Integrated Eco-Health Assessment in the Americas: Strengthening Health and Environmental Impact Assessment Laws and Policies in Americas to Address Economic Liberalisation

DRAFT CONCEPT PAPER

Core Partners:
Mrs. Marie-Claire Cordonier Segger, CISDL Director,
Prof. Maria Leichner Reynal, Fundacion Ecos (Argentina),
Prof. Carlos Murillo, Executive Director, CINPE (Costa Rica), and
Mrs. Patricia Aquing, Programme Director, CEHI (Saint Lucia)

Associate Partners:
Lic. Luis Guadarrama, Programme Director, CEMDA (Mexico),
Lic. Soledad Salvador, Researcher, CIEDUR (Uruguay),
Lic. Hernan Blanco, Interim Director, RIDES (Chile)
The mission of the Centre for International Sustainable Development Law (CISDL) is to promote sustainable societies and the protection of ecosystems by advancing the understanding, development and implementation of international sustainable development law.

The CISDL is an independent legal research centre which collaborates with the McGill Law Faculty in engaging students and interested faculty members in sustainable development law research and scholarly initiatives. The CISDL also works in cooperation with a network of developing country faculties of law, and is developing closer ties with the Oxford University Faculty of Law and the Université de Montréal, as well as the Yale Law School and the Cambridge University Faculty of Law.

The CISDL is engaged in six primary areas of sustainable development law research, each of which is led by a CISDL Lead Counsel based at a developing or developed country law faculty or international organisation. These include trade, investment and competition law; sustainable developments in natural resources law; climate change and vulnerability law; human rights and poverty eradication in sustainable development law; biodiversity law; and health and hazards in sustainable development law.

CISDL Location & Contact Information

The CISDL is based at 3661 Peel St., Montreal, Quebec, Canada, H3A 1X1 in offices lent to it by the McGill University Faculty of Law by reason of the involvement of students, graduates and faculty members in its activities. The CISDL also has subsidiary offices at the University of Oxford, the University of Costa Rica, and the University of Nairobi, Kenya.

Marie-Claire Cordonier Segger, mcsegger@cisdl.org
Ashfaq Khalfan, akhalfan@cisdl.org
Centre for International Sustainable Development Law,
3661 Peel St. McGill Law Faculty, Montreal,
Quebec H3A 1X1 Canada
Tel: 001 514 398 8918 / Fax 001 514 398 8197
www.cisdl.org
Integrated Eco-Health Assessment in the Americas: 
Strengthening Health and Environmental Impact Assessment Laws and Policies in Americas to Address Economic Liberalisation

Table of Contents:

1. Introduction

2. New Americas Economic Policies, Including Trade Liberalisation, and their Impacts

3. Capacity to Assess and Address the Health and Environment Impacts of Economic Policies in the Americas
   - Consider Health Aspects within the Context of a Traditional Environmental Impact Assessment, or Environmental Aspects within the Context of a Health Impact Assessment.
   - Use the ‘Traditional’ Sustainability Impact Assessment (SIA) Models
   - Integrate Methods Based on the Population Health Model in the SIA Model

4. Elements of a New Research Agenda in Americas Health and Environment Assessment Law and Policy

Integrated Eco-Health Assessment in the Americas: Strengthening Health and Environmental Impact Assessment Laws and Policies in Americas to Address Economic Liberalisation

“Our goal is to achieve sustainable development throughout the Hemisphere.”
- Summit of the Americas Declaration, Quebec City, Canada, April 22, 2001.

Introduction

Governments of the Western Hemisphere have embarked on an Americas Summits process which holds, as one of its main objectives, sustainable development. The goals of this Americas integration process were crystallized at the Miami Summit of the Americas in 1994.1 In the 1994 Miami Summit, the heads of state acknowledged that “social progress and economic prosperity can be sustained only if our people live in a healthy environment and our ecosystems and natural resources are managed carefully and responsibly.”2 A more recent declaration, from the 2001 Quebec City Summit of the Americas, clearly recognises that the “goal is to achieve sustainable development throughout the Hemisphere.”3

Ecologically, closer cooperation for sustainable development in the Americas makes perfect sense. The Americas are a chain of diverse but interconnected ecosystems, stretching from the Yukon to Patagonia.4 A cooperative management regime, one which respects the integrity of each bio-geoclimatic region, could help these countries to ensure cleaner air, clearer water and healthier, more environmentally sound conditions for communities and their ecological systems.5 Indeed, the 2001 Quebec City Plan of Action committed to “[p]romote the adoption, implementation and enforcement of national legislation, regulations, standards and policies that provide for high levels of environmental protection....”6

Furthermore, sustainable development has social, as well as environmental, components. One of the key components of progress towards social justice is the hemispheric commitment to improve population health and well-being. This is a pressing priority. In 2002, Dr. George Alleyne, Director of the Pan-American Health Organisation (PAHO), recognised soberly that “progress is needed to improve water, sanitation, chemical safety and air pollution as a way to advance human health in the Americas. Almost one quarter of a million children die every year from preventable causes many of which are directly related to poor environmental conditions. Almost one million cases of malaria are reported yearly. There are still almost 80 million people without water, and 103 million lack adequate sanitation.”

