

HIA Quarterly

Regular IAIA Health Section Members Update
No. 2, 2006 (June)

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The objective of *HIA Quarterly* is to keep the IAIA Health Section members up to date of members' activities on a more regular basis than the annual Conference. In addition, *HIA Quarterly* will provide the opportunity to combine efforts in a particular area, such as the development of an HIA evaluation framework or a shared input at the annual Conference. *HIA Quarterly* is additional to the IAIA Newsletter and will not double print messages. It is a bottom-up initiative, which means that ***It's success is highly dependent on your input.*** To keep your fellow members up to date of your work, *HIA Quarterly* only requires five minutes of your time!

HIA Quarterly will be issued on the 1st of March, June, October, December, and the deadline for submissions will be two weeks in advance. Please, keep messages short and add contact details.

To post a message on the Health section's listserv inbetween issues of the *HIA Quarterly*, send an email to health@iaia.org.

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Messages from the chairs:

Stepping down...

At the IAIA 06 conference in Stavanger I stepped down as the co-chair of the Health Section. After some years in this position it was time to renew the section leadership and provide new impulses. An exciting new impulse was already given at the Stavanger conference. Ben Cave, who has become the new co-chair, and Suphakij Nuntavorakarn have started working on the implementation of the Memorandum of Understanding between IAIA and WHO in a partnership with our WHO colleagues Robert Bos and Marco Martuzzi, and WHO-collaborator Peter Furu. Other work is lying ahead as well, such as finalizing the short Principles and Practice of HIA paper, and drafting an extended version, preparing HIA training at the conferences to come, and developing new themes for future work. As a section chair I have developed an interest in matters of integration. This culminated this year in a preconference workshop around this topic, organized jointly with the SIA section. I hope the Health section will succeed in taking things further from there. In my new position as the chair of the Sections Coordinating Committee, integration will of course remain one of the topics I advocate. Looking back at the past few years I can say it was a great pleasure and a privilege to be co-chair. I enjoyed working with all section members; you are a bunch of people that are committed, professional and reliable. But most of all you are a fun bunch of people! A very special and warm thanks to Suphakij Nuntavorakarn - it was lovely to co-operate with you in the twin section leadership. And Ben - thanks for volunteering to take over. I'm certain that your input into the Health section will be wonderful. I look forward to keep on cooperating with the Health section, as the SCC chair, but first and foremost as a section member. Hope to see you all again in Seoul, Korea, at the IAIA 07 conference!

Lea den Broeder

Thank you, Lea

At the IAIA Conference in Stavanger, Lea den Broeder stepped down as co-chair of the Health Section. Suphakij Nuntavorakarn was joined, as co-chair, by Ben Cave. The health section thanked Lea for all her hard work. Lea and Suphakij have worked hard to raise the profile of the health section within IAIA and Lea leaves it in very good health with lots of opportunities. Lea is now the chair of the sections co-ordination committee.

Ben Cave

IAIA Conference 2007 Seoul

Plans for IAIA 07 are underway. It will be held in Seoul from the 2nd to the 9th June 2007. The title for the conference is 'growth, conservation and responsibility'. Each of these themes will be examined throughout the conference. There will be a fourth theme bringing a Pan-Asian focus to impact assessment.

The health section has signaled its readiness to deliver two theme fora at the IAIA 07. A theme forum is a set of linked sessions on a particular theme. If they work well they are a mini-conference within the main conference.

All plans have yet to be developed and agreed with the Conference Organising Committee but we have offered to host one theme forum related to the WHO training & capacity building programme in health impact assessment which has been conducted in the Mekong Delta. The other theme forum will look at issues, which cut across impact assessment: such as society and culture, biodiversity, economic development, health and well being. We hope to develop these as part of the programme of work to deliver the *Memorandum of Understanding* between IAIA & WHO (see next page).

From the editor:

The Health section member list has been updated and put in alphabetical order (see page 2-3).

From Ben Roxas-Harris:

Advance Notice: HIA 2007 Conference

The 2007 South East Asian and Oceania Regional Health Impact Assessment Conference will be held in Sydney, Australia. The conference will run from Wednesday the 7th of November - Friday the 9th of November 2007.

Potential participants are encouraged to note these dates in their diaries. A call for abstracts and registration details will be circulated in coming months.

For more information please go to www.hia2007.com or contact b.harris-roxas@unsw.edu.au

See you in Sydney!



