

Health in EIA: An International Comparative Study



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Key outline for today's presentation

- Health in EIA as starting point;
- Brief Context setting for UK, India and Kenya;
- Survey overview of the three countries;
- Findings
- Overview of Barriers
- Conclusions

Health in EIA: A Starting Point

- EIA is well established tool that can facilitate the inclusion of health considerations for decision-making (HIA/SEA);
- the benefits of considering human health within EIA have long been established, the instrument has been criticised for failing to adequately assess the broad range of human health determinants resulting from developments (Harris et al, 2009);
- Not using EIA to its fullest potential in delivering health considerations.

Context setting of the three countries

UK: Developed economy (EIA & SEA/SA mandatory)

Attempts have been made to integrate health with SEA (Fischer et al, 2010); however such integration at project level is still lacking (Harris et al, 2009).

India: Emerging Economy (EIA mandatory SEA not)

Limited research exploring health in EIA (Cave et al, 2013).

Kenya: Developing Economy (EIA & SEA mandatory)

Health is mentioned however not facilitated in either.

Perceptions in differing contexts?

Survey Overview

Survey time and numbers:

UK survey was carried out in spring 2011 and yielded 181 responses.

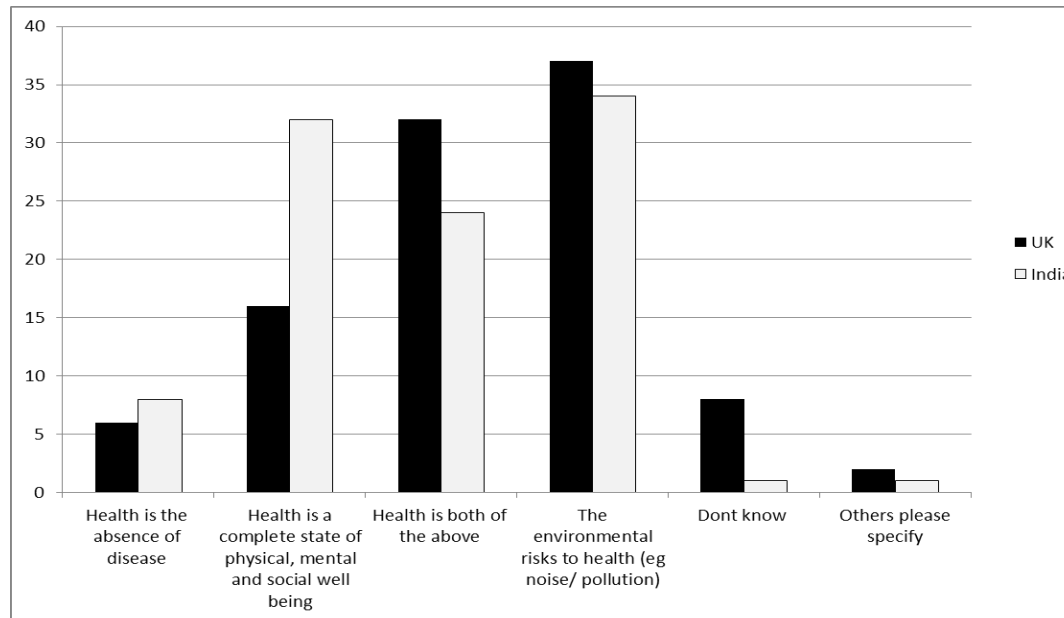
India: Survey carried out in 2012 and 179 responses

Kenya: Survey carried out in 2014 and yielded 50 responses.

Survey Respondents:

- UK : consultants (34%) led the list followed by public officials (17%) and researchers and scientists (12%);
- India: the majority of respondents came from research organisations (46%), followed by consultancies (25.6%) and private companies (24%), Government organisations dealing with and administering EIAs; and community members involved in EIAs; were significantly under-represented, at 1.7% and 2.3% respectively.
- In Kenya Private consultants (56%) led the list followed by academics (18%), EIA administrators (10%) and private developers (6%).

Key Findings: Perception of Health within EIA practice



Kenyan experience

- 1) Environmental risk to health (82%)
- 2) Health is a complete state of physical, mental and social well being (75%);
- 3) Health is absence of disease (54%)

Importance of considering health within EIA

Health should not be addressed in EIA

- In UK and India only 22.02% and 20.62% agreed with this notion. Therefore majority feel the need to incorporate health within EIA.
- In Kenya, the story is similar as the survey indicated more than 82% perceiving health as an essential ingredient with EIA.

Main barriers perceived...(UK)

UK: Regulations, Guidelines and training. But EIA experts see it as a minor part within EIA and think it should remain that way.

“I think that health is addressed in EIA. You must be careful of attributing environmental impacts of projects as the cause of health problems - especially mental health and well being aspects which are very intangible. Some types of project may impact on aspects like education, but many will not, so no point in trying to get them all covered by all EIA” .

“I've done EIA for 15 years and I don't even know what the term means (social determinant model of health). Health should not be included in EIA because we need to be curtailing, not expanding, the technical scope of the EIA process. EISs are already too long to be used properly and a wider technical scope would make them even more of a jack of all trades and master of none .

Main barriers perceived....(India)

Regulations, training, capacity building...

“This may increase the political sensitivity of the project. Something that is not always Desirable”

“It can be overcome by proper publicity and their consent without any political and local influence. It is also necessary to people to increase their interest to learn and understand about the project. In one word it is very important to make a proper bridge between public, proponent and authority.”

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Main barriers perceived....(Kenya)

- Theory and practice along with regulations and guidelines
- Kenyan EA practitioners not well-trained and resourced
- Empowerment of local communities to participate (20%)
- Resources for expanded EAs (20%)

Conclusions

- All three countries perception on how health is viewed within EIA is similar which is dominantly 'environmental risk to health'.
- The surveys indicated that all three studies revealed that there is general consensus for incorporating health within EIA.
- UK view represented emphasised the need to keep the health component restricted;
- India survey hinted on political and social sensitivity associated with health issues making EIA even more difficult to implement;
- Kenyan study indicated the importance of health within EA but the lack of know-how in facilitating this;
- Finally as far as perceptions are concerned, very difficult to draw broader conclusions however, there are indications to suggest that Kenya was overall more positive about incorporating health within EIA, followed by India and then UK. More research needed...!