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# Announcement No.2 of National Health Commission on Rules and Procedures for the Health Impact Assessment of Public Policies B.E. 2559 (2016)

Under Section 25(5) of the National Health Act B.E. 2550 (2007) the National Health Commission is tasked to prescribe rules and procedure on monitoring and evaluation in respect of the national health system and impacts on health resulting from public policies at the policy-making and implementation levels. It, therefore, developed Announcement No. 1 on such rules and procedures put in effect since 2009. Nevertheless, in light of fast changing policies, projects, development activities and collective social learning process, the National Health Commission has resolved to review and improve the existing rules and procedures to be in line with the situation and social context and has approved Announcement No.2 on Rules and Procedure of Health Impact Assessment of Public Policy B.E. 2559 (2016) at its 3/2559 meeting held on 19 May 2016.

To ensure that such rules and procedure are extensively applied by agencies and social sectors concerned according to their duties and responsibilities, the National Health Commission hereby declares its Announcement No. 2 on Rules and Procedure for the Health Impact Assessment of Public Policies.

Effective from now on.

Announced on 24 June 2016

Admiral Narong Pipatanasai
(Narong Pipatanasai)

Deputy Prime Minister of Thailand
President of the National
Health Commission, Thailand

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### Announcement No.2 of National Health Commission

#### on Rules and Procedures for the Health Impact Assessment of Public Policies B.E. 2559 (2016)

There are three sections in the National Health Act B.E. 2550 (2007) that guarantee the rights and duties of the people regarding health. They are (1) Section 5 stipulating that a person shall enjoy the right to live in the healthy environment and environmental conditions, (2) Section 10 laying down that in the case where there exists an incident affecting the health of the public, a State agency having information related to such incident shall expeditiously provide and disclose the information together with ways and ways to protect them from the impacts and that such disclosure shall not be done in ways that infringe personal right of any specific person, and (3) Section 11 providing that an individual or a group of individuals has the right to request an assessment and participate in the assessment of health impacts resulting from public policy and that such individuals or groups of individuals shall have the right to information, explanation and underlying reasons from the Stage agency concerned prior to a permission or execution of any project or activity which may affect their health or the health of the community and shall have the right to express opinions on such matter. Meanwhile, Section 25 (5) specifies that the National Health Commission shall have the power and duties to prescribe rules and procedure on monitoring and evaluation in respect of the national health system and impacts on health resulting from public policiesat the policy-making and implementation levels. Subsequently, it declared Announcement No. 1 B.E. 2552 (2009) on such rules and procedures on 8 November 2009.

The Announcement had been in effect for some time when it was reviewed by the Committee on System and Mechanism Development of Health Impact Assessment. It was found that although the announcement produced positive results in some ways such as health impact assessment conducted by the community, other areas were still left to be desired. In certain cases, the rules were followed to the letter without due regard for the true intent and principles of health impact assessment (HIA).

With the approval of the National Health Commission the committee came up with a new framework to improve the rules and procedure for the HIA of Public Policies. The framework is designed to create collective social learning, cordial mutual learning and working conditions based on the application of various kinds of information available and acceptable to all parties. At the same time, it can be applied to various public policy processes in a more flexible manner.

Thus, the objectives of the present announcement are not intended to be a rigid imposition of rules and procedure. Rather, its objective is to create common understanding about the principle and application of HIA based on the participatory principle as enshrined in the National Health Act B.E. 2550 (2007). Eventually, it will lead to an accepted standard of HIA by all social sectors concerned that will be more than willing to follow suit. This, surely, is greater in value than rigid implementation of rules and procedure.

After this Announcement comes into effect, all the agencies, organizations, communities and localities that need to use HIA in the design or development of public policy can do so in many ways. They can even set specific rules for their own assessment appropriate to the local context and decision-making process as long as they follow all four core concept in Chapter 3, which are considered the essence of HIA.

**Figure 1:** Objectives of the rules and procedure of Health Impact Assessment (HIA)



Chapter 1

### **DEFINITIONS AND PRINCIPLES**

#### No. 1: Definition

Health impact assessment (HIA) means a joint learning process of society that enables the public, community, and agencies in the public, private, civil society and academic sectors to learn together how to analyze and anticipate health outcomes, both positive and negative, causes, other social factors and their potential effects on the health of the public as a result of public policy as well as health equity by applying various tools and appropriate participatory process in order to support the decision making that will benefit the health of people in both the short and the long term.

**Health** means the state of a human being which is perfect in physical, mental, spiritual and social aspects, all of which are holistic in balance.

**Spiritual** means the comprehensive knowledge and conscience, leading to kindness and sympathy.

**Public policy** means the direction or guidelines that society at large agree with or believe should be taken accordingly, including written policy set by the State.

**Participation** means the act whereby the public, community, agencies of the public, private and civil society sectors, local government organizations, and professional organizations take part in the process of health impact assessment at every stage of the activity in the forms of information sharing, intellectual inputs, planning, decision making, implementation, responsibility, benefits, follow-up, assessment, and monitoring.

**Social determinant of Health (SDH)** means the conditions in which people are born, grow, live, and work to the end of their lives, including factors and systems that shape those conditions such as policy, economic system, development direction, social norms, social policy, and political system, all of which have an impact on the health of the public.

**National Health Commission** means the commission appointed under Section 13 of the National Health Act B.E. 2550 (2007) and, according to Section 25(5), having the power and duties to prescribe rules and procedure on monitoring and evaluation in respect of the national health system and impacts on health resulting from public policies at the policy- making and implementation levels.

Committee on System and Mechanism Development of Health Impact Assessment means the committee appointed by the National Health Commission with the duty to promote, support and develop the system, mechanisms, rules and procedure of health impact assessment, including their implementation, and to undertake any other related task in line with the intent of the National Health Act B.E. 2550 (2007).

Steering Committee on Health Impact Assessment means a committee appointed with a duty to regulate the process, follow-up and monitoring of health impact assessment to ensure compliance with good governance practice and common agreement reached between the affected parties, stakeholders, owners of the policy/plan/ project/activity, and authorizing agencies. The representatives of these agencies will be part of the composition of the committee in a commonly agreed proportion, while consideration of the composition of the committee could be given to other individuals, agencies or organizations as well.

National Health Commission Office means an office established in pursuance of Section 26 of the National Health Act B.E. 2550 (2007) serving as the Secretariat of the National Health Commission and Committee on System and Mechanism Development of Health Impact Assessment.

#### No. 2:

In order ensure that health impact assessment follows the intent of the National Health Act B.E. 2550 (2007) as propounded in Chapter on Rights and Duties in respect to Health, the following principles shall be adhered to:

- (1) **Democracy:** HIA shall guarantee and promote the rights of the people to participate in the development of public policy with impacts on their health and way of life.
- (2) Equity: HIA must strive to reduce discrepancy and inequity regarding health through study and analysis of potential health impacts on the community and each population group.
- (3) Appropriate use of information and evidence: HIA must specify and use true information and evidence in the best possible manner based on empirical information and explanation drawn from various fields and methodologies both qualitatively and quantitatively.
- (4) **Practicality:** HIA must be designed in a way that is appropriate to the time and available resources, while recommendations from HIA must be geared toward greater mobilization of resources and social cooperation within the appropriate and feasible context.
- (5) Cooperation: HIA must promote cooperation between agencies and various social sectors in support of the development of healthy public policy.
- **(6) Holistic wellbeing:** HIA must view social and environmental determinants of health or factors that impact the health of the community and the people in a connected and holistic manner.

(7) Sustainability: HIA must focus on sustainable development as an essence of

society of wellbeing and preventive precautionary principle as a safeguard against potential negative impacts on the health of the population.

