Model Selection for China' s Health Impact Assessment System

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Abstract

To implement the concept of "Health in All Policies," Chinese law has explicitly proposed the implementation of a health impact assessment system. However, from the perspective of China' s practice, uncertainty regarding the behavioral model of health impact assessment has become the primary obstacle to the implementation of this system in China. From an international perspective, health impact assessment exhibits a phenomenon of multiple coexisting models, including cooperation between administrative organs and private entities, cooperation among financial institutions, administrative organs, and private entities, international organization-led models, and administrative organ-led models. The reasons for the coexistence of different models are, on the one hand, differences in legal norms, and on the other hand, differences in national systems across various countries and regions that necessitate health impact assessment to be conducted in entirely different models. The institutional value of China' s health impact assessment in promoting "Health in All Policies," together with the state' s obligation to protect citizens' right to health, jointly determines the dominant position of China' s administrative organs in the health impact assessment system. Furthermore, considering the relationship between China' s administrative organs and social organizations, as well as the absence of professional health impact assessment companies, China' s health impact assessment system should be led by administrative organs.

Full Text

Preamble

Model Selection of China' s Health Impact Assessment System
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Abstract

To implement the concept of "Health in All Policies," Chinese law has explicitly proposed the establishment of a health impact assessment (HIA) system. However, from the perspective of China' s practice, uncertainty regarding the behavioral model of HIA has become the primary obstacle to implementing this system. At the international level, various models coexist, including cooperation between administrative organs and private entities, collaboration among financial institutions, administrative organs, and private entities, international organization-led models, and administrative organ-led models. The reasons for this coexistence are twofold: differences in legal norms and variations in national systems across different countries and regions, which necessitate completely different approaches to HIA. In China, the institutional value of promoting "Health in All Policies" through HIA, combined with the state' s obligation to protect citizens' right to health, jointly determines the dominant position of administrative organs in the HIA system. Furthermore, considering the relationship between China' s administrative organs and social organizations, as well as the absence of professional HIA companies, China' s HIA system should be led by administrative organs.

Keywords: health impact assessment; institutional model; administrative organs; social organizations; financial institutions; international organizations

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I. The Primary Issue Facing China' s Health Impact Assessment System

Whether viewed internationally or domestically, health impact assessment is an emerging and rapidly developing institution. The large-scale promotion of HIA systems is closely related to the dissemination of the "Health in All Policies" concept. The World Health Organization recognizes that individual health status is influenced by multiple factors, with social factors being among the primary determinants. At the Sixty-second World Health Assembly in 2009, WHO member states adopted the resolution "Reducing Health Inequities Through Action on the Social Determinants of Health," which put forward specific requirements for governments to act on the social determinants of health. These included "coordinating health-related actions across all national departments, integrating the promotion of health equity into the consideration of all national policies, and implementing health-related impact assessment activities according to national conditions." To fulfill these requirements, HIA systems have gained increasing attention from countries worldwide.

In August 2016, President Xi Jinping stated at the National Health and Wellness Conference that we must "integrate health into all policies, with the people jointly building and sharing." This speech positioned the "Health in All Policies" concept as a crucial component of the nation' s new-era health and wellness

work guidelines. Health impact assessment serves as an important institutional guarantee for implementing this concept. Whether in urbanization processes, regional planning, education system reforms, or improvements to the medical and health system, all are closely related to population health. The planning, policies, and major projects in these fields directly affect the improvement of population health and require an appropriate impact assessment system to ensure alignment with the goal of achieving people' s health. Consequently, the 2016 "Healthy China 2030" Planning Outline explicitly proposed to "comprehensively establish a health impact assessment and evaluation system, systematically assess the health impacts of various economic and social development plans, policies, and major engineering projects, and improve supervision mechanisms." Based on this, HIA systems have begun to be incorporated into central and local legislation. Article 6, Paragraph 1 of the 2020 Basic Medical and Health Promotion Law of the People' s Republic of China clearly stipulates that "people' s governments at all levels shall prioritize people' s health in their development strategy···and establish a health impact assessment system." Additionally, provincial and municipal local regulations, including the Shenzhen Special Economic Zone Health Regulations, Nanchang Patriotic Health Regulations, and Henan Province Basic Medical and Health Promotion Regulations, have explicitly provided for the establishment of HIA systems in their respective regions.