From Robert Bos (WHO):

EHIA Guidance document published

The WHO Centre for Environmental Health Activities operates, within the structure of the Organization's Regional Office for the Eastern Mediterranean in Cairo, to provide essential environmental health support to Member States in the Region. CEHA is based in Amman, Jordan, and covers the entire EM region, which includes all North-African countries (except Algeria), Syria, Lebanon and Jordan, the Gulf countries, Sudan, Yemen, Djibouti, and Iraq, Iran, Afghanistan and Pakistan. Following various consultations and national workshops in these countries they have now published Environmental health impact assessment of development projects: A practical guide for the WHO Eastern Mediterranean Region, authored by A.A. Hassan, M.H. Birley, E. Giroult, Raki Zghondi, M.Z. Ali Khan, R. Bos

It provides directives on the design of terms of reference for consultants in charge of performing EHIA studies and proposes procedures for the review of assessment reports for informed decision-making on proposed economic development projects. Arguing that many of the adverse effects of development can be avoided by careful planning, including environmental health impact assessment (EHIA), it states that simple trade-offs between benefits and adverse effects is unacceptable. Without unduly delaying development, EHIA aims at minimizing the negative impacts and, at the same time, provides a mechanism to identify health opportunities.

The publication can be downloaded from: www.who.int/water_sanitation_health/resources/emroehiabook/en/index.html

Sub-regional Consultation on Health Impact Assessment

The WHO Regional Centre for Environmental Health Activities in Amman, Jordan organized a sub-regional consultation on Environmental Health Impact Assessment Capacity Building in Muscat, Sultanate of Oman from 3 to 6 April 2006. It was attended by representatives of the ministries of health and of environment from the countries of the GCC (Gulf Cooperation Council). These countries are Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates. The Consultation produced a regional framework for coordinated EHIA capacity building and a set of recommendations for short and medium term action. Roy Kwiatkowski of Health Canada and Robert Bos of WHO Geneva participated as international resource persons. As a first follow-up, the individual countries will explore the possibilities of organizing national EHIA workshops aimed at familiarizing ministry of health staff with the principles and practice of health impact assessment, and the essential HIA functions of the health sector. The report of the consultation will be published in the second half of 2006 and will be announced in the newsletter.

Information about CEHA's work can be found at <http://www.emro.who.int/ceha/>

From Ben Cave and Robert Bos:

IAIA and the World Health Organization (WHO) signed a Memorandum of Understanding in 2000. It states that the two organizations have mutually supportive aims in public health and impact assessment and provides a broad framework for them to work together to further these aims. While the two organizations addressed relevant issues within this framework, mainly on the occasion of the annual IAIA conferences, they both felt it was timely to take advantage of this MoU and scale up their collaboration. During the 26th IAIA Conference in Stavanger representatives of the IAIA Board and Health Section and of WHO Headquarters, its European Regional Office and its collaborating centre DBL met to discuss the way forward. The discussion focused on practical and achievable action over the next twelve months, building on already on-going activities. Areas of activity receiving the endorsement of both the WHO and the IAIA Board included:

- WHO and IAIA jointly organizing a regular pre-IAIA conference training session on HIA;
- Exploring options of branding WHO HIA capacity building programmes with the IAIA logo and involving local IAIA members;

- Drawing on the different global networks of IAIA & WHO in relation to health impact assessment, HIA appraisal and the formulation of public health management plans; an
- Collaboration on developing Health Section input to the 2007 IAIA conference in Seoul, Korea.

What happens next? At the Health Section meeting it was agreed that Ben Cave and Robert Bos will work with Alan Bond and Decharut Sukkumnoed to develop and deliver a detailed programme of work for the MoU. We welcome ideas, suggestions and inputs

Please contact Ben Cave <ben.cave@caveconsult.co.uk> for more information. Through the IAIA listserv everybody will be kept up to date on progress.

From Martin Birley:

At the integrating HIA/SIA pre-conference workshop held at Stavanger, 2006, the 30 attendees discussed the case study presented at the next page. The group was asked to invent any additional details that one may need. The main benefit to everyone was participation in the discussion. We have collected the lessons learned, and next year we plan to do something similar. We may focus on generic terms of reference. During the year a group of us will work on such a ToR by email.

Case study for joint HIA-SIA workshop on "Integration: theory to practise"
IAIA Stavanger 2006-06-12, Martin Birley

A Liquid Natural Gas processing facility

An investment group is funding a liquid natural gas processing facility on a coastal corner of an African country. See figure 1. The national regulatory requirement only covers EIA. An integrated environmental, social and health impact assessment (ESHIA) is required by the investment group.

Site description

The project site is a bay where there is considerable fishing activity.

