

# Intersectoral Decision-making Skills in support of Health Impact Assessment of Development Projects



Final report on

*the Development of a Course*

addressing

*Health Opportunities in Water Resources Development*

1988-1998



Genève/Charlottenlund  
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## About PEEM

The joint WHO/FAO/UNEP Panel of Experts on Environmental Management for Vector Control (PEEM) was established in 1981 to create a framework for inter-agency and inter-institutional collaboration with a view to promoting the extensive use of environmental management for disease vector control as a health safeguard in the context of land and water resources development projects and for the promotion of health through agricultural, water resources, environmental, human settlement and health policies, programmes and projects. The interagency collaboration originates from Memoranda of Understanding between the three agencies covering the areas of prevention and control of water-borne and water-associated diseases in agricultural development, rural water supply and waste water use, agriculture, forestry and aquaculture. Recently, the Executive Heads of WHO and UNEP re-affirmed their collaboration in this area under a broader Memorandum of Understanding.

Current PEEM activities cover the areas of health impact assessment of development (with inputs into the work of the World Commission on Dams, and a Memorandum of Understanding concluded with the International Association for Impact Assessment), research and development in the field of environmental management to promote reduced reliance on pesticides for vector control and contributing to an issues framework on biodiversity and its importance for human health. The PEEM network consists of eleven collaborating centres and its secretariat is based in the Water, Sanitation and Health Unit in WHO headquarters, Geneva.

## About IMPACT

The International Health IMPACT Assessment Consortium is a joint initiative of the Department of Public Health, University of Liverpool, and the Liverpool School of Tropical Medicine. IMPACT provides research, training and technical assistance in health impact assessment. It runs training courses in the United Kingdom for agencies engaged in HIA, an annual conference and a website. IMPACT's international projects include technical assistance and capacity building to regional and central offices of WHO, DFID, national governments, and other agencies. IMPACT is a WHO Collaborating Centre and, through its manager Martin Birley, it is linked to the International Association for Impact Assessment. More information can be found on its website [www.liv.ac.uk/~mhb](http://www.liv.ac.uk/~mhb).

## About DBL

The Danish Bilharziasis Laboratory (DBL) is an independent institution affiliated with the Danish Ministry of Foreign Affairs/Danish International Development Assistance (Danida) and officially associated with the Faculty of Science, University of Copenhagen and with the Royal Danish Veterinary and Agricultural University. DBL also serves as a WHO Collaborating Centre for Applied Medical Malacology and as a joint WHO/FAO/UNEP/UNCHS Collaborating Centre for Disease Vector Control in Sustainable Development. DBL is involved in training, research and technical co-operation within the field of human health in developing countries. DBL receives the majority of its financial support through Danida. More information can be found on its website [www.bilharziasis.dk](http://www.bilharziasis.dk).



## Executive summary

### Initial recommendation

The Technical Discussion at the Eighth PEEM Meeting (1988) recommended *inter alia* that PEEM should commission and field test a number of educational packages designed to foster attitudes and general competencies for intersectoral collaboration.

### Initiation of implementation

The 11th PEEM Meeting (1991) was able to endorse a plan for the implementation of the above recommendation, made possible by the provision of funds over a period of five years by the Danish Bilharziasis Laboratory.

### Initial aim of the course

The aim was to develop a course for mid-level officials from a range of ministries to familiarise them with Health Impact Assessment (HIA) in the planning of Water Resources Development. This type of capacity building, it was hoped, would influence funding agencies, project proponents, consultants, and construction as well as project managers to pay due attention to health hazards and health opportunities in such projects. It was also anticipated that participants from different ministries working together in small groups would foster the development of skills in intersectoral collaboration.

### Major changes following the first course

Critical evaluation of the first course (Zimbabwe, 1992) indicated that *problem-based learning* should replace the more conventional, teacher-centred *teaching*. In addition, emphasis on ability to carry out HIAs was to be changed to ability to set the Terms of Reference for HIA, critically appraise HIA reports from consultants and make reasoned recommendations.

### Progressive refinement of the course and its materials

The subsequent four courses (Ghana, 1994; Tanzania, 1995; Honduras, 1996; India, 1997) concentrated on progressively refining *the process* for developing competencies in critically reviewing reports and documents, presenting reasoned recommendations orally and in writing, and skills in intersectoral collaboration. *The content* was also revised and simplified,

together with an iterative endeavour to make the educational material of the course progressively more generic. Change of location was also designed to explore implications of the course in different cultures and administrative environments.

#### The outcome

This has resulted in the production and validation of Task Guides and Guides for Course Organisers, Tutors and Local Resource Persons, so that the course can be implemented in any country without assistance from expatriate consultants.

#### Description of the course

The 18-day course consists of brief morning and afternoon plenary discussion sessions, followed by task-based learning, with participants from different ministries working together in small, mixed groups.

#### The six Tasks

Each group undertakes six Tasks:

1. Construct a framework for comprehensive development planning;
2. Undertake a rapid (desk) health impact assessment (HIA)  
- a preliminary step;
3. Carry out a technical appraisal of the HIA method and procedure;
4. Appraise the recommendations for their technical, social and economic validity;
5. Draft a generic set of Terms of Reference;
6. Draft a Plan for Intersectoral Action and a Memorandum of Agreement.

These Tasks are carried out in the context of a real development project. For this purpose, each group is provided with a complete set of project documents. Each Task leads to the production of a written report and its oral presentation.

#### Field trips

Two days are devoted to field visits, each closely linked to one of the Tasks.

#### A debate

A light-hearted debate on “Intersectoral Collaboration is Undesirable and Impracticable” is organised by the participants in the middle of the course, in order to boost morale in what is a lengthy and demanding course.

#### Presentation of certificates

At the relatively informal closing ceremony and dinner each participant is presented with a *Certificate of Successful Completion of the Course*.

#### The educational environment

Special attention is devoted to the creation and maintenance of a *facilitating educational environment*. The participants are valued as colleagues who contribute their expertise and experience to the completion of their group’s tasks. There are no lectures, so that the participants have to rely on each other for information, use the books given to them, and use the course reference library. The student-centred, active learning is supported by a “non-expert tutor” with each group and by local resource persons, who can be consulted and who provide constructive feedback during the oral presentations.

#### Monitoring the course

The course is monitored through daily debriefing sessions with the group tutors, through a mid-course Nominal Group Process session where each participant nominates three excellent and three poor aspects of the course, and the entire cohort votes to establish a corporate order of importance.

## Evaluating the course

End of course evaluation solicits the perceptions of the participants and of the local resource persons with the use of open ended response questionnaires. The participants are also invited to record their calculation of time and financial costs related to the course. A questionnaire that is administered at the beginning and at the end of the course is designed to identify any change in knowledge and appreciation of intersectoral collaboration. The results of Tasks 5 and 6 are used to assess the groups' ability to apply what they have learned and the skills they have developed in intersectoral collaboration.

## Verdict on the course

These evaluations have shown the course to be acceptable, effective and efficient, in terms of time and financial outlay, in a wide range of different cultures, whether conducted in English or in Spanish.

## Need for institutionalization

However, two associated initiatives remain to be explored. The first is concerned with the *institutionalization* of the course, so that recruitment and promotion in a country's civil (public) service can be accompanied by capacity strengthening in critical decision making, presentation of reasoned recommendations orally and in writing, as well as in intersectoral collaboration.

## Strategies to legitimise intersectoral collaboration

The second initiative relates to the need to *ensure that policy makers and senior officials will institute strategies that enable their colleagues to practise intersectoral collaboration for the immeasurable benefit of their society.*

## Recommendations

Both these initiatives are reflected in the recommendations arising from this report:

1. The present report should be given wide distribution among current and potential stakeholders.
2. The World Health Organization and its partners should develop a comprehensive Programme of HIA capacity building for Member States.
3. The training course "Intersectoral Decision-making Skills in support of Health Impact Assessment of Development Projects" should be institutionalized, preferably in regional training centres without a specific sectoral affiliation.
4. The development of this course should be continued by adapting it to different contexts and by making the experience of pilot courses in such contexts widely available.