Core institutions responsible for health and environment cooperation in the region, the Pan American Health Organization (PAHO) and the United Nations Environment Programme (UNEP), and the Organisation of American States (OAS), with the support of national ministries and other organizations, have sought to strengthen the linkage between health and environmental policymakers and sectors in the Western Hemisphere. This cooperation has crystallised through several important meetings of policy-makers over the past decade.

In 1995, PAHO convened ministers responsible for health, environment and development in the countries of the Americas for the first time. The 1995 Pan American Charter on Health and

---

1 First Summit of the Americas, Declaration of Principles, para.20 (Miami: December 9-11, 1994) [Declaration of Principles].
2 Ibid.
3 Third Summit of the Americas, Declaration of the Third Summit of the Americas, (Quebec City: April 22, 2001), available online: https://www.summit-americas.org/eng/quebec-summit1.htm [Declaration of the Third Summit of the Americas].
6 Ibid.
Environment in Sustainable Human Development and a Regional Plan of Action was an outcome of this session. Many aspects of this plan of action began to be implemented, but as political momentum faded, the actions envisioned in the plan were not adequately maintained. Subsequently, in 2001, a First Meeting of the Americas Environment Ministers was held in Montreal, and recommended a joint hemispheric process for Health and Environment Ministers to revive this cooperation.

In 2002, the Health and Environment Ministers of the Americas (HEMA) meeting was successfully held in Ottawa, Canada, with the support of PAHO and UNEP. It sought to take stock of progress achieved in implementing the Pan American Charter on Health and Environment in Sustainable Human Development, to identify priority areas for renewed emphasis and cooperative initiatives, and to explore ways of moving an environmental health agenda forward in the Americas and globally. The priority areas identified for a concerted action across the region included issues such as integrated management of water resources, including water contamination and basic sanitation; improvements in air quality; health implications of natural and human-made disasters; sound management of chemicals; potential health impacts of climate variability and change particularly with respect to small island developing states; workers' health, including the detrimental impact of HIV/AIDS on productivity; food security and safety; and ethics of sustainable development from a health and environment perspective. The 2002 HEMA Ministerial Declaration agreed to establish a HEMA Task Force to plan follow up initiatives and ensure future implementation of agreements. This inter-governmental HEMA Task Force was mandated to take advantage of existing fora - such as PAHO Ministerial Councils and UNEP Regional agendas, as well as other relevant international, regional, and sub-regional organizations - to maintain momentum.

The HEMA process, while it presents an excellent first step, still lacks the full participation and engagement of the Americas environment and health research community, especially civil society institutions and the public. Without this engagement and involvement, especially from Latin American and Caribbean researchers, universities and non-governmental organisations, it is possible that the process will suffer from the same discouraging lack of implementation that has plagued other initiatives. Furthermore, according to recent research, another aspect of the actual hemispheric integration process itself may likely affect government and civil society efforts to make progress in addressing the Americas health and environment priorities on the ground - the trade liberalisation and economic integration agenda.

New Economic Policies, Including Trade Liberalisation, and their Impacts

One of the most important priorities of governments is economic growth. Americas governments have concluded that a free trade agreement, and several large international infrastructure projects, will help to lift the region out of poverty. One ‘track’ of the hemispheric integration negotiations seeks ever-closer economic cooperation: a hemispheric plan to conclude a Free Trade Area of the Americas (FTAA) accord. While the FTAA negotiations have recently faced obstacles and setbacks, if the governments are eventually successful, this FTAA will become the world’s largest trading group, covering over 850 million people and nearly a third of world’s economic output. It is a significant undertaking. Negotiations for new hemispheric trade

---

7 Environment Canada, HEMA Ministerial Declaration, available online: http://www.ec.gc.ca/international/regorgs/hema_e.htm.
rules were launched in the Santiago Summit of the Americas in 1998. Similarly, in the context of the Summit of the Americas process, the Inter-American Development Bank and several sub-regional economic development agencies, in the Mercosur, the Andean Community and the Central American Common Market, are seeking to develop large-scale international infrastructure projects. These initiatives are important, but they have potential to present either significant opportunities, or a new set of obstacles for sustainable development in the Americas. Critics of current hemispheric economic policies, including these large scale economic development projects and especially, the Free Trade Area of the Americas (FTAA), warn that as currently conceived, many Americas trade liberalisation and other economic development initiatives will have significant negative impacts on social and environmental sustainability. If this occurs, it would run against the goals of the integration process. The need to improve economic, environmental and social conditions in an integrated way, addressing them as complementary international objectives, rather than unrelated or opposing fields, has been consistently reaffirmed. A special hemispheric Summit even took place in Bolivia in 1996, as follow up to the 1992 UN Conference on Environment and Development in Rio de Janeiro. The 1996 Santa Cruz de la Sierra Special Summit of the Americas established a blueprint for sustainable development, and laid out many new directions for national policy reform, as well as new areas of cooperation. Leaders recognised the role that economic development strategies can play in promoting growth. But the Santa Cruz Declaration also cautioned that “development strategies need to include sustainability as an essential requirement for the balanced, interdependent, and integral attainment of economic, social, and environmental goals.” In 2001, at the Quebec City Summit, heads of state went further, identifying a pressing need to “consult and coordinate domestically and regionally, as appropriate, with the aim of ensuring that economic, social and environmental policies are mutually supportive and contribute to sustainable development...”

