



UNIVERSITY OF HEALTH
AND ALLIED SCIENCES



Stakeholder views on public health policy options in large-scale mining

Findings of a Q methodology study

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HIA4SD HEALTH IMPACT ASSESSMENT
FOR SUSTAINABLE DEVELOPMENT



Study background

- ❖ Governance work stream
- ❖ Carried out between June and August 2021 in Ghana

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Motivation and purpose of the study

- ❖ To analyse how different stakeholders from government, civil society, and the private sector think about various policy options to improve public health in the context of large-scale mining projects
- ❖ To identify the policy preferences and focal points of different stakeholder groups
- ❖ To reveal areas where different stakeholders agree and where they disagree with regard to various policy options
- ❖ To inform a national-level policy dialogue on development of an adequate public health policy framework for large-scale mining projects

What is Q methodology?

- ❖ Q methodology is a specific approach for discourse analysis that combines qualitative and quantitative methods
- ❖ Q methodology studies seek to investigate the breadth of perspectives around a specific topic - in our case:

How to develop and implement adequate public health policies in the context of large-scale mining projects

- ❖ In a Q study participants are asked to rank statements on a certain topic in accordance with their viewpoint on that topic. The statements are usually printed on small cards.
- ❖ In our Q-study, the statements are different policy proposals on how to manage public health impacts in large-scale mining.



Policy proposals (Q statements)

- ❖ The policy proposals have been developed against the background of the current academic and political discourse on public health impacts in large-scale mining.
- ❖ They are based on:
 - An analysis of the regulatory and institutional governance framework for large-scale mining and current impact assessment practice
 - Qualitative data gathered during phase I of the HIA4SD project through key informant interviews and focus groups discussions
- ❖ The policy proposals are designed to reflect a broad range of relevant issues and policy options, representing divergent viewpoints and preferences of different stakeholders.

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B3: Mining companies can voluntarily disclose information on health impacts to local communities.

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B2: A separate department needs to be created within the MoH to monitor the health impacts of large-scale mining projects.

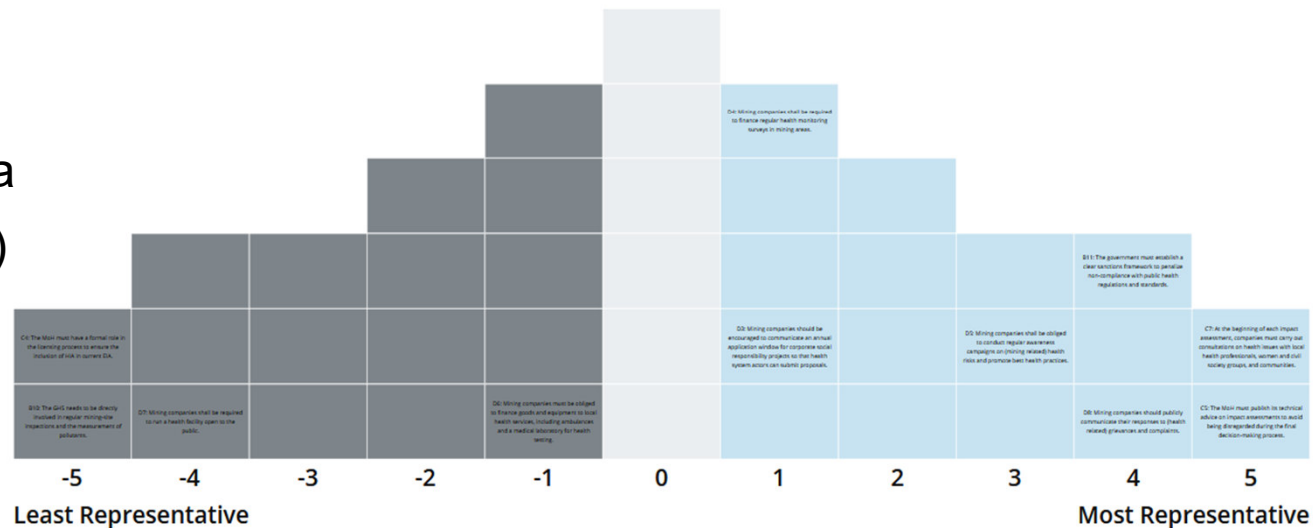
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C1: Create a formalized forum for stakeholders from government, civil society, academia, and the private sector to ensure continuous discussion of health challenges related to mining.

