Good Practice Guidelines

Partnering for effective Mining Health Programming

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For more, information go to: www.hanshep.org

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**

Contents

Abbreviations 4
Acknowledgements 4
Disclaimer 4
Foreword 5
Executive Summary 6
Introduction 7
- 1.Background and purpose 7
- 2.Definitions 9
- 3.Context, risks and opportunities 9

Recommendations for Setting up a Mining Health Programme 11
- 1. Assessing needs and potential impacts 12
- 2. Identifying partners 14
- 3. Engaging partners 16
- 4. Managing partnerships 18
- 5. Planning and managing programmes 20
- 6. Assessing stakeholders and engaging communities 22
- 7. Ensuring health system strengthening and alignment 25
- 8. Data collection, monitoring and evaluation 28

Going Forward 30
References and further reading 31
Annex 32
- Annex A: Health programme and partnership development checklist 32
- Annex B: Overview of mining health programme stakeholders 36

Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care
AusAID	Australian Agency for International Development
CSR	Corporate Social Responsibility
CHW	Community Health Worker
DFID	Department for International Development
DHS	Demographic and Health Survey
EITI	Extractive Industries Transparency Initiative
FTSE	Financial Times and Stock Exchange
FQM	First Quantum Minerals
GDP	Gross Domestic Product
HANSHEP	Harnessing Non-State Actors for Better Health of the Poor
HIV	Human Immunodeficiency Virus
ICMM	International Council on Mining & Metals
IFC	International Financial Corporation
I-SOS	International SOS
KfW	Kredit für Wirtschaft
KMAD	Kenmare Moma Development Assistance
LLIN	Long Lasting Insecticidal Net
M&E	Monitoring and Evaluation
MDG	Millennium Development Goal
MHI	Mining Health Initiative
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MoU	Memorandum of Understanding
NGO	Non Governmental Organisation
NHS	National Health Service
PEPFAR	President's Emergency Plan for AIDS Relief
PPP	Public Private Partnership
PSI	Population Services International
QMM	QIT Madagascar Minerals
STI	Sexually Transmitted Infection
TB	Tuberculosis
USAID	United States Agency for International Development

Acknowledgements

This document builds on insight gained from case studies of on-the-ground mining operations and health programmes, and extensive stakeholder consultation. It has also been informed by the principles of good programme management, partnership development and stakeholder engagement.

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Disclaimer

These guidelines are based on extensive consultation—including draft review and commentary—with project funders and stakeholders. Its contents are the responsibility of the Mining Health Initiative and do not necessarily reflect the views of HANSHEP or any of its members. Any errors or omissions remain the responsibility of the Mining Health Initiative.

Foreword

The last 20 years have brought a sea change in expectations about the responsibilities of private actors in public spaces and we have no general satisfaction with the status quo, nor common assessment of what is working.

For some, there is nostalgia for that time when clarity was the hallmark of our social contract; for others, the need to redress past injustices increases with each day. In an increasingly fractionated yet interconnected world, the possibility of shared understanding and shared expectations sometimes seems elusive at best.

The consequences of our post-modern rupture is perhaps nowhere more clearly or more controversially manifest than in the circumstances of the mining industry—the extractive sector—in low and middle income countries. Beyond the tales of kleptocracy, exploitation and prosecution of war, there is an emerging narrative in Africa of equitable social programming, economic growth and sustainable development in connection with mining.

In the health sector per se, beyond the pitched ideological battle of private interests conflicting with public goods, there is growing interest in how public private partnerships (PPPs) can attend to both public and private interests, while contributing to more efficient and more equitable health improvement.

Over the last year, the Mining Health Initiative and our partners have sought to understand what constitutes 'good practice' in health programming managed in connection with mining operations, and to see that this 'good practice' is recognised and communicated to relevant audiences.

We have witnessed remarkable examples of goodwill, which have included efforts making real change, as well as efforts that were as noteworthy for their flaws as for their good intention. This engagement with industry, state and non-state stakeholders was marked by ambition, candour and humility.

What stands out in all of this is the apparent appetite from industry and government, as well as communities and other stakeholder groups, to find ways of working together more effectively and make mining health programming work. In no small way, this publication is dedicated to those who have so endeavoured.

Jeffrey W. Mecaskey
Steering Committee, Chair
Mining Health Initiative

Executive Summary

In many low and middle income countries, mining operations play an important role in social and economic development. Nevertheless, there is a generalised view that the social programmes supported by mining companies, including health programmes, have yet to realise their full potential in terms of both process and impact. Mining companies realise that their return on investment in health programmes - both in terms of health impact and community goodwill – may be improved; governments, too, are keen to maximise the benefits of investments in the health sector; and communities consistently point to areas in which their expectations for better health may be realised.

In this context, the Mining Health Initiative was commissioned to document good practice in mining health programming and identify ways to leverage such best practice for a greater public good. This guide is an important part of this effort. The guide was developed following case studies conducted in Ghana, Madagascar, Mozambique and Zambia; a review of background materials; and extensive stakeholder consultation at a national and international level. The document was developed in several stages, allowing ample opportunity for input from a range of stakeholders, including representatives of mining companies, governments, and a range of development professionals.

The guide aims to help those interested in the public-private space associated with mining operations develop meaningful partnerships, and design and deliver effective health programmes, particularly outside the fence of mining operations, in low- and middle-income countries. It aims to assist national and local governments, as well as civil society and other institutions, to effectively partner with mining companies in the planning and delivery of these programmes in order to maximise health outcomes.

When developing mining health programmes three principles are key:

- **The design, planning and implementation of** health programmes must be undertaken in partnership with affected communities as well as government authorities, NGOs and development partners
- **Health programmes** and activities must **align** with national policies, strategies, standards, protocols and information systems and aim to ensure harmonisation and sustainability
- An **evidence-based approach** to programme design and management must be undertaken and all relevant programme data must be systematically collected, used and disseminated.

This guide sets out a step-by-step approach to assist companies, governments and communities to work together efficiently in designing, planning and implementing mining health programmes. Each step is illustrated with practice examples ('case studies') from the field. Each section also highlights key messages and lessons learned in a summary box.

The recommended steps for good practice mining health programming are:

1. **Assessing needs and potential impacts –** working with public health experts to gain a thorough understanding of contextual factors relevant to health and assess current needs as well as potential positive and negative health impacts of mining
2. **Identifying partners –** identifying and assessing potential partners, such as mining companies, health authorities, private for-profit providers and NGOs, and considering a variety of approaches
3. **Engaging partners –** clearly defining each partner's role and responsibilities and setting these out in written agreements
4. **Managing partnerships –** ensuring transparency with regard to goals, expectations and decision-making, and prioritising communication to manage potential differences
5. **Designing and planning programmes –** taking an evidence-based approach to programme design, considering beneficiaries, scope of service, management arrangements as well as financing models
6. **Assessing stakeholders and engaging communities –** conducting stakeholder analysis and developing approaches for meaningful community engagement
7. **Ensuring alignment with health systems –** continuing to emphasise health systems strengthening and alignment with government policies, priorities and management information systems
8. **Monitoring and evaluation –** ensuring collection, analysis and utilisation of health programme data and sharing it with key partners.

In the concluding section, key success factors are summarised to facilitate next steps and propose a way forward. A health programme and partnership checklist, and an overview of key stakeholders to involve in good practice mining health programming, are included the Annex.

Introduction

This section provides background information on why and how this document has been developed and introduces the guide's purpose and use. It sets out key terms and definitions, and provides an overview of the context in which many mining health programmes operate today as well as related risks and opportunities.

1. Background and purpose

Given its important contribution to the gross domestic product (GDP) of many countries, the mining industry plays a major positive role in sustainable development [1] in many low and middle-income countries. Many global mining companies recognise their social responsibility to actively contribute to health and development of the societies in which they operate. Moreover, the business case for investing in this area is strong. Therefore, many large mining companies offer health services not only to their immediate employees and their families, but also support wider public and community health, particularly in mining-affected areas.

The mining industry's growing awareness of the importance of investing in health coincides with, and may be linked to, a growing global interest in public-private partnerships (PPP) for health and generally growing business involvement in development . An increasing number of governments and development donors are keen to explore contracting approaches as well as less formal partnerships with non-state actors to complement healthcare delivered by the public sector. In response, global actors such as the International Financial Corporation (IFC) and HANSHEP[2] group have developed tools and mechanisms to support governments as they work to set up and foster health partnerships.[3]

Mining health partnerships can be a powerful vehicle for improving health outcomes and strengthening national health systems, while improving company productivity and community relations at the same time. A key aspect of such partnership approaches to mining health programming is effective engagement and collaboration between the public and private sectors. Besides being an important provider of health services, the public sector also has an essential stewardship role to play in setting the framework for mining health programmes both inside and outside the fence. Partnerships with NGOs can also be an important aspect of mining partnerships for health.

Recognising the important contributions of mining companies to healthy communities and societies, and aiming to encourage and reinforce good practice, the UK Department for International Development (DFID) and the IFC on behalf of the HANSHEP Group, have commissioned an initiative to document good practice and to foster agreement on standards and norms for mining health programming to ultimately improve the health of people in low income countries. This initiative was also funded by The Rockefeller Foundation and throughout the process, the initiative was engaged closely with the International Council on Mining & Metals (ICMM).[4]

This document is a key output of this initiative. It outlines important considerations in designing mining health programmes, particularly outside the fence in low- and middle-income countries. The set of good practice approaches suggested were identified during the course of the project through a literature review, analytic framework for establishing standards for good health programming, extensive stakeholder consultations and on-the-ground case studies in Ghana (Newmont), Madagascar (Rio Tinto), Mozambique (Kenmare Resources) and Zambia (First Quantum Minerals).

Mining companies seeking to develop, reinforce or refine sustainable health programmes that benefit the company as well as the community - while strengthening national health systems at the same time - are a key audience for this guide. Public sector actors, particularly those involved in setting the policy framework or planning health service delivery, are another key audience group. This is also true for NGOs involved in health advocacy and service delivery.