## PEEM and the Precursor of the Course Development Programme

### Remit of PEEM

The main objective of the Joint WHO/FAO/UNEP Panel of Experts on Environmental Management for Vector Control (PEEM) is to create an institutional framework for effective interagency and intersectoral collaboration to promote the extended use of environmental management measures for disease vector control in water resources development projects. To this end, it brings together various organisations and institutions involved in health, land and water development and the protection of the environment. A network of 10 WHO collaborating centres is involved in the implementation of PEEM programme elements. Two of these, the Danish Bilharziasis Laboratory (DBL) and the Liverpool School of Tropical Medicine (LSTM), through its Health Impact Programme (HIP), contributed to the development of a course on intersectoral decision-making for health in the project planning cycle. The course development process is the subject of this report.

### Early discussion

A Technical Discussion on the agenda of the Eighth PEEM Meeting (Nairobi, 5-9 September 1988), addressed the theme *Education and Training for the Planning, Design and Implementation of Environmental Management for Vector Control* (WHO, 1988).

### Need for education on health issues

The Panel of Experts identified a wide range of people involved in environmental management for vector control in development projects. In each group involved there are different disciplinary backgrounds, different roles and different related needs for education. The initial focus of the Technical Discussion was on the need to educate future professionals, such as engineers, concerning health issues related to their area of work. In the course of the discussion, however, it became apparent that there would be serious conceptual and practical constraints if new components, such as health, were to be introduced into already fully committed curricula. Both teachers and students would resist additional demands on time and content

that would be perceived as peripheral to the core disciplines of their curriculum.

#### Education for top down influence

Instead of “special pleading” at universities, it was thought that building the capacity of mid-level officials of relevant ministries might be worthy of special attention. If ministries were to become competent jointly to carry out a critical appraisal of water resource development proposals for their health impact, then the effectiveness of the regulatory framework with which project proponents, funding agencies, consultants and project engineers would have to comply would be significantly enhanced.

#### Implementation through problem-based learning

Such a capacity-building effort aimed at adult professionals required an adequate approach. It was accepted that problem-based learning (Engel, 1982) could provide the appropriate means for developing the necessary competencies of mid-level civil (public) servants.

#### Need for intersectoral collaboration

In the conclusions of its Technical Discussion the Panel stated:  
*In order to develop appropriate education and training...there is a need for further research into mechanisms for intersectoral collaboration which will ensure practical measures for environmental control and the areas in which PEEM can give a lead, especially in creating awareness of the issues and the need for intersectoral collaboration.*

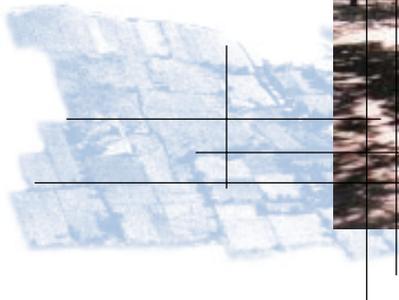
#### Recommendations

The resulting recommendations emphasised:

- (i) *WHO, FAO and UNEP should encourage governments and financing agencies to increase intersectoral and inter-professional collaboration in the control of vector-borne diseases by establishing specific policies in relation to the education of personnel involved in the planning, implementation and operation of water resources development projects.*
- (ii) *WHO, FAO and UNEP should collaborate in the collection of information about ongoing education directed towards attitudes and competencies in intersectoral collaborations.*
- (iii) *The Panel should consider ways and means to organise, on a regional basis, short, international workshops for high-level decision makers, including financial planners.*
- (iv) *The Panel should commission and field test a number of educational packages designed to foster attitudes and general competencies for intersectoral collaboration.*

#### Financial support

As a direct sequel to this meeting the PEEM Secretariat succeeded in obtaining financial support from the Danish International Development Assistance (Danida), through DBL, over a period of five years. Further support was provided by the then British Overseas Development Administration (ODA, now DFID), through HIP at the LSTM and by the World Health Organization through PEEM. This enabled the endorsement by PEEM, at its 1991 meeting, of a proposal for the implementation of a combination of the above recommendations (iii) and (iv), submitted by DBL. The development and field testing of five training courses had already been included a year earlier in the PEEM medium-term plan 1991-1995.



## Aims of the Programme to Develop the Course

### Aims

The initial aim was *to create a course, which would enable mid-level officials from different ministries to collaborate effectively in the implementation and appraisal of the health impact assessment part of the feasibility study of a water resources development project.*

### Need to develop educational material

This course was to be designed with the intention that it could be offered in any country without having to rely on the assistance of expatriate consultants. Repetition of the course would be required to accommodate personnel changes in the ministries. Institutionalization would thus be a major concern, to be supported by the development of free standing course material.

### Refinement of initial aims

The initial aim was progressively refined for the succeeding courses. Increasingly, emphasis was placed on creating a course in which the participants would *extend their acceptance and skills of intersectoral/inter-professional collaboration in the context of extending their competence in critically appraising prospective projects and in submitting well reasoned recommendations to their respective senior colleagues - both orally and in writing.*

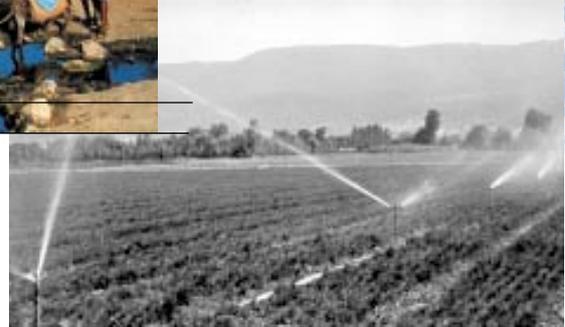
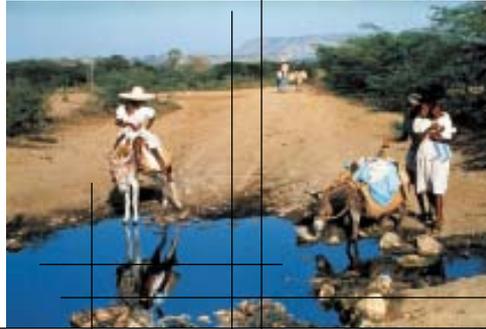
### Course objectives

In this connection, the course was to achieve a number of objectives:

- To sensitise mid-level officials from different ministries to consider health opportunities in the successive phases of water resources development projects;
- To extend the capability of such officials in their ministerial tasks;
- To develop the officials' confidence and skills in collaborating with colleagues from other sectors and professions.

### Refinement of course materials

Additional emphasis was placed on the aim to *refine the course materials, so that they would become more user-friendly and more generic.* From the aim to eliminate reliance on expatriate consultants emerged the need to *develop a range of Guides for organizers, tutors and local resource persons.*



## Description of the Course - Construct and Contents

### Development of generic competencies

*The development of competence in intersectoral collaboration was progressively accepted as the predominant purpose of the course. Capacity building in critical decision making through joint appraisal of health opportunities in water resources development had thus become the context rather than the central aim of the course.*

This development can be seen as consonant with the original recommendation that *the Panel should commission and field test a number of educational packages designed to foster attitudes and general competence for intersectoral collaboration.*

### Tutor induction

In its definitive construct, the course consists of:

- Induction of non-expert tutors (two days) to familiarise them with the purpose and nature of the course, their roles and tasks and the sequence and content of the Tasks to be undertaken by small groups of officials from different public sectors. "Non-expert" refers to the tutors' exclusive role as facilitators, without interfering in the technical contents of the group discussion.

### First day

- Official opening of the course, introduction to the objectives and methodology of the course, introduction of Task 1 and first group session on Day 1.

### Daily programme

- Each subsequent day opens with a plenary session to ensure a prompt start, to clarify any outstanding issues or queries, to receive an end-of-task oral report from each intersectoral group, or to introduce the next task.

### Group sessions

- The plenary session after lunch serves similar purposes. Morning and afternoon group sessions are bisected with a break for refreshments. These intervals have been found to be essential in view of the intensity of work for each of the six Tasks.

