



ECO-HEALTH IN THE AMERICAS LEGAL WORKING PAPER SERIES

EIA REGULATORY TRENDS AND INNOVATIONS IN THE AMERICAS: WHAT IS HEALTH?

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1. Introduction

Although existing laws, regulations and guidance support the inclusion of a comprehensive health analysis in Environmental Impact Assessment (EIA), current EIA practice usually does not link proposed actions and alternatives to health outcomes. A complete analysis of health effects responsive IA laws would consider all potentially significant direct, indirect and cumulative health impacts associated with the proposed action and alternatives. Similar to an EIA, the analysis would include descriptions of baseline health status and determinants of health for the affected population, predictions of impacts on health and health determinants, and mitigation measures for potential adverse impacts. Like environmental impact assessment (EIA) and socio-economic impact assessment (SIA), HIA systematically assesses potential impacts, and recommends strategies to mitigate harmful effects and enhance benefits. HIA, EIA and SIA differ in where they look for effects. EIA examines effects on the environment, SIA on the social and economic wellbeing of affected communities, and HIA on the health of human populations.

Health Impact Assessment may be defined as 'a methodology which enables the identification, prediction and evaluation of the likely changes in health risk, both positive and negative (single or collective) of a policy programme, plan or development action on a defined population. These changes may be direct and immediate or indirect and delayed' (Morgan, 1998). Its purpose is to add value to the decision-making process. It aims to assist decision makers by clarifying the various ways in which a policy could influence health and by ensuring that health considerations are not overlooked. Health Impact Assessment is primarily concerned with policies in non-health sectors such as economic, housing, law and order, transport, energy and many others since these are the areas that have the greatest potential to impact on population health. However, Health Impact Assessment can also add to policies with an overtly health objective (such as increasing taxes on tobacco) by exploring the indirect health consequences, which would flow from them.

2. Defining Health for the Purpose of this Project

The definition of health has a rich pedigree which must be considered:

- Health is holistic, based on individual & community physical, mental & emotional well-being not just physical (PAHO Ottawa 1996, WHO 1967). Human activities (or stressors) alter these contexts and have positive and negative effects on individuals and communities involved.

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO 1967)
- Health is “the extent to which an individual or a group is able, on the one hand, to realize aspirations and to satisfy needs, and on the other, to change or cope with the environment” (WHO 1984)

The determinants of health model also identify key factors which influence health (consider including this information on a table rather than paragraph):

- General Potential Environmental Impacts
 - Increased demand and/or improvements to public infrastructure (water supply, sewerage, waste management, health, education, other government services).
 - Altered risk from acute hazards, eg. fires, spills during transport or handling of materials.
 - Altered motor vehicle traffic leading to changed risk of injury or air pollution.
 - Damage to vulnerable ecosystems that are of importance to human health.
 - Impact on health or amenity through changes to odour, noise, dust, insects, shade, vibration, light spill, etc (including what are historically referred to as environmental health nuisances).
 - Encourage/discourage healthy forms of physical activity eg. walking or cycling.
- Communicable/infectious diseases (eg. spread of STDs, mosquito-borne disease).
- Non-communicable diseases – cardiovascular disease, cancer, asthma, etc.
- Exacerbation of existing conditions.
- Injury, eg. from trauma.
- Social Impacts
 - Employment opportunities created/lost.
 - Effect on local government revenues.
 - ‘Spin-off’ effects on local industry.
 - Changes in social conditions (way of life) or demographic changes leading to health consequences eg. the likelihood of changes to alcohol consumption in an area.

In this Ecohealth project, we have chosen to pay special attention as well to mental health, an often overlooked element of health. The WHO defines mental health as “The successful performance of mental functioning, resulting in productive activities, fulfilling relationships with others, and the ability to change and to successfully cope with adversity.” Mental health is fundamental to overall health and wellbeing. Globally, 400 million people suffer from mental and neurological disorders or from psychosocial problems such as those related to alcohol or drug abuse (WHO Mental Health Atlas 2005). The functional effects of mood disorders or substance use are devastating with major disruptions to physical, social and role functioning. Moreover, the cost of MH disorders to the productive economy is staggering due to absenteeism, productivity, medical costs, hospitalizations. Substance use is an important risk factor for STDs and

HIV/ The presence of depression is a factor in adherence and compliance in treatment for HIV, TB, malaria.

At the community level, there are numerous ways that a development project may impact MH including: (a) Altered (improved or decreased) opportunity for recreation or socialization. (b) Increased or decreased isolation of individuals, (c) Shifts of population into or out of the affected area and the health impacts of such shifts.