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Chapter 2

# LEVELS OF HEALTH IMPACT ASSESSMENT IN PUBLIC POLICY PROCESS

#### No 3:

As HIA is a process of collective social learning designed to support the decision making on positive short and long-term impacts on the health of the population, all social sectors should be able to apply the process extensively to the health promotion policy, plan, project and activity as well as other policies, plans, projects or activities with negative potential impacts on health at the local community, provincial, regional, national, or even international levels.

#### No. 4:

HIA can be applied to the process of public policy at two main levels:

1) HIA at policy level includes strategies and plans as are set in the policy or as responses to various policies in State agencies, localities, the private and civil society sectors responsible for managing tasks in response to public demands, e.g. setting policies and strategies on health and social issues, the country's energy development, free trade, international agreement arrangements, development of education quality, development of electricity generation, development of strategic plans on transportation networks, development of strategic plans on ore development, development and improvement of town planning likely to lead to projects or activities with potential severe impacts on the community in the future, plans to undertake any projects or activities in the area with conservation values, e.g. watersheds, A1 water basins areas of ecological vulnerability, wetlands of national and international significance, development of regional plans (e.g. strategic plans on regional development), formulation of policy or plans on cultivation, genetically modified cultures, plans on land use, and policy or plans on large-scale agriculture.

- 2) HIA at the level of projects/activities implemented by State agencies, localities, the private and civil society sectors at the local community level is undertaken in two manners:
- 2.1) Applied under rules and regulations or laws requiring health impact assessment or feasibility study of the project/activity before implementation: Such application often involves the issuance of specific requirements under the law concerned, e.g. projects/activities of the type and size with potential severe impacts on environmental quality, natural resources and health according to the Announcement of the Ministry of Natural Resources and Environment on Regulatory Impact Assessment (RIA), as well as Standard Operating Procedure (SOP) or Code of Practice (CO) of various agencies and organizations.
- 2.2) Applied to any other project/activity for which no law requires health impact assessment before implementation, e.g. development of the health service system at the regional level, development of the quality of the primary healthcare and health system at the district level, power plants of less than 10 megawatts, pre-cast concrete enterprises, fertilizer production industry, large-scale plantation or agriculture, and water management system.

#### No. 5:

When impacts on the health of the public are about to occur, State agencies that have information about the matter shall disclose to the public the information and methods to deal with such potential health impacts. The agencies shall supply information in a speedy manner, while the disclosure of information must not be made in violation of anyone's personal rights as specified in Section 10 of the National Health Act B.E. 2550 (2007).

#### No. 6:

If the public are concerned that a policy/plan/project/activity under any policy may have impacts on individual or public health, they also have the right to request a health impact assessment and to participate in the process under Section 11 of the National Health Act B.E. 2550 (2007) by way of the Committee on System and Mechanism Development of Health Impact Assessment.

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Chapter 3

# CORE CONCEPT FOR HIA APPLICATION

#### No. 7:

To ensure that the implementation of public policy produces positive outcomes to the wellbeing of people in society on the basis of participation and collective social learning, HIA of the policy/ plan/ project/activity at all levels should be undertaken using the following 4 core concepts for HIA application:

- 1) Proactive HIA
- 2) Ongoing HIA
- 3) HIA for conflict and complaint resolution
- 4) Sustainable HIA

#### Part 1 Proactive HIA

#### No. 8:

In the past HIA was often undertaken as part of the approval process or upon a request to stop or delay a project about to be approved. Such undertaking occurred when the responsible party or project owner had already made a preliminary decision. Thus, such HIA could bring about policy change in a limited manner even though it was apparent that the implementation of the policy or project had negative potential health impacts.

Therefore, attempts should be made to adjust the HIA process to be more proactive by creating a public screening process through activities designed to provide space for dialogue and exchange of views, organized on a monthly basis, and/or organized on the basis of issues or areas concerned. Opportunity will be given for all sectors concerned to present their issues, exchange information and collaborate for more information.

The following are important principles behind the meeting to create the movement:

- (1) Every organization from every sector participates in the dialogue, especially those formulating or developing the policy/plan/project/activity and those that are affected whether negatively or positively.
- (2) A variety of options are sought. The work is not limited to a single format of policy recommendation or project.
- (3) Focus is on seeking HIA guidelines and agreements that all parties concerned are willing to adopt. Decision is not made by authority or majority.

At any rate, the design and plan for HIA should be made in a predictable manner with a timeframe that fits in with the policy-related decision-making process to avoid any delay and confusion in the implementation of the policy/plan/project/activity already set. At the same time, recommendations that bring about positive outcomes to the health of the people can be incorporated into the policy/plan/project/activity from the outset.

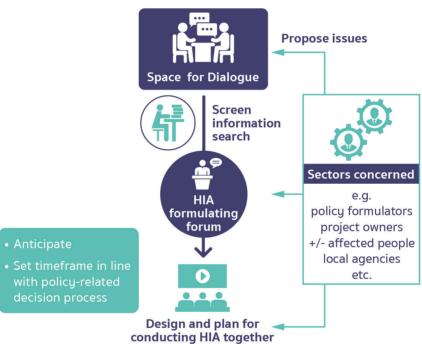


Figure 2: Proactive HIA

#### Part 2 Ongoing HIA

#### No. 9:

HIA must be clearly designed, showing how it can be connected to the decision-making process and all the implications entailed. HIA can be applied to the process of formulating the policy/plan/project/activity in the pre-implementation phase to make sure that the public policy to be undertaken will be most beneficial to the health of the public at every stage of implementation as well as at the on-going and post-implementation stages. In the latter two stages, HIA can help to ensure greater efficiency and effectiveness of the public olicy in the future and also to obtain clear information and evidence that can be used to plan how to reduce unexpected negative health impacts as a result of the implementation of the public policy concerned.



implementing policy/plan/project/activity

HIA in connection with the process of public policy formulation can be applied in so many ways, e.g. to develop and propose policy options and to compare potential impacts between various policy options. A good HIA process, therefore, must be designed in such a way that it fits and falls in line with the public policy process concerned.

The outcomes or recommendations from HIA may be presented through government agencies and committees, and/or through dialogue forums of various sectors, and/or through public media, to ensure common understanding and proceed further to the decision-making process.

#### Part 3 HIA for Conflict and Complaint Resolution

#### No. 10:

The HIA process will be acceptable to the public, community, agencies, organizations, and parties concerned only when it is implemented along the line that is commonly designed and accepted. HIA that focuses on legal compliance to the letter but without due regard for the process whereby different but true substances and controversies are considered in an equitable manner based on empirical evidence will not bring about a solution acceptable to all parties (especially parties in conflict). So, every party should have a say in the impact assessment in these three ways:

1) Direction in which the assessment is made, from public scoping to consideration of options in the implementation of the policy/plan/project/ activity, to organization of public hearing, to selection of people to conduct HIA as a whole and of specific issues, to pubic review of health impact reports, to the timeframe and budget used in the impact assessment, and

others. All parties concerned should participate as members of the committee to regulate the direction of HIA on an equitable basis and work together to ensure technically correct health impact assessment, acceptance and practicality by all sectors concerned.