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[1] See for example Lucci, P. (2012).
[2] HANSHEP (Harnessing Non-State Actors for Better Health for the Poor) is a group of development agencies comprising The Rockefeller Foundation and Bill and Melinda Gates Foundation, along with AusAID, DFID, IFC, KfW, USAID and the World Bank. HANSHEP was established in 2010 with the aim of working with non-state actors in delivering better healthcare for the poor.
[3] One such mechanism is a financing facility to assist governments in low-income settings in introducing and improving strategic purchasing of health services through a variety of PPP arrangements from non-state providers. For more information see DFID (2011).
[4] For more information see http://www.icmm.com

It is hoped that the guide will help its audiences with the following activities and goals:

Audience	Role and activities in relation to good mining health programming
Mining company leadership	Render existing health programmes more effective and sustainable, including through improved value-for-money Prioritise and structure the development of new health programmes
National government authorities	Assume a stewardship role and negotiate with mining companies towards alignment and harmonisation of mining health programmes with national priorities Facilitate negotiation with international development agencies towards support for public-private partnerships in health
Local government authorities	Assume a stewardship role and negotiate with mining companies towards alignment and harmonisation of mining health programmes with local priorities Encourage mining companies to extend healthcare to wider communities Negotiate with national authorities about support to local initiatives
Civil society	Hold mining companies and government authorities to account Facilitate negotiations with mining companies, for example where NGOs are contracted to provide health services Encourage mining companies to support health services for wider communities Advocate for effective public private health partnership
Donors and international development agencies	Facilitate investment decisions in public-private partnerships that follow good practice Provide guidance to inform technical support to governments

2. Definitions

Mining health programmes, and the partnerships these involve, are very diverse and some of the definitions and concepts used in this guide are summarised below. The focus areas of this guide are internal and external health programmes associated with mining operations that are planned, implemented and monitored in partnership with government authorities, donor agencies, NGOs and other stakeholders. Programmes that focus exclusively on employee health are not the focus of this guide. Nevertheless, these, too, may benefit from the recommendations for best practice provided.

Mining companies extract and process minerals, metals and other materials, many of which are used in a wide range of everyday products. At the core of the formal mining industry are publicly-traded and state-owned companies[5]. These are the focus of this guide as health programmes are largely driven by the larger multinational companies. It must be noted that an important informal and largely non-regulated mining sector also exists.

Mining companies sometimes distinguish between **'inside the fence'** programmes focusing on employees and occupational health, as well as **'outside the fence'** programmes, which focus on communities. This distinction is not always clear as not all mining health programmes neatly fit these categories. In this guide 'inside the fence' is used for those aspects of mining health programmes that mainly focus, but are not necessarily exclusive to, mining company employees. 'Outside the fence', on the other hand, in this guide refers to those aspects of mining health programming that focus on community and public health.

The term **'partnership'** is applied to a range of partnerships, most of which include an element of joint or complementary financing between a mining company and a government authority, development agency or NGO. While including the partnerships of mining companies with a variety of public and private actors, particular attention is given to government partners, as they are key to health system strengthening, a prerequisite for sustainable development.

3. Context, risks and opportunities

In developing countries, mining companies tend to operate in areas where resources are constrained and poverty is widespread. When a mining company moves into an underserved area, it brings a number of opportunities as well as risks and challenges with it. Opportunities include employment prospects for the local population, improved infrastructure and strengthening of the local economy, all of which are important social determinants of health[6]. Risks and challenges include negative environmental impact, accelerated inflation and concerns related to an unequal distribution of the economic benefits arising from mining operations, which, in some cases, has been linked to violent conflict.

In remote rural areas, where mining companies often operate, access to health services is typically limited. As a result, the health status of the local population is often worse than urban populations, or indeed worse than the national average. Limited access can be as a result of geographical factors, such as distance to the nearest health centre and physical difficulties in accessing it, as much as to financial factors, such as formal and informal user fees being charged by healthcare providers or transport costs that are prohibitive for some parts of the population.

Where access is possible, the quality of the health services provided may be poor, due to various factors, including lack of trained or appropriately remunerated staff, lack of adequate drugs and equipment or lack of oversight to ensure adherence to national protocols and standards. As a result, community members may delay seeking healthcare; seek alternative, for example, traditional forms of care; or forego healthcare altogether. Consequently, child and maternal mortality is often high and productivity of the population may not be reaching its full potential.

[5] See ICMM (2012).
[6] For more information on social determinants of health see WHO website http://www.who.int/social_determinants/en/

Adding to already existing health challenges, the presence of mining companies is associated with increased health risks. These include:

- Employment-related health risks, through exposure to hazardous working conditions, noise, etc.
- Epidemiological changes related to the influx of people, which may increase or accelerate the transmission of infectious diseases such as HIV/AIDS, STDs, TB or malaria.
- Epidemiological changes related to the mining operations themselves, such as an increase in malaria in areas of wet mining
- Potential negative impacts on health service provision as existing services may suffer from rapid increases in demand due to population influx
- Indirect health impacts of population influx, such as the loss of clean water sources, increased waste management issues and excess demand for water.
- Adverse impacts on the social climate due to increased disposable income and the influx of people; such as alcohol and drug abuse, prostitution and domestic violence.

At the same time as there are risks and challenges, there is evidence that improved economic opportunities created through mining activities can lead to improvements in general health.[7] Occupational and employee-focused health programmes inside the fence tend to be a cornerstone of most mining operations run by global companies. Furthermore, many large mining companies now recognise the risks and challenges described above and believe that offering appropriate health services of high quality to the wider community can bring important strategic and social opportunities. Systematic, consistent and visible support to public and community health can:

- Help avoid, mitigate or offset potential negative health impacts of mining activities
- Improve the health of the company's workforce by reducing risks of transmission, thus raising productivity and lowering healthcare costs inside the fence
- Improve the health of potential employees and contractors, thus facilitating recruitment and collaboration
- Improve public and community relations
- Build social capital and ensure the social license to operate
- Fill local gaps in service provision.

IN PRACTICE: Mining health programming

Operating in underserved areas. An important reason for poor health in Mozambique, a country where Kenmare Resources operates a major titanium minerals mine, is poor accessibility of health services. Only a third of the population (36 per cent) are estimated to have access to health services, defined as being within a 45 minute walk from their homes.

This is an important factor in the country's high maternal mortality rate. Institutional deliveries remain low at just over 50 per cent, with a marked difference between rural (44 per cent) and urban (80 per cent) areas. In Moma district, where the mine is located, access to health services remains a serious challenge, and it is argued that the area has historically been 'orphaned' by the national health system due to its remote location.

Bringing opportunities. In Ghana, Newmont manages two mines, one of which is already operational and another one of which is currently being constructed. In the latter mine, the company has been engaging with affected communities for a number of years. This has included extensive consultation on a variety of issues, including health, water and sanitation. As a result, community members feel well-informed about potential and actual health impacts of the mine and have a good understanding of the Newmont's programmes to manage and mitigate these.

While being aware that things may change once production starts, community members feel that the overall impact of Newmont's presence is positive. They appreciate the development it has brought to their district and cite improvements in water and waste management, sanitation as well as increased economic opportunities which enable them to afford health insurance.

[7] For example, studies have shown improved nutrition outcomes in communities benefiting most from mine economic opportunities in Papua New Guinea. For more information see Ulijaszek, S. et al (1989).

Recommendations for setting up a Mining Health Programme

Most global mining companies understand occupational health and safety as a key priority and many prioritise ensuring a good standard of healthcare for employees, their dependants and contractors. This is partly due to the benefits to the mining operations being fairly clear and straightforward – better health and a decrease in illness and sick-leave contribute to increased productivity levels.

When it comes to health services outside the fence, the benefits to the mining operation and overall business are less obvious. Benefits from investing in community health, such as increased social capital, are difficult to quantify. Therefore risks (e.g. cost, lack of expertise, etc.) and opportunities (e.g. lower transmission risk for the workforce, social capital, etc.) for investing or not investing in wider public and community health must be assessed. This includes consideration of synergies that may arise from investing in occupational and employee as well as wider public and community health at the same time.

A primary consideration in health programme development is the **status quo** of health service provision, i.e. the availability of services to local populations, including employees, contractors and communities. Where access is good and service quality is high, as is often the case in the national health systems of high-income countries, health needs are largely met. Just as important is an assessment of potential health impacts of mining as described in the previous section. Related to this are considerations of the legal framework of the host country, which may, for example, require companies of a certain size to provide health benefits to employees. Last but not least, corporate policies that relate to health, such as health & safety policies, HIV and AIDS policies, sustainable development policies, etc. warrant early investigation to ensure a health programme is in line with the corporate policy framework.

In order for all stakeholders, particularly mining companies, government and communities, to get maximum benefit from mining health programmes, the following key principles should be considered when taking decisions about health programme development:

- Take a partnership approach to designing, planning and implementing health programmes by working with affected communities as well as those that are there to support them, such as government, NGOs and development partners.
- Align health programmes and activities with national policies, strategies, standards, protocols and information systems and aim to ensure harmonisation and sustainability.
- Take an evidence-based approach to health programming and systematically collect, analyse and disseminate data.

The following sections outline important steps and considerations for mining companies and other key stakeholders to take into account when developing or refining health programmes in the public private space. Special attention is given to assessing needs and potential impacts; identifying and engaging partners, particularly government authorities; managing partnerships; designing and planning health programmes in a participatory manner; engaging communities and other stakeholders; building in mechanisms to ensure health systems strengthening and policy alignment; as well as monitoring and evaluating health programme impact.

A checklist with questions that help guide programme development and partnership building is in Annex A. It is important to note that the steps outlined are not necessarily consecutive.

IN PRACTICE: Mining health programming

Balancing corporate and community interests. The rationale for First Quantum Mining to establish a large health programme in Zambia appears to have been a combination of adherence to the company's need to ensure the health and safety of its employees, a strategic desire to improve the health of the local population as part of the corporate CSR strategy, and an understanding that improving community health is important to improving the health of the workforce. Kenmare Resources in Mozambique, too, managed to strike a balance between ensuring a business case for health programming and responding to calls for sustainable development. While responding to community and government priorities and assuming responsibility for the effects of its mine on surrounding areas, it also addressed the health needs particularly relevant to the company.