### Field visits

- A field visit is organised at the end of the first and at the beginning of the third week, respectively. The first visit, to an area intended to be the venue of a project in the early planning stage, coincides with Task 2 (carrying out a preliminary health impact assessment). The second visit, to a fully operational development project, relates to Task 6 (planning intersectoral

- action for monitoring during the construction and operation phases of a project).
- A debate**
- A debate is organised approximately halfway through the programme, not only as an educational experience, but also as a device to raise morale, which tends to reach a low towards the middle of an intensive course.
- Free days**
- Each week includes one free day. As the course is deliberately sited at a location remote from urban centres, excursions are arranged for the participants.
- Closing ceremony**
- The 18-day course ends with a relatively informal closing ceremony and a dinner where each participant is presented with a *Certificate of Successful Completion of the Course*.
- Monitoring of the course**
- The course is monitored through daily debriefing sessions with group tutors who provide the main link between the participants and the staff of the course. The mid-course perceptions of the participants are obtained through the Nominal Group Process (Delbecq *et al.*, 1975).
- Evaluation of the course**
- The evaluation of each course uses three approaches:
- A questionnaire with identical, open-ended items is administered at the beginning and at the end of the course to record any change in knowledge and attitude in relation to intersectoral collaboration.
  - The sixth and last Task provides evidence whether an intersectoral group of participants has been able to agree upon a sequence of decisions in the absence of their group tutor. The report produced by the group will also show whether the participants have been able to allocate equitable power and responsibility between their respective authorities.
  - A questionnaire for tutors and local resource persons is administered to elicit their perceptions of the course.
- These approaches to evaluation of course effectiveness are in stark contrast to the use of the Modified Essay Question test (Knox, 1980) which was used at the end of the first course, in order to assess whether the participants could apply quite specific items of knowledge.
- Follow-up of the course**
- The follow-up of each course includes:
- *Letters of appreciation* to the host organisation, the tutors and the local resource persons.
  - *Letters certifying* the role played, and the expertise gained by the tutors. These letters are sent to their immediate superiors.
- In addition, twelve months after the first and second courses a one-day seminar was held with the participants to gauge their perceptions of the course in relation to their subsequent experience with intersectoral collaboration. From the interesting mix of issues, one common theme prevailed: the lack of an enabling policy environment is the major constraint on successfully applying the acquired intersectoral decision-making skills.
- The six Tasks**
- The content of the course consists of six Tasks, which are designed to familiarise the participants with a logical sequence for processing a project proposal. For each one (except Task 5) a Task Guide has been developed which is handed out to the participants at the start of the assignment.

Tasks 2, 3, 4 and 6 represent procedures in the project cycle, and are introduced by a formal letter of remit, assigning the Task to the group on behalf of a competent national authority. In Appendix I the table of contents and letter of remit of a sample Task Guide are presented.

#### Clarifying the planning framework

*Task 1.* The participants are guided through a sequence of steps, in order to construct a framework for comprehensive development planning. In parallel they will identify which authorities or agencies are involved in any one phase of the process according to the nature of a project. Crucial decision-making moments are identified in the project cycle, with special reference to the impact assessment process. This Task sets the stage and provides a reference framework for the subsequent Tasks.

#### Rapid HIA

*Task 2.* This familiarises the participants with the requirements and activities for starting up a Health Impact Assessment (HIA) in the context of Environmental Impact Assessments. Early identification of health hazards, translated into health risks provides an optimal basis for risk management and use of opportunities for improving health in the context of the design, construction, operation and maintenance of a development project.

#### Appraising the HIA

*Task 3.* This focuses on the appraisal of the health impact assessment report. It is thus the first opportunity for these mid-level officials to practise critical and analytical examination of a report, in order to make reasoned observations and recommendations for consideration by their senior managers. The participants' task is to examine a consultant's report with the use of a set of criteria, appraising the assessment and its conclusions for conformity with the Terms of Reference, procedural rigour and absence of bias.

#### Appraising the HIA recommendations

*Task 4.* In this Task the participants continue their appraisal of a consultant's report by applying a different set of criteria to the recommendations formulated on the basis of the HIA conclusions. These criteria include technical feasibility, social acceptability and cost-effectiveness. At the end of the Task, the group tests how realistic the assumptions were that the consultant applied to the economic evaluation of the proposed safeguards.

#### Generic TOR

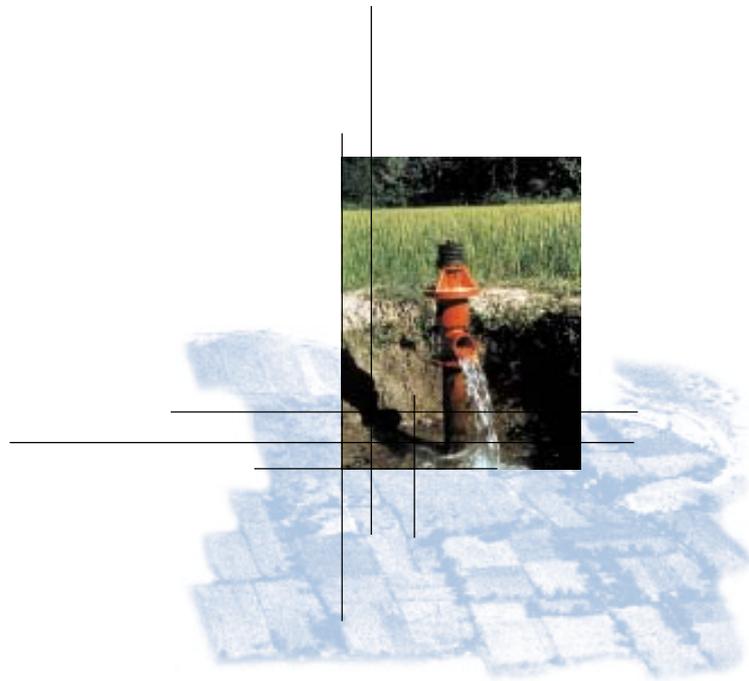
*Task 5.* Each group is now asked to formulate an ideal set of Terms of Reference for the commissioning of a Health Impact Assessment. The Terms of Reference should specify scope and depth of assessment activities and what the expected outputs of the assessment are.

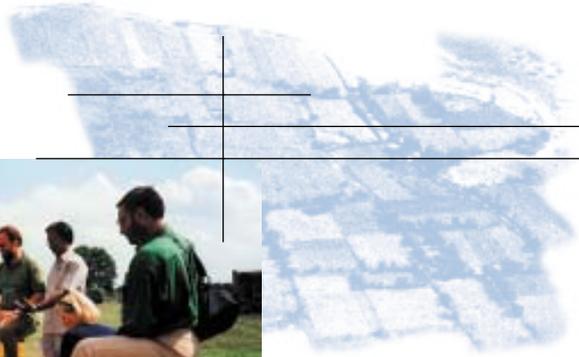
There is no Task Guide for this Task, as the groups are expected to use the notes, which they made during Tasks 2, 3 and 4. It is thus an opportunity to consolidate and apply creatively what has been learned so far. Based on the groups' Terms of Reference, the tutors (who separate from their groups after Task 5) develop a comprehensive set of generic Terms of Reference. This is forwarded to the relevant ministries in the country in question (An example of such generic TOR can be found in Appendix II).

#### Intersectoral Action Plan

*Task 6.* This, the last Task, requires each group to formulate an intersectoral plan of action for the implementation of the HIA recommendations en-

dorsed by their appraisal; how monitoring of aspects of health and related division of responsibility are to be managed, together with appropriate allocation of resources and a realistic timetable. In the absence of the tutor, this Task is, therefore, also designed to act as a summary assessment of each group's development of competencies in intersectoral collaboration, reasoned decision-making, and oral as well as written reporting.





## Geographical and Institutional Location

In line with the priority settings of Danida, the five courses were located in sequence in Africa - Zimbabwe, Ghana and Tanzania, Latin America - Honduras, and Asia - India.

### Four courses in educational institutions

Four courses were based in educational institutions:

- 1992: the Zimbabwe Institute for Public Administration and Management, with the support of the Blair Research Institute, Harare;
- 1995: the Centre for Educational Development in Health, Arusha, with the support of the Tropical Pesticides Research Institute;
- 1996: La Escuela Agrícola Panamericana El Zamorano, with the support of the Pan American Health Organization.
- 1997: Water and Land Management Institute, Aurangabad, with the support of the Malaria Research Centre (ICMR), Delhi.

### One course in a hotel

The course in Ghana (1994) was based at the Volta Dam Hotel in Akosombo, with the support of the Ministry of Health, the University of Ghana and the Environmental Protection Council.

