

ZEF

Bonn 2010

Working
Paper
Series

56

Center for Development
Research

Department of
Political and
Cultural Change

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Water Pollution and Human Health

Transdisciplinary Research on Risk
Governance in a Complex Society


universität**bonn**



Zentrum für Entwicklungsforschung
Center for Development Research

ISSN 1864-6638

ZEF Working Paper Series, ISSN 1864-6638
Department of Political and Cultural Change
Center for Development Research, University of Bonn
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Water Pollution and Human Health

Transdisciplinary Research on Risk Governance in a Complex Society

Saravanan V.S. and Peter P. Mollinga

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Abstract

Increasing population, geological factors, rapid urbanisation, agricultural developments, global markets, industrial development and poor wastewater regulation have affected the quantity and the quality of water. These activities have not only exhausted existing water resources, but also have triggered contamination of water by naturally occurring toxic minerals (fluoride, nitrate and arsenic), and have caused chemical pollution affecting human health and the environment. Water pollution is intricately linked with a number of sub-systems of urbanisation, agricultural activity, food security, and human health, making it a complex system responding to stimuli in various sub-systems. Complexity, non-linearity and interactions across multiple scales are compounded by the interplay of social, political and technological processes.

ZEF's research programme on 'water and health' aims to examine the complex ways in which local and global forces influence water pollution and human health through a comprehensive and integrated perspective. 'Comprehensive' and 'integrated' approaches represent a sequential combination, in which comprehensive assessment helps to understand the openness of the system and the diversity of actors and components that interact within the system, while an integrative perspective helps in understanding how the interaction of the key components exhibits self-organisation capacity, making the system a complex adaptive system. This approach helps to consciously design rules, and at the same time, build capacity of human entities to design rules, to manage risk posed by water pollutants. This is vital for prevention of diseases, for human well-being, and, more importantly, for alleviation of poverty.

The presented research framework identifies four phases of risk governance. The first two phases – risk assessment and risk impact, generate and collect information on risk, while the latter two phases – risk strategies and risk adaptation, offer insights on the decision-making strategies to risk mitigation. The risk governance framework proposes transdisciplinary research on human health by engaging with non-academic stakeholders in the research design and dissemination of the research findings. The research seeks to make substantial and innovative contributions in the field of global change and human health research.

Keywords:

water pollution, human health, complexity, risk, governance

1 Introduction

Sustainable use of water resources has come under increasing stress in recent decades. Globally, the availability of water per person has declined markedly (MEA, 2005) with over a billion people lacking access to safe water supplies and 2.6 billion people lacking adequate sanitation. Most basic needs and livelihood activities depend on the availability of fresh water. With its availability becoming scarcer, water is becoming critical to meet the basic needs and support livelihood requirements for environmental management and for alleviation of poverty. Increasing population, geological factors, rapid urbanisation, agricultural developments, global markets, industrial development and poor wastewater regulation have affected the quantity and the quality of water. These activities have not only exhausted existing water resources, but have also triggered contamination of water by naturally occurring toxic minerals (fluoride, nitrate and arsenic), and have caused chemical pollution affecting human health and the environment.

This 'water pollution and health' scenario is further complicated by the rapid evolution of water-related pathogens as they interact with socio-ecology. The evolutionary 'trial and error' approach of pathogens not only defeats the most carefully thought out human defence strategies, but also gives rise to new human pathogens. This is known as zoonosis: non-human viruses cross the species barrier (Woolhouse, 2002). The emergence and re-emergence of pathogens illustrates the intimate intertwining of disease dynamics with socio-political, economic, ecological and demographic change (Bloom et al., 2007). This confronts contemporary stable institutions and standard health interventions. Complexity, non-linearity and interactions across multiple scales are compounded by the interplay of social, political and technological processes. Understanding the complex ways in which local and global forces influence water pollution and human health is a challenge. These complex linkages are the focus of ZEF's 'water pollution and human health' research. Understanding the complexity is vital for prevention of diseases, for human well-being, and, more importantly, for alleviation of poverty.

