

# Health Impact Assessment Quarterly



International Association for Impact Assessment

Health Impact Assessment Quarterly  
May 2007

## New Thai National Health Act Participatory HIA Enshrined in Law

Suphakij Nuntavorakarn and Nuntana Sabrum



The National Health Act B.E. 2550 (2007) was recently approved and entered into force on 19<sup>th</sup> of March. The ambitious legislation includes several sections on HIA, which cover the rights of Thai people to demand a HIA be conducted and to

participate in HIA process, as well requiring the development of guidelines and procedures for HIA to be developed by the newly established National Health Committee.

According to the Act, HIA is designed to be a “social

learning process”, which has been developed so that all stakeholders in society can be involved in examining the health impacts of policies, projects or activities that have already affected or may affect groups of people. This social learning process involves identifying and supporting the most appropriate alternative in public decision-making processes with the goal of protecting and promoting the health of all people in Thai society.

For more information on the act email [suphakijn@yahoo.com](mailto:suphakijn@yahoo.com)

## HIA2007 Conference: Submit your abstracts!

Ben Harris-Roxas

Abstract submission is now open for the HIA2007 South East Asia and Oceania Conference being held in Sydney from 7-9 November. Abstracts are invited in the following streams:

### HIA in Practice

There is a rapid growth in the use of Health Impact Assessment methodology in the Asia Pacific Region. This stream aims to share these experiences with

other practitioners and people working in the field.

### Health, Community Wellbeing & Sustainability

Promoting the health of people is more than managing illness. This stream aims to explore the different ways in which people across the region use HIA and other planning tools to think about the health and

wellbeing of their communities and ways of creating sustainable futures.

### Creating Environments for Health

The rapid economic growth of the region is bringing into sharp relief the importance of the natural, man-made, social and economic environment to health. This stream aims to explore

## In This Issue

New Thai National Health Act	1
HIA2007 Conference	1
South East Asian Regional Training Course	2
Planning and Health	3
The Health of the People of Mab Ta Phut	5
A Journal of Our Own?	7
IAIA Health Section Member List	9

# Health Impact Assessment Quarterly

## HIA2007 Conference Cont.

Ben Harris-Roxas

innovative approaches that are being taken across the region to create environments for health.

### Liveable Urban Communities

Urbanisation is placing major strain on the social and economic infrastructure of cities across the region. In many countries the rise in levels of obesity is being connected to the ways in which our cities are being designed. This stream aims to explore

how practitioners have responded to these challenges using HIA and other planning tools to create liveable urban communities.

### Working with Other Sectors

Many of the forces that have the greatest impact on health lie outside the direct control of health systems in areas such as employment,

income security and housing. This stream aims to illustrate how HIA can be used as a process for working effectively with government, civil society and the private sector to promote health.

More: [www.hia2007.com](http://www.hia2007.com)



## South East Asian Regional Training Course on HIA

Suphakij Nuntavorakarn and Nuntana Sabrum

A five day training course was held in Thailand in October 2006, bringing together participants from Lao PDR, Vietnam, Cambodia, Malaysia and Australia.

Thai Health Systems Research Institute recently held an "HIA Interactive Training Course: A Learning Tool for Healthy Community and Society" in Khon Kaen province of Thailand.

The five-day training course was carried out during 15<sup>th</sup> to 19<sup>th</sup> October 2006 through a diversity of processes such as lectures, group work, open discussion and field visits in order to strengthen essential HIA skills and knowledge and to create framework for collaborative research and networking within Southeast Asia and Oceania.

Twelve regional and nineteen local health experts and practitioners attended the event. The regional participants were

from Lao PDR, Vietnam, Cambodia, Malaysia, and Australia. Suggestions and ideas shared during the training have led to further HIA development in the region including the development of HIA training manual for developing countries, expert exchange and technical visits. One of the concrete outcomes is that

more HIA work has been produced by the new faces from Mekong River Basin and will be presented in the upcoming international events such as the IAIA07 conference in South Korea and HIA2007 conference in Australia.

