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Strategic health assessment for large scale industry development activities: An introduction

Patrick Harris^{a,*}, Francesca Viliani^b^a *Menzies Centre for Health Policy, School of Public Health, Sydney Medical School, The University of Sydney, Level 6 The Hub, Charles Perkins Centre D17, NSW 2006, Australia*^b *International SOS (Danmark) ApS, Copenhagen Office, Vesterbrogade 149, 1620 København V, Copenhagen, Denmark*

A B S T R A C T

Attention to the determinants of health and health equity in impact assessment remains under-utilised at the project, Environmental Impact Assessment, level. Determinants focussed health impact assessment has developed at an upstream, policy level, but tends to assess draft proposals rather than form the basis of policies and plans. Project level health (risk) impact assessment tends to focus on a project by project basis, and generally eschews a broad model of health. One answer to this ‘health and impact assessment’ problem is to shift attention to the strategic level, in a similar manner to, and learning from, the development of Strategic Environmental Assessment and its theoretical and practical derivatives. In this article we explain the need for this shift both conceptually and practically by navigating the literature. Our analysis derives specifically from developing the Strategic Health Impact Assessment section of new international industry HIA guidance, coupled with work in and around health impact assessment and policy analysis for the past decade. We develop characteristics of conducting strategic health assessments for multiple industry development activities at the supra national, national or regional level. Our intended audience are public administrators, industry planners and financial sector investors. A particular focus is low and middle income countries, now seen by industry as emerging markets.

1. Introduction

This article focusses on developing strategic level health focussed assessments as part of planning for and decisions about large scale industry investments. The pressing need for this comes from industry openly acknowledging a global shift in activity away from developed economies to ‘frontier markets’ and ‘rapidly emerging economies’, which are mostly lower and middle income countries (Harris et al., 2015). Often these countries do not have statutory or strategic mechanisms in place for considering the impact of large scale industry activities. Our audience is industry, government and financial lending institutions. We do however feel that initially industry could take the lead, consistent with International Oil and Gas HIA guidance, our contribution to which informs some of the ideas presented here (IPIECA, 2016). By industry we principally focus on extractive industries, although our arguments can be usefully applied to the global infrastructure industry more broadly. Our arguments are also pertinent to international financial institutions (IFI) which contribute capital to both private developers and governments for infrastructure and industrial development, and require a good understanding of the risks

associated with multiple investments. .

The article offers untested ideas, albeit ones that are gleaned from experience and grounded in the existing relevant literature. Practice is however required to test and further develop strategic health assessment ideas we present here. Related, we wish to avoid being stuck by terminology. We refer throughout to ‘strategic health assessments’ but our intent is to present core ideas, drawing across the experience of Impact Assessment (IA) (see also Appendix A), rather than naming another form of IA practice.

Conceptually there have been significant shifts in the understanding of Health Impact Assessment (HIA) practice and use from the last decade or so such that offering a ‘strategic’ process for large scale industry activity is now possible. Firstly the industry has more widely embraced the process; both mining and oil and gas industry associations have specific HIA guidelines for operators (International Council on Mining and Minerals, 2012; IPIECA, 2016). For a long time the focus of the extractive industry sector has been on the inside the fence risks, mainly the health and safety aspects of the workforce. However this has shifted and the sector has become more aware of the larger health dimensions associated with their projects. “HIA” and “Public health

* Corresponding author.

E-mail address: patrick.harris@sydney.edu.au (P. Harris).

interface and promotion of good health” are now two of the eight leading health performance indicator for the oil and gas sector (IPIECA, 2007). Simultaneously, recent efforts to develop Health in All Policies approach (Kickbusch, 2013) that explicitly accepts messy and value laden nature of policy development also reveal lessons for industry planning. Before we dig down into these particular areas, stressing the importance of population health considerations health for industry planning is warranted.

2. Population health and industry planning

Health is both a product of and a pre-requisite for development (World Health Organisation, 2008). Human health is shaped by wider determinants stemming from decisions and activities usually outside the control of the health sector. One of the biggest risk management challenges currently facing industry project developers and public administrators in emerging markets is the appropriate assessment and management of interlinked and cumulative human health impacts and risks related to composite industrial activities. Factors such as climate change and unpredictability of climate patterns, increasing and competing water use demands, degradation of ecosystem services, and changing socio-economic circumstances all add complexity to assessing and managing the health impacts and risks to population health from projects at a strategic level. Multiple projects, often from different developers, are assessed in an uncoordinated and unplanned manner and their interactions or cumulative impacts are not always considered (Morello-Frosch et al., 2011; Solomon et al., 2016). However multiple industrial development has the potential to lead to consequences to the health, both negatively and positively, of individuals, communities and entire regions which then, in turn, seriously compromise the ability of those projects to deliver benefits to companies and communities or to adequately protect their workers.