However, although HIA systems are being actively promoted from the central to local levels, sufficient consensus has not yet been reached between central and local governments on how to understand HIA. Neither the Basic Medical and Health Promotion Law nor local regulations such as the Shenzhen Special Economic Zone Health Regulations and Nanchang Patriotic Health Regulations contain clear provisions on what constitutes HIA or how it should be conducted. The primary obstacle to large-scale implementation of HIA in China is the question of which model should be adopted: government-led or social organization-led? Significant divergence exists on this issue at both domestic and international levels. This lack of clarity on fundamental questions often leaves China at a loss when formulating HIA-related measures. Based on the author' s participation in drafting the Shanghai Patriotic Health and Health Promotion Regulations, considerable disagreement emerged among health departments, judicial administrative departments, and other government agencies on whether to include HIA provisions and how to determine specific rules. Ultimately, lacking clear guidance, the Regulations reduced HIA-related content drastically, from the initial plan of a dedicated chapter to only a single declaratory clause indicating Shanghai' s response to the central government' s call to actively establish an HIA system. From the dilemmas faced by local governments, the issue of model selection for China' s HIA system has become the most urgent problem requiring immediate resolution.

II. Divergence in Health Impact Assessment Model Selection

Health impact assessment systems have already been implemented in many countries worldwide. For example, Quebec, Canada' s Public Health Act of 2001 mentioned integrating HIA into the policy-making process. Thailand' s Constitution and National Health Act, as well as U.S. legislation including the Housing Act, Healthy Places Act, and Clean Water Act, have all made specific provisions for HIA implementation. According to scholars, major Western developed countries including the United States, United Kingdom, Canada, Australia, the Netherlands, and Germany have established institutional arrangements for HIA implementation through specialized legislation or specific provisions in other relevant laws. However, examination of existing HIAs reveals that model selection is not uniform, showing significant divergence. These can be categorized into administrative-private cooperation models, legislative-administrative-private cooperation models, financial institution-administrative-private cooperation models, and administrative organ-led models.

(1) Administrative-Private Cooperation Model

With the rise of new-generation social rights concepts represented by the right to health, the concept of welfare administration centered on providing basic public services and promoting equitable social development has gained increasing acceptance. To ensure the realization of administrative objectives, "administrative organs introduce private capital, technology, and management experience, with public-private cooperation completing administrative tasks, transforming the welfare state into a cooperative state and giving birth to cooperative administration." The Southwest Rockford Revitalization Project HIA case represents a typical example of this model. Located in Illinois, Rockford is in the American heartland, a 90-minute drive from Chicago. Since 2019, Illinois has promoted community revitalization programs. To implement community revitalization, the U.S. Environmental Protection Agency' s Office of Brownfields and Land Revitalization developed a specialized plan for Rockford' s South Main Street and surrounding areas and decided to sign a technical assistance contract with the locality, which explicitly required health impact assessment for residents in areas covered by the community revitalization plan.

This HIA involved multiple governmental and private entities. The organizing and responsible bodies were the EPA' s Office of Research and Development (ORD) and Office of Brownfields and Land Revitalization (OBLR). The Rockford municipal government and EPA Region 5 Office were responsible for specific implementation under the guidance of these agencies. In addition to government agencies, the EPA contracted the project to its contractor, Pegasus Technical Services Inc.

In this project, a project team composed of Rockford municipal government staff, EPA Region 5 Office personnel, and Pegasus Technical Services staff comprehen-

sively considered factors including the relevance of the community revitalization plan to health, Rockford' s infrastructure development planning, stakeholder investment priorities, and preliminary citizen surveys conducted by the Rockford municipal government. Based on these considerations, they selected six key assessment factors related to housing and community living conditions and identified the main issues to be addressed by the HIA.

The assessment results were submitted by the evaluation team to the EPA' s Office of Research and Development and Office of Brownfields and Land Revitalization. After review, these administrative organs determined that the community rapid revitalization plan could provide more space and opportunities to improve working conditions and enhance walking and cycling environments, thus qualifying for technical assistance.

In practice, this HIA consisted of three phases: initial screening, mid-term assessment, and final submission and utilization of results. Under the administrative-private cooperation model, different entities had different division of labor across these phases. The screening phase had two aspects: first, screening which projects should undergo HIA, which was the responsibility of the EPA as the administrative organ. Through this screening, the community revitalization plan was identified as requiring HIA. Second, screening the health impact factors to be assessed in this HIA, which was jointly completed by the evaluation team comprising Rockford municipal government (as administrative organ), EPA Region 5 Office, and the private HIA consulting company. The specific assessment procedures were also implemented by this evaluation team, which provided final conclusions and improvement recommendations after evaluation. At this point, the HIA team' s tasks were completed. Finally, the EPA, as the organizer and screener of this HIA, applied the results to determine whether the community revitalization plan should receive technical assistance contracts and subsequent improvement measures.