The training and subsequent activities are



Training course participants during a field visit

Image: HPP-HIA Program Thailand

# Health Impact Assessment Quarterly

## South East Asian Regional Training Course on HIA Cont.

Suphakij Nuntavorakarn and Nuntana Sabrum

part of the “HIA Development for Developing Countries Project” supported by Thai-Health Global Linkage Initiative Program (T-GLIP), which is funded through the Thai Health Promotion Foundation. The need for the project arose from an increasing awareness of trans-boundary health impacts and the need to prevent and manage them through regional collaboration.



Image: HPP-HIA Program Thailand

Training course session

## Planning and Health Findings from the UK Royal Commission on Environmental Pollution

Andrew Buroni

*The UK Royal Commission on Environmental Pollution (RCEP) is an independent body established to advise the Queen, the Government, Parliament and the public on environmental issues.*

The Commission's advice is mainly in the form of reports, of which their most recent is on the Urban Environment. In this report the RCEP acknowledges current shortcomings in the planning system and recommends that the UK government and devolved administrations develop a statutory framework for including Health Impact Assessments in the planning process.

This article provides a summary of the RCEP report, detailing the recommendations to Government and future HIA planning requirements.

### Planning and Health

The planning system offers an important opportunity for a more coherent effort to develop cities and improve the health and wellbeing of urban inhabitants.

Evidence suggests that planning can not only be applied to tackle and offset many of the adverse health effects of an urban environment, but can also be applied to address and prevent many of today's significant physical, mental and social health issues.

The mode of health effect is complex and represents a mixture of physical influences such as the removal of environmental risks, social influences brought about through improved connectivity and support through to behavioral responses from im-

proved perceptions of the environment.

Potential outcomes from more health conscientious planning therefore reflect real opportunities to contribute in reducing cardiovascular and respiratory ailments, obesity, diabetes, road traffic accidents, antisocial behavior and crime and foster improved self-rated health, wellbeing and ultimately healthier communities.

The ethical and financial benefits of preventative health measures over treatment are key to Government policy represented through the White Paper, 'Saving Lives our Healthier Nation' and supported by the Department of Health, the National Institute of Clinical Excellence and regional Health Authorities.

“This article provides a summary of the RCEP report, detailing the recommendations to Government and future HIA planning requirements.”

## Planning and Health Cont.

### *Findings from the UK Royal Commission on Environmental Pollution*

Andrew Buroni

“In order to implement this, the RCEP further recommend that the UK government and devolved administrations develop a statutory framework for including Health Impact Assessments in the planning process.”

However, to date, consideration of health and well-being has had little influence in urban design and planning and the present planning system is still unable to adequately deal with complex public health issues.

Planning applications for large-scale developments often require an Environmental Impact Assessment (EIA). These assessments can include data on environmental problems like air pollution that can cause health effects, but while they may predict environmental emissions from future developments to compare with relevant standards, they do not always look at health impacts in terms of a population's vulnerability and exposure to health risks.

EIAs and planning applications therefore tend to not consider health and wellbeing issues in a systematic manner do not recognise the complex interrelations between social and environmental factors and rarely identify measures to enhance health benefits.

Recognition of the planning systems failure to adequately address health is not new. The RCEP's previous report on Environmental Planning, highlighted the general issues and recommended the Government integrate processes such as Health Impact Assessment (HIA)

within EIA back in 2002.

In its response, the government recognised the benefits of HIA, but stated that it was “not persuaded that detailed Health Impact Assessments, which require different expertise and methodologies, should form an integral part of Environmental Impact Assessment at individual project level”.

However, during the most recent RCEP study, the Department of Health supported the inclusion of HIA within the EIA process as the best means of considering health issues in the planning process, and the RCEP strongly concur.

The RCEP therefore reinforces its recommendation that Health Impact Assessments be incorporated explicitly in Sustainability Appraisals, Strategic Environmental Assessments and Environmental Impact Assessments.

In order to implement this, the RCEP further recommend that the UK government and devolved administrations develop a statutory framework for including Health Impact Assessments in the planning process.

#### **Future HIA Requirement in the Planning Process**

The RCEP's study reinforces the consensus view of UK health organisations and Local Government in that a formal requirement to

assess the potential health effects of development is long overdue.

In the absence of leadership from Government and a lack of a formal requirement to conduct HIA, Local and Regional Government are developing their own initiatives to ensure that health is addressed in the planning process.