3. A Brief Overview of HIAs

The development of HIAs has been influenced by strands: Health Public Policy/Health Determinants Approach and the EIA. Having already considered the determinants of health approach above, this section will briefly review the development of HIAs.

- ❖ First EIA legislation – 1969.
- ❖ 1991 and later in 90s more and more countries includes HIA into expertise: New Zealand, Australia, Canada.
- ❖ In Europe Germany and the Netherlands mostly environmental health issues, Finland, Sweden other general policy or specific policy issues in 90's.
- ❖ 1998 strong movement in United Kingdom, major documents came out
 - London Declaration on Action in Partnership
 - Economic perspectives on environment and health: 45. We will develop, so far as is needed, our capacities to carry out economic analysis, in order to place this tool at the service of efforts to meet our commitments, and in particular to strengthen our national systems of strategic environmental impact assessment so as to include health concerns, and to ensure the integration of environment and health considerations into policies (paragraph 21(a)). We will promote the full internalization of environment and health costs, and the preparation of strategies for achieving this.
- ❖ Findings of EIA Review
 - Most are health risk assessments of the affect of emissions into the air, water and soil.
 - Or completely separate HIAs after EIA conducted.
 - Physical health impacts are always or most often considered.
 - Social and mental well-being impacts are less often or rarely considered.
 - Inequalities in health impacts between different community groups are very rarely if at all considered.
 - Health is assessed within EIA but not to the degree and breadth that it could be.
 - Recommendations: Health professionals need to be more active at the scoping and review stages of EIAs rather than getting involved at the end.

4. Proposed Framework for HIAs based on EIAs (consider including as graph/box)

Step 1:	Screening
Step 2:	Scoping
Step 3:	Profiling
Step 4:	Risk Assessment
Step 5:	Risk Management
Step 6:	Implementation and Decision-making
Step 7:	Monitoring, Environmental and health auditing, post-project evaluation

This Ecohealth project will attend to several under-served populations including: the elderly, the disabled, the poor, and indigenous populations.

It will also monitor the mitigation of mental health impacts which may include:

- ❖ Community based committee to deal with drug and alcohol abuse, family violence, STDs.
- ❖ Policies mandating drug and alcohol free workplaces.
- ❖ HIV/AIDS policies.
- ❖ Employee assistance programs to provide advice and assistance for employees re: work related stress.
- ❖ Financial management courses (aboriginal communities not been money based).

5. Integrating the Concepts of EcoHealth and HIAs (Review of EcoHealth Definitions)

Ecohealth approaches recognise that the economy, the environment and the needs of the community all have an impact on the health of the ecosystem and consequently, the people living within that ecosystem.

Ecohealth approaches can be seen as useful processes to deepen our understanding of the linkages between human health, and environment impact assessment. The approaches recognise that there are inextricable links between humans and their biophysical, social, and economic environments that are reflected in individual/ communities' health.

They focus on understanding (i) the interactions between social and ecological systems in defining key determinants of human health in particular settings, and (ii) the impact of human activities on the sustainability of these processes. They also seek to identify ecosystem management strategies that contribute to improving the health and living conditions of human populations and the sustainability of the ecosystem in which they live.

Ecohealth represents a process-oriented and dynamic way of understanding and solving problems, which can be constructed in various contexts, with varying scales, and different intended outcomes.

“Ecosystems” in this approach are defined relative to the research problem and refer to the social and ecological contexts, both on a temporal and a spatial scale, of human lives.

In short, in our review, IAs should focus on:

- ❖ delivering sustainable development.
- ❖ broader indicators (health as social & mental well-being, gender, community rights, inter/intra-generational equity).
- ❖ power differences between countries/communities in common resource management.
- ❖ all phases of the before, during & after (not just before)
- ❖ community & civil society access to information & participation in political decisions.
- ❖ bridges between institutions & promote integration, not increase fragmentation & jurisdiction.
- ❖ bridges between communities, decision-makers & scientists (drawing on evidence from different disciplines).

6. Health Research Methodology Challenges and Lessons

Data collection is a particular challenge because not all of the best information will be in accessible published form. The starting place will be scientific and medical databases (such as PubMed), medical and public health publications from national, regional or international organizations. Where data does not exist, compare indicators from companies, UN or the WHO, NGOs and other sources and partner with respected research institutions, also find ‘key informants’ and document their replies carefully.

7. Health Themes Developed in the Case Studies

8. Conclusions

Centre for International Sustainable Development Law (CISDL)

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