment is required. ESPS 4 on Community Health, Safety, and Security is triggered in a project when the project is judged to have probable impacts on the health of communities that require those impacts to be assessed and managed.

Scoping determines what community health impacts are of concern in a project, the methodological approach that will be used, the spatial and temporal boundaries, and the resources needed for the assessment.

Baseline data collection informs a community health profile to understand the current health status and vulnerabilities of project-affected communities, thus allowing for an evidence-based assessment of the impacts.

Assessment of impacts identifies and characterizes potential impacts of a project through a structured, systematic, and transparent method. It should provide enough detail to identify the significant impacts so that they can be prioritized for mitigation and management. This assessment is based on a range of evidence gathered on likely impact pathways, international and national case studies, and experiential knowledge of a competent HIA specialist and other key stakeholders and professionals.

Management and monitoring plans detail the actions, responsible parties, resource requirements, and monitoring approaches that are needed to minimize the potential adverse health impacts, judged to be significant in the assessment step, and maximize the potential beneficial health impacts.

Monitoring and evaluation refer to the monitoring and evaluation of the implementation of management and monitoring plans to identify new unforeseen health impacts, evaluate the effectiveness of mitigation and enhancement measures, and whether these measures need adjusting or replacing.

Integrated and standalone HIA

An HIA can be undertaken either as a standalone study or integrated with other impact assessment studies in an Environmental, Social, and Health Impact Assessment.

For projects, where the EIA or ESIA process has not started, or is in the scoping step, then an HIA would be commissioned and integrated with the EIA or ESIA, and their scope, process, and reporting. However, research on ESIA practice suggests that they do not routinely consider health in sufficient breadth or depth, often focusing only on the environmental determinants of health. It is important, therefore, that an HIA, whether integrated or standalone, is led by an HIA specialist with public health expertise.

For projects where the EIA or ESIA has already been undertaken and IDB's due diligence identifies the need to assess community health impacts, then a stand-alone HIA would be commissioned. The HIA should be informed, but not bound, by the findings of the ESIA.

Whether an integrated or standalone HIA is undertaken, it is crucial for the management and monitoring of community health impacts to be presented and implemented in an integrated manner, in an Environmental, Social, and Health Management and Monitoring Plan. It is important to ensure that the plan is aligned with the guidance provided in this document, and the health component is supervised by an HIA specialist, with public health expertise.

The value of integrating the HIA with the ESIA is that it is likely to enhance the robustness of the integrated Environmental, Social, and Health Impact Assessment as the scope, baseline data collection, and findings from each assessment feeds into, and informs, the other two. The value of a standalone HIA is that the scope and process will not be constrained by traditional ESIA practice or regulations. This can enable a wider and more detailed assessment of community health impacts to be undertaken, which better addresses community, stakeholder, and health sector concerns. A standalone HIA is also likely to obtain more buy-in and ownership of the findings of the HIA and the community health management and monitoring plan, from health sector stakeholders.



Credit: Albertolopezphoto

4.2 Considering health impacts through 12 community health areas

There are many frameworks that can be used in the operationalization of a broad definition of health in impact assessment. One recommended framework is the 12 Community Health Areas (Figure 1). This framework sets out 12 key health areas that enable a comprehensive and systematic assessment of possible health impacts and pathways. The 12 areas cover environmental determinants of health, social determinants of health, behavioral risk factors, and a range of health outcomes alongside community infrastructure and health services. Using this framework increases the likelihood that all relevant impacts and impact pathways, are identified and assessed in an integrated and holistic way.

Figure 1: 12 Community health areas



Examples of how projects can cause health impacts across these 12 community health areas are provided in Table 3.

Table 3: Examples of project impacts by Community Health Area

Communicable diseases linked to housing and the living environment	Project-induced in-migration leads to overcrowding in communities and increases community transmission of tuberculosis
Vector-related diseases	Households are resettled to a location with higher dengue transmission, increasing cases of dengue in the resettled population
Soil-, water- and waste-related diseases	Project-induced in-migration increases the population in an area, overburdening water and sanitation services, leading to increased exposure to human waste/excreta and increasing cases of diarrheal diseases
Sexually transmitted infections	Project workers seek commercial sex services from local communities or have multiple local sexual partners, engage in unsafe sex and increase the transmission of sexually transmitted infections and HIV in the population
Food- and nutrition-related issues	Project use of water resources competes with community agricultural water use, affecting food security and increasing the risk of malnutrition in vulnerable households
Non-communicable diseases	Project air emissions cause changes in concentration of particulate matter increasing the risk of cardiovascular and chronic respiratory conditions in the population
Accidents/injuries and safety-related issues	Project-related motor vehicle traffic on public roads causes road traffic incidents with injuries and fatalities
Veterinary medicine and zoonotic diseases	Project linear features (i.e. a new power line) increases community access to natural areas, increasing the frequency of contact between people and wildlife and the likelihood of spill-over of zoonotic diseases to the population
Environmental determinants	Project activities increase noise levels in communities with nuisance, annoyance, cardiovascular and sleep quality problems leading to an increase in risk of cardiovascular disease
Social determinants	Project increases economic activity in an area that benefits local people. Project workers increase the demand for entertainment services associated with the consumption of alcohol and recreational drug use. Project workers and in-migration disrupt social norms and cultural values negatively affecting social capital and community cohesion. Patterns of excessive alcohol and drug use in communities become normalized increasing alcohol and drug-related psychosocial problems in communities and among vulnerable populations such as school-aged young people
Health-seeking behaviors and cultural health practices	Project location can affect access to natural areas where traditional herbal medicines are gathered by indigenous populations and traditional communities
Health-system issues	Project workers and project-induced economic migrants can increase the population of an area and overburden local health services, leading to a decrease in quality and access. The adverse health impacts through the other Community Health Areas will also overburden local healthcare

4.3 Key principles for HIA practice

HIA practice is guided by the following key principles.

An HIA takes a **participatory approach**, engaging and involving interested and affected stakeholders, especially project-affected communities, throughout the process. This increases the likelihood of appropriate and adequate impact assessment and management, and of good project performance and sustainability. A participatory approach ensures the HIA is a democratic process, fulfilling the right of people to participate in decision-making processes that affect them.

An HIA makes **ethical use of evidence** by gathering a range of relevant quantitative and qualitative information. Evidence comes from different scientific disciplines, the baseline data collection and stakeholder experiences, and perspectives which should be appropriately valued alongside other sources of evidence. The use of evidence should be rigorous by ensuring that the

evidence is of high quality, i.e., by coming from peer-reviewed and authoritative sources, and cross-checked, i.e., by collating different sources and ascertaining levels of consensus and certainty on the type, level, and likelihood of an impact.

The HIA assesses the **distribution of impacts and considers health equity**. It identifies vulnerable groups that may be disproportionately adversely affected by a project. It is also concerned with ensuring a fair and equitable distribution of benefits and in reducing existing inequalities and enhancing health equity.

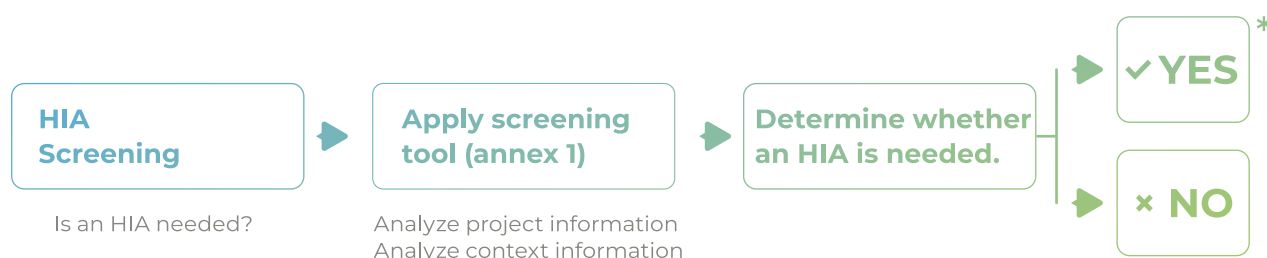
HIA efforts should be **proportionate to the significance of impacts**. The effort, range, depth and detail of baseline data collection, the assessment of impacts and the development of recommendations for impact mitigation should be proportionate to the scale and likely significance of potential impacts. This is based on the expert judgment of the HIA specialist as well as feedback from the Borrower, IDB, national regulatory agencies, and key local stakeholders, especially project-affected communities. The assessment findings should be presented in a manner that gives appropriate weight to community health vis-à-vis other environmental and social impacts.

4.4 Screening for Community Health Impacts

The first step in the HIA process is Screening. Screening determines whether a Health Impact Assessment is necessary. It identifies whether a project has the potential to cause community health impacts and thereby triggers ESPS 4 on Community Health, Safety, and Security.

HIA Screening should be done on every project. An HIA Screening Tool is provided in Annex 1 to enable IDB and Borrowers to undertake the systematic and comprehensive screening of the potential community health impacts of a project. The HIA Screening questions are summarized in Box 3.

Figure 2 : Screening decision tree for all projects



*Potentially significant community health concerns are identified in relation to the project and/or the context.

The IDB screens and classifies projects according to their likely environmental and social impacts – including community health impacts – and assigns an environmental and social risk classification². The HIA Screening Tool in Annex 1 can be completed as part of IDB’s impact and risk classification process to ensure that community health impacts have been adequately considered.

Borrowers should incorporate the HIA Screening Tool in Annex 1 into their existing project risks and impacts identification process.

For new projects and the expansion of existing projects that require a full or comprehensive Environmental and Social Impact Assessment, an HIA can automatically be screened in as needed. This is because where there are significant potential environmental or social impacts, there are also likely to be significant potential community health, safety, and wellbeing impacts.

²Impact classification considers project-specific aspects, nature, and magnitude of potential impacts, and borrower commitment, capacity, and track record. Risk classification considers cause (direct impacts), contribution (indirect impacts), and additional areas of risk relevant to the implementation of mitigation measures such as legal, institutional, nature of mitigation, governance, stability, conflict, and security.

Screening requires some project information and some information on potentially affected communities. Project information should include information on the different project elements and activities that may influence the determinants of health and their potential scale and intensity during the construction and operation phases. Information on potentially affected communities should provide an initial indication on their proximity to the project, basic socio-demographic information, and any desktop information on their existing health status, major health issues and key vulnerable groups.

Screening can also identify relevant legal, regulatory, policy, and institutional considerations that may be relevant for an HIA. For example:

- ▶ National legislation, or regulations requiring an HIA or the consideration of health in other forms of impact assessment (i.e. EIA).
- ▶ National guidance on HIA or guidance on how to consider health in other forms of impact assessment.
- ▶ Relevant institutional arrangements for HIA or health in other forms of impact assessment, i.e., health sector contributions within impact assessment processes.

Various aspects associated with a project, across its the lifecycle - project sector, type, location (urban, peri-urban or rural), project footprint, the scale and complexity of components and activities, and the project's areas of influence - and the wider cultural, social, economic, and environmental context determines the need for an HIA. The following are some key examples.

Projects with significant construction phases

New major construction - whether for a new project or expansion of an existing project - often requires large temporary workforces sited at multiple locations. Significant construction activities typically cause in-migration into the project area. Even if workers are housed within camp construction sites, spontaneous settlements populated by “camp followers” can develop. These project aspects tend to influence many determinants of health with the potential to cause a range of community health impacts.

Considerable potential for project-induced in-migration

In-migration can occur due to job seeking, commercial opportunities, small-scale trading, or extended-family in-migration. Significant in-migration, regardless of cause, can affect many environmental and social determinants of health, put considerable strain on fragile local infrastructures and services, and further marginalize existing vulnerable populations.

Significant resettlement or relocation of local communities

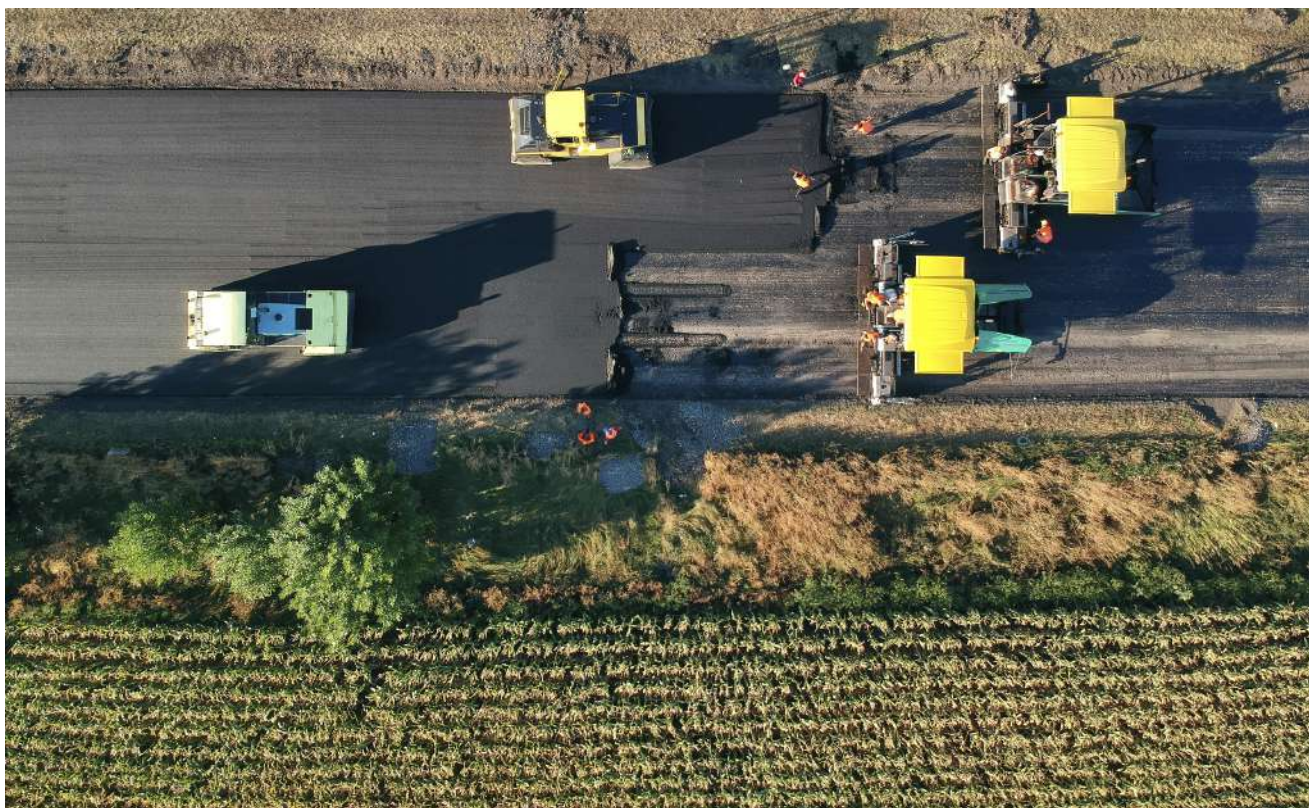
Resettlement tends to be highly disruptive to resettled populations and potentially to destination communities. Beyond the health impacts associated with the resettlement process, including the risks and challenges associated with psychosocial well-being and mental health, resettled communities may be exposed to other new health risks. Destination communities may also be affected, for example due to increased strain on health services or community infrastructure.

Prominent and new linear features, with emphasis on road transport

Linear infrastructure such as railway lines, power transmission lines, pipelines, roads, and canals may cross over and connect a variety of ecological and human populations. Changes in road and traffic patterns, particularly the increase in long-haul truck journeys, can be a significant issue during all phases of a project. Their impacts include increases in motor vehicle-related injuries and deaths, greater exposures to road dust and vehicle emissions and increase in sexually transmitted infections. Changes in transportation corridors can alter social and disease-transmission dynamics in many ways, including via project-induced in-migration, or increased contact between people and wildlife vectors of zoonotic diseases.

Large projects in rural settings

The underlying burden of disease in rural communities can be high, the state of many determinants of health can be poor, and existing health systems in rural areas tend to be weak or nonexistent. Hence, vulnerability to project impacts tends to be high.



Credit: Sandsun

Projects affecting highly vulnerable communities

Communities with high levels of vulnerability may be significantly affected by any kind of project. High levels of poverty and social exclusion, high levels of disease and disability, poor access to basic services (i.e. water, sanitation, energy), poor access to health care, high proportion of internally displaced or migrant populations, or populations highly dependent on natural resources may signal high levels of vulnerability to project impacts.



Credit: Stockfilmstudio

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**BOX 3:
Community Health Screening Questions****Context-related community health screening questions**

- › Can the project affect or interfere with communities directly or indirectly by affecting resources or services used by communities, or their environment?
- › Is there a complex socio-economic situation in the project's area of influence (AoI) including: poverty, food insecurity, a considerable burden of disease, weak governance, conflict, refugees or internally displaced people, marginalized indigenous people or ethnic groups, and/or human rights concerns?
- › Do communities within the project's AoI have (or could have) a considerable level of health vulnerability, i.e. are (or could be) moderately or highly vulnerable/sensitive to health impacts?
- › Are there considerable community or stakeholder concerns about potential community health impacts associated with the project?
- › Is the project's area of influence prone to communicable disease outbreaks or epidemics?

