# Quality Analysis
of the HIA for the Sakhalin II Phase 2 Project

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1 Introduction

The present Analysis examines the quality of the Health Impact Assessment (HIA) Report for the Sakhalin Energy Investment Company (SEIC) Sakhalin II Phase 2 Project. This HIA report is part of Environmental, Social, and Health Impact Assessment (ESHIA).

The HIA report includes the results of evaluations, conclusions and proposed mitigation measures developed during the HIA workshop for Sakhalin Island health stakeholders which took place on 24-25 January, 2002, and which was based on previous baseline studies.

The goal of this Analysis is to assess the quality of the HIA Report, outline its main deficiencies, and give recommendations for improvements. This goal is achieved by quality analysis of the Report, applying the modified Lee and Colley (Lee et al. 1999) methodology for reviewing the quality of environmental statements and environmental appraisals.
2 Main Findings

The Sakhalin II Phase 2 Project HIA document is an extensive description of the health baseline, identified existing problems and potential problems associated with the project. However, the document does not provide solutions solving these problems. The outlined mitigation measures are not specific enough, and there is little proof that they will be applied and to what extent. There are no mitigation management and monitoring plans, which would ensure efficient application of mitigation measures and monitoring of their effects. There is no convincing commitment to carrying out mitigation measures and monitoring.

2.1 Communication of Results

The layout of the report enables the reader to find the information relatively quickly. Information is arranged logically and all information is properly referenced.

The executive summary is not of sufficient quality. It does not cover all main issues discussed in the main text, mitigation measures are not mentioned at all, and there is no mention of the methodology used in the assessment.

The whole HIA report is accessible and comprehensible to non-specialists. It contains a glossary, as well as list of acronyms and abbreviations. Appendices are cross-referenced from the text. Baseline information is presented in an extensive and unbiased manner, however this is not the case for the sections on impacts and mitigation measures.

There are elements of bias in the discussion of potential impacts from the project, and in the discussion of proposed mitigation measures. Also, the suggested mitigation measures are not supported with managing and monitoring plans, so that there is no proof of there proper implementation. Consequently, since the quality and extent of mitigation measures is not identified, there is no assessment of residual impacts. Also, the impact assessment addresses only the construction and operation phases, and not the decommissioning phase.

2.2 Baseline Conditions

The baseline data presented in the report is properly used and referenced. It is based on several previous baseline studies by local health specialists and from existing statistical data. However, there is no description of the situation development in case the project would not be implemented (zero alternative).
2.3 Methodology, Impact Identification and Evaluation

Impact magnitude and significance have not been discussed, only risk category is presented. Also, impacts are not described as deviations from the baseline state. Prediction of residual impacts has not been performed, due to an absence of concrete mitigation measures and action plans. The methodology for identification of health risks and impacts is described in Chapters 5 and 9. Impact assessment is outlined in Chapters 10 to 12.

First of all, in Chapter 5, one approach is announced, while in Chapter 9 there is an unclear introduction stating that 3 approaches, different from the one mentioned in chapter 5, were used. Subsequently, only one approach is described, namely, the Risk Assessment Matrix (RAM). From the following text, it is not possible to conclude exactly which are the other two approaches, and whether they were used or only proposed.

The risk assessment matrix is displayed in Figure 8 and it has risk rankings of Low, Medium, and High. However, impacts are not grouped into direct, indirect, secondary, cumulative, short, medium, long-term, permanent, temporary, positive and negative. There is also no impact assessment for non-standard operating conditions and accidents. Impacts are not described as deviation from baseline conditions.

The axes of the RAM are ‘Consequences’ and ‘Likelihood’ (or ‘Probability’). The combinations of these axes give resulting risk rankings, which are skewed. The borders between the resulting rankings should have been shifted one cell left and one cell up. For example, the combination of ‘Major health Effect’ (on the ‘Consequence for people’ axis) and ‘Happens several times per year in Shell Company’ (on the ‘Risk probability’ axis), should have resulted with ‘High Risk’ category, and not ‘Medium Risk’. These shifted resulting risk rankings could suggest elements of bias present in the HIA process.