Recognising links between employee and community health. In Madagascar, Rio Tinto, through QMM (QIT Madagascar Minerals), operates a mine in a region where malaria is present all year round. Its malaria control programme has focused on employees and their families, who have received preventive education and indoor spraying as well as insecticide-treated mosquito nets and mosquito repellent. However, for the most part, such support was not provided to contractors and wider communities. The recent death of a core Rio Tinto employee due to malaria – an infectious disease in the transmission of which communities play a significant role - has acted as a trigger for the company to reconsider its approach and invest in an expanded programme.

1. Assessing needs and potential impacts

Before setting up or revising a health programme, **a systematic needs assessment** must be conducted or, where possible, an existing one identified and reviewed. A health needs assessment identifies and quantifies the health issues faced by the target group of beneficiaries, in this case the pool of employees (including contractors) as well as the wider community. It also helps define priorities for prevention and treatment.

The needs assessment should be led by an internal or external **public health expert** who is familiar with the local context and has an understanding of the way in which mining companies operate. Together with (other) company staff, the expert will identify and review existing data and gather new data as appropriate. Health data can be found in government policies, plans and strategies; in Demographic and Health Survey (DHS) and MICS (Multiple Indicator Cluster Survey) reports[8]; in internal and external reports produced by UN agencies, bilateral donors and NGOs with a country and local presence; and, perhaps most importantly, in consultation with local and national health authorities (e.g. the DHMT) and healthcare providers, i.e. public and private health facilities. Importantly, quantitative and qualitative information specific to the local context will be gathered in consulting communities and local health centres rather than through sources that have a national-level focus.

The assessment will focus on the most important causes of **morbidity and mortality** in a given context. In developing countries, these typically include acute respiratory infections, diarrhoeal diseases and malaria. The prevalence of key **infectious diseases,** such as HIV/AIDS, malaria and TB, will be established. In malaria-affected areas, for example, programmes that provide malaria prevention and treatment may not only be cost-effective but actually be necessary to maintain company operations. Similarly, where HIV prevalence is high, companies may need to offer services in order to minimise negative impacts on their staff.

The assessment will consider **the ability of the national and local health system** to address these health issues, through both public and private providers. Barriers to accessing health services, including distance, transport, financial and cultural, will also be analysed. Equity, i.e. differences in health access and outcomes by different parts of the population, particularly the poor and marginalised, should be considered.

[8] See http://www.measuredhs.com/ for more information on DHS, including a database of survey reports; and http://www.unicef.org/statistics/index_24302.html for information on MICS.

The presence and approach of development partners and NGOs working in the health sector is another key area for investigation. Using this information, the expert will highlight gaps in the quantity and quality of services provided and make recommendations for how to address them, including through an estimation of cost. Ensuring alignment with the national health system and complementarity and synergy with existing programmes and approaches will be a priority.

The data and information gathered and distilled in the process will provide the **evidence** needed for making informed decisions about how to design, manage and resource the mining company's health programme. It is important to stress that gathering evidence involves identifying existing studies and assessments as a first step. The evidence thus compiled and collected will also be useful in programme monitoring and evaluation, when negotiating partnerships with government and other external stakeholders, and in communicating with internal stakeholders, for example, to justify resource allocations to a programme outside the fence.

The needs assessment may be **linked to other assessments,** such as environmental and social impact assessments, or indeed assessments of actual or potential health impact, often required by government authorities. Importantly, water, hygiene and sanitation – an area closely related to health – must also be considered. This will help avoid a one-sided or limited focus on direct health needs and impacts and ensure the health programme is embedded in a more general vision to ensure a positive social net impact for local stakeholders.

IN PRACTICE: Mining health programming

Needs assessment. In Madagascar, Rio Tinto is contracting International SOS (I-SOS), an international private healthcare provider, to deliver services to its employees and their dependants. Before starting negotiations with the mining company, I-SOS typically conducts a needs assessment to be able to offer an appropriate package of services to the prospective client, in this case Rio Tinto. In order to be able to negotiate effectively with service providers like I-SOS, it is important for companies like Rio Tinto to have a thorough understanding of local health needs, gaps in service provision as well as national protocols with regard to diagnosis, treatment and care.

Assessing potential impacts. Before designing its health programme in Ghana, Newmont contracted several independent research providers to conduct an assessment of the status quo of health needs and health service provision, along with an assessment of potential impacts of mining. Following this assessment, Newmont developed a programme to manage and mitigate negative impacts arising due to population influx. 'Health' forms the largest part of this influx management programme.

Responding to malaria. In West Africa, Anglo Gold recognises malaria as the most significant public health threat to its operations. 20 per cent of its employees were found to be absent due to malaria at any one time. Therefore, the company decided to set up a health programme that covered 35,000 dwellings around a mining community in Ghana. Thereby it managed to reduce malaria incidence by 73 per cent in two years.[9]

Formalising the assessment and design process. Before First Quantum Minerals Limited appointed a health coordinator for its operations in Zambia, decisions about support for health interventions in the community were made on an ad-hoc basis by staff with no expertise in health. There was no formal design process, and no baseline assessment of health needs was undertaken. However, the company has learned lessons from this and as a result, in new operational areas health assessments are conducted and dialogue on planning and financial support is carried out with local health authorities.

[9] See MHI (2012a).

Key lessons learned

- Engagement of public health experts is crucial
- Health needs cannot be seen in isolation from other social needs, particularly water and sanitation
- Health needs also depend on the ability of the public health system to address them
- An understanding of existing programmes implemented by development partners and NGOs is required
- Considering equity and potential barriers to healthcare access facilitates reaching the poor and marginalised
- An evidence-based approach facilitates decision-making and sets the ground for monitoring and evaluation.

2. Identifying partners

It is desirable for mining health programmes to be developed in partnership. This requires a basic openness to working across sectoral boundaries from companies, governments as well as other key actors. The term 'partnership' means a number of more or less formal agreements within and between stakeholder groups. Partnerships may involve two or more actors; they may involve actors and institutions from within the same sector or from different sectors, countries and contexts; they may be loosely arranged or governed by formal contracts and financial commitments.

In relation to mining health programmes, a distinction between p**ublic private partnerships (PPPs) and cross-sector partnerships** may be useful: PPPs can be seen as formal contractual relationships between the private and public sector in which the private sector normally provides an upfront investment in infrastructure or technology in return for a concession. Cross-sector partnerships on the other hand involve organisations from government, business and civil society working together to achieve common or complementary goals. These relationships tend to be less formal and rely on wider stakeholder involvement than PPPs.

Partnerships are powerful, useful and mostly necessary tools in ensuring good programme practice as they facilitate generation of evidence, stakeholder engagement as well as health systems strengthening and alignment. In other words, partnerships are a key vehicle for ensuring successful health programming. Nevertheless, clear consideration must be given to the **goals for partnership**, and the question of whether a partnership is the best or only way to achieve a certain goal. Similarly, potential risks and opportunities of partnership need to be considered as well as contextual factors that may facilitate or impede partnership building.

The following partnerships may be considered (this list is not exhaustive):

- Partnerships between a mining company and **government** at national or sub-national level, ranging from highest-level political decision makers in the capital to technical officers responsible for health at the local level. The focus of such partnerships may be about ensuring mining health programmes' strategic and operational fit with national and local priorities; obtaining access to information; or ensuring health systems strengthening and alignment with other actors' priorities. This may also involve identifying ways mining companies can complement health services provided by the government.

[10] Where this is not possible, needs and opportunities for partnership may emerge in the process of needs assessment, stakeholder analysis, and programme design.
[11] See IBLF (2011).

- Partnerships between a mining company and **private for-profit providers**. Mining companies frequently outsource the management and running of company clinics, for example, to private for-profit providers. Such partnerships often involve intense and regular engagement, joint decisions on the type and level of care, on the group of beneficiaries, as well as collaboration in regard to monitoring and evaluation and dissemination of data.
- **Partnerships** between a mining company and **NGOs**. With regard to offering public and community health services, such as health education and prevention, mining companies frequently work with NGOs to understand local needs, gain access to local communities and provide training. They may also contract NGOs with local knowledge and established community relations to deliver health services. Such partnerships may involve providing seed funding and catalytic support for the setup of local community groups and associations.
- Partnerships between a mining company and **community groups** may be established via brokers, such as community leaders or NGOs. They may be established as part of a wider company drive to engage with communities on socio-economic and sustainable development. Health-specific partnerships may involve the training of community health volunteers, consultations on community health needs, or indeed community contributions to the construction of health facilities, for example.
- Partnerships for health between **two or more mining companies** are also possible and can yield a number of benefits. These include harmonisation of approaches and potential economies of scale through information sharing, and possibly even joint provision of services. At the same time, such partnerships may be characterised by competition and gaps in information sharing.

Mining companies typically enter into a **number of different partnerships** for health, some of which are bilateral while others include several partners. For example, companies may partner with governments in filling gaps in service provision while at the same time collaborating with NGOs with regard to community education. They may also work through tripartite agreements with local government authorities and communities.

Informal personal relationships across sectors, often as a result of geographic origin, shared education or membership of a club or professional association, can help in facilitating partner identification and engagement. Such informal relationships are often nurtured outside the work environment but can be of enormous value to mining health programmes.

IN PRACTICE: Mining health programming

Multi-stakeholder partnership. In Ghana, Newmont takes a tripartite approach to implementing its influx management and community development programmes. It is an 'approach' rather than a formalised agreement in the stricter sense of the term. The approach involves direct collaboration by Newmont with local government (the District Assembly) and communities on specific activities. While Newmont typically provides material support to the partnership, the District Assembly brings in technical assistance, and communities contribute labour. The tripartite approach is seen as an important vehicle for ownership and sustainability by communities and local authorities.

Collaboration between mining companies. Two major mining companies in Ghana, Newmont and AngloGold Ashanti, shared best practices with each other and with small Ghanaian businesses about HIV/AIDS and malaria workplace programmes. This knowledge-sharing partnership has allowed all companies involved to develop smarter programmes that build on each other's lessons learned.