Project-related community health screening questions

- › Can the project interfere with community housing or the living environment with a potential to increase the risk of communicable diseases? For example, what is the proportion of the work force that is not local and what are the worker accommodation arrangements for the project throughout its life cycle? Is project-induced migration possible or likely?
- › Will the project require large scale physical displacement and resettlement of communities?
- › Can the project increase the risk of transmission of vector-borne diseases in communities? For example, can the project affect vector distribution or dynamics? Can it introduce or transfer vector-borne diseases in the project's AoI?
- › Can the project increase the risk of transmission of sexually transmitted infections in communities? For example, are non-local workers, while off duty, likely to interact with local vulnerable or high-risk populations and engage in high-risk behaviors?
- › Can the project cause community health issues related to waste, soil, or water contamination? For example, directly through project emissions or indirectly through project-induced migration to an area where environmental sanitation services are limited or at risk of being overwhelmed?
- › Can the project have the potential to cause food- and nutrition-related issues in communities? For example, can it cause food inflation or disrupt access to local food sources?
- › Will the project have the potential to increase the risk of transmission of zoonotic diseases? For example, can it increase access to natural habitats or ecosystems not previously accessible? Can it increase the contact between people (workers or communities) and wildlife?
- › Can the project increase the risk of non-communicable diseases in the area? For example, through chemical emissions to air, water, or soil? By inducing changes in non-communicable disease risk factors (for example increasing tobacco and alcohol use, changing diets, or reducing physical activity)?
- › Does the project entail any potential health risks related to exposure to hazardous substances (including related to project emissions and/or noise, air, water or soil pollution)? Does the project store, transport, handle, or produce solid wastes or hazardous materials that could impact nearby communities' health and safety?
- › Can the project affect social determinants of health? i.e., material changes in livelihoods, income-generating activities, social networks, education, access to services, or economic opportunities for communities? Can the project increase interactions between local communities and non-local populations (i.e. workers or migrants) with a potential for tension between groups? Can the project cause an increase in social ills in the area (i.e. substance misuse or crime)?
- › Can the project increase the risk of injuries or death involving community members (i.e. traffic-related incidents leading to injuries or fatalities)? Are there project related journeys taking place on public roads? Are there existing public pathways or amenities that the project is sited on, near to, or cuts across that communities may try to continue to use (even if fenced off)?
- › Can the project affect cultural health practices (i.e. access to healing places or natural resources)?
- › Can the project affect local health services?

4.5 Stakeholder Engagement

Stakeholder engagement must be undertaken to properly identify, assess and manage community health impacts. It also enables a participatory, inclusive and transparent HIA process. Therefore, it is necessary to involve a range of external stakeholders, including project-affected communities, health authorities, and local health sector professionals.

Health-focused stakeholder engagement should be coordinated with other stakeholder engagement efforts to avoid duplication, minimize overlap and reduce consultation fatigue. Hence, it should be incorporated into a project Stakeholder Engagement Plan. It needs to be scoped, supervised, or conducted by an HIA specialist as they have the necessary experience and skill in ensuring appropriate topics are discussed and relevant information is obtained to enable an evidence-based assessment of community health impacts.

Health-focused stakeholder engagement should run along the entire HIA process, starting at the scoping step. Communities, health authorities, local health sector professionals, and other stakeholders can be involved in, for example, identifying and scoping community health impacts of relevance, and defining the appropriate spatial scope for the assessment and identifying potentially affected communities. Stakeholders involved in scoping can also identify additional stakeholders that need to be engaged in the HIA process.

For baseline data collection, engagement with health authorities and local health sector professionals is necessary for the collection of secondary health data - routinely collected statistics, health reports and other grey literature - and to collect expert opinion on local health vulnerabilities, needs and priorities as well as the availability and accessibility of local health services. Similarly, engagement with project affected communities and vulnerable groups enables feedback on perceived health vulnerabilities and project-related health concerns and aspirations.

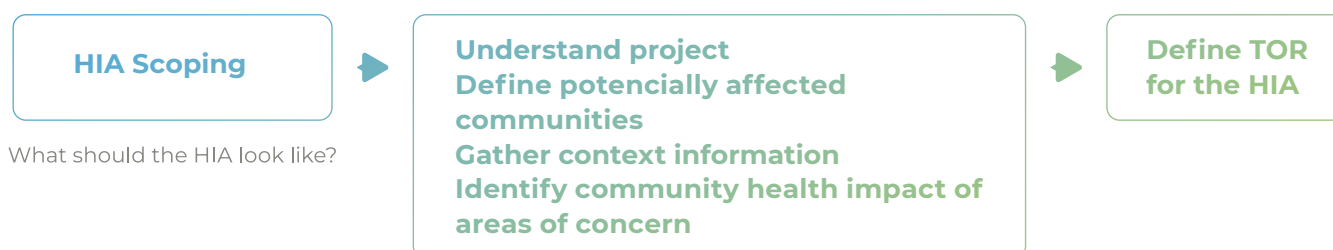
For the assessment of impacts, stakeholder feedback, opinions, experiences, and risk perceptions should be adequately considered alongside other types of evidence.

For the management, monitoring, and evaluation of impacts, communities as well as health authorities and local health sector professionals can provide feedback on the social and cultural suitability and the likely local effectiveness of mitigation and monitoring measures. Health impact mitigation and monitoring should be coordinated in partnership with health authorities and local health sector professionals as health promotion, disease prevention, and epidemiological surveillance are core functions of the health sector. Likewise, participatory monitoring, where communities are involved in the monitoring process, is recommended as it tends to improve effectiveness and sustainability.

4.6 Scoping a Health Impact Assessment

Scoping sets out the topics, limits, time and resources for an HIA. It clarifies the depth and detail of the HIA needed for a project and provides the framework for creating the terms of reference for the activities that will need to be carried out during the HIA by an HIA specialist (Figure 3). Given the complexity of identifying, assessing, and managing community health impacts, Borrowers benefit greatly from conducting a robust scoping exercise. This avoids having to revisit or change the scope later on, and the delays this causes.

Figure 3: HIA scoping



The guiding principle to ensure scoping is robust and fit for purpose is to make sure it meets the intended objectives of the HIA. As such, while the key scoping activities described below should always be undertaken, the level of effort required should be proportionate to the scale and complexity of the project, to the likely range, type and extent of community vulnerabilities and to the likely scale and magnitude of concerns related to the Community Health Areas.

New greenfield projects, large expansions of existing projects, and projects in sensitive socio-epidemiological contexts, are recommended to conduct a dedicated and detailed HIA scoping study. A sample terms of reference (TOR) for a dedicated HIA scoping study are provided in Annex 2.

It is recommended that the outcomes of the scoping process are formally documented in a scoping report that includes the terms of reference for the HIA. Suggested contents of a scoping report are included in Annex 2 and generic TOR for the ensuing HIA are provided in Annex 3.

It is also recommended that an HIA specialist be involved in the HIA scoping exercise. Recognizing limited availability of HIA specialists in some countries, public health expertise from the public and private sectors can be drawn. IDB may also play a role in supporting Borrowers to undertake this scoping exercise as part of its support for project planning and preparation as well as due diligence.

The objectives of the scoping step are to:

- T** Understand the nature of the project and its Areas of Influence.
- › Identify the potentially affected communities within the project's Aol.
- › Develop a preliminary understanding of the likely vulnerabilities of potentially affected communities based on public sources of health-relevant information.
- › Identify the potential Community Health Areas of concern, and associated impact pathways, that may be directly or indirectly caused by the project.
- › Assess what baseline information is available on each Community Health Area of concern and the potential project-affected communities. Then, define additional baseline data collection needs.
- › Identify key professional stakeholders and obtain their input.
- › Define the appropriate depth and detail of the HIA and recommend next steps, i.e. define the terms of reference for the HIA, specifically:

-
- a. Baseline data collection needs and methods (baseline data collection plan);
 - b. Identification of stakeholders and approach to stakeholder engagement (stakeholder engagement plan);
 - c. Approach to assessing impacts and any specialist study requirements (impact assessment methodology);
 - d. Resources and expertise required for the HIA; and
 - e. Integration with environmental and social impact assessments.

The following activities and methods set out a recommended approach to scoping.

Review of project documentation

First, a review of project documentation is undertaken to provide an understanding of the nature of the project and its Areas of Influence. This includes the project sector, type, location, footprint, scale, and complexity of components and activities, and the Areas of Influence, across the whole lifecycle of the project. This will also require engagement with the project team to clarify any gaps or ambiguity in the project documentation.

Identification and geo-referencing of potentially affected communities within the project's areas of influence

Once the project and its areas of influence are well understood, communities potentially affected by the project are identified. This includes communities living and working around the main project site and satellite sites (i.e. worker camps), as well as transportation routes.

Understanding the context and baseline data collection

Easily accessible secondary sources of health, social, cultural, economic, and environmental information on potential project-affected communities should be collected and reviewed to develop an initial understanding of their current health status and vulnerabilities. Where a detailed scoping study is being undertaken, then more comprehensive data collection can be undertaken, including from secondary sources as well as through a field visit to the project site for some primary participatory data collection with communities, engagement of professional stakeholders, and direct observations through, for instance, a transect walk in local communities and around the project site.

Describe Community Health Areas of concern, impact pathways and impacts

Based on the initial understanding of the project and potentially affected communities, a preliminary assessment of the Community Health Areas that the project could influence, identifying the potential health impact pathways and impacts, is undertaken. This helps identify which Community Health Areas should be the focus of the HIA and be scoped in. Where appropriate, Community Health Areas that are not likely to be relevant can be marked for scoping out, with written justification. Scoping out must be undertaken using input from an HIA specialist and relevant internal stakeholders. The final scoping of Community Health Areas must be undertaken with due consideration of external stakeholder feedback.

Define baseline data collection needs for the Community Health Areas of concern and potentially affected communities

Once the key Community Health Areas of concern and potentially affected communities are identified and a preliminary assessment undertaken, further baseline data collection needs should be defined. This will be based on the professional judgement of an HIA specialist about what information is needed and what methods, depth, and detail is required for ensuring an appropriate and adequate assessment of impacts.

Identify key professional stakeholders and obtain their input

Borrowers must identify key professional stakeholders such as health authorities, local health sector professionals and representatives of community- and faith-based organizations (CBO and FBO), and non-governmental organizations and obtain their input on potentially affected communities and their vulnerabilities, Community Health Areas of concern that are scoped in and scoped out, and the likely aspirations and concerns communities might have about the project.

Depth and detail of the HIA

Based on the previous tasks, the level of depth and detail of the HIA can be determined.

An HIA is categorized into two main types: rapid and comprehensive. These are not discrete categories but a continuum of HIA practice and reporting. To determine the depth and detail that is appropriate for an HIA, three factors must be considered:

- I. Scale and complexity of the project and its components;
- II. Magnitude and complexity of the potential impacts on the Community Health Areas; and
- III. Range, type, and extent of community vulnerabilities.

The greater the scale and complexity of the project, the greater the magnitude and complexity of potential impacts, and the greater the range, type, and extent of community vulnerabilities, the more comprehensive an HIA should be. Table 1 describes typical characteristics of different types of HIA.

Tablet 4: Typical characteristics of rapid and comprehensive HIAs

Type of HIA	Characteristics	
Rapid	› Provides detailed information of possible health impacts using easily accessible data › Data collection is focused on secondary data with limited primary data collection › Limited stakeholder and key informant engagement and analysis	› May require health-data collection when implementing management and monitoring plans › Takes weeks to months (i.e. 2-5 months), includes brief (i.e. 5-10 days) field work, depending on the project, potentially affected communities, and Community Health Areas of concern
Comprehensive	› Provides a comprehensive assessment of potential health impacts using a wide range of secondary and primary data › New project-specific primary data collection, from participatory studies or cross-sectional household or biomedical studies. Analysis of data by specific sub-populations such as children, pregnant women, elderly, and urban or rural residents	› Use of participatory approaches involving stakeholders and key informants › Broad stakeholder consultation › Takes many months (i.e. 6-12 months), includes longer (i.e. more than 15 days) fieldwork often at two or more points in time, especially if a cross-sectional study is performed

Recommending next steps and developing terms of reference for the HIA

Based on the previous tasks, terms of reference can be defined for the ensuing HIA activities, namely, what baseline data collection is necessary, the target populations that need to be covered, types of information required, and the methods and tools needed for their collection; how stakeholders will be identified and the approach to be used for stakeholder engagement; and the methodology for the assessment of impacts. A traditional qualitative assessment approach may suffice, or it may be judged necessary to undertake the quantitative assessment of specific impacts. See Box 4 for an example of quantitative assessment methods that can be used in HIAs. It is at this stage that recommendations can be made for additional specialized health assessments to be conducted to provide further information and allow for a full assessment of the health impacts (as it may be proportionate to the situation).

While the above tasks are presented in a sequential manner, the scoping process is often iterative. For example, the field visit can result in the identification of additional potentially affected populations in the project's Areas of Influence, for which baseline information will need to be gathered.

Integration of the HIA Scoping with the ESIA Scoping

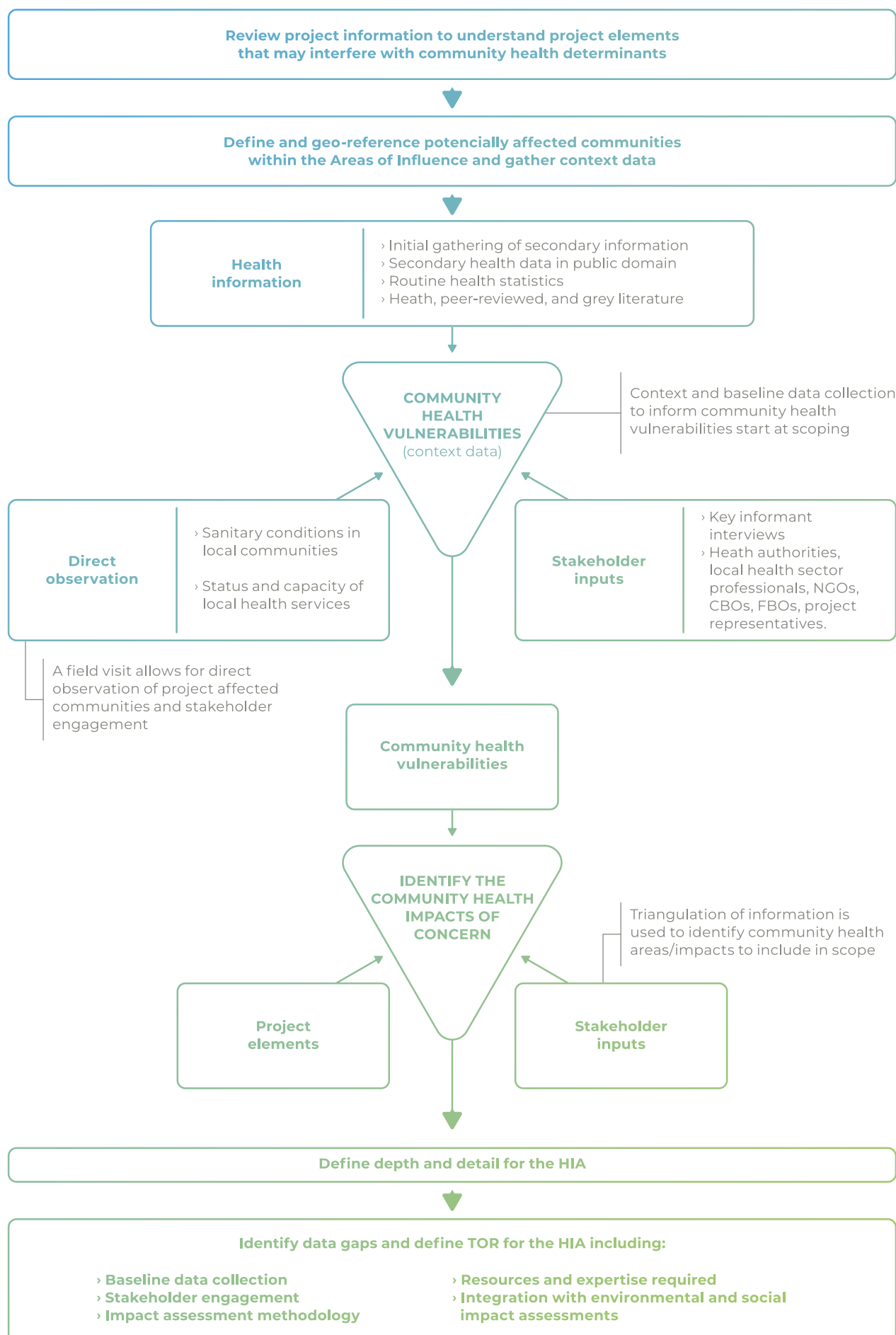
The scoping of an HIA should inform the scoping of other forms of assessments, and vice versa, to ensure the appropriate and adequate assessment of health impacts. For example, an ESIA can determine project-attributable changes in concentrations of particulate matter in key populated areas. The HIA then takes that information to assess the air pollution-related health impacts associated with the changes in those pollutant concentrations. It is therefore important that the scoping for the air quality assessment in the ESIA covers the same potentially affected communities, over the same period of time, and provides modelled results for all health-relevant air emissions. Box 4 provides more details on this example and Box 5 sets out how community health is connected across the Environmental and Social Performance Standards.



Credit: Bilanol

An illustration of the approach to scoping is provided in Figure 4.

Figura 4: Illustration of the HIA Scoping process.



4

BOX 4:
Examples of connecting ESIA and HIA scopes, baseline data collection, and assessment of impacts

An ESIA quantitatively and qualitatively assesses how a project is likely to change air quality in its Area of Influence. Air quality dispersion modelling, undertaken as part of an ESIA, can estimate how project-related stationary and mobile sources of air emissions result in changes in concentrations of key air pollutants such as particulate matter or nitrogen oxides. An ESIA usually assesses these changes in relation to regulatory thresholds or international standards to assess the significance of these impacts.

An HIA can use the information collected and generated in ESIA air quality assessments and take the analysis one step further. It can use

the characteristics of the populations affected by changes in air pollutants (the populations' sizes and their age distributions), the baseline rate of key health outcomes (i.e. respiratory hospitalizations or asthma symptoms), exposure-response functions (from the scientific literature), and the modelled changes in air pollutants (from the ESIA), to estimate the additional cases of disease associated with the modelled changes in air pollutants. To do this quantitative health risk assessment, the ESIA must generate the information necessary for the HIA to produce these estimates. This highlights the importance of the scope of the HIA informing the scope of other forms

of impact assessment, and vice versa.

Another example of a cross-over topic in the social domain is the assessment of livelihoods related to ecosystem services and potential links to nutrition and food security or risk of spillover of zoonotic diseases.

