CHAPTER I

INTRODUCTION

1.1 Introduction

Since the end of the Cold War more than twenty years ago, South East Asia has witnessed great economic development within its borders. While the growth strategy of the region was originally focused on the promotion of export, consumption in South East Asia has grown steadily in the last decade, making the region today both a strong exporter and consumer of goods. Thailand, situated at the heart of the region, has developed into the economic powerhouse of the region.

The economic progress of the region has not been without consequences for the environment and the lives of the people in the region. While on the one hand, economic development in Thailand has provided job opportunities and improved livelihood for many, it has also created inequality in terms of distribution of economic gain between the people, the overall access to health care, recognition of human rights for all, and overall change in livelihood. To many, the "neo-liberal economic development model and the preoccupation of states with economic growth without due regard for to equity and justice [has alienated] the majority of people who are living below the poverty line" (Caballero-Anthony, 2004:167). In Thailand, many of those communities that have seen their existence threatened by economic development over the last few decades have attempted to block or force changes in the operations of major forestry operations, dams, energy plants or heavy industry projects in the last decades. For various reasons, these efforts have often failed, leaving many of the negative impacts of development to be absorbed by the most vulnerable.

1.1.1 Health Impact Assessment

Meanwhile, there is an increasing recognition that many health issues are profoundly influenced by aspects outside the traditional realm of health and healthcare. Many factors, including poverty, employment or literacy have proven to

have a direct influence on the health of human beings (Kemm, 2001, Collins & Koplan, 2009). Defined by the WHO as a "state of complete physical, mental and social wellbeing and not merely the absence of diseases or infirmity" (WHO Constitution, 1948), our daily health is influenced by many factors. In order to account for the health requirements for its citizens, numerous countries have incorporated health related laws into their constitution.

Starting in the 1980s, Western countries introduced the concept of health impact assessments (HIA) to decentralize decision-making and resource allocation of the commercial sector, in order to "allow greater accountability, transparency and participation at all levels of the development process" (Phoolcharoen, Sukkemnoed and Kessemboon, 2003:56). All too often, policies aimed at guiding countries towards economic growth had caused negative health effects on local people. Initially, health impact assessments were developed within the development approach, aiming to identify and consider the potential health impacts of a policy proposal on the local population (HDA, 2002). HIA's primary output is a set of evidence-based recommendations geared to informing the decision-making process. These recommendations aim to "highlight practical ways to enhance the positive aspects of a proposal, and to remove and minimize any negative impacts on health, wellbeing and health inequalities that may arise or exist" (IAIA, 2006:235).

Policy proposals and processes are often carried out within a framework of values, goals and objectives. The Gothenburg Consensus Paper (1999), providing one of the first worldwide agreements on HIA, describes the values behind the Health Impact Assessment. Firstly, the idea of *democracy* is a central pillar of HIA, as it emphasizes the right of people to participate in a transparent process when formulating, implementing and evaluating policies that affect their lives. Secondly, *equity* is a fundamental value behind the HIA mechanism, highlighting that HIA is not only interested in considering the aggregate impact of the policy's impact, but more importantly the impact's distribution within a population group. Thirdly, *sustainable development* stresses the importance of considering both short-term and long-term objectives, as well as the direct and indirect impacts of a given policy. Finally, the *ethical use of evidence* is an important value behind the HIA process, as the use of

both qualitative and quantitative data from various sources has to be rigorous, in order to produce an assessment that truly reflects the various forms of evidence presented by each stakeholder.

Over the years, various countries adopted the HIA process in their national Constitution, thereby recognizing additional values and principles underpinning national HIA policy making. Based on the work of the National Health and Clinical Excellence (2005) and the European Policy Health Impact Assessment (2004), Thailand added three additional items to the list of values supporting the HIA process (Sukkemnoed and Al-Wahaibi, 2005). These three additional principles are: *practicability*, as the HIA should be designed appropriately for time and resources available, and also be fitting societal resources and contexts. Additionally, Thailand included the value of *collaboration*, stating that HIA should promote the shared ownership of the different stakeholders and inter-disciplinary viewpoints. The third additional value behind Thailand's HIA approach was the issue of *comprehensiveness*, in the sense that HIA should emphasize on the wider determinants of health or the broad range of factors from all sectors of society that affect the health of its population. This final issue underlines the common understanding that health is influenced by many factors outside the realm of traditional healthcare, such as was argued earlier.

