Effectiveness of HIA with Other Impact Assessments: ESHIA versus HIA within the Oil & Gas Context

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HIA and ESHIA background

- HIA versus ESHIA: If both have experienced teams & involve careful planning and implementation which option is more effective?

- In past decades the EIA process was relied upon to include health issues, in general, most did not as the issue was too complex and/or costly
- HIA was therefore developed in response to
  - A failure of EIA to account for health
  - Changing perceptions of health and wellbeing
  - A change in attitudes from treatment based health care to a more preventative approach
  - Realisation of the inherent health benefits (e.g. in community investment, stakeholder and government support)
- However many assessments lacked integration and along came the ESHIA
Human health is strongly linked to determinants – i.e. social, economic, institutional, and environmental factors that determine the health status of individuals or populations.

The role of the HIA is to disentangle the determinants of health that is, individual, social and environmental, and institutional factors that are directly, indirectly, or cumulatively affected by the proposed project to allow better management of the risks associated with individual determinants (IFC 2010).
Influencing Project factors

- Location of Project
- Number of people impacted
- Vulnerability of impacted people
- Timescale of impact
- Legacy issues
- Type of project

- Workforce size & countries of origin
- Country legislation and company standards
- Level of stakeholder interest
- Availability of local expertise
Potential Oil & Gas Issues

• Exposure to hazardous emissions, chemicals etc
• Construction activity impacts
• Resettlement impacts
• Transmission of diseases
• Pressure on health systems/infrastructure
• Mental health and well being impacts
• Opportunity seeker influx
• Sex worker influx
• Contamination of land and water
• Stakeholder concerns
Drivers

• Legislation
• Internal standards
• Lender requirements
• Pressure from civil society
• International best practice
• Risk management
• Building community relations ie towards the social licence to operate
Example HIA

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Areas for attention

- Domination of one area at the expense of another leading to a less robust assessment
  - **alignment across the teams is essential early in the process**
- Poor communication, information sharing and partnership between teams
  - **a good project manager is necessary**
- Lack of understanding of the similarities and differences between the different impact assessment approaches
  - **agreement on the overall assessment approach is key**
- Lack of experience of working in a multidisciplinary team setting
  - **identification of the right teams is important**
- Overly complicated report leading to limited users of report
  - **a clear approach, structure and reporting is essential**
Example ESHIA

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Example ESHIA Model

Socio-Demographic Model of Indigenous Health

**Unhealthy Environment**
- Overcrowding in housing
- High unemployment and low incomes
- Poor diet and nutrition
- Limited access to nutritious food and poor food storage facilities
- Enforced sedentary lifestyle
- Limited knowledge of health and hygiene
- Poor access to country
- Limited governance structures

**Healthy Environment**
- Healthy housing
- Employment
- Improved education levels
- Community sport and social activities
- Access to country and bush foods
- Effective awareness of health and hygiene
- Effective governance

**Causal factors**

**Social outcome**
- Poor health outcomes, in particular in children
- Poor childhood growth and development
- Teenage pregnancies
- High rate of STIs
- Child neglect and abuse
- Domestic violence
- Separation and alienation
- Depression
- Anti-social behaviour
- Substance abuse
- Limited opportunities to share culture
- No value for education or culture

**Access to services**
- Health, social and education services poor or unavailable
- Poor community infrastructure
- Community unaware of how to properly utilise services
- Service provision inadequate to meet the needs of the community
- Existing services culturally inappropriate

**Easy and affordable access to services**
- Health, education and social services are well utilised
- Community able to communicate health/social needs to service providers and community decision makers
- Funding sources sustainable and culturally appropriate

**Positive**

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ESHIA benefits

- A more holistic and comprehensive approach to addressing a project’s impacts
  - Numerous overlaps with social and environmental issues
- Improves credibility and robustness of the overall assessment process
  - Cross referencing and integration of relevant results
- Integrated consultation and communication with stakeholders
  - Reduces stakeholder fatigue or misinformation
- Reduced duplication of efforts
  - Especially during data collection, consultation and reporting
- Fewer inconsistencies in the overall assessment
  - Leading to better integration of recommendations in the management plan
- More cost-effective and timely
Conclusion

• The same findings can be obtained by conducting a well planned and executed stand alone or an integrated assessment

• In depth consideration of health impacts will always be vital to ensuring the sustainability of projects
  • Health is a key determinant of a community’s ability to develop and adapt to change

• An effective ESHIA process delivers the results in a quicker, cost effective, more user friendly and robust manner for the company
  • Therefore, in the majority of cases, an oil and gas company’s assessment of choice
Thoughts for consideration

• Where should the HIA or H component of an ESHIA sit within an organisation to be effectively managed?
• What more can companies be doing to improve health outcomes?