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BOX 5:
Community health interconnections across the Environmental and Social Performance Standards

The Environmental and Social Performance Framework considers health as an integrated, cross-cutting theme that needs to be systematically considered across different Environmental and Social Performance Standards. Therefore, while assessing and mitigating health impacts related to projects is the focus of Environmental and Social Performance Standard 4 (ESPS 4), an HIA and its scoping will inform, and be informed by, the scoping and work undertaken to meet the requirements of other Environmental and Social Performance Standards. For example:

- › Projects' labor requirements can generate many health impacts. Occupational health and safety for workers is covered in ESPS 2.
- › Resettlement influences many Community Health Areas. This is covered in ESPS 5.
- › Projects can generate adverse impacts on women, girls, and sexual and gender minorities. This is covered in ESPS 9.
- › Many community health impacts can arise from exposure to various forms of pollution. This is covered in ESPS 3.
- › Projects and people's interference with biodiversity and critical habitats can facilitate the transmission of zoonotic diseases to workers, communities, and populated areas. This is covered in ESPS 6.

6

BOX 6:**How a potential health impact can be scoped differently depending on project location and community vulnerabilities****ILLUSTRATIVE PROJECT 1: Metro expansion in an urban area.**

The construction phase is significant and will require hundreds of heavy goods vehicle (HGV) movements during a period of months. This is likely to increase the risk of road traffic incidents that can result in injuries or fatalities. The project is in an urban area and the HGV movements will take place on roads that currently hold significant traffic, including HGV traffic. Local emergency services exist, and local

health services are available. Public road users are judged to be less vulnerable to this impact. This impact is scoped into the assessment, but no additional data is judged to be required to further assess and manage the impact. No additional specific assessment methods are proposed, and a qualitative professional judgement will suffice. This impact is likely to be adequately managed with traditional mitigation measures

(i.e., requiring contractors to develop a traffic management plan with standard road safety precautions).

ILLUSTRATIVE PROJECT 2: Large infrastructure in a rural area.

Similarly to the previous example, the construction phase for this project is significant and will require hundreds of HGV movements for several months. Likewise, this is likely to increase the risk of road traffic incidents that can result in injuries or fatalities. However, local communities along the traffic routes currently experience low levels of traffic. Traffic law enforcement in the area is reportedly poor, as are driver behaviors. Emergency services and

medical care are distant. This impact is scoped into the assessment. Additional data is judged necessary for an appropriate assessment and management of impacts: further engagement with traffic enforcement authorities to understand attitudes and capacity on traffic law enforcement, further engagement with local communities to understand driving behaviors, attitudes and perceptions of risk; and further engagement with emergency services and medical

care to better understand capacity and quality of the post-crash response system. Understanding these elements will allow for a better assessment of this impact and the design of more targeted and tailored mitigation measures.

4.7 Community Health Baseline Data Collection

The main objective of developing a community health baseline profile is to collect just enough information to have a sufficient understanding of the health status and vulnerabilities of project-affected communities. Understanding community vulnerabilities is a requirement for an appropriate and adequate assessment of community health impacts. Attention must be paid to avoid having baseline data collection become a cumbersome, everlasting activity as there are many sources of secondary data and a wide range of questions, topics, and indicators that can be described in a community health baseline. An experienced HIA professional should produce a purposeful community health baseline profile that sufficiently describes the health status and vulnerabilities of project-affected communities as they are relevant for the assessment of impacts.

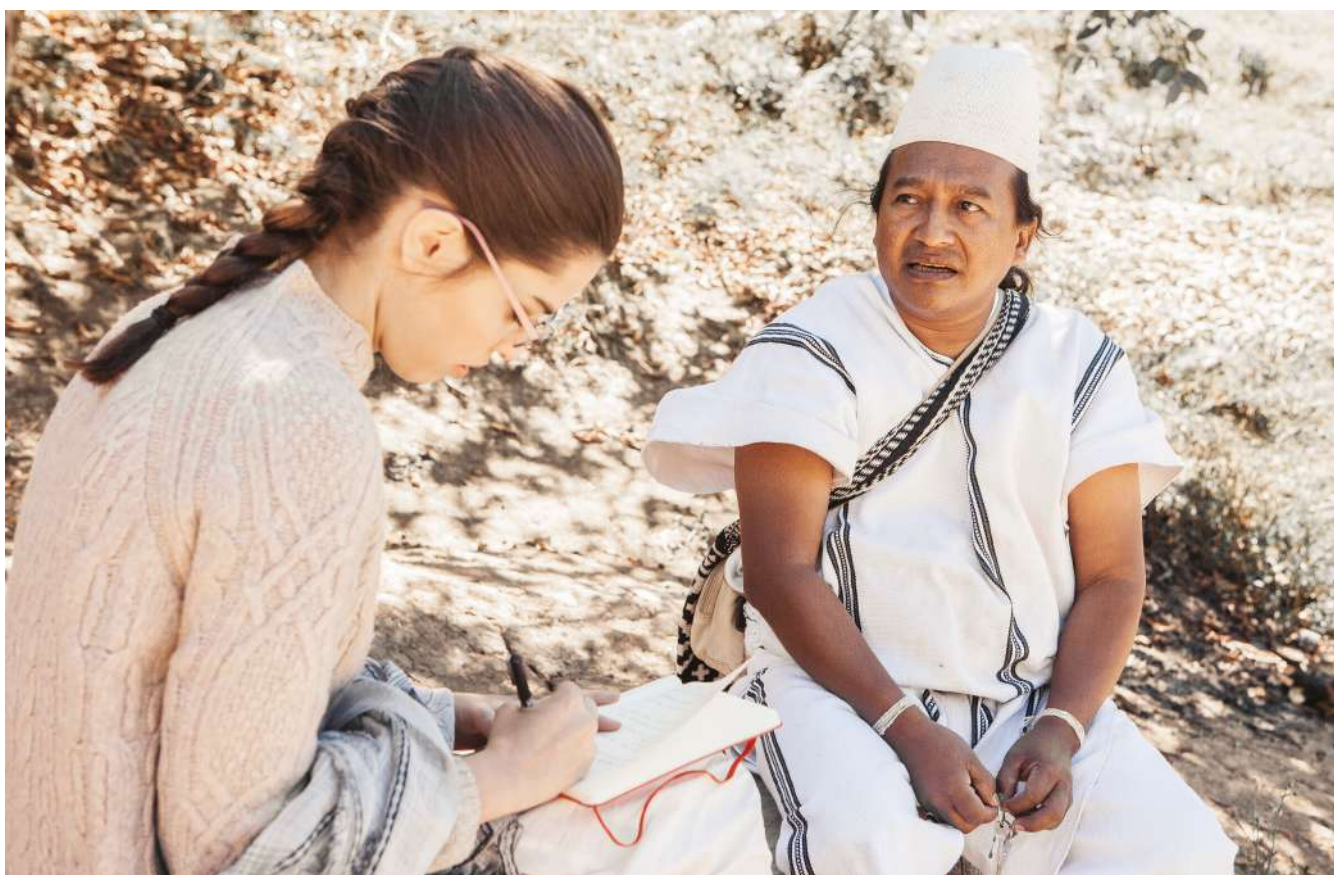
Community health baseline profiles are generally not developed to undertake direct before and after comparisons, especially on health outcomes. While before and after comparisons are feasible in HIA, they tend to require dedicated epidemiological cross-sectional baseline health surveys focused on specific objectives. These surveys are resource intensive as they often require considerable time and expertise to carry out. They also have particular ethical and confidentiality issues that must be properly addressed. Section 4.10 – Monitoring and Evaluation provides further discussion on establishing a baseline for before-and-after comparisons.

Where health baseline data is being collected, alongside other impact assessment data collection, then an integrated baseline data collection approach is recommended. This ensures that the collection of data is comprehensive and cost and time efficient. Health baseline data on some Community Health Areas, and determinants of health, such as housing conditions, disease vector dynamics, environmental quality, social determinants, access to goods and services, and income and livelihoods are also collected and used in ESIA or Resettlement Action Plans (RAPs).

Baseline data can be divided into primary and secondary data, and qualitative or quantitative data. Types of data and data collection methods are presented in Table 5.



Credit: Pressmaster



Credit: Albertolopezphoto

Table 5: Data sources and data collection methods for primary and secondary health data

Baseline health data collection and sources				
Primary data		Secondary data		
Type	Source of data	Type	Source of data	
Qualitative	Key informant interviews with a broad range of stakeholders, including health authorities, local health sector professionals, community health workers, local authorities, NGOs, CBOs and FBOs, and community representatives	Health data	Literature review of health data in public domain, including: › Standard open-source literature (such as WHO reports, etc.) › Published peer-review studies	
	Group meetings with local farming, business, professional, and community groups		› Health statistics, records or databases from national, regional, district and local sources › Health studies performed by health authorities, local health clinics and NGOs	
	Focus group discussions with key sections of the community, including vulnerable groups	Social data	› Social baseline and impact assessment reports, as well as community development reports › Other data such as traffic and crime reports	
	Health facility assessments (i.e. following the WHO Service Availability and Readiness Assessment (SARA) or similar)	Environmental data	› Specialist bio-physical reports on aspects such as water and air quality › Environmental monitoring data on aspects such as water and air quality › Maps and spatial areas of influence	
	Direct visualization of communities, prevailing environmental health and social challenges	Similar projects	› Evaluating similar projects in similar settings and understanding their potential and actual impacts and what mitigation measures were applied	
Quantitative	Epidemiological cross-sectional baseline health surveys focused on specific objectives, potentially modelled on national level demographic/ health surveys or similar cluster indicator studies	Stakeholder engagement and reports	› Analysis of minutes or reports from stakeholder meetings › Community grievance or concerns register	
	Data sources from social and environmental impact assessment baselines Routine health information systems	Workplace data	› Data available from human resources (i.e. social profile of employees and their families) and workplace health programs (i.e. occupational health, HIV, TB, Covid-19, etc.)	

Baseline data collection can range from rapid to comprehensive and should be discussed and agreed on as part of the scoping step with input from key external professional stakeholders. The most common approach is likely to require a combination of:

- › Collection and review of secondary information from many sources (health systems, epidemiological reports, research literature, health studies for the area)
- › Key informant interviews with representatives from communities, health sector professionals serving those communities and other government, or service providers (i.e. health authorities, social services, NGOs, CBOs, and FBOs)
- › Focus group discussions with a sample of key socio-demographic and vulnerable groups (i.e. older women, younger women, sex workers, men who have sex with other men, adolescents, and other vulnerable or sensitive groups).
- › Environmental and social information scoped into an ESIA and relevant to, or collected for, the HIA.



Credit: Sarawut20003



Credit: Wirestock

Some projects may require a more detailed and structured approach to collecting baseline data, for example large projects in rural settings. These may benefit from a more comprehensive approach to baseline data collection (See Figure 5).

Figure 5: Baseline primary data collection methods using a modular approach

INDIVIDUAL LEVEL				
	Indicators on personal status	Indicators on knowledge, attitudes and practice (KAP)	Biomedical indicators	
Questionnaire survey (module 1)	› Self-reported status of health (i.e. acute respiratory infection) › Reproductive health (i.e. pregnancy) › Vaccination status › Indicators of social determinants of health (i.e. employment status, educational level, domestic violence)	› KAP related to transmission of disease (i.e. malaria, HIV) › KAP related to prevention of disease (i.e. vector control measures) › KAP related to maternal and child health (i.e. health seeking behavior) › Role of traditional medicine / healers › Animal husbandry and consumption of animal products	› Prevalence of disease conditions in children under 5 years of age and adult population › Nutritional status based on anthropometric measurements	Clinical field unit (module 3)
			› Prevalence of disease conditions in school-aged children (i.e. schistosomiasis)	Parasitological survey in school children (module 4)
			› Concentration of heavy metals in urine/blood	Heavy metal exposure (module 5)
HOUSEHOLD LEVEL				
	Structural Indicators	Asset Indicator	Environmental	
	› Number of people per household › Distance to drinking water collection points › Availability of sanitation facilities › Type and location of kitchen compartment within household › Method and place of waste disposal	› Construction material of houses › Number and type of general household assets (i.e. beds, bicycles) › Method of cooking (type of fuel) › Availability and use of vector control measures (i.e. insecticide-treated nets)	› Drinking water quality at household level	End-user water quality testing (module 6)
			› Number of open water bodies around the household (i.e. open containers)	Larval breeding site survey (module 7)
COMMUNITY LEVEL				
	Health systems indicators	Infrastructure indicators	Environmental indicators	
Service and infrastructure assessment (module 2)	› Number and type of available health facilities › Type and quality of health care services › Type and capacity of health initiatives › Number of traditional healers and provided services	› Number of households in a community › Number and type of drinking water collection points › Number and type of waste disposal points › Traffic burden in community	› Water quality at community drinking water points	Water source quality testing (module 8)
			› Level of air pollution	Environmental monitoring (module 9)
			› Presence of disease transmitting vectors	Vector study (module 10)

Source: (M. S. Winkler et al., 2012)

Health baseline data collection efforts, where feasible, should include health information on vulnerable groups. This is because vulnerable groups can be disproportionately sensitive to, or affected by, certain impacts. When collecting baseline data, particular effort should be made to characterize these groups' vulnerabilities through specific engagement efforts and seeking data disaggregated by relevant vulnerability factors such as age, gender, ethnicity, socio-economic status, or other variables (Box 8, Section 4.5 Assessment of Impacts on Community Health, where the explanation of vulnerability provides a more detailed list of factors to consider).

Baseline health data linked to specific individuals in a community is sensitive because of ethical, confidentiality, and data protection concerns. Therefore, before collecting any primary health information, appropriate regulatory and ethical approval and community and participant informed consent must be obtained. In addition, national data protection requirements must be complied with in terms of how data should be preserved, shared, and reported (Box 7).

Community health baseline data collection can also allow for the identification of health needs in a population. While this would not be a full Health Needs Assessment, it can help to identify health opportunities that can be included in a project and aligns with the 'do good beyond do no harm' principle in IDB's Environmental and Social Performance Framework.

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BOX 7: **Ethics, privacy, and health data protection**

Certain types of primary health data are considered sensitive and require ethical handling for privacy and protection considerations. Applicable legislation and regulations in each jurisdiction must be complied with, as well as any protocols on how data should be obtained, preserved, shared, and reported before engaging in collecting information.

In all jurisdictions, approval should be sought from appropriate institutional or ethics review boards or committees, or the Ministry of Health, even if there are no specific

regulations. Informed consent forms should be piloted and reviewed by health sector professionals to ensure that they are accurately understood by communities who take part.

Data protection must also be addressed. In most jurisdictions, the collection of sensitive or personally identifiable health data such as biological sampling (blood, hair, urine) must undergo ethical clearance. Engagement and partnership with experts such as recognized health research institutions or university population

health researchers is a good option. Prior to primary health data collection, consent forms for participation need to be developed, which outline the ethical and legal requirements for data collection, data use, and measures to protect the privacy of participants. Forms must be reviewed and signed by all participants.



Credit: FatCamera

4.8 Assessment of Impacts on Community Health

Community health impacts are assessed to determine their significance. The significance of an impact is determined by two key aspects: the vulnerabilities of affected communities and the magnitude of the impact. This is in line with the requirements of IDB's Environmental and Social Performance Framework (Box 8). The assessment of impact significance for community health is based on professional judgement which, in turn, is based on a reasoned assessment of the key criteria set out in this section.

The assessment of community health risks and impacts requires the involvement of a competent HIA professional. Borrowers should engage external HIA experts to assist in the risks and impacts identification and monitoring processes for community health throughout the project's lifecycle. A competency framework on HIA is provided in Annex 4.

The reporting of significance should include a structured narrative that draws together the relevant qualitative and quantitative evidence to support the professional judgment. It must be transparent, structured, traceable, and robust and make clear reference to the key information used so that all stakeholders are able to understand how impact significance has been judged.

The use of multiple criteria is an established approach to determining significance in impact assessment. It is recommended that the assessment of impact significance considers the following criteria for each community health impact.

Source of the impact

Describe the relevant project component or activity that is the source of the impact and define its key features i.e. scale or temporality.

Affected populations and vulnerability

Describe and characterize the communities that are affected by a project component or activity. Discuss the overall vulnerability of affected communities and the existence of any vulnerable sub-groups. Identify any groups that may be disproportionately affected. Describe any potential changes due to the project on baseline demographics (i.e. life stage, deprivation, health status, daily activities), inequalities, equity, outlook, capacity to adapt, resource sharing with the project, and any relevant themes from community and stakeholder feedback.

Impact pathway and likelihood

Describe the full causal pathway that connects a project component or activity to the community health impact, i.e. the connection between a project component or activity to the environmental or social determinants of health and resulting health effects or outcomes. Discuss the plausibility and likelihood of the impact pathway, and the health effects, based on a review of the health impact scientific literature and/or relying on professional judgement.

Magnitude of impact

Describe qualitatively or quantitatively (Box 9 has an example of quantification), considering relevant aspects such as:

- Frequency and duration of the health impact;
- Severity or intensity of the health impact, i.e. nuisance, injury or fatality;
- Reversibility of the health impact;
- Existence of any known biological thresholds related to the health impact, i.e. some air pollutants do not have a known threshold level below which impacts cease to occur, while ambient noise does have a threshold below which there is no significant adverse health outcome; and
- Community perceptions of risk (Box 10).

Professional judgement of significance

Use expert judgement to determine and report the impact significance, considering the above criteria. The final determination of impact significance should also consider:

- › Regulatory standards in the jurisdiction; and
- › Local and national health policy and priorities.

While the assessment of most impacts is largely qualitative, some impacts can be quantified using a quantitative health risk assessment approach (see Box 9). This approach provides a quantitative estimate of the population impact from exposure to certain hazards in the environment, such as air pollutants, carcinogenic substances, or ambient noise.

The assessment of health impacts should extend beyond the potential negative impacts on community health to identifying the range of potential health benefits that a project may bring to project-affected communities. Assessing the distribution of benefits should focus on whether affected communities, vulnerable groups, and a wider population can profit from these benefits.