- 2) Health impact assessment or analysis by experts, whether academics from education institutions and organizations, resource persons, or local wise people, acceptable, by consensus, to the Committee on Regulating Direction of Health Impact Assessment. The said HIA should involve diverse analytical tools to ensure that all aspects of health impacts are treated in a complete and comprehensive manner. Examples of technical or scientific tools, community data collection and analytical tools are given in Part 2 of Chapter 5.
- 3) Examination and review of the draft HIA: The draft should have gone through the consideration, examination, and review by the public, agencies concerned, academics, local government organizations, affected people and community, especially those that are negatively affected by the policy/plan/project/activity under question. The Committee on Regulating Direction of Health Impact Assessment will seek an appropriate format and process to consider, examine and review the draft report to ensure feedback from all sectors, leading to the review or termination of the HIA concerned or to the improvement of the draft report before finalizing it.

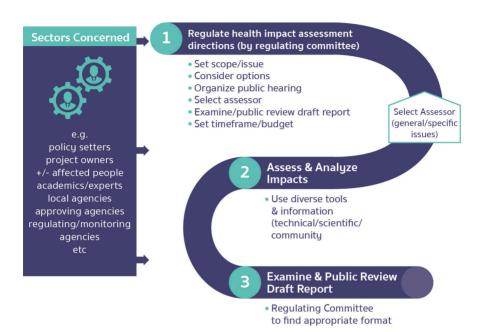


Figure 4: HIA for Conflict and Complaint Resolution

The agencies or sectors that should be involved in the HIA process include the following:

- (a) People who set policy and plans and/or owners of the project/ activity in the public, private, people and community sectors
  - (b) Approving and monitoring agencies:
    - Agency involved in the process of considering the approval of the draft HIA: Office of Natural Resources and Environmental Policy and Planning (ONEP), Technical Review Committee (TRC), National Environment Board (NEB)

- Agencies approving the implementation of the policy/plan/ project/activity, e.g. Energy Regulatory Commission, Department of Industrial Works, and Department of Primary Industries and Mines.
- Agencies approving the project construction or implementation
- (c) Agencies that promote and support HIA, e.g. National Health Commission Office (NHCO) and Department of Health
  - (d) Those who are affected positively as well as negatively
  - (e) agencies responsible for the health and environment of the public
    - Central agencies, e.g. Department of Disease Control, Pollution Control Department, Department of Environment Quality Promotion, Department of Industrial Works, Department of Labor Protection and Welfare, and National Health Security Office.
    - Local regional agencies, e.g. district health office, Tambon health promoting hospital (THP-H), provincial public health office, provincial natural resources and environment office, provincial industry office, provincial social development and human security office, regional environment office, and regional technical office/center of various agencies.
  - (f) Local government organizations
  - (g) Academics, experts, lawyer, and consulting companies
- (h) Independent organizations concerned, e.g. National Human Rights Commission of Thailand and Independent Commission on Environment and Health (ICEH)
  - (i) Civil society sector.

#### Part 4 HIA for sustainable development

#### No. 11:

To ensure that the public policy to be made will bring positive outcome to the public in a true and sustainable long-term manner, HIA must attach importance to potential impacts on social determinants of health (SDH) of the population in every aspect both positive and negative. Importance must also be given to immediate and long-accumulated impacts. In this connection, priority must be given to potential impacts on SDH of the kind that cannot be restored, and efforts should be made to avoid any action that may cause such impacts.

#### No. 12:

Importantly HIA must consider a variety of options in the implementation of the policy/plan/project/activity at various levels ranging from strategic, technological, project size and area, technical, to action guidelines. The Committee on Regulating Direction of Health Impact Assessment must provide opportunity for every sector to participate in the presentation of implementation options at the pre-implementation stage or during the public scoping stage. This is done to ensure that HIA could consider and compare different health impacts of those options and that every sector is confident that the decision commonly reached will lead to a good option truly resulting in good health outcomes to the people.

#### No. 13:

HIA must attach importance to the context of the way of life, livelihood, and SDH of the people in each area. It must also understand and respect the aspiration and development direction of the people in the designated area. It should clearly show what recommendation or option will have positive or negative impacts and in what way on the development direction earlier set by the people in the area. All this information will form the basis of the opinion and decision of the public in the affected area in a comprehensive and adequate manner.

Figure 5: HIA for sustainable development Highest Target is... To create good health outcomes to the public in a true and sustainable manner **Potential** Immediate/accumulated/ HIA +/-impacts long-term impacts on SDH that we expect - importance given first and foremost to impacts that must attach cannot be restored importance - avoid action potentially leading to impacts difficult to restore Consideration of options to implement and development direction policy/plan/project/activity of people in the area - Strategic level

Context/Way of life/SDH

- Technological level
- Project size and area level
- Technical/action guideline level



# PROCESS AND PROCEDURE OF HIA

#### No. 14:

The process and procedure of HIA consists of six stages:

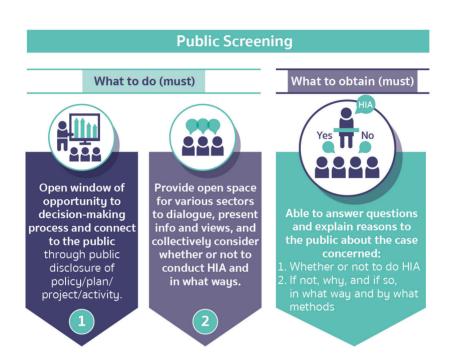
- (1) Public screening
- (2) Public scoping
- (3) Assessing
- (4) Public review
- (5) Influencing
- (6) Public monitoring and evaluation

#### Part 1 Public Screening

#### No. 15:

Public screening is the stage at which to consider the details of the policy/plan/project/activity with regard to potential impacts on health. Factors to be considered are (1) laws, rules and regulations, requirements or criteria concerned, (2) other policies, plans, projects or activities in the implementation area that may have related impacts, (3) details of the policy/plan/project/activity to be implemented, (4) potential impacts on the environment, society, and health of the public, (5) positively and negatively affected people both in and outside the implementation area if the implementation is to take place, and (6) concerns of the community and positively and negatively people. Thus, public screening must allow various sectors opportunity to participate right from the beginning, dialogue whether or not to conduct HIA, in what ways and by what methods. This will lead to the decision-making process beneficial to health promotion and protection of the public in line with the application of HIA in Chapter 3.

Figure 6: Public Screening



The outcome from this step is that the agencies responsible for implementing the policy/plan/project/activity can answer questions to the public with reasons whether or not the case should undergo HIA - if not, for what reasons; if so, what ways and what methods to follow.

#### Part 2 Public Scoping

#### No. 16:

The objective of public scoping is to allow opportunity for the public, stakeholders and various sectors to participate in the presentation of issues and ways and means in which HIA should be conducted in the manner as comprehensive as possible. Therefore, the public should be informed well in advance before a public scoping forum is organized to ensure that all the agencies and interested public, especially those affected, are well aware of the situation. Details of the policy/plan/project/activity should be disclosed, including the background, rationale, financial sources, process, information of social determinant of health (SDH) and implementation so that the participating parties can prepare themselves for the forum. After the event, a report should be made, summarizing all the opinions of the public, stakeholders and sectors concerned together with explanation and terms of reference of HIA. The report should be distributed to the public for transparency purposes.

Public scoping is an important step, serving like an HIA blueprint, explaining how the assessment should be made, what issues to cover, by what means, including how the issues are connected, what the community concerns are, what social determinants of health are involved, and various options in the implementation of the policy/plan/project/activity. This last point is another important issue often missing in setting the scope of the study.

The expected outcome here is that the implementing agencies have a better understanding about the concerns of the community and stakeholders, as well as all the things that the community and society value. This will lead to an understating what are social determinants of

health for the community and an ability to see the connections between the policy/plan/project/activity and SDH. The final outcome that should be obtained is the knowledge about what option in conducting HIA are available and which direction to follow in the study.