ZEF's research on water pollution and health aims at designing policies and strategies to develop efficient public health care schemes to improve human health for sustainable development (ZEF, 2007:20). It has four objectives:

1. understand the linkage between global environmental change and public health;
2. build the capacity of the public sector institutions to address the growing challenge from global environmental change;
3. build capacity as a centre of excellence for transdisciplinary public health research and be in the forefront of public health research;
4. build capacity of regional institutions in public health research to advocate policy change in their respective countries.

ZEF research will focus on the entire population ranging from local neighbourhood to as big as an entire country, where it attempts to protect and improve health through a comprehensive approach - this in contrast to clinical professionals primarily treating individuals after they become sick or injured. This 'public health' perspective will help to improve the health and well-being of people in local communities and across nations, with special focus on vulnerable and marginal sections of the population. (<http://www.whatispublichealth.org/what/index.html> accessed 15 September 2007).

2 Water Pollution in a Complex Society – A Conceptual Framework

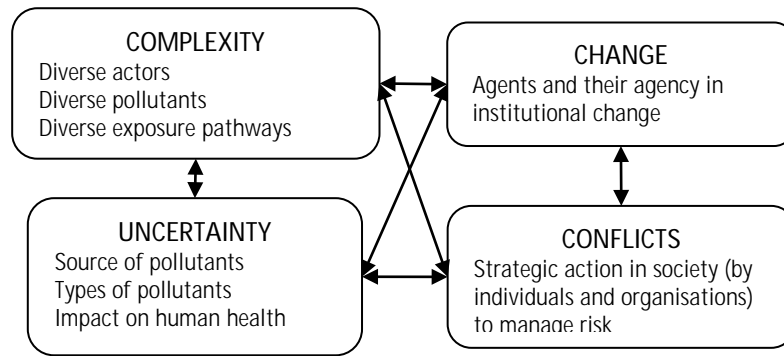
Water pollution can be defined as the excessive presence of chemical, physical or biological substances (pollutants) in water due to human activities with a harmful effect on humans and their environment. These pollutants take various forms. The broad classes of pollution are the following.

1. Water transmitted diseases from pathogens: diseases transmitted by microbial viruses, bacteria, and other parasites through water; bacteria, viruses, protozoa and parasitic worms that enter sewage systems and/or thrive on fresh water.
2. Pollution from domestic wastewater: domestic wastewater from residential regions demands oxygen-requiring bacteria to degrade the waste into organic compounds; when there is excess wastewater it depletes the oxygen level in the water causing other organisms in the water, such as fish, vegetation and other microbes to die.
3. Chemical pollution: from agriculture, use of fossil fuel (in transport systems) and industrial activities discharging acids, oil, pesticides, salts and toxic metals; large quantities of these compounds will make water unfit to drink and will cause the death of human and aquatic life; water-soluble nitrates and phosphates (from agricultural fertiliser) can cause excessive growth of algae and other water plants, which deplete the water's oxygen supply and can kill fish; when found in drinking water these substances can kill young children.
4. Geogenic pollution: Excess fluoride, arsenic and nitrate in drinking water and water used for domestic purpose have caused serious public health problems in South Asia and Latin America (Kundzewicz, et al, 2007; Magrin et al., 2007). There are a number of contradictory accounts on the origin, exposure to and its dimension on the socio-cultural and institutional impact. Research should be directed towards understanding their contamination route to water sources, different forms of their exposures on humans and in developing adaptive response from the existing institutional arrangements.

Water pollution has emerged as a major public health concern as a result of man-made and environmental changes at local and global scales. These developments are a multi-layered process, questioning the existence of a linear relationship between pollutants and their human impact. McMichael sums up this point by emphasising (in his conversation with Shetty, 2006:21) that most of the contemporary attempts at controlling water pollution related health problems are "attuned to simple high-school models of science, with clear-cut cause-effect relationships, most of us are yet to grasp the risks to human societies and health from these escalating changes to the world's complex non-linear systems, whether climate system or ecosystems". Water pollution is intricately linked with a number of sub-systems of urbanisation, agricultural activity, food security, and human health, making it a complex system responding to stimuli in various sub-systems (McMichael, 2001; Label, 2003).

