

The Development of Health Impact Assessment (HIA) Framework for the Philippines

HIA is a decision support tool, not a decision-making tool. It seeks to predict the future consequences for the health of possible decisions and to inform decision-making. Consideration of health impacts of non-health sector policies should beyond a biomedical model of health and examine projects.



Atlantic Fellows

FOR HEALTH EQUITY IN SOUTHEAST ASIA



The Atlantic Fellow for Health Equity Southeast Asia, 2017

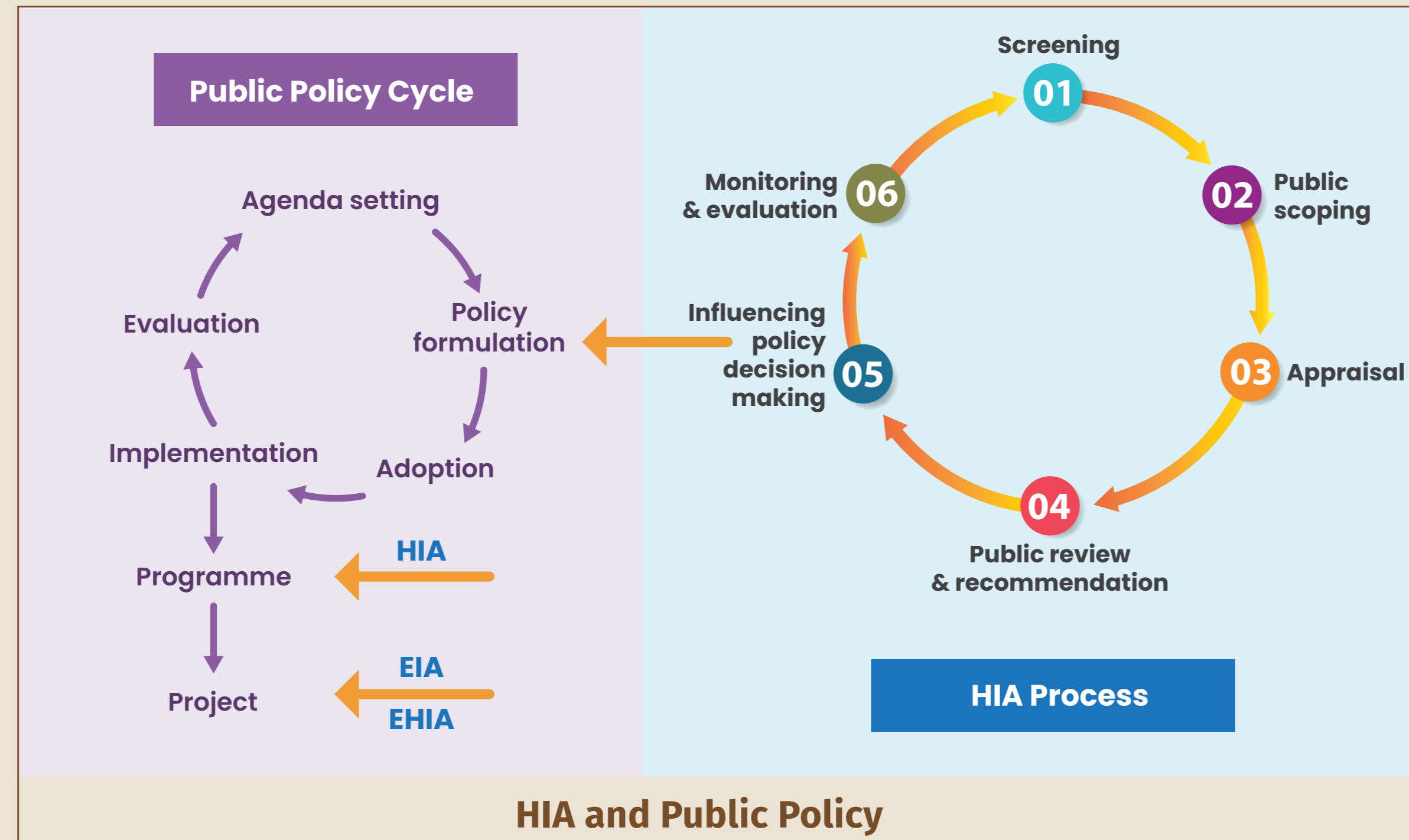
Right Somporn Pengkam
Left Beverly Lorraine Ho

Background

The Department of Health (DOH), realizing the multifactorial nature of human health and well-being, emphasizes in its sectoral direction the long-term promotion of sustained multi-sectoral and multi stakeholder support for health. In 1997, The DOH and the Department of Environment and Natural Resources (DENR) agreed to jointly implement HIA as integrated within the legally-mandated Environmental Impact Assessment (EIA) process. The practice of HIA has been so far limited to the realm of mere projects, effectively limiting its supposed effect on other modalities (i.e. government and sectoral programs and policies) that equally influence health. EIAs are triggered only when development proposals are likely to have direct effect on the natural and physical environment, and other actions fall outside its scope and would not trigger an EIA.