- There is a fishing village of approximately 2000 inhabitants that will have to move. The nearest town to the site has 50,000 inhabitants and is located 10 km north of the boundaries of the site. Several other small human settlements of no more than 200 inhabitants surround the site.
- The inhabitants are from more than one language group.
- There are many religious shrines in the villages.
- Villagers are mostly fishing folk, but some work in town and there is some metal craftwork.
- Local agriculture is based on cassava, pigs, chickens, and vegetables.
- Village water supply is poor and there are few functional water closets.
- There is a rough track from the town to the village. It continues to a small coastal settlement. Much transportation is by boat.
- The land is low lying with a high water table, wooded, with coastal mangroves.
- There are both private and public medical facilities in Town.
- The major causes of child mortality are malaria and diarrhoea.
- There are four species of malaria vectors in the area.
- Tuberculosis and HIV prevalence rates are rising in the adult population.
- Casual polygamy is common.

The development plan

The entire bay will become a processing complex. See figure 2.

- The processing plant will receive gas through pipelines from a separate company and project. The pipeline project is the subject of a separate ESHIA.
- There will be a jetty for loading ships with processed gas.
- The road from town will be upgraded and an additional road will be built to the new fishing village.
- Some dredging and land reclamation is required.
- Fishing will be forbidden in the bay because of the danger of collision. This will be enforced.
- Villagers will be relocated to a new village.
- A construction camp of approximately 6000 workers will be established throughout the construction period of 3 years.
- The workforce will be all-male and from all over the world. They will not be accompanied by their families. International standards will be enforced in the construction camp for accommodation and services.
- A modern settlement will be constructed on the coast for plant employees.
- Some mangrove will be cleared for this purpose.
- Local employment opportunities will be provided.

Figure 1 Before project

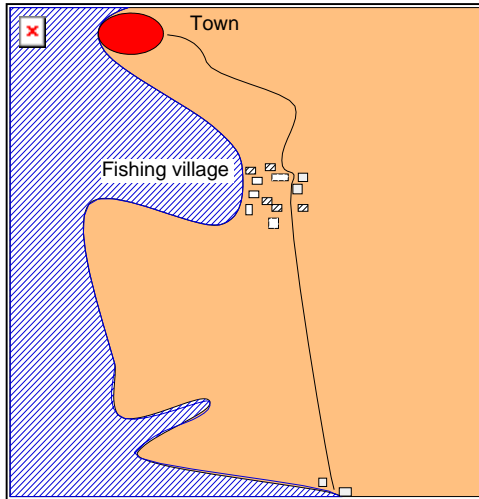
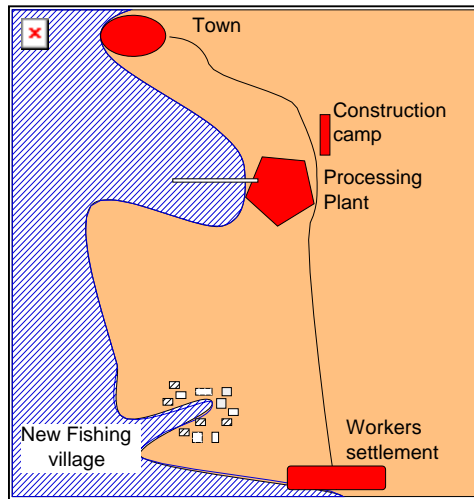


Figure 2 After project



Questions for everyone

- Identification of impacts
Brainstorm for 15 minutes on some of the possible impacts of this project. Take care! You could spend all day on this.
- Methodology
What method should be used to ensure that all possible impacts are analysed and prioritised?
- Scoping
How should the overall task be subdivided between the environmental, social, and health teams? How should overlap be managed?
Which health determinants are best left to the health, environmental or social specialists for study, analysis, and mitigation? Why?

Questions for specific groups

- Terms of Reference, or Invitation to Bid
The investment group will contract the ESHIA to a lead environmental consultancy company. What should the ToR, sometimes called ITB, say about competencies, resources, and ways of working in order to ensure that a properly integrated impact assessment is produced? What else should it say about integration?
- Skills
What additional skills are required of environmental, social, and health impact assessment specialists in order to ensure integration? How should the skills be acquired, or taught, or advocated?
- Stakeholder engagement/community consultation
What community consultations should take place – with whom, for what purpose and what role should the community have in influencing decisions on the assessment and the project?
- Integrated report
What characteristics are expected of an integrated impact assessment report?
- Strategic Impact Assessment
The project site is part of a new industrial zone. The project will be the first development in that zone. The zone only exists in outline and no land use or infrastructure plans have been drawn up. Discuss the requirements for a strategic impact assessment of the industrial zone.

Publications

(www.pubmed.org;
www.isiknowledge.com web of
science):

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EUROPEAN JOURNAL OF PUBLIC HEALTH
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[Growing the field of health impact
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Thanks to this issue's contributors.

Next issue HIA Quarterly:

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