What to be done What to get from the process (must) in the process (must) Understand **Public Scoping** Inform the public in advance Concerns of the public/ **Target** stakeholders What the community/ society attaches value or significance to Show info openlu Social Determinant of Health: & comprehensively SDH Using language/illustration easy for public to understand. To inform info Leading to understanding To hear views and seeing policy/project implementation from beginning To understand the How policu/project is to end systematically. community connected to SDH To see connection To know how to conduct HIA Know But not to give excuse or justify policy/project Provide opportunity to implementation What HIA options and express opinions and hear what to follow every voice with open mind

Figure 7: Public Scoping

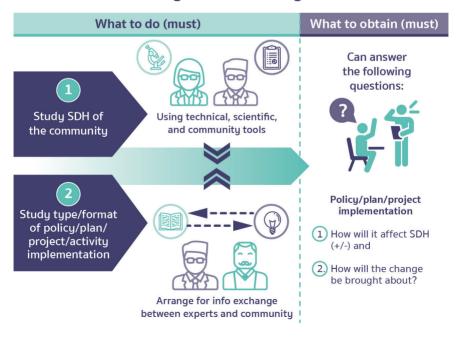
#### Part 3 Assessing

#### No. 17:

Assessing is an undertaking that falls within the scope, issues and direction set for public scoping in Part 2. Assessing involves the use of diverse tools - technical, scientific, and community tools - including arranging a process of information exchange between academics, scientists, experts and community on a periodical basis.

The expected outcome from this stage is to answer questions what positive and negative impacts the implementation of the policy/plan/project/ activity will cause to SDH and how the change will be brought about. The details of the assessing framework are given in Part 5.

Figure 8: Assessing



#### Part 4 Public review

#### No. 18:

Public review is a very important process, as it involves the participation of the affected parties and the public in the reviewing to ensure the correctness and complete coverage of information and the findings of the HIA report. Thus, the owner of the policy/plan/project/activity should present the findings openly and completely and must allow opportunity for an exchange of information from every sector and hearing with an open mind.

The expected outcome from this stage is the review and examination of the findings of the assessment to ensure completeness and/or to recommend what other issues to be further assessed, what are possible decision and implementation options and outcome from each option in a clear-cut manner.

After the forum, a report should be made to summarize the views of the parties concerned and the public, together with the views and explanations of the owner of the policy/plan/project/activity, while the approving and authorizing agencies and other agencies concerned should disseminate the information to the public for transparency purposes.

Figure 9: Public review

#### What to do (must)



### Present findings openly and completely,

using the language/ illustrations that public can understand.



Allow opportunity for exchange of info from every sector and hearing with open mind.

## Public Review



#### What to obtain (must)



1 Review and examine
whether the findings are
complete and/or there are
any other issues to be
further studied.



2 See

implementation options and potential outcome from each option in a clear-cut manner

#### Part 5 Influencing

#### No. 19:

Influencing is the presentation of findings of HIA and implementation options of the policy/plan/project/activity to the sectors concerned to influence action as recommended from the study. The outcomes or recommendations may be presented directly to the committees of the government agencies concerned, through the dialogue forums of various sectors, or through public media to ensure common understanding. The findings can be presented before, during, and after the implementation of the policy/plan/project/activity, depending on the situation and format of the public policy process concerned.

The expected outcome from this stage is the implementation decision of the policy/plan/project/activity that can be commonly accepted, including guidelines to influence action toward health promotion of the public in a true and sustainable manner.

Figure 10: Influencing

# What to do (must)

Present findings and implementation options of the policy/plan/ project/activity,



using the language/ illustration easy to understand and see potential outcomes from each decision option clearly.

#### Channels of presentation, e.g.



e.g.

- Government agencies/committees
- Dialogue forums of various sectors
- Public media

#### Time for presentation

Before During

Implement of policy/plan/ project

#### What to obtain (should)



1 Commonly accepted decision



Guidelines to influence decision

# Part 6 Public Monitoring and Evaluation

# No. 20:

Monitoring and evaluation is a stage to check whether the implementation of the said policy/plan/project/activity has led to positive/ negative health outcomes as has been forecasted and/or how it has affected the health of the population. In this regard, monitoring and evaluation guidelines should be designed together, including the designation of the working group for the task. The scope or issues for this purpose should cover the following:

(1) action to implement the policy/plan/project/activity, (2) action on measures to prevent and mitigate impacts, (3) management and command system of the policy/plan/project/activity, (4) physical change of the area where the policy/plan/project/activity is implemented, including surrounding areas nearby, and (5) hypothesis used in the design of the policy/plan / project/activity. During the monitoring and evaluation, an exchange of information between the experts and community should be organized. Subsequently, the outcome and its summary should be made known to the public, allowing opportunity to exchange information between the experts and community in the process.

The expected outcome from this stage is the summary of monitoring and evaluation specifying what improvements should be made or what additional measures are needed to help the implementation of the policy/plan/project/activity resulting in positive health outcome for the public. It also includies setting measures for the healing, compensation and rehabilitation as a result of the impacts, accountability and penalty, revision or cancellation of the policy/plan/project/activity where there are people negatively affected from its implementation. The details of the guidelines for public monitoring and evaluation are given in Chapter 6.

# Figure 11: Public Monitoring and Evaluation

#### What to do (should)

Design monitoring and evaluation guidelines and working group



- 2 Set the scope/issues for monitoring and
  - Monitor implementation of policy/plan/project/activity
  - Monitor implementation of measures to prevent and mitigate impacts
  - Monitor management and command system policy/plan/ project/activity
  - Monitor physical change of the area
  - Reiew the hypothesis used in the design of policy/plan/ project/ activity



Organize a process of info exchange between experts and community

#### To be obtained (should)



Whether or not implementation of policy/plan/pro-ject/activity leads to expected outcome and/or what is its health impact on the public



# Summary of monitoring & evaluation

- Improve/add measures
- Set measures to heal, compensate & rehabilitate impacts
- Accountability & penalty
- Revise/cancel policy/plan/ project/activity



3 Take action as designed



4 Report monitoring and evaluation findings to the public in language/illustrations easy to understand.





# No. 21:

The analytical framework in HIA provides additional details to expand the understanding about the assessing stage mentioned in Part 3 of Chapter 4. It consists of the following elements:

- (1) Important composition in HIA
- (2) Tools and information used in HIA
- (3) Affected parties
- (4) Process of exchange of information and knowledge.

# Part 1 Important Composition in HIA

# No. 22:

HIA consists of two aspects of study:

- 1) Study of the coping capacity and loading capacity of the area/community, taking into account SDH and checking which determinants have or may have impacts on the health of the area/community, at the following levels:
- 1.1) at individual level: These are specific conditions that make an individual person vulnerable to the exposure of pollutants and other health threats:
  - a) Biological characteristics, e.g. age, gender, genetics, and illnesses
  - b) Behaviors, e.g. physical exercise, consumption of food and alcohol, smoking, taste, and lifestyle

- **1.2) at environmental level:** These are physical, economic, social, and cultural conditions including the health system which play an important part in human existence. Any change to these determinants will impact the wellbeing of the public and community:
  - a) Physical environment and natural resources: housing, land use, transportation system, communication and technology, and natural resources, whether water resources, fishery, forestry, bio-diversity, minerals, other natural resources, and ecosystem;
  - b) Economic conditions, e.g. occupations, income, employment and discrepancy;
  - c) Social conditions, e.g. education, family, social status, relations between people and community, both internal and external, especially the migration of the people and workers, increase/decrease of public space, belief, tradition, culture, important sites, and art and cultural heritage, e.g. religious places, places of worship, places where the local community performs ceremonies, historical sites, and important ancient sites;
  - d) Health system, e.g. human resource, readiness of the public health sector in the areas of promotion, protection, treatment and rehabilitation of health of the public, including the availability of health information in the area, organization of database to monitor the impact, capacity for disease survey, and the handling of potential accidents and disasters.

