

Health Impact Assessment Quarterly



International Association for Impact Assessment

Health Impact Assessment Quarterly
March 2008

From the Health Section Chairs

Dear All,

In the following pages...

- Ben Cave reports on a meeting between the World Health Organization, the International Finance Corporation and the World Bank;
- Maria João Heitor writes about a European meeting in Portugal looking at Health, and Health Systems, Impact Assessment;
- Mathias Wismar and Kelly Ernst write about a new publication on the effectiveness of HIA;
- Ben Harris-Roxas reports on the South East Asia and Oceania HIA Conference;
- Teresa Lavin and the HIA team at the Institute of Public Health in Ireland team describe the 8th International HIA conference held in Dublin;

- Dianne Katscherian describes the forthcoming session on climate change and health at IAIA08; and
- there is a round up of new publications and websites and forthcoming events.

Preparations for the IAIA conference in Perth are underway. We look forward to seeing you there. If you are unable to travel to Perth then look out for the next newsletter and keep in touch via the email listservs.

2007 was a rich and busy time for Health Impact Assessment.

Metaphors used at the Dublin conference revolved around growth: HIA is *growing up, coming of age and entering adolescence*. A similar sentiment was echoed at

the South East Asia and Oceania conference with calls for regional confidence and pride in their HIA work.

A cautionary note from the WHO reminds us that the vast majority of HIA work is carried out in more affluent countries. We still need to push for health input, we need to work with, and within, other impact assessments and we need to use every opportunity to demonstrate the importance of protecting and improving health and reducing health inequalities. The article below on the IFC/WHO meeting describes opportunities to address health as part of the lending requirements.

HIA is beginning to gain ground and establish a profile with policy-makers. We need to be wary of confusing the message and offering too many variants of HIA. We need to keep it simple and ensure that our methods are robust. We remind readers that IAIA has issued a special paper looking at HIA (see http://www.iaia.org/Non_Members/Pubs_Ref_Material/SP5.pdf).

Ben Cave and Suphakij Nuntavorakarn

IAIA Health Section Chairs

In This Issue

Community Health in Development Lending	2
European Meeting on Health and Health Systems Impact	4
The Effectiveness of HIA	5
HIA2007 South East Asia & Oceania Conference	6
HIA'07 8th International HIA Conference	7
IAIA08 Sessions on Climate Change	8
Health Impacts of Climate Change in WA	9
HIA Gateway: Current Position	9
Journal Watch: Reports, articles and events	10
IAIA Health Section Member List	11

The International Association for Impact Assessment (IAIA) is a forum for advancing innovation, development, and communication of best practice in impact assessment. Our international membership promotes development of local and global capacity for the application of environmental, social, health and other forms of assessment in which sound science and full public participation provide a foundation for equitable and sustainable development.

The Health Section of IAIA looks at Health Impact Assessment throughout the world and at the integration of human health concerns into impact assessment.

As HIA champions and champions of the wider cause of advancing and promoting public health we must work with our environmental colleagues.

From the Health Section Chairs Cont.

The mission statement for IAIA quoted above states that IAIA looks to promote best practice in impact assessment. As HIA champions and champions of the wider cause of advancing and promoting public health we must work with our environmental colleagues.

We need learning about successes and failures

from case studies: how can we quantify health effects within HIA, what value does this bring, how do we address health in environmental assessment, what should be the focus of our message to policy-makers, climate change and mental health are major concerns for public health – how do we as practitioners, cover these in HIA?

For answers to some of these read on, for discussion on all of these we look forward to seeing you in Perth.

Yours,

Ben Cave & Suphakij Nuntavorakarn

Chairs of the Health Section, IAIA

Community Health and Safety in Development Lending

Ben Cave
Ben Cave Associates Ltd

Introduction

On the 11th and 12th of July 2007 the World Health Organization convened a workshop on *Community Health and Safety in Development Lending*. This was attended by WHO officers, by representatives of the World Bank, the International Finance Corporation (IFC) and by representatives from development banks. WHO invited IAIA to attend as part of the memorandum of understanding between IAIA and WHO.