The HIA team used the RAM in order to rank potential impacts, feeding it with data from the baseline surveys and opinions from the local health professionals collected during a 2-day HIA workshop. However, the general Sakhalin community was not consulted, which is left for an unspecified date in the future. This means that the HIA process was not subject to public participation.

Tables 13 to 17 present the risk results for each impact category. Column 6 in each table gives only final risk rankings, without information on separate axes (‘Consequences’ and ‘Likelihood’) rankings, which should have been provided and explained in order to provide credibility to risk predictions.

The impacts presented in tables 13 to 17 from Chapter 9 are discussed in detail in Chapter 10. However, the discussion contains mainly theoretical considerations. Again, only the final impact ranking is presented, without justification. Instead, the rankings for each axis should have been explained and justified, as well as the final rankings.
2.4 Alternatives and Mitigation

Alternatives have not been considered in the HIA document at all. There is no comparison between the chosen and zero alternative and their implications to the health situation on the Sakhalin Island. Also, at least two different possible health management schemes should have been proposed, assessed and compared.

The suggested mitigation measures are outlined in Tables 13 to 17 (Column 7) in Chapter 9, and discussed in Chapters 13 and 14. Most of the mitigation measures are passive measures, mainly of data tracking and, in some cases, health programmes assistance for local health staff. There is no evidence that there will be investments in local health infrastructure.

Also, the proposed mitigation measures are not specific enough. There are only general recommendations, in many instances without specifying timing, location, responsibility or other details, for carrying out these measures. Furthermore, there are no mitigation management and monitoring plans. Therefore, there is no convincing commitment to carrying out mitigation measures and monitoring, and no proof that the mitigation measures will be applied and to what extent.

In designing mitigation measures, public participation was completely omitted, and expert consultation was insufficient. The mitigation measures were devised by the SEIA HIA team, with little input from local health professionals, and no opportunity given to the public to provide their own views. It is promised that the mitigation measures “will be refined” after discussion with the community and Sakhalin Island health professionals, without specifying dates for possible discussions. These discussions should have been already performed, with results included in the present HIA document.

The health management plan has not yet been developed, and there are no explanations for possible reasons and no deadline set. It is admitted that “there is not enough detail to determine the best approach to take”, which leads to a conclusion that there is no strategy nor genuine intention to improve the local health infrastructure. The health management plan should have been completed and included in this HIA for public review. Without the health management plan, there is very little value in the HIA document.
3 Detailed Analysis

Chapter 1: Executive Summary

The executive summary is only two pages long. There is a short overview of the health situation on Sakhalin and a short overview of the impacts that may result from the project. It is also mentioned that SEIC could develop a health action plan in order to treat the issues raised in this report. The executive summary does not provide sufficient information to readers. No clear representation of the HIA report and the project itself can be inferred by reading only the executive summary.

It is stated that “close co-ordination with local authorities will be required to minimize some indirect impacts” without specifying whether and how would this coordination be realized. It is also stated that “depending on the approach taken to camp management, the spread of communicable diseases including hepatitis, sexually transmitted diseases (STDs), HIV and tuberculosis (TB) may increase between the workforce and camp followers”. The approach to camp management should have been defined in this HIA. It is admitted that “changes in the socio-economic circumstances for some population sectors may have a negative impact on the incidence of lifestyle-related diseases including drug and alcohol abuse”. It is claimed that “measures to mitigate negative effects will be developed and focus on supporting local programmes”. Also, “the approach to camp management will also play an important role in risk reduction” however, the approach to camp management should have been prescribed within this HIA.

Also, it is stated that “SEIC has an opportunity to develop and establish a strategic health management process” instead of giving provisions for a strategic health management process in this HIA. It is also said that this process would be “aimed at improving health status for both the project workforce and the host community”, however, there are no concrete provisions for improving the health of the non-workforce, since the “emphasis will be on co-operation and support of identified community health priority programmes rather than major upgrading of health infrastructure”. It is also said that a certain amount of investment will be needed by the company to upgrade emergency support at some hospitals, in order to ensure that emergency response facilities are adequate for Sakhalin Energy and that “these investments could be made together with other stakeholders and industry partners” without providing any concrete provision for this.