1.1.2 Human security

With its potential power to give greater voice to the public, the Health Impact Assessment structure can be seen as an important instrument to safeguard the security and rights of individuals and communities. First introduced in 1993 by Pakistani's Special Commissioner at the UN, Mr. Mahbub Ul Haq, the concept of human security emphasizes the fact that security of individuals cannot be safeguarded when security is primarily seen as threats on the national level. Instead, real security can only be maintained and enhanced if the referent of security is the individual itself (CHS, 2003). Besides economic, food, environmental, political, community and personal security, the paradigm emphasized the importance of *health security*. It argues that

health risks, including chronic diseases, malnutrition, poor access to clean water and sanitation are major sources of insecurity for individuals worldwide. These health risks and associated feelings of insecurity are particularly high in the poorest regions of the world, but also apply to marginalized people in developed countries, including Thailand.

Within the context of existing paradigms, human security should be perceived as an addition to human development, in the sense that development cannot truly take place when fear of economical, political or health insecurity still exists. To phrase former Secretary General of the United Nations Mr. Kofi Annan, "human security in its broadest sense embraces far more than the absence of violent conflict. It encompasses human rights, good governance, access to education and health care and ensuring that each individual has opportunities and choices to fulfill his or her potential... Freedom from want, freedom from fear, and the freedom of future generations to inherit a healthy natural environment—these are the interrelated building blocks of human—and therefore national security" (Annan, 2000). Over the last decade, global health issues have been increasingly drawn into the human security debate (Chen and Narasimhan, 2003; Caballero-Anthony, 2004). This increased recognition is highlighted by the fact that four of the eight UN Millennium Development goals focus on health attainment — reductions in infant, child, and maternal mortality, combating HIV/AIDS, and malnutrition. Through its structure, human security emphasizes emancipation and decentralization of power, and recognizes that "national security approaches are often insensitive to cultural differences within the state" (Acharya & Acharya, 2001). Thus, more autonomy and empowerment should be provided to individuals and communities, recognizing that development is not a top-down process initiated by the national government, but just as much a process initiated and conducted by grassroots movements. Providing communities with adequate tools to influence and improve their own health is an important aspect of that understanding.

Good health is both essential and instrumental to achieving human security, given that protecting human lives is at the very heart of security (CHS, 2003). The Commission on Human Security (2003) recognizes that good health is a precondition

for social stability. As such, conflict and humanitarian conflict, global infectious diseases, and poverty and inequity are all threats to human security, as they lead to illness, injury, disability and death. The Commission argues that the above three categories of health threats are among the most significant threats to overall human security. With respect to fighting the consequences and origins of this third category *(poverty and inequity)*, the emergence of health impact assessments has been a promising evolution.

In several ways, the HIA mechanism can be seen as a protective mechanism of human security, as it allows individuals and communities to have a direct influence on industrial projects around them, adding to the feeling of economic, political, environmental or health security. As such, allowing decentralization of decision-making and empowerment through the HIA system support common beliefs about equality and peace for all individuals.

So far, the theoretical framework behind the HIA and its potential positive implications for people all seem to favor a progressive implementation of the concept. However, experience in many countries has shown that the proper realization of an HIA is far more complex than its theoretical counterpart. For one, while many argue on the importance of a larger role of affected communities in the decision making process through HIAs, a fundamental discussion persists on exactly how this process of public participation should be framed. Due to "incomplete knowledge and information, limited time and resources and the inequalities that result, social exclusion and mistrust often fogs the health impact assessment process" (Phoolcharoen *et al*, 2003).