This commitment has also been reflected in policy direction provided to the trade liberalisation negotiations themselves. The instrument launching FTAA negotiations commits to “take into account the broad social and economic agenda contained in the Miami Declaration of Principles and Plan of Action with a view to raising living standards, to improving the working conditions of all people in the Americas and protecting the environment.” Regular meetings of technical committees, and of trade ministers, contain similar commitments. Indeed, the 2003 Miami FTAA 8th Ministerial Declaration reiterates that “the negotiation of the FTAA will continue to take into

---


11 For more on large-scale regional and bi-lateral infrastructure projects, see Inter-American Development Bank, available online: <http://www.iadb.org>.


15 Cordonier Segger, Ecological Rules, supra note 6; available online: www.isid.ca (in Spanish and English, at Publications).

16 Special Summit of the Americas on Sustainable Development, Declaration of the Special Summit of the Americas on Sustainable Development (Santa Cruz de la Sierra, Bolivia: December 7-8, 1996), available online: http://www.oas.org/EN/PROG/BOLJIVIa/declaration.pdf [Declaration of the Special Summit of the Americas on Sustainable Development].

17 Declaration of the Special Summit of the Americas on Sustainable Development, ibid. Unfortunately, follow up to these Summits has been less than desired, due in part to a lack of concrete initiatives with measurable targets, timetables and new financing.

18 Third Summit of the Americas, Declaration of the Third Summit of the Americas, (Queretaro, Mexico, D.F.: UNEP, 2001) available online: http://www.summit-americas.org/eng/3rdsummit/declaration.pdf [Declaration of the Third Summit of the Americas].

account the broad social and economic agenda contained in the Miami, Santiago and Quebec City Declarations and Plans of Action with a view to contributing to raising living standards, increasing employment, improving the working conditions of all people in the Americas, strengthening social dialogue and social protection, improving the levels of health and education and better protecting the environment.  

However, most Americas health and environmental authorities, and members of the health and environment research community, have not been involved in the economic negotiations, nor are they able to clearly analyse its potential impacts. In the Draft FTAA Agreement on Trade in Services, for example, there is a drive to undertake new provisions on liberalisation of services. Negotiations on environmental services, alone, might include municipal and national services meant to ensure clean water and sanitation, prevent of air pollution, and protection of the soil or clean-up from toxics. If the negotiations can facilitate improvements in the standards of services for all sectors of society, they have the potential to significantly improve protection of the environment and of community health in the Americas. But if they instead make regulation of the sector more challenging, lack consultation with affected communities or vulnerable groups, and lead to the inappropriate imposition of large scale environmental services projects and investments, as has happened in certain instances in the past, a less positive outcome is possible. In addition, the liberalization of health services poses also certain social challenges that need to be considered through a robust impact assessment process. These challenges are related to the entry of foreign investment (especially private insurers) without careful provisions to ensure protection of the most marginalised users of health insurance services, and changes in flows of patients and the movement of skilled medical personnel (doctors and nurses). The ways in which these challenges are addressed in, or parallel to, the new policies, can determine whether social impacts of trade policies are severe, neutral or positive for health care systems in the region. If liberalization of hemispheric trade in health services is not accompanied by a prior assessment of the possible impacts on the objectives of equity, quality and efficiency of the health care system, outcomes can be very negative for community health, particularly for the most excluded. Further, predicted positive impacts may be outweighed by negative impacts on others.

The above example simply provides one illustration of why the potential health and environmental impacts of new policies and treaties on these issues need to be carefully studied, and the results of these studies need be taken into account. How to ensure that the trade and development policies of the Americas integration process actually benefit the health and wellbeing, and the ecosystems, of communities in the Americas? A great deal depends on how new trade and infrastructure development policies and projects are designed and implemented. In particular, there is a need to design laws which mandate governments to evaluate each particular case and take policy measures to avoid negative impacts and encourage the positive ones.

Capacity to Assess and Address the Health and Environment Impacts of Economic Policies

---

20 Summit of the Americas Eighth Trade Ministerial Meeting, Ministerial Declaration of Miami (Miami: November 20, 2003), available online: http://www.ftaa-ala.org/Ministerials/Miami/declaration_e.asp.