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BOX 8: ESPF requirements on impacts assessment

The Borrower is required to assess the community health impacts of the project and propose mitigation measures commensurate with their **nature** and **magnitude**. The Borrower must identify impacts that fall disproportionately on **vulnerable** individuals and groups and propose differentiated mitigation measures so that adverse impacts do not fall disproportionately on them, and they are not disadvantaged in sharing the project's benefits and opportunities.

IDB's impact classification considers the **nature** and **magnitude** of the potential environmental and social impacts, alongside the characteristics of the project and the Borrower. IDB's due diligence of projects is proportionate to the **nature** and

potential significance of the risks and impacts of the project. In determining environmental and social impacts, consideration is given to the combination of the expected **severity** of a potential impact, issues that may negatively affect the delivery of mitigation measures, and the **probability** of either or both occurring.

Vulnerability is a condition determined by physical, social, economic, and environmental factors or processes, which increases the susceptibility of a community to the impact of hazards. Vulnerable people/groups are people or groups of people who may be more adversely affected by project impacts than others by virtue of characteristics such as disability, state of health, indigenous status, gender identity,

sexual orientation, religion, race, color, ethnicity, age, language, political or other opinion, national or social origin, property, birth, economic disadvantage, or social condition. They can also be more limited than others in their ability to take advantage of a project's benefits. Other vulnerable individuals and/or groups may include people or groups in vulnerable situations including the poor, the landless, the elderly, single-headed households, refugees, internally displaced persons, natural resource dependent communities, or other displaced persons who may not be protected through national legislation and/ or international law.

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BOX 9:
Quantifying health effects associated with changes in air pollution

The health effects associated with project-attributable or modeled changes in air quality can be partially quantified, and subsequently valued. This quantitative analysis within a health impact assessment requires coordinated scoping with environmental impact assessment to ensure data and information is generated in terms of (i) the pollutants of interest, (ii) the health outcomes under assessment, (iii) the geographical and population boundaries, and (iv) the temporal scope.

Human health risk assessment or quantitative risk assessment methods make use of (i) concentration-response functions (CRF) that quantify the association between a certain level of exposure to an air pollutant and a health impact, as identified in the scientific research literature; (ii) the change in concentration of the air pollutant; (iii) the size of population exposed; and (iv) the baseline rate for the health outcome under assessment (i.e., mortality rate or hospital ad-

missions rate for a specific disease) to produce a quantitative estimate for the health impacts. This method provides estimates for the number of attributable cases of a health outcome (i.e. additional cases of hospital admissions). More sophisticated methods are also available, such as life table calculations, that provide estimates in terms of years of life lost or gained, or a change in the average life expectancy of the affected population.

Air pollution can lead to a wide range of mortality and morbidity effects but only some are quantifiable with reasonable confidence. WHO has produced CRFs for particulates, nitrogen dioxide and ozone. There is also well accepted evidence to support the quantification of health risks of exposure to other air pollutants, including air toxics (i.e., benzene). The lifetime increased risk of cancer from exposure to certain air toxics can also be calculated. It is also possible to estimate the association between sulfur dioxide and respiratory mor-

bidity. Furthermore, the estimated health effects can subsequently be monetized. Attributable deaths and hospital admissions are most often monetized. Other outcomes that can be monetized include medication use and restricted activity days (days when people find they can do less home or work activities). A study on the economic impacts of air pollution estimated that deaths from air pollution cost the global economy about \$225 billion in lost labor income and more than \$5 trillion in welfare losses (estimates for 2013).

Adapted from ADB's HIA Sourcebook. Sources: F. Hurley et al. 2005. Methodology for the Cost-Benefit Analysis for CAFE: Volume 2: Health Impact Assessment.; US EPA. 1991. Risk Assessment for Toxic Air Pollutants: A Citizen's Guide.; WHO/EURO. 2013. Review of Evidence on Health Aspects of Air Pollution (REVIHAAP); WHO. 2013. Health Risks of Air Pollution in Europe – HRAPIE Project. Recommendations for Concentration-Response Functions for Cost-Benefit Analysis of Particulate Matter, Ozone and Nitrogen Dioxide; and World Bank. 2016. The Cost of Air Pollution: Strengthening the Economic Case for Action.

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BOX 10:
Considering communities' perceptions of risk

Communities often perceive risks and impacts associated with a project in a way that is distinct to the views of the Borrower. Community perceptions of risk should be understood and given due consideration in the assessment of impacts. Community perceptions can have real health impacts, often through psychosocial, mental health, and well-being pathways. For example, communities may be concerned about the environmental effects

of a project, whether actual or potential, in a way that drives stress and anxiety. These psychosocial impacts driven by community perceptions of risk should also be recognized and assessed in addition to any potential community health impacts driven by changes to the biophysical environment. Acknowledging the psychosocial impacts will enable a more targeted mitigation approach that often involves specific community engagement efforts,

transparent communication of environmental monitoring results and/or participatory monitoring approaches that involve affected communities. This can help to address perceptions of risk, mitigate associated psychosocial impacts, and build trust between stakeholders.

4.9 Developing a Community Health Management and Monitoring Plan

The results of the HIA inform the development of recommendations to manage each significant impact. Recommendations are made to avoid and minimize adverse health impacts and to enhance community health benefits. Attention to positive impacts is aligned to the ‘do good beyond do no harm’ principle in IDB’s Environmental and Social Performance Framework. The management of community health impacts should be proportionate to the significance of the impacts. See Box 11 for an example of recommendations for impact management.

Recommendations on impact management can be further detailed in a Community Health Management Plan. Where mitigation and enhancement for some community health impacts relate to aspects of environmental or social management, i.e., management of project-induced in-migration, pollution prevention and control, resettlement actions, workers health and safety, among other aspects, they should be jointly developed and agreed upon, and duly cross-referenced and aligned across management plans, with clear lines of responsibility for what are environmental, social, and health management aspects that are overseen and supervised by the appropriate specialists.

The community health management plan can be developed alongside a community health monitoring plan, as management and monitoring and interrelated activities. Community health monitoring is discussed in section 4.10.



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To manage the potential increase in transmission of sexually transmitted infections (STI) in the community, during project construction, examples of useful recommendations include:

Maximizing local hires, minimizing external hires to as low as reasonably practical.	Link to influx management plan.
Establish worker accommodation arrangements to prevent or minimize use of accommodation in local communities.	Link to influx management plan
Establish worker health services that include STI prevention and awareness raising, testing and treatment	Link to worker health plan.
Establish a code of conduct, including fraternization clauses.	
Undertake information, education and awareness raising targeting workers.	
Distribute condoms to workers (off duty PPEs).	
Developing measures to reduce underlying vulnerabilities in potentially affected communities, especially for vulnerable sub-groups like young women and sex workers.	Link to empowerment programs, initiatives targeting sex workers and/or livelihoods programs.
Strengthening local Sexual and Reproductive Health services and related health promotion/outreach in communities.	To be detailed in a community health management plan.

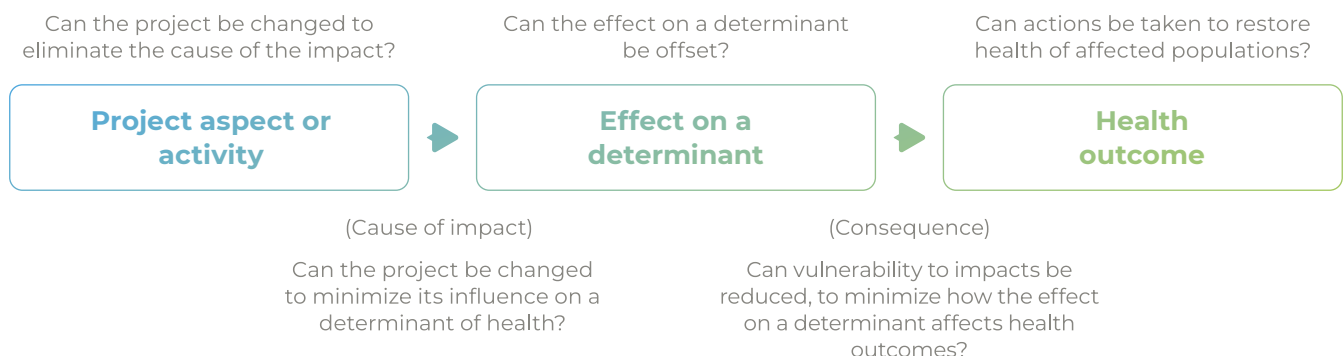
Some of the mitigation recommendations for this community health impact can be jointly developed and included in other management plans, such as an influx management plan or a worker health plan.

Other mitigation measures, focused on health vulnerabilities or residual health effects can be further developed and detailed into a community health management plan (see Table 6). The range and detail of recommendations should

be commensurate/proportionate with the significance of the impact.

Mitigation recommendations and the community health management plan

Impacts should be managed according to the mitigation hierarchy. Impacts should be avoided, then minimized, then compensated for, in order or priority. Likewise, mitigation at the source tends to be more effective than mitigation along the impact pathway. The following figure illustrates these principles applied to practice.



A good practice principle for the management of impacts is to develop a series of mitigation measures along the impact pathway, that is, creating multiple barriers along the chain of events (Box 12). This is important as single mitigation measures tend not to be fully effective, and this ensures that residual adverse impacts along impact pathways are progressively addressed and that impacts on health are reduced to as low as reasonably practical.

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BOX 12:
Examples of multiple barriers for malaria control

- | | |
|---|--|
| I. Environmental engineering measures | VI. Provision of insecticide-treated nets |
| II. Water management practices | VII. Rapid diagnosis and effective treatment |
| III. Settlement locations | VIII. Poverty reduction and gender empowerment (enables people to protect themselves and their families) |
| IV. Housing improvements | |
| V. Distribution of livestock in relation to human settlements | |

Source: ADB's HIA Sourcebook

The community health management plan should be practical and provide sufficient detail in relation to each impact and associated mitigation. The following elements should be described as a minimum (see Table 6 for an example):

- › Health impact being managed
- › Proposed management intervention and specific actions
- › Timing for implementation
- › Targeted location or populations
- › Roles and responsibilities of different parties involved in the action
- › Capacity development needs of key implementing parties
- › Cost estimates

Partnerships for community health impact management

Implementation of certain mitigation actions may not be the sole responsibility of Borrowers and contractors and may rely on partnerships with health authorities and local health sector professionals, universities, or NGOs with expertise and/or the mandate to do so. In some circumstances, Borrowers may support health-system strengthening in the public sector. Where this takes place, clear roles and responsibilities should be established, for example under a memorandum of understanding (MoU). Where external partners are engaged, Borrowers should assess potential partners' capacity to deliver mitigation actions in a sustainable manner. Such considerations influence decisions on what mitigations are feasible and who is the right implementing partner. Borrowers must develop clear memoranda of understanding or partnership agreements prior to commencing any implementation that relies on other public sector agencies (i.e. ministries of health and associated institutions), to ensure that other parties' responsibilities are clear, activities are properly resourced, and to provide mechanisms for monitoring and reporting to track implementation.

If not completed in the scoping or data-collection phase, the capacity of relevant parties, especially the Borrower or local health system stakeholders, should be evaluated for gaps and weaknesses, as this capacity is often a limiting factor for the successful implementation of mitigation strategies. Specific capacity building and health systems strengthening may be required, noting that this may be a slow process requiring continued commitment.

Structure for a community health management and monitoring plan

The matrix in Table 6 presents a suggested template for a community health management and monitoring plan that Borrowers can use to plan and track actions. Borrowers can adapt the template to suit their own needs and context. Actions can be as detailed as needed, in accordance with the project and its impacts. This matrix can be used as an action tracker to support the management and monitoring of community health impacts.



Credit: YuriArcursPeopleimages



Credit: Friends_stock

Table 6: Example of matrix for a community health management and monitoring plan

Theme /CHA	What		When	Where	Who			Monitoring and evaluation			
	Proposed mitigation	Specific element	Timing/ phase	Target population/ area	Accountable party	Important stakeholders	Implementing partner	Type of indicator	Indicators	Surveillance method	Frequency
Sexually transmitted infections (STIs)	Maximize the percentage of the work force that is hired locally (link to ESMP or influx management plan)	Policy of preferential hiring of local workers through special contract provisions	Pre-construction. Ensure provisions in contracts between the Borrower and general contractor, and between general contractor and subcontractors	Borrower and contractors	Borrower	Communities	Contractors, sub-contractors	Process	Policy established Y/N Clauses included in contracts Y/N	Document review	As contracts are drafted/ issued
		Training programs for area workers	Pre-construction. Appraise local supply, needs and timeline	Borrower and contractors	Borrower	Communities	Contractors, sub-contractors	Outcome	N trained % local hire	Borrower and contractors reporting	Quarterly reporting
	Minimize housing of workers in local communities (link to ESMP or influx management plan)	Establish housing policy suitable to project context	Pre-construction through operation. Ensure provisions in contracts between the Borrower and general contractor, and subcontractors	Contractors	Borrower	Contractors	Contractors	Process	Policy established Y/N	Document review	As contracts are drafted/ issued
								Outcome	Location of workers accommodation	HR systems	Monthly reporting
	Manage worker-related HIV/STI-transmission risks for communities (link to OHS)	Enforce a code of conduct on fraternization between the workforce and local community	Pre-development through operations	Project workers, including subcontractors	Borrower	Contractors	Contractors	Process	Code of conduct developed Y/N	Document review	As contracts are drafted/ issued
								Outcome	Conduct violations	Feedback from local communities (engagements and GRM)	Ongoing, reported quarterly

Continued in next page ›

Theme /CHA	What		When	Where	Who			Monitoring and evaluation			
	Proposed mitigation	Specific element	Timing/ phase	Target population/ area	Accountable party	Important stakeholders	Implementing partner	Type of indicator	Indicators	Surveillance method	Frequency
Infecciones de transmisión sexual (ITS)		Repeated IEC on workers	Pre-development through operations	Project workers, including sub contractors	Borrower	Contractors, sub-contractors	Provider	Outcome	Workers targeted; service indicators;	Routine statistics	Quarterly
	Manage worker-related HIV/STI-transmission risks for communities	Establish STI/HIV prevention, testing and care program for workers	Pre-development through operations	Project workers, including sub contractors	Borrower	Contractors, sub-contractors	Provider	Outcome	Workers targeted; service indicators;	Routine statistics	Quarterly
	Reduce HIV/STI-related vulnerability and enhance resilience in communities (establish a comprehensive HIV/STI action plan)	IEC plan for communities	Pre-construction and construction	Communities and vulnerable sub-groups (to be determined, i.e. young people and adolescents, men who have sex with men, sex workers and their clients, women and girls, migrants, etc.)	Borrower	Health sector stakeholders	Health sector or provider	Process (then outputs and outcomes according to plans and service packages objectives and interventions)	Development and sign off on plan/ MoU signed (specific KPI to be defined in plans / service packages)	Documentation (then plan-/ service package-specific methods as per KPIs to be defined in specified plans)	As plans / MoU are developed (then as specified in plans)
		Strengthen HIV prevention services including condoms, HIV testing, PrEP and PEP	Pre-construction and construction		Health sector	Health sector stakeholders	Health sector or provider				
		Strengthen testing and care services	Pre-construction and construction		Health sector	Health sector stakeholders	Health sector or provider				

Developing disease-, impact-, or theme-specific action plans

The community health management plan can include actions that call for the development of disease-, impact-, or theme-specific action plans. These specific action plans often cannot be fully developed when an HIA is undertaken due to time, resource, and information constraints. The development of these specific action plans is often a specialized activity that builds on the information gathered throughout the HIA process but is likely to require additional discrete effort. It may therefore be a subsequent scope of work commissioned by the Borrower during the implementation of the community health management plan. Box 13 below provides an example of such an action plan.



Credit: Wavebreakmedia

The development of these action plans requires further development to be fit-for-purpose. There are no one-size-fits-all, off-the shelf solutions that can be employed in all projects or contexts. The action plans often rely on other institutional stakeholders for their implementation and monitoring. As such, additional time for dedicated engagement with relevant external stakeholders such as representatives of the health sector, i.e. local health services, district health authorities, and the Ministry of Health, is required.

If local health services play a role in deploying some actions, then memoranda of understanding or other types of agreements may need to be established following due process. The action plans should be developed based on an accurate understanding of social and health needs, behaviors of targeted populations, and existing capacities and needs of the local health services. These may be well understood based on the knowledge gathered during the HIA process or it may require additional fact finding. These action plans should be developed in partnership with relevant health sector stakeholders.



Credit: DC_Studio

Based on the example provided in Table 6, a comprehensive HIV/STI action plan would be developed to address communities' vulnerabilities and strengthen local health services. The development of this plan, including monitoring elements, needs to be defined in a way that is fit for the local context, based on local capacities, and other institutional considerations. The following components illustrate the range of actions that a community-facing HIV/STI action plan may include – these will depend on the context of the project and affected communities:

- › Comprehensive education and information about Sexual and Reproductive Health and HIV prevention;
- › Strengthening of curriculum content and teacher capacity on HIV prevention, and how young people in need can access integrated HIV prevention services;
- › Promotion of correct and consistent condom use across the general population and across key target populations;
- › Initiatives to address the harmful use of alcohol and drugs in the context of sexual behavior, tailored to local social contexts;
- › Vaccination campaigns (HPV, Hepatitis A, and Hepatitis B), as appropriate, in line with national vaccination plans and local epidemiology/coverage;
- › Establishing or strengthening integrated testing for HIV, hepatitis B virus, hepatitis C virus, SITs, tuberculosis, and other diseases;
- › Human rights-based and gender-sensitive strategies for voluntary partner notification and other services for sexual partners of people living with HIV;
- › Addressing stigma and discrimination in health care settings and strengthen accountability for discrimination-free health care;
- › Policies to guide prevention of and responses to GBV, including sexual violence. Providing comprehensive health services to survivors;
- › Ensuring equitable and reliable access to quality and affordable medicines, diagnostics and other health products for HIV, viral hepatitis, and STIs;
- › Ensuring integrated HIV prevention services including condoms, HIV testing, PrEP, and PEP are available in communities;
- › Strengthening community health workers for key outreach, IEC, case management and referral activities, as appropriate; and
- › Establishing and coordinating multisectoral and community partnerships to address social and structural barriers hindering effective responses to HIV/STIs.