1.1.3 Public participation under Health Impact Assessment

With new types of impact assessments being developed, focus has shifted from measuring and monitoring the technical aspects on health, to building a holistic approach of measuring health outside the traditional realm of health and healthcare. When compared to the environmental impact assessment (EIA), the health impact assessment has shifted attention to the people of local communities as primary

contributors. Consequently, finding appropriate methods of "extracting" associated information on health from involved communities has become a new topic of (academic) attention. Cameron, Ghosh and Eaton (2008) identified the People Assessing Their Health (PATH) process, through which local communities develop their own vision of a healthy future, design the health impact tool, and finally put it in practice. This process, originally developed in Nova Scotia (Canada), involves putting together people from many sectors of society aiming to foster networking within and between communities. They authors identify three central elements when it comes to communities designing their own health impact assessment tool. First of all, sufficient *funding* is required to allow the process to be conducted thoroughly. Secondly, adequate *administrative support* is needed, as the assessment of a number of health issues remains based on data and information needed for decision-making. Finally, high-quality *facilitation* is essential for this process to be conducted well, since the elements that encompass health often need to be elicited from local communities.

In Thailand, among others, the PATH concept has been taken up by relevant political bodies and HIAs are currently performed at three different levels. The idea that people assess their own health (i.e. the PATH process) laid the foundation for the first level of HIA: the *community HIA* (CHIA). The primary belief behind a CHIA is that people of a community know a lot about what makes and keeps them healthy. Through this process that is entirely community-focused, members become active participants in the decisions that affect the well-being of their community. According to the National Health Commission Office (NHCO) report of 2008, the CHIA concept "was born of the NHCO's attempt to revive local communities' traditional HIA processes and integrate them into the national HIA". After finishing the CHIA, the NHCO expects the communities to use the outcomes in the prevention and solution of health problems deriving from public policies. Communities that are most interested in learning the know-how to assess health impacts are those communities already adversely affected by development projects, as well as those expected to be affected in the near future.

The second type of HIA that is performed in Thailand is the HIA at *project level*. These HIAs are done prior to the start of a new project, and involve all

stakeholders. The Thai media in 2010 focused significantly on this type of HIA, when construction of new projects was put on hold in the Industrial Estate of Map Ta Phut, Rayong Province, putting huge economic interests at stake. More recently, a group of villagers in Saraburi province opposing the construction of a power plant had petitioned regulators to scrap its operating permit, claiming that among other, the HIA process had not taken place for the project (Bangkok Post, 2010). The third category of HIAs in Thailand consists of those performed at *policy level*, when new national laws need to be tested on their impact on health. For instance, when a new policy to increase agricultural exports requiring the use of dangerous chemicals is discussed in parliament, farmers and consumers can request an HIA to be conducted to assess its future impact on health.

Irrespective of the level at which the HIA is conducted, a good HIA process involves public participation. The underpinning principles of democracy, equity or accountability behind the HIA process underline this push for public involvement. As a result, public participation has been a topic of growing interest to academics, governments and regulators (Church *et al.*, 2002; Parry and Wright, 2003). Defined as "the practice of consulting and involving members of the public in the agenda-setting, decision-making and policy-forming activities of organizations and institutions responsible for policy development" (Rowe and Frewer, 2004:512), public participation is used more and more often to allow for citizens' voice in policy making. One of the main challenges of public participation is to measure its effectiveness. Up until today, there are no universally agreed upon criteria to measure the effectiveness of the process or outcome of public participation, and as a result, no widely accepted evaluation tool for public participation either. Rowe and Frewer (2004) argue why the evaluation of public participation is necessary. Firstly, they state, evaluation is important for *financial* reasons, namely to ensure proper use of public money. Secondly, it is necessary for *practical* reasons, as it allows us to learn from past mistakes. Thirdly, evaluation should be done for *moral* reasons, because it ensures that those involved are not deceived as to the impact of their contribution. Finally, it should be done for *theoretical and research* reasons, as it increases our understanding of human behaviour. In order to evaluate participatory exercises

correctly, first of all, there needs to be a shared understanding of the *definition* of effectiveness. The definition chosen (or criteria selected) may be unique and project-specific, as two participatory activities may not have the same goals. Subsequently, when common understanding on the definition is reached, the effectiveness of a certain participatory program needs to be measured through interviews, questionnaires or through other data collecting methods. Finally, one needs to analyse how successfully these different effectiveness criteria were met.