(2) Financial Institution-Administrative-Private Cooperation Model

In some African HIA cases, financial institutions play an important role alongside administrative organs and private entities. The concept of financial institutions is relatively broad, generally referring to "enterprises specializing in various financial activities and providing various financial services." However, not all financial institutions can play significant roles in HIA. The financial institutions participating in HIA are primarily global or regional multilateral development banks. Development banks are a type of policy bank, defined as "financial institutions that specialize in policy-based financial business according to government decisions and intentions, do not aim for profit, and serve specific fields based on their specific division of labor." For example, the African Development Bank explicitly requires health impact assessment, environmental impact assessment, and social impact assessment in its lending policies. The environmental, social, and health impact assessment for the Nacala Corridor project in Mozambique represents a typical case of cooperation among the African Development

Bank, administrative organs, and private entities.

Mozambique' s Niassa Province is located in a relatively remote area of the country, far from the nation' s production and consumption centers, resulting in underdeveloped infrastructure in most of the province. To improve the backward transportation conditions in Niassa Province, the Mozambican central government sought to finance infrastructure improvements through development banks. The lending application from Mozambique' s National Roads Administration was intended for the renovation and upgrading of two roads: one connecting the Nacala port area in Niassa Province to the Lichinga-Ngauma-Mandimba-Cuamba districts, and another connecting Mandimba to the Malawi border. As a member of the African Union and the Southern African Development Community, the African Development Bank is one of the primary sources of funding supporting Mozambique' s economic development and social construction. According to the African Development Bank' s sustainable lending policy, projects requiring the Bank' s loan approval must meet its requirements for environmental, social, and health impact assessments. To satisfy these loan requirements, Mozambique' s National Roads Administration decided to conduct an environmental, social, and health impact assessment. The funding for this assessment was also provided by the African Development Bank as part of the loan package upon project approval. To implement this assessment, the Mozambique Roads Administration hired AGEMA Consulting & Services Company Ltd, a private limited liability company registered in Coventry, England, through public bidding. AGEMA was responsible for providing consulting services for the improvement of the Lichinga-Ngauma-Mandimba-Cuamba road and the Mandimba-Malawi border road, and for specifically implementing the environmental, social, and health impact assessment.

From the process of this environmental, social, and health impact assessment, the division of labor among different entities was clear. The African Development Bank replaced the administrative organ, undertaking the screening function to determine whether a project required HIA, providing funding and technical support for the impact assessment, and reviewing the final results to take different measures accordingly. The administrative organ primarily undertook specific organizational and implementation responsibilities, organizing resources to conduct HIA under the Bank' s requirements. The private entity, AGEMA Consulting & Services Company Ltd, was responsible for implementing the specific assessment procedures and making evaluation conclusions based on collected materials.

(3) International Public Organization-Led Model

International public organizations are important actors in international relations, defined as "a form of governmental or non-governmental organization that transcends national boundaries and surpasses the state system, originating from political, economic, and cultural exchanges between nations." The European Union (EU) is a typical intergovernmental international organization and

the world' s most highly integrated, structurally complete regional international organization with the most sophisticated decision-making and implementation procedures. It plays an indispensable and important role in Europe and globally, representing a significant force that cannot be ignored in the international community. The EU attaches great importance to health policy among its member states and was one of the earliest entities to focus on HIA systems. To promote a unified HIA system across EU member states, the European Commission invested in and established the "Policy Health Impact Assessment for the European Union" research project. The project team developed a complete set of impact assessment methods called the "European Policy Health Impact Assessment methodology (EPHIA)." The EPHIA methodology proposes a complete HIA procedure comprising six steps: screening, scoping, assessment, producing an HIA report with policy improvement recommendations, subsequent health impact monitoring, and final summary of health impact results. To verify the methodology' s feasibility, the "Policy Health Impact Assessment for the European Union" project team selected certain EU policies for pilot testing, with the "European Employment Strategy Health Impact Assessment Project" being one such pilot.

This HIA project was implemented by staff from the "Policy Health Impact Assessment for the European Union" research project team established by the European Commission. To conduct the HIA, the project team established a steering group to specifically guide the assessment activities.

The European Employment Strategy is a policy tool that provides guidance to member states on employment policy priorities at the EU level and ensures relevant policy implementation at the national level. Launched in 1997, the strategy aims to promote consistency in employment promotion policies among EU member states and achieve sustainable economic growth, full employment, and social cohesion. After the "Policy Health Impact Assessment for the European Union" project team selected the European Employment Strategy as a pilot HIA project through screening, it defined and assessed the project scope. In addition to assessing the European Employment Strategy policy itself and related policies, this HIA also analyzed the implementation of EU policy in Germany.