There are two basic interpretations for unravelling the systems perspective. The first takes a comprehensive view that a broad array of variables and their interrelationships should be examined (this draws on Emory Roe (1998) and the collection of papers in *Ecology and Society*, volume 4, number 2). The second takes an integrative view by suggesting that the complexity of living systems of people and nature emerges, not from a random association of a large number of interacting factors, but rather from a smaller number of controlling processes (Holling, 2001). These processes establish a persistent template upon which a host of other variables exercise their influence. Such 'subsidiary' variables or factors can be interesting, relevant, and important, but they exist at the whim of the critical controlling factors or variables (Holling, 2001). These 'comprehensive' and 'integrated' approaches do not represent alternative views, but may be thought to represent a sequential combination: comprehensive assessment helps to understand the openness of the system and the diversity of actors and components that interact within the system, while an integrative perspective helps in understanding how the interaction of the key components that exhibits self-organisation capacity, making the system a complex adaptive system (Railsback, 2001; Mitchell, 2005).

Figure 1. Water pollution and health as a complex adaptive system



Note: The system is influenced by local and global forces at any point of time, thus leading to punctuation in the system.

The complex adaptive system consists of four inter-related properties characterising its structure dynamics – complexity, uncertainty, conflicts and change (Mitchell, 1997) (see figure 1). The diversity of actors discharging diverse pollutants affects human health through multiple pathways, making for ontological complexity of the system. This interacts with demographic, socio-cultural, economic, and other regional factors that have differential impact on human individuals and their environment, and which are not completely understood. Often this results in considerable uncertainty in which decisions have to be taken. With incomplete and imperfect understanding, human entities (individuals and organisations) develop strategic action, often resulting in competing claims and demands over water pollution. These conflicts are facilitated (or constrained) by socially or institutionally distinct agents, who attempt to change (policies and programmes) the existing institutional arrangements and bio-physical environment (through technology or other means). These changes are not always perfect or efficient, but the system has the capacity to self-organise, leading to back to complexity. The interaction among these properties is not cyclic in the sense of the system returning back to or revolving around a certain state in response to water pollution and health events. It is cyclic in the sense of emergent - the complex ebb and flow of the events through multi-scale interactions with unexpected behaviour generates 'structural elaboration' (Archer 1995), that is, the system is characterised by self-organisation and adaptiveness.

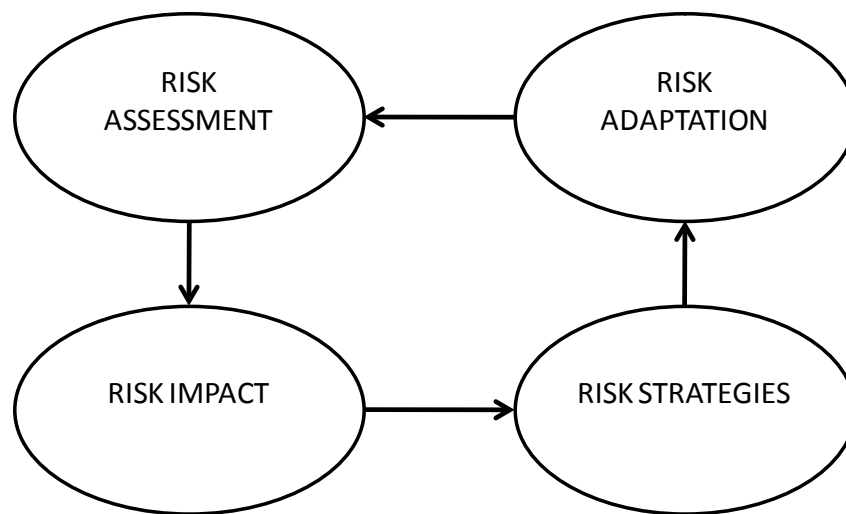
The fact that we live in a society of complex adaptive systems, means we live in a 'risk society' (Beck, 1992). The concept of 'risk society' does not want to imply that the world is more hazardous than linear, closed system perspectives suggest. Rather, it recognises a "modern approach to foresee and control the future consequences of human actions" (Giddens, 1999:3-4) by adapting to risks rather than assuming they can be eliminated or fully controlled. The aim of ZEF's research on water pollution and health is to understand the risk posed by water pollutants on human health and the environment. This will help in governing risk to sustain livelihoods of the deprived sections of the population in the urban and peri-urban zones, in the context of growing urbanisation, industrialisation and increasing population.