Examples of target populations may include general population, women and girls, pregnant and lactating women, adolescent boys and young men, sex workers, men who have sex with men, people who inject drugs, and transgender people.



Credit: YuriArcursPeopleimages

Examples of monitoring approaches may include:

- › Relying on the health information system (local public health surveillance capacity in the public sector) that gather and report on routine health statistics;
- › Collaborating with local public health authorities to employ temporary enhanced public health surveillance efforts;
- › Dedicated cross-sectional surveys targeting key populations, in collaboration with public health universities or specialized service providers;
- › Qualitative surveys, focus group discussions, or information gathered from grievance redress mechanisms; and
- › Monitoring approaches employed for social impact monitoring.

Examples of possible indicators may include:

- › N, % of target population, benefiting from comprehensive IEC about sexual and reproductive health and HIV prevention
- › N, % of target population, reached with individual or small group level community HIV-prevention interventions
- › N, % of target population, who has accurate comprehensive knowledge on HIV prevention
- › Vaccination rate in relevant groups for HPV, Hepatitis A, and Hepatitis B
- › N, % of people at risk of HIV who use prevention combined with a defined service package (target: 95%)
- › N, % of target population who used condom/lubricant at last sex with a client or non-regular partner (target: 90%)
- › N, % of target population, who know where PrEP and PEP are available
- › N, % of high-risk populations (i.e. sex workers, serodiscordant couples, men who have sex with men, transgender women) that are on PrEP
- › % of people living with HIV who know their HIV status (target: 95%)
- › % of people who know their HIV-positive status and that are accessing antiretroviral therapy (target: 95%)
- › % of people living with HIV, receiving treatment, with suppressed viral loads (target: 95%)
- › N, % of people living with HIV, viral hepatitis and sexually transmitted infections and priority populations who experience stigma and discrimination (target: less than 10%)
- › N, % of recent (last 12 months) intimate partner violence among people aged 15-49 years-old (target: less than 90%)
- › % of people living with HIV and people at risk who are linked to integrated health services, including sexually transmitted infections and viral hepatitis



Credit: DragonImages

Considering capacity for the implementation of community health mitigation

A critical aspect for anticipating the effectiveness and success of mitigation measures set out in community health management plans is the establishment of adequate resource flows, and the 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 Borrower and the various stakeholders, including the public sector agencies at local, regional, or national levels.

It is therefore important to assess the capacity of the involved parties to perform specific activities.

Among the most challenging tasks is the identification of viable partners, both service providers and within the public sector, that can help ensure the long-term sustainability of some community-facing impact management activities. Where local or regional institutional stakeholders or health sector partners are involved in impact management (or monitoring), their capacity should be assessed. Capacity issues include preparation, experience, and sufficient human and financial resources. In numerous examples, projects fund new health facilities or improvements to existing facilities as community health “mitigation”. Although these activities are highly visible and initially well-received, in many cases they tend to have limited sustainability due to a shortage of staff and long-term funding for maintenance and repair. To be successful and sustainable, structural improvements should be coupled with a realistic and long-term provision of the necessary human and financial resources.

4.10 Monitoring and Evaluation

Borrowers are required to monitor whether mitigation is being implemented according to the community health management plan and whether the mitigation is effective at preventing, mitigating, or managing identified community health impacts. Community health monitoring data can also inform further investigations to identify the root causes of emerging or unanticipated community health issues.

Monitoring indicators for impact management purposes are different from indicators that may be collected for other purposes such as socio-economic development or health development opportunities. The former aim to understand mitigation implementation and effectiveness, residual project-related health impacts, and adverse changes in health outcomes, while the latter aim to measure improvements in socio-economic and health conditions that reflect enhancement initiatives.

Monitoring plans should outline the processes, roles, and responsibilities for collecting, tracking, and analyzing monitoring data. The plan should also consider opportunities for participatory monitoring. The monitoring of residual health impacts requires coordination with Environmental and Social Management Plan activities and their monitoring (i.e. their monitoring of biophysical aspects such as air quality or noise levels).

Types of monitoring indicators

Monitoring can be undertaken for:

- The overall implementation of the plan (the process), the implementation of specific mitigation measures (the actions) and their results (the outputs);
- Community health impacts and their pathways. This can focus on monitoring
 - Project components or activities (i.e. numbers of migrant workers living in project-affected communities, or numbers of heavy goods vehicle movements on certain public roads);
 - Changes in environmental or social determinants of health; and in exceptional cases,
 - Changes in health outcomes (i.e. disease rates).

Key aspects for effective community health monitoring

A clear approach to monitoring should be defined before commencing the implementation of the project and the community health management plan. Key monitoring or performance indicators should:

- › Include both leading and lagging indicators.
- › Use units that are measurable and can support an evaluation of change (quantitative and/or qualitative).
- › Be clearly linked to the project, identified impacts, and/or management actions.
- › Be able to distinguish between input, output, and outcome indicators, as relevant.
- › Be simple to measure.
- › Be reasonable and practical to implement and track.
- › Be time-based.
- › Be GIS-enabled, where feasible.
- › Analyze trends over time wherever possible, both visually and spatially.
- › Ensure data privacy.
- › Link with worker-health surveillance data (where the workforce is part of the community under evaluation or when workers are part of the impact pathways).
- › Be expandable and updatable as new indicators emerge.
- › Inform ongoing impact assessments.
- › Inform changes to management actions.

An example of a monitoring plan for a specific impact is provided in Table 7 and Box 13 provides examples of monitoring indicators for a theme-specific action plan.

The challenge of monitoring changes in health outcomes

Monitoring relies on routine collection of information for the objectives specified in the community health management plan. Compared to monitoring of management actions or changes in health determinants, the monitoring of changes in health outcomes and their attribution to a project is far more complex and methodologically demanding. Changes in health outcomes, i.e. changes in rates of diseases in a specific project-affected community, can, in theory, be measured using routinely collected health statistics that are gathered and reported by the health sector in its public health information system, or by conducting bespoke community health surveys. However, any changes observed in health outcomes cannot be readily attributed to a project. Likewise, the absence of such changes should not be immediately assumed to represent evidence on the absence of impacts. This is the challenge of attribution.

Some issues that make it difficult to monitor health outcomes for project performance, and result in the challenge of attribution, include:

- › Long lag times between some exposures and some health outcomes, for example between exposure to carcinogens and the development of disease.
- › Confounding factors as most health outcomes have multiple risk factors (underlying causes) with multiple influences, making a direct connection between a project and changes in health outcomes difficult to establish.
- › Limited granularity of information reported from public health information systems, for example that report on rates of diseases regarding a wider population (i.e. at district level) whereas the project-affected population is likely to be a much smaller subset of this wider population.

These challenges around attribution can be resolved. However, designing a monitoring approach for health outcomes that is methodologically robust to resolve issues of attribution requires public health and epidemiological expertise. It necessitates a detailed plan that is likely to require appropriate resources, in terms of time, cost, and expertise, to develop and implement. These resource implications need to be proportionate to the scope and scale of impacts.

Developing and implementing a plan that includes monitoring changes in health outcomes

benefits from the involvement of universities, or research institutions, that have the necessary expertise. Where monitoring for health outcomes is considered appropriate, then additional baseline data collection is likely to be necessary before project implementation. This additional baseline often comes in the form of specific cross-sectional health surveys with well-defined objectives and methodologies (see Figure 5). Representativeness needs to be ensured and requires a suitable sampling strategy that is appropriate to the context of the projects and its affected communities (i.e. that is fit for purpose). An example of a sampling strategy where quantitative baselining methods and repeated cross-sectional surveys can be performed for monitoring health impacts is provided in Annex 5.

Health surveillance is a core function of the health system. When designing monitoring approaches for health outcomes, coordination and collaboration with the health sector should be considered and explored. Parallel systems or efforts should be precluded in favor of supporting and enhancing the capacity and quality of the public health surveillance system, that is, if the community health monitoring objectives of the project require the monitoring of health outcomes.

Evaluation builds on monitoring and is performed to evaluate the short, medium- and long-term results of implementing the community health management plan, and to determine the overall effectiveness of interventions and actions to avoid and minimize adverse health impacts.

Based on the results of both monitoring and evaluation, the community health management plan should be adapted as needed, and action should be taken if health issues that were not anticipated emerge or if the management actions are not proving effective.



Credit: Zoranzeremski

Table 7: Example of community health monitoring approach and KPIs

Potential impact	Describe the potential impact	Example: Increase in the incidence of vector-borne diseases associated with construction activity disturbing the ground and creating suitable breeding sites for mosquitoes in man-made receptacles
Mitigation	List the mitigation actions	› Management of malaria and arbo-viral breeding sites on site › Awareness campaigns for workers and communities › Distribution of repellents › Larval source management of mosquito breeding sites › Control of adult mosquitoes through chemical control programs
Target	What is the mitigation trying to achieve?	Prevention of transmission of malaria and arbo-viral disease by mosquitoes
Mitigation owner	List parties responsible for the control	› Project environmental and social (E&S) team › Project health team › Environmental health authorities › Public health authorities
Timeline	Date the mitigation should start and be completed	› 4 months before construction › Ongoing into operations
Inputs	Human and financial resources needed to implement the control	› Project E&S team time › Infectious disease specialist input › Entomology specialist input › Capital and operational expenses for vector-control equipment and commodities › Data generated by public local-health surveillance authority
Implementation check	How do we know that the mitigations are being implemented?	› MoU in place with health authority to support disease and vector-control interventions and provide monitoring data › Launch of awareness campaign › % of workers and households that have received repellents › % completion of disease and vector-control action plan
Outputs	Outputs produced	› Larval source management controls within project property › Workers and community members aware of prevention measures › Larval source management controls in the community › % coverage of vector control activities › % coverage of diagnostic and treatment › Establishment of entomology and disease surveillance system
Outcomes	Changes that have occurred because of mitigation - include sources of verification	› Workers and community taking prevention measures- behavior change measure › Reduction in mosquito breeding rates on entomology surveillance › Reported cases of arboviral disease › Reported cases of malaria › Effective treatment of malaria › Vector-control activities vs target
Effectiveness or Impact	Value and success in managing the impact include sources of verification	› Reducing incidence rate of dengue/ malaria in target population (trends) »Verification: <i>Health survey results provided by health authority</i> › Malaria and arboviral point prevalence rates »Verification: <i>Seroprevalence studies</i> › Entomological inoculation rates »Verificación: <i>Entomological studies</i>

Participatory monitoring

Participatory monitoring is often useful where a project is contributing to, is likely to contribute to, or is perceived by affected populations to be contributing to significant community health impacts. Environmental health impacts, such as those related to project emissions and pollution of air or water, can benefit from a participatory approach to monitoring focused on the environmental determinants of health. Strong engagement with communities can develop trust between parties, the acceptance of mitigation measures, and agreement of monitoring approaches. Participatory monitoring also helps adherence to management actions that depend on external stakeholders, such as adherence of communities and individuals to health practices; i.e. safe driving, use of mosquito bed nets and insect repellents, or proper domestic-waste disposal. Participatory monitoring can also be seen as a mitigation measure in itself. It contributes to the management of project-related community perceptions of risk and the potentially associated psychosocial impacts. Engaging communities in participatory monitoring is likely to reduce the level and impact of misinformation and disinformation and the potential for distrust to be generated or increased between communities, other stakeholders, and Borrowers.

5. Applying HIA to ongoing projects – concurrent HIA and Corrective Action Plans

Projects may include facilities already in existence, such as a project to rehabilitate a pollution control facility, the rehabilitation of a hydropower dam, improvements to existing transport infrastructure or an existing facility needed for a project but subject to any rehabilitation or enhancement. In these situations, the Borrower is required to undertake an Environmental and Social audit of these facilities. A concurrent HIA can be undertaken in support of Environmental and Social audits, to characterize the community health risks, impacts, and liabilities associated with them; and determine the extent to which their community health performance can be aligned with the requirements of the ESPs and this HIA guide.

The concurrent HIA should identify all relevant community health risks and impacts and propose rehabilitation or remediation measures that are consistent with the recommendations provided in this guide, while considering the extent to which implementing specific measures will be technically and financially feasible. Any measures identified by the Borrower should be incorporated into the relevant Environmental and Social management plan, as appropriate, or may require a dedicated community health action plan.

The general procedures, methods and tools used in a concurrent HIA undertaken on existing facilities are the same as those employed in a prospective HIA. Importantly, a concurrent HIA does not have, as a primary objective, to retrospectively evaluate whether an existing facility has caused health impacts in communities. However, such a retrospective evaluation may, at times, be scoped into a concurrent HIA in situations where an Environmental and Social audit wishes to characterize possible project-attributable health issues among people exposed to substances and/or emissions from existing facilities. Such a retrospective evaluation would be a subcomponent of a concurrent HIA. Generally, two options can be taken in this context: one option would be to focus on the environmental performance of the project, characterizing environmental emissions and judging the likely health consequences from an analysis of those emissions. Another option would be to attempt to evaluate actual health outcomes in the exposed populations. The latter is methodologically demanding and would require the design of a robust research study protocol. Involvement of universities or research institutions that have the necessary expertise is advisable in these situations.

6. Supporting HIA practice across Latin America and the Caribbean

All development projects can benefit from an HIA, not just IDB-financed projects. HIA institutionalization has been, and continues to be, advocated by the WHO, international and regional development institutions, and many countries across the globe, including in Latin America and the Caribbean. HIAs should, therefore, be promoted and championed at the national level across IDB member countries.

Institutionalizing HIAs at the country level requires creating and sustaining an enabling environment for its practice, focusing on:

- Creating or updating the legal, regulatory, and policy framework to promote the use of HIAs for national and local projects;
- Establishing institutional arrangements between health and environmental authorities;
- Training and capacity development on HIA for project proponents, local and national planning, environmental and health authorities, and public and private sector impact assessment professionals.
- Developing HIA guidelines and tools to support of HIA practice.

Previous initiatives on HIA institutionalization in other developing contexts further suggest several lessons. Engaging in HIA capacity building requires a long breath even when some of the capacities and capabilities that are required for HIA practice may already be in place. Capacity development across Latin America and the Caribbean will require sustained commitment as it is essential that HIA institutionalization is institutionally anchored and not just linked to key individuals within key institutions. Furthermore, regional cooperation and the establishment of centers of excellence on HIA is likely to create economies of scale and produce regional public goods that can fast track HIA institutionalization across the region. A repository of publicly available HIAs of projects in the region can be a useful resource for interested parties as they can showcase best practice and enable on-the-job training of key stakeholders.

Creating or updating the organizational and country legal, regulatory, or policy frameworks for HIA is an essential step to enable professionals to be trained and to give them a mandate to protect and promote community health in the context of development planning and impact assessment.

Institutional arrangements are required alongside new or updated legal, regulatory, or policy frameworks to operationalize and embed HIAs. The most pressing example is the need for strong and close links between EIAs (and wider environment) and HIAs (and wider health) authorities. Setting up effective institutional arrangements to function in the long term tends to be challenging, although some successful case studies can be used as models.

Within the Ministry of Health (MoH), human resources should be allocated to support HIA functions, for example, by establishing an HIA unit. Such units would ideally be located in such a way that transversal (intra-sectoral) links to all MoH departments can be exploited effectively. The HIA deals with communicable and non-communicable diseases, nutritional impacts, accidents and injuries, and mental health issues. At the same time, its location in the Ministry also must allow for effective intersectoral linkages, first and foremost with the Ministry of Environment (MoE) and other environmental authorities, but also with all ministries engaged in development (energy, agriculture, tourism, transport, natural resources and urban development, among others).

One-time training events are good for awareness creation, but a sustainable HIA framework requires the institutionalization of professional training and regular refresher courses. Such institutionalized training also requires a repository of HIA case studies, which can be used for capacity development purposes. As long as tertiary training is focused on creating specialists with a narrow, reductionist outlook, the development of skills for intersectoral decision making and action will remain an important need. Efforts, in the medium term, towards the further development and establishment of HIA education and training institutionalized in the region and within key international organizations would be of great benefit.

International agencies can play an important role in promoting HIA, but a crucial role remains with development financing institutions. While technical cooperation agencies like the WHO should continue to have HIA initiatives, their core program is agreed by ministers of health, and the HIA remains secondary to the core focus of the health sector which remains on health care and disease treatment. International finance institutions can include a long-term focus on HIAs in their policies and put HIAs into practice through their environmental and social safeguard frameworks and requirements, even when national HIA requirements are not yet as robust.

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Annex 1: HIA Screening Tool: questions/criteria to support Borrowers and IDB to screen and classify operations

Screening Tool for Community Health Impacts

1	Project name	
2	Type of project (“greenfield”/expansion/other)	
3	Project location	
4	Presence of nearby communities or populations (i.e. within 30km)	

Provide a brief description of project components and activities throughout its life cycle. Emphasize where project aspects interact with determinants of health.

Screening questions

(Brief guidance is provided under each question)

Context-related screening questions

Is there a complex socio-economic situation in the project’s area of influence including, among others, high levels of poverty, food insecurity, a considerable burden of disease, weak governance, conflict, refugees or internally displaced people, marginalized indigenous people or ethnic groups, and/or human rights concerns?

Conduct a brief analysis of publicly available information. Review information from pre-feasibility studies, scoping studies, national environmental and social assessments, licenses, or permits, if available.

Do communities within the project’s area of influence have (or could have) a considerable level of vulnerability to project-related environmental, social, or health impacts?

Undertake a preliminary judgement based on the response to the previous question.

Are there considerable community or stakeholder concerns about potential community health impacts associated with the project?

Consider any available project documentation or information. Undertake an online search of media sources. Consider stakeholder engagement.

Is the project’s likely area of influence prone to communicable disease outbreaks or epidemics?