Objective

to assist the DOH in development of an HIA framework on public policy and capacity building plan for institutional capacity of DOH.



Strategy : 'Learning by doing'

HIA pilot case study on the 600 MW Coal-Fired Power Plant in Barangay Lamao, Municipality Limay, Province of Bataan.

Methodology and Process design

1. Reviewed a public policy landscape of the PH, HIA global practices and 1997 guidebook on EHIA
2. Identified core principles and values, drafted a conceptual framework, consultative meeting with HPDPB
3. Mobilizing HPDPB fellows to be an HIA core team for doing pilot case study and continue working after project
4. Training workshop for the HPDPB fellows to developed a screening and scoping tool
5. Conducting HIA pilot case and drafting report by HIA core team
6. Consultative meeting with community CSO/NGOs and other stakeholders before finalized the framework.

“ At this moment, we are still drafting the implementing guidelines of the UHC Act of which, a provision of HIA is included. We have likewise presented the draft text to the National Economic Development Authority's Social Development Council once again to have the draft text. Basically, we are using the study's recommendation to work with existing systems and not create parallel systems to institutionalize HIA.

For environmental projects, we will continue to use the existing process of the Department of Environment and Natural Resources but ensure that health is always represented.

In the case of other policies and projects, we will use the existing multi-agency council convened by the National Economic Development Authority to endorse HIA study recommendations and their subsequent approval/disapproval of initiatives.

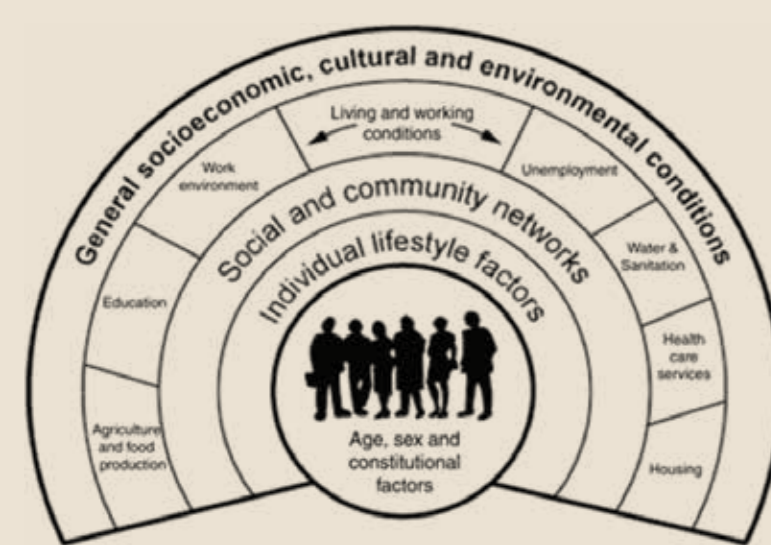
In developing the standard operating procedures for an acceptable HIA, we have emphasized that community participation at all stages is necessary prerequisite.

Finally, the local team, which Somporn mentored, is also preparing to go back to the community to share the results of the study. Preliminary presentation was already done at the 2018 National Health Research Forum for Action hosted by the Department of Health.

Dr. Beverly Lorraine Ho

Output

1 HIA Framework for the PH



HIA defined a combination of procedures, methods, and tools by which a policy, program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population. It based on 4 values: democracy, equity, sustainable development and ethical use of evidence. Every sector of the PH - DOH, NGAs, LGAs, Academia, CSOs, Community - have rights to undertaking HIA with difference purpose, difference forms such as mandated HIA, decision-support HIAs, advocacy HIAs, and community-led HIAs. A social determinant of health model should adopt.

2 Operational Manual and Methods

It should co-production of knowledge among expert and lay/civic knowledge. The HIA team should visit the site since the process of screening, using both qualitative and quantitative method. Community-led HIA should be recognized to be a part of HIA process.