A number of frameworks to evaluate public participation have been developed over the last three decades, all of them defining effectiveness of public participation in their own separate way. Among others, Bickerstaff and Walker (2001) proposed an evaluative framework which comprised process criteria such as inclusivity, transparency, interaction and continuity, asserting that in the case study performed, participation had impacted specific areas of the plan. Moro (2005) argued that for a participation process to be successful, it must (1) add value to policy making, (2) empower citizens, (3) improve social trust and social capital, (4) involve a sufficient number of citizens, and finally, (5) change the public administration's way of managing public affairs. Other proposed evaluation frameworks differ in the criteria selected, but many stress the importance of including items such as representativeness, impact on decision and transparency (Petts, 1995; Bickerstaff and Walker, 2001). Overall, the literature review suggests that the chosen criteria include both measures of process and outcome, and that criteria can be chosen to evaluate social goals or (highly technical) process goals.

One of the most interesting frameworks that assesses whether a number of social goals are met, is the framework proposed by Beierle (1998). The framework recognizes that "all too often, opportunities to correct mistakes or find innovative solutions go unexplored, policy makers inadequately consider public values, and a culture of mistrust in agencies is deeply rooted" (Beierle, 1998:7). In order to measure the impact of public participation on these social values, the framework proposes the following six social goals:

> ➢ Educating and informing the public,

> ➢ Incorporating public values into decision-making,

> ➢ Improving the substantive quality of decisions,

> ➢ Increasing trust in institutions,

> ➢ Reducing conflict, and

> ➢ Achieving cost-effectiveness.

The main argument to measure social goals of a public participation activity is that these goals "transcend the immediate interest of parties involved in the process" (Beierle, 1998:5). Thus, measuring social goals allows us to look at the process from an unbiased position and determine to what extent participants feel that progress was made which benefits the regulatory process as a whole.

All things considered, the health impact assessment tool can be seen as a promising mechanism for improving the health conditions in our society. By implementing health regulations that each citizen can benefit from, a sound contribution to the progress of human security is made. However, given the difficulties of implementing the HIA, notably due to the practical challenges involved with the use of public participation, there is a strong need to conduct further research as to which aspects of the HIA process are vital to its success. Using "social goals" to measure the effectiveness of the public participation seems particularly relevant, given the values of equity, democracy and collaboration underlying the HIA structure.

1.2 Research questions

Given the current discussion on the impact and effectiveness of HIA in Thailand, the importance of health for human security and the role of public participation within the HIA process, the following <u>research question</u> will be examined:

"What is the effectiveness of public participation under HIA in Thailand, and how does this shape the overall effectiveness of HIA in Thailand?"

While the main objective of this research is to measure the effectiveness of the process of public participation under HIA, further information about the HIA process will help us to answer the following <u>additional research questions</u>:

"What are the success factors of a community HIA process according to the local community?

"Which lessons can be learned from the community HIA examined, that allows other health-affected communities in Thailand to benefit from their experience?"

1.3 Definitions of key concepts

The following key concepts form the core of this research. In order to facilitate a better understanding, the corresponding definitions are provided in this section.

<u>Health Impact Assessment (HIA)</u>: "a method of assessing the health impacts of policies, plans and projects [...] using quantitative, qualitative and participatory techniques. HIA helps decision-makers make choices about alternatives and improvements to prevent disease/injury and to actively promote health. (WHO definition)

<u>Community Health Impact Assessment</u>: "[a specific type of HIA aimed at] increasing public understanding of the determinants of health and empower citizens to play an active part in decisions influencing their health. (Mittelmark, 2001)

Public values: "the norms and principles of those individuals that are primarily affected by policies and legislation. In this research, public values should be understood as the way the villagers of Na Nong Bong perceive the importance of their natural environment, personal and group health, and other norms regarding their everyday life". (Own definition)

Public Participation: "A set of deliberative mechanisms of the public at a number of different levels, […] as to guarantee the influence of the public in policy formation" (Rowe and Frewer, 2004)

Effectiveness: "The effectiveness of a public participation process indicates to what extent the set of goals were achieved. It provides an indication of the quality of the process and whether or not the exercise was a success". (Own definition)

1.4 Research Objectives

The research at hand has a number of distinct objectives:

- ➢ To measure the effectiveness of the current participatory process under HIA in Thailand
- ➢ To identify additional criteria of effectiveness of the process, according to local communities.
- ➢ To assess whether the current HIA in Thailand sufficiently incorporates the interests of local communities, both within the process and outcome.
- ➢ To analyze the strengths, weaknesses and success factors of the current HIA process for Thailand, in order to make practical recommendations for the future.