- In London, the Greater London Authority Act (1999) places a duty on the Greater London Authority (GLA) to promote the health of Londoners and to take into account the effect of its policies on health and inequality. Supporting the GLA Act, the Mayor appointed the London Health Commission to drive health improvement in priority areas across London, to investigate specific health issues if it wishes and to drive the practice of HIA across London. Complementing the GLA Act, the Mayor of London has recently released Best Practice Guidance setting out how health inequalities can be tackled through more informed planning, policies and proposals subject to HIA.
- The Welsh Assembly have recently published a Draft Interim Planning Policy Statement on Planning, Health and Well-being, forming the first planning require-

# Health Impact Assessment Quarterly

## Planning and Health Cont.

### Findings from the UK Royal Commission on Environmental Pollution

Andrew Buroni

- ment for HIA in the UK.
- The Department of Health and the Health Protection Agency are developing guidance to advise health authorities on how to integrate health into Strategic Environmental Assessment (SEA).
  - Primary Care Trusts and Strategic Health Authorities are becoming more involved in the planning process and specifically requesting HIA.
  - Developers are voluntarily commissioning HIA to identify potential health risks, to facilitate health improvements and avoid often-costly remediation.
- In light of the growing demand and clear benefits of HIA, the RCEP recommendation is likely to be the precursor for the development of the first UK statutory requirement to conduct HIA.
- Any further delay by Government may be perceived as a deliberate attempt to avoid tackling the often-emotive topic of health.

## The Health of the People of Mab Ta Phut

### The biggest challenge facing HIA and industrial development in Thailand

Suphakij Nuntavorakarn and Nuntana Sabrum

The Mab Ta Phut Industrial Estate, started in 1985, is the biggest Industrial Estate in Thailand. The major industries are gas separation, oil refinery, petrochemical, and power plants.

The health impacts of the Mab Ta Phut Industrial Estate has become controversial in Thailand again following several polluting incidents and the confirmation of health problems amongst local communities through recently released official data and studies.

The most prominent pollutants are Volatile Organic Compounds (VOCs). Recent official data from the Thai Pollution Control Department confirmed that the levels of 19 carcinogenic organic compounds are between 1.3 and 693 times higher than USEPA Region 6 standards!

Apart from VOCs, the area also faces many other environmental problems, including:

- other air pollutants,
- industrial waste contamination of water supplies,
- high levels of toxic heavy metals in local groundwater,
- hazardous waste,
- degraded quality seawater,
- seashore erosion, etc.

Moreover, there have been many health as well as social problems. Respiratory diseases, cancer, HIV/AIDS and mental disorders are increasingly common and the region has the highest rate of suicide in all Thailand.

Two HIAs were undertaken in 2001. The first emphasized scientific analysis of environmental and health impacts, while another one focused on analysing holistic health impacts with extensive

“The health impacts of the Mab Ta Phut Industrial Estate has become controversial in Thailand”



Image: HPP-HIA Program Thailand

Mab Ta Phut Industrial Estate

## The Health of the People of Mab Ta Phut Cont. The biggest challenge facing HIA and industrial development in Thailand

Suphakij Nuntavorakarn and Nuntana Sabrum

The “Rayong Paradox” refers to the seemingly contradictory effect of Rayong province in Thailand having high levels of economic activity whilst also having some of the worst health and social indicators in the country

community participation. The HIAs were well received by many stakeholders, including local communities, NGOs, and the health assemblies (for more information on the Thai health assemblies see Phoolcharoen 2002). Despite this the HIAs failed to lead to sustainable solutions. Industrial expansions has continued up until the present day.

Two projects are currently underway. The first looks at the ‘Rayong Paradox’, which tries to synthesise the overall picture of development in Rayong, the province in which Mab Ta Phut is located, with reference to both the economic and social impacts of further industrial expansion.