The aims of the workshop were fourfold:

1. to review the development bank needs when considering health and safety;
2. to examine the potential to refine and improve on the health aspects of impact assessment;
3. to look at tools that exist; and
4. to identify next steps.

What is the IFC and what are its Performance Standards?

The IFC is the private sector arm of the World Bank Group. It promotes sustainable private sector development in developing countries. It applies Performance Standards so that the bank and its client (borrower) can manage the social and environmental risks and impacts of the projects. The client must meet these standards throughout the life of the investment. Other financial institutions also apply these standards. There are eight IFC Performance Standards.

1. Social and Environmental Assessment and Management System
2. Labour and Working Conditions
3. Pollution Prevention and Abatement
4. Community Health, Safety and Security
5. Land Acquisition and Involuntary Resettlement
6. Biodiversity Conservation and Sustainable

Natural Resource Management

7. Indigenous Peoples
8. Cultural Heritage

Each of these Performance Standards deals with issues that are important to protecting, maintaining and even improving the health and wellbeing of people living and working in, or close to, the projects.

The focus of the workshop was on Performance Standard 4 which refers to community health and safety. While this places the focus on protecting health, as opposed to improving health, it does provide a clear policy context for action from health stakeholders and an explicit requirement for input on health issues.

Further information about the IFC Performance Standards is available on <http://www.ifc.org/ifcext/enviro.nsf/Content/EnvSocStandards>.

Community Health and Safety in Development Lending Cont.

What do the Development Banks need?

Capacity to conduct, and then to critically evaluate, HIAs was a recurring theme in the discussion.

The banks highlighted the importance of international standards to which they, and other lenders, can refer when considering health issues. The WHO can provide a critical benchmark role in this respect.

The banks would like to see a business case for HIA. If any approach is beyond the strict legal requirements then a strong case demonstrating its link to the project is necessary.

Direction and assistance from the WHO and other health experts.

How to refine and improve on the health aspects of Impact Assessment?

Much of the discussion in the workshop did not focus on HIA so much as opportunities for improving the consideration of health in public policy. HIA is an important process for achieving this.

The banks would like to see a business case for an HIA.¹ The economic case for looking at health should be established: the question was posed as to whether risk can be offset by looking at health issues.

HIAs should focus on measurable development impacts. If an HIA can add to, or detract from, the criteria used in the Quality Assurance groups it will be of immediate and clear relevance to the project.

Tools that exist

WHO officers gave presentations about issues of concern for public health and ways in which development banks could work with their clients to improve safeguards. Topics which attracted discussion included

- Occupational health/Workers health
- Substance misuse and mental health
- Indoor air pollution/Solid fuel
- Tobacco control
- Urban transport
- Electricity production
- Violence
- HIV/AIDS

Reference was made throughout the workshop to various screening and scoping HIA tools.

The WHO Inter-sectoral Capacity Building programme was mentioned.

There was interest in the cost-benefit analyses that had been conducted on transport initiatives.

The point was made that IA should be seen as a process and not as an event. This will frame IA throughout the life of the project. Informed judgement is paramount, as is the trust and support of the communities who will live with the development.

Next steps

WHO will develop a *road-show* programme of training to deliver to the development banks.

IAIA pre-conference training was noted as an opportunity for capacity building around the Performance Standards.

WHO and regional banks to investigate possibilities for WHO to contribute to country reports.

WHO and development banks to develop a programme of work and to explore possibilities for working on a particular development project: the three possible priority areas are transport, water and energy.

“Development banks need... the capacity to conduct, and then critically evaluate, HIAs”

Notes

1. For a consideration of business case for HIA see M. Birley. *Health impact assessment in multinationals: a case study of the Royal Dutch/Shell Group*. Environmental Impact Assessment Review 25:702-713, 2008.