Rewarding programme success with development support. A Newmont programme in Ghana focuses on reaching employees, their families and contractors. Its malaria programme has succeeded in reducing average monthly incidence from eight per cent of its workforce of 3,300 employees and contractors in 2006 to 1.8 per cent in 2009. After receiving recognition for its programme and financial support from the IFC in 2007, Newmont entered into a partnership with the Ghana Health Service. This partnership has facilitated the training of 100 peer health educators who now provide prevention and treatment information to more than 10,000 people each year. [12]

Partnerships with the most marginalised. In Tanzania, both AngloGold Ashanti and Barrick have set up partnerships with AMREF and the government of Tanzania to support female bar and restaurant workers, and sex workers, near their mining areas. Since the majority of staff are male and migrant labourers, sex workers play an important role in the spread of HIV and other sexually-transmitted infections, and would not be reached in a health programme focusing only on employees and their families. [13]

[12] See Global Business Coalition (2010).
[13] See MHI (2012a).

Key lessons learned

- Most mining companies enter into both bilateral and multilateral partnerships for health
- Besides mining companies, potential partners for mining health programmes include health authorities, private healthcare providers and NGOs.
- The goals of a partnership approach need to be considered, along with potential risks and opportunities
- Informal personal relationships can help facilitate formal partnerships across sectors.

3. Engaging partners

Once potential partners have been identified, efforts must be made towards meaningful engagement. This includes assessing their interest in partnership and requires open and honest dialogue about shared goals, resources and approaches as well as potential areas of conflicting interests. No undue expectations should be raised.

Good governance is at the heart of every successful partnership. Good governance arrangements provide guidance and confidence to all partners by helping ensure that financial interests and property rights are protected, and that all partners move in the same direction. As a rule, good private and public governance requires well-functioning institutions with transparent, efficient procedures[14]. Moreover, good governance involves mutual accountability, fairness in equal application of rules as well as efficient utilisation of resources.

When entering into partnerships, appropriate **roles and responsibilities** need to be assigned, setting out each partner's contributions, leadership and division of risks and benefits. The nature and extent of involvement of each partner must be clearly defined. Potential gaps or overlaps in partnership arrangements must also be paid attention. It should be ensured that all partners feel comfortable with the division of roles and responsibilities. This also relates to managing expectations and clarifying what is expected of each partner with regard to financial, technical and human resource commitments.

While some partnerships are only loosely defined, there is value in setting out terms and responsibilities in **written agreements.** These may range from informal letters to elaborate contracts outlining each party's obligations in great detail and also making provision for a party's failure to oblige. Any type of agreement, whether verbal and informal or formal and written, necessitates open dialogue and communication as a priority.

When engaging **government partners,** policies and plans that may be relevant to the partnership should be understood. Investigating decision-making channels and assessing the relationship between political and technical decision-making power is also highly useful. From a company's perspective this involves identifying the government unit or individual who has the authority to make decisions and move things forward while, at the same time, not being too high-level to be

[14] See UNECE (2008).

flexible and able to invest time in the partnership. From a government's perspective, too, mining company structures and decision-making processes need to be understood to avoid frustrations in the engagement with partners. Importantly, the possibility of political change, including potential impacts on the partnership, should be considered.

Related to this, the consideration of **time horizons** may be useful. Mining operations, for example, tend to be large and therefore high-risk and long-term. Many mining companies have a time horizon of several decades, which is more than most donor and development agencies, but might be less than that of governments. At the same time, mining companies may have faster decision-making processes than governments and shorter time horizons when it comes to implementing a particular health programme.

Different **government authorities differ in their priorities,** and each sector, such as the health sector, competes with others for resources. Government authorities at regional, district and lower level may have more frequent engagement with mining company representatives, NGOs and other local stakeholders than with central level authorities. Therefore, they may be closely in touch with local realities while potentially being slightly removed from national level policies and plans.

With regard to health programming, sustainability can only be ensured where mining companies respect and promote **the stewardship function of government,** and specifically health authorities. This stewardship function, which involves maintaining control and decision-making power when it comes to setting the framework for health policy and service provision in a given context, may be specified in a written partnership agreement. It is important to note that the government's ability to effectively assume this function is often limited by financial and human resource constraints.

In all cases, consideration must be given to the fact that **individuals representing partner organisations may move from post to post** in one organisation, between organisations, and even between sectors. It is not uncommon for NGO workers to take on government positions at some point in their career, to then move to working with a donor or other development agency. In other words, as partnerships are entered into with individuals representing certain offices and institutions, such partnerships may be compromised when individuals move. At the same time, cross-sector experience and networks are valuable assets in partnership building.

IN PRACTICE: Mining health programming

Setting out roles and responsibilities in written agreements. During its exploitation phase in Madagascar, Rio Tinto received requests from district and provincial health authorities as well as communities to support infrastructure for public health. As a result, several public health centres were built or rehabilitated, including accommodation for health workers. The agreement was set out in writing, and included a description of each party's roles and responsibilities as well as a clause addressing potential failure to respect the agreement. Rio Tinto's role was to provide health infrastructure under the condition that the government would ensure appropriate staffing, equipment and supplies. Ten years later, the health facilities are still staffed and functional.

Public-private partnership in the face of political change. In Zambia, the relationship between the mine operated by FQM and local health authorities was, to a great extent, dependent on individuals and their respective posts. A recent change in government has led to staff transition. This has meant that progress in general mining activities, as well as specifically in regard to the health programme, has stagnated.

Seed funding and catalytic support. As part of its partnership approach to mining health programming in Madagascar, Rio Tinto has worked with NGOs among others. This has included providing seed funding and acting as a catalyst for successful approaches and institutional frameworks present in other parts of Madagascar to be introduced to the southeast of the country, where Rio Tinto operates. For example, to facilitate peer education and support in the fight against HIV and AIDS, the company has helped establish sex worker associations and support groups for people living with HIV and AIDS. A decade later, these groups are still operational.

Key lessons learned

- A clear definition of each partner's roles and responsibilities facilitates collaboration and helps avoid conflict
- Mutual accountability of all partners is key
- Written agreements may be useful in clarifying roles and responsibilities
- Explicitly distinguishing individuals from the offices they hold and represent may be useful
- The government's stewardship function should be supported and may be formally recognised in a partnership agreement.

4. Managing partnerships

Partnerships need to be nurtured if they are to bring the desired benefits. In other words, they require considerable **investment with regard to time**, and sometimes financial resources too. This involves taking time to understand each partner's goals, objectives and expectations from the partnership. For example, while mining companies may focus on the business case of health programmes, government authorities may have mostly social and political outcomes in mind.

'Cultural' differences across sectors and institutions, such as mining companies and health ministries, are common. Government actors tend to be more rigidly bound by laws and protocols, and government hierarchies often require decisions to be taken at the highest levels, i.e. not necessarily by the government representative leading on the partnership in question. As a result, mining companies sometimes find the pace of government decision-making to be slow. Nevertheless, there have also been cases of government authorities complaining about bureaucracy and slow decision-making of mining companies, as well as about gaps in data sharing. Other concerns include perceptions of risk-aversion and political expediency among some government actors. In other words, patience and compromise is required by all parties.

Prioritising systematic, clear and frequent communication is a useful way of overcoming institutional differences and potential conflicts of interest. It also helps overcome barriers in regard to the jargon used by different sectors. Such communication is essential from the earliest stages of partnership conception, through to definition of legal agreements, programme implementation and maturity or closure of the partnership.

Transparency is a key aspect of good governance and essential to managing partnerships. Transparency involves clarity about how benefits and investments are shared by public and private partners and helps identify potential imbalances. Since the balance of costs and benefits may be different for each partner, transparency from the outset is particularly important to avoid conflict over the course of joint action.

Flexibility also helps ensure that mining health partnerships are successful. During the course of joint health programming, circumstances may change and lessons may be learned which necessitate an adaptation or refinement of the approach taken or goals pursued. As mining partnerships for health tend to explore innovative solutions and challenge the traditional ways of working of all involved, flexibility is required of partners.[15] A recent IFC publication states: "The incompleteness of PPP contracts is unavoidable, because long-term contracts will necessarily face technological, demographic, managerial, and political changes. Contracting authorities must manage change in the way most compatible with healthcare policy"[16].

Where the provision of employee or community health services is contracted out to a private for-profit or not-for-profit partner, a **regular review of the contract** may be appropriate to ensure it remains relevant and cost-efficient for the mining company or government actor. For example, where beneficiary numbers fluctuate or new health risks emerge, this needs to be addressed through adaptation of the size and nature of the contract.

Practical considerations are also important. These will include making arrangements for the administrative and management support needed to manage the partnership and drive it forward. Potential capacity gaps of all partners, and ways to address them, are another example of practical issues that may need to be addressed.

[15] See MHI (2012a)
[16] IFC (2011) p. 21.

IN PRACTICE: Mining health programming

Investing in partnerships. In line with its desire for ensuring sustainability of health programming, Kenmare Resources in Mozambique forged strong partnerships with government authorities at all levels, including provincial and district health and administrative authorities, from the planning stage. Ensuring clear and mutually acceptable memoranda of understanding and maintaining regular contact has proven to be an effective formula for building strong relationships.

The company found that building such relationships with key members of the local and provincial governments has taken time and a focus on communication and commitment. This has also meant accepting delays in health programme planning and implementation to ensure alignment of processes with government policies as well as Kenmare's legal commitments. A close relationship based on frequent consultation exists with the district health team in particular, the district administration is also consulted and updated regularly. Judging by the strength and quality of the relationships observed, these efforts appear to be paying dividends.

Building in mechanisms for flexibility. Rio Tinto in Madagascar has contracted I-SOS, an international private provider of healthcare, to provide a comprehensive package of services to its employees and their families. Issues relating to occupational health of contractors are also covered. Since the contract with and payment to I-SOS is based on the number of individuals to be covered, Rio Tinto periodically reviews and renegotiates the contract to respond to fluctuations in the size of its staff. This has demonstrated to Rio Tinto a need for flexibility on behalf of both parties, as well as a need for mining company in-house expertise in regard to healthcare.