From all aspects of this HIA, including initial screening of assessment objects, determination of assessment scope, specific assessment of the European Employment Strategy' s health impacts and final report production, as well as further improvement recommendations for the strategy, everything was completed independently by the European Commission's "Policy Health Impact Assessment for the European Union" project team, without cooperation with German administrative organs (the primary focus of this assessment) or social organizations. As a pilot project, this HIA demonstrates a future development model for HIA systems in Europe: international public organizations like the EU would uniformly formulate relevant policies and conduct HIAs independently.

(4) Administrative Organ-Led Model

The "Saint-Catherine Real Estate Development Health Impact Assessment" represents a typical HIA project led and completed by administrative organs.

The real estate development project in Sainte-Catherine, Montérégie, Quebec, Canada, is an important component of the "Greater Montreal Metropolitan Land Use and Development Plan." According to this plan, public transportation construction and promoting public transit use have become important directions for Greater Montreal' s future development. To achieve this goal, the plan aims to direct over 40% of new population growth into newly built transit-oriented development communities, planning to introduce no fewer than 120,000 households into transit-oriented development communities and add at least 155 new public transit stations.

To implement the public transportation construction goals set forth in the Greater Montreal Metropolitan Land Use and Development Plan, Sainte-Catherine needed new large-scale infrastructure construction. Along Léo Street, a new transit-oriented development community was planned, including housing, shopping centers, and other real estate projects. The new community was substantial in scale, capable of accommodating approximately 950 households upon completion. To ensure the community construction process and its completion would promote the health of surrounding residents, the Sainte-Catherine municipal government decided to conduct an HIA for this community real estate development project. This HIA was jointly conducted by the Montreal municipal government, local health and social service centers, and the Montreal Public Health Department, reaching consensus on the elements involved in this HIA through multiple discussions. The Montreal Public Health Department was the primary implementing body for this HIA. Additionally, the National Collaborating Centre for Healthy Public Policy provided technical support.

Based on discussions among Montreal Public Health Department and other agencies, this HIA focused on six key health impact factors: first, citizens' convenience in engaging in physical exercise; second, improvement in community safety, including traffic safety and building safety; third, equitable distribution of social resources, which directly affects citizens' health status, with equal accessibility to public transportation, hospitals, schools, and green parks being important guarantees for improving citizens' health; fourth, whether the heat island effect would worsen, which adversely affects urban residents' health and may cause heatstroke and cardiovascular and respiratory diseases; fifth, potential noise pollution; and sixth, air quality, as air pollution severely damages citizens' respiratory and cardiopulmonary systems.

After assessing these factors, the Montreal Public Health Department concluded that overall, the construction of this transit-oriented development community would have positive impacts on public health promotion. It also provided specific recommendations for the community development, such as: in public trans-

portation infrastructure, reasonably controlling the number of household parking spaces to encourage public transit use; in construction, transporting and storing hazardous materials as far away as possible from residential areas and avoiding school commute times; and in noise control, ensuring residential area noise does not exceed 45 dBA during daytime and 40 dBA at night.

Compared to other HIA projects with administrative participation, this project had two characteristics: first, the entire HIA process was organized and implemented by administrative organs themselves, demonstrating that administrative organs have the capacity to conduct HIAs without necessarily cooperating with private entities. Second, there was close cooperation between central and local governments and among different specialized government departments. HIA involves strong professional expertise, making it difficult for a single administrative organ to handle alone, thus requiring the establishment of inter-agency coordination mechanisms with collaborative division of labor among various administrative organs to jointly complete HIA.

III. Analysis of Reasons for Divergence

The above HIA practices demonstrate that currently implemented HIA models vary significantly, showing substantial divergence. The reasons for this divergence are diverse, including differences in legal norms among countries and regions, as well as variations in administrative law theory development and political systems.

(1) Normative Level

The normative level essentially refers to differences in how legal norms in different countries and regions regulate HIA systems. The United States has relatively early origins of HIA. As early as the early 20th century, New York State' s Housing Act established basic requirements for residential construction, including room window orientation, ventilation conditions, bathroom construction standards, and fire safety standards, all aimed at protecting citizens' health. These provisions can be regarded as the prototype of integrating health into all policies. The 1969 U.S. National Environmental Policy Act can be considered the world' s first legal norm specifically addressing environmental impact assessment. This Act explicitly requires all federal government agencies to conduct environmental impact assessments when formulating relevant policies, regulations, and other provisions. This Act has significantly influenced the development of HIA in the United States. For a long time, the U.S. has not established an independent HIA system, nor has it enacted legislation such as a "Health Impact Assessment Act." Consequently, HIA has been subordinate to the environmental impact assessment system, becoming part of environmental impact assessment. The National Environmental Policy Act explicitly stipulates that federal and state government officials have the responsibility to assess and report on the environmental impacts of proposed legislative proposals and policies, providing the legal normative basis for administrative organs to serve as HIA