3 Risk Governance in a Complex Society

The World Health Report (2002) argues that focusing on risks to health is the key to prevention, as much of the scientific effort and most health resources today are directed towards treating disease. With roots in environmental risk assessment, research on health risk has gained prominence in recent decades to comprehensively understand the ability of a society to take risk in a responsible way. Risk governance aims to consciously design rules, and at the same time build capacity of human entities to design rules to manage risk posed by water pollutants in order to sustain the livelihood of people, in the context of growing challenges from local and global environmental change. This requires a comprehensive understanding of risk posed by water pollutants on human health by identifying the pathways of risk assessment, understanding the impacts of the water pollutants, and analysing the diverse set of strategies adopted by human entities involved in bringing change in the existing institutions and bio-

physical resources. The research framework identifies four phases of risk governance research¹ (see figure 2).

Figure 2. Phases of risk governance research



The first two phases – risk assessment and risk impact – generate and collect information on risk, while the latter two phases – risk strategies and risk adaptation – offer insights on the decision-making strategies for risk mitigation.

Understanding the integrated nature of risk governance in water and health requires moving beyond an interdisciplinary mode of research towards transdisciplinary research on human health. A transdisciplinary approach goes beyond disciplinary boundaries by engaging with non-academic stakeholders (Mollinga, 2008). The approach is appropriate as it provides a comprehensive perspective and involves stakeholders in the research design and dissemination of the research findings. Transdisciplinary approach integrates different forms of knowledge existing at various levels, not limited to expert opinion (Ramadier, 2004). However, the approach offers number of challenges for the research community. Pohl (2005) and Antrop and Rogge (2006) encountered unclear and shifting objectives of the research team, lack of common language, and more importantly, pressure to produce less practically usable but more academically prestigious results.

A transdisciplinary perspective is important for defining the incidence of diseases, understanding the diverse perspectives (not only scientific understanding) and to understand how the system interacts through a number of pathways influencing water and health (Mollinga, 2008). ZEF's research will adopt diverse research methods depending on the context and apply different modelling software (for example GIS-based and Bayesian network approaches) for understanding the complex linkages between water pollution and human health.

3.1 Risk Assessment – Complexity of Pathways

The analysis of risk assessment involves the documenting of material exposure and analysing the social risk perception of individuals and organisation. The first examines the exposure pathways that individuals and society face in the event of the water pollution. What are the different forms of exposure that individuals and society experience, and how? The second examines the perception pathways of the individuals and societies to the risk posed by these pollutants. What are the different perceptions of individuals and society in view of the pollutants in their environment? How have these evolved?

Understanding exposure is a key element in the ability of a society to assess the risk posed by water pollutants. Exposure is defined as "the contact at one or more boundaries (e.g. mouth and skin) between

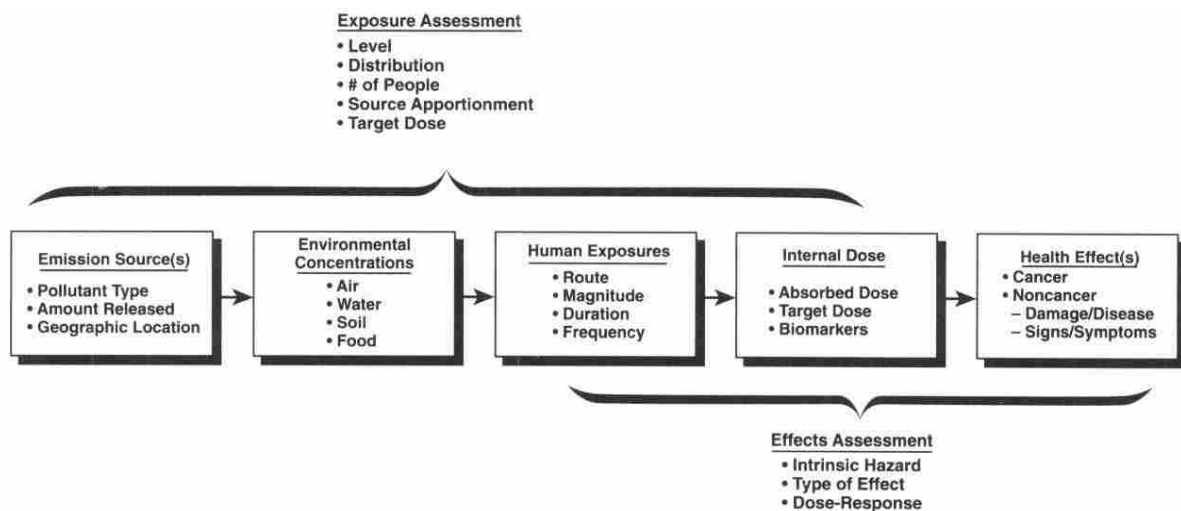
¹ In recent years, the International Risk Governance Council (IRGC, 2005; 2007) has developed a risk governance framework drawing from the sociological perspective for understanding of risk (see Renn, 2008 for details).