### Local organisers

Local organisers were members of institutions with close connections with DBL or belonged to the PEEM network of Experts and Collaborating Centres.

### Different national/regional administrative environment

While Zimbabwe and Ghana represented administrations with an emphasis on central government systems, Tanzania was an example of a more devolved decision making to Zones, down to Regions and thence to Districts. The course in Honduras was host to participants from Costa Rica, El Salvador, Guatemala, Honduras and Nicaragua and thus represented an international, regional course. In the Indian course the participants came from different departments in four States of India (Gujarat, Maharashtra, Rajasthan and Tamil Nadu), each with considerable, separate powers for decision making.

Different cultural context

Each course has provided an opportunity to assess the acceptability and effectiveness of the educational and organizational approach of the course in a different cultural context, and, in India, in a mix of cultures. The course materials, including the Task Guides, were translated into Spanish for the hispanophone course in Honduras. They have, meanwhile, also been translated into French.





## The Educational Approach

### Initial educational expectations

The first course was largely influenced by the traditional teacher-centred approach that emphasises the transfer of information from expert to learner as an essential prerequisite to practical application. This approach was predicated by the implicit assumption that the participants would be expected to be able to carry out a Health Impact Assessment (HIA) from beginning to end, and not merely to be able to establish HIA Terms of Reference and appraise HIA reports.

### Executive decision for change

Significantly, however, an executive decision was made during the early planning phase of this first course to experiment with problem-based learning. Accordingly, the subject matter related to HIA was presented in a problem-based learning format. This proved to be sufficiently acceptable and effective for the whole course to be revised along these lines. The programme of the second course therefore adopted this format throughout.

### Aims of the revised course

The revised course would:

- promote active, participant-centred learning;
- encourage task-orientated learning with emphasis on inquiry to resolve questions;
- lead to application of new understanding, in order to make reasoned decisions;
- focus on the critical use of explicit criteria in the appraisal of reports and documents, as well as make reasoned recommendations;
- foster accurate and effective expression of the arguments supporting the recommendations in writing and orally (an often forgotten but important aspect of capacity building for mid-level civil (public) servants);
- foster bonding between members of a group through (i) the need to rely on sharing information between members (an “exchange of

power” leading to mutual trust and thus to collaboration in tasks that require sharing of information); (ii) a progressive increase in the difficulty of the Tasks and reducing the time available for their completion and (iii) encouraging punctuality and perseverance, with extended hours for group work and the length of the course.

### Importance of annual debriefing and planning meetings

The annual analysis of the previous course and planning of the next were essential means towards the progressive refinement of this educational approach, the overall construct of the course and its increasingly efficient implementation. Perhaps the most important step in the redesign of the course was the definition of what the participants needed to be able to do and, therefore, what they would need to understand in relation to each of the six Tasks. This analysis of operational and enabling objectives led to the identification of the questions, which the participants would want to research, in order to acquire the desired knowledge and understanding.

### Development of Task Guides

The next challenge for the planners was to develop a way to guide the groups through a sequence of steps, in order to accomplish their next Task. A fragment of a Task Guide is presented in Appendix 4 and illustrates the general design of a Task Guide. The question(s) and/or instructions at the end of a page are followed by “feedback” at the start of the next page. Such questions and instructions are expected to be dealt with by recourse to *expertise within the group* and by reference to the books and documents that are given to each participant and those that are made available in a small course library.

### Output from each Task

The output from each Task was a written and oral report by each intersectoral group which should satisfy the expectations that were set out in a *letter of remit* (See Appendix II). The first four Tasks called for quite conventional reports to document the group’s conclusions and its well-argued recommendations. The last two Tasks expected the groups to create original documents, a generic set of Terms of Reference and an Intersectoral Plan of Action with a draft Memorandum of Understanding, respectively. This escalation of expectations had two additional purposes: (i) It was to be an integral part of progressively stretching the participants both mentally and physically; (ii) It was also to provide evidence of effective learning. The output from Tasks 5 and 6 was to assess the participants’ *creative ability to apply what they had learned* and the *effectiveness of their intersectoral collaboration*.

Two major changes resulted from the shift from a conventional, passive information transfer process to the task-oriented, problem-based learning approach, and these were reflected in the Task Guides.

### Change of emphasis to critical assessment of consultant’s report

1. The emphasis was progressively amended towards familiarisation of the participants with the aims, principles and construct of HIA, so that they would be able to appraise the reports of consultants. This was a deliberate move away from expecting mid-level officials to carry out full HIAs.
2. The course as it was created could be adapted to the particular needs of different countries and to different needs for intersectoral collaboration.

Change of emphasis on generic application

Every effort was made to simplify the Task Guides and to make the content as generic as possible within the confines of the theme *Health Opportunities in Water Resources Development*.

Facilitating educational environment with tutors

Considerable attention was devoted to the creation and maintenance of a facilitating educational environment. This is illustrated by the following course features:

- The participants were to be *treated as valued colleagues* who would be expected to contribute from their expertise and experience, to learn from each other and to manage the work within each of the Tasks.
- Each group would be supported by a *tutor*. He/she would work with his/her group during the group sessions, the plenary sessions and the field visits, as well as be with them during morning and afternoon breaks and at meal times. The tutors would be expected to pace their group's work, to help clarify any ambiguities in the Task Guides, recognise the difficulties and successes, help to resolve any conflict within their group, and be the advocate for their group. Tutors were recruited by the local organiser as mature, but not senior, academics or practitioners with clear credibility and appropriate personality.
- In addition to the donation of a number of books to each participant, a *small reference library* was established for each course, in order to simulate normal practice, where officials would be expected to use their own organisation's library.
- *Local resource persons* from within the country were available to be consulted by the groups, to engage in discussion during plenary sessions and to provide constructive feedback after a group had presented its oral report.
- *Stress relief* was provided around the mid-point of the course by staging a *lighthearted debate* on the motion "Intersectoral Collaboration is undesirable and impractical" - a motion which was lost in four out of five cases.
- *The two field visits and the two excursions* constituted educational as well as social experiences, with a change of emphasis from more educational experience in the first to more social experience in the second.

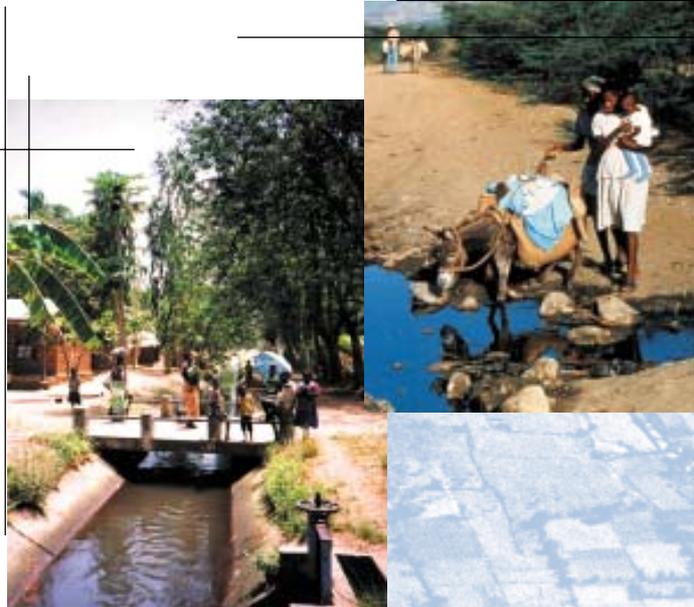
Course library

Local resource persons

Debate

Field days and Free days





## Development of Criteria for the Selection of Course Participants

### Initial analysis and identification of ministries

At the start of preparations for each course, a country visit allowed for agreement on a work plan with the local counterpart institution. A rapid analysis was carried out of the planning procedures related to natural resources development, and the ministries and authorities involved. Similarly, policy and legal frameworks were reviewed. This analysis led to the identification of ministries and authorities that would play an essential role in the decision-making in development, environment and health. The Ministry of Health and the Environmental Protection Authority were, of course, always included because of the nature of the course, as were usually ministries of finance/planning, water resources, agriculture/irrigation and energy/hydropower. Other ministries were more country-specific, such as the Ministry of Rural Development and Women Affairs in Tanzania, or the Department of Revenue (responsible for resettlement issues) in Indian States. The ministries, departments or authorities were then visited, to verify their perception of the role they play in development planning, to explain the objectives, structure and conditions of the course, and to inform them about the profile of participants. The country visit also served to identify suitable development projects that could serve as the context for the tasks.