subjects. In 2011, the U.S. National Research Council published the guidebook "Improving Health in the United States: The Role of Health Impact Assessment," which has become one of the most authoritative guiding documents for conducting HIAs in the United States. Regarding who should conduct HIAs, it explicitly states that HIA implementation requires national policy support. First, conducting HIAs on government and development plans necessitates substantial cross-departmental cooperation at federal, state, and other government levels. Second, establishing a systematic and comprehensive HIA system requires government policy and legislative support. These normative provisions on administrative organs implementing HIA directly explain the participation of administrative organs in various HIA cases in the United States.

Among European countries, the HIA model has evolved from state-led to EU-led, accompanied by the introduction of relevant EU norms. The United Kingdom conducted its first HIA as early as 1994 for the proposed expansion of Manchester Airport. Starting in 1996, the UK began conducting HIAs on a series of construction projects in Merseyside to assess their potential health impacts. In addition to the UK, countries like the Netherlands and Germany have actively explored HIA at the policy level. In 1992, the Dutch government submitted the "Prevention Policy for Public Health" document to parliament, which mentioned that HIA is an important cross-sectoral policy tool for addressing socioeconomic inequalities in public health. Based on this, the Dutch Ministry of Health compiled an expert report on HIA in 1993, and beginning in 1996, the Netherlands started conducting HIAs during the formulation of various national laws, including tobacco management legislation and real estate management legislation. In 2001, Germany introduced the National Environmental Health Action Plan, which explicitly integrated HIA with environmental impact assessment, conducting both evaluations through the same procedure.

However, with the introduction of relevant EU-level norms, HIA gradually shifted from a national to an EU matter. In 1999, member states of the then European Community signed the Treaty of Amsterdam. Article 152 of this Treaty stipulated that European Community member states should highlight attention to citizens' health protection when formulating and implementing all community policies. To implement Article 152, the European Community Council of Ministers established specific monitoring procedures to monitor the impact of community policies and related activities formulated by member states on public health and healthcare. Based on this, the European Community public health strategy development agency began implementing the HIA system. Subsequently, the European Health Policy Center drafted a discussion paper on HIA as a tool for cooperation among health policy-making departments of different countries and held a series of meetings to discuss this paper. The WHO European Center for Environment and Health also actively participated in building the HIA system. In 2003, 37 member states of the UN Economic Commission for Europe jointly signed the Kiev Protocol on Strategic Environmental Assessment, requiring parties to assess the environmental impacts of their domestic policies and to consider the impacts of proposed policies, plans,

engineering projects, and legislation on human health.

(2) Institutional Level

Beyond legal norms, each country' s and region' s own development models also drive HIA model selection. Taking African countries' HIA models as an example, financial institutions, particularly regional policy banks, occupy a relatively important position, determined by the political and social system development of African countries. Africa has vast territory and diverse customs. Currently, there are 55 independent countries in Africa. Except for a few countries like Egypt, South Africa, and Liberia, most countries were established following national independence and liberation movements after World War II. Since most African countries were built from former Western colonies, they maintain high vigilance against external interference in African development and generally pursue independent development free from external interference.

For most African countries, with weak development foundations yet high vigilance against external interference in domestic affairs, development relies heavily on solidarity and cooperation among nations. African countries pursue independent development through solidarity in two ways: first, by establishing the African Union to coordinate positions among countries and provide assistance for African development; second, by relying on regional policy banks to obtain necessary funds for economic and social development, with the African Development Bank being a typical example. Since most African countries urgently need socioeconomic development, these regional international organizations have significant influence. Compared to the African Union, although the African Development Bank is only a regional financial institution, it has important impacts on African economic development and policy formulation. According to the African Development Bank' s Strategy for Economic Governance in Africa, the Bank' s function is to promote the establishment of transparent and accountable government institutions in African countries and to drive diversified, inclusive, and sustainable economic growth through government institutions. The African Development Bank' s support for African countries is comprehensive, covering agriculture, energy, and industry. This support is not only financial but also institutional. For example, in agriculture, the African Development Bank promotes the establishment of governance mechanisms for agricultural product value addition to ensure food supply in African countries. In energy, it supports governments in formulating policies and regulations for energy resource utilization, focusing on supporting policies and regulations that promote the transition from non-renewable to renewable energy use to ensure sustainable energy utilization. Additionally, the African Development Bank is committed to providing funds to enterprises to create healthy and safe employment environments for workers and to create more high-quality employment opportunities for African laborers.