The IFC promotes sustainable private sector development in developing countries. Recent projects include the Peru LNG Project (left) and Urugayan Pulp Mills (right)
See tinyurl.com/2atwu4 for more information

Images: Peru LNG and AIC Online

Health Impact Assessment Quarterly

European Meeting on Health and Health Systems Impact Assessment (HIA/HSIA)

Maria João Heitor dos Santos
Portuguese Coordinator of the Meeting

The Health Programme of the Portuguese Presidency of the Council of the EU emphasized health promotion, disease prevention, access to health care and innovation. Recognizing the importance of Health and Health Systems Impact Assessment (HIA/HSIA) as tools to support decisions oriented towards Health in All Policies and addressing health inequalities, the Portuguese National Health Institute (INSA), in collaboration with the European Commission (EC) and the European Observatory on Health Systems and Policies, and with the support of the Portuguese High Commissariat of Health, organized a meeting with the aim of strengthening the development and implementation of HIA/HSIA in the EU.

Participants included members of the High Level Group on Health Services and Medical Care of the EC, especially of the working group on HIA and HSIA, along with key decision makers, representatives from EU Member States, community stakeholders from health and other sectors and experts, reaching a total of more than 100 participants, largely above initial estimates. Among the 35 invited speakers, 27 were international speakers, including WHO and EC.

European and Portuguese

officials, including the health Minister, were present at the opening session.

Relevant issues were debated during the meeting such as the framework of reference for HIA/HSIA; reports from the Finnish and the UK presidencies; implementation of HSIA, at European and country levels; report on the EC impact assessment procedure and the launch of the website on HSIA; policy assessments of EU social and migration policies; HIA implementation; four workshops, respectively on the quality of prediction in HIA and organisational constraints; health inequalities and HIA; health issues in different sectors and mental health and HIA, were held.

Trying to bridge with the Dublin conference on HIA, healthy public policies were also discussed, mainly the translation from the research and expert level to the decision-making and policy level as well as examples of good practises at the HIA field.

At the closing session, the vice-director of the Institute of Public Health in Slovenia presented the conclusions.

Providing a forum for the debate on integrated impact assessments, the meeting reinforced the links between health and economic development, equity and access to

information; the importance of health systems as a component of HIA; the relevance of global migration trends; the need to improve the integration of mental health indicators, including alcohol related harm, into HIA; the importance of addressing health in other assessments namely in environmental issues and the co-operation of networks for HIA/HSIA development and its sustainability, pursuing the goals of the Lisbon agenda.

One of the immediate aims of the meeting was reached at the latest EPSCO council: ministers for labour, social affairs, equal opportunities, health and consumer protection recently met in Brussels on 5 and 6 December, health topics were discussed and HIA was stressed under the chairmanship of the Portuguese health minister with the EC represented by Commissioner Kyprianou.

Mathias Wismar and Kelly Ernst

European Observatory on Health Systems and Policies

The Effectiveness of Health Impact Assessment

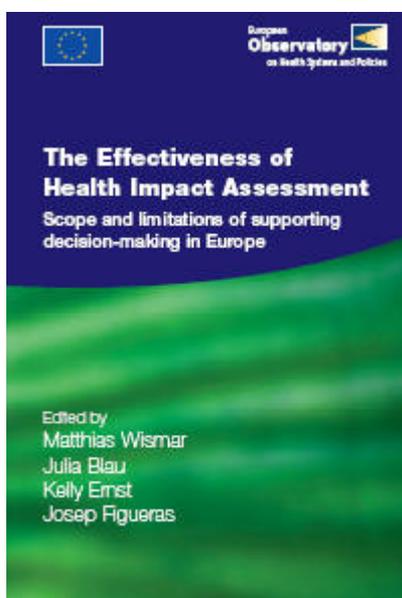
The European Observatory on Health Systems and Policies has published a book titled, *The Effectiveness of Health Impact Assessment: Scope and limitations of supporting decision-making in Europe*. The book is based on findings from a 3-year European research project and presents 17 case studies from 15 countries where the effectiveness of HIA was explored and analyzed. The effectiveness analysis included five key results:

1. HIA can be effective. Many of the case studies included in the volume demonstrate the direct effectiveness of HIA, defined as the capacity to inform the decision making process and modify the pending decision. In many cases general effectiveness was at work too when the assessment was acknowledged adequately by the decision makers but did not result in a modification of the pending decision. This may be the case when the negative health impacts were negligible or decision makers found it justifiable to pursue other aims over health.
2. The magnitude of the influence of a given HIA on a pending decision varies greatly. As the case studies indicated, some of the modifications to the projects were substantial. In many cases, however, the modifications of the pending decisions were rather small.
3. The effectiveness of HIA goes beyond health. While most of the discussion on the effectiveness of HIA focuses on its capacity to address health and health inequities, the case studies demonstrated that HIAs have been effective in facilitating collaboration between different government departments or in supporting community development.
4. HIA is indeed universally applicable covering a wide range of policies and sectors from different political administrative levels. The implementation, however, is very context dependent and differs from country to country.
5. HIA has its limits. In the case of a win-win situation between health and the policy objectives of the other sector involved, the full potential of a health impact assessment can be realized. In most cases however, the HIA contributes to striking a compromise between health and other objectives. While these limits are inherent to intersectoral policy making, this book also includes case studies where

only a marginal benefit was realized through the HIA due to a lack of quality in the process.

The book also provides a detailed map of the use of HIA in Europe. This map shows that HIA is currently unevenly developed across Europe. While some countries are using HIA frequently, others are still exploring the use and feasibility of HIA. So far, no country has succeeded in fully implementing HIA, however, some countries have achieved partial implementation. HIA is found to be universally applicable across all sectors, including transport, environment, urban planning and agriculture and across all levels, particularly on the local level.

Download the book for free at http://www.euro.who.int/observatory/Publications/2007/20071016_1 or purchase a copy at <http://www.who.int/bookorders>



HIA007 South East Asia and Oceania HIA Conference

The HIA2007 South East Asia and Oceania Health Impact Assessment Conference was held in Sydney from 7-9 November 2007. The conference brought together more than one hundred and eighty HIA practitioners from thirteen countries in the Asia Pacific region for the first time.

The event showcased the diverse range of HIA activity that is occurring across the Asia Pacific

region, with presentations on HIA-related activity in Australia, New Zealand, Thailand, Cambodia, Vietnam, Lao PDR, Japan, India, Bhutan, Canada and South Korea.

The plenary and the concurrent sessions showed that HIA practice is coming of age in the Asia Pacific, and that it is taking diverse forms as it is used in different contexts. There has been a clear shift in recent years from people talking



Photo: Ben Harris-Roxas

Verity Firth, NSW Minister for Science and Medical Research opening the HIA2007 Conference in Sydney

about how HIA might be used, to an experienced group of people able to provide concrete examples HIA's use. As one of my colleagues somewhat provocatively observed "hopefully this will see the Asia Pacific region moving in an independent and less Euro-centric direction when it comes to HIA and its development".

Overall the conference highlighted the large amount of work that has been done and the growing momentum that is gathering in the Asia Pacific. This will be built upon at this year's HIA2008 South East Asia and Oceania Health Impact Assessment being held in Chiang Mai, Thailand from 8-10 December 2008.

More information on the conference is available from the conference website www.hia2007.com (including slides and audio recordings) and in the recent special issue of the NSW HIA Project eNews on the conference tinyurl.com/26eaqh

Ben Harris-Roxas

UNSW Research Centre for Primary Health Care and Equity

HIA2007 Conference Presentations & Audio

Presentations and audio files of plenary sessions can be downloaded from the conference website



www.hia2007.com

HIA 2008
South East Asia and Oceania Regional Health Impact Assessment Conference

South East Asia and Oceania Regional Health Impact Assessment Conference
8-10 December 2008
Chiang Mai, Thailand

www.hia2008chiangmai.com

EMPOWERING PEOPLE
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NATIONAL HEALTH COMMISSION
Department of Health, Ministry of Public Health
Health Systems Research Institute
Khon Kaen University
Healthy Public Policy Foundation
Thai Health Promotion Foundation



Teresa Lavin

Institute for Public Health in Ireland

HIA'07 8th International Health Impact Assessment Conference

The Institute of Public Health in Ireland hosted the 8th International HIA conference which took place in Dublin Castle, Ireland on October 16th-17th.