**1.3) at social common direction level:** These are conditions that affect social directions, e.g. various kinds of public policy, whether laws, rules, regulations, common agreements, constitution, city planning, vision, policy, strategies, master plan, development plan, development project, or local or community policy. All this relates to, connects with, and has impacts on SDH at individual and environmental levels

ducation amily ocial status ommunity/social elations

• belief

• tradition/culture

• religious place

• historical site

• Coping capacity

• health info

• readiness of health sector

• human resource

h • bio-diversity
• land use
• natural resour
• housing
• transportation
• communication & technology
• discrepancy
• employment
• income
• occupation **Public policy**  education family **Phusical** Social social status community/social relations natural resources **Behavior Biological** characteristics characteristics

Orinking

Anysical exercise Food colors

Anys **Public health Economy** system Local/community policy At social common At environmental level At individual level direction level

Figure 12: Social Determinants of Health (SDH)

Some examples of the tools that can be used in assessing SDH are given in Chapter 5, Part 2.

- 2) Study of the nature or format of action of the policy/plan/ project/activity expected to take place with potential health impacts, with due consideration to the complete life cycle of such policy/plan/ project/activity before, during and after implementation as follows:
- 2.1) Resources used in the implementation of the policy/plan/ project/activity, e.g. raw material, budget, personnel, and laws concerned in order to obtain the expected outcome or target,
- 2.2) Activities that take place during the implementation of the policy/plan/ project/activity in order to obtain the expected outcome or target,
- 2.3) Outcomes or products from the implementation of the policy/plan/project /activity fall into two cases:
  - a) The case concerning the policy/plan consists of the following:
    - Outcomes that are the main targets, results or things that happen from the implementation of the policy/plan/ project/activity
    - Outcomes that are by-products, outcomes that happen as a result of the implementation of the policy/plan/ project/activity outside the set target whether positive or negative.
  - b) The case concerning the project/activity consists of the following:
    - Products that are the target of the implementation of the project/ activity,

- Waste from the production process of the project/activity, e.g. industrial waste, water pollution, and air pollution.
- 2.4) Management to bring about the policy/plan/project/activity, as well as management of the policy/plan/project/activity to bring to pass the outcome/target as set in the policy/plan/project/activity, which may include management of the agencies/organizations/personnel involved in its implementation,
- 2.5) Capacity of the agencies/personnel in the implementation of the policy/plan/project/activity, including the potentials and capacity of the agencies/personnel associated with the operation to reach the target set in the policy/plan/project/activity.

The consideration of potential health impacts, thus, makes use of the combined information from the study in aspects 1 and 2 mentioned above to ascertain how activities of the policy/plan/project will affect SDH or the health of the community in the area both positively and negatively, including impacts that are of emergency, immediate and long-term nature, both positive and negative, and impacts that cannot be rehabilitated.

# Part 2 Tools and information used in HIA

# No. 23:

Tools and sets of information that are possessed by academics, scientists, experts and community and that should be used in the study and assessment of SDH include research documents concerned, impact models, laws/requirements concerning town planning, regulations, local bylaws, geo-social/community maps, and information on community livelihoods, as shown in Figure 13.

Figure 13: Tools and information used in HIA

Study economic/environmental/health worthiness and Life cycle Assessment	Academic/scientific information	Designated SDH	Community tools and information					
	Environmental database     Research documents concerned		Local ecological indicators					
	<ul> <li>Impact model</li> </ul>	Natural resources	Geo-social/community maps     Community/Tambon town plans					
	Socio-economic database     Socio-economic     questionnaire	Society and culture						
		Economy	Information on community livelihood					
	<ul> <li>Law/regulations on town planning</li> <li>Law/regulations on use of conservation areas, e.g. park wetland, and world heritage site</li> </ul>	Rules & regulations/ common agreement	Regulations & local bylaws     Health statute					
	National Economic and Social Development Plan	Development direction	<ul> <li>Local/community development strategies</li> <li>Local/community development plans, e.g. Tambon/municipality development plan</li> </ul>					
	Health database     Impact model     Risk assessment     Epidemiology     Assessment of mental health	Health	Geo-social maps/people sector epidemiology					
		Health service system	Geo-social maps					
		<b>3</b>						

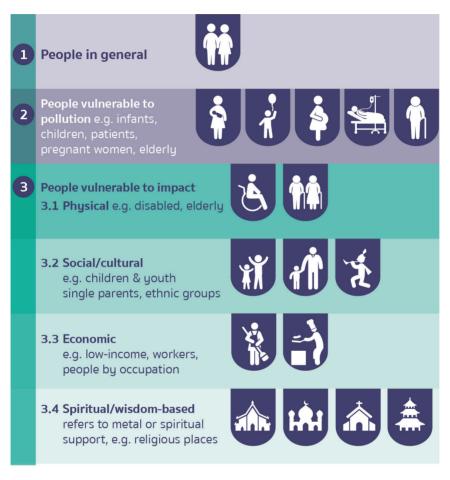
#### Part 3 Affected Parties

#### No. 24:

HIA must take into account impacts on the health of various groups, each having a different degree of susceptibility, vulnerability, and coping capacity. Some impacts can be specific or particularly violent to certain groups of people. Therefore, when considering impacts, attention should cover those liable to health impacts in a variety of ways:

- 1) People in general: This means the majority of people in good health. The environmental and health standard tends to be based on this group of people.
- 2) Those vulnerable to pollution: This means people susceptible to pollution or those whose bodies are more receptive to pollution than people in general, e.g. infants, children, patients, pregnant women, and the elderly.
- 3) Those vulnerable to impacts: This mean people less able to cope with impacts than people in general or those who after experiencing the impact are unable to be rehabilitated or bounce back. The category is divided into four groups:
  - 3.1) Physical: e.g. people with disabilities and the elderly
- 3.2) Socio-cultural: e.g. children and youth, single parents, and ethnic groups
- 3.3) Economic: e.g. low-income group and workers of various occupations
- 3.4) Spiritual and wisdom-based: This does not refer to groups of people directly but rather to mental or spiritual support, e.g. religious places and sacred monuments.

Figure 14: Affected parties



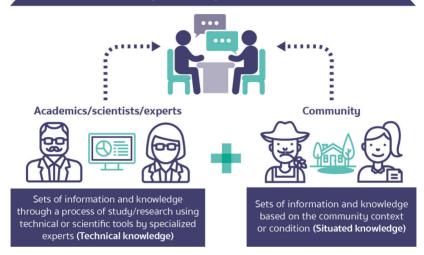
# No. 25:

When collective social learning can lead to common agreement in the implementation of the policy/plan/project/activity, there are bound to be agencies from several sectors getting involved in HIA, whether directly or indirectly, in various roles. They may be the owners of the policy/plan/project/activity, assessors of the environment and health, approval/authorizing agencies, and those positively/negatively affected. Each sector involved may possess a different set of knowledge and experiences. In many instances there can be conflicts between different sets of information and knowledge. On the one hand, one has studies using technical or scientific tools, conducted by people with special technical knowledge. On the other, there is another set of information and knowledge based on the community context or condition. This is known as "situated knowledge" generated by the community and/or academics and practitioners.