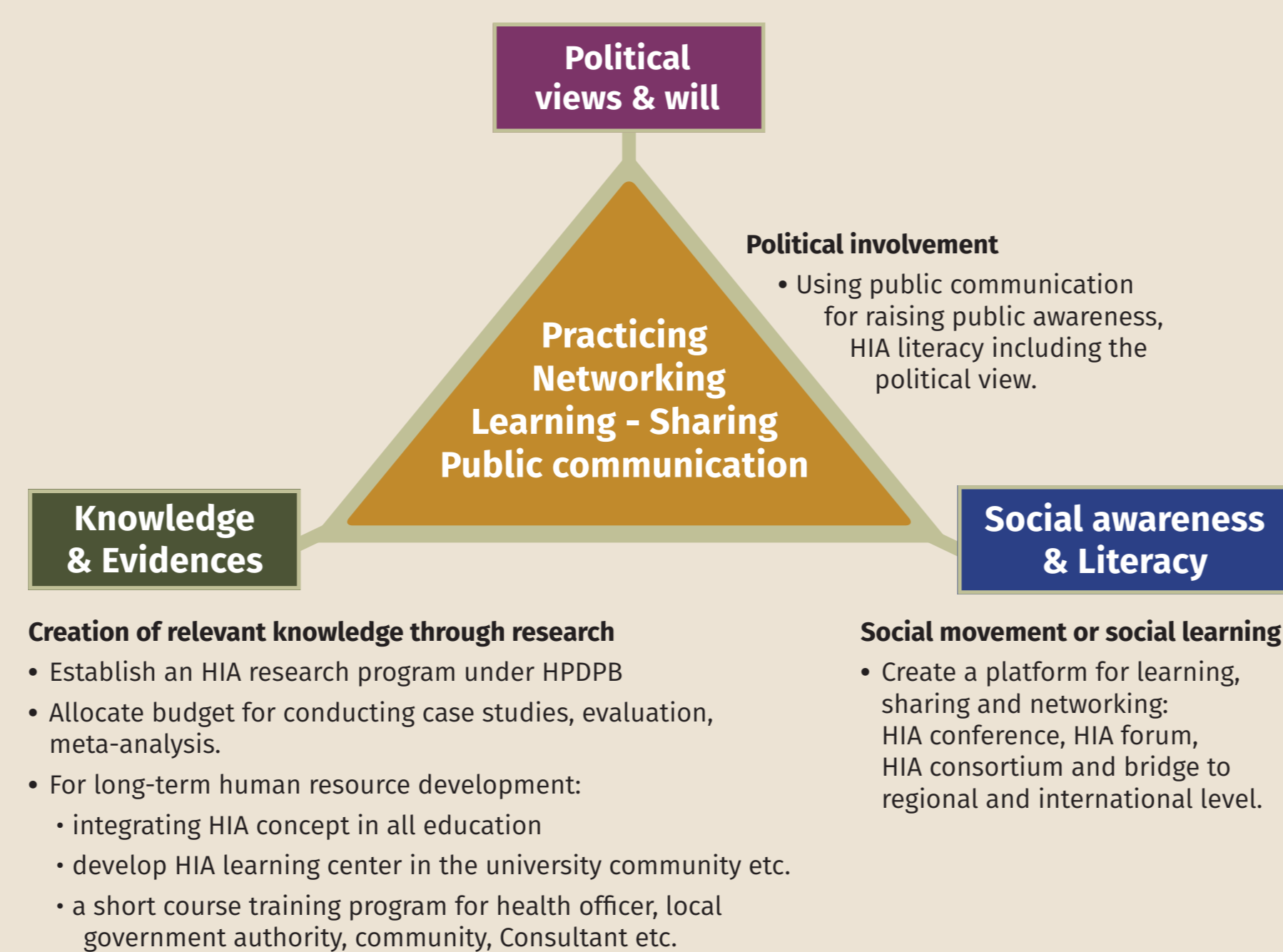
The framework of HIA process



3 Capacity Development Plan

An HIA practitioner team require skills: project management, negotiation, adaptive leadership, team working, community working, research, a communication including a basic understanding of health and determinants of health. Learning by doing, sharing experience and mutual support is an important way of increasing HIA skill.

Capacity Development framework



4 HIA pilot case study

Rapid Health Impact Assessment (HIA) on Coal – Fired Power Plant in Barangay Lamao, Municipality Limay, Province of Bataan.



Currently, it's a transition period of the world to renewable energy for sustainable development. In the meantime, the Philippines continued to support the use of fossil fuel in power generation. There are around 30 fully operating coal-fired power plants across the country, 29 more have already been permitted to start operations in 2020 by the Department of Energy.