Building a portfolio of partnerships. FQM Kansanshi Clinic follows standards and guidelines set by the Zambian Ministry of Health in regard to malaria case management, antenatal and delivery care, HIV case management, diagnosis and treatment of TB and other priorities. The clinic's principal partner is the district health management team. When it comes to health services outside the fence, FQM's main partner is CHAMP (Comprehensive HIV/AIDS Management Programme), a local NGO with which FQM has a memorandum of understanding to provide various services, including workplace programmes, community work and mobile health care units.

Key lessons learned

- Transparency with regard to goals, expectations and decision-making must be ensured
- Flexibility is necessary as circumstances change and lessons are learned
- Systematic and consistent communication is a key tool for ensuring mutual understanding
- 'Cultural' differences between partners must be managed carefully.

Flexibility is necessary as circumstances change and lessons are learned.

5. Planning and managing programmes

A solid design and planning process is key to maximising impact of the programme, minimising obstacles in its setup and management, and ensuring support by stakeholders. The **use of evidence** generated in the needs and potential impact assessment, as well as in prior considerations regarding the business case when designing and planning a programme, facilitates negotiating resources and permissions both internally and externally. It also lays the groundwork for monitoring and evaluating the success of the programme. From a mining company's perspective the following considerations are key:

Beneficiaries:

- Will the programme cover employees only, or will it be extended to contractors, employees' families, immediate communities or wider communities?

Scope:

- Will there be a focus on certain priority diseases, such as infectious diseases (e.g. HIV and AIDS, malaria, TB)?
- What type of health services, e.g. diagnostic, preventative and treatment, and what level of care will be offered (e.g. primary healthcare, first aid)?
- Will related sectors, such as water and sanitation, also be included?

Management:

- Will the programme be managed by the company, or rather be outsourced to other providers, such as private medical companies, the public health service or NGOs?
- Are there existing service providers or facilities that could be contracted, or would a new facility have to be set up?
- Who will be responsible for the programme within the mining company?
- How will the external and internal parts of the programme be linked?
- How will the health programme be linked to mining company initiatives that focus on related aspects of sustainable and community development, such as social determinants of health?
- What institutional or programmatic mechanisms are necessary to distinguish influx management with regard to health, water and sanitation impacts from community health and development?

Finance:

- How will the programme be funded?
- Will services be free at the point of access, or will patients be required to pay a fee?
- What types of fee (e.g. flat fee, fee related to cost, etc.)?
- Will there be exemptions from payment for certain services or population groups?
- Will there be an option for health insurance?

Another consideration is whether the programme is set up to manage and mitigate potential negative impacts due to population influx (including overcrowding of health facilities, waste and water management issues, dust pollution, etc.), particularly during mine construction, or will it focus on community development. It could also do both. Distinguishing between influx management and community development may be useful in designing appropriate programmes for each stage in the life of the mine, such as exploration, construction and production.

In reality, mining health programmes provide a range of different service packages. These may focus on one or more diseases, such as HIV/AIDS, malaria or TB, or they might include a comprehensive package of services, including services that relate to the provision of water, sanitation and nutrition. The number of mining health programmes offering comprehensive health services outside the fence is limited. Health programmes that cover more than occupational health issues are often set up in response to specific diseases prevalent in areas where mining sites are located.

Besides considerations of need and the business case, resource constraints are important in determining which services will be offered to whom and at what price. Therefore, good cost estimates are necessary for planning the programme, particularly in relation to the following:

- Infrastructure, i.e. physical health facilities
- Equipment, such as fridges, diagnostic tools, vehicles
- Staff, i.e. doctors, nurses, lab technicians, assistants, managers, etc.
- Accommodation for staff
- Drugs and medical supplies
- Maintenance and repair of infrastructure and equipment.

[17] See Chapter 8 on data collection, monitoring and evaluation.

A key consideration is **value for money,** i.e. optimising outputs and outcomes with limited inputs. This involves considering several alternative providers, suppliers, contractors and partners to ensure that the programme can offer the best possible service to the maximum possible number of individuals within a given budget. Such contracts may have to be reviewed regularly in order to ensure that the services offered by the contractor remain relevant and cost-efficient for the mining health programme. Appropriate mechanisms for record-keeping and tracking data relating to results, as well as expenses, should be considered early on in the planning and design phase. It should be noted that health partnerships can be a key vehicle for improving value for money as they help avoid inefficiency, facilitate economies of scale and create synergies.

Regular consultation with beneficiaries, such as employees and communities facilitates progress in establishing services and ensuring acceptance by the target group. Community participation may also help address equity considerations, i.e. to ensure access and improved health outcomes for all sections of the population, particularly the poorest and most marginalised.

IN PRACTICE: Mining health programming

Specifying the package of care. First Quantum Minerals Kansanshi Clinic, operated by Crusader Health, a private for-profit health provider on behalf of FQM in Zambia, offers the following services:

- Pre-employment medical checks
- Antenatal care that includes provision of insecticide-treated mosquito nets and is also linked to post-natal care and family planning
- Immunisations for children under five
- Counselling, testing and treatment for HIV and AIDS
- Testing and treatment for TB
- Treatment of non-intensive care injuries.

Financing health programmes. FQM offers the aforementioned services free at the point of access to employees and their families who have opted-in to a system whereby they are charged monthly flat fees that are deducted directly from employees' salaries. Together from these contributions, the company funds its health programmes mostly from internal operational or health budgets. Nevertheless, FQM has also participated in the submission of proposals to institutional development donors, such as the European Union, to support the financing of infrastructure and capital equipment necessary in the building of hospitals and clinics.

Applying lessons about influx management. When beginning construction of its second mine in Ghana, Newmont applied lessons learned in its first mine in the country. Rather than implementing a community health programme from the outset, the company decided to focus first on managing negative impacts due to population influx under an especially designated 'influx management programme'. This programme addresses health, HIV/AIDS, water, sanitation and security in an integrated manner and works to avoid or mitigate negative impacts, such as water scarcity or inappropriate waste dumping. Before the start of the production stage, the influx management programme will transition into a programme more specifically designed to address health, water, sanitation etc. from a community development point of view.

Towards alignment of activities and programmes. Rio Tinto in Madagascar, through a private provider, offers a comprehensive package of healthcare to its employees and their dependants. Most services are provided free of charge. Some, such as dentistry and seeing aids, are provided at a subsidised rate. Contractors, on the other hand, only receive such comprehensive support in regard to occupational health. For other health problems they have access to a health facility jointly owned by a number of private companies, a provision stipulated under the law of Madagascar. While Rio Tinto initially funded the construction and rehabilitation of public health centres to benefit communities, its community support with regard to health since then has focused on HIV prevention. The company is currently revising its approach to ensure strategic alignment, community engagement and a more comprehensive approach to health and development in collaboration with government authorities as well as UN agencies and NGOs.

Key lessons learned

- Programme design and planning must be informed by evidence
- Programmes to mitigate the health impacts of population influx should be distinguished from development programmes
- Beneficiaries, scope of service, management arrangements and financing models need to be considered
- Beneficiaries can be important partners in programme design and planning
- Key cost factors include infrastructure, equipment, human resources, drugs and consumables.

6. Assessing stakeholders and engaging communities

Knowing and understanding stakeholders, i.e. those individuals, groups and institutions that are affected by, or can affect, mining operations and health programmes is key. Most large mining companies have **departments responsible for community relations,** and these may be engaged in constant, meaningful dialogue and stakeholder engagement more generally. Such engagement may already be institutionally formalised through community fora, for example, serving as an excellent starting point for further assessing stakeholders and involving communities in conducting needs assessments, designing and planning programmes as well as in monitoring and evaluation.

When identifying stakeholders, a systematic approach is advisable. The process of stakeholder identification will also facilitate an initial analysis of who will be more or less directly affected, and who has more or less power to prevent or mitigate negative health impacts as well as maximise positive health outcomes.[18] Stakeholders' **interests and influence** vis-à-vis the mining company and its actual or potential health programme can be established in a stakeholder analysis. The value of a stakeholder and power analysis lies in a focused and detailed assessment of the specific individuals, groups and institutions involved, as well as their respective interests, influence and power. Annex B provides an overview of a typical set of key stakeholders with brief considerations of each group's interest and influence with respect to mining health programmes and health outcomes more generally. It is important to note that this overview provided is necessarily superficial as it is not possible to provide a one-size-fits-all stakeholder assessment.[19]

[18] A number of tools and resources are available to assist companies and other organisations in identifying, analysing and engaging stakeholders. These include IFC (2007).
[19] For more information on stakeholder analysis see for example IFC (2007)

While communities are frequently consulted through their established leaders, it is worthwhile to **seek direct engagement with a wider range of community members** as the 'filter' function of community leaders is not always desirable. This involves pro-actively engaging a variety of sub-groups of the population and paying attention to the representation of sex, age and other demographic and socio-economic factors. Partnering with local NGOs or community-based organisations is often a useful entry point for reaching community members. Where such engagement is guided by appropriate forms of interaction (e.g. using local language, appropriate consultation techniques, appropriate settings for consultation, etc.) mining companies will likely be able to access a richer and more comprehensive picture of community interests, needs, concerns and inputs. Wide engagement will also be conducive to enhancing ownership and social capital.

Besides being beneficiaries of mining health programmes and other initiatives, some communities close to mining operations also receive **community royalties** from mining companies, and they are free to use them for whichever priority they choose. Some communities invest parts of these royalties in health. This is an indirect, positive impact of mining operations that mining health programmes may build on or link in with, as well as draw lessons from.

When consulting with communities and other stakeholders, mining companies and other institutions must **avoid raising false hopes and expectations** as this is not only fundamentally unfair but may lead to a negative backlash in regard to reputation and community support. For example, when they gather community members to discuss health needs and priorities, they must make it clear that they may not be able to address all of these, that services may be limited to specific parts of the population or that they may be limited in time. Where companies, governments or other institutions make promises to communities, they must ensure to deliver on such promises without undue delay. Nevertheless, mining companies should be aware that there will always be expectations from communities which companies cannot or indeed should not meet. This needs to be considered when planning community dialogue and consultation processes.