There are shifts in IA practice to focus on cumulative impacts and cumulative impact assessment or strategic environmental assessments as processes to do this. Similarly these type of impacts should form a core part of strategic land-use or transport planning. However, health is not routinely considered within these largely government led processes. Indeed, we would welcome both cumulative impact assessment, SEA, and strategic planning borrowing heavily from the population health focussed ideas we present here.

Considering health as a population issue requires a broad definition that goes beyond disease to include wellbeing. Health is also unevenly distributed among different population groups and therefore the impacts associated to industrial projects might further increase inequality in health and reduce the possibilities of certain groups to benefit from the project. These are some of the reasons that led the financial sector to develop principles and standards for protecting the health and safety of local communities from industrial development (International Finance Corporation, 2010; Equator Principles, 2012).

These industry and financial standards are however developed for assessing the impacts of one single project – ‘the asset’ – at the engineering/project design phase, and not for looking at the interactions among several industrial projects, even less are designed for assessing the impacts associated with a full industrial sector development. From a planning perspective however, considering these determinants is best achieved at an early, strategic level.

Before introducing how to go about this, we highlight supporting arguments from four relevant strands of literature for an IA audience: EIA, Health Impact Assessment, Health in All Policies, and Strategic Environmental Assessment.

3. The limits of EIA

There is a long standing recognition that Environmental Impact Assessment (EIA), and thus considering health within EIA, comes too late to influence high level strategic decisions, and is most often

conducted as a compliance process through which projects themselves are improved and approved (Morgan, 2012). For example, the decision point is not whether or not for a project to proceed in a particular region and be of a particular type and size, but rather that how to best design and construct such a project given its investment potential (Richardson, 2005). By the time projects are at the compliance stage, the focus is on risks and facts to reduce uncertainties (Bond et al., 2015) rather than negotiation about different positions and fundamental decisions about concept design, options and alternatives, and cumulative considerations that embody the broad determinants of health (Harris et al., in press).

EIA has also been criticised for its positivistic, rationalistic basis that is at odds with established knowledge about policy decision making. This preferences objective positioning of ‘facts’, rather than negotiating different values, positions and substantive goals that the EIA is, in fact, being used to achieve (Richardson, 2005; Elling, 2009; Morgan, 2012). These rules are established at a societal level (Haugaard, 2003; Cashmore and Richardson, 2013), for instance whether society accepts a focus on capital growth and market competition over and above other concerns (Weston, 2010). Political institutions such as governments or industries often mirror these concerns and align their goals, interests and practices to these mandates (March and Olsen, 1996).

4. Health impact assessment at the policy level

HIA similarly suffers from not matching up with the often incremental nature of decisions made within, and because of, particular institutional rules and power dynamics (Carmichael et al., 2013; Harris et al., 2014b; Berensson and Tillgren, 2017). At a strategic policy and plan level HIAs can and have been conducted (see for example Dannenberg et al., 2008, Haigh et al., 2013) but they are often time limited and static, external to the policy process, rather than flexible and responsive within policy and planning (Harris et al., 2014a,b; Berensson and Tillgren, 2017; Roué-Le Gall and Jabot, 2017). HIAs even at a policy level tend to assess an already drafted plan or set of objectives, rather than directly inform policy and planning as it happens. HIAs are no doubt useful activities, particularly to provide an external check and influence on policy and planning, but the intent is to provide decision-makers with an ‘objective’ set of predictions about the already drafted policy or project, rather than to integrate health issues within those decisions and institutions that make these. In short, HIAs come too late.

5. Health in all policies approaches

‘Health in all policies’ is the most recent of a long series of attempts at influencing macro-level decision making about health and its determinants. HiAP has some sound conceptual underpinnings that are lessons from its long history and that mirror the concerns with EIA and HIA (Kickbusch, 2013). Borrowing from HIA, the HiAP approach in some contexts has developed the ‘health lens’ as the core process of policy engagement (Delany et al., 2014). This works across the policy cycle rather than as an external input into a draft proposal; specifically for our purposes here the health lens engages in agenda setting whereas HIA does not (Ibid). However, HiAP has largely developed as an activity conducted within government on particular policies rather than externally with industry. While there are essential lessons for strategic level health assessments from the HiAP approach, we contend that influencing industry development is more likely to be achieved by making a definitional and conceptual connection to an existing approach, Strategic Environmental Assessment.

6. A brief history of SEA

Many of the points behind our thinking presented here have been raised in the SEA literature over the past 20 years. Over time SEA

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