Finally, it is said that “SEIC will develop an action plan as a result of the HIA, which will be discussed and reviewed with stakeholders in the Sakhalin health community” without specifying timelines and responsibilities.
Chapter 3: Description of Project

Detailed project description is not given, because, as it is stated, it is part of environmental and social part of the ESHIA. However, there should have been a systematic division of project segments (‘assets’) in the HIA, which is not the case. There are two maps, which are not usable because of insufficient resolution. In Section 3.3: “Workforce and Changes in Population during construction phase”, estimates of the numbers of workforce are given for different aspects and different phases, however this is not systematic enough. There should have been a table with numbers of workforce for each asset and each phase of the project, as well as total numbers for each phase and for the complete project lifetime. The decommissioning phase is not taken into account at all. There is a graph representing workforce numbers between 2002 and 2006, which is not usable because there are no numbers indicated on the scale. From the graph it can be only inferred that the workforce numbers will be the highest in 2004-05.

Chapter 4: Scope of HIA for SEIC Phase 2 Development

Formal scoping has not been performed, and the important issues have been determined from a consultation with health stakeholders during a two-day workshop only. The HIA is addressing only construction and early commissioning and operation phases. The decommissioning phase is not considered.

The scoping workshop was held after a review of publicly available health information. Details about the workshop are provided in Appendix 6. However, this is only a short description of the workshop. Instead, there should have been the entire HIA workshop report provided in the HIA document. The workshop included 14 local health professionals, 6 local health professionals who participated in preparation of HIA baseline studies and workshop itself, and 3 SEIC health professionals. It is a question whether a 2-day workshop could provide enough time for all activities and topics discussed: Information Sharing, Health Data Revision, HIA Vignette (case-study), Health issue identification and prioritization, Lifestyle Issues Identification, and Stakeholders Identification. The HIA Vignette (case-study) was based on a one-page vignette describing a water reservoir project in China, instead of providing a geographically and sectorally more adequate example.

Chapter 5: Model for HIA

At first it is stated that the model described by the World Bank in “Environmental Assessment Sourcebook Update” was used. However, there is no reference on this model later in the text, in the relevant chapters. It is then stated that the impacts were assessed using a risk assessment matrix that is described in Section 9.2. As will be discussed in Chapter 9, this matrix is skewed. The resulting impact significances should be moved
one cell left and one cell up. For example, the combination of ‘Major health Effect’ (on the ‘Consequence for people’ axis) and ‘Happens several times per year in Shell Company’ (on the ‘Risk probability’ axis), results in ‘Medium Risk’, while it should belong to the ‘High Risk’ category.

Section 5.1.1 describes the Scoping process. The scope of the HIA was based on information from the Health Review Report, Health Sector Assessment, Atlas of environmental foci of transmissible infections of the Sakhalin region, Report of Environmental Engineering Surveys of the Oil and Gas Pipeline Route and Construction Sites of the Sakhalin II Project Infrastructure, Review and assessment of current sanitary and epidemiological conditions along the route of the pipeline and the construction sites for Sakhalin II project infrastructure facilities, Report on medical-environmental situation in Yuzhno-Sakhalinsk in connection with ambient air pollution. After these studies issues were identified, such as problems associated with a transition from the centrally planned National Health Service model of the RF to a system with more autonomy but less financial support, reliable drinking water supply, adequate sewage water treatment, adequate waste management, good food and medication, and high risk of infectious diseases.

Section 5.1.2 explains the Health Baseline Studies. SEIC commissioned several different Sakhalin Island health agencies to conduct three different baseline health studies: the Health data baseline study (Statistical report), the Island health infrastructure study (Sakhalin general health system report), and the Island community health survey (Survey of the health community professionals).

Section 5.1.5 discusses the Action Plan. It is stated that the action plan will be discussed and reviewed by the key health stakeholders and SEIC’s HIA team in 2003. The action plan should have been completed and included in this HIA for public review. Without the action plan, there is very little value in the HIA document alone.

Chapter 6: Stakeholder identification and consultation

Main stakeholders and process of identification is presented in this chapter. It has been performed in accordance with Company standards and shareholder standards. More comments on this issue are provided in the Quality Analysis of the Sakhalin II Phase 2 SIA document.