22 This issue is analysed in Soledad Salvador, “Liberalization of trade in health services in Latin America and the Caribbean: Main Challenges” (Ottawa: IDRC, July 2002).

Sustainable development has crucial social and environmental, as well as economic, components. It will be essential to find ways to effectively address the environment and health aspects of new LAC economic development policies, including the ongoing negotiations of FTAs in the Americas (FTAs negotiated between Canada, the United States and the Andean Countries, the Central American Countries, and Chile, and also the FTAA itself) in order to ensure that the hemispheric integration process can support rather than frustrate sustainable development for communities on the ground.

Recent research has sought to identify elements of a strengthened social and environmental policy agenda for sustainable development in the Americas, in the context of closer economic cooperation and trade liberalisation. One of the most important conclusions of this research was that a key way to gain useful data and knowledge about the health and environment risks of proposed economic development policies, including trade liberalisation, is through the cooperative use of integrated impact assessments laws and policies. Integrated health and environmental impact assessment methods, guidelines and laws are only just beginning to be developed and tested in different parts of the world. Preliminary analysis suggests that these assessments have the potential to make a significant difference at the local, national, sub-regional and hemispheric level. They can generate extremely useful health and environment data and knowledge, they can raise awareness, participation and capacity levels, and they can identify flanking measures and mitigation strategies to reduce or even eliminate health and environment risks from trade and economic liberalisation policies. If well-designed, and implemented effectively, they can reduce, and even eliminate, otherwise serious risks and impacts of new trade policies and other economic development plans. It is important for these laws to succeed, as they can help to prevent economic development policies, especially trade liberalisation, from simply increasing the economic wealth of the few, at the expense of the health and ecosystems of the many.

In the Americas, the development of integrated health and environment assessments has been recognised as a priority by all 34 countries. The 2002 HEMA Ministerial Declaration recognized that scientific and relevant traditional knowledge is the foundation of effective action in addressing threats to human health and the environment. Ministers committed to expand and improve their understanding of the linkages between health and the environment. They also committed to improve the availability, understanding, and use of information, including relevant traditional and local knowledge, at the regional, national and community levels. To further the development of this capacity across the region, Health and Environment ministers joint agreed

---


26 For further elaboration of this analysis, see Cordonier Segger and Leichner Reynal, Beyond the Barriers, above. See also E. Leff and M. Bastida (eds.), Comercio, medio ambiente y desarrollo sustentable: Perspectivas de America Latina y el Caribe (Mexico, D.F.: UNEP, 2001) [Leff and Bastida]. And see H. Blanco, M. Araya and C. Murillo, ALCA y medio ambiente: Ideas desde Latinoamerica (Santiago, Chile: CIPMA / GETS / GINPE, 2003) [Blanco, Araya and Murillo]. And see Centre for International Sustainable Development Law, Report on the Americas Trade and Sustainable Development Forum (CISDL: Montreal, 2004), available online: http://www.cisdl-maceli.gc.ca.


on the need to “…b) support the development, through capacity-building, of integrated health and environment assessments for the region… c) further develop, harmonize as appropriate, and use indicators to inform decision-makers in environment and health management, and in national public policy, both domestically and within the hemisphere, of the current state of affairs and on the progress which is made… d) further exchange and disseminate knowledge… e) explore and recommend means for improving the sharing of information for action and the exchange of best practices…g) cooperate on training and development programs across the region… h) …facilitate and support programs of public education and awareness, particularly with respect to encouraging compliance with and enforcement of laws and regulations.”

As such, the HEMA Ministers have identified a pressing need, across the Americas, for the development of integrated health and environment assessments for the region, for capacity building in this area, for the further development and use of indicators to inform decision-makers in environment and health management (and even harmonization where appropriate), for cooperation on training and development programs across the region, and for the facilitation and support of programs of public education and awareness, particularly with respect to encouraging compliance with and enforcement of laws and regulations. They have identified these actions as pressing priorities.

It is not surprising that countries identified and highlighted this need. Most countries, sub-regional and regional institutions in the Americas do not yet have access to appropriate methods, or laws, that can assess and address the health and environment impacts of trade or economic development policies in an integrated way. Existing capacity to carry out such assessments, or even to understand and customise the relevant methodologies, is still extremely weak in the Americas, and progress has been uneven. However, due to political disagreements, national health and environment officials themselves (and their hemispheric institutions) do not have a cooperative mandate to investigate and design new health and environmental impact assessment methods and laws, and to recommend ways to strengthen the application of these laws in different sub-regions to trade liberalisation and large scale economic development projects.