From the above, compared to the African Union, international financial institutions like the African Development Bank have more direct and concrete in-

fluence on African countries' social development and economic policies. These institutions focus not only on economic development but also on people' s living standards. Given their direct influence on African countries' policy formulation, it is consistent with their local influence for financial institutions to require HIAs for engineering projects.

Compared to the African Union, the European Union has more direct influence on policy formulation among its member states. It has a complete set of independent cross-national institutions to develop and maintain the EU' s common interests. Among various EU institutions, the European Commission is the main executive body of the EU. The European Commission has certain initiative in managing EU affairs: first, it can propose legal proposals for review by the European Parliament and the Council of the EU; second, it is responsible for EU policy formulation and budget development; third, it has supervisory power over EU member states to monitor effective implementation of EU laws and policies. The European Commission and other institutions enable the EU to act as an organization independent of European countries, generating its own independent will and having the capacity to implement and enforce it. This provides the institutional foundation for the EU to formulate policies independently of its member states and promote their implementation. As early as 1993, the Treaty on European Union signed by European countries had already included improving the environment and protecting human health among the objectives of EU community policies, with all EU and member state policies required to incorporate these considerations. Based on the Treaty on European Union, the EU gradually began to formulate and implement unified environmental and health policies, initially establishing unified policies on waste management and environmental pollution control. With the signing of the Treaty of Amsterdam, the HIA system gradually transformed from a domestic system of individual countries to a unified system for EU member states.

IV. Model Selection for China' s Health Impact Assessment System

The above analysis shows that current HIA models are diverse, with corresponding differences in legal norms, academic theories, and political systems. Therefore, comprehensive consideration of various factors is needed to determine China' s HIA institutional model. Legal norms are important supports for China' s institutional construction. Article 6 of China' s Basic Medical and Health Promotion Law also explicitly proposes establishing an HIA system. However, to date, China has not yet enacted relevant legal norms to clearly define the HIA institutional model. This undoubtedly represents the greatest difficulty facing China' s HIA model selection and requires comprehensive consideration from the perspectives of HIA' s institutional functions, protection of citizens' right to health, and the relationship between China' s administrative organs and social organizations.

(1) Institutional Functions of Health Impact Assessment Determine Administrative Dominance

According to various plans, the HIA system currently being promoted in China has broad applicability. The "Healthy China 2030" Planning Outline, jointly issued by the CPC Central Committee and the State Council in 2016, explicitly proposed to "comprehensively establish a health impact assessment and evaluation system, systematically assess the health impacts of various economic and social development plans, policies, and major engineering projects, and improve supervision mechanisms." From the Outline' s content, economic and social development plans, social policies, and major engineering projects all fall within the scope of HIA application, covering the vast majority of government public affairs management. According to the Outline' s positioning of HIA, this system' s greatest value lies in promoting the integration of health factors into the consideration of all government policies and ensuring supervision.

The "Health in All Policies"concept was not pioneered by China but has achieved international consensus. As early as 1978, the International Conference on Primary Health Care was held in Alma-Ata, producing the Alma-Ata Declaration. The Declaration regarded improving citizens' health as an important social goal worldwide, achievable only through collaboration between health departments and other economic and social sectors. Under this goal, the Declaration held that governments bear actual responsibility for promoting citizens' health: "All governments should formulate national policies, strategies, and action plans, and initiate and continuously carry out primary health care as a component of the national comprehensive health system, with cooperation from other sectors." In November 1986, the First International Conference on Health Promotion produced the Ottawa Charter, which identified "peace, housing, education, food, stable ecological environment, sustainable resources, and social justice and equity" as basic conditions and resources for health. Based on this, the Charter held that health promotion is not merely a matter of medical and health care; health issues should be a focus for all national departments, which should understand the potential health impacts of their decisions and bear related responsibilities. Citizens' health promotion requires mutual support and complementarity among multi-sectoral policies, including at least legislative measures, financial measures, taxation measures, and coordination among government organizational structures. Only through coordination of policies across different departments can health-related products become safer and more reliable and health-related services more accessible and higher-quality, thereby promoting health equity. Therefore, all countries need to seek solutions to obstacles in adopting healthy public policies in non-health sectors and methods to overcome them, ultimately enabling all departments to make decisions more conducive to promoting citizens' health. The Adelaide Declaration from the Second International Conference on Health Promotion in 1988 also called on countries to focus on formulating healthy public policies, holding that health as a basic human right obligates governments to introduce healthy public policies and encourage

health promotion-related investments to protect citizens' health. Policies from all national departments should consider their impacts on citizens' health and social health equity and be accountable for health impacts of relevant decisions. In 2013, the Eighth Global Conference on Health Promotion held in Helsinki, Finland, formally proposed the "Health in All Policies" concept for the first time, producing the Helsinki Statement on Health in All Policies. The Statement held that health and citizens represent the core responsibility of governments to their citizens, and that governments should have sufficient political will, courage, and strategic vision to formulate effective, equitable, and consistent health and social welfare policies. The conference called on governments to take concrete actions, fulfill their obligations to protect citizens' health and social welfare, implement the Health in All Policies concept in their countries, strengthen government capacity to implement it, and cooperate with other governments.