Chapter 7: Data sources and studies

The Health Data Baseline Study was conducted in 2001 and is a separate document, referenced from this report. The main data from the Study is included in the HIA document Appendix. All other documents that have been used are properly referenced
ass well. These documents include the Island Infrastructure Report, Island Community Health Survey, and the Sakhalin Regional Statistics Committee Report.

**Chapter 8: Baseline data**

All data sources are acknowledged and properly referenced. The main data is presented in the text in tables and graphs, which are well readable and properly referenced. The data concerns demography, disease incidence, healthcare infrastructure, health determinants and the outcomes of consultations.

In Section 8.13 on consultation outcomes, it is admitted that health professionals have concerns about the project’s potentially negative impacts, such as impacts on Sakhalin Island’s environment, e.g. in the LNG construction zone which is currently a recreational area for the Korsakov District, air and sea pollution, change of the pattern of disease rates due to the inflow of people to the region, as well as the increase in the rates of industrial injuries and occupational diseases. As a result, additional health facilities will be required, however, the Sakhalin Project does not envisage any investments of that kind.

**Chapter 9: Health issues and impacts**

This chapter describes the identification of health impacts and presents the used Risk Assessment Matrix (RAM) with risk rankings of Low, Medium, and High risk. However, impacts are not grouped into direct, indirect, secondary, cumulative, short, medium, long-term, permanent, temporary, positive and negative. There is also no impact assessment for non-standard operating conditions and accidents. Impacts are not described as deviation from baseline conditions.

The HIA team performed a review of available health data, collection of additional health information by health professionals on Sakhalin Island, and a joint health issue assessment during the HIA workshop, in order to identify and assess possible health impacts from the project.

Section 9.2 describes the health risk assessment process. Allegedly, three approaches were used. The first method is based on Birley (1995), where the changes in risk due to the project are determined, as unchanged, increased or lower. However, in the following text there is no evidence of the application of this method, since the risks are classified as low, moderate and high.

The second method used is the risk assessment matrix, displayed in Figure 8. This matrix is a tool developed by Shell, Sakhalin Energy’s main shareholder. The axes of the matrix are ‘Consequences’ and ‘Likelihood’ (or ‘Probability’). The ‘Consequences’ scale has values from zero to five, and it is used to indicate increasing severity based on potential
consequences. The horizontal ‘Likelihood’ axis allegedly provides estimates based on previous experience in similar projects.

The matrix is skewed. The whole thing should be moved one cell left and one cell up. As described above, the combination of ‘Major health Effect’ (on the ‘Consequence for people’ axis) and ‘Happens several times per year in Shell Company’ (on the ‘Risk probability’ axis), results in ‘Medium Risk’, while it should belong to the ‘High Risk’ category. It is the admitted that “the matrix does not clearly separate the potential impact from the risk of the actual impact occurring and the team incorporated both concepts to arrive at the risk assessment matrix (RAM) ranking”.

It is also admitted that “during the HIA workshop… the priorities were not assessed based on the Shell RAM or any other structured risk assessment approach, but rather… on participants’ experience and expectation of health priorities”. It is not explained how these findings were modified and incorporated into the RAM, except that it was performed by the SEIC HIA team. It is also stated that “further consultation between the Sakhalin Island health community, general community and the SEIC HIA team is expected to result in some assessment outcome changes”. However this should already have been performed and incorporated into the HIA. Otherwise, the whole impact assessment procedure is not valid, and the findings on impacts’ magnitude and significance are not valid. In other words, the HIA process was subject to expert consultation but not to public participation.

Also, it is said that the Russian health professionals “considered that the risk assessment should be quantitative using the Russian methodology”. However, it is not stated whether this was accepted or rejected and why. It is not clear whether this is the third approach mentioned at the beginning of section 9.2, or not. Related to these methodology uncertainties, it has to be mentioned that in Chapter 5, it is stated that the World Bank “Environmental Assessment Sourcebook Update” methodology was used. However, this methodology is not referenced further, neither in chapters 5 and 9, nor elsewhere.