To ensure that HIA is a tool that can truly lead to a common agreement of the people in society, the study and assessment of health impacts, whether at the policy, plan, project or activity level, should make use of tools and sets of information from academics, scientists, experts and the community to come to a common understanding how the implementation of the policy/plan/project/activity may impact health and/or SDH of the community and how they can support and open up opportunity for the exchange of sets of information and knowledge between the experts and community.

Figure 15: Process of exchange of information and knowledge in HIA

Efforts should be made to support and allow opportunity to use tools and information collectively in the study and assessment of health impacts



#### No. 26:

The process of exchange of information and knowledge between academics, scientists, experts and community can be done in two ways:

- 1) Academics, scientists, experts and community conduct HIA together from the beginning of HIA. In this connection, efforts should be made to encourage and support HIA at the policy/plan/project/activity level along this format to prevent any conflict during and after the implementation.
- 2) Academics, scientists, experts and community conduct studies and health assessment, using the tools, information and knowledge available and bring various sets of information and knowledge to the table

for further discussion and exchange at various stages of HIA, for example:

- (a) Public scoping
- (b) Assessing
- (c) Public review
- (d) Public monitoring and evaluation

Figure 16: Format of exchange of information and knowledge in HIA



#### Process space for information exchange

Format 1



Academics, scientists, experts and community conduct HIA together from the beginning of the process.

Format 2



Each party conducts its study and brings information and knowledge to the table for further discussion and exchange at various stages of HIA, e.g.

- a) Public Scoping
- b) Assessing
- c) Public review
- d) Public monitoring and evaluation

Chapter 6

MONITORING AND EVALUATION IN HIA

# No. 27:

Monitoring and evaluation after the implementation of the policy/plan/project/activity needs to be done on a regular basis for a lengthy period with involvement of all sectors concerned, whether the owners of the policy/plan/project/activity, the public, community, local government organizations, academics, scientists, experts or other government agencies.

# No. 28:

The monitoring and evaluation of HIA can be conducted in two cases:

- 1) For the policy/plan/project/activity with no clear requirements about monitoring and evaluation, the guidelines are as follows:
  - 1.1) Issues to be considered prior to monitoring and evaluation:
    - a) The Committee on Regulating Direction of Health Impact Assessment
      - To set clear guidelines with an emphasis given to participation by policy or planning agencies, agencies that own the policy/plan/project/activity, academic sector, community, and other sectors concerned;
    - b) Setting of the scope of areas and issues for monitoring and evaluation
      - To set clear guidelines with an emphasis given to participation of various sectors concerned with regard to the scope of areas and issues for monitoring and evaluation:

- c) Implementation of the policy/plan/project/activity as planned
  - To set a plan of action for monitoring and evaluation from the policy and planning level detailing what agencies have undertaken what action to the implementation level specifying whether and how each project/activity has been implemented;
- d) Physical change of the surrounding areas or other areas concerned
  - To set a plan of action for monitoring and evaluation of the changes of the surrounding areas or areas designated in the policy/plan/project/activity, including other areas related to potential impacts and risks from the policy/plan/project/activity;
- e) Management and command system under the policy/ plan/ project/activity
  - To set a plan of action for monitoring and evaluation of the changes at the level of the management and command system specifying whether and how changes have been made compared with those originally planned at the level of the policy/ plan/project/activity;
- f) Enhanced capacity of the community exposed to potential impacts, agencies and those concerned with monitoring and evaluation
  - Agencies concerned, civil society sector, and academic sector should plan how to enhance the capacity relating to the process of monitoring and evaluation for those exposed to potential impacts from the policy/plan/ project/activity, such as how to collect data technically,

how to read monitoring and evaluation reports and findings, what responsibility to be taken with regard to the healing, compensation and rehabilitation, or any other policy-related option.

- To connect with agencies and mechanisms existing in the areas for greater efficiency, e.g. environmental police, regional environmental office, provincial natural resources and environment office, provincial public health office, provincial industrial office, provincial advisory council, provincial social development and human security office, local government organizations, and private sector organizations;
- To improve the data collection process and data organization system so that the community and various sector can access and utilize the information, thus serving to develop greater monitoring and evaluation capacity of all sectors concerned especially in the prevention and management of long-term impacts.

#### 1.2) Issues in monitoring and evaluation:

- a) Information to be used, including tools and methods used in data collection
  - To set guidelines in line with potential risks from policy/ plan/project/ activity;
  - To attach special importance to vulnerable groups of people, i.e. children, pregnant women, people with disabilities, the elderly, and patients, especially those suffering from chronic diseases related to the risks of the policy/plan/project/activity;

- To take action, using sets of information and knowledge gained from study/research involving the use of technical or scientific tools conducted by academics, scientists, and experts as well as the sets of information and knowledge related to the community context and condition as mentioned in the framework and guidelines for cooperation in the analysis of health impacts in Chapter 5, Part 2;
- b) Criteria to be used in impact assessment, taken from legal standards or from other sources of reference as well as other criteria used to indicate and assess impacts that occur;
- c) Impacts that occur, including causes and guidelines for handling and preventing the problems. This involves setting clear guidelines for analyzing impacts, whether positive or negative, long-termed, medium-termed or long-termed, including analyzing causes and guidelines for handling and preventing them. It is not simply a question of reporting or summarizing the findings of monitoring and evaluation;
- d) Review of the hypothesis of the concept, design, and options of the policy/plan/project/activity to be undertaken, comparing them against the original hypothesis in choosing the option and design of the policy/plan/project/ activity.

#### 1.3) Issues after monitoring and evaluation

- a) Disclosure of the monitoring and evaluation report
  - To set guidelines for disclosure of (draft) monitoring and evaluation reports on the implementation of the policy/plan/project/activity in order for the sectors concerned to examine and comment before proceeding to the final monitoring and evaluation report,;
  - To set guidelines for public disclosure of monitoring and evaluation reports and to facilitate easy access for the community and people concerned who may be directly affected to the reports concerned;
- b) Problem-solving, healing, compensation and rehabilitation of the consequences of impacts
  - To set guidelines for the establishment of the system, mechanisms and funds able to shoulder responsibility for problem-solving, healing, compensation and rehabilitation of the consequences of impacts in an effective and prompt manner;
  - To set guidelines for the policy/plan/project/activity relating to the guarantee money in such forms as performance bond or the purchase of insurance policy so that when there are impacts on the community the money can be immediately used for preliminary problem-solving, healing, compensation and rehabilitation. However, if the responsibility is greater, the owners of for the policy/plan/project/activity must shoulder the burden to the full;

#### c) Measures on accountability and penalty

- To introduce more effective measures on accountability than is the case at present for companies or agencies preparing false EIA/EHIA or falsely reporting the findings of the monitoring and evaluation reports
- To plan action on penalty to be imposed on the owners of the policy/plan/project/activity when they do not carry out the measures to prevent and mitigate impacts in a comprehensive and strict manner.

#### d) Summary of monitoring, examination, and evaluation

- To set guidelines for preparing a summary of monitoring and evaluation leading to the improvement or change in the implementation of the policy/plan/project/activity, which may take the form of improved implementation, prevention and mitigation of impacts, or the decision to revise or cancel the policy/plan/project/activity concerned;
- The summary of monitoring and evaluation must lead to further improvement or development of more correct and effective stages in HIA in the prevention of negative impacts, increase of positive impacts, and greater influence of healthy public policy.