The theme of this year's conference was "Healthy Public Policy – Is Health Impact Assessment the Cornerstone?" and a number of sub-themes addressed current issues including intersectoral working in HIA, sustainable approaches to embedding HIA and evidence for HIA.

Almost 200 delegates from 17 countries around the world participated in the conference. A wide range of sectors were represented including health, academic, private companies, community & voluntary groups and local government, reflecting the diverse interest in HIA. Twelve plenary speakers addressed the conference including Paul Hunt, UN Special Rapporteur on the Right to Health, Josep Figueras from the WHO European Centre on Health Policy, Ross Marshall (Former IAIA president), from the UK Environment Agency, Gail Findlay from the London Health Commission, Catherine Ross from Georgia Institute of Technology and Owen Metcalfe from the Institute of Public Health.

The high quality of the themed parallel sessions made for some difficult

selections and for those who preferred more active participation, workshops were offered as yet another alternative. Additionally 25 posters were exhibited throughout the conference with their visibility enhanced through strategic placement in front of the coffee area! All presentations can be accessed on the Institute's website <http://www.publichealth.ie/hia>

A number of activities supplementary to the conference programme also took place. Introductory and Advanced pre-conference workshops were held on October 15th to cater for both those new to HIA and to allow a forum for advanced practitioners to meet and share ideas. The WHO European Observatory on Health Systems and Policies took the opportunity that evening to launch their book 'The Effectiveness of Health Impact Assessment' which is one output of a recently concluded three year project. Special interest meetings were held during the lunch break on both days of the conference to facilitate discussion on the HIA Gateway website to and commence planning for the 9th International Conference which will take place in Liverpool on October 9-10th.

Finally, thanks to the support of the Department of Health and Children, the conference dinner took place in the State

Rooms of Dublin Castle, where Irish Presidents are inaugurated. Though no such stately occasion was occurring at the time, diners enjoyed their meal in these historic surroundings to the accompaniment of a harpist.

"Almost 200 delegates from 17 countries around the world participated in the conference. A wide range of sectors were represented including health, academic, private companies, community & voluntary groups and local government"



Dublin Castle (top), posters at morning tea (middle) and a plenary session (bottom)

Photos: Seán Yehra

Health Impact Assessment Quarterly

IAIA08 Theme Forum and Concurrent Session *Climate Change, Health Impacts and Adaptation*



Two sessions on climate change and health are planned for the IAIA08 Conference in Perth. Information on the sessions and a call for abstracts are included below.

Theme Forum

Impact Assessment frameworks can be used as effective predictive tools for the consideration of unknown but potentially plausible impacts arising from future events such as Climate Change. Impacts to the health and well being of communities from climate change could be significant and it is relevant that proactive approaches to community adaptations for climate change are initiated. This forum will explore the application of Health Impact Assessment and other assessment modalities to assess the implications to health from climate change and the development of appropriate adaptation responses through:

- Identification of potential health impacts that could arise
- Consideration of adaptation responses by Governments, industry and communities, and
- Examination of the potential health implications of adaptation strategies that may be proposed.

Concurrent Session: Oral Papers

The assessment of the impact of climate change on human health and the development of potential adaptation strategies can be carried out using impact assessment frameworks. This session will focus on the use of these frameworks for the topics listed below to evaluate the impacts of climate change on health in terms of the uncertainties, levels of risk and potential adaptation strategies in different countries and regions across the globe.