### Criteria

The remaining selection procedures were then carried out by the national counterpart institution. In the initial three courses, ministries were invited to send nominations for participants, with brief CVs, and both the national counterparts (together with local WHO and FAO representations) and the international organizers made the selection. Important criteria included:

- experience in a relevant field and sufficient seniority to qualify as a middle-level manager;
- interest in intersectoral issues;
- job stability and
- sufficient career prospects to be able to implement and advance the objectives of the course.

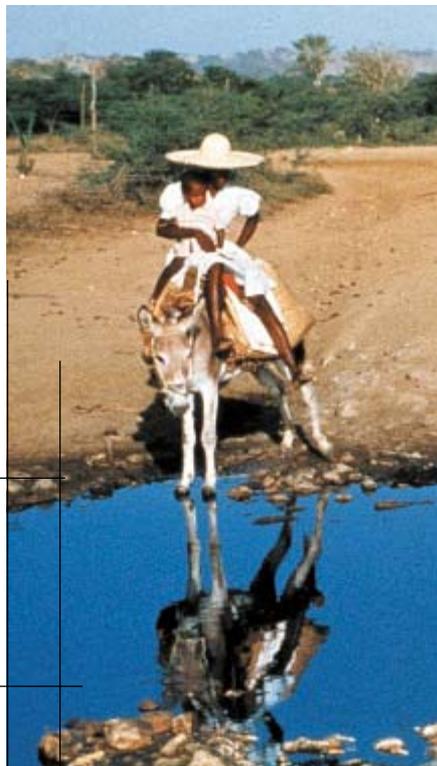
It was noted that ministries resisted the process of a final choice of participants by the organisers. Therefore, for the last two courses, the approach was simplified, and participants were designated directly by their ministries. In general, this worked satisfactorily.

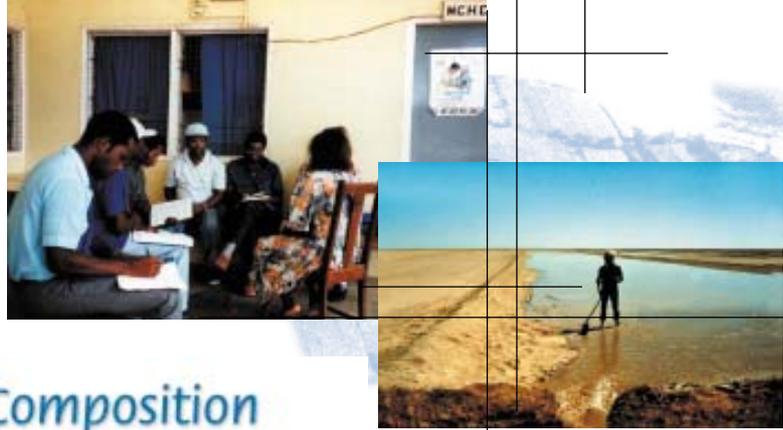
### Gender balance

The organisers emphasised the need to encourage the participation of female professionals. Some ministries, for instance those responsible for irrigation engineering or hydrology, are more male-dominated than others are. The need for a proper gender balance was explicitly mentioned in the letter of invitation for the third, fourth and fifth courses, with different effects, perhaps depending mainly on the cultural setting in which the courses operated.

### Full attendance

Finally, an important condition for participants in each course was their complete and uninterrupted availability to attend. This was stressed in the letter of invitation. Participants who arrived more than two days late (*i.e.* once work on Task 2 had started) were rejected. Participants who left early did not receive their certificate. Mid-course interruptions of more than one day were unacceptable, and one-day interruptions were only accepted sparingly and following a solid justification. This rule was also strictly applied to the tutors.





## Changes in the Composition of Course Staff

### Gradual reduction of expatriate consultants

The first course witnessed the arrival of a veritable galaxy of well-known international experts from a wide range of disciplines and from countries ranging from North America to Europe and South Africa. Each consultant contributed an erudite discussion paper, presented a lecture and participated during the plenary sessions. However, there was little else for them to do in relation to the course.

The change from information transfer and information application to a problem-based learning format made it possible *to incorporate the consultants' expertise in the Task Guides* and progressively to reduce the number of expatriate experts at subsequent courses. This resulted in a saving of air fares, honoraria and per diem payments.

### Increase of local resource persons

In addition, the course participants could benefit from a growing number of local resource persons with specific experience of the conditions in their own country.

The role of these local resource persons changed from presenting up to date, detailed information to acting as consultants when groups needed specific explanation or guidance in the resolution of a question.

They would also contribute critical but constructive feedback during oral reporting by the groups.

### Use of limited number of expatriate consultants

For the last course, the group of expatriates was limited to the five members of the team responsible for the development of the course and its educational materials. The representative of the PEEM secretariat filled the essential role of course leader and "anchorman". Two academics, respectively from DBL and the Liverpool School of Tropical Medicine, provided content expertise and educational leadership. The course organiser from DBL ensured the smooth flow of day-by-day running of the course and its essential resources. The educationalist from the University of London monitored the educational process and evaluated the course for its acceptability by providers and participants, as well as the effectiveness of the course as a whole.



## Institutionalization

Early on in the development of the course, discussions started on what the follow-up should be after the final product, a set of self-contained course materials, had been produced. Clearly, the publication of such a set would not guarantee the implementation of the course in its current form, let alone the adaptation of the course to other contexts requiring an intersectoral approach.

### Why institutionalization?

The increasing importance of addressing development issues in a *holistic* way, in order to achieve sustainability, calls for capacity building at the national and local government level in the field of intersectoral decision-making. The course provides a capacity building tool which, for practical purposes, was tested out in the context of water resources development and health (with special reference to the vector-borne diseases), *but which can be adapted to any other relevant context*. Such courses would need to be offered at regular intervals to ensure that newly appointed officials are suitably instructed.

### Possible venues

The organisers agreed that the institutionalization of the course in national institutions would benefit its promotion, and, as a consequence, the capacity of countries in intersectoral action. The concept initially adopted was to aim for institutionalization in the three African countries where the course had been held (Zimbabwe, Ghana and Tanzania) as this would result in balanced regional coverage of anglophone southern, West and East Africa. It was recognised that expanding the course into francophone Africa was not just a matter of translating the training materials into French. It would require further development and testing of the course in a setting with different administrative traditions.

### Criteria for host institutes

There was consensus among the organisers that institutionalization should occur at a “neutral” institution, not at one with a clear sectoral affiliation.

Particularly institutionalization at a public health training centre would be perceived as special pleading. Most anglophone African countries have an Institute for Public Administration and Management for the training of civil servants, and it was felt that such institutes could play a conducive role in promoting the course for a multisectoral audience. Other possible candidates would be university institutions that deal with multidisciplinary issues, for instance the many centres for environmental studies that have been established in recent years. While such institutes perhaps would have a more academic atmosphere, they would have the advantage that within the same university they can link up with centres for education studies to ensure that the quality of the task-oriented, problem-based learning approach would be guaranteed.

### Lessons learned

Contacts with a university affiliated centre in Zimbabwe showed that the start-up cost and the operational costs were excessively high. In most developing countries, university budgets are so minimal, that the overheads on courses like this have to have an order of magnitude higher than the actual costs incurred. This would defy the idea of a self-sustained course in the longer term. In Ghana, the Ghana Institute for Management and Public Administration (GIMPA) was approached. This contact led to various practical ideas, such as a needs assessment for the course in the countries of West Africa, the development of a 'train the trainers' course and the production of promotional materials for the course, that would ensure the necessary participation by all relevant ministries. It also became clear, however, that staff development and training budgets of most ministries were very limited and that expenditures on intersectoral training (as opposed to training in core subject areas) would be low on the list of priorities. In fact, most GIMPA courses were only viable with continued support from external donors.