- 2) The policy/plan/project/activity with requirements about monitoring and evaluation of environmental impacts and those with severe impacts on the environment, natural resources and health are required to submit monitoring EIA/EHIA reports, the monitoring of which is conducted every six months, to the Office of Natural Resources and Environmental Policy and Planning (ONEP), approving and authorizing agencies, and other agencies concerned,
  - 2.1) Issues to be considered prior to monitoring and evaluation:
    - a) The Committee on Regulating Direction of Health Impact
      Assessment
      - To set guidelines for the owner of the policy/plan/ project/activity to hire a third-party agency to prepare monitoring and evaluation reports;
      - The community, education institutes, and other sectors concerned may consider taking prior action without having to wait for the 6-month framework required for the preparation of each monitoring and evaluation report;
    - b) Setting of the scope of areas and issues in monitoring and evaluation
      - To set the scope of the project area and issues for monitoring and evaluation as specified in EIA/EHIA;
    - c) Implementation of the policy/plan/project/activity as planned
      - To set a clear plan of action for monitoring and evaluation assessing whether the implementation goes on as planned, including real implementation of every measure for impact prevention and mitigation;

- d) Physical change of the surrounding area and other areas concerned
  - To set a plan of action on monitoring and evaluation of the physical change of the surrounding area of the policy/plan/project/activity including other areas relating to the impacts and risks as a result of the implementation;
- e) Management and control system under the policy/plan/ project/activity
  - To set a plan of action on monitoring and evaluation concerning change in the management and command system whether and to what extent it has changed from what was originally planned at the level of the policy/ plan/project/activity;
- f) Capacity development of the potentially affected community, agencies, and people concerned with monitoring and examination
  - Agencies concerned, civil society and academic sectors should set a plan of action together to enhance the monitoring and evaluation capacity of the potentially affected community in such areas as technically-based data collection by the community, reading of monitoring and evaluation reports, and the responsibility for problem-solving, healing, compensation, and rehabilitation;
  - To take action to connect and support legally entrusted agencies so that they are able to read monitoring and evaluation reports and make decision effectively and promptly in accordance with the situation in which impacts may occur or have already occurred;
  - To take action to connect existing agencies to increase

their efficiency, e.g. environmental police, regional environmental office, provincial natural resources and environment office, provincial public health office, provincial industrial office, provincial advisory council, provincial social development and human security office, local government organizations, and private sector organizations

 to set plans of action to improve the data collection process and system so that the community and various sectors are able to get access to information and utilize it, aiming to develop the monitoring capacity of all the sectors concerned, especially in the prevention and management of long-term impacts.

#### 2.2) Issues to be considered in monitoring and evaluation:

- a) Data to be used, including data-collection tools and methods:
  - To set guidelines in line with risks arising out of the policy/plan/project/activity;
  - To give special importance to vulnerable groups, e.g. children, pregnant women, people with disabilities, the elderly, and patients, especially those suffering from chronic diseases related to the risks of the policy/plan/ project/activity;
  - To take action, using the sets of information and knowledge gained from study/research involving the use of technical or scientific tools conducted by academics, scientists, and experts as well as the sets of information and knowledge related to the community

context and conditions as mentioned in the framework and guidelines for cooperation in the analysis of health impacts in Chapter 5, Part 2;

- b) Criteria to be used in impact assessment
  - To take action, using criteria taken from legal standards or from other sources of reference as well as other criteria used to indicate and assess impacts that occur;
  - To set clear guidelines for analyzing impacts, whether positive or negative, long-termed, medium-termed or long-termed, including analyzing causes and guidelines for handling and preventing them. It is not simply a question of reporting or summarizing the findings of monitoring and evaluation;
- c) Review of the hypothesis of the concept, design, and options of the policy/plan/project/activity to be undertaken
  - To plan monitoring and evaluation, comparing the findings against the original hypothesis in choosing the option and design of the policy/plan/project/activity.

# 2.3) Issues after monitoring and evaluation:

- a) Disclosure of the monitoring and evaluation report:
  - To set guidelines for disclosure of the draft monitoring and evaluation report in order for the sectors concerned to examine and comment before proceeding to the final monitoring and evaluation report
  - To set guidelines for public disclosure of monitoring and evaluation reports and to facilitate easy access for the community that may be directly affected to the reports concerned

- b) Problem-solving, healing, compensation and rehabilitation of the consequences of impacts:
  - To set guidelines for the establishment of the system, mechanisms and funds able to shoulder responsibility for problem-solving, healing, compensation and rehabilitation of the consequences of impacts in an effective and prompt manner
  - To set guidelines for the project to deposit the guarantee money in such forms as performance bond or the purchase of insurance policy so that when there are impacts on the community the money can be immediately used for preliminary problem-solving, healing, compensation and rehabilitation. However, if the responsibility is greater, the owners of for the policy/plan/project/activity must shoulder the burden to the full
- c) Measures on accountability and penalty:
  - To set plans of action, introducing more effective measures on accountability than is the case at present for companies or agencies preparing false EIA/EHIA or falsely reporting the findings of the monitoring and evaluation reports;
  - To plan action on penalty to be imposed on the owners of the policy/plan/project/activity when they do not carry out the measures to prevent and mitigate impacts in a comprehensive and strict manner;

- d) Summary of monitoring, examination and evaluation:
  - To set guidelines for preparing a summary of monitoring and evaluation leading to the improvement or change of implementation of the project, which may take the form of improved implementation, prevention and mitigation of impacts, or the decision to revise or cancel the project concerned;
  - The summary of monitoring and evaluation must lead to further improvement or development of more correct and effective stages in HIA in the prevention of negative impacts, increase of positive impacts, and greater influence of healthy public policy.

Chapter 7

# **PROCESS OF HIA SUPPORT**

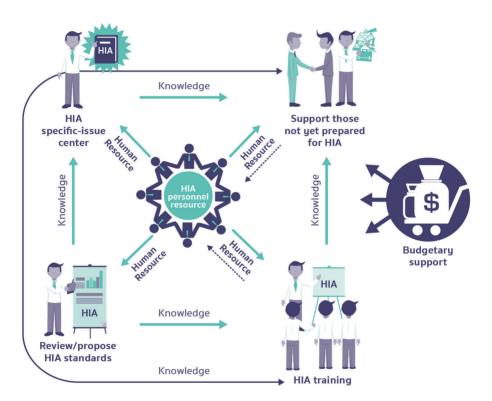
# No. 29

To ensure a greater success of HIA there should be in place a process of support designed to facilitate the development of knowledge and capacity of the personnel in the sectors concerned at least in six areas:

- 1) Organization of the database system: The system should contain names of those working on HIA, thus providing a base whereby they can be invited to participate in the design, dialogue and presentation of a policy/plan/project/activity for which HIA should be required and they can assist others concerned to select diverse and appropriate members to the Committee on Regulating Direction of Health Impact Assessment as well as assisting the said committee in inviting academics, scientists, and experts concerned in the academic sector, local areas and community to be part of HIA, examine and review draft HIA reports to ensure comprehensive and complete coverage of HIA.
- 2) Organization of training or the learning process on HIA for the personnel concerned in various branches of policy on a continuous and regular basis: This will enhance their greater understanding of the HIA concept, including providing a platform for them to receive advice and exchange opinions on policy-related options, technological options and operation-level options beneficial to health. It also ensures that a selected option beneficial to health will be used as part of the setting of public policy even before HIA is taken up.
- 3) Preparation of HIA manuals with specific issues: Examples are manuals for HIA for policy/plan/project/activity for transportation or energy development. In the latter case, energy could come in many forms, e.g. conventional/non-renewable energy and renewable energy. Other kinds of manual are for agriculture and food and social welfare.