As noted above, developed countries—such as those of the Europeans, United States, Australia and Canada—have begun to develop and refine new methods that combine health and environment impact assessments. Developing countries have also made some progress in this area. All countries within the Americas currently monitoring a core group of indicators for health, within PAHO Health Analysis Program, at least at the national level, and often down to the sub-national or local level, though few environmental health indicators are included in this core set of indicators. While several environmental impact assessment workshops have been held in recent years, hosted by ISEA, the government of Brazil, the WHO / PAHO and others, no systematic effort has been made. Capacity to conduct integrated assessments, or even to

---

30 *Ibid.*: The priority areas identified for a concerted action across the region included issues such as integrated management of water resources, including water contamination and basic sanitation; improvements in air quality; health implications of natural and human-made disasters; sound management of chemicals; potential health impacts of climate variability and change particularly with respect to small island developing states; workers’ health, including the detrimental impact of HIV/AIDS on productivity; food security and safety; and ethics of sustainable development from a health and environment perspective.
32 In November 1993, the status of environmental health impact assessments was reviewed by a workshop in Malaysia. Participants recognized that although many countries had an environmental assessment process, human health impacts were not sufficiently taken into account. All of the participants agreed that the following measures were necessary to ensure that health impact assessments become a standard component of environmental impact assessments at a national level: (1) improved intersectoral collaboration; (2) greater circulation of health risk information; (3) establishing guidelines to ensure community involvement; (4) government commitment; and (5) a good regulatory framework and reorientation of health services. See research and analysis carried out by the Canadian Federal/Provincial/Territorial Advisory Committee on Population Health, available online: <http://www.hc-sc.gc.ca/hc-sc/ehas/publications/canadian_handbook/volume1/chap1_learning.htm#1>.
understand and customise the relevant methodologies, is still extremely weak. Studies have not, in
general, been carried out with the full engagement of Latin American and Caribbean institutions,
universities or researcher partners. And there are few fully enforced, effective laws or regulations
which integrate these processes.

Certain national and regional environmental reviews have been carried out in recent years, to identify
the potential environmental impacts of trade liberalisation and other economic policies. For
example, governments of Canada and the United States have conducted environmental reviews
of the FTAA. Non-Governmental Organisations in certain Latin American countries such as
Mexico, Argentina, Chile and Brazil have also conducted preliminary empirical environmental
impact assessments.34 And one OAS/NGO study was very recently released on the sustainability
impacts of trade liberalisation on Uruguay.35 But in general, sustainability impact assessments are
still embryonic in the region, and very few of these consider the health impacts of trade policy. A
great deal of further work is needed in this area.

An important contribution can be made by a new partnerships to define appropriate methods
and laws on health and environment impact assessment methods and laws, to research practical
juridical experiences with such laws in countries and communities of the Americas to date, and to
engage environment and health researchers, civil society and policy makers in dialogue about
ways to strengthen these laws and ensure more effective compliance.

For a strengthened research and legal action agenda in this area, several potential ways forward
can be identified:

1) Consider Health Aspects within the Context of a Traditional Environmental Impact Assessment, or
Environmental Aspects within the Context of a Health Impact Assessment.

One potential approach would be to take health indicators into account in an environmental
assessment, or take environmental indicators into account in health impact assessments. This
approach has the advantage of being fairly straightforward, and of being approved by HEMA and
other Ministers. How would this be done?

Briefly, an environmental impact assessment is a procedure that is carried out to determine
possible effects of a proposed activity on the environment. It usually includes a preliminary
scientific or information-gathering phase and a report, which is then followed by a decision to
proceed, sometimes in tandem with additional measures such as full investigations and studies,
public meetings or consultations and the publication of extensive studies with recommended
mitigation measures.36

There is considerable guidance for international environmental impact assessments. Some
developed country regions have even agreed treaties on these assessments.37 For example, the
1991 Espoo Convention provides for EIA requirements in a transboundary context, and mandates
environmental reviews of new trade policies, as well as plans for new economic programmes, not
just projects.38 However, this treaty does not fully integrate or take into account the health

34 Many of the regional and national experiences are summarized at H. Blanco, “Sustainability assessment of trade policy and its application in the context of Latin America” (Nov.2003) RIDES.
37 For example, the 1991 Espoo Convention on Environmental Impact Assessment in a Transboundary Context (25 February 1991), 30 I.L.M. 800 [Espoo Convention] is one of the most complete and progressive examples of EIA requirements in international environmental law. Article 2(7) provides that “environmental impact assessments as required by this convention shall, as a minimum requirement, be undertaken at the project level of the proposed activity.” In less binding language, it also provides that “to the extent appropriate, the Parties also commit to apply the principles of environmental impact assessment to policies, plans and programmes.”
aspects. If changes were made to EIA processes, in order to integrate health assessment, this might help the process to better address pressing public concerns; minimize the need for separate health and environmental impact assessments; demonstrate cost effectiveness; minimize the adverse and maximize the beneficial effects on health; and support the integrated goals of sustainable development. Especially in Latin America and the Caribbean, much industrial and other development activity is carried out by small and medium-sized enterprises (SMEs), for whom it is difficult to bear the burden of cumbersome impact assessment regulations.