1.5 Research methodology

1.5.1 Research framework

Selecting the criteria to measure the effectiveness of a public participation process all depends on the goals the program aims to achieve. Since goals differ from program to program, "measuring effectiveness is not an obvious, unidimensional and objective quality" (Rowe and Frewer, 2004). Therefore, let us return to the theory the community HIA and identify the goals it aims to achieve.

The primary goal of a community health impact assessment, Cameron *et al.* (2008) identified, is to empower local communities through the building-up of relevant knowledge. This is a fundamental first step in the process and the basis from where the community will then be able to participate in the policy-formulation process. Thus, measuring the extent to which the community HIA provides information and knowledge to the community should be the first criteria of the evaluation model.

Unfortunately, the CHIA model does not clearly specify other goals it aims to achieve. However, as the community HIA is part of the larger HIA-family, let us review the general goals of the HIA and assess to what extent the community HIA was able to achieve significant progress on these goals. To start with, HIA in Thailand should lead to the development of healthy public policy and act like a health protection mechanism, according to Sukkemnoed, Poolcharoen and Nuntavarakarn (2006). This implies that the HIA process should allow for the views of the public to be incorporated in legislation and policy making, when these policies impact their health. As these public values can only be incorporated into the decision-making, we need to measure two separate goals: (1) to what extent the substantive quality of decision is improved as a result of the community HIA process, and (2) whether public values are really incorporated into the decision-making. Public values in this context are the norms of those individuals that are primarily affected by policies and legislation.

Another intended role of the HIA mechanism in Thailand is its function of conflict resolution tool. This should be understood as its capability of bringing parties closer to each other when conflicts over a project exist. Related to the issue of conflict is the concept of trust. On the one hand, higher levels of trust can potentially bring parties closer to solving the conflict. On the other hand, solving a conflict usually leads parties to trust each other more on future issues. Therefore, the research framework will measure to what extent the public participation process under health impact assessment (1) has increased trust of the communities in institutions, and (2) whether it was able to reduce the conflict between the various stakeholders.

In summary, the current research thus uses the following 5 criteria or goals to assess the effectiveness of public participation:

> Educating and informing the public,
> Incorporating public values into decision-making,
> Improving the substantive quality of decisions,
> Increasing trust in institutions,
> Reducing conflict.

The research at hand thus makes use of the first five criteria proposed by Beierle (1998). The final criterion proposed by Beierle, achieving cost-effectiveness, is left out for a number of reasons. Most importantly, it seems that measuring the aspect of cost-effectiveness is unnecessary at this point, as there is no discussion on whether public participation is needed in the HIA process. When debating about the cost-effectiveness, there is little to argue about which participatory or non-participatory approach to choose. Furthermore, given the early stages of community HIA development, it seems unjust to focus on costs at this stage yet, as the approach needs to justify itself first on producing results about education, trust and conflict reduction, which are measured by the remaining five criteria.
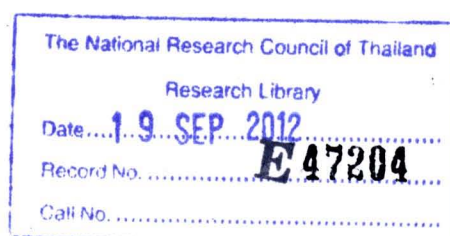
1.5.2 Research method

In order to study the common characteristics and discrepancies between theory and practice of HIA in Thailand, the *case study approach* is selected for the research.

The community of Na Nong Bong, in which the CHIA was conducted, has been exposed to health problems of an adjacent gold mine since 2006, which has heavily affected their health. Further information on the community and the HIA that was conducted will be discussed in Chapter 3. The case study of Na Nong Bong, Loei Province, was selected as the most suitable research area for a number of reasons.

To begin with, it should be noted that the number of HIAs conducted more or less transparently in Thailand over the last couple of years has been rather limited. This means that the availability of case studies was somewhat restricted. However, there are several positive reasons why the case of Na Nong Bong village was a suitable case study.