In parallel, a second project on ‘The Futures of Rayong and their Health Impacts’ is developing sensible development options for Rayong through extensive public participation and then assessing the health impacts of these development options. The main goals are to empower the local people and civil society groups as well as to facili-



Local communities have expressed concern about the degradation of groundwater in the Mab Ta Phut area

Image: HPP-HIA Program Thailand

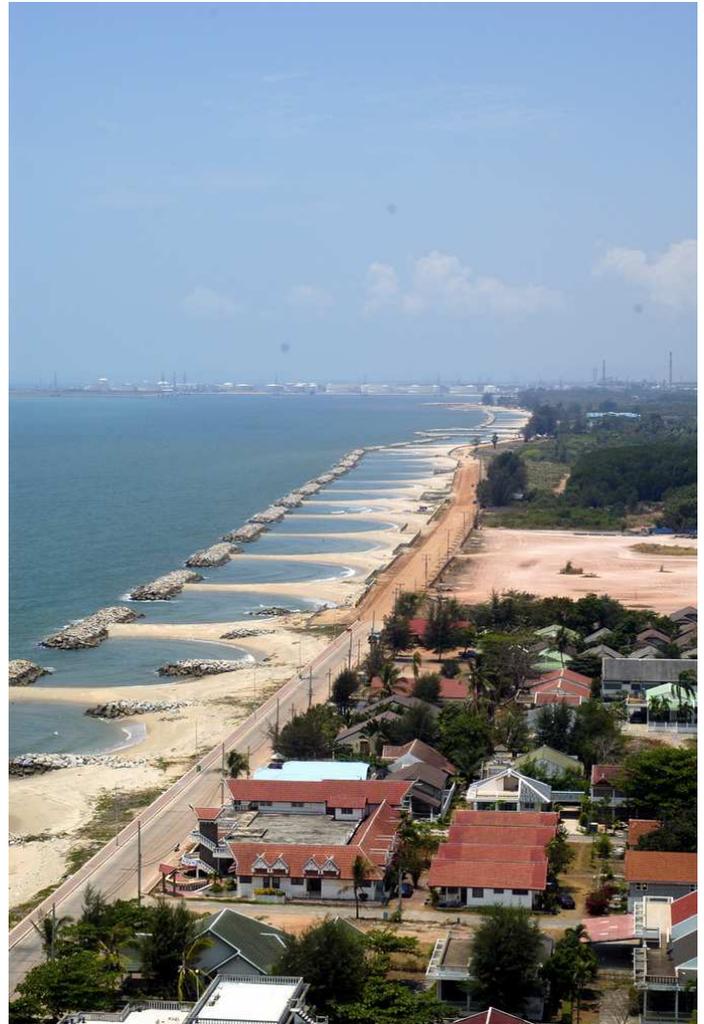


Image: Ben Harris-Roxas

Photograph highlighting the extent of foreshore erosion in the Mab Ta Phut region

tate the deliberative decision-making on the future development of Mab Ta Phut as well as Rayong province.

For more information on HIA activities in Mab Ta Phut email [suphakijn@yahoo.com](mailto:suphakijn@yahoo.com)

### References

Phoolcharoen W (2002) *Health System Reform in Thailand*, Alliance for Health Policy and Systems Research.

[www.alliance-hpsr.org/jahia/webdav/site/myjahiasite/shared/documents/16.%20Thailand-final-aug02.doc](http://www.alliance-hpsr.org/jahia/webdav/site/myjahiasite/shared/documents/16.%20Thailand-final-aug02.doc)

The final program for the IAIA07 Conference will be available online from the 21st of May

[www.iaia.org](http://www.iaia.org)

## A Journal of Our Own?

### Discussion on whether there is a need for a HIA journal

*The following is a summary of an email discussion following a post to the IAIA-HEALTH listserv.*

Is there a need for our own internet based free access journal devoted to HIA?

Biomed Central provides a model, but at £750 per article I don't think it provides a solution. Anyone know of similar but cheaper models? Could we use the HIA Community Wiki ([www.healthimpactassessment.info](http://www.healthimpactassessment.info)), or the HIA Blog ([www.healthimpactassessment.blogspot.com](http://www.healthimpactassessment.blogspot.com))?

Martin Birley, UK  
[martin@birleyhia.co.uk](mailto:martin@birleyhia.co.uk)

I would agree that there is a need for an internet based journal.

Paul Tomlinson  
[ptomlinson@quista.net](mailto:ptomlinson@quista.net)

I would certainly support this. Among other things, it would motivate us to do more HIAs or encourage others to do it so we can post it.