At the same time, there is also a great deal of public concern about health, well-being and quality of life issues, especially related to trade liberalization policies and large-scale economic development projects. This combination of factors means that key health and environment issues can be unnoticed by developers and easily ignored, unless individuals or communities raise them. EIA methods can be used to address public concerns about health, particularly during public consultation processes that are usually part of a consistent method, and to spread awareness among SME owners who have a stake in communities where they live and work. Furthermore, EIAs usually have built-in follow-up and monitoring stages that are designed to ensure that the negative local environment and health effects are minimized. Inclusion of health considerations within EIAs can also save resources, demonstrate sensitivity to important social impacts of projects, and ultimately, ensure that neither the health nor the well-being of individuals and society, or their ecosystems, are compromised when an economic development project or economic policy is undertaken.

A second way to achieve the same goal is to integrate environmental considerations into health impact assessment methods. Health impact assessment has been defined as a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population. It aims to identify what potential changes in health determinants might result from a new policy or project, and what effects these changes might have on the health of a population. The assessment of the differential distribution of effects across the population is essential to analyse the potential impact on health inequalities. Health impact assessment methodologies can be used at different depths of assessment which require different data inputs. The selection of which depth of assessment to undertake depends on the context, for example the policy context, time available, purpose of the HIA, available resources and the amount of reliable data available.

The health impact assessment procedure, like environmental impact assessment, is an iterative and learning process. It can use participatory qualitative approaches. The purpose of these approaches is to gather evidence from the experience, knowledge, opinions and perceptions of populations affected by the policy (stakeholders) and people with expert knowledge (key informants). In order to collect information and profile the context the process can involve stakeholders, representatives and key informants. Indicators and mathematical models need to be carefully designed or adapted with the participation of these actors.

Health impact analysis involves organising evidence of impacts from the different data sources, qualitative and quantitative, and considering the health determinants affected and the subsequent effect on health outcomes. The recommendations emerged from this process will be proposals in order to maximise health gain and to mitigate against adverse health effects. Just as health impact assessments can be integrated into environmental impact assessments, environmental aspects can be integrated into a health impact assessment.


2) Use the ‘Traditional’ Sustainability Impact Assessment (SIA) Models

Sustainability Impact Assessment (SIA) models present a different approach. These methodologies have been recently developed in order to identify possible positive and negative impacts of an economic policy on sustainable development. It defines certain indicators to evaluate these impacts. These indicators could be expressed in a quantitative or a qualitative way.

If the assessment is carried out in a transparent, inclusive and participatory manner, it can enhance the participation of all the main stakeholders of the sector involved. Moreover, its practical usefulness is the progressive awareness, discussion and reconsideration of certain decisions that could have been taken by policymakers, in addition to the results themselves in terms of identification of alternative policy options and measures to mitigate or flank less positive effects of liberalisation. The European Commission, for example, has been carrying out SIAs of the new World Trade Organization ‘Doha Round’ negotiations since 1999. In the most recent years, EC has developed other SIA studies for different trade agreements and negotiations.

In June 2001 the UNEP released a Reference Manual for the Integrated Assessment of Trade-Related Policies. The manual describes, essentially, the ‘traditional’ SIA methods. It aims to help policymakers and practitioners in both developed and developing countries to conduct integrated assessments of the economic, environmental and social impacts of trade policy and trade liberalisation. It defines an integrated assessment as one that considers the economic, environmental and social effects of trade measures and identifies ways in which negative consequences can be avoided or mitigated, and ways in which positive effects have been enhanced. It takes special account of the needs of small and medium sized enterprises, and by working ex-ante with the use of ‘scenario modelling’, makes it possible to identify variables and potential impacts even when data gaps exist in key areas.

However, current SIA methods focus overmuch on the environmental and natural resources side of the equation, and can minimize consideration of other concerns, such as health. The models also have trouble taking social exclusion, and the situation of the most marginalised or vulnerable sectors, into account, as they often rely mainly on general per capita statistics.

Due in part to the breadth and generality of the data and scenarios that are used in such studies, the comprehensive approach developed to carry out SIA studies necessarily includes health indicators, but to date, has only taken limited and specific indicators into account. They have also struggled to find appropriate ways to include and consult the public.

So, in order to better evaluate health and environmental impacts in a way that is most appropriate to LAC realities, to specifically to engage the LAC public in the process, and to reflect new methods in the laws of the region, perhaps there is a need to seek further methods, or define ways to alter existing SIA methods? One potential way to modify the traditional SIA perspective is to integrate population health models and perspectives into existing SIA procedures, then design several levels of streamlining for the model, for use by health and environment authorities in different countries.

3) Integrate Methods Based on the Population Health Model in the SIA Model

41 Including trade liberalization measures, or other measures included in an economic policy negotiation, such as investment liberalisation measures, norms related with intellectual property rights, etc.
42 In 2001, the EC commissioned studies for SIAs of the Chile/Mercosur negotiations with the European Union. In late 2002, SIAs for EU negotiations with the African, Caribbean and Pacific countries (ACP) and the Cooperation Council for the Arab States of the Gulf (GCC) were launched.
The Population Health approach focuses on interrelated conditions and factors that influence the health of populations over the life course, identifies systematic variations in their patterns of occurrence, and applies the resulting knowledge to develop and implement policies and actions to improve the health and well-being of those populations.