Community members can also play an active role in improving community health. In many countries around the world, community members have been trained to provide basic health promotion and disease prevention services. These **community health workers** (CHWs) perform a wide range of tasks, including first aid and treatment of simple and common ailments; health education; nutrition, maternal and child health and family planning activities; care for TB and AIDS; malaria control; as well as home visits, referrals, and record-keeping. It has been found that CHWs, who are often volunteers, or may receive only modest levels of remuneration, are particularly effective where they receive adequate support in terms of training, supervision and other incentives which demonstrate that their services are valued.[20] When supporting CHWs, mining companies should seek alignment with national and local initiatives, including with regard to remuneration and incentives. Alignment also involves ensuring long-term commitment or, where this is not possible, avoiding raising false expectations in regard to sustainability of commitments.

Meaningful community engagement necessitates **prioritising communication.** This involves mining companies and other actors planning their approach to communication; ensuring consistency and continuity in communication; avoiding raising undue expectations about programme support; taking community concerns seriously; and not taking for granted even basic knowledge and insights about mining operations, among other things. As a general rule, too much communication is better than too little.

[20] See for example WHO (2007).

IN PRACTICE: Mining health programming

Institutional set-ups for engagement. A multi-stakeholder Social Responsibility Forum established by Newmont in Ghana includes company representatives as well as representatives from local government, the district health management team, community leadership and local interest groups. It is the company's principal mechanism for community consultation and engagement and meets at least twice a year, with meetings being facilitated by an external moderator. Once production starts, and the Newmont Community Development Foundation has been established for communities affected by the mining operation, the Forum will also provide the basis for coordination and management of the Foundation.

Consulting both male and female community members. Rio Tinto, after starting an exploration programme in Mongolia in 2005, began engaging with communities in 2006. In these consultations, which were dominated by male community members, a number of misconceptions about the mining programme were solved and, following several rounds of consultation, the men felt that they had received adequate information. However, when a more systematic engagement of households was started it became clear that women did not feel adequately consulted, and that their priority concerns were different from those of male community members. Women wanted to know about employment opportunities for themselves and their children, and they inquired about education as well as potential negative impacts on their livelihood. As a result of proactive consultation of both men and women, Rio Tinto was able to optimise its response to community concerns. [21]

Moving towards meaningful engagement. In Zambia, First Quantum Minerals implements its socio-economic and development work through its not-for-profit arm, the Kansanshi Foundation. Originally, the Foundation engaged little with communities and other stakeholders, taking decisions about community support largely without consulting the communities in question. However, following lessons learned over time, the company is now moving beyond traditional donor-recipient relationships to actual collaboration and empowerment of communities. It appears to be taking a far more inclusive approach to stakeholder involvement than before and is working to strengthen community engagement in decision-making, for example, about what types of services the Foundation should fund, or not.

Engaging leaders as well as community members directly. Kenmare Resources in Mozambique has found that nurturing relationships with communities requires high levels of effort in order to facilitate mutual understanding. To ensure coherence, communication with communities - via their leaders - is channelled through Kenmare's community liaison department. The company's relationships with community leaders are strong, and channels of communications are effective. Nevertheless, community leaders were found to act as gatekeepers and information flows between communities and their leaders regarding negotiations and agreements reached with Kenmare appear to have been problematic. It was found that working with wider communities, rather than only through community leaders, may be a more reliable approach for mining companies like Kenmare to managing community expectations and to understanding community perspectives.

Training community health volunteers. Kenmare Resources, through its not-for-profit arm KMAD, provided basic training in health promotion and disease prevention to volunteers from the community. This was done in collaboration with the ministry of health at central level as well as the district health team, who KMAD signed a memorandum of understanding with. However, of the 20 volunteers originally trained, only seven are currently considered active. Therefore, KMAD is planning a new drive to recruit and mobilise community health volunteers in a manner that ensures sustainability.

Prioritising systematic and consistent communication. In Madagascar, Rio Tinto was facing roadblocks and other types of collective action by communities who demanded social services and support. As a result, when the company strengthened its communication with communities, it was found that a large part of the communities' resentment was due to a lack of appropriate communication: community members simply did not know that an important part of the infrastructure and service that had been put in place, had in fact been provided by the company. Community members had assumed that these had come from the government. Moreover, in Madagascar's context of political crisis, development partner support has decreased significantly and as a result, expectations on the company have grown. Communication remains challenging and Rio Tinto is making efforts to ensure more consistent and systematic communication about its wide range of development activities.

[21] See Rio Tinto (2009).

Key lessons learned

- Key stakeholders need to be identified and their interests and power investigated in a context-specific analysis
- Meaningful engagement of communities involves pro-active and systematic dialogue from early on
- Engagement with several layers of the community, rather than only community leaders, is necessary
- Community members can be active implementers of health programming
- Communication about health programmes by mining companies should be regular, systematic and strategic and avoid raising false expectations.

7. Ensuring health system strengthening and alignment

Considerations regarding health system strengthening and alignment, a goal supported by most global and international development partners, and understood as a key priority by national governments, warrant specific attention in programme design from early on.

A health (care) system can be defined as the organisation of people, institutions and resources to deliver health services designed to meet the health needs of a target population. National health systems aim to provide high-quality prevention, diagnostic and treatment services in an equitable and efficient manner. Important features are health workers, i.e. doctors, nurses and other staff; drugs and equipment; physical infrastructure, such as clinics and laboratories; and the method of financing, i.e. through insurance, user fees or other ways. In some countries, national health systems include a large segment of private for-profit providers of healthcare, in others there is more emphasis on publicly-provided services. In many countries, services provided by NGOs and faith-based organisations play an important role.

More often than not, public facilities in low- and middle income countries are under-resourced, understaffed and lack reliable provision of essential drugs and medical supplies. The differences in working conditions and, to some extent, salaries between the public and private health sector often contribute to undermining already weak national health systems as health staff move from the public sector to less operationally challenging positions. Therefore, it is essential that mining health programmes are designed and planned with a view to **strengthening the national health system** in line with government priorities, rather than setting up parallel systems without consideration of the wider context.

Importantly, investing in improving health infrastructure alone cannot be considered health system strengthening. For health systems to offer an appropriate quality of healthcare **ensuring that health facilities are adequately staffed and equipped** with drugs and medical supplies in the long term is indispensable. Given their competitive advantage in construction and other reasons, mining companies and other actors nevertheless often focus on investments in health infrastructure rather than recurrent costs. Therefore, they must make sure to identify partners who can complement their investments by paying for health workers (doctors, nurses, laboratory staff, etc.), medicines and other key elements of a functional health system. Building support for recurrent items such as staff and drugs into partnership agreements - and ensuring mechanisms to hold each partner

to account - is one possible approach. Supporting training for health workers or district health managers is another.

It has been shown that health facilities set up by private corporations, such as mining companies, typically offer a higher **quality of service** and therefore often enjoy a better reputation than public or perhaps other private facilities in nearby locations. This is because company health programmes tend to be adequately staffed and better resourced, allowing for better infrastructure and equipment as well as a more reliable supply of drugs. Such facilities typically offer better working conditions, including higher salaries, to health workers, thus attracting and retaining highly qualified staff. In the worst case scenario, mining programmes may drain the national public health system of its human resources, which could have exponential negative implications in the longer run, particularly when mining companies exit or close down health programmes. This might also negatively affect relationships with government authorities and the local health system.

One key consideration with regard to health system strengthening is whether the mining health programme is disease-specific, in that it focuses on priority diseases such as malaria and tuberculosis only, or whether it offers a more **comprehensive set of services.** In general, it can be said that horizontal, i.e. non-disease-specific programmes, are more likely to strengthen national health systems than vertical ones, i.e. those that focus only on one or more priority diseases.

Alignment with **government policies** is key. In order to be able to contribute to health system strengthening, mining companies must know and understand government priorities and plans. At the same time, mining companies must have good knowledge and clear understanding of local government health plans and systems in the area in which they operate. By the same token, government policies must take account of the important role of the private sector, including mining companies, in health service delivery.

Information on national priorities with regard to health is frequently made publicly available in the form of **national health sector policies, strategies and plans** as well as poverty reduction strategy papers, health country compacts between governments and donors, and a number of other government, donor and NGO documents. Local priorities are typically set out in regional, district or even sub-district health strategies and planning documents. National, regional and local health priorities can also be gathered in consultation with government authorities, as well as from other key development actors, such as UN agencies.

Only through dialogue and partnership with all key actors in the health and development field of a given country, and in particular the local context, can mining companies and other actors ensure **alignment and harmonisation** with existing programmes and priorities. This may involve mining health programme managers participating in annual DHMT planning exercises or multi-stakeholder health coordination meetings. Such alignment and harmonisation is necessary to avoid gaps and overlaps as well as inefficiencies in the joint response to health needs by public and private actors. It should be noted that the health sector is characterised by a large and fairly complex aid architecture, with dozens of different types of global partnerships, funding arrangements and institutional set-ups.

Quality control and assurance is an essential part of good health programme management which can be facilitated by: appropriate staff training; regular supervision; solid record keeping; and other mechanisms, such as ensuring health workers have the necessary tools, equipment and supplies to work with and that they are receiving an adequate income. When considering alignment of mining health programmes with the public health system, supervision of health facilities run or financed by mining companies must also be taken into account. As a rule, public health authorities are responsible for monitoring and supervising privately provided services to ensure quality and alignment with national protocols and standards [22]. In practice, regional or district health authorities may not prioritise such supervision due to a lack of time and financial resources, as well as because of assumptions in regard to the quality of privately provided services.

[22] It is not always desirable for a health programme to apply higher than national standards. For example, a company health clinic may treat employees and dependents who are diagnosed with malaria with drugs which are of a higher standards than the national treatment protocols. This is common practice in private clinics and cabinets all over the world. However, for reasons of equity, consistency and sustainability in a developing country this practice may not be ideal.

