Mining Health Initiative

Proceedings of the Ghana Consultation

Takoradi & Accra, Ghana

1-4 October 2012

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Mining Health Initiative: Ghana Consultation

Summary
This report summarises key matters arising from the Mining Health Initiative Ghana Consultation, held in Takoradi and Accra, Ghana on 1-4 October 2012. The consultation marked a critical stage in the Mining Health Initiative's drive to capture practical aspects of good practice in mining health programming and facilitate the expansion of good programming.

Funded under the aegis of HANSHEP[*] by UKAid, the World Bank International Finance Corporation (IFC), AusAid and Rockefeller Foundation, the Mining Health Initiative (MHI) aims to examine how mining health programming can contribute to better health in low-income countries.

The objectives for the Consultation were:

- to test insights gained from case studies, literature, and earlier consultations, and gather input to inform the good practice guidelines; and,
- to assess interest in and potential for the development of new mining health partnerships and how UKAid and/or the IFC Public Private Partnership Mining Health Facility can best support this.

The Consultation brought together more than 15 key opinion leaders from industry, government and other stakeholder groups and gathered feedback on the work of the Mining Health Initiative. The feedback was centred particularly on good practice guidelines for mining health programming Public Private Partners[†] (PPPs) and how potential funding from HANSHEP, UKAid and/or IFC might be configured.

The following key points were raised at the consultation:

- The recognition that the stewardship of the health sector is the responsibility of government, even if all actors have a role to play in improving public health;
- The desire of Mining to support Ministry of Health plans, but the complexity in dealing with unaligned regulatory schema; and,
- The need to develop means for translating national policy into effective district management support.

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[*] Harnessing Non-State Actor for Better Health for the Poor (HANSHEP) is a group of development agencies and countries established by its members in 2010 with the aim of seeking to work with the non-state sector in delivering better healthcare to the poor. Current HANSHEP members include the Rockefeller Foundation, Bill & Melinda Gates Foundation, AusAID, DFID, IFC, KfW, USAID, the World Bank and the Government of Rwanda.

[†] In this context, PPPs refer to cooperative arrangements between public and private actors toward a common public good, rather than the more narrowly construed understanding of PPPs whereby public agencies contract private entities for service provision.

FUNDING
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IFC International Finance Corporation World Bank Group

UKaid from the British people

HANSHEP Harnessing non-state actors for better health for the poor

CONSORTIUM
The Mining Health Initiative is implemented by a consortium comprising the following organisations and institutions.

Health Partners INTERNATIONAL

Montrose

International Business Leaders Forum

IDS Institute of Development Studies

Overview

This report provides a brief overview of the background to the consultation and summarises a discussion led by the Head of Occupational and Environment Health of Ghana Health Services. It then goes on to summarise the major comments on the considerations outlined in the mining health programming good practice guidelines, and presents the SWOT analysis undertaken by participating stakeholders, assessing the current situation as well as future prospects. The importance of clarity in the use of the multi-facetted term "Public Private Partnership" is noted, as is the value of an independent vehicle to facilitate communication and coordination across private and public sector partners.

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Mining and petroleum in Ghana are playing an increasingly important role in the country's social and economic development. The recent discovery and early development of off-shore oil reserves has highlighted the potentially uneven consequences of poorly regulated nature resource exploitation. Considerable investment by the government of Norway has focused on how the exploitation of these resources can support the realisation of national goal's, such as the Millennium Development Goals, while at the same time avoiding the "The Natural Resource Trap" so eloquently noted in Prof. Paul Collier's *The Bottom Billion*[‡]*.*

Recently, the emergence of corporate social responsibility (CSR) and related notions of social risk mitigation and social licence to operate have gained currency. As a result, mining companies have invested in efforts for social development which have included health and education, local procurement and transparency. These efforts have often been characterised by individuals in industry as "well-intended, but in an often haphazard way." With health, in particular, many companies have provided support for the provision of medical services, often as an extension of workplace health and safety, with minimal awareness of the broader public health context or any broader policy narrative that would inform health policy and programming.

Currently, there are a range of expectations about what mining companies should and should not do and what is considered 'best practice' in CSR but there are varying priorities and objectives for all actors. Mines need to generate returns for their investors. Governments are required to exercise public stewardship as well as deliver public services, with central and local government having differentiated roles and interests, and communities need services, notwithstanding the public-private mix. Expectations around roles and responsibilities are widely differentiated, with a lack of consensus on where the private sector's responsibility starts and that of the public sector stops.

Discussion

The Head of Occupational and Environment Health of Ghana Health Services facilitated a wide-ranging discussion of the regulatory and operational context of mining health programming in Ghana. Discussion highlighted both the challenges of navigating complex health and safety, environmental, and community relations regulatory requirements, as well

[‡]The Bottom Billion, Paul Collier, Oxford University Press. Oxford. 2007

as the opportunity for greater efficiency and effectiveness through better harmonised programming.