According to the Canadian Handbook, a broad definition of health clearly indicates that health is more than the absence of sickness and disease. It “encompasses social, economic, cultural and psychological well-being, and the ability to adapt to the stresses of daily life.” A Canadian report by the Federal, Provincial and Territorial Advisory Committee on Population Health (1994), examined the issue of what makes people healthy and identified several 'determinants of health' as defined in the Table on the next page.

According to the Canadian Handbook, four of these categories - income and social status, education, biology and genetic endowment, and personal health practices and coping skills relate to the individual whereas the other five categories relate to the collective conditions that provide the basis for the individuals' categories. Although these factors are important in their own right, they are interrelated.

Recent studies have affirmed and refined this model. They have concluded that population health refers to the health of a population as measured by health status indicators and as influenced by social, economic and physical environments, personal health practices, individual capacity and coping skills, human biology, early childhood development, and health services.

The aim is to maintain and improve the health of the entire population and to reduce inequities in health status among population groups. To reach these objectives, the approach considers the entire range of factors and conditions (the determinants of health) and their interactions. The resulting knowledge is used to develop and implement policies and actions that will achieve health gains.

The determinants of health include medical care, public health interventions, aspects of the social environment (income, education, employment, social support, culture) and of the physical environment (urban design, clean air and water), genetics, and individual behaviour. As physical environment is one of them, the combined approach to analyse environmental and health impacts of trade or trade-related policies should consider the environmental impacts in the population health model. As well the services trade liberalization could impact the medical care system, it should be also considered in these evaluations.

The concept and measurement of health and health outcomes focuses attention and research effort on the impact of each determinant and their interactions on some appropriate outcome. The approach includes mechanisms for public involvement and demonstrates accountability for health outcomes. It institutionalizes effective evaluation systems and promotes the use of health impact assessment tools. There are strong possibilities that this methodology, perhaps combined with the sustainability impact assessment study methods, might provide a balanced approach

44 See research and analysis carried out by the Canadian Federal/Provincial/Territorial Advisory Committee on Population Health, available online: <http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/determinants2.html>.
45 Canadian Handbook, ibid.
which takes environmental aspects into account with regards to their effects on population health. Much more research, capacity building and policy analysis is needed, however, to put such a methodology into practice in the Americas.

Elements of a New Research Agenda in Americas Health and Environment Assessment Law and Policy

Few research studies have, as yet, been undertaken in the context of the Americas. Several research questions can be defined to move the investigations forward.

First, with regards to case studies of existing experiences, what lessons have been learned by national authorities, sub-regional agencies and other bodies with regards to environmental impact assessment laws, and health impact assessment laws in the Americas, to date? Which studies have been carried out, with regards to particular policies and projects, and how have they integrated environment and health indicators? What was the mandate for these studies and processes, how did they engage the public, especially the health and environment communities in the region, and were their results taken into account?

Second, what would be the elements of a new, integrated approach? Can such an approach take social (especially health) and environmental impacts into consideration in an integrated way? Can it use, and be appropriate to, the sparse economic, environmental and health data and indicators that are available in all five sub-regions of the Americas, and take into account the situations of smaller countries and small or medium sized enterprises? In other words, can it be specifically adapted to the Latin American and Caribbean realities, which include the systemic gaps in reliable data and widely different scales and scopes of operations? How can the data required be collected or provided, what strategies can assist developing countries to surmount gaps, and how can SMEs best be accommodated? How would the method adapt to these realities? Could clear indicators, better knowledge management and inclusive, participatory approaches assist? In particular, could progress be made by seeking ways to integrate a simplified model for EIA (Environment Impact Assessment) methodologies with the HIA (Health Impact Assessment) methods? Or would it be possible, indeed preferable, to seek to achieve similar results through the specific and focused inclusion of health issues and indicators, based on the population health model that examines the changes to environmental determinants of population health, in methodologies for sustainability impact assessment? Would such a method present an alternative, human-scale approach which presents a broad brush picture of some of the relevant concerns and potential mitigating measures?

Third, how to ensure that new methods and integrated approaches could be reflected in both existing and new LAC national and sub-regional regulations? How to best build method changes into existing laws, regulation and guidelines? How to encourage their adoption and implementation (through compliance, enforcement and monitoring) in the countries of the Americas? How to ensure that the laws are consistently applied to infrastructure development projects and new trade policies in the Americas integration process, but do not unduly burden SMEs and the smallest economies? What level of resources and political will are needed, and how to encourage, through the hemispheric integration agenda, new initiatives and capacity-building, in this field? How to influence Americas decision-makers on this topic?
At this juncture in the Americas integration process, there exists a special opportunity to ensure that integrated health and environment methods and laws are encouraged, and even adopted, as part of new cooperative social and environmental policy agendas. Hemispheric and sub-regional cooperation bodies are showing openness to consider new initiatives. Also, there may be further opportunities for new cooperation activities within the economic aspect of the integration process.