human and a contaminant(s) at a specific concentration(s) for a period of time” (Lioy, 1990). The exposure pathway starts from release of pollutants into the environment, to a concentration of the pollutants in one or more environmental media, to actual human exposure, to internal or delivered dose, and ultimately to environmentally induced disease and injury (Sexton, et al., 1992). Exposure has four aspects:

1. Route – do exposures occur by inhalation, ingestion, dermal contacts and injection or a combination of these?
2. Magnitude – what is the pollutant concentration (e.g., parts per million, micrograms per cubic meter, milligrams per litre)?
3. Duration- what is the duration of exposures- minutes, hours, days, and lifetimes?
4. Frequency – how often do exposures occur – daily, weekly, monthly or seasonal?

Briggs (2003) argues that there is no single source of pollutants causing exposure to health effects; we are exposed to multiple mixes of pollutants, often derived from different sources, some of which may have additive or synergistic effects. Further, these forms of exposures are related to human behaviour, and social, cultural, demographic and economic factors. The myriad ways in which these factors influence and interact with environmental conditions, exposures, human susceptibility and health outcome, questions the effect of environment per se. It is this combination of material risk and the socio-cultural dimensions that contribute to risk assessment. Sexton et al. (1992) conceptualise a series of events (figure 3) that helps our understanding on the material risk associated with water pollution. Evaluating the health risks associated with pollutants is composed of two primary activities: (1) exposure assessment, and (2) effects assessment.

Figure 3. Relationship of exposure assessment and effects assessment



Source: Sexton et al., 1992:399

Exposure assessment evaluates the initial portion of the event chain, while the health effects assessment focuses on the final portion of the event sequence, i.e., exposure, dose and adverse effects. The goals of the latter evaluation will be twofold: a) determine the intrinsic health hazards associated with the pollutant; and b) quantification of the relationship between exposure and health effects in human populations. Understanding or establishing the link between pollution sources, human exposures and adverse health effects will provide insights for establishing governance arrangements to protect against harmful consequences of pollution (Sexton et al., 1992). The conceptual framework of emission source to health effects informs the passage of pollutants towards health impacts, and offers a framework to map the effect of human behaviours, and social, cultural, demographic and economic factors that influence risk perception.

Pathways of social perception are based on the exposure to the events and the ability of the society (individual and groups of individual) to amplify or attenuate a risk. It is not a simplistic process. Kaspersen et al. (1988) argue in their social amplification of risk framework (SARF) that it is a dynamic process. In this process certain hazards and events that experts assess as relatively low in risk can be

amplified, while others that experts judge as most serious get less attention from society (they are attenuated) The amplification of risk occurs at two stages: a) in the transfer of information about the risk, and b) in the response mechanisms of the society. Amplification denotes the phenomenon by which information processes, institutional structures, social group behaviour, and individual responses shape the social experiences of risk, thereby contributing to risk consequences. The interaction reveals that the information systems and characteristics of public response that compose social amplification are essential elements in determining the nature and magnitude of risk. The starting point of the social amplification of risk framework (SARF) is that 'risk events' which might include actual or hypothesized accidents and incidents will be largely irrelevant or localized in their impacts unless human beings observe and communicate them to others. The key part of this communication holds that risk and risk events and the characteristics of both become portrayed through various risk signals (images, signs, and symbols). These risk signals interact with individual and social amplification stations, which in turn affect institutional and social behaviour, creating ripple effects in the society and its subsequent impacts (Kasperson et al., 2003). The framework demonstrates the importance of the social construct to acquire or create interpretations of risks.