Consider vector-borne diseases such as malaria, dengue, zika, chikungunya, yellow fever, schistosomiasis, Chagas disease, leishmaniasis, lymphatic filariasis, West Nile virus, etc. Consider diarrheal diseases including cholera.

Project-related questions for community health screening

Can the project interfere with community housing or the living environment with a potential to increase the risk of communicable diseases?

Consider

- › *The likely size of the workforce and the likely proportion of non-local workers that will be required.*
- › *What worker accommodation arrangements, if any, will be put in place and the possibility that non-local workers will be housed within communities.*
- › *The pressures this may place on local housing stock, the existing housing conditions, the possibility of overcrowding, and the possibility of increased transmission of diseases transmitted through close contact such as meningitis, tuberculosis, or other respiratory infections.*
- › *If project-induced in-migration may take place and further contribute to overcrowding.*

Is physical displacement/resettlement possible or expected?

Consider

- › *The number of people or households that will likely need to be resettled: consider their socio-economic and health vulnerabilities and their ability to cope with resettlement-related impacts.*
- › *The characteristics of the destination communities, including environmental and sanitation services, capacity of local health services, differences (between resettlement populations and destination communities) in disease burdens, exposures, and health hazards.*

Can the project increase the risk of transmission of vector-borne diseases in communities? For example, can the project affect vector distribution or dynamics? Can it introduce vector-borne diseases in the project's area of influence?

Consider:

- › *Whether vector-borne diseases are present in the project area; their epidemiology and whether outbreaks have occurred in the past.*
- › *Whether a large workforce component may come from other areas of the country where vector-borne disease transmission is intense.*
- › *Whether the project construction activities may increase vector breeding sites.*
- › *Whether project elements may lead to environmental changes that affect vector distribution or dynamics.*
- › *Historical data or information on vector-borne diseases in the region and any changes that might be attributed to similar projects in the area.*

Can the project increase the risk of transmission of sexually transmitted infections in communities? For example, are non-local workers, while off duty, likely to interact with local vulnerable or high-risk populations and engage in high-risk behaviors or vice-versa?

Consider:

- › *The potential for increased transmission of sexually transmitted infections by considering potential interactions between non-local workers and local populations.*
- › *The likely size of the project non-local workforce throughout its life cycle and off-duty social activities and potential high-risk behaviors between non-local workers and communities.*

Can the project cause community health issues related to waste or soil and water contamination? For example, directly through project emissions or indirectly through project-induced migration to an area where environmental sanitation services are limited or at risk?

Consider:

- › *The possibility of project-induced migration to areas with limited environmental sanitation services.*
- › *The existing infrastructure and the risk of contamination in both project and destination areas.*

Can the project have the potential to cause food- and nutrition-related issues in communities? For example, can it cause food inflation or disrupting of access to local food sources?

Consider:

- › *Existing levels of food security in communities in the area of influence, the size of the project workforce, their accommodation arrangements and potential pressures on local food systems.*
- › *How the project may interact with local agricultural practices.*
- › *How the project may affect community access to local areas used by local communities for sourcing wild or indigenous foods.*

Will the project have the potential to increase the risk of transmission of zoonotic diseases? For example, can it increase access to natural habitats or ecosystems not previously accessible or increase the contact between people (workers or communities) and wildlife?

Consider:

- › *Whether zoonotic diseases are present in the project area or if they have been identified as a public health concern for the region.*
- › *Whether project elements or activities will cut across or be placed in close proximity to areas of natural habitats or biodiversity hotspots.*
- › *Whether the project introduces new pathways for contact between people (workers or communities) and wildlife.*
- › *If those project activities may increase the contact between people and wildlife.*
- › *Investigate existing zoonotic disease risks in the region and evaluate how the project might contribute to changes in these risks.*

Can the project increase the risk of non-communicable diseases in the area?

Consider whether the project can indirectly affect factors such as changes in lifestyle, pollution, and other environmental stressors that could contribute to non-communicable diseases.

Does the project entail any potential health risks related to exposure to hazardous substances (including related to project emissions and/or noise, air, water or soil contamination)? Does the project store, transport, handle, or produce solid wastes or hazardous materials that could impact nearby communities' health and safety?

- › *Consider potential health risks associated with exposure to hazardous substances, including project emissions, noise, and contamination.*
- › *Investigate whether the project involves the storage, transport, handling, or production of solid wastes or hazardous materials.*
- › *Evaluate the potential impact on nearby communities' health and safety, considering existing environmental regulations and safety measures.*

Can the project materially affect social determinants of health? For example, material changes in livelihoods, income-generating activities, social networks, education, access to services, or economic opportunities for communities? Can the project increase interactions between local communities and non-local populations (i.e. workers or migrants) with a potential for tension to arise between groups? Can the project cause an increase in social ills in the area (i.e. substance misuse or crime)?

Consider:

- › *The potential material impact on social determinants of health.*
- › *Changes in livelihoods, income-generating activities, social networks, education, and access to services or economic opportunities for communities.*
- › *The potential for increased interactions and tensions between local communities and non-local populations.*
- › *Underlying vulnerabilities and the risk of social issues to arise such as substance misuse or crime and how the project may contribute to such concerns.*

Can the project increase the risk of accidents or injuries involving community members (i.e. traffic-related incidents leading to injuries or fatalities)? Are there project related journeys taking place on public roads?

Consider the project's use of public roads, existing levels of traffic on public roads, levels of traffic incidents and injuries, driver behaviors, state of law enforcement and existing road safety measures and regulations, vehicle safety, and the capacity of the post-crash response system.

Can the project affect cultural health practices (i.e. access to healing places or natural resources)? Can the project affect local health services?

Consider:

- › *The importance of cultural health practices, including access to healing places or natural resources, and how important these are to communities.*
- › *How the project may affect these.*
- › *How the project may influence local health services, including availability and accessibility.*

Screening conclusion

If material concerns are raised in connection to any project-related question in addition to any context-related question, then a Health Impact Assessment is likely to be necessary. This is a professional determination guided by the considerations made explicit in this tool. A precautionary approach should be taken if there is uncertainty in responding to any of the screening questions, i.e. if information is not yet available at the time of screening.

Considering community health in IDB's requirement to screen and classify operations according to environmental and social impact and assign an environmental and social risk classification

IDB impact classification

IDB classifies operations into one of four impact classifications: A, B, C, or FI. In determining the appropriate impact classification, the IDB will consider several project-specific aspects, such as type, location, sensitivity, and scale of the project; the nature and magnitude of the potential environmental and social risks and impacts, including those related to community health; and the commitment, capacity, and track record of the Borrower to manage the environmental and social (including community health) impacts in a manner consistent with the ESPSs. The IDB will review the impact classification assigned to the project and reclassify as needed, based on developments in the scope and potential impacts of the project found during the preparation

stage. In support of IDB's impact classification, the screening questions can help inform whether:

- › The operations can potentially cause significant negative environmental or social impacts or have profound implications affecting natural resources (category A).
- › The operations have the potential to cause mostly local and short-term negative environmental or social impacts and for which effective mitigation measures are known and readily available (category B).
- › The operations can cause minimal or no negative environmental or social impacts (category C).
- › The operations for which the financing structure involves the provision of funds through financial intermediary (FI) or through delivery mechanisms involving intermediation whereby the FI undertakes the task of subproject appraisal and monitoring (FI operations).

IDB risk classification

The IDB will assign a risk classification using a financial intermediary that is based on a four-level risk rating: low, moderate, substantial, or high. This risk classification will be reassessed throughout the project cycle and adjusted in accordance with the developments and circumstances of implementation and findings of the IDB's monitoring and supervision. The screening questions can highlight relevant information considered in the ESRR, as they relate to

- › Cause (direct community health impacts),
- › Contribution (indirect community health impacts), and
- › Additional areas of risk that may be relevant to the delivery of community health measures and outcomes. These could include:
 - ›› Legal and institutional considerations;
 - ›› The nature of the mitigation measures and technology being proposed;
 - ›› Governance structures and legislation; and
 - ›› Contextual factors relating to stability, conflict, or security, among others.

Annex 2: Base content for terms of reference. Health impact assessment scoping study and preparation of HIA terms of reference

1. Background and Context for the work

This document provides a generic outline of a Terms of Reference (ToR) for the preparation of a Health Impact Assessment (HIA) Scoping study, including the preparation of Terms of Reference for the ensuing HIA for [project name].

These ToR provide a non-exhaustive description of the scope of work for the HIA Scoping, the content of the HIA Scoping report, and the ToR for the ensuing HIA that will need to be adapted to the specific project.

The Environmental and Social Policy Framework (ESPF) in its Environmental and Social Performance Standard 1 (ESPS 1) 'Assessment and Management of Environmental and Social Risks and Impacts', requires the Project Proponent (Borrower), in coordination with other government agencies and third parties, as appropriate, to conduct a process of assessing and managing project impacts, including those on the health and safety of communities. This includes undertaking an HIA, as necessary.

An HIA is a combination of procedures, methods, and tools used to prospectively assess a project for its potential impacts – both positive and negative – on the health of a population, and the distribution of those impacts within the population. An HIA provides appropriate recommendations to manage those impacts and establishes monitoring and evaluation for managing project performance. The HIA therefore supports the planning and implementation process of a development project and promotes sustainable development³.

The type, scale, and location of the project guide the scope and level of effort devoted to the risks and impacts identification process, including the HIA and its scoping phase. Therefore, to provide guidance to undertake an HIA scoping study for the project, these ToR are structured as follows:

- › Basics of an HIA, including HIA scoping for a project.
- › Scope of work and activities of the consultancy.
- › Deliverables and indicative outline of the HIA scoping report and ToR for the ensuing HIA.
- › Competency requirements.

2. Basics of an HIA

An HIA is a relatively new and emerging practice across Latin America. While some countries have issued HIA guidance, most have not, and experience is limited. Consultants are required to review and familiarize themselves with the IDB HIA guide to ensure an adequate understanding of HIA concepts, principles, and practice aligned with international best practice and IDB's ESPF requirements.

3. Brief description of project

The project under assessment, [project name], includes [provide brief project description, and its location]. A more detailed project description can be found in annex 1 to these TOR.

³Definition based on WHO, 1999; Quigley et al., 2006; Winkler et al., 2021; and Asian Development Bank, 2018.

4. Objectives of the consultancy

The main objective of the consultancy is to undertake an HIA Scoping study for the project, prepare an HIA scoping report, and develop ToR for the ensuing HIA to be undertaken for the project, in support of and in full coordination with the Project Proponent (Borrower), in accordance with the requirements of the Environmental and Social Policy Framework (ESPF), especially ESPS 4: Community Health and Safety, and other related performance standards. The HIA is to be undertaken in alignment with IDB HIA guidance and international best practice on HIA.

Specifically, the objectives of the HIA scoping study are to:

- Understand the nature of the project and its Areas of Influence.
 - Identify and define the potentially affected communities, as they relate to possible community health impacts, within the project's areas of influence (Aoi).
 - Have a preliminary understanding of the likely vulnerabilities of project-affected communities to project impacts, by gathering context information and describing the prevailing health conditions in the potentially affected communities.
 - Identify the potential community health impact areas of concern that may be directly and indirectly associated with a project.
 - Understand what baseline information is available on each community health impact area of concern and define further baseline data collection needs.
- Identify relevant project stakeholders and detail the stakeholder engagement approach going forward.
- Recommend next steps (i.e. define the terms of reference) for the remaining HIA process, specifically:
 - Baseline data collection needs and methods
 - Stakeholder engagement approach
 - Approach to assessing impacts and any specialist study requirements
 - Resources and expertise required for the HIA
 - Integration with environmental and social impact assessments

An HIA has been determined to be necessary for this project based on the following screening determination:

[Describe or summarize the results of the completed HIA screening tool or provide them in an appendix to these ToR]

5. Scope of work and activities of the consultancy

It is requested that the following actions and methods be completed as part of the HIA scoping study. The consultancy may propose its scope of work based on this or an alternative method (duly justified), for the purpose of meeting the objectives of the HIA scoping study as described above.

3.1 Review of project information

An understanding of the Project will be obtained from a review of Project documentation and information, and engagement with the Project Proponent (Borrower). A description should be developed about the Project, including its various components and activities throughout the Project lifecycle, and how these may influence determinants of health and cause impacts on the health of communities.

3.2 Define potentially affected communities and other interested and affected parties (stakeholders) from the perspective of community health

Potentially impacted stakeholders, especially potentially impacted communities within the Aoi, should be defined and georeferenced, using a community health lens:

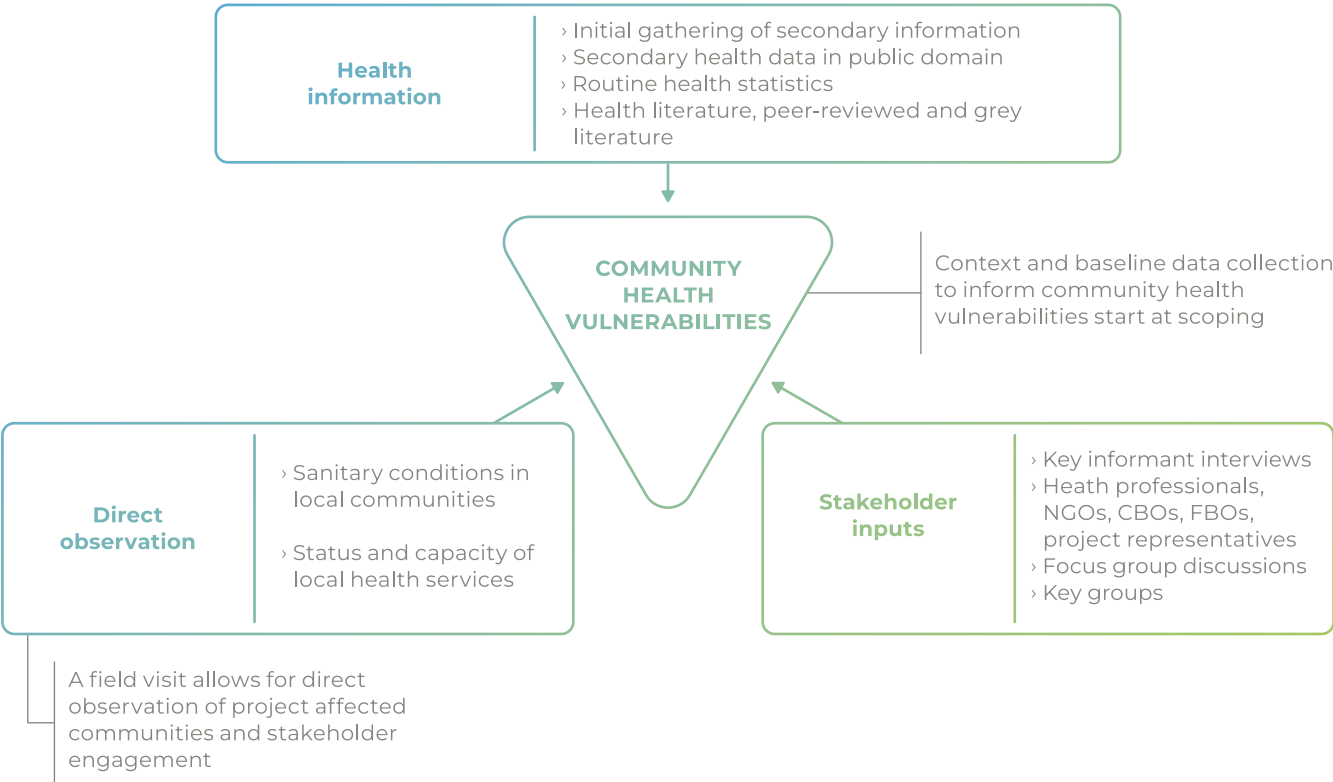
- Review how the site's Aoi is currently defined. There may be several affected areas defined based on environmental or social criteria; these may not necessarily cover all potentially affected stakeholders from a community health perspective.

- › Defining potentially affected stakeholders is an iterative exercise (which can be reconsidered throughout the HIA process). Some potentially affected stakeholders may be easy to identify (i.e., communities in the immediate vicinity of site boundaries). Other potentially affected stakeholders may only be identified after engaging with external stakeholders.
- › Potentially affected stakeholders can be defined or grouped based on similar exposure profiles (i.e., resettlement, linear aspects, etc.) and population groups that may be systemically vulnerable.
- › Note: The definition of potentially affected stakeholders contributes to the spatial identification of community health impacts (and, later in the HIA process, contributes to the planning of community health management measures) for each community health impact. In addition, it guides the establishment of the community health baseline and how baseline health studies are planned for the later stages of the HIA process.

3.3 Baseline context and health information

Gathering baseline context and health information to develop a preliminary community health baseline profile, is to be undertaken to characterize communities, describe the prevailing health conditions, and develop a preliminary understanding of the likely vulnerabilities of project-affected communities. This will require document review work, fieldwork, and external stakeholder engagement, as shown in Figure 2.

Figure 2: Data collection process for the community health baseline during the scoping exercise



3.3.1 Document and literature review (Initial review of literature, data, and documentation):

- › Review of existing project documents on current areas of influence (if available), including baseline of other socio-environmental assessments (i.e. social baseline).
- › Review other available reports, such as:
 - ›› Any environmental baseline, related specialized studies, impact assessment reports, and environmental or other management plans; influx management plans; vulnerability assessments; socio-economic development programs; etc.
 - ›› [[list here any other relevant documentation]].
- › Based on what is available, conduct a narrative literature review of health-related information available in the public domain of the standard literature and routine health statistics that are publicly available. This will be done in accordance with the 12 Community Health Areas to ensure that a systematic approach is followed.