Bose Johnson, UK  
[bose.johnson@westkent.ct.nhs.uk](mailto:bose.johnson@westkent.ct.nhs.uk)

Agree! HIA development in UK seems to have plateaued - we need some

'thoughts in the bath' that this would perhaps reflect.

Roger Seddon, UK  
[rogerseddon@yahoo.com](mailto:rogerseddon@yahoo.com)

The International Electronic Journal of Rural and Remote Health started with very humble beginnings at Deakin University with a small grant from the Victorian Department of Human Services and it has gone from strength to strength to become an international journal. It is the only one I know that would be used as a starting point for exploring our options.

The web link is [www.rrh.org.au](http://www.rrh.org.au)

Mary Mahoney, UK  
[mary.mahoney@gloscaat.c.uk](mailto:mary.mahoney@gloscaat.c.uk)

I agree with you, I too think the delay in refereeing just makes it very difficult to write and get knowledge out into the public domain.

The model I like is free-access e.g. Biomed Central. Though it doesn't go completely towards your approach of open-access refereeing which sounds good.

Given the experience of the HIA wiki, there are two crucial questions:

1. How to get readers for your work on such a system? You would need one of the major bibliographic systems to document the journal/article e.g. PubMed, Medline, etc.

2. How would you sustain the referee community needed to make the system work? What would be in it for them and where would you recruit from? This would be the really difficult thing

It would be worth approaching a free-access publisher like Biomed Central to see if they were interested in a HIA journal. It currently has an environmental health journal and a public health journal (s) that I have thought to publish in but have not managed to get round to it.

If you could get people like yourself, Robert Bos, Peter Furu, Erica Ison, Alex Scott-Samuel, Andrew Dannenberg, Ben Harris-Roxas, Jenny Mindell, MarkMcCarthy, John Kemm, Jayne Parry, Liz Greene, Margaret Douglas, etc on an editorial board then that would give quite a lot of clout to any potential journal and create an initial nucleus of

"Is there a need for our own internet based free access journal devoted to HIA?"

# Health Impact Assessment Quarterly

## A Journal of Our Own? Cont.

### Discussion on whether there is a need for a HIA journal

reviewers.

I certainly think we need a more active HIA forum than the ones we currently have and a free-access journal with the potential for new and established HIA authors to get a chance to publish would be worth thinking about. I'd certainly be interested in helping develop it.

A focus on HIA would avoid conflicts with others and fill a real niche for publishing in this context.

Salim Vohra, UK  
[svohra@pba.co.uk](mailto:svohra@pba.co.uk)

I agree that there is a need for a journal/ publication for the reasons

that you've outlined Martin - there aren't many other venues for reports on individual HIAs, they're hard to publish in a timely fashion and HIA-related work needs to be open-access.

The problems are also those you've already identified, and they're numerous. I have spoken to a number of people working on HIA in developing countries and they're committed to publishing in open-access journals but they just can't come at the cost. I'd suggest that setting up our own online journal might be a solution but ensuring rigor and getting the journal indexed will be a challenge.

There might be some easy solution out there that we simply don't know about, though I doubt it.

Ben Harris-Roxas, Australia  
[b.harris-roxas@unsw.edu.au](mailto:b.harris-roxas@unsw.edu.au)

### What do you think?

Post your thoughts to [health@iaia.org](mailto:health@iaia.org)

The screenshot shows the IAIA website homepage. At the top, there is a search bar and a 'Go!' button. Below the search bar, the IAIA logo is displayed in green, followed by the text 'INTERNATIONAL ASSOCIATION FOR IMPACT ASSESSMENT'. The date 'Thursday, 2007 May 17' is shown in the top right corner. A navigation menu includes links for 'Join or Renew', 'FAQ', 'Sponsor', 'Important Dates', 'Contact Us', and 'Home'. On the left side, there is a login form with fields for 'User:', 'Password:', and 'Remember me:'. Below the login form, there are links for 'About IAIA', 'Administration and Member Services', 'IAIA Conferences', 'Professional Resources & Networking', 'Publications', 'Special Project: CBBIA', 'Training', 'Sections', and 'Committees'. The main content area features a section titled 'International Association for Impact Assessment' with a brief description. Below this, there is a section for an 'Upcoming conference' in Seoul, Korea, and a 'Why join IAIA?' section with several bullet points. At the bottom, there is a 'What's New' section with a paragraph of text. A large green watermark 'www.iaia.org' is overlaid across the bottom half of the page.