Firstly, the HIA conducted in Na Nong Bong was a so-called *community HIA*, which left the process fully in the hands of the community itself. This meant that there was abundant time for public participation with in the process, making it a highly interesting case given our research question.

Secondly, the HIA was conducted fairly recently, as the final report by the Ministry of Public Health was presented in the first quarter of 2010. This implies that most of the information is still fresh in the memory of the villagers.

Thirdly, the case of the gold mine in Na Nong Bong can be said to be fairly isolated from national politics (as opposed to Map Ta Phut for instance, where massive economic interests are at stake, and affected communities have fought numerous battles over the last 20 years). Therefore, the expectation was that the relevant HIA information could be obtained more clearly in Na Nong Bong, making the research findings, as a result, more relevant.

1.5.3 Data collection

The data collected during the field research is composed of a number of complementing parts.

Firstly, relevant information was collected through the process of group discussion within the affected community. Participants at these group discussions include the chair and secretary of the local "*Kloom Khon Rak Ban Koet*" committee (People Who Conserve Their Hometown), as well as a number of members of the Youth committee of Na Nong Bong. The aim of these meetings was to discuss the impact of public participation on a number of factors measuring its effectiveness, including the knowledge and information gained by the community, its impact on decision-making, and its ability to reduce conflict and create trust between the different stakeholders. Additionally, the group discussion focused on the success factors that made the HIA achieve its goal according to the local community.

Secondly, questionnaires were used to assess individual's perception of these five criteria mentioned above, as well as the success factors of the HIA process.

Thirdly, a number of interviews were held with key informants of the HIA process in Na Nong Bong, including volunteers who supported the community throughout the HIA process. Additionally, several academics involved were asked about their opinion regarding the outcome and effectiveness of the HIA process.

The methodology of this research consists of two distinct parts. On the one hand, an extensive literature review of the key concepts will be discussed, aiming not only to introduce the reader to relevant theories, but above all to provide a sound interconnection between theory and practice, preparing the reader for a transition to the second, more practical part of this research. This second part consists of a case study, in which the process and outcome of the community HIA in Loei Province is described, allowing us to draw a number of conclusions about the effectiveness of the HIA structure in Thailand.

1.6 Research Rationale

Through mechanisms such as the Health Impact Assessment, the 2007 Constitution of Thailand has made steps forward to allow the voice of people in the margin to be heard. The subsequent enforcement of these laws over the last years has been poor at best, leaving many communities in a lonely struggle to cope with the impacts on health and environment. Thus, while the theoretical argumentation behind the HIA may be sound, the practical implementation of the structure remains a challenge on its own.

Consequently, three years after its official introduction to the Constitution of Thailand, this research will assess the progress on the ground of the HIA regulation, a concept that has been introduced years ago with high expectations. Most importantly, by identifying the success factors of the community HIA experience of Na Nong Bong, other affected communities in Thailand will be able to benefit from their experience.

In addition, the evaluation of the community HIA of Na Nong Bong will demonstrate whether there is sufficient connection between the theoretical HIA structures on the one hand side and its results in practice on the other hand. Evaluations from the field will allow us to improve the theoretical part and underlying assumption. That is the second contribution of this research.

1.7 Structure

In order to measure the effectiveness of the process of public participation under HIA, and make recommendation about which factors are important for its success, the research will be structured as follows.

Chapter 2 will present the existing literature relevant to this research, including a review of the concepts of human security, health impact assessment and public participation. Subsequently, chapter 3 will discuss in detail the results of the field trip to Na Nong Bong in Loei province, including a stakeholder analysis,

presentation of the questionnaire and group discussion results, and a short summary of the main challenges of the specific field research. Based on the information presented in chapter 3, chapter 4 will provide an analysis of the findings in order to answer the research questions and assess to what extent the social goals of the research framework were achieved through the community HIA in Na Nong Bong. In addition, this chapter will propose a number of "external" success factors that increase the impact of the HIA. Subsequently, chapter 5 will provide a number of practical recommendations about the HIA process, as well as recommendations on how to reduce the gap between HIA theory and practice. Finally, the chapter will discuss topics for further research and limitations to the current research.