From international consensus on the Health in All Policies concept, its implementation requires proactive action by administrative organs to incorporate health impact considerations into policy formulation processes. As an important guarantee for implementing this concept, the HIA system ensures the promotion of citizens' health through assessments of public policies' and social development plans' health impacts. As an important action for administrative organs to implement the Health in All Policies concept, the government has both the power and the obligation to actively conduct HIAs.

(2) Protection of Citizens' Right to Health Requires Active Health Impact Assessment

The HIA system assesses the impacts of public policies, social development plans, and social engineering projects on local citizens' health to determine whether relevant projects should proceed and how they should be adjusted to protect citizens' health. Regardless of the assessment object, the ultimate purpose is to protect citizens' realization of their right to health. The state' s obligation to protect citizens' right to health determines that administrative organs cannot shirk their responsibility to conduct HIAs.

The right to health is one of the most basic human rights enjoyed by Chinese citizens. Article 21, Paragraph 1 of China' s Constitution explicitly stipulates: "The state develops medical and health services, promotes modern medicine and traditional Chinese medicine, encourages and supports rural collective economic organizations, state-owned enterprises, and street organizations to establish various medical and health facilities, and carries out mass health activities to protect people' s health." From an international perspective, the state' s obligation to protect citizens' right to health has become a global consensus. In 1948, the UN General Assembly in Paris adopted the milestone document the Universal Declaration of Human Rights, which extensively absorbed opinions from countries worldwide, with representatives from over 50 countries contributing their views. In December 1948, the UN General Assembly adopted the Universal Declaration of Human Rights through Resolution 217 A(III). Article 25 of the Declaration

explicitly stipulates: "Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control." This became the most important foundation for international consensus on states' obligation to protect citizens' right to health. Building on this, in December 1966, UN General Assembly Resolution 2200(XXI) approved another important document in the history of human rights development: the International Covenant on Economic, Social and Cultural Rights, which provides more detailed provisions on citizens' socioeconomic and cultural rights, with attention to citizens' right to health being an important component. Article 12 of the Covenant explicitly stipulates: "1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. 2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for: (a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child; (b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases; (d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness." The Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights jointly provide clear provisions on states' obligations to protect citizens' right to health. Based on this, a series of international declarations and conventions have reaffirmed and refined contracting states' obligations to protect citizens' right to health, including Articles 23 and 24 of the Convention on the Rights of the Child, Article 12 of the Convention on the Elimination of All Forms of Discrimination against Women, and the International Convention on the Elimination of All Forms of Racial Discrimination, the Minimum Rules for the Treatment of Prisoners, the Declaration on the Rights of Mentally Retarded Persons, the Declaration on the Rights of Disabled Persons, the Geneva Conventions, the Declaration on the Protection of Women and Children in Emergency and Armed Conflict, and the Declaration on the Protection of the Rights of AIDS Patients, among others.

According to international declarations, conventions, and other international consensus, states' obligations to protect citizens' right to health are mainly reflected at several levels: first, states should provide equal protection of the right to health. Equal protection of the right to health is mainly reflected in two aspects: first, providing equally accessible basic medical and health security services for citizens, including equitable basic medical insurance, pension insurance, and equally accessible medical resources; second, substantive equal protection of the right to health requires governments to provide reasonable differential treatment for different groups, offering special protection for vulnerable groups such as children, women, and persons with disabilities, including providing medical and health security services that meet the needs of vulnerable groups and

actively legislating to protect equal opportunities for vulnerable groups in life and work. Second, state decision-making related to citizens' health should listen to citizens' opinions and suggestions. Public participation is a basic requirement for procedural legitimacy in administrative organs' management of public affairs and an important guarantee to ensure that relevant health decisions can reflect citizens' real needs, representing important content that runs through the entire process of states' protection of citizens' right to health.

From the perspective of states' obligations to protect the right to health, as an important measure to protect citizens' right to health, states should not only actively organize HIAs but also ensure these assessments meet basic procedural requirements, providing citizens with opportunities to understand and express opinions during the evaluation process. Specifically, the impact assessment process and results should be public so citizens can understand them, and the assessment process should actively hold hearings to listen to relevant citizens' and stakeholders' opinions and suggestions.