This SARF framework has a number of areas that require improvement in order to make it relevant for public policy. First, the framework represent a simplistic one-way transfer of information – from risk events, and sources, through transmitters and then on to receivers. Pidgeon et al. (1992) argue that social risk perception is an interactive process. Second, Breakwell and Barnett (2003) observe that social amplification and attenuation processes are complex dynamic social phenomena. They suggest a 'layering' method as an integrative and multidimensional technique for collecting data and identifying relevant relationships. Third, the framework has focused more on the views of individuals, rather than on organisations that are responsible for managing risk, and on the larger societal context. Fourth, the framework is suitable for general analysis rather than specific analysis of particular (water pollution and health) events. Fifth, the framework does not itself address many of the process underlying the risk communication. Sixth, risk is not only a result of the social construct, but also is a material construct, and it is the interaction between these that constitutes risk. Finally, the framework could be amended to offer insight in understanding the process behind individual and societal amplification (and attenuation) of risk. Social perceptions are intertwined combinations of the attitudes of individuals (socio-cultural and economic factors) and behaviour of the existing institutions (media, public and private organisations). Understanding these complex sets of factors will offer insights on the role of existing governance arrangements and social and cultural factors in shaping perception of risk posed by water pollution.

3.2 Risk Impact – Understanding Uncertainties

Different exposures and risk perceptions contribute to differential impact on human health (individually and communally, over space and time). The complexity of exposures and assessments contributes to a situation in which decisions have to be taken in the face of considerable uncertainty due to incomplete and imperfect understanding of the impact. Assessing the impacts requires placing health at the centre-stage to identify risks for different sections of the society that are measurable, risks that we know but are not measurable, risks that we are ignorant about, and risks that we cannot determine. Health impact assessment (HIA) has emerged as a discipline developing decision-support tools to predict the future consequences of implementing different activities and policies on health (Kemm, 2005). The most widely quoted definition of HIA is "a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population" (ECHP, 1999:4). This approach primarily views health impact as a result of the causal influence of policies, programmes or projects, but rarely reflects McMichael's (2001) 'health as an integrated index'.

Health is an integrated index of social, physical, institutional and political factors. Human health is not only an individual entity influenced by biological functioning of the human body, the presence of genes, humans' nutritional status, and their life history, but also is a collective property of a population (McMichael, 2001), where the circumstances, experiences and dynamics of the groups and populations plays an equally important role. In addition to this individual and collective property aspect, human

health is also influenced by the evolution of pathogens, which increases the resistance capacity of infectious diseases leading to their emergence and re-emergence. This makes the linkage between water pollution and human health a complex and contingent process (Briggs, 2003). The complex linkage between water pollution and human health is highly interdependent, non-linear, and context specific. This calls for a more complex and dynamic perspective on human-disease-ecological systems, in contrast to the simplistic linear pathways of impact assessments. However, this offers two major challenges for the public research community. First, they need to go beyond their professional boundaries and paradigms, and second, move beyond examining local and global to a more integrated global-local interface (McMichael, 2006). Assessing the impact of water pollution on human entities and their environment will help in identifying measurable risks, uncertain risks (that we know will affect humans but are uncertain), risks that we are ignorant about and, risks that we cannot determine at all. This will help in influencing medical and institutional decisions in the face of considerable uncertainty, as it is not realistic to wait until analysts develop the depth of understanding that we would like to have before committing ourselves to a path of action.

3.3 Risk Strategies

The differential risks for human health and the environment often leads to differential strategic actions to overcome competing claims and demands over water resources. These actions range from citizen control through consensus to non-participation, and may lead to conflicts (Arnstein, 1969). These strategic actions have rationality of their own and analysing them is important to understand the causes or factors behind the action. How do responses depend on how individuals and society perceive uncertainties about water pollution? How do risk-related cognitions and emotions influence uncertainties, and what roles do socio-demographic and contextual factors, risk judgement and information exposures play in this differential action and why?

