

Produce and Protect? Extractive Industry Tensions in a Sustainable Development Agenda

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Background: In order to achieve the Sustainable Development Goals the United Nations finds that three elements, economic growth, social inclusion and environmental protection, must be brought into coherence. Finding harmony in outcome among the UN's 17 stated goals offers a great challenge – considering just three: reduced inequality, direct efforts to ensure sustainable consumption and production patterns, and to protect, restore and promote sustainable use of terrestrial ecosystems, offer a significant test in and of itself. These three goals reveal vexing tensions and represent a compelling challenge for effective, public health informed governance of the extractive sector. Even as we attempt to protect associated social, cultural and health resources, dramatic examples of inequality endure as marginalized communities struggle to access the resources needed to lead healthy, secure lives.

Methods: Juxtaposing the imperatives of environmental preservation and economic development offers an opportunity to explore how spaces of exclusion are being created, perpetuated, or overcome in historically underserved and underserved regions in low, middle, and even high income countries. Governance tools, such as environmental, social and health impact assessments, impact and benefit agreements, and regulatory processes that require free, prior and informed consent, with their many opportunities and challenges, begin to offer more systematic, and hopefully just, approaches to the charting of these spaces. They also raise many questions, including about the role of equity, participation, adequacy of information, colonization, consent, growth, conflict, and perhaps most importantly – what does sustainable development actually mean in the 21st century? Literature reviews and preliminary case study research is used to explore these question across three sites.

Findings: Questions are considered and examples are drawn from work conducted in health impact assessment practices from the Southern Gobi region of Mongolia, impact benefit agreement processes in Northern Canada and Alaska, USA, and exploratory work in the Copper Belt region of Zambia.

Interpretation: This work explores whether and how sustainable consumption and protection of ecosystems might coexist, and what these concepts and their application mean for marginalized communities in low and middle income countries, or underserved regions of high income countries facing extractive industry development.

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Community Participation in Health: Factors Associated with Active Health Facility Committees in Nagaland, India

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Background: Community participation in health service delivery is a way to improve the accountability of providers, responsiveness of health services and quality of care. While community participation in health can take many forms, a common approach is to establish health committees where community members take an active role in health service provision. Existing reviews in low and middle-income country settings have concluded that factors associated with the health committee, the community they serve and the health facility they manage contribute to effective health committee performance. However, there are currently few quantitative studies that examine the relative impact of these factors. This study therefore examines factors associated with active health committees in Nagaland, India after committees were established at local health facilities under the statewide *Communitization of Public Services and Institutions Act*.

Methods: This study uses survey data collected from 97 purposively selected health facilities and 15 randomly selected households from a village within the catchment area of each facility. Bivariate and multiple logistic regression assess the likelihood of a health committee implementing an activity to improve health facility performance within the past 6 months in relation to features of the health committee, health facility and community.

Findings: Just over half of the health committees had implemented an activity to improve health facility performance within the six months preceding the survey. These committees most commonly implemented Village Health and Nutrition Days, provided drugs and made facility repairs. After controlling for features of the health facility, health committee and community, the odds of implementing an activity were greater if the health facility head was a member of the health committee and the health committee approved the annual budget for the facility.

Interpretation: Features of the health committee are critical to improve health facility performance, as having buy-in from health facility leadership and handing over financial oversight to the health committee increases the likelihood that a health committee takes action to improve services. These findings suggest that improving the leadership skills of the health facility head and the financial management skills of health committee members could lead to more active health committees, which could in turn improve health service delivery.

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