Good Practice Guidelines and Clarity of PPP

In both the Takoradi and Accra sessions, there was general validation of the considerations outlined in the Good Practice Guidelines. With its relatively "mature" health sector and a long standing policy of decentralisation, it was recognised that introducing the notion of district health directors as "stewards" of the sector represented an important task. Similarly, it was noted that although Ghana had recently established a policy framework for larger public private engagement, it had not yet developed the tools for translating such policy into realistic programmatic action.

A number of helpful specific comments follow.

1. **Needs Assessment**
    a. Important to address sanitation, identify relevant stakeholders and strengthen PPP integration across sectors, and how larger infrastructure planning may impact on health
    b. Need to negotiate the area of interest — just around the mine site or beyond
    c. Recognition that health is not just about pathogens but about systems.
2. **Stakeholder Engagement**
    a. The political dimension as well as formal/informal and civil service/traditional leadership power structures should be considered
    b. Because of how health works, civil servants can help an "outsider" navigate power/leadership complexity
3. **Shared Definition of success**
    a. In addition to "shared definition of success" it is important to develop a "shared definition of failure;" and create an environment where stakeholders can safely recognise and learn from failure
4. **Programme Design and Planning**
    a. From inception, partners should plan for sustainability
5. **Policy and Programme Alignment**
    a. With the right mechanism/platform one can also support streamlining data collection to address the needs of various stakeholders from donors to the general public and public sector
6. **Relationship management**
7. There is a need to work to establish balance between all actors in PPP relationships. **Monitoring and Evaluation**
    a. Stakeholder mapping should inform the communications plan
    b. Secondary data sources, such as PRSP, DHS, MICS, economic census and other surveys, can assist with M&E as well as planning in general

PPPs and PPP COORDINATION

It was observed that in Ghana, the Private Sector Unit is supported by external sources rather than by core budget. It was stated that this does not reflect a lack of political interest, but, rather, opportunism from the donor community.

The focus of discussion revolved around the “paradox” that although Ghana has a good policy framework for PPP in health, the institutional capacity for promulgating those policies is limited. It was also noted that the management tools necessary for translating policy into programme were lacking. Finally, a most important consideration came up in discussion about the role of district health managers as the steward of the sector. It was suggested that in the absence of clear tools and capacity, it was would be difficult for district medical directors to assert this stewardship function, as they were already often overwhelmed in the management of public sector services. It was agreed that this assessment of the current situation also represented an opportunity for making positive strides forward.

IFC PPP Facility

Dr. Tony Seddoh, Investment Advisor to the International Finance Corporation (IFC) and former Head of Policy Planning Monitoring and Evaluation at the Ministry of Health outline the focus of the IFC PPP facility. Dr. Seddoh outlined how the IFC aims to support a private sector oriented growth agenda as part of the larger World Bank Group t poverty alleviation effort. It was noted that the development of sustainable social service-oriented partnerships was a new area of activity, as many of these arrangements to date in Ghana had strongly emphasised infrastructure.

Conclusion

To conclude the positive views on the opportunities offered by better coordination and harmonisation of Mining Health efforts between the public and private sectors were noted. It was agreed that follow up discussions were necessary to translate the ideas arising in the consultation into concrete action.

SWOT Analysis

SWOT of mining health public-private partnership collaborations in Ghana:

- What are the strengths in current practice?
- What are the weaknesses in current practice?
- What are the opportunities to do more?
- What are the threats & constraints to achieving these opportunities?

SUMMARY: SWOT of mining health public-private partnership collaborations in Ghana

Strengths

- Goodwill on the part of both the public sector and Mining Sector
- Regulatory bodies with good legislative framework to regulate standard practice
- A good capacity for stakeholder engagement in the mining companies
- Mining companies have the financial resources to support/initiate programs
- Relative strong health system in Ghana
- There exist a system for data collection

Weaknesses

- Ineffective M&E & evidence-based programming
- Community engagement & view of community capacity management of bureaucratic process
- Lack of understanding of community processes
- Lack of management appreciation of community health
- Lack of understanding between companies & public sector on policy & alignment
- Lack of regulatory consistency & erratic enforcement
- Capacity of gov at district level for stewardship

Opportunities

- The natural resource base attracting new private sector partners
- Stronger private sector will support stronger private as well as public health infrastructure
- Stable government will lead to more investment for economic growth & human capital formulation
- Employment!
- Good gov & donor interest in a model of LMI country
- Public relations benefits

Threats

- Education, literacy & expectation
- Community engagement
- Community capacity for cohesion
- Consequences of inaction
- Un-regulated health markets—inc pharmaceutics
- Regulatory environment
- Commodity prices

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MINING HEALTH INITIATIVE

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