An analysis of what is known about Mining Industry Health Programmes



The first key activity of the Mining Health Initiative was to conduct a review of existing literature about workplace health programmes in the mining industry.

The aim of the Literature Review was to capture the information that exists around mining employee and community health projects, and the associated costs and benefits. The review took into account existing studies, academic literature and company documents as well as technical and research material.

The findings will assist in scoping potential for better partnerships to strengthen health systems and extend health services to people in low income countries.

Key findings

Scope of health programmes

Although most mining health programmes target disease-specific issues, largely HIV/AIDS and malaria in Africa, an increasing number are providing more comprehensive primary health care services.

Employee-focus of health programmes

Most mining health programmes deal with employee health first, although there is an emerging trend towards addressing the health of employee dependents and the communities surrounding and affected by mining operations.

This is particularly true of diseasespecific programmes, where employees' home communities are also affected by the disease concerned and play a role in its transmission.

Community health

Community-oriented health programmes are secondary to employee health programmes and often follow the same disease-specific focus.

It is unclear if there are cost-benefit advantages of community health programmes that include basic health services, as opposed to those programmes targeting a specific disease.

This is also true for those programmes that are employee/dependent focussed as opposed to those which encompass the wider community.

Economies of Scale

While there are a limited number of studies publicly available, they show that the cost-benefit of investing in employee and community health programmes was a sound economic decision for larger-scale mining companies.

The costs of investing in employee and community health were outweighed by the increase in productivity and decrease in absenteeism by employees.

Partnership with the Public Sector

As mining companies are better able to respond to health issues among employees and in communities surrounding mining operations, both in terms of quality and timeliness, they are sometimes able to pass these efficiencies on to government health systems and non-governmental organisations (NGOs).

Health programmes also provide an excellent opportunity for mining companies to engage with host governments, local and international NGOs as well as donor governments to generate long-term improvements in infrastructure and governance systems.

Costs and Benefits

Information related to the costs and net benefits of mining health programmes is limited. However, among programmes that have published their findings, benefits from improved employee health were estimated at three times the cost of the programme. As an example, a study of seven mining and agribusiness companies in Zambia found that the average net benefit per employee of employee health programmes was a gain of US\$47, with benefit accruing through lower employee turnover, lower medical bills and higher staff productivity.

Studies in South Africa show that mixed models, involving private and non-profit sectors as well as the public sector, provide higher quality, lower cost services than public sector programmes on their own.

Impact

Despite widespread acknowledgement that mining health programmes have a positive impact, there is little information available publicly on the nature, extent or the effect on employee and community health in the areas where mining health programmes are active.

For instance, little is known about what types of programmes work best for which situations, or which health services or target demographics produce the most benefits and how.







Next steps

The review has informed the development of a framework for determining good practice in health programmes supported by the mining industry.

Following consultation with a Stakeholder Advisory Group consisting of industry, umbrella groups and other stakeholder representation, this framework will be applied in a set of country-specific case studies in early 2012, seeking to explore and document what constitutes good practice in mining company health programmes.

Conclusion

Despite the growing appreciation that mining companies are key investors in employee and community health, there is a need for more and better evidence about what works well.

Over the course of 2012, the Mining Health Initiative will work with stakeholders to identify standards of good practice for both the mining industry and its partners, to ensure successful future agreements on health programmes which ultimately contribute to better health in low income countries. The full Literature Review is available to download at www.mininghealth.org

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The Mining Health Initiative is keen to engage with industry, state actors, civil society and other stakeholders.

For additional information please go to: www.mininghealth.org

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