Sustainability

Health system strengthening is a key tool for ensuring sustainability. Sustainability considerations are necessary as health programmes tend to come with an expiry date while health needs of the population persist. Moreover, questions about ethics arise, for example, where HIV patients have been receiving drugs to manage their infection and must fear losing such support as a mining health programme ends. In other words, sustainability and exit strategies, such as handover to public bodies or NGOs, are essential and need to be considered from early on in the planning stage. At the same time, the fact that mining operations tend to have very long time horizons, much longer than those of many development partners, is an excellent opportunity for ensuring programmatic sustainability.

Defining an exit strategy involves considerations in regard to mine development and the life of the mine; the business case for continued investments in health; financial contributions to community-owned development, such as through a mining foundation for example; linkages with related sectors, such as water and sanitation; and last but not least, data collection and analysis to clearly understand the costs and impacts of the above and be able to use and share lessons learned for application in other settings.

Where mining health programmes fill gaps that were formerly addressed by other stakeholders, such as public providers for example, **a substitution effect** may occur. In other words, there is a risk that mining programmes replace rather than complement or add to existing services, thus weakening the system in the long term. While there is no clear evidence on what factors influence the risk of substitution it is evident that mining health programmes must be aware of such risks and aim to avoid substitution.

It should be noted that, in some contexts, health facilities supported or owned by mining companies can register to be linked into the public system. Where this is possible, they may be eligible for **benefits,** for example with regard to procuring PEPFAR [23] -supported drugs for HIV/AIDS and TB through the national distribution system.

IN PRACTICE: Mining health programming

Seeking alignment with government priorities. First Quantum Minerals in Zambia has recently begun to prioritise discussion and synergy with the public sector. The conception of its malaria programme, for example, came about after the company identified a potential role for filling gaps in the realisation of the current national malaria control strategy in districts where FQM operates mines, as well as nationally. National, provincial and district priorities have been clearly defined by the Zambian Ministry of Health. It was found that the list of priorities “is so comprehensive at each level of the health system that it would be difficult for a stakeholder not to be able to fit in the plan, particularly at Solwezi district level.”[24] Therefore the question is less whether the health programme is in line with public priorities, but more about how such alignment can be ensured in practice, as well as what strategic or longer-term benefits the public partner may draw from the relationship.

Facilitating government stewardship. In Zambia, FQM is working in coordination with other large mining and agricultural companies to address gaps prioritised by the Ministry of Health. This ensures that the government retains stewardship and overall control over implementation of health strategies and plans, and dependency issues are minimised. The company clinic has registered to be linked into the public health system in order to be able to apply for ARV and TB drugs through the national distribution system, funded by PEPFAR. Supervision visits by the district health office are set to take place quarterly, with the clinic being evaluated by MOH standards. In return, the clinic is obliged to report data relating to case management of HIV and TB to the district health office.

[23] PEPFAR, the President’s Emergency Plan for AIDS Relief, is an initiative funded by the US government in support of the fight against HIV and AIDS. See more information at http://www.pepfar.gov/about/index.htm
[24] MHI (2012b) p. 10.

Planning for sustainability. Kenmare Resources in Mozambique deliberated carefully prior to finalising its health programme, wanting to ensure sustainability of interventions through coordination and integration with the national health system, and in consultation with communities. The new strategic plan of its not-for-profit arm KMAD (Kenmare Moma Development Assistance) clearly articulates this commitment to sustainability. It was developed with a view to adhering to Ministry of Health priorities and being responsive to expressed needs of the district health management team.

Preventing substitution. Kenmare Resources in Mozambique is aware of a potential substitution effect of public health services through mining health programmes. Therefore, it has taken deliberate action to prevent such substitution from occurring, and placing the programme squarely in a context of sustainability. This has meant engaging the Ministry of Health at each step to ensure the highest possible level of ownership, even where this has meant delays in progress.

Key lessons learned

- All decisions about health programme development must be guided by an aim to strengthen the national health system
- Harmonisation and alignment with government policies and priorities, as well as with the work of other key actors, is key
- Supervision helps ensure appropriate quality and standards of health programmes
- Defining exit strategies early on in the programme positively affects sustainability.

8. Data collection, monitoring and evaluation

Systematic collection and analysis of data is key. This includes collecting baselines in order to facilitate monitoring and evaluation. Mining health programmes, including the partnerships that facilitate them, need to be continuously monitored, and evaluated at intervals. In order to ensure thorough monitoring and evaluation (M&E), adequate tools and procedures need to be **built into the programme** from the design stage. In health programmes, M&E tools usually involve an analytic framework that sets out the planned methodology and processes. Besides a theory of change, i.e. the goals and objectives the health programme has set, development of good quality indicators is key. These can relate to outputs, such as number of patients consulted, number of prescriptions administered, number of staff trained, as well as to health outcomes, such as improvements in the health of the target population (for example, reduced malaria incidence).

In order to assess progress over time, solid **baseline data,** usually gathered through a review of existing data as well as a survey of the target population, is necessary as a basis for comparison. While the programme needs to be continuously monitored, independent evaluations should be conducted at regular intervals and at the end of the programme at the very latest.

Keeping good records and tracking costs and expenses, as well as data on the number of consultations, the type of services offered, the number of staff hours worked, the number and type of drugs and supplies used, etc. is essential for monitoring cost effectiveness and value for money and making improvements and resource allocations as necessary. Such data is also an invaluable basis for assessing the value of the programme in terms of mitigating productivity losses and maintaining ongoing operations, i.e. for quantifying the business case.

Data thus obtained will facilitate management and control of the mining health programme while also delivering useful evidence for success factors and challenges in a given context to other development actors. Therefore, it is good practice to **share the results of M&E** with all partners and other stakeholders.

Besides serving to support the business case for health investments within the company, data **facilitates ongoing discussions** with local health authorities and communities. In order to facilitate health systems strengthening to the extent possible, data collection should be based on indicators used by the public health system.

Data can be used for a combination of the following:

- to inform programming,
- to be included in feedback mechanisms to partners, communities, and other stakeholders,
- to quantify the business case and advocate for funding and programme expansion internally,
- to negotiate with government, potential donors and other partners.

The table below summarises how stakeholders can benefit from mining health programme data:

Stakeholder	Benefits from mining health programme M&E data
Mining company	To understand routes of impact and quantify the full benefit of health programmes
	To make the business case for internal and external support to mining health programming
	To negotiate partnerships with donors, NGOs, government authorities and other stakeholders
National health system	To identify areas of collaboration with mining companies
	To complement, and compare with, data provided by the national health management information system
	To leverage such data for development of funding proposals to donors
	To gain additional insight into appropriate and cost-effective approaches
Wider health and development community	To inform decision-making about engaging in health partnerships with mining companies
	To inform decisions about appropriate sizes of financial support

IN PRACTICE: Mining health programming

Conducting a health baseline of all employees and contractors. Rio Tinto in Madagascar has recently started to conduct a comprehensive health baseline survey of all employees and contractors. This includes physical examinations that cover vision, hearing, radiology and other aspects of health. While the baseline tests are the same for all types of employees, regular and exit check-ups are different as not all employees are exposed to the same work-related risks. For example, only some occupations are regularly exposed to risks relating to noise or radiation. This baseline will allow the company to track its health impact and also produce useful information for government authorities.

Developing a 'lessons learned culture'. First Quantum Minerals in Zambia has developed a 'lessons learned culture'. The company realises that without good data on the costs and impacts of its health programmes, it will not be possible to fully understand the strategic and social benefits of its activities. It is recognised that the company currently lacks adequate data to make the business case for PPPs, which are necessary for health programming to be successful in the longer term. Therefore, the company is taking steps to build a better understanding of the health status of its workforce and the surrounding communities in both current and new operational areas, and to collect and analyse internal data on the impact of poor health on company productivity.

Collecting and disseminating data. As part of its agreement with Rio Tinto in Madagascar, I-SOS submits detailed reports about the number and type of consultations both to the mining company as well as to government authorities. It also provides data about how many employees present for which service, and how many days of sick leave are recommended, to the mining company. Thereby, Rio Tinto is able to maintain an overview of trends in disease patterns as well as trends relating to productivity.

Key lessons learned

- Collecting, analysing and utilising data generated by mining health programmes is key to success
- Data, once shared, will be useful not only to the mining company but also to government, NGOs and other partners
- Periodic review of input and output data can help ensure value for money
- Regular programme monitoring is as important as evaluating impact over time.

Going forward

There is a range of different ways for mining health programmes to be designed and partnerships to be structured to lead and support mining health programmes, but there are a number of considerations which can greatly improve the chances of success and help create win-win situations for all partners involved.

In order to achieve the overarching goal of improving health among mining companies' employees, contractors and mining communities and thus ensuring companies' social licence to operate, while strengthening the national health system, companies, governments and other key stakeholders must work together. This allows for the creation of synergies and facilitates community engagement, thus rendering investments more effective and efficient for all parties concerned.

Key elements of success include the following:

In order to maximise synergies and facilitate systems strengthening, health programmes should be as **comprehensive** as possible, addressing most common health issues rather than singling out individual diseases such as HIV/AIDS or malaria only. When it comes to communicable diseases, beneficiaries should include direct mining company employees, contractors and wider mining communities alike as transmission occurs across boundaries.

Health system strengthening must be considered and prioritised from the outset. This involves direct and consistent engagement between mining companies and local health authorities in particular, a solid understanding of local as well as national health priorities and plans, and joint identification of useful ways to address local needs. In other words, mining health programmes must be developed in a collaborative and forward-thinking manner.

Health system strengthening also requires **sharing of relevant data** between mining companies, district health management teams and other interested authorities and organisations, including the national malaria control programme, national HIV/AIDS authority, ministry of health at national level, local NGOs working in health, local administration, etc.

Rather than emphasising only infrastructure development, strengthening health systems involves **ensuring that health facilities are adequately staffed and equipped** with drugs and medical supplies. Health authorities must emphasise this important point when negotiating with mining companies and other partners. Where mining companies do focus on investments in health infrastructure, they must make sure to identify partners who can complement these investments, and be able to hold them to account for commitments made. Building support for recurrent items such as staff and drugs into partnership agreements is one possible approach.