### Early attempts

During the course in Tanzania, contacts were established in Arusha with a regional training institute for civil servants, covering East and Southern Africa. The opportunities for collaboration with this institute (Eastern and Southern African Management Institute - ESAMI) looked promising, but at that point in time the organisers decided to put the whole concept of institutionalization on ice until the course development phase was completed. Options in Central America and India were still noted, and the host institute in the latter country (the Water and Land Management Institute in Aurangabad) decided to test out the course on its own account. It was decided, however, that a more cautious, step-by-step approach would be needed. Hence, a proposal for a needs assessment in West Africa was formulated, which would provide more insight in the viability of the course and the feasibility of having the participants gaining access to real possibilities of bringing into practice the skills and knowledge they developed.

## Possible change of course context

Parallel to this sequence of events, the organisers also considered options of adapting the course to a different context for further testing. In view of rapid global urbanization, *Health Opportunities in Urban Planning and Management* was considered a worthy subject. It was, indeed, intended to test the fifth course in India in this changed context. Preliminary research in Gujarat State revealed that urban planning is much less structured than national water resources development, and that most urban development takes place in an informal sphere, in peri-urban areas, beyond the reach of municipal authorities. With this in mind, the course in India reverted to the original context.

More recently, the contacts with ESAMI were re-established and a process of proposal development has been initiated. This was spurred by the increased interest in Health Impact Assessment, particularly at the World Bank. This, in turn, stems from the recognition that its comparative advantage in new partnerships such as *Roll Back Malaria* lies in the unique possibilities the World Bank has in ensuring that health safeguards are included in the infrastructure projects for which it provides loans. The start in 1999 of a partnership to promote HIA capacity-building in Africa south of the Sahara is providing new momentum. Its members, the World Bank, the African Development Bank, the World Health Organization (headquarters and its Regional Office for Africa), ESAMI and the two WHO collaborating centres involved from the start, the Danish Bilharziasis Laboratory and the Liverpool School of Tropical Medicine, currently aim to institutionalize this course by 2002.





## Reflections

FINAL  
REPORT

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### Factors contributing to success

The remarkable farsightedness of the PEEM membership, demonstrated in the conclusions and recommendations of the Report of the Eighth PEEM Meeting (1998), constitutes the essential progenitor for this innovative educational programme. Both the need to foster intersectoral collaboration and the educational means for developing the necessary skills were clearly enunciated at that meeting. An equally important influence on the development of the course has been the trust, support and flexibility of the management of the Danish Bilharziasis Laboratory and the creative impetus provided by the team consisting of the Executive Secretary of PEEM, the PEEM member from the Liverpool School of Tropical Medicine and the staff members of DBL assigned to this activity.

### The participants

The quality of the participants at the five courses has been uniformly high. Despite variations in the level of seniority and cultural differences, the courses have met with ready acceptance and, indeed, with general enthusiasm. This has been the more remarkable as all the participants came from a didactic, teacher-centred educational background and with no previous experience of a student-centred, active learning approach. It was equally interesting to observe how well the participants from the different parts of Africa, Central America and India responded to the challenge and essential fun of the mid-course debate which was entirely devised and delivered by the participants. In general it would appear that the more senior officials might gain the most from a course of this nature.

## Intersectoral groups

The intersectoral groups worked very well. Drop-out during the courses was minimal, and after the first couple of days the participants and the tutors were well aware of the importance of consistent participation. Where conflict did arise, usually due to a single participant, the group itself would almost always resolve its own problem, as it would have in a real life situation.

While the participants had no serious reservations about the novel way of working and learning, the most frequent complaints centred on the quality of accommodation and catering, and lack of entertainment.

## Length of course and pressure of work

Frequent but less serious reference would be made to the pressures of work, the length of the working day and the overall duration of the course. While pressure of work was a deliberate device to encourage bonding within the groups, the length of the course is conditioned by the number of Tasks that need to be explored in sufficient depth to realistically represent HIA decision-making.

## Need to practice oral presentation

Full exploitation of the opportunities offered by the Plenary Sessions tended to depend on leadership and encouragement by the anchorman or person who chaired these sessions. For the oral presentations it was useful to introduce variety by simulating the challenge of presentation to a senior Ministry official. However, it has been helpful to use the presentations at the conclusion of the first two Tasks to correct the most common errors in oral presentations, *e.g.* reading long texts, speaking too softly, too fast and to the projection screen, with too much information on the overhead transparency.

## Importance of selection and induction of course staff and participants

However well designed the course may be, its actual success in future will depend on how sensitively and competently it is implemented. This will depend entirely on the personnel charged with the responsibility for organizing and delivering the course. The implication is that the recruitment, selection, training and support of organizer, administrator, anchorman, tutors, local resource persons and evaluator are of utmost importance. It is the local organizer, with the responsibility for recruiting and selecting the participants, who needs to have credibility with his or her colleagues in the various Ministries and diplomacy to manage the *amour propre* of their establishments.

## Perceptions of local staff

The tutors have tended to enjoy their assignment and few have encountered any difficulties in their groups. The experience of the local resource persons has been less satisfactory, perhaps due to their short stay and limited involvement. Although they were advised to bring some of their own work with them, many felt that the course might have made better use of their time. While some resource persons became less forthcoming when they realised there was no room for delivering a traditional lecture, others took on the challenge with enthusiasm and performed convincingly in the role of consultant to the groups. In general the groups responded to overt enthusiasm and sensitive commitment and made much more frequent use of such consultants.

## Effectiveness of the course

The evaluation of the last four courses has shown that the groups produced very credible generic Terms of Reference in Task 5 and that they collaborated effectively in the development of an Action Plan and a Draft Memorandum of Understanding in Task 6.

## Concrete output

It is important to note that, although the Tasks were carried out in relation to water resources development under consideration by the authorities, the project-specific results were not communicated to the authorities. The organisers were keenly aware of the fact that they had not received a formal government request for the assessments made in the Tasks, and that it would be inappropriate and indeed pretentious to forward the Task reports to relevant ministries. The output of Task 5 was the exception. The generic Terms of Reference formulated by the groups and consolidated by the tutors, with the approval of the participants, were forwarded to national authorities in the environment and public health sectors for their consideration and possible use. Comparison of the before and after course questionnaires on intersectoral collaboration has shown consistently that the participants in all six courses had gained in understanding and interest of such collaboration.

## Need for long-term follow-up

A long-term follow-up would be desirable to establish what use the participants have been able to make of the competencies, which they developed through the course.

## Caveat: Seniors need to make intersectoral collaboration legitimate

An important paragraph in the 1988 PEEM Report stated:

*There is, however, a serious caveat, which should not be ignored. The preparation and use of training materials will not necessarily lead to any dramatic change, if the education is not actively supported by appropriate policies and implementation strategies. If health workers, trained to think in intersectoral terms, find that their respective superiors are indifferent or actively antagonistic to such initiatives, the average health worker will quickly get the message that the prevailing status quo is acceptable and not to be challenged.*

For *health worker* read *civil (public) servant*. This makes it imperative to ensure that the success of a course, such as the present one, can be supported by parallel initiatives that foster understanding of, and interest in intersectoral collaboration among legislators, senior civil (public) servants and line managers. This requirement is also the subject of one of the Recommendations.

Another Recommendation is concerned with Institutionalization. Individual countries or combinations of several smaller countries will need such courses at sufficiently frequent intervals to ensure that changes of personnel in the ministries will be accompanied by training in intersectoral skills.



## Recommendations

### Distribution

1. The present report should be given wide distribution among current and potential stakeholders by having it published as a monograph.

More specifically, the report –

- is, first of all, intended as a final account to the agencies that supported the course development process over a six-year period. In submitting it to Danida in particular, a cover letter should draw attention to the value of the problem-based learning approach in other capacity building efforts supported by that agency.
- should be targeted at health and environment professionals and departments in bilateral and multilateral development agencies, with an announcement of the forthcoming publication of the training manual.
- should be distributed in the WHO network of Regional Offices and to the offices of WHO representatives in countries where pilot courses have taken place.
- should be made available to impact assessment practitioners at large through the International Association for Impact Assessment; the concepts and experience in HIA training gained from the development of this course should be mainstreamed in impact assessment capacity building at large.
- should be translated into French and Spanish to facilitate access of professionals in francophone Africa and Latin America to the information on HIA capacity building.