Data collection

❖ Quantitative data
(sorted rankings)

❖ Qualitative data
(explanations)



Stakeholders and study participants

❖ Balance across relevant stakeholder groups:

- Government
- Private sector
- Civil society

❖ Purposeful selection of study participants: expertise and relevance

Government	Private sector	Civil society
<ul style="list-style-type: none"> • MoH • GHS • MLR • Minerals Development Fund • Parliamentary committees • Regional authorities • EPA • MESTI 	<ul style="list-style-type: none"> • Industry representatives • Consultancies 	<ul style="list-style-type: none"> • National NGOs

Analysis and interpretation

- ❖ Comparing rankings of different participants using statistical factor analysis (centroid factor analysis)
 - How similar or different are the sorted rankings?
 - Are there areas of agreement or disagreement?
- ❖ Relying on participant's explanations to better understand their sorted rankings and policy preferences

Key findings

- 1. Unanimous support for strengthening public health in the context of large-scale mining among all participants and stakeholder groups**
(MoH, MoM, GHS, MLR, MESTI, EPA, private sector, NGOs)
 - ❖ General consensus:
 - Public health is not sufficiently considered in industrial mining today
 - The government is responsible for setting framework conditions to address public health impacts of large-scale mining projects and to define associated responsibilities of mining companies

2. Stakeholders from the public sector gather behind the idea that monitoring of public health impacts needs to be strengthened

- ❖ Strong support among most stakeholders for the collection of baseline data:



A11: Baseline data on health indicators must be collected to assess the health impacts of mining projects.



- ❖ General agreement that health impact monitoring should be conducted by the state and not left to companies (including by private sector)
 - Stakeholders expect clear action from the government in the field of monitoring

- ❖ Sanctions are generally considered an important policy tool to ensure compliance. However, support for sanctions is not unanimous.



B11: The government must establish a clear sanctions framework to penalize non-compliance with public health regulations and standards.



- General support for both monitoring and sanctions is sensible: in practice, monitoring and sanctions are closely interlinked.

3. Views on regulatory requirements converge: current EIA is insufficient, an adapted regulatory framework to include a public health management plan is desirable:



A1: The existing EIA are sufficient. No need for additional measures for public health.

A8: Mining licenses must not be granted or renewed without a "public health management plan".



- ❖ There is a broad consensus that companies are able to comply with higher standards.
- ❖ There is no consensus on the question of whether a separate HIA should be required among stakeholders or whether existing EIA requirements should be amended.

4. Stakeholders see capacity building as important but....

- ❖ No consensus on where capacity building is required most
- ❖ No consensus on the distribution of tasks and responsibilities between national and subnational authorities
- Including different stakeholders into training efforts could also improve quality of cooperation between stakeholders.

5. Across stakeholder groups participants view strengthening coordination as relevant but in different areas and to varying degrees

- ❖ Overall, most support gathers the call that companies must carry out consultations on health issues with local health professionals, women and civil society groups, and communities:
 - Not all stakeholders support this or think it is important; however, there is also no notable opposition to this.
 - Individual voices have stressed the right of Free Prior Informed Consent (FPIC) of local communities to be duly informed about possible health impacts and included in decision-making.
- ❖ Several participants also support the idea to create a formalized exchange forum:
 - Critical commentators stress that consultation should be an ongoing and not a one-off exercise to be able respond to changing conditions in communities

6. Financing and provision of health services is seen by most as a public duty

- ❖ A large majority of participants (across different stakeholder groups) agrees that mining companies should not be required to directly contribute to the financing of health services:



D6: Mining companies must be obliged to finance goods and equipment to local health services, including ambulances and a medical laboratory for health testing.



- Overall there is a clear consensus that public health service financing and provision is a public duty. This puts the government in the spotlight with regard to health service provision
- Individual commentators have voiced doubts whether public investment alone will be sufficient to reach health related SDGs in Ghana and that some form of financial contributions from the extractive industries ought to be required

Recommendations for policy dialogue

- ❖ Monitoring: facilitate a discussion on how public health monitoring can be established and which government actors should be directly involved in monitoring activities (e.g. MoH, EPA, MESTI, MRL, Regional Authorities etc.)
- ❖ Baseline data: debate how baseline data collection in mining areas can be established which government actors should be directly involved in the setting of respective standards for companies (MoH, MESTI, EPA, MRL, etc.)
- ❖ Public health management plan: a discussion should focus on possible ways to integrate the requirement of a public health management plan into the current regulatory set up and on the necessary administrative and legal conditions
- It is sensible to start off with limited key parameters that are relevant for public health and at the same time influenced by mining activities

Recommendations for policy dialogue

- ❖ Sanctions: given the broad support, a policy dialogue should consider the establishment of a sanctions framework and suitable implementation mechanisms.
- ❖ Capacity-building: a dialogue should be conducted to clarify which institutions require capacity-building, in particular with regard to establishing an enhanced monitoring system
- ❖ Coordination and cooperation: a dialogue should focus on how communication and cooperation between mining companies and affected communities can be improved;
 - A possible role of civil society actors in public health monitoring should be discussed.
- ❖ Public health service provision: a discussion should center on how the provision of health service in mining areas can be improved to respond the needs of mining communities and whether public funding is sufficient to reach SDG targets.