Establishing a **solid mechanism for collecting, analysing and utilising health data** is key. This includes baseline studies to understand disease patterns and trends; trends in the number of consultations; trends in sick days; and so forth. Besides facilitating internal control and providing guidance to programme management, such data also facilitates communication with partners and other stakeholders. Importantly, data is needed to justify mining company investments in employee and community health, and to make the case for an expansion of health programmes. Ultimately, establishing a 'lessons learned culture' is beneficial to managing both private and public programmes.

When designing health programmes, both the status quo in terms of health issues as well as **potential impacts of mining activity** must be considered. Health programmes may need to be tailored to each stage in the mining cycle from exploration to production and closure of the mine. This involves paying special attention to population movements during different stages in the process. Establishing a programme to mitigate health and related impacts of population influx in addition to a community development programme should be considered, particularly during mine construction.

Health programmes must be designed with a holistic definition of health in mind that also takes into account water, sanitation, hygiene, nutrition and other determinants of health, including social determinants such as education. An **integrated approach** to health programming involves strong links and partnerships between stakeholders from a number of different sectors.

Mining health partnerships by definition necessitate **cross-sectoral collaboration.** This means that partners are confronted with a range of management and leadership styles, and with different organisational cultures. Working effectively across different organisational backgrounds requires transparency, tolerance openness and a constant effort to communicate clearly in order to avoid conflict and maximise efficiency.

MINING HEALTH INITIATIVE

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Annex

Annex A: Health programme and partnership development checklist

Contextual Considerations	
Status quo	
What are the main health issues the local population is facing?	
Who are the stakeholders for development and implementation of, and who would be affected by, a mining health programme?	
What health services are currently available to local populations, including employees, contractors and community members?	
Potential health impacts	
What positive and negative impacts is mine-related population influx likely to have?	
How can negative impacts be avoided or mitigated?	
What institutional or programmatic mechanisms are necessary to distinguish influx management with regard to health, water and sanitation from community health and development activities?	
Legal obligations	
What obligations are there in the host country legal framework, for example, with regard to providing health benefits to employees and in terms of assessing and mitigating impacts?	
Corporate considerations	
What are company policies with regard to health and safety as well as corporate social responsibility?	
What is the business case for investing in occupational health, wider employee and family health as well as public and community health?	
What are the likely synergies between investing in occupational health, public health and wider community health at the same time?	
What are the risks (e.g. cost, lack of expertise, etc.) and opportunities (e.g. lower transmission risk for the workforce, social capital, etc.) with regard to investing in public and community health?	
How might partnerships help mitigate risks and capitalise on opportunities? What kind of partnerships will be needed?	

Programme Design	
Beneficiaries	
Will the programme cover employees only, or will it be extended to contractors, employees' families, and/or communities?	
If communities are to be covered by the programme, which specific communities will be addressed, and why? Are there communities that have been resettled and, if so, do they require specific support?	
Scope of service	
Will there be a focus on certain priority diseases, such as infectious diseases (e.g. HIV and AIDS, malaria, TB) or will the health programme cover a comprehensive package of services?	
What type of health services will be offered, e.g. diagnostic, preventative and treatment?	
What level of care will be offered (e.g. primary healthcare, first aid)?	
Will all beneficiaries have access to the same services, or will different types of services be provided?	
Integrated approach	
Will the programme use a narrow definition of health, or take an integrated approach, addressing key determinants of health, such as nutrition, sanitation, education, livelihoods?	
If the programme has a narrow focus, how will it be linked to other company initiatives that focus on health-related aspects of influx management or community development, such as water, sanitation and social determinants of health?	
Management	
Will the programme – or parts of it - be managed by the company, or rather be outsourced to other providers, such as private medical companies, the public health service or NGOs?	
Are there existing service providers or facilities that could be contracted, or would a new facility have to be set up?	
Who will be responsible for and lead on the programme within the mining company?	
Financing	
How will the programme be funded? Which budget(s) will the funding come from?	
Will services be free at the point of access, or will patients be required to pay a fee? What types of fee (e.g. flat fee, fee related to cost, etc.)? Will different conditions apply for different groups of beneficiaries?	
Will there be exemptions from payment for certain services or population groups?	
Will there be an option for health insurance?	

Partner Identification and Engagement [25]	
Motivation	
Why is a partnership envisaged, what are the goals of such partnership?	
Is a partnership the only way of achieving these goals, or might there be alternative ways?	
Who may be the best partner in achieving the goal in question? Will this institution and the individuals that represent it be interested in entering into a partnership? What may motivate them?	
What are the potential risks and challenges of partnership?	
Roles and responsibilities	
What are each partner's roles and responsibilities? What are the financial, technical and human resource expectations and commitments by each partner?	
Do all partners feel comfortable with each other's responsibilities?	
Do all partners involved share the same goals, including timeframes? If not, has this been made explicit?	
What capacity gaps may partners have that could affect their roles and responsibilities? How can these be addressed?	
Context	
Is there a legal framework which may cover the partnership?	
Are there any support facilities, such as partnership brokers, that may facilitate partnership building?	
Are there any other contextual factors that may facilitate or impede partnership building?	
Governance	
How may the partnership be structured? How will decisions be made?	
What legal and other formal arrangements are necessary and useful in order to specify mutual roles and obligations, and to ensure accountability?	
What administrative and management support will be needed to drive the partnership forward?	
How may a useful monitoring and evaluation system be established and managed? What are appropriate indicators, processes for documentation and analysis of findings? How will these be communicated and shared?	
Government partners	
What government policies and plans may be relevant to the partnership?	
What are the decision-making channels for the issues that the partnership addresses? How and where are decisions made within a given government authority? What is the relation between political and technical decision-making power?	
What level of government should be addressed? Which department, unit or individual is sufficiently senior to be able to take decisions and move things forward while not being too high-level to be flexible and able to invest time in the partnership?	
Is there any rivalry between departments and different actors?	
Is political change likely? If so, how would this impact the partnership, and how could such impact be avoided or mitigated?	

[25] For more information see IBLF (2011)

Data Collection and Analysis	
Existing mechanisms	
What are corporate policies regarding data and information management? What systems exist within the company for data and knowledge management and sharing?	
Is health-related data being collected? If so, how and by whom? Does the existing system need to be complemented by additional indicators and mechanisms?	
Health programme data	
What baseline data is available to the company? Who (internally or externally) can compile and prepare it?	
What indicators are appropriate for establishing a baseline and assessing outputs, outcomes and impact of health programmes? What indicators is the government using? Can company indicators be aligned with the latter?	
Who is responsible for data collection and analysis?	
Who takes decisions in regard to data sharing? What mechanisms are necessary for systematic data sharing with partners? What data is expected in return?	
When should the programme be (internally and externally) evaluated, and by whom?	

Annex B: Overview of mining health programme stakeholders

Stakeholder	Interests	Power and influence
Mining company		
Top and middle management, relatively highly educated and well paid	• Maximise productivity and profit • Maintain good reputation among shareholders, communities and customers • Personal and professional interests such as progressing career, improving work-life balance, giving back to society, etc.	• High influence within mining company, correlated with level of hierarchy • Certain aspects of power and influence also emanate from charisma, social networks and other factors
Mining workers		
Employees and contractors at lower levels of the hierarchy, often with lower education and training and lower salaries than management	• Salary and benefits • Job security • Health and safety • Positive work environment	• Relatively little influence as individuals • High collective influence and power due to the company's dependency on its workforce • Relatively high influence of specific individuals, such as trade union representatives and others who enjoy respect among employees and wider communities, as they are opinion leaders and can motivate and mobilise workers
Government authorities at national level		
Health authorities, such as health ministries, as well as ministries of finance, planning or trade	• Maintain stewardship and regulation function • Provide public infrastructure and services, for example for health and education • Maximise their sector's share of the budget • Minimise negative impact of mining operations on society and the environment	• Have the power to grant or refuse the granting of an operating licence to mining companies • Power to direct company activities and investments by setting the regulatory framework
Government authorities at regional, district and sub-district (commune) level		
Health authorities as well as administrative and other sector authorities at the sub-national level	• Implement national policy through adaptation to the local context • Improve local outcomes • Demonstrate success to central level authorities • In a context of scarce resources, they welcome mining company support for infrastructure and development • Balance environmental and social concerns with opportunities from mining	• May be involved in processes to approve or renew mining company operating licenses • Constrained for resources and capacity

Stakeholder	Interests	Power and influence
Communities		
Individuals and groups affected by mining company operations; may be more or less formally organised into sub-groups (representing the interests of women , youth, people with disabilities, etc.); communities that were resettled as part of mine construction may represent a particularly affected sub-group	• Maximising benefits from mining operations, for example in regard to employment and service provision • Minimising and mitigating negative impacts of mining, such as threats to livelihoods	• Linked to ability to organise and stage collective action, such as strikes or roadblocks • May receive support from other stakeholders, such as development agencies, for whom communities are a key beneficiary group • In some countries awarding or renewal of mining permits or licences requires approval of local landowners.
Non-governmental organisations (NGO)		
NGOs operate in a variety of thematic, geographic and institutional formats. They range from faith-based organisations to large international NGOs, to small community groups. They may provide services, focus on advocacy or engage in a number of other activities.	• Given the large variety and number of NGOs, their interests are manifold • Interests can range from providing services to people in need to civil society strengthening more generally • NGOs may also aim to prevent or disrupt mining operations.	• Among other things, NGOs' respective levels of power correlate with: • Programme and staff size • Local, national and international affiliation • Social and political networks • Technical expertise
Donors and development agencies		
International donor and development agencies, such as bilateral government donors, multilateral donors (World Bank, EU, etc.), UN agencies, and others	• Expressed focus of interest is on serving poor populations by strengthening government capacity and systems • Providing financial and technical support in a results-oriented and cost-effective manner	• By virtue of providing financial and technical support to governments, as well as through diplomatic relations, they enjoy significant influence on the latter.

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