3.3.2 Field work (including engagement with external stakeholders):

- › The scope of the fieldwork will be determined based on the results of the document review work described above; and must be discussed and agreed upon in advance with the Project Proponent (Borrower) and the IDB.
- › This fieldwork may include:
 - ›› Planning of the activities prior to the fieldwork, including defining deadlines and logistics; initial mapping of stakeholders, stakeholder engagement plan and activities, securing of any permits (if required); data collection objectives, methods, and instruments (i.e. interview questions; focus group discussion topics);
 - ›› Collect relevant local health data in the field as agreed. Activities may include:
 - Primary participatory data collection through key stakeholder interviews
 - Primary participatory data collection through focus group discussions with potentially impacted stakeholder groups
 - Direct observation of the site location and potentially affected communities
 - Request for secondary data or reports from health authorities or health development partners
 - Other, as appropriate

The external context review should also update and refine the map of relevant stakeholders for community health. It is expected that, as part of the scoping process, local health authorities will be involved to present the purpose, progress, and objectives of the HIA work and gather their professional opinions.

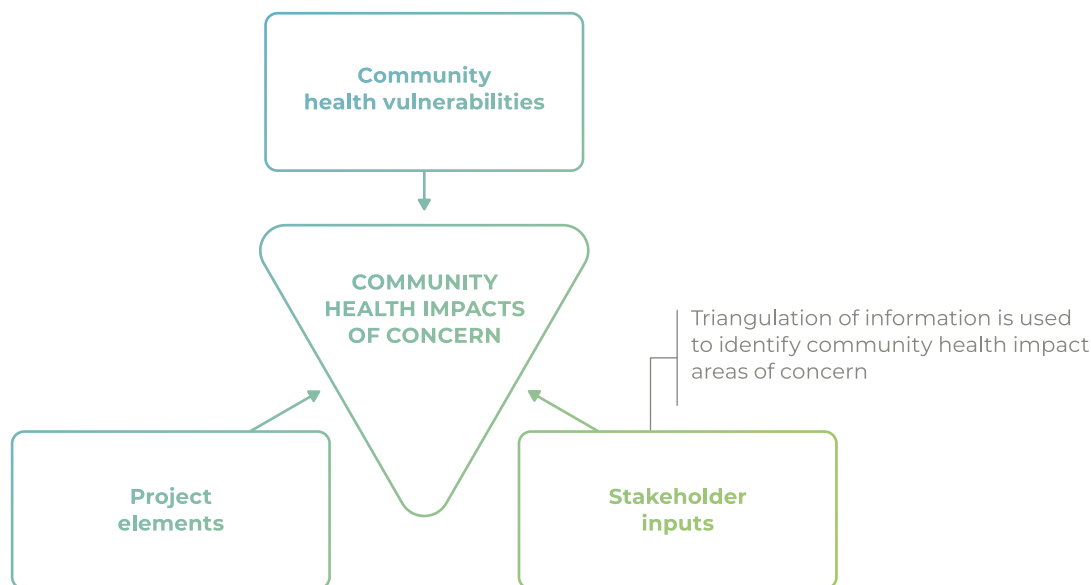
This study should adopt a consultation approach that avoids the stakeholder fatigue and stress associated with excessive consultations. It is therefore necessary to coordinate with the development of the Borrower's stakeholder consultation plan.

Note: The scoping process will develop a preliminary community health baseline. It may happen that at the end of scoping, data gaps are identified that must be closed through further baseline data collection at later stages of the HIA (i.e. after the HIA scoping step). Or it may be the case that the baseline developed during this scoping process is sufficiently detailed to allow the HIA process to move forward to the next stages in the HIA process, i.e. the assessment of impacts.

3.4 Identify community health impact areas of concern:

Community health impact areas of concern should be identified and described through the data triangulation that considers the:

- › Predominant health conditions in potentially affected stakeholders (in the project's areas of influence) and their current vulnerabilities.
- › Proposed project activities and how these may affect communities and cause community health impacts, either directly or indirectly.
- › Stakeholder comments and concerns, as well as precedence from similar projects.
- › Experience and expertise of the consultant, supported by scientific evidence.



3.5 Planning for next steps in the HIA process as a result of the scoping process

A key objective of the scoping process is to define the scope, limits, timelines, and resources for completing the HIA. That is, to define the tasks that remain to be performed as part of the HIA process and that will form the terms of reference for the HIA.

At the end of defining the community health baseline and identifying potential impacts, following the methods described above, a gap analysis should be done. After understanding the potential impacts and key baseline data available, critical data gaps can be identified, as well as options to close these gaps i.e. either through additional baseline data collection or further stakeholder engagement. This gap analysis is conducted to determine whether sufficient data is available to conduct a robust evidence-based assessment of community health impacts and the development of a Community Health Management Plan.

Many gaps are likely to be identified in the preliminary community health baseline. Eliminating all gaps can be a time-consuming, resource-intensive, and complex process. Therefore, data gaps should be prioritized when planning additional targeted baseline health studies to close them. The resources employed in closing the gaps should be commensurate with the scope and scale of the possible and likely community health impacts associated with the project.

The terms of reference for the ensuing HIA should follow from the previous tasks and describe (at a minimum):

- › The Community Health Areas and health impacts that are associated with the Project and that will need to be assessed.
- › The project-affected communities to be included in the assessment.
- › A stakeholder map and a stakeholder engagement plan (this should be developed in coordination with the project-wide stakeholder engagement plan).
- › Baseline data collection needs, both for secondary and primary data; and methods and tools to be used for the completion of the community health baseline profile, including any specialized or detailed baselining efforts, and their approach, methods, and tools.
- › Any specific quantitative assessment methods or studies required for the impact assessment, their approaches, methods, and tools.
- › Resource requirements for the HIA (time, financial, etc.).
- › Any additional specific studies needed.
- › Competency requirements for the HIA study.

Present the findings and the proposed TOR to the project Proponent (the Borrower) and IDB for discussion and agreement.

6. Deliverables

Three key deliverables are expected from this work:

1. An HIA Scoping Study report, including a
2. Preliminary Community Health Baseline; and
3. Proposed Terms of Reference for the HIA.

The HIA Scoping Study report, documenting the HIA scoping process, activities, and findings should include:

- › An executive summary of key findings and key recommendations.
- › A summary of the project, its components, and activities, highlighting aspects that may be relevant to community health.
- › Description of activities and methods used for HIA scoping.
- › Legal, regulatory, and policy framework relevant for the management of community health impacts.
- › Identifying potentially affected communities in the AoI, including any vulnerable sub-groups, and health-relevant stakeholders.
- › Preliminary baseline description of community health conditions and community vulnerabilities, using the 12 Community Health Areas as a framework.
- › Description of the stakeholder engagement process undertaken and synthesis of stakeholder feedback.
- › Description of Community Health Areas of concern and impacts pathways (the links between project components and activities, the determinants of health and health outcomes).
- › Community Health Areas that are scoped out, with a written narrative justification.
- › Potential data gaps and recommendations on data closure options.
- › How other impact assessments, i.e. ESIA, will inform the HIA, and how the scope of the ESIA will incorporate the information needs of the HIA (as relevant).
- › Recommendations for next steps in the HIA process and suggested resources and process, including terms of reference for the HIA.

A draft report is requested as an interim deliverable for discussion with the Borrower and IDB.

A short workshop to present the results of the process is requested, highlighting:

- ›› Potential Community Health Areas of concern, including an initial assessment of potential project impacts.
- ›› Key findings from baseline health data.
- ›› Identifying and profiling potentially affected stakeholders based on the spatial influence of the project.
- ›› Data gaps and recommendations for closing data gaps.
- ›› Recommendations for next steps in the HIA process and suggested process.

Preparation of the Terms of Reference for the HIA.

The objectives of this study should be achieved within a period of 3 months *[insert expected conclusion date for the consultancy]*.

7. Competency requirements

The consultant is expected to have the following competencies, skills and experience:

- › Experience and competence in public health is a key requirement.
- › Experience in conducting HIA studies.
- › It is suggested that, beyond a public health competency, additional competencies that are likely to be useful and valued include: environmental (or related fields, such as toxicology) epidemiology and social sciences.
- › Experience in the project sector is desirable.
- › See IDB HIA guide annex on competency framework for HIA specialists.

Annex 1: Project description

[Insert relevant details of project description].

Annex 3: Base content for terms of reference. Health impact assessment study and community health management and monitoring plan.

8. Background and Context for the work

This document provides a generic outline of a Terms of Reference for the preparation of a Health Impact Assessment (HIA) study, including its respective Community Health Management (and monitoring) Plan (CHMP) for *[project name]*.

These ToR provide a non-exhaustive list of the scope of work for the HIA and the content of the HIA report and CHMP that will need to be adapted to the specific project.

The Environmental and Social Policy Framework (ESPF) in its Environmental and Social Performance Standard 1 (ESPS 1), Assessment and Management of Environmental and Social Risks and Impacts, requires the Borrower, in coordination with other government agencies and third parties, as appropriate, to conduct a process of assessing and managing project impacts, including those on the health and safety of communities. This includes undertaking an HIA as necessary.

An HIA is a combination of procedures, methods and tools used to prospectively assess a project for its potential impacts – both positive and negative – on the health of a population, and the distribution of those impacts within the population. An HIA provides appropriate recommendations to manage those impacts and establishes monitoring and evaluation for managing project performance. The HIA therefore supports the planning, and implementation process of a development project and promotes sustainable development⁴.

The type, scale, and location of the project guide the scope and level of effort devoted to the risks and impacts identification process, including the HIA. The scope of the risks and impacts identification process will be centered on the application of the mitigation hierarchy and consistent with good international industry practice and will determine the appropriate and relevant methods and assessment tools. Therefore, to provide guidance to prepare an HIA for the project, these ToR are structured considering:

- › Basics of an HIA for a project.
- › Scope of work and activities of the consultancy.
- › Deliverables and indicative outline of the HIA report and CHMP.
- › Competency requirements.

9. Basics of an HIA

An HIA is a relatively new and emerging practice across Latin America. While some countries have issued HIA guidance, most have not, and experience is limited. Consultants are required to review and familiarize themselves with the IDB HIA guide to ensure an adequate understanding of HIA concepts, principles and practice aligned with international best practice and IDB's ESPF requirements.

10. Brief description of project

The project under assessment, *[project name]*, includes *[provide brief project description, and its location]*. A more detailed project description can be found in annex 1 to these TOR.

⁴Definition based on WHO, 1999; Quigley et al., 2006; Winkler et al., 2001; and Asian Development Bank, 2018.

11. Objectives of the consultancy

The main objective of the consultancy is to undertake an HIA for the project and prepare an HIA report and CHMP, in support of and in full coordination with the Project Proponent (Borrower/Executing Agency), in accordance with the requirements of the Environmental and Social Policy Framework (ESPF), especially ESPS 4: Community Health and Safety, and other related performance standards. The HIA is to be undertaken in alignment with IDB HIA guidance and international best practice on HIA.

Specifically, the objectives of the HIA are to:

- Identify project-affected communities, key community sub-groups, and other relevant stakeholders in the project's areas of influence.
- Understand project-affected communities' vulnerabilities to project impacts (develop a community health baseline).
- Assess the project's community health impacts (in line with guidance from IDB HIA guide and international HIA best practice).
- Develop impact management and monitoring recommendations (including the development of a community health management and monitoring plan).

An HIA has been determined to be necessary for this project based on the following screening determination:

[Describe or summarize the results of the completed HIA screening tool or provide them in an appendix to these ToR]

12. Scope of work and activities of the consultancy

For the HIA study, the consultant will carry out the following activities:

- Identify and describe project-affected communities in the project's areas of influence and other community health-relevant stakeholders,
- Develop a community health baseline profile of the identified communities based on a combination of desk/remote work and fieldwork,
- Assess community health impacts (in line with guidance from IDB HIA guide and international HIA best practice),
- Prepare an HIA report, including developing recommendations for the management and monitoring of community health impacts, and
- Prepare a community health management and monitoring plan

The above will be undertaken based on a combination of desk (remote) work, fieldwork, and information analysis and reporting.

Joint scoping with ESIA work is encouraged, as feasible. *[If the ESIA is being commissioned at the same time, then joint scoping and submission of technical proposal should be a requirement. If the ESIA has been undertaken already, then those documents should be shared with the consultants].*

Consultants are to submit a proposal detailing the technical approach to the works that fulfils the objectives of this consultancy. A suggested approach to the scope of work is provided under each heading below. Deviations from this approach can be proposed with due justification.

Preparatory work and identification and description of project-affected communities in the project's areas of influence and other community health-relevant stakeholders

- Understand the project, its footprint, components, and activities throughout its life cycle by reviewing relevant project documentation and engaging the Project Proponent (Borrower) as needed.
- Develop an initial understanding of how the project, throughout its life cycle, may affect communities (impact pathways) to identify and map (geo-reference) potentially affected communities in the project's areas of influence. This initial mapping will later be validated during the fieldwork. This activity will continue throughout the consultancy and may need to be

updated as additional information becomes available (i.e. as a result of fieldwork).

- Describe socio-demographically potentially affected communities. Explore synergies with other impact assessments being undertaken at the same time, or that have already been undertaken i.e. socio-economic analysis or baselining for description of these communities.
- Map community health-relevant stakeholders, such as relevant authorities (local, regional, national), CSOs, NGOs, and FBOs, based on project documentation, publicly available information, and engagement with the executing agency as needed. Coordinate this activity with the project's Stakeholder Engagement Plan. Stakeholder mapping for community health will be an ongoing activity throughout the consultancy, and may need to be updated as needed, as new information becomes available, i.e., during fieldwork.
- Describe the legal, regulatory, and policy context relevant for HIA and community health impacts, including local legislation, regulations of the jurisdictions in which the project is being undertaken, and any other guidelines, standards, policies, or requirements; and applicable country obligations under international law.

Development of a community health baseline profile of the identified communities

The community health baseline is to be developed based on a combination of desk work, field work, and information analysis/reporting. Some fieldwork activities, depending on their nature, may require authorizations (ethical clearance) from authoritative bodies. The consultant should plan for field work activities and obtain the necessary authorizations in a proactive and timely manner, in accordance with international best practice and the requirements of the relevant national and local jurisdictions.

Following from the identification of project affected communities and stakeholders, gather and synthesize publicly available information and data on project affected communities. Review project documentation (i.e. ESIA, and, if available, other documentation). Review any other relevant publicly available data and information.

Fieldwork planning: plan for site visit, visit to communities and AoI, including:

- › Mapping and planning of engagement with professional/institutional / NGO stakeholders
- › Planning for community engagement and logistics
- › Develop engagement tools as needed (questionnaires, FGD topics, etc.)
- › Seek and obtain all necessary authorizations prior to the start of fieldwork.

Undertake fieldwork, as planned, including:

- › Field and community visits and observations [specify any issues/aspects of special interest based on project specifics or results of previous HIA scoping]
- › Key informant interviews [specify any issues/aspects, i.e. topics to address or experts to engage, that may be of special interest based on project specifics or results of previous HIA scoping]
- › Focus group discussions [specify any issues/aspects, i.e. topics to address or community sub-groups to engage, that may be of special interest based on project specifics or results of previous HIA scoping]
- › Obtain health information system data and information [specify any information that may be of particular interest based on project specifics or results of previous HIA scoping]
- › Obtain grey literature
- › [Detailed baseline data collection options – this is likely to be an exceptional requirement with implication for resources – time and cost – required for the consultancy]

- » See IDB HIA guide Figure 5. Set out the aim and objectives of each data collection element that is needed.
- » Representative questionnaire survey (define objectives)
- » Assessment (SARA) tool (define objectives)
- » Larval breeding site survey / Vector study (define objectives)
- » Add any other relevant data collection that is needed based on project specifics and HIA scoping.

Summarize, analyze, and synthesize information from the various sources, sought from both the desk work and the fieldwork, to develop community health baseline profile. The community health baseline profile should describe [this is an indication based on the 12 Community Health Areas set out in the IDB HIA guide; specificities may be included based on project specifics and results of previous HIA scoping]:

- › Socio-demographics of potentially affected communities
- › Burden of disease, epidemiological profile
- › Prevailing health conditions (reported and felt)
- › Health needs and priorities (normative, felt, expressed)
- › Environmental determinants of health
- › Social determinants of health
- › Basic infrastructure and services
- › Health services (preventative and curative)

If an Environmental and Social Impact Assessment is also being undertaken, then an integrated Environmental, Social, and Health Impact Assessment (ESHIA) can be undertaken. At a minimum, coordinate data collection and analysis activities with the ESIA to enable efficient and cost-effective collection and analysis of data that is needed for both the HIA and the ESIA (i.e. information on socio-demographics, environmental determinants of health, and social determinants of health, and information of basic services and infrastructures).

Assessment of community health impacts

The assessment of community health impacts must be in line with the IDB HIA guide and international HIA best practice.

Triangulate relevant information (understanding of project components, activities and impact pathways, communities' vulnerabilities, stakeholder inputs, other evidence and literature and professional expertise) to identify, characterize, and assess community health impacts.

For each community health impact, prepare a structured narrative that draws together the range of relevant information and evidence to support the characterization of relevant dimensions (i.e. vulnerability of affected communities or sub-groups, scale or magnitude of impact) and the assessment of significance. A robust and well-reasoned judgment on significance must be described that links the relevant evidence to the impacts on community health and their impact pathways. This is the general assessment method that must be followed for the assessment and reporting of community health impacts. The IDB HIA guide provides further guidance on this assessment method.

[Optional – based on project specifics or previous results of HIA scoping] The consultant will employ specific quantitative assessment methods for the following impacts:

- *[Example 1: the consultant will quantify the community health effects associated with project-related emissions to air. Propose an assessment method that follows the methodology of quantitative human health risk assessment in line with international best practice and any regulations and guidance available for the project jurisdiction.]*
- *[Example 2: the consultant will quantify health effects associated with project-emitted air toxics/hazards (i.e. benzene). The lifetime increased risk of cancer from exposure to relevant air toxics/hazards is to be calculated following established quantitative human health risk assessment methodologies aligned with international best practice and any regulations and guidance available for the project jurisdiction.]*
- *[Include relevant impacts and methods, as necessary]*

The findings from these quantitative assessment methods will then be discussed alongside the findings of the abovementioned qualitative assessment method, to holistically judge and assess their significance in the context of the relevant evidence base, the characteristics of the project, and affected communities' vulnerabilities.

