

# The Hong Kong Review of Air Quality Objectives, 2007

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# Background

- A consultancy study was commissioned in June 2007 by the Hong Kong Environmental Protection Department (EPD) to review the Air Quality Objectives and to recommend a long-term air quality strategy;
- Study takes 18 months to finish;
- A consultancy company (with no track record of air pollution studies) was awarded the contract;
- An advisory panel appointed to oversee the progress and advise;
- Panel comprises EPD staff (8), other government officials (3), members representing 'stake holders' - power companies (2), transport trade (2), district board representatives, air pollution researchers (4, with 2 health professionals), and several others including business and environmentalists.

# Focus of Study

- The consultants focused on first on control strategies, short-term, median-term and long-term measures, cost-benefit analysis, ....
- The rationale of setting Air Quality Objectives, the guiding principles, standards used in other countries, etc. were not discussed;
- The Chief Executive of Hong Kong in his policy address in mid-October 2008, pre-empted that government would 'consider' the adoption of the WHO AQG as the future AQO of Hong Kong, before the Advisory panel even discussed the issue.
- In the policy agenda, it was stated that the WHO AQG meant the WHO Interim target-1.

# Horse-trading?

- Some (vocal) members of the Advisory Panel expressed their discontent to all others, strongly denouncing this policy.
- They were approached and the government's position was explained:
  - The AQO has to be achievable; the WHO AQG is perceived as unattainable in the short-, median and long-run;
  - It (Government?) looks too bad if the % of days the AQO is breached is too high;
  - Too stringent an AQO would jeopardize funding application for air pollution control since any such measure would be perceived by the people controlling the purse as being ineffective in making any impact on reducing the % of days AQO is exceeded;

# Questions?

- Why did government not uphold the principle that AQOs are for the protection of public health? (There was great resistance to amending the law to include “protection of public health” as the purpose of the air pollution control ordinance.)
- What is the process in the government’s policy decision making?
- How can we change that process / mentality?
- How can we make the government officials in charge of air pollution control accountable for failing what they should have done?

# What I hope to get ...

- It is important for local professionals concerned about air pollution to know the thinking process of our government officials;
- With this knowledge, perhaps we can change their way of decision-making;
- Perhaps through public pressure>
- Maybe by publicizing their guiding principle: (promising too much but delivering too little is the greatest evil for a civil servant?)
- Any overseas experience that can assist us overcome this bureaucratic inertia?

**Additional materials from others**

Considerations regarding the setting of  
Hong Kong's Air Quality Objectives  
Bill Barron, HKUST

(I) The Ability to make informed decisions

0 Among the most important reasons for having air quality objectives is to serve as *indicators of the health risks* posed by air pollution.

0 If the objectives are not based on scientific evidence of the true health risks, then they *mislead* the public and policy makers.

0 Policy makers and the public need valid information on the health risk so they may better weigh the benefits of action to limit air pollutions against the costs of doing so.

This includes government policy initiatives to reduce air pollution as well as decisions by individuals about whether to curtail their activities.

0 When the level of the objectives does not reflect the best scientific evidence available, this will result in a systematically *inefficient response* to the problems being faced.

0 Government's proposal to wait until 2009 to come up with new objectives (when the scientific basis for them is already available) needlessly prolongs the time in which the public continues to be misled about the true 'costs' costs of living with our air pollution.

*Continued*

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## (II) Voluntary Versus Involuntary Risks

Some argue that we all benefit directly or indirectly from the economic prosperity of Guangdong and so must accept the air pollution imports as a necessary price for those benefits.

This is invalid for at least two reasons.

0 First, while some level of pollution is unavoidable in the manufacturing sector, the level of pollution for each dollar of output in Guangdong is far higher than it needs to be.

It could be reduced at costs well below the level of the resulting health benefits.

In other words, while it is necessary to accept some type of 'bargain' between economic prosperity and air quality, *we are getting a bad bargain.*

0 Second, there is a fundamental distinction between risks voluntarily taken on (e.g., smoking, playing the stock market, engaging in potentially dangerous sports) and those imposed on an unwilling public (e.g., second hand tobacco smoke, insider trading, faulty sports equipment).

In the case of *voluntary risk*, those engaging in the activity accept the risk after weighing for themselves what they see as the benefits and costs.

In the case of *involuntary risks*, someone else is making the decision and leaving out of their benefits/cost calculations the impact on the public.

Misleading (that is, weak) AQO tend to cover up the extent of the involuntary risks being imposed on society and keeping us from understanding just how bad the bargain we have been handed really is.

(III) The Path is Clear (and we don't need to wait until 2008 to find it)

0 We should set the AQOs at levels that *inform* rather than *mislead* the public and policy makers about the costs of failing to reduce air pollution.

0 For the purposes of the Environmental Impact Assessment Ordinance's (EIAO) implications for project approval, we should set up Interim Air Quality targets which will be gradually tightened and eventually converge with the health-based AQOs.