In Section 9.3 on mitigation it is stated that the mitigation measures (Chapter 13) “are a combination of options generated during the HIA workshop and possible options identified by the SEIC team”. However, it is said that these measures will be refined after discussion with the community and Sakhalin Island health professionals, without specifying any dates for these possible discussions. These discussions should have been already performed, with results included in the present HIA document. This means that in the context of mitigation measures both public participation and expert consultation was omitted.

In this section it is also admitted that no estimate of residual impact has been made, without explaining the reasons for such an omission. However, after analyzing chapter 13 on Mitigation Measures it became obvious that with non-specific mitigation measures, and absence of a health action plan, it is simply impossible to estimate residual impacts.
Section 9.4 presents identification of health issues. Health issues are classified into five major areas, in tables 13 to 17. These areas / issues are: Changed disease spectrum (Table 13); Issues related to living conditions (Table 14); Changes in demand on infrastructure (Table 15); Logistics (Table 16); and General community health issues (Table 17).

Each table has 7 columns, that represent: 1) Health issue; 2) Risk groups; 3) Biophysical, social and economic factors; 4) Health service capability and capacity; 5) Project factors; 6) Risk matrix ranking; and 7) Recommended mitigation/sustainability measures. Column 6 - Risk matrix ranking, gives only the final ranking without providing the reader the information on how did the HIA team estimate the separate categories (axes) of Hazard rating and Probability. Column 7 - Recommended mitigation/sustainability measures, gives only general recommendations, in many instances without specifying timing, location, responsibility or other details, for carrying out measures.

Chapter 10: Assessment of construction (2002-2006) activity health impacts

The impacts presented in tables 13 to 17 from Chapter 9 are discussed in detail in chapter 10. However, the discussion contains mainly theoretical considerations. Again, the final impact ranking is presented only without justification, instead of presenting and explaining the ranking for each axis as well as the final ranking. There is no data presented, impacts are not described as deviations from the baseline state, there is no quantification of impact magnitude and significance.

In Section 10.2.1 on Sexually Transmitted Diseases, it is admitted that Russian employees will not be required to undergo HIV testing, since “it is not SEIC policy to test HIV status prior to employment”. It is also admitted that non-staff cases of STDs, which will increase because of the project, will place some additional burden on community resources. However, the HIA does not envisage mitigation measures that would increase the local medical infrastructure.

Section 10.3.3 Drugs and Alcohol states that “drug use associated with an increase in activities including prostitution is clearly a potential adverse impact of the Project… [and] a focused programme will be required to minimize the potential adverse impact”, however, there are no clear specifications about such a programme in the HIA.

Section 10.3.4 Housing and Living Conditions. It is admitted that the cost of housing is already rising in Yuzhno-Sakhalinsk and Korsakov Districts, which will affect those on fixed incomes and retired persons, especially those in rental accommodation and that “poor housing conditions have an adverse affect on health, especially on the incidence of diseases associated with crowded living conditions, e.g. Tuberculosis and scabies”. However there are no compensation mechanisms for these groups envisaged by the SEIC.
Section 10.5.2 Waste. It is stated that “this issue is addressed extensively in the EIA. A structured solid waste management plan (SWMP) has been prepared as part of the environmental mitigation measures. Consideration of medical contaminated waste, hazardous substance handling, radioactive waste and rodent management has been included in the plan”. However, the analysis of the EIA showed that the SWMP is not ready, and that at this stage, not even the locations of future hazardous and non-hazardous waste facilities are known.

Chapter 11: Summary tables
Tables 18 to 22 are repeating data from tables 13 to 17.

Chapter 12: Assessment of operation (post 2007) activity health impacts
Generally, most of the impacts will be reduced during the operation phase comparing to the construction phase, due to the reduced workforce numbers.

Chapter 13: Mitigation
Mitigation measures are listed for each identified impact. However, most of the mitigation measures are passive measures, mainly of data tracking and in some cases health programmes assistance for local health staff. However, there is no investing in local health infrastructure. Key performance indicators are identified, which will be used to assess the effectiveness of the mitigation measures. Residual impacts, however, have not been taken into consideration.

Detailed plans on how to perform mitigation measures are not presented, therefore, the commitment to mitigation is questionable. A management plan for health infrastructure has been mentioned, however, it has not been developed, therefore, there is no proof of commitment to mitigation and monitoring.