Develop recommendations for impact management and monitoring, following the mitigation hierarchy and the guidance provided in the IDB HIA guide.

Preparation of an HIA report, including development of recommendations for the management and monitoring of community health impacts

Based on the aforementioned activities, the consultant will prepare an HIA report. An indicative structure of the content of the HIA Report is provided at the end of these ToR.

Preparation of a community health management and monitoring plan

An indicative structure of the content of the Community Health Management and Monitoring Plan is provided at the end of these ToR.

Consider the host country legal, regulatory, and policy framework, and its institutional capabilities and arrangements (especially between health authorities and other authorities with roles and responsibilities for the management of project impact such as environmental authorities).

13. Deliverables

Interim deliverables

1. Partial HIA report and fieldwork planning

This will be submitted to the executing agency for discussion.

2. Full draft HIA report after the fieldwork has been undertaken, including recommendations.

This will be submitted to the executing agency for discussion.

3. Draft Community Health Management and Monitoring plan

This will be submitted to the executing agency for discussion.

Final deliverables

4. Final HIA report and Community Health Management and Monitoring plan

An indicative outline of the HIA Report and the Community Health Management and Monitoring Plan is provided at the end of these ToR.

All HIA products in their preliminary version must be approved by the Project Proponent (Borrower) and by the IDB before the final version is issued. The Project Proponent (Borrower) and the IDB will have 10 (ten) business days to evaluate the products. During the elaboration of the Plan, meetings may be called to discuss the products or processes developed by the consultancy.

The duration of execution of the services is expected to take [4 to 6] months, as follows:

1. Partial HIA report and fieldwork planning: 1-2 month.

2. Full draft HIA report after the fieldwork has been undertaken, including recommendations: fieldwork and report writing: 2-3 months.

3. Draft Community Health Management and Monitoring plan: 2-4 weeks

4. Final HIA report and Community Health Management and Monitoring plan: 2-4 weeks

14. Competency requirements

The consultant is expected to have the following competencies, skills and experience:

› Experience and competence in public health is a key requirement.

› Experience in conducting HIA studies.

It is suggested that, beyond a public health competency, additional competencies that are likely to be useful and valued include: environmental epidemiology (or related, such as toxicology) and social sciences.

› Experience in the project sector is desirable.

› See IDB HIA guide annex on competency framework for HIA specialists.especialistas en EIS.

Annex 1: Project description

[Insert relevant details of project description].

Indicative Structure of the Health Impact Assessment Report

A. Executive summary

This section will include, at least:

- › The main purpose, as an IDB's requirement, to undertake an HIA for the project.
- › Brief description of both the main negative and positive community health impacts identified for the construction, operation, closure, and post-closure phases.
- › The most relevant mitigation, control, monitoring and prevention actions for the project phases.
- › Gaps and limitations of the assessment that could affect the quality of the document.
- › Conclusions and recommendations of the study.

B. Introduction and background

- › This section should contain the background and scope of the operation, including the justification of the need for undertaking an HIA for the project (screening determination). In addition, this section will include a brief overview of the different sections in the HIA report.

C. Project description

- › Description of its geographical location, and an overview of its environmental and social context.
- › Description of the activities, processes and milestones that are part of the construction, operation, closure, and post-closure phases of each of the specific works included in the project.
- › Description of the required goods and materials required to construct and operate the project, including consideration of supply chain aspects where relevant to labor conditions, human rights, or conversion or degradation of natural or critical habitats.
- › Map(s) of sufficient detail showing the project site(s) and the area that may be affected by the projects direct, indirect, and cumulative impacts.

D. Regulatory framework

- › Host country policy framework, national and local laws and regulations, and institutional capabilities related to them (including implementation) as relevant to community health issues.
- › Identification of the specific institutions responsible for the management of Project aspects, especially environmental, social, and community health aspects, and their roles and functions.

E. HIA methodology

- › HIA within the Proposed Project: How does the HIA "fit" within the other impact assessments, i.e., environmental and social?
- › Scope of the HIA: Are there areas that will not be covered in the HIA?
- › Approach to Impacts Categorization/assessment: What methodology and methods will be used in the HIA to describe potential impacts?
- › (Optional) Specific quantitative assessment methods used, if any.
- › Cumulative Effects: How will this be defined and evaluated, if at all?

F. Project affected communities and health-relevant stakeholders

- › 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?
- › 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? What are the aspirations and concerns of communities and other stakeholders in relation to the project? Do they consider the HIA methodology suitable and appropriate for the local context? Do stakeholders consider the assessment of impacts to be robust, adequate and appropriate? What is their view on the suitability and appropriateness of mitigation and monitoring actions?

G. Community Health Baseline Profile of Project-affected communities in the Areas of influence

- › This section describes the current community health conditions of the project affected communities in its areas of influence. This characterization should be based on quantitative and

qualitative data, based on primary (field visits) and various sources of secondary information covering relevant aspects. The following is a non-exhaustive list of what should be characterized, as relevant:

- » Profile (socio-demographics) of potentially affected communities,
- » Community health profile of affected communities, including
 - ≈ Burden of disease, epidemiological profile
 - ≈ Prevailing health conditions (reported and felt)
 - ≈ Health needs and priorities (normative, felt, expressed)
- » State of key determinants of health
 - ≈ Environmental determinants of health
 - ≈ Social determinants of health
- » Basic infrastructure and services
- » Health services (preventative and curative)
- » Describe data sources and methods used.
- » Social characterization should be based on ESIA work, summarized as relevant in the HIA report, including demographic, economic, and socio-cultural data on affected communities.
- » Provide baseline data at the District Level:
 - » Are there any data available for the potentially affected communities?
 - » What are the age and quality of these data?
- » Provide baseline Data from stakeholder engagement activities, including representative surveys if undertaken.
 - » How do the project data compare to regional- and national-level surveys, if 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?
- » Provide any additional information on the 12 Community Health Areas as set out in the IDB HIA guide that has not been covered in the list above.
- » (Optional – i.e. if commissioning a rapid HIA where a full HIA scoping study was not undertaken): Describe any critical data gaps that should be closed and the possible options to collect this data.
- » The baseline should only include information that is directly relevant to the assessment of health impacts and the understanding of health impact pathways.

H. Impact and risk assessment

- » For each community health impact, prepare a structured narrative that draws together the range of relevant information and evidence to support the characterization of relevant dimensions (i.e. vulnerability of affected communities or sub-groups; scale or magnitude of impact) and the assessment of significance. A robust and well-reasoned judgement on significance must be described that links the relevant evidence to the impacts on community health and their impact pathways. This is the general assessment method that must be followed for the assessment and reporting of community health impacts. The IDB HIA guide provides further guidance on this assessment method.
- » For impacts where quantitative methods have been used, describe the results and how those results were modelled, calculated, or estimated. Provide detailed descriptions in annexes as appropriate. The results from quantitative assessment methods should be appropriately considered alongside any qualitative results when assessing the respective impacts.
- » Develop recommendations for impact management and monitoring, following the mitigation hierarchy and the guidance provided in the IDB HIA guide. Refer to the CHMP for a detailed description and elaboration of the recommendations.

Indicative Structure of the Community Health Management and Monitoring Plan

Note: Note: This section aims to ensure compliance with ESPF requirements that establish Project Proponent (Borrower) responsibilities for the establishment of monitoring arrangements. The Borrower will establish procedures to monitor and measure the effectiveness of defined impact management measures, as well as compliance with any related legal and/or contractual

obligations and regulatory requirements. Where other government agencies or third parties have responsibility for managing or monitoring specific risks and impacts and associated mitigation measures, the Project Proponent (Borrower) will establish and monitor such mitigation measures. Where appropriate, Borrowers will consider involving representatives from project-affected people and other stakeholders to participate in monitoring activities. The project Proponent's (Borrower's) monitoring plan should be overseen by the appropriate senior management level in the project's organizational structure.

A Community Health Management and Monitoring plan consists of a set of mitigation, monitoring, and institutional measures (actions) to be taken during the implementation and operation of the project. Measures are the set of activities or initiatives to manage (eliminate, reduce, or mitigate) adverse community health risks and impacts to acceptable levels, or to offset them. The Project Proponent (Borrower) should:

- › Identify the set of actions required to manage potentially adverse impacts.
- › Determine requirements for ensuring that those actions are carried out effectively and in a timely manner.
- › Describe the financial resources, responsible institutions, and human resources for undertaking those actions.

Depending on the project, a CHMP may be prepared as a stand-alone document, a series of stand-alone documents or integrated with other project plans such as an Environment and Social Management Plan. For the management of specific issues or impacts, theme-specific or disease-specific health action plans may be necessary and may need to be developed at a later stage. For these instances, the development of these action plans needs to be scoped into the work undertaken to develop the Community Health Management Plan.

Specifically, the management elements of the CHMP shall consider, at a minimum:

- › Identify mitigation and improvement actions to address community health risks and impacts identified in the project's HIA.
- › Define plans combining procedures, best practices and legal agreements to systematically manage adverse community health impacts.
- › Plans should incorporate feedback from affected communities and other relevant stakeholders affected by the project.
- › Consider the mitigation hierarchy to address identified risks and impacts, prioritizing the prevention of impacts over measures to minimize them, whenever they are technically and financially feasible, and consider compensation actions, when residual impacts persist.
- › Design mitigation and performance relevant actions to ensure that the project operates in accordance with applicable laws and regulations, and that it meets the requirements of ESPS 1 through 10.
- › Define the expected outcomes and actions to address the issues raised in the process of identifying risks and impacts.
- › Establish procedures to monitor the CHMP and measure its effectiveness, as well as compliance with legal or contractual obligations.
- › Provide inputs or contributions to the project-wide grievance mechanism appropriate to the risks and adverse impacts of the project, to receive concerns and grievances about its environmental and social performance and to facilitate its resolution.

The monitoring elements of the CHMP shall set out, at a minimum:

- › The monitoring objectives, the monitoring approach and methods to be used, the range of leading and lagging monitoring indicators that will be used, sampling locations, frequency of measurements, detection limits (where appropriate), and definition of thresholds that signal the need for corrective actions.
- › Linkages to the impacts identified in the Environmental and Social Impact Assessment and its mitigation measures and monitoring indicators described in the Environmental and Social Management and Monitoring Plan.
- › Monitoring and reporting procedures to ensure the effectiveness of mitigation actions, the early detection of ineffective mitigation actions, and new emerging community health issues that may modify existing mitigation actions.

CHMMP implementation schedule and budget:

- › The implementation schedule must be adapted and adjusted to the construction schedule of civil works to ensure that relocation sites or other services are available in a timely manner.
- › Estimated costs and sources of financing.

The IDB HIA Guide provides examples of matrices for the development of the Community Health Management and Monitoring Plans (CHMMP). The consultant should follow the guidance provided in the IDB HIA guide for the development of CHMMP.



Credit: Joyseulay

Annex 4: Competency framework for HIA Specialists: recommended qualifications, training, experience and professional affiliation

Qualifications, Training, Experience and Professional Affiliation		
	HIA Specialist	Evidence
Education	Bachelor's degree or above in public health, environmental health or related subject (i.e. sociology, anthropology or human geography)	Certificates
Training	Training in HIA AND/OR Mentored - learning by doing - in 2 previous HIAs (or ESHIAs) by a nationally or internationally recognized HIA specialist (i.e. with a Skilled or Proficient Level of HIA competency, as set out in Table 2, next page)	Certificates of attendance, name of teacher, syllabus Name of mentor/s on past HIAs or ESHIAs
Experience	Participated in at least 3 project HIAs under supervision of a Skilled Level Lead HIA expert AND Led at least 1 project HIA	List of HIA and ESHIA projects HIA team leader on and/or an HIA team member of
Professional Affiliation	Membership of professional bodies active in impact assessment at national and/or international level (i.e. International Association for Impact Assessment - IAIA or a local branch of IAIA) AND Membership of professional bodies active in public or environmental health at national and/or international level	Activities and affiliations listed in CV HIA seminars, workshops and conferences attended, and presented at, listed in CV
Skills	Achieved a Skilled or Proficient Level in HIA competency (as set out in Table 2, next page)	References from project proponents or environmental specialists that they worked alongside
Other desirable	Familiarity with the project region OR Has worked on projects locally	List of projects undertaken there



Credit: Paegagz

Levels of competency on Health Impact Assessment

	How obtained	Some uses
Awareness	Attended a short (i.e. one-day) introductory health impact assessment (HIA) course	› Knows what needs to be managed › Can regulate and negotiate › Can screen projects
Knowledge	Attended a comprehensive (i.e. five-day) HIA course	› Can contribute to an HIA as a team member › Can liaise with members of the social and environmental teams › Can explain and advocate HIAs to project managers, communities, and other stakeholders › Can commission HIAs
Skilled	› 2-years' experience of doing HIA › Attended both courses (short and comprehensive) › Public health or environmental health, or similar, to master's degree level	› Can lead an HIA and manage the HIA process › Can appraise and audit an HIA
Expert	› Substantial experience on HIA › National or international reputation › Professional qualification in public health or equivalent › Familiar with state-of-the-art › 5-years' experience of doing HIAs	› Can improve HIA methods and procedures › Can adapt HIAs to new situations › Can provide back-up expertise › Can provide authoritative advice to governments, multinational corporations, and multilateral organizations › Can teach HIA at postgraduate level



Credit: Pressmaster

Annex 5: Example of a sampling strategy for cross-sectional health survey

The design of a quantitative and representative HIA baseline health survey, where is considered to be appropriate and proportionate, should reflect and capture the diversity of community members, health characteristics and potential health impacts among the different project-affected communities. Hence, a central feature of these baseline health surveys is that data collection methods need to be fine-tuned to local small-area conditions.

The standardized sampling methodologies usually employed for large-scale national and regional surveys tend to be, for the most part, inapplicable to typical project settings. Alternatively, a three-stage sampling strategy, which is purposive at the first two stages, using stratified and sentinel sampling, and randomized at the third stage, is a feasible way of achieving diversity (heterogeneity) and has been tried and tested in the context of HIA baseline studies and monitoring undertaken in the context of large infrastructure projects (e.g. see Winkler et al, 2012)⁵.

In the first stage, the population is grouped and stratified into Potentially Affected Communities (PAC). These PAC can be defined as a community within a well-defined geographical boundary that will be equally exposed to the project in terms of the magnitude and nature of the anticipated impacts. Examples of potentially affected communities are those along a major access road of a project, communities that are going to be resettled, or communities living immediately adjacent to the main project site. The definition of potentially affected communities is project-specific and based on socioeconomic and environmental baseline information and the findings from the HIA scoping step.

At the second stage, primary sampling units are defined and selected within a PAC and referred to as sentinel sites. A sentinel site is defined as a geographically constructed area (e.g. a sentinel village or community), or a part of an area (e.g. a neighborhood in a town), with potentially up to 300 households. The number and selection procedure (i.e. purposive or random) of sentinel sites is governed by the magnitude and diversity of the project area, financial and human resources, operational issues, and feasibility considerations.

At the third stage, when data collection occurs at the sentinel site level, and where a complete list of households or residential dwellings is available, simple random sampling should be used. Where household lists are not available, two other sampling methods are recommended:

- Compact segment sampling where a sketch map is drawn of the sentinel site, showing dwellings, which is then split into a small number of segments, such that the number of dwellings per segment is roughly the same, for example, 30 households. One segment is then chosen at random from each sentinel site and all households in the segment are included in the sample.
- Quota sampling is used when no mapping material is available. In this case a high location with a marked cross on it is spun at a central point within a sentinel site to determine four perpendicular (90 degree) direction lines. Then, households along these four lines are counted up to the edge of the sentinel area, and one household in each direction selected at random. Proximity sampling is then used with interviewers moving from one household to the next nearest household that are part of the households counted along the direction line until a pre-agreed number of households are surveyed.

Purposive sampling can be used to augment the above three sampling methods - simple random, compact segment, and quota - by identifying key sites not located on transects or chosen sentinel sites, but which have the potential for potentially significant adverse health impacts.

⁵ Winkler, M., Divall, M., Krieger, G., Schmidlin, S., Magassouba, M., Knoblauch, A., . . . Utzinger, J. (2012). Assessing health impacts in complex eco-epidemiological settings in the humid tropics: Modular baseline health surveys. *Environmental Impact Assessment Review*, 33(1), 15-22.

The optimal sample size at sentinel site level is a trade-off between the available budget and the desired survey representativeness of the community being surveyed. International demographic and health survey experience suggests that, for an average stratified community sample size of 100–300 households, to achieve an acceptable level of diversity and representativeness, the optimal second-stage sample size is about 20–30 households.

Illustrative example of an application of sampling to a comprehensive baseline survey⁶

A baseline health survey of an estimated 60,000 people living in four sub-districts with 31 settlements (ranging from small hamlets with less than 40 inhabitants to a town with 22,000 inhabitants) – the population living within the area of influence of a large project in a low-income country for which an HIA was undertaken – stratified the communities into eight project-affected communities, within which 16 sentinel sites were selected. In the absence of household lists and mapping material for these communities, households were selected using a quota sample method.

The baseline survey employed a questionnaire survey, undertook a service and infrastructure assessment, a medical survey in children and adults, and conducted an end-user water quality assessment.

The surveys were conducted by three teams:

- I. Interviewers administered the questionnaire survey at household level;
- II. Three medical doctors accompanied by two nurses, formed a clinical field unit, performing the medical survey; and
- III. Two epidemiologists together with five laboratory technicians conducted parasitological surveys in schoolchildren.

As preparatory steps for the surveys, the locally recruited staff were trained in interview techniques, laboratory procedures, and quality control. Questionnaires were pre-tested in a village that was not selected for the household questionnaire survey.

Prior to the surveys, the sentinel sites were visited by a community consultation team to inform community leaders and community members about the purpose of, and procedures involved in, the study.

For a population of 60,000 residents the household questionnaire survey performed interviews in 450 households and undertook a medical survey on 1,500 residents, 800 children aged under 6 months to 5 years old, and 700 young people and adults 15 years old and over.

⁷Adapted from Winkler et al, ²⁰¹².