- 4) Review and proposition of standard values in HIA: The review could be systematically organized together with academics, scientists, experts and other agencies concerned. Consideration could be given to adjustment, increase or decrease of health impact standards regarding the environmental quality, food safety, impacts from change in economic and social determinants, and others. Issues may be proposed, selected, and improved upon on a regular basis and need not be tied down to HIA for any specific policy/plan/project/activity. Such proposed standards will also contribute to HIA work when having to deal with cases in a variety of contexts.
- 5) Capacity building for the affected parties that are not yet prepared to participate in HIA: This will enable them to do so in an effective manner.
- 6) Allocation of budgetary support to facilitate HIA effectively on a regular basis: Agencies concerned, therefore, should set up funds or budgetary support for related activities, particularly in support of the affected parties that are not yet prepared for the task.

Figure 17: Process of HIA Support Facilitating Development of Knowledge and Human Resource Capacity Building





# ROLE OF MECHANISM RELATING TO HIA UNDER THE NATIONAL HEALTH ACT B.E. 2550 (2007)

Under Section 25(5) the "National Health Commission" consisting of the Prime Minister or the Deputy Prime Minister entrusted by the Prime Minister as Chairperson and other members as stipulated in Section 13 of the National Health Act B.E. 2550 (2007) has the duty to prescribe rules and procedures on monitoring and evaluation in respect of the national health system and health impacts resulting from public policies at the level of policy making and implementation. The Commission has another important duty to promote and support various sectors in the application of HIA criteria and methods in such areas as the preparation of the Statute on the National Health System to be used as the basis and guidelines for setting policies, strategies and implementation of health matter. Upon the Cabinet's approval, such matter will have a binding effect on government agencies and other agencies concerned to act in compliance according to their powers and responsibilities. The Health Statute specifies the issue of prevention and control of diseases and health threats in Chapter 4 as well as duties to provide advice to the Cabinet on health policies and strategies, monitor the implementation, and submit progress reports to the Cabinet. Thus, it serves as an important mechanism to advocate and influence policy-related recommendations as a result of HIA at the policy level.

In order to screen policy-related recommendations before submitting them to the National Health Commission and in order to provide appropriate support to partner networks in HIA, the National Health Commission has appointed the *Committee on System and Mechanism Development of Health Impact Assessment*" with the "National Health Commission Office (NHCO)" as Secretariat. The Committee has the duty promote, support and develop the system, mechanisms, rules and procedure of health impact assessment and the implementation concerned, on the principle of participation of all sectors and in line with the intent of the National Health Act B.E. 2550 (2007).

Apart from serving as the Secretariat of the above committee, the National Health Commission Office (NHCO) also informs its partners in all sectors about the application of HIA criteria and methods to their efforts to make Thailand a society of wellbeing by the following manners:

- 1. Coordinate with partners in all sectors about HIA criteria ad methods and application to their lines of work
- 2. Invite partners in all sectors to participate in HIA in interesting issues concerning the policy/plan/project/activity relating to the promotion and protection of the health of the population, from the beginning of the process to monitoring, examination and evaluation
- 3. Promote and support all sectors, especially those with limited capacity for the application of HIA, to ensure that they can apply the principles in an appropriate and fair manner.

Annex 1

Attached to Announcement No. 2 of National Health Commission on Criteria and Methods of Health Impact Assessment as a Result of Public Policy B.E. 2559 (2016)

# Important issues in HIA

In HIA it is important to consider environmental and socio-cultural factors with their potential impacts on the community. Therefore, when setting the scope and guidelines for HIA and when preparing EIA, the responsible persons must consider, analyze and provide information on the following important issues:

- 1) Change of the condition and use of natural resources: including soil, water, fishery, forestry, bio-diversity, ores and minerals, other kinds of natural resources, and the eco-system.
- 2) Change and impacts on local occupations, employment and working conditions whether positive or negative: including risks and accidents at work, changes in the eco-system, resources, and supply chain of goods and services that form the basis of the way of life of a particular group of local people.
- 3) Change and impacts on the relationship within and outside the community: especially the migration of the people and workers, increase/decrease of public space, and potential conflicts from the implementation of the project/activity concerned.
- 4) Change in important areas and places of important artistic and cultural significance: e.g. religious places, places of worship, places where the local community performs ceremonies, places of historical significance, and important ancient sites.
- 5) Resources and readiness of the public health sector: in terms of promotion, prevention, treatment and rehabilitation of the health of the population that may have something to do with the project/activity, including the readiness of the health information status in the area before its implementation, organization of the database system for impact monitoring purposes, disease surveying capacity, and the coping with potential accidents and disasters.

# **Background**

Regarding the development of Announcement No. 2 of National Health Commission on Criteria and Methods of Health Impact Assessment as a Result of Public Policy B.E. ..., the Committee on System and Mechanism Development of Health Impact Assessment passed a decision to entrust Healthy Public Policy Foundation with the task which involved the following activities:

- a) 13-14 September 2014: a workshop on "Design of the System, Process and Criteria of HIA for Advocacy of Community Rights in the New Constitution" was held at the Rama Gardens Bangkok Hotel. The objective was to collect views and recommendations to develop and improve criteria and guidelines for HIA.
- b) 26 September 2014: the first public hearing on "(Draft) Criteria and Guidelines for HIA" was held at the Rama Gardens Bangkok Hotel.
- c) 1 December 2014: the second public hearing on "(Draft) Criteria and Guidelines for HIA" was held at the Rama Gardens Bangkok Hotel.
- d) 30 December 2014: The (draft) criteria and guidelines were submitted to approval/permission-related agencies, consultant companies researching and working on impact assessment, faculties teaching HIA, civil society networks, HIA business partner networks, and leaders of community HIA partner networks, for comments, with 30 January 2015 being set as the final date for feedback submission.

- e) 26 January 2015: A subsidiary meeting was held to hear comments on "Impacts of HIA regarding Its Format and Process in Thailand" during the 2014 HIA Conference.
- f) The (draft) criteria and guidelines for HIA were put to a trial use in an area in Prachin Buri Province.
- g) 21 December 2015: (The Third) Public Hearing on "(Draft) Announcement No. 2 on Criteria and Guidelines for HIA" was held at the 8<sup>th</sup> National Health Assembly at IMPACT Forum, Muang Thong Thani.
- h) The month of January 2016 saw further study and analysis of potential impacts from every (draft) constitution of the Kingdom of Thailand proposed by every organization concerned on such related issues as the divergence from the original Article 67 Paragraph Two and community rights. The aim was to improve the (draft) criteria and guidelines for HIA and ensure their application in every case without being subjected to change in the provisions of other related laws.
- The month of February 2016 saw the formal version of the (draft) criteria and guidelines for HIA in the form of Announcement No.
   of National Health Commission on Criteria and Methods of Health Impact Assessment as a Result of Public Policy B.E. ...

At its 2/2559 session on 7 March 2016 the Committee on System and Mechanism Development of Health Impact Assessment endorsed (Draft) Announcement No. 2 of National Health Commission on Criteria and Methods of Health Impact Assessment as a Result of Public Policy B.E. ... and assigned the National Health Commission Office as its secretariat to submit it to the National Health Commission for approval, thus putting it in effect.

At its 3/2559 session on 19 May 2016 the National Health Commission passed its decision approving (Draft) Announcement No.2 of National Health Commission on Criteria and Methods of Health Impact Assessment as a Result of Public Policy B.E. ... as recommended by the Committee on System and Mechanism Development of Health Impact Assessment and instructed the National Health Commission Office (NHCO) to have it announced in the Government Gazette for public information. In the meantime, Announcement of the National Health Commission on Criteria and Methods of Health Impact Assessment as a Result of Public Policy B.E. 2552 (2009) will remain effective until Announcement No. 2 B.E.... takes effect.