(3) The Relationship Between Administrative Organs and Social Organizations Determines China' s Administrative-Led Model

As reviewed above, there are two main models for administrative organ participation in HIA: one is cooperation between administrative organs and social organizations, and the other is administrative organs conducting HIA independently. Many countries and regions have chosen to conduct HIAs through cooperation between administrative organs and social organizations. However, considering the relationship between China's administrative organs and social organizations, an administrative organ-led HIA model is more appropriate.

The theory of cooperative governance between administrative organs and social organizations is relatively mature abroad and has also attracted continuous attention from Chinese scholars. For example, scholar Zhang Zhiyuan proposed that "in the practice of administrative rule of law during China' s social transformation period, a panoramic new trend of public-private cooperative governance is emerging." However, from the perspective of China' s government administrative management practice, the model of cooperation between administrative organs and social organizations to conduct HIAs is not yet mature. First, in terms of conceptual understanding, the cooperative governance concept has not yet become the mainstream view in China's administrative management practice. From the perspective of administrative practice, government leaders believe that public affairs, especially those with certain coercive nature, should be primarily the responsibility of administrative organs, with few cases of social organization management. Second, the administrative-social organization cooperation model is also known as the PPP model. Currently, this model' s practice in China is not entirely satisfactory. From local practice, governments tend to view this model as a financing channel, often converting social organizations' deserved equity into bonds after receiving social capital injection, effectively transforming government-social organization cooperation into government financing from

social organizations. In fact, to curb this problem, in June 2015, the Ministry of Finance issued the "Notice on Further Improving Demonstration Work on Government and Social Capital Cooperation Projects (Cai Jin [2015] No. 57)," which explicitly stated that "the advantages of government centralized procurement in reducing costs should be leveraged to determine reasonable fee standards, and a batch of professional intermediary agencies with strong capabilities should be selected through government procurement platforms to provide technical support for demonstration projects. It is strictly forbidden to conduct disguised financing through guaranteed returns, repurchase arrangements, or debt-like equity arrangements, packaging projects as PPP projects." Under these circumstances, even if cooperation between government and social organizations in HIA is required, in practice, it would likely become the government financing itself and then organizing and conducting HIA, effectively hollowing out the cooperative HIA system. Third, from the perspective of current government-social organization cooperation projects in China, the institutional construction for implementing HIA through public-private cooperation is not yet mature. For example, the current bidding mechanism is not fully established, with many company cooperation projects not undergoing strict bidding procedures and suffering from serious issues of non-transparency and non-disclosure. Additionally, China currently lacks sufficient public-private cooperation professionals. As seen in the cases above, European and American countries have formed a group of social organizations with professional HIA knowledge and experience that cooperate with administrative organs long-term, compensating for administrative organs' insufficient professional expertise. However, in China, the HIA system is still in the promotion and pilot stage, with insufficient research even on fundamental HIA issues, let alone relying on professional HIA companies to implement relevant assessments. In fact, the lack of relevant professional talents and institutions is one of the biggest obstacles to large-scale implementation of HIA in China. Without a talent reserve, social organizations cannot bear the social responsibility of cooperating with administrative organs to enhance HIA professionalism. Finally, China has not yet established sufficient trust mechanisms, with inadequate mutual trust between administrative organs and social organizations. For administrative organs, social organizations' qualifications and professionalism are difficult to verify, often leading to situations where, after signing contracts, the social organization' s capabilities differ from expectations, actual implementation effects significantly deviate from contracted goals, or even fraudulent use of administrative funds occurs. For social organizations, there are problems such as administrative organs carelessly signing contracts and then arbitrarily changing or adding conditions or withholding funds, or administrative organs arbitrarily reneging on existing cooperation projects or commitments in the name of "public interest," leading to cooperation projects being unable to continue and social organizations lacking relief channels.

Therefore, considering the institutional value of HIA, protection of citizens' right to health, and the relationship between administrative organs and social organizations, it is more appropriate for China' s HIA system to have administrative

organs screen and scope evaluated projects, organize relevant staff and experts to jointly conduct impact assessments, and have administrative organs review the assessment results.

Finally, it should be emphasized that resolving the behavioral model of HIA only represents the first step in constructing this system in China. For an administrative organ-led HIA, whether it constitutes an administrative act that directly affects counterparties' rights and obligations or merely an internal factual act of administrative organs; whether assessment results merely provide recommendations for relevant parties or impose mandatory improvement obligations on evaluated subjects; and which specific department should organize and implement HIA in China—these are all unavoidable questions in the construction of China' s HIA system that await further consideration by Chinese scholars.

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Note: Figure translations are in progress. See original paper for figures.