The Limay Power Station, owned by the subsidiary of the San Miguel Corporation, the SMC Consolidated Power Corp., is a 600-megawatt coal-fired power plant under construction in Brgy. Lamao in Limay town, province of Bataan. Project development will be in two phases, two power units for each phase for total of four power units. It has overall planned capacity of 600-megawatt, with each unit bearing 150 megawatt of energy. The first phase or both units 1 and 2 of the project entered commercial operation in August 2017, while units 3 and 4 have already started construction with target completion date in 2018. Originally, the project proposal included a third phase or units 5 and 6 for a total capacity of 900-megawatt. During a visit to Lamao meetings with health center staff, and civil society organizations and three focus group discussions with which vulnerable groups such as resident fishermen, farmers, youths teachers, elderly were conducted. *During site visits, while walking in the community, coal debris falling on the ground could be observed. This ash was also detected in mangrove area which the locals say are used as fish pond.*

Lamao community:

Early, people in Lamao were living sufficiently; not so much problems in housing, livelihood, health, and human rights. Residents experienced its rich fishing areas; they could catch fish using spears, nets, etc. Fishermen spend 4 hours or less in the sea and catch 10-15 kilograms. People could get food from the shore. Oysters and mussels can be found by the coastline. Water was free, called 'freelove', there were many flowing waters safe to drink. They could wash clothes in the pond, take a bath in the river. The air was clean. Children fun playing outside in the fields.

1970's Via PD 949, Lamao is declared an industrial site. There was the refinery but no serious problem, no unpleasant smell. Not significant increase in illness was reported until a coal plant arrived. Eventually, adjacent land was cleared and declared a no-go bufferzone for the resident population. This changed their livelihood adversely.

Observations:

Environment – Fly ash is found almost everywhere on the ground and in the sea. Dry season are reported to be more prominent. The local Ayam River has narrowed and has been diverted. There were incidents when bubbles would appear in the coast. Natural drinking water supply has dried up and drinking water now needs to be bought. Residents would now pay to get connected to the local water station but would not receive sufficient water due to low capacity.

Folk fishery - Fishermen spend half day in the water fishing and catch 7-8 kilograms of fish. The fish started to "rot" and little by little go away/die. Oysters can still be found, but are inedible since they start to smell like gas. Mussels: there are times that they are still edible, but start to taste like gas. Fishing in the pier are now prohibited.

Agriculture - Yields were low, the fruits were deformed. There were blackish dust and holes on the leaves of the plants. Mango yields were turning black. The paddy fields were no longer healthy, no pleasant animal noise anymore.

Health - When the coal plant started operating, the noise were too bad, has different foul smells and the heat was extreme. The bad smell caused chest pains and vomiting and people had difficulties to sleep. The air is dark and unpleasant. Newly washed clothes, hanged outside to dry, are itchy when people wear them. The breeze has sticky feeling. People are starting to get frequently sick (cough, colds, asthma, itching everywhere in the body, lung-related ailments) with more frequent complications such as death. There were complaints of stomach aches due drinking freeflow water.



Conclusion and recommendation:

There appear to be severe negative impacts of the coal-fired power plant on the community health. The causes of these negative impacts can be traced to increasing lack of access to clean water and to an increase in air pollution both caused primarily through poor management of fly ash release. This has contaminated the bay water and the food chain and lead to food safety and food security issue. Throughout the power plant development there was a lack of public participation and lack of safeguarding basic human rights.

It hard to exactly attribute, based on a single rapid HIA, the cause of the deteriorating living conditions to the said coal-fired power plant however. Lamao was declared an industrial site since the 1970's via PD 949. And besides 600-megawatt coal-fired power plant, Lamao has another 140-megawatt coal-fired power plant, an oil refinery, some petrochemical factories etc.

It is however clear that the observed deterioration of health and environmental conditions strongly point to the need to institutionalize a multi-stakeholder HIA before public policy decisions are taken on development activities such as energy, industrial, urban planning, environment, health etc.

On the way forward there is a need to fix the problem before its impacts are non-reversible. As a first step, the LGUs (Governor, Mayor, Barangay chairman) should (1) disclose all information to the locals, (2) provide sufficient clean water to residents, (3) lead a recovery of contaminated area, (4) investigate and monitor ash pollution attributable morbidity and mortality. At the same time public policies should be developed that hold the power-plant owners accountable for using state of the art technology to control impacts.



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