Griffin et al. (1999) developed the risk information seeking and processing (RISP) model. The model integrates the heuristic-systematic processing model and the theory of planned behaviour to examine how people differentially react to risk information. The RISP model postulates that the gap between what people know and what they perceive they need to know (information sufficiency) will influence information processing (i.e., heuristic or systematic) and information seeking (i.e., active, routine, avoidance) behaviours. In turn, information sufficiency is predicted by affective responses to a risk and beliefs about what others think they should know about the risk. Bennett (1999) reveals that trust, fright factors, values, risk comparisons and understanding the probability of risks have an important bearing on actions. Langford et al. (1999) draw on cultural theory to analyse strategic actions depending on understanding of the health risk. Though these models offer explanatory power, they have a limited use to structure or restructure existing institutions and their functions to govern risk.

3.4 Risk Adaptation

The strategic action of individuals and society are carried and promoted by socially or institutionally distinct agents (Strydom, 2008) to adapt to the inadequacy of existing resources and institutional arrangements. These agents, who mutually recognise the risk, embody different risk perception and risk management strategies in accordance with distinct modes of engagement with the world. These agents make sense of and act upon a risk in multi-levelled network in and through which incoming information about a given risk reality is processed in a socially distributed way (Strydom, 2008). Occupying different positions yet parallel to one another, each of the participating agents frames and communicates the mutually recognised risk in their own way. Thereby agents activate resonance structures which allow responses in the form of feedback of one kind or another as well as connections to be forged. In doing so, each of them contribute to the way in which the risk becomes collectively classified, understood and dealt with.

Social theorists like Giddens and Archer have provided significant insights towards understanding agents and their emergence. Agents for Giddens (1984:xxii) are individuals, who have as "an inherent aspect of what they do, the capacity to understand what they do while they do it". They possess 'transformative

capacity' (1984:15), which is another way of saying they possess power. The transformative capacity emerges as a result of routinization, a basic element of day-to-day social activity and fundamental concept of structuration theory, where structural properties (rules and resources) are constantly recreated out of these resources (Giddens, 1984:xxiii). Archer (2003:118) recognises agents as individuals, but argues that there are "collectivities sharing the same life-chances' (emphasis as in original). Following Giddens (1984) she recognises the role of structures, as agents are born within them and inherit their agency from them (Archer, 2000:262, cited in Llewellyn, 2007). These agents 'are people with a project' (Sayer, 1992:119; Archer, 2003:2-3, cited in Llewellyn, 2007:134), pursuing a common goal. Prospects to understand the adaptive management of risks in practice, requires examining agents and their agency. Facilitating the adaptive management practice of agents if combined with the institutional analysis approach of Ostrom (1990) will help in identifying institutions and their differential role in facilitating (or constraining) change for a sustainable future.

Examining risk in a comprehensive manner, as risk assessment, risk impacts, risk strategies and risk adaptation will offer insights for comprehensive intervention strategies. Assessing risk will examine past practices, global and local actors, and socio-ecological changes that have led to the complexity of water pollutants and their impact on human health. Impact analysis will enhance understanding of different forms of uncertainty due to water pollutants and their impact, the vulnerable social groups affected by water pollution and lacunae in development programmes in addressing water pollution. Analysing risk strategies will enhance interventions to build capacity of organisations and individuals in overcoming health impact. Adaptiveness to risk will enhance interventions to facilitate (or constrain) change for a sustainable future of public health. Overall this will enhance the capacity of public agencies to design rules and build capacity of actors to adapt and integrate rules for governing risk for sustainable public health. Some of the key issues and themes for research on public health that are useful to advance further are given in table 1.