Make the capacity building comprehensive to exploit synergies

- should be forwarded to special target groups, including the Network for Community-oriented Educational Institutions for Health Sciences and the Commonwealth of Learning.

2. The World Health Organization and its partners should develop a comprehensive Programme of HIA capacity building for Member States, coordinating efforts to create an enabling policy environment, to develop managerial skills in intersectoral decision-making and to strengthen the capacity and capability of ministries of health to effectively respond to the needs of other sectors in the HIA process.

- Through national policy-making seminars for senior government officials a process of policy review and adjustment should be started to ensure the incorporation of health into development policies.
- A special role for WHO will be to assist ministries of health in creating/restructuring environmental health units which have Health Impact Assessment among their essential functions and which are positioned in such a way that they become an effective channel of communication on the interface of health ministries and various development sectors.
- The establishment of a strategic alliance between ministries of health and environment should be pursued on the issue of impact assessment, so that Environmental Assessment, HIA and Social Impact Assessment (SIA) are integrated both at the strategic and at the project level.
- WHO and its partners should monitor HIA capacity building outcomes and experiences to identify possible gaps and improve the programme's effectiveness and efficiency. As a basis for such monitoring, WHO should develop criteria and indicators for measuring the medium/long-term impact of HIA capacity building.

Institutionalization of the course

3. The training course "Intersectoral Decision-making Skills in support of Health Impact Assessment of Development Projects" should be institutionalised, preferably in regional training centres without a specific sectoral affiliation.

- As a first step, institutionalization efforts at the Eastern and Southern African Management Institute (ESAMI) should be stepped up through the partnership of the World Bank, the African Development Bank, WHO (HQ, AFRO and Collaborating Centres) and ESAMI itself.
- WHO Regional Offices in the other regions should explore possibilities of institutionalizing the course, applying the same criteria of regional coverage and absence of sectoral affiliation to the potential candidate institutions.
- Possibilities should be explored of developing a web-based version of the course that will be based on distance learning principles and will ensure its spirit of intersectoral collaboration is maintained.

## Diversification of the course context

4. The development of this course should be continued by adapting it to different contexts and by making the experience of pilot courses in such contexts widely available.
  - Earlier attempts to adapt the course to the context of urban planning and management should be resumed and contacts should be established with urban planning and management institutions to gain access to relevant expertise and information.
  - A French version of the course should be piloted in selected countries in francophone Africa, to test its acceptability and effectiveness in the setting of francophone administrations.



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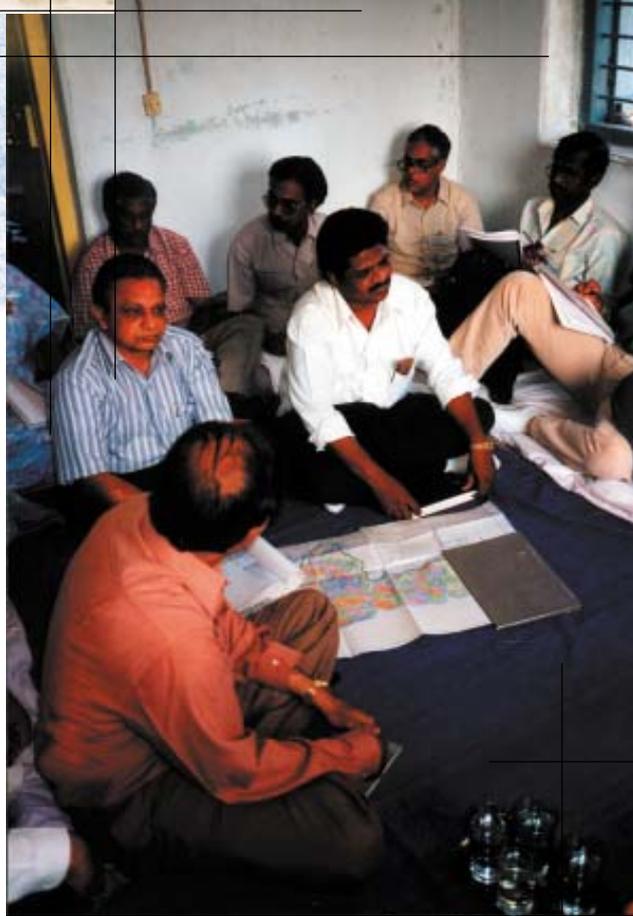
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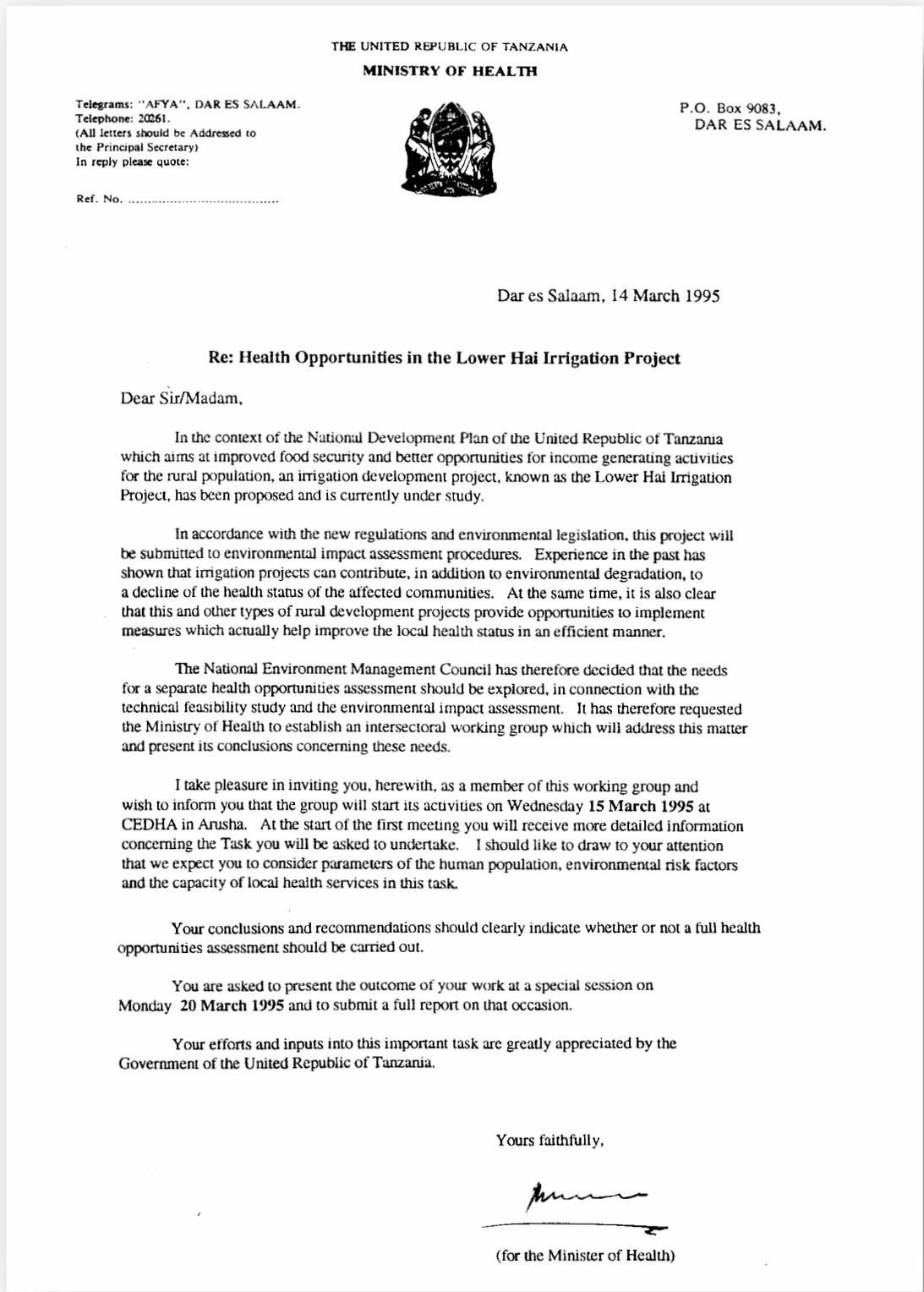
# Appendix I

Table of content of a sample task guide (Task 2)

<b>Rapid Health Impact Assessment</b>	
<i>A preliminary step</i>	
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# Appendix I Continued

Letter of remit of a sample task guide (Task 2).