- health impact of extreme events
- health impact of temperature increases and related changes
- water-borne diseases and water quality
- vector-borne diseases
- food-borne diseases
- food production
- air quality
- social impact, community lifestyle, dislocation and mental health and
- general principles and adaptation measures

Presenters will be encouraged to discuss the relevance of adaptation strategies for their country or region, the current capacity to cope with potential environmental, social and climatic changes, how adaptation

measures could be implemented and the sectors which would be involved.

Call for Abstracts

Submissions of abstracts for the oral papers can be sent to either Jeff (j.spickett@curtin.edu.au) or Dianne (Dianne.Katscherian@health.wa.gov.au).

Length: 200 words

Dianne Katscherian
Western Australia Department of Health
Jeff Spickett
Curtin University

“Impacts to the health and well being of communities from climate change could be significant and it is relevant that proactive approaches to community adaptations for climate change are initiated.”

Health Impacts of Climate Change *Adaptation strategies for Western Australia*

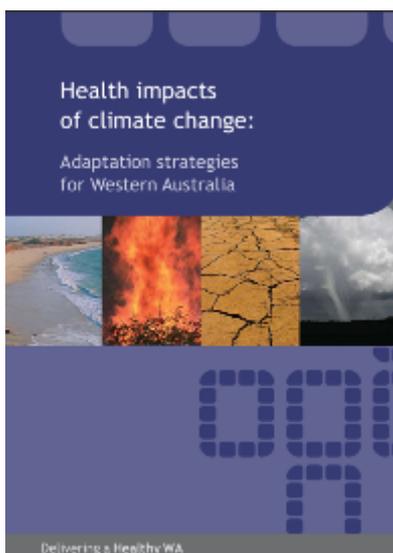
There is evidence to indicate that the Earth is warming and that changes to physical and biological systems will occur. In Western Australia (WA) it is now generally accepted that in the near future, we will experience a climate that is hotter and drier with possible changes in sea levels. These changes will have impacts on human populations and individuals and communities will need to adapt to the changed environmental circumstances to avoid adverse consequences.

The WA Department of Health and the World Health Organisation Collaborating Centre for Environmental Health Impact Assessment at Curtin University recognised that the Health Impact Assessment process provides an appropriate means by which the potential impacts of climate change could be initially assessed. A Health Impact Assessment of Climate Change Project was undertaken in collaboration with Government and other

stakeholders to consider the implications of climate change on the health of the people of Western Australia and to develop a range of adaptive responses that could provide Government with the basis for future decision making.

The issues raised in the document could have applicability for other jurisdictions.

The document is available for download at <http://www.health.wa.gov.au/envirohealth/home/>



Dianne Katscherian
Western Australia Department of Health

HIA Gateway: Current Position

Following the very positive response to the feedback questionnaire in 2006, the English Department of Health has decided to transfer responsibility for running the HIA Gateway website to the Association of Public Health Observatories in England. This will mean that it will be closely linked with current practice in HIA and public health evidence. There will be

links with the Devolved Administrations, other HIA sites and the HIANET listserv.

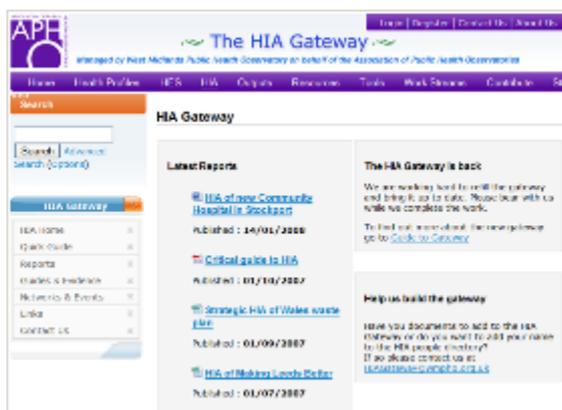
The website will retain its own identity within the APHO framework and the current functions will continue and extended as suggested by users. The main functions have been prioritised so that essential developments will be done first to bring it back into full operation according to current website standards and additional ones such as a journal, eLearning and mapping later, according to available resources and the needs of users.

is being undertaken to develop the detailed specification and requirements for supporting the website. Its scope will be broadened to cover other forms of assessment, such as Strategic Environmental Assessment, Sustainability Appraisal, Equality Impact Assessment and Integrated Impact Assessment, and access to PHO evidence base will be exploited.

