HIA Contribution to the Regional Policy Development : Reality and Possibility[1]

By Dr. Wiput Phoolcharoen, MD., MPH.
Chairman of Health Impact Assessment Commission Thailand

In the ninth summit in October 2003, Association of South East Asia Nations announced its intention to create an ASEAN Community based upon three pillars : - ASEAN Security Community, ASEAN Economic Community and ASEAN Socio-Cultural Community. This followed by the establishment of Vientiane Action Program to realize its goal.

The process of ASEAN community building is a result of the considerable change in the association's mission in the recent two decades. The progressive severity of disasters caused by climate change, the advancement of globalization as well as the global financial crisis has forced ASEAN to shift from its original preventive diplomacy of maintaining peace and harmony among its members and in the region to the constructive diplomacy of community building to cope with ecological deterioration, together with increasing political and economic competition in a globalised world.

As the ASEAN Community is based on three intertwined and mutually reinforcing pillars:

- ASEAN Security Community (ASC),
- ASEAN Economic Community (AEC)
- ASEAN Socio-Cultural Community (ASCC).

The ASC is expected to maintain and strengthen peace, security and stability and enhance ASEAN's capacity for self-management of regional security. Meanwhile, the mission of the AEC is to develop a single market and production base that is stable, prosperous, highly competitive and economically integrated with effective facilitation for trade and investment in which there is free flow of goods, services investment, skilled labours, and free flow of capital.

---

1 Keynote Speech on the 1st HIA for ASEAN Workshop "Understanding Health Impact Assessment (HIA): A Foundation for the Well-being of the ASEAN Community" 13 - 14 of February 2012 at The Aquamarine Resort and Villa, Phuket, Thailand.

The ASCC is for a Southeast Asia bonded together in partnership as "a community of caring and sharing societies". The ASCC Plan of Action contains four core elements:

- Building a community of caring societies
- Managing the social impact of economic integration
- Enhancing environmental sustainability
- Strengthening the foundations of regional social cohesion towards an ASEAN Community

Since 2005, member countries have established an ASEAN Charter, which would serve as the legal and institutional framework for the regional organization and the ASEAN Community. Although it will not take on any supranational functions, with its ambitious goals, the ASEAN Community is believed to have far-reaching and important impacts on the lives of the people in Southeast Asia.

Recognition that ASEAN member countries have been in the transition of demographics, economics and epidemiology, greatly affecting health determinants of Southeast Asia, has led health development to become one of the strategic issues for ASEAN member countries in achieving their national health development goals and Millennium Development Goals (MDGs).

Through the Yogyakarta Declaration, signed on April 2002, Health Ministers of ASEAN countries declared HEALTHY ASEAN 2020. With this vision, ASEAN was about to make the Southeast Asian region as a center for health development in 2020 and to entirely ensure the creation of a physically and mentally healthy ASEAN community, living in harmony in an environment of safe Southeast Asia region.

Today, 10 years after declared, an even distribution of health development in ASEAN region showed limited progress; instead, disparity was created. On the one hand, there were countries with highly dynamic level of health development; but, on the other hand, there were countries that were sluggish. On scrutiny, the problems were not overly different, the patterns of disease were also almost the same; but, why one country could be better in the handling compared to other Southeast Asian countries.

Admittedly, there was indeed a difference and inequality in economic and wealth distribution that became one of the causes contributing to the increase in gap of health development among ASEAN member countries. However, the politically- and sociologically-linked Southeast Asia countries

should be expected to mutually share and provide input one another in the search for solutions, especially if it was constructed in the framework of ASEAN cooperation and solidarity.

Momentum of Yogyakarta Declaration on HEALTHY ASEAN 2020 toward the Southeast Asian region as a ASEAN Health center and creation of a physically and mentally healthy ASEAN community living in harmony in the safe Southeast Asia environment, be a milestone that remains challenge.

Advancement of economic cooperation among ASEAN countries and with partner countries remained causing gap in distribution of income and employment, leading to disparity in health development.