## Appendix II

Generic Terms of Reference for an HIA (example from the course in India)

### **GENERIC TERMS OF REFERENCE FOR HEALTH IMPACT ASSESSMENT OF WATER RESOURCES DEVELOPMENT PROJECTS IN INDIA.**

#### **Preamble**

The responsibility for human health cuts across all public sectors responsible for development projects. Health Impact Assessment (HIA) is an integral and indispensable part of Environmental Impact Assessment (EIA). It is of particular importance for large and medium scale Water Resources Development (WRD) projects.

In accordance with the policy of Government of India under 'The Environment (Protection) Act 1986', EIA is a mandatory State Government procedure for all such projects. The Ministry of Environment and Forests of the Government of India is the central authority for the appraisal of EIA reports and for the endorsement of Environmental Impact Statements.

The purpose of HIA is to identify, evaluate and interpret the hazards and health opportunities of WRD and to propose health safeguards, mitigating measures and health promotional measures that can be incorporated into the WRD project without affecting its overall objectives. The concept of the hidden costs of development due to ill-health supports the need for HIA.

The HIA should be carried out at the feasibility stage of project planning by a multidisciplinary team composed of, preferably national, experts. The outcome of an HIA will focus attention on major health risks, assist in comparing and ranking them and thus help in examining options for possible interventions.

#### **Criteria and preconditions for HIA**

At the pre-feasibility stage of any medium- or large-scale water resources development project, the government agency proposing the project (the project proponent) should, in close collaboration with the Department responsible for public health, carry out a rapid HIA. This should lead to a decision whether or not to carry out a full HIA. If affirmative, the project proponent is responsible for the tasks described below, ensuring that the criteria and preconditions are met, and starting with the formulation of specific Terms of Reference (TORs) whose generic outline is presented in the next section.

### *Composition of a multidisciplinary team and selection of a consultant/team leader*

The tendering should define the characteristics of the team, in particular which disciplines must be represented by its subject specialist members.

The profile of the consultant/team leader should include the following criteria:

The consultant should have appropriate qualifications with a broad vision and the capacity to integrate the information from various disciplines.

The consultant should have sufficient experience in assessing the health impacts of WRD projects.

### *Timing*

The timing of the EIA/HIA should be decided

to allow optimal opportunity for the team to collect seasonally fluctuating health data (e.g. seasonal transmission of malaria) if these are not readily available from the health authorities.

to allow effective communication between the HIA consultant and the consultants working on the EIA and the overall feasibility studies.

### *The relationship between the team leader and the commissioning authority*

The team must carry out the tasks given in the TORs comprehensively, but should not be limited by the TORs.

The team leader and the team members will have full independence as far as their tasks are concerned.

All the information relevant to project and local assistance as and when required will be provided by the commissioning authority.

The commissioning authority will also facilitate meetings with Heads of Departments, field visits and health services, etc.

In the case an international consultant is hired, it should be required to involve a team of local experts in the assignment.

The commissioning authority will submit the HIA report to a formal, independent appraisal procedure, on the basis of which it can be accepted, partly accepted or rejected. In the case it is partly rejected the consultant is bound to complete the assignment conform the TORs. The commissioning authority will inform the consultant/team leader about the criteria applied in the appraisal procedure at the start of the assignment.

### *Conditions for financial support*

The funding of an EIA, including an adequate HIA component, should be proportionate to the budget of the feasibility study.

The Government will apply norms and procedures to determine the mode of payment as per agreement.

### *Other considerations*

It is desirable that the consultant submit the draft HIA report to the commissioning authority for circulation among the different Government Departments concerned, that he give serious consideration to the comments and suggestions made by these Departments and that he make amendments to the final report as justified.

The consultant should submit required number of copies of the final HIA report.

For breach of contract from either side or in case of any dispute action will be taken as per agreement.

## **Generic Terms of Reference (TORs)**

### *Introduction*

The introduction should explicitly state the following aspects:

- a short description of the project
- geographical boundaries of the project
- existing institutional infrastructure and arrangements (public and private sector)
- sources of relevant data and institutions which can assist in the HIA.

### *Objectives*

The objectives of the HIA should focus on:

- the assessment of health risks and opportunities
- the suggestion of alternative interventions and mitigating measures required at the appropriate stages, as well as health promotional measures
- the need to define health safeguards that are technically sound, economically feasible and socially acceptable.

### *The scope of the HIA*

#### Geographical and time boundaries for the HIA

In the case of geographical boundaries, the scope may be extended beyond the project boundaries to include the catchment area and the area downstream from the project, and areas from which migrants originate should also be considered. The time horizon for the impact assessment needs clear definition.

Vulnerable communities (including those formally or informally migrating into the project area).

### *Activities to be carried out by the consultant*

Careful study of the project documents.

Collection and analysis of relevant, existing health data from Government and Non-Governmental institutions, complemented where necessary and feasible through field surveys employing appropriate sampling techniques.

Identification of different health hazards within the geographical boundaries of the project.

Determination of community, environmental and institutional risk factors.  
Identification of health opportunities.

Formulation of health risk management measures (alternative interventions/mitigating measures at different project stages with a justification, including changes in design, in project operation and improvements in the health services). Such measures should pay due regard to community participation, gender issues and social equity.

Appropriate economic evaluation of alternative risk management measures.

Provision of indicators in the problem areas for specific diseases needing special attention and in-depth studies.

Preparation of an HIA report, containing, as the output of the exercise, a health impact statement.

# Appendix III

Fragment of sample Task guide (Task 1, two pages)

## Phase 3 The feasibility study

1. Agree on definitions
2. Identify types of projects
3. Identify actors/procedures
4. When does health matter?

In the pre-feasibility phase a project proposal is approved from a policy viewpoint, normally by a planning authority. It should fit in the national development policies, and it should not clash with the policies of other ministries.

The resources available to governments to achieve their development goals are limited. Before it is decided that government funds will be spent on a project, a feasibility study will have to establish its **economic viability** and its **sustainability**.

Again, different scenarios are possible:

- The feasibility study is the responsibility of either the proponent, which will have to submit the results to the planning authority and the Ministry of Finance, or
- the feasibility study is commissioned by the planning authority.

It is beneficial (imperative in the case of large projects, for which external support is essential) to involve prospective donors or banks in the feasibility study. They would normally cover the cost of the feasibility study and it is more likely to be carried out in accordance with the specifications and requirements of the donor(s).

Environmental Impact Assessment (EIA) tends to run in parallel with the feasibility study.

### Questions

What is an Environmental Impact Assessment?

In your country, is EIA part of feasibility studies?

Is there a legal basis for EIA?

If so, is an EIA always, sometimes or never required for your type of project?

What criteria apply in deciding whether an EIA is required or not?

*Document this information well - you will need it when you are identifying opportunities to include health considerations in the project cycle at the end of Task 1.*

*Then turn to page 14.*

## Environmental Impact Assessment (EIA)

1. Agree on definitions
2. Identify types of projects
3. Identify actors/procedures
4. When does health matter ?

EIA is concerned with identifying and assessing the environmental consequences of development policies, plans, programmes and projects, with a view to ensuring optimal efficiency in the development of limited natural resources and the incorporation of environmental management measures to mitigate possible adverse impacts on the environment.

Most countries have legislation that defines the criteria which make EIA an obligatory element in the planning of development projects. Many countries, however, do not yet have the capacity to carry out their own impact assessments and, therefore, have to rely on international consultants.

Most bilateral donors and multilateral development banks have established criteria which make EIA a condition for their support.

In the context of a conventional EIA, human health is usually considered the exclusive responsibility of the health sector. The way the activities of other sectors affect community health is seldom fully appreciated. Health is, therefore, rarely considered the responsibility of other sectors (a "cross-cutting" issue). As a result, recommendations do not tend to address the impact of environmental change on the **human health status** (and the relevant safeguards). Any such recommendations would normally focus on **strengthening the health services**.

HIA should not be carried out in isolation. It should be done in the intersectoral context of EIA and requires the input of health professionals into the actual assessment.

### Question

In your country, which agency formulates the TORs for feasibility studies for your type of project ?

Document the answer in your Table before turning to page 15.