## Section Co-Chairs

Ben Cave  
[ben.cave@caveconsult.co.uk](mailto:ben.cave@caveconsult.co.uk)

Suphakij Nuntavorakarn  
[suphakijn@yahoo.com](mailto:suphakijn@yahoo.com)

**Want to be added  
to the list?**

**Email [b.harris-roxas@unsw.edu.au](mailto:b.harris-roxas@unsw.edu.au)**

## HIA Section Member List

Balsam Ahmad  
University of Newcastle Upon  
Tyne, UK  
[Balsam.Ahmad@newcastle.ac.uk](mailto:Balsam.Ahmad@newcastle.ac.uk)

Reiner Banken  
Quebec, Canada  
[reiner.banken@aetmis.gouv.qc.ca](mailto:reiner.banken@aetmis.gouv.qc.ca)

Marleen Bekker  
Erasmus MC, The Netherlands  
[m.bekker@erasmusmc.nl](mailto:m.bekker@erasmusmc.nl)

Martin Birley  
BirleyHIA  
[martin@birleyhia.co.uk](mailto:martin@birleyhia.co.uk)

Grace Blau  
Victorian Council of Social Ser-  
vices, Australia  
[grace.blau@vcoss.org.au](mailto:grace.blau@vcoss.org.au)

Paul Boelens  
Sakhalin Energy Investment Com-  
pany  
[paul.boelens@sakhalinenergy.ru](mailto:paul.boelens@sakhalinenergy.ru)

Alan Bond  
University of East Anglia, UK  
[alan.bond@uea.ac.uk](mailto:alan.bond@uea.ac.uk)

Robert Bos  
WHO, Switzerland  
[bosr@who.int](mailto:bosr@who.int)

Lea den Broeder  
Research Institute on Health and  
the Environment, the Netherlands  
[lea.den.broeder@rivm.nl](mailto:lea.den.broeder@rivm.nl)

Andrew Buroni  
RPS, UK  
[buronia@rpsgroup.com](mailto:buronia@rpsgroup.com)

Ben Cave  
Ben Cave Associates, UK  
[ben.cave@totalise.co.uk](mailto:ben.cave@totalise.co.uk)

Craig Dalton  
Hunter New England Area  
Health Service, Australia  
[craig.dalton@hunter.health.nsw.gov.au](mailto:craig.dalton@hunter.health.nsw.gov.au)

Mark DeBello  
Sakhalin Energy Investment Com-  
pany  
[mark.debello@sakhalinenergy.ru](mailto:mark.debello@sakhalinenergy.ru)

Carlos Dora  
WHO, Switzerland  
[dorac@who.int](mailto:dorac@who.int)

Rungrojcharoenkit Duangjai  
Health Systems Research Insti-  
tute, Thailand  
[jaiko17@yahoo.com](mailto:jaiko17@yahoo.com)

Alison Eisinger  
Public Health - Seattle & King  
County, USA  
[alison.eisinger@metriokc.gov](mailto:alison.eisinger@metriokc.gov)

Peter Furu  
DBL - Institute for Health Re-  
search and Development, Den-  
mark  
[pfuru@dblnet.dk](mailto:pfuru@dblnet.dk)

Sombat Haesakul  
HPP-HIA Program, Thailand  
[sombatsh@yahoo.com](mailto:sombatsh@yahoo.com)

Betty Hansen  
Ecosystems International, Can-  
ada  
[ecosystem@echo-on.net](mailto:ecosystem@echo-on.net)

Patrick Harris  
CPHCE, University of New South  
Wales, Australia  
[patrick.harris@unsw.edu.au](mailto:patrick.harris@unsw.edu.au)

Ben Harris-Roxas  
CPHCE, University of New South  
Wales, Australia  
[b.harris-roxas@unsw.edu.au](mailto:b.harris-roxas@unsw.edu.au)

Nusaraporn Kessomboon  
Khon Kaen University, Thailand  
[nustat2@hotmail.com](mailto:nustat2@hotmail.com)