The new social and environmental cooperation opportunities are part of the Americas Summits process. Several FTAs in the Americas negotiated between Canada, the United States and the Andean Countries, the Central American Countries, and Chile. The FTAA itself is being deliberately built upon advances achieved in five sub-regional cooperation agreements; the Southern Common Market (Mercosur), the Andean Community (CAN), the Caribbean Community (CARICOM), the Central American Common Market (MCCA), as well as the North American Free Trade Agreement (NAFTA). Each of the Americas sub-regional arrangements addresses the links between social, environmental and economic law and policy in different ways.

The Southern Common Market (Mercosur), the Andean Community (CAN) and the Central American Common Market (MCCA) have taken a more structured, institutional approach to environmental cooperation and social cooperation, including health and labour issues. In these sub-regions, sub-regional health and environment challenges, when they are taken into account, are directly addressed by particular institutional cooperation mechanisms within the context of the economic cooperation project. For example, the Mercosur Socio-Laboural Commission is part of the overall Mercosur regional integration system, and it addresses workplace health and safety requirements and standards. Mercosur environment and health issues are addressed in two other, separate subgroups. The environmental subgroup has recently launched the 2001 Mercosur Framework Agreement on the Environment, which integrates certain health issues in its plan of action.

The Andean Community's Committee of Andean Environmental Authorities is part of the general process of CAN cooperation. And in 1996, Ministers of Health and Environment of Central America defined a regional plan of action on environmental health for the integration process of their sub-region. They have made some progress in this work, though capacity, and engagement of the research community, is still quite weak in some areas.

Environmental and social cooperation in the Caribbean Community (CARICOM), takes place in the context of other global programs for regional seas or environmental management, though...
their activities extend to the whole community and have a place in its structure. The Caribbean Initiative on Cooperation in Health from the Caribbean Community (the CARICOM agreement) also relies on the work of the Caribbean Environmental Health Institute, a partner in this project.

Finally, the North American Free Trade Agreement (NAFTA) contains various innovative provisions related to sustainable development, and in parallel, it also includes the North American Agreement for Environmental Cooperation and the North American Agreement on Labour Cooperation (NAALC). Under this arrangement, health cooperation efforts have been undertaken by the North American Commission for the Environmental Cooperation and the Environmental Commission of the Border and the Border Programme XXI. Along similar lines, there are environmental side agreements to the more recent Canada – Chile Free Trade Agreement and the Canada – Costa Rica Free Trade Agreement. Each of these treaties identifies a list of six or more specific international environmental cooperation initiatives which the governments will undertake together, and provides modalities to define further joint projects in the future.

Several FTAs in the Americas negotiated between Canada, the United States and the Andean Countries, the Central American Countries, and Chile, as well as the stalled FTAA itself, at present, appear most similar to this last model in terms of structure and content. Indeed, it appears possible that, as part of the Summits of the Americas process, such accords could either include environmental provisions, or a parallel mechanism will be negotiated to provide a set of specific environmental cooperation initiatives, one which could include initiatives to set up integrated health and environment impact assessments laws, policies and guidelines. It is even possible that both approaches will develop over the next years of trade negotiations in the region.

This presents an opportunity for researchers and others in Americas health and environment communities, with the support and engagement of civil society, to encourage governments to consider including health and environment impact assessment laws and policies in these cooperation mechanisms. As mentioned above, it is necessary to develop a methodological approach to carry out impact assessments of trade and other related measures that could have effects on health and environment, and to enhance institutional and legal capacity to sustain and enforce this process. Only a few governments in the Americas even apply impact assessment guidelines to their large-scale economic policies (such as trade policy), and even these do not yet understand how to integrate health aspects into the environmental impact assessment analysis. There are also very few impact assessment laws or policies being adequately implemented in the region.

In essence, new research is needed to build on, monitor and analyse existing experiences with integrated health and ecological impact assessment in Americas laws and policies. Such research can serve to refine and develop a crucial new tool for Americas communities and authorities – integrated health and ecological impact assessment law. It can be used to influence policy-makers, and can make a significant difference toward protection of eco-health objectives and priorities in

56 NAFTA, above.
the Americas integration process. Strengthened impact assessment tools and laws could help decision-makers and local communities to both implement their national and international commitments to improve the health of their people and to protect the inter-connected environments. Should policy-makers continue to be open to new ideas, and the opportunity presented by the Americas integration process be seized now, new research in this area has the potential to have a significant influence. It can facilitate the integration of health and environment issues in assessment laws and policies of the region, contributing to lower health and environment risks from economic integration for the communities and ecosystems of the Americas.