Apart from a variety of challenges faced by the ASEAN countries, they should be able to realize an integrated region in a community of Southeast Asian countries in dynamic partnership and development relations as mutual caring societies.

In doing so, ASEAN community needed to integrate in a holistic manner, especially in order to improve its cultural unity so that the sensitivity image of ASEAN identity could be strength and part of its identity to be able to serve as a regional problem solving.

In an effort to cultural binding and with respect to the economic growth gap among ASEAN member countries, the ASEAN Charter could be maximized as a bridge and inspiration to improve solidity and commitment to assist one another and to work together, not to be individualistic, but to be more open and mutually respectful and feel as part of the real ASEAN community.

Health policy was once thought to be about little more than the provision and funding of medical care. The social determinants of health were concerned only among academics. This is now changing. While medical care can prolong survival and improve prognosis after some serious diseases, but, more important for the health of the population as a whole are the social and economic conditions that make people ill and in need of medical care in the first place. Nevertheless, universal access to medical care is clearly one of the social determinants of health.

Social determinants of health are the economic and social conditions that shape the health of individuals, communities, and jurisdictions as a

whole. Social determinants of health are the primary determinants of whether individuals stay healthy or become ill. Social determinants of health also determine the extent to which a person possesses the physical, social, and personal resources to identify and achieve personal aspirations, satisfy needs, and cope with the environment. Social determinants of health are about the quantity and quality of a variety of resources that a society makes available to its members.

A social determinant of health implication focuses on determining the relationship between a social determinant of health and health status. So many studies demonstrate that lower income is associated with adverse health outcomes among parents and their children. Or they demonstrate that food insecurity is related to poor health status among parents and children as is living in crowded housing, and so on. These are termed as depoliticized approach in that it says little about how these poor-quality social determinants of health come about.

In reality, social determinants of health do not exist in a vacuum. Their quality and availability to the population are usually a result of public policy decisions made by governance authorities.

The Ottawa Charter by WHO in 1986 identified Healthy Public Policy as one of five key health promotion actions. A Healthy Public Policy is a policy that increases the health and well-being of those individuals and communities that it affects.

Healthy public policy is clearly desirable, but two conditions have to be satisfied if it is to be produced:

1. the health consequences of different policy options have to be correctly predicted; and
2. the policy process has to be influenced so that health consequences are considered.

Health Impact Assessment is an approach that could assist with meeting both these prerequisites. Policies often produce health impacts by multiple indirect routes, which make prediction difficult. Prediction in Health Impact Assessment may be based on epidemiological models or on sociological disciplines. Health Impact Assessment must be based on an understanding of, and aim to add value to, the policy-making process. It must therefore conform to policy-making course of actions, present information in a form that is policy relevant and fit the administrative

structures of policy makers. Health Impact Assessment may be used to inform health advocacy but is distinct from it. However, there is a danger that Health Impact Assessment could be misunderstood as health imperialism.

Health Impact Assessment may be defined as ***"a methodology which enables the identification, prediction and evaluation of the likely changes in health risk, positive and negative, single or collective, of a policy programme, plan or development action on a defined population"***. Its purpose is to add value to the decision-making process. It aims to assist decision makers by clarifying the various ways in which a policy could influence health and by ensuring that health considerations are not overlooked. Health Impact Assessment is primarily concerned with policies in non-health sectors such as economic, housing, law and order, transport, energy and many others since these are the areas that have the greatest potential to impact on population health.

The term Health Impact Assessment is relatively new but the ideas underlying it are not. Policy makers have always intended outcomes for their policies and frequently those outcomes embraced improvement in the health and well-being of populations.

Thus, Health Impact Assessment would be applied as a critical means of scaffolding intelligence to deliberate ASEAN's 3 creative Community's pillars. All distinguished participants are welcome to contribute in these 2 days meeting as creative course of deliberation pertaining to HIA's application and guidance for ASEAN in future.

……..