Section 13.1.1 Sexually Transmitted Diseases (STDs). The HIA envisages only supporting existing local measures aimed at reducing the incidence of STDs, such as: Joint review and update of community guidelines for STD prevention, assistance and support for the health community in improving STD programme management, STD surveillance and data management, assistance and support health leadership in the community and individual behaviour change intervention programmes. Also STD awareness as part of the company and contractor health education programmes will be applied, as well as provisions in the SEIC camp management policy. It is stated that the “effectiveness of the above measures can be determined by studying the monthly and annual STD incidence and prevalence statistics”. Instead of mentioning the possibility of monitoring the STD incidence, a detailed monitoring plan should have been designed, funded, and included in this HIA document.
Section 13.1.3 Hepatitis B and C. Mitigation measures for Hepatitis B and C include vaccination for all health staff and other at-risk groups only among Project personnel, however it does not include non-project medical staff and other local risk groups. Also, it is stated that “company generated, biologically contaminated waste [is] included in the company waste management plan”, however, the waste management plan does not exist as it can be seen from the EIA document.

Section 13.1.4 Tuberculosis only mentions that “a reduction in TB incidence can be effected by helping the local health authorities to develop a better TB management programme. There are no details provided about such an activity, nor is there funding envisaged.

In Section 13.2.6 on Waste Management and Sewerage it is again stated that “SEIC have prepared a comprehensive solid waste management plan as part of the environmental management plan” which does not correspond to the matter of facts. The plan is not ready nor is it known when it will be ready and available for public input.

Chapter 14: Management plan for health infrastructure

This section should have been the most important part of the HIA. However, the management plan has not yet been developed without any explication for the possible reasons. It is stated that it will be devised, but without specifying when. It is also stated that “SEIC… needs to further evaluate detailed requirements for employee healthcare, focusing on existing standards of clinical care as well as equipment and training of medical and paramedical staff”. Allegedly “at present there is not enough detail to determine the best approach to take, although it is apparent that the company will need to support some development in emergency care within the Sakhalin healthcare system to meet company standards”. It is clear from this that there exists no strategy, vision, incentive, or genuine intention for improving the local health infrastructure.

Chapter 15: Summary of health issues on Sakhalin Island

This is only a half page summary, which could belong to the conclusion or executive summary. As separate chapter, it is unnecessary.

Chapter 16: Conclusions and recommendations

Positive and negative impacts are summarized. It has been concluded that there will be no major adverse impacts to the health, and only weak and general recommendations have been given (to co-operate with local authorities; to manage camps properly; and to
co-operate with stakeholders), instead of concrete mitigation management and monitoring plans.

In section 16.1 on health impacts, it is admitted that there will be an “increase in the population is anticipated to increase demand on an already stretched healthcare system”. However, the HIA does not envisage any investment into local healthcare infrastructure as a compensation measure. It is also admitted that “the spread of communicable disease may increase between the workforce and camp followers” depending on work-camp management, however there are no recommendations regarding this issue in the HIA.

It is also recognized that the project will “render food and housing less affordable for those on fixed incomes and the unemployed… [which] could lead to a reduction in the standard of health for these sectors, as inflation means that healthcare becomes less affordable”. However, no compensation measures are envisaged for those groups.

Section 16.2 on monitoring of performance levels it is admitted that “the challenge will be to collect accurate data and to determine the degree of change that can be attributed to Project activity”. However, there are no measures proposed in order to reduce the degree of this uncertainty.
4 Conclusions and Recommendations

Although it contains extensive health baseline data, the Health Impact Assessment (HIA) Report for the Sakhalin II Phase 2 project, cannot be considered to be of sufficient quality. The HIA Report, could be improved in a number of areas: Alternatives should have been identified and discussed. All direct, indirect, secondary, cumulative, short, medium and long-term, permanent and temporary impacts should be identified and described as deviation from the baseline state. The impacts should be identified for design operating conditions however, also for non-standard operating conditions and accidents, and for all stages of the project. Proper active mitigation measures should have been identified, with completed management and monitoring plans included in the HIA document. Effectiveness of mitigation measures should have been identified. The residual impacts remaining after mitigation should have been identified and described.