Table 1. Themes for research

RESEARCH PHASE	RESEARCH ISSUES	RESEARCH THEMES
RISK ASSESSMENT	<p>Material Risk</p> <ul style="list-style-type: none"> • Source of pollutants (activities) • Causes of pollutants (social institutional and ecological) • Process involved in its contamination, and their inter-linkages. • Forms of exposures (human and environmental) <p>Social Risk</p> <ul style="list-style-type: none"> • Factors driving different forms of exposures. • Factors contributing to different risk perceptions and their inter-linkages. 	<ul style="list-style-type: none"> • BIOMES AND HUMAN ACTIVITIES • EXPOSURE MAPPING • RISK PERCEPTION ANALYSIS • PROBLEM ANALYSIS
RISK IMPACT	<ul style="list-style-type: none"> • Impact of exposures on human health. • Differential impact of pollutants on human and environment. • Policies and programmes contributing to these differences. • Socio-cultural, demographic and Institutional factors facilitating (or constraining) the impact. 	<ul style="list-style-type: none"> • EPIDEMIOLOGY OF HUMAN HEALTH • HEALTH IMPACT ANALYSIS
RISK STRATEGIES	<ul style="list-style-type: none"> • Existence of different strategies to address pollution. <ul style="list-style-type: none"> Organisational strategies Technical strategies Socio-cultural strategies • Legislation, economics and socio-cultural factors facilitating strategies. 	<ul style="list-style-type: none"> • CAPABILITY ANALYSIS
RISK ADAPTIVENESS	<p>Agents and agency involved in adaptive management.</p> <p>Socio-economic, cultural and Institutional factors facilitating or constraining them.</p>	<ul style="list-style-type: none"> • ADAPTIVE CAPACITY • AGENCY

Gaining knowledge on the different phases of risk governance will enhance the capacity to govern risk posed by water pollution, to alleviate poverty and at the same time to add to effective resource management. A comprehensive analysis of risk governance should offer insights for necessary changes in the prevailing governance arrangements for the modern state to be effective in delivering development and security (Fritz and Menocal, 2007:532). In specific, it will offer insights for enhancing the developmental role of the state for consciously designing rules, and at the same time, facilitate building capacity of organisations to design rules for managing risk. This embraces the state as a network of authoritative institutions that makes and enforces top-level decisions throughout a territorially defined political entity (Chesterman et al, 2005).

4 Towards a Research Programme

ZEF's research on water pollution and health plans to comprehensively investigate the risks posed by water pollution to human health in five broad research areas, coinciding with five broad factors contributing to water pollution, in low-resource countries.

1. Adaptive Responses to Water-borne and Vector-borne Diseases: Research to develop adaptive responses through epidemiological studies to understand the relationship between human behaviour and health outcomes, applying GIS-based risk mapping and multi-agent modelling to project water-borne and vector-borne diseases, institutional analysis and means to facilitate adaptive response.
2. Urbanisation, Agriculture and Human Health - Examining the Complexity of Linkages: Wastewater irrigation has been practiced in many countries around the world, especially in growing economies, placing its growing population in urban and peri-urban region at risk. Research to examine the inter-linkages among these diverse sets of factors to: gain insights for sound legal and regulatory frameworks, offer in-depth understanding of the factors that drive farmers to (re)use wastewater, provide directions for effective public health protection and maintenance of environmental quality.
3. Globalisation and Human Health: Industries, especially small-scale industries are emerging as one of the major consumers of water resources, combined with poor urban and regional planning to dispose large quantities of chemically polluted wastewater. Research to analyse the global forces and their interaction with local and regional factors impacting on human health, central for the development of adaptive management strategies for industrial pollution.
4. Adaptive Responses to Geogenic Pollution: Excess fluoride, arsenic and nitrate in drinking water and water used for domestic purposes have caused serious public health problems in South Asia and Latin America. There are a number of contradictory accounts on the origin, exposure to and the socio-cultural and institutional impact dimension. Research to be directed towards understanding the contamination route to water sources, different forms of exposures on humans and towards developing adaptive responses from the existing institutional arrangements.
5. Global Environmental Change and Human Health: One of the most evident and adverse effects of global environmental change has been the development of waterlogging and salinity on agricultural land of the Indo-Gangetic Plains (India-Bangladesh). The research will examine the linkages between human and natural causes of land degradation and the impact of saline drinking water sources on human health.

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Acknowledgements

An earlier draft of this paper was presented at the Senate Committee on Water Research of the German Research Foundation (DFG) on 10th October 2008; IHDP Open Meeting 26-30th April 2009, and at the Workshop on Human Health and Environment at the Department of Geography, University of Bonn. The comments received from these gatherings are gratefully acknowledged. The usual disclaimers apply.

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