All eyes on Mongolia- Breaking ground on HIA!

By Erica Westwood, Habitat Health Impact Consulting

HIA is at an interesting stage right now, in an interesting place- namely Mongolia. In Mongolia, which often remains quiet on the international stage, HIA is being carried to a cutting edge place. A new national law has been passed, requiring that health (the way we talk about it in HIA) is examined within all environmental impact assessments (EIAs), making this the second country in the world, other than Thailand, to pass and try to implement legislation requiring HIA in EIA. So how did this new law come to pass, and why Mongolia? And, what can the global community learn from this experience?

Mongolia is a country with a vast landscape, sparse population, and strong nomadic herding culture. It has been undergoing a huge mining boom- in 2014 mining accounted for 18.5% of its GDP. By 2020, it’s expected that the largest mining project in Mongolia will account for 1/3 of the country’s GDP¹. Clearly, the health impacts on communities could be substantial, if the mining boom is not managed well. However, a hugely positive step is that on May 17, 2012, within legislation on EIA, health was integrated alongside requirements for social and environmental dimensions to be considered in impact assessments. This has created momentum in country to build capacity for HIA and to institutionalize it within government. It has also created the question- how can this be done?

For many years now, a partnership has been developing among Canadian and Mongolian public health professionals, including representatives from government, academia, international, private and non-government organizations (NGO). This partnership has been instrumental in providing support for building awareness of HIA in Mongolia. The latest development in this partnership was an HIA Learning and Development Program that took place in Mongolia, April 27-May 8, 2015. The workshop, held in Mongolia’s capital city, Ulaanbaatar, as well as Dalanzadgad, a city in the South Gobi region of Mongolia, was supported and sponsored by the Canadian International Resources and Development Institute (CIRDI) and the Canadian Coalition for Global Health Research (CCGHR). For 11-days representatives from central and local government, academic and non-profit organizations, and international organizations gathered to learn about HIA and to develop a plan for institutionalizing HIA within the EIA process.

Two members of Habitat Health Impact Consulting attended this workshop: Ame-Lia Tamburrini, who many may know as the vice-president of Habitat and SOPHIA, and myself (Erica Westwood), a research associate with Habitat. Ame-Lia led the charge teaching the group how to conduct HIA, and Oyunaa Lkhagvasuren, a Mongolian public health leader and executive director of Leading Researchers (a Mongolian NGO focused on health and social development), brought local knowledge and an immense amount of logistical support (including translation). I attended as a participant and found this program to be a fantastic learning experience, and an eye-opening opportunity to gain knowledge about other participants’ experiences from around the world. While I have a good understanding of HIA methods, many of the Mongolian participants were more
involved at a policy level working on how to integrate HIA into the EIA process, and how to regulate this process. Embedding HIA within EIA as part of a real-time process in Mongolia led to fascinating discussions, causing myself and many other international participants from Canada, Tanzania, Republic of Korea and Zambia to think about how to improve HIA practice in our own countries. The international participants developed several recommendations for their home-countries, which all focused on similar issues such as: enhancing stakeholder engagement practices with a broader approach to integrating community input, the need to strengthen international partnerships and networks, and finally it became clear that in all countries, there needs to be better processes for integrating HIA in EIA.

The workshop was enriched with a community engagement exercise. We spent one day visiting a rural community affected by mining, where we spoke with various stakeholder groups including government workers, small business owners, and women about their experiences with the mine. The community was roughly 8km away from a large coal mine. The close proximity led to many direct effects in the community including environmental effects like immense amounts of dust (remember, we were in the Gobi Desert), as well as a range of indirect social impacts due to population influx (noted for changing the culture and social dynamics within the community, and for the creation of unregulated communities). Not only did this powerful exercise allow participants to hear first hand the community and health changes brought about by the mine, it also started a very important dialogue about stakeholder engagement methods, particularly the importance of follow-up with communities, and the need to return the stories and information back to those whom we engage with. For me, this was an extremely inspirational discussion, which motivated me to think about how we can improve our own engagement practices, despite restrictions we may face in our own work (e.g. being beyond the scope of a contract or out of budget).

In many ways, from a practice perspective, Mongolia is starting with a clean slate. As Ame-Lia led the HIA teachings, she was able to bring to light many challenges that practitioners face within HIA. This allowed participants to think about how they can learn from these challenges and improve their own procedures and practices. Some of these areas included: the aforementioned stakeholder engagement practices; ensuring health action plans become implemented, updated, and monitored; strengthening existing legal and regulatory language; and building HIA capacity for practitioners and decision makers to ensure continued implementation. Many of these challenges were addressed through final presentations and recommendations to decisions makers in Mongolia, who will ultimately have continued influence on how this new legislation is implemented. I personally look forward to seeing how HIA in Mongolia progresses and to see what we in Canada, the USA and other countries, can learn from their leadership.