This is an opportunity to develop the website to support impact assessment work in Government as well as other sectors and provide essential resources for HIA practitioners, both new and experienced.

http://www.apho.org.uk/default.aspx?QN=P_HIA

Colleen Williams
English Department of Health



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Published
something?

Let us know!

Journal Watch: Reports, articles and events

Ben Harris-Roxas

Reports

Baum F (2007) *Cracking the Nut of Health Equity: Top down and bottom up pressure for action on the social determinants of health*, WHO Commission on Social Determinants of Health: Geneva.
http://www.who.int/entity/social_determinants/resources/csdh_media/baum_iuhpe_07.pdf

Harris P et al. (2007) *Health Impact Assessment: A practical guide*, UNSW Research Centre for Primary Health Care and Equity: Sydney.
http://www.hiaconnect.edu.au/files/Health_Impact_Assessment_A_Practical_Guide.pdf

NZ Ministry of Health (2007) *Whanau Ora Health Impact Assessment*. Wellington.
[http://www.moh.govt.nz/moh.nsf/pagesmh/6022/\\$File/whanau-ora-hia-2007.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/6022/$File/whanau-ora-hia-2007.pdf)

Sears M. (2007) *The Medical Perspective on Environmental Sensitivities*, Canadian Human Rights Commission: Ottawa.
http://www.chrc-ccdp.ca/pdf/envsensitivity_en.pdf

WHO (2007) *National Policy Development for Health Impact Assessment in Cambodia: Report of a national seminar*, World Health Organization in partnership with In-

WEnt, DBL and the Government of Cambodia: Geneva

WHO (2007) *Global Age-friendly Cities: A guide*, World Health Organization: Geneva.
http://www.who.int/entity/ageing/publications/Global_age_friendly_cities_Guide_English.pdf

Wismar M et al. (Eds.) (2007) *The Effectiveness of Health Impact Assessment*, European Observatory on Health Systems and Policies: Copenhagen.
<http://www.euro.who.int/document/E90794.pdf>

Journal Articles

Birley M. (2008) *Health Impact Assessment in Multinationals: A case study of the Royal Dutch/Shell Group*, Environmental Impact Assessment Review 25:702-713.

Erlanger T et al. (2008) *The 6/94 Gap in Health Impact Assessment*, Environmental Impact Assessment Review, In Press
<http://dx.doi.org/10.1016/j.eiar.2007.07.003>

Nilunger Mannheimer L et al. (2007) *Window of Opportunity for Intersectoral Health Policy in Sweden: Open, half-open or half-shut?*, Health Promotion International, 22(4): 307-315. <http://dx.doi.org/10.1093/heapro/dam028>

Rao M et al. (2007) *The Built Environment and Health*, Lancet, 370 (9593): 1111-1113.
[http://dx.doi.org/10.1016/S0140-6736\(07\)61260-4](http://dx.doi.org/10.1016/S0140-6736(07)61260-4)

Signal L et al. (2007) *Tackling Health Inequalities: Moving theory to action*, International Journal for Equity in Health, 6(12) doi:10.1186/1475-9276-6-12.
<http://www.equityhealthj.com/content/6/1/12>

Upcoming Conferences

4-10 May 2008
International Association for Impact Assessment 2008 Conference
Perth, Australia
<http://www.iaiaconference.org/?p=Page&id=3>

6-9 July 2008
Australian Population Health Congress
Brisbane, Australia
<http://www.populationhealthcongress.org.au>

8-10 October 2008
2008 International HIA Conference
Liverpool, England

8-10 December 2008
HIA2008 2nd South East Asia and Oceania HIA Conference
Chiang Mai, Thailand
<http://www.hia2008chiangmai.com>

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