Anne Knol  
Research Institute on Health and  
the Environment, the Netherlands  
[anne.knoll@rivm.nl](mailto:anne.knoll@rivm.nl)

Roy Kwiatkowski  
Health Canada, Canada  
[roy\\_kwiatkowski@hc-sc.gc.ca](mailto:roy_kwiatkowski@hc-sc.gc.ca)

Teresa Lavin  
Institute for Public health in Ire-  
land, Ireland  
[teresa.lavin@publichealth.ie](mailto:teresa.lavin@publichealth.ie)

Murray Lee  
Habitat Health Impact Consult-  
ing, Canada  
[murray@habitatcorp.com](mailto:murray@habitatcorp.com)

Juhani Lehto  
University of Tampere, Finland  
[juhani.lehto@uta.fi](mailto:juhani.lehto@uta.fi)

Mary Mahoney  
Gloscat/University of Glouces-  
tershire/University of the West  
of England, UK  
[mary.mahoney@gloscat.ac.uk](mailto:mary.mahoney@gloscat.ac.uk)

Mark McCarthy  
UCL, UK  
[m.mccarthy@ucl.ac.uk](mailto:m.mccarthy@ucl.ac.uk)

## HIA Section Member List (Continued)

Dian McClymont-Peace  
Health Canada, Canada  
[diane\\_mcclymont-peace@hc-sc.gc.ca](mailto:diane_mcclymont-peace@hc-sc.gc.ca)

Sanchai Sutipanwihan  
Thailand  
[ensst@mahidol.ac.th](mailto:ensst@mahidol.ac.th)

Jennifer Mindell,  
University College London, UK  
[j.mindell@ucl.ac.uk](mailto:j.mindell@ucl.ac.uk)

Lorraine Taylor  
National Institute for Health and  
Clinical Excellence (NICE)  
[lorraine.taylor@nice.org.uk](mailto:lorraine.taylor@nice.org.uk)

Ashley Muir  
Chevron Energy Technology  
Company, USA  
[amui@chevron.com](mailto:amui@chevron.com)

Paul Tomlinson  
TRL Limited, UK  
[ptomlinson@trl.co.uk](mailto:ptomlinson@trl.co.uk)

Suphakij Nuntavorakarn  
Healthy Public Policy Foundation,  
Thailand  
[suphakijn@yahoo.com](mailto:suphakijn@yahoo.com)

Jo Treweek  
Freelance Ecological Consultant,  
UK  
[jo@treweek.fsnet.co.uk](mailto:jo@treweek.fsnet.co.uk)

Marla Orenstein  
Habitat Health Impact Consult-  
ing, Canada  
[marla@habitatcorp.com](mailto:marla@habitatcorp.com)

John Twigg  
Benfield Hazard Research Cen-  
tre, UK  
[j.twigg@ucl.ac.uk](mailto:j.twigg@ucl.ac.uk)

Whiput Phoolcharoon  
Healthy Public Policy Foundation,  
Thailand  
[wiput@hsri.or.th](mailto:wiput@hsri.or.th)

Lennert Veerman  
Erasmus MC, The Netherlands  
[j.veerman@erasmusmc.nl](mailto:j.veerman@erasmusmc.nl)

Sang Pyo-Hong  
Korea  
[sphong@chongju.ac.kr](mailto:sphong@chongju.ac.kr)

Siva Ram Vemuri  
Charles Darwin University, Aus-  
tralia  
[ram.vemuri@cdu.edu.au](mailto:ram.vemuri@cdu.edu.au)

Rob Quigley  
Quigley and Watts Ltd,  
New Zealand  
[rob@quigleyandwatts.co.nz](mailto:rob@quigleyandwatts.co.nz)

Salim Vohra  
Peter Brett Associated, UK  
[svohra@pba.co.uk](mailto:svohra@pba.co.uk)

Nuntana Sabrum  
Healthy Public Policy Foundation,  
Thailand  
[nuntana@hpp-hia.or.th](mailto:nuntana@hpp-hia.or.th)

Decharut Sukkumnud  
Healthy Public Policy Foundation,  
Thailand  
[decharut@plan.auc.dk](mailto:decharut@plan.auc.dk)