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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
- ❖ Conducted between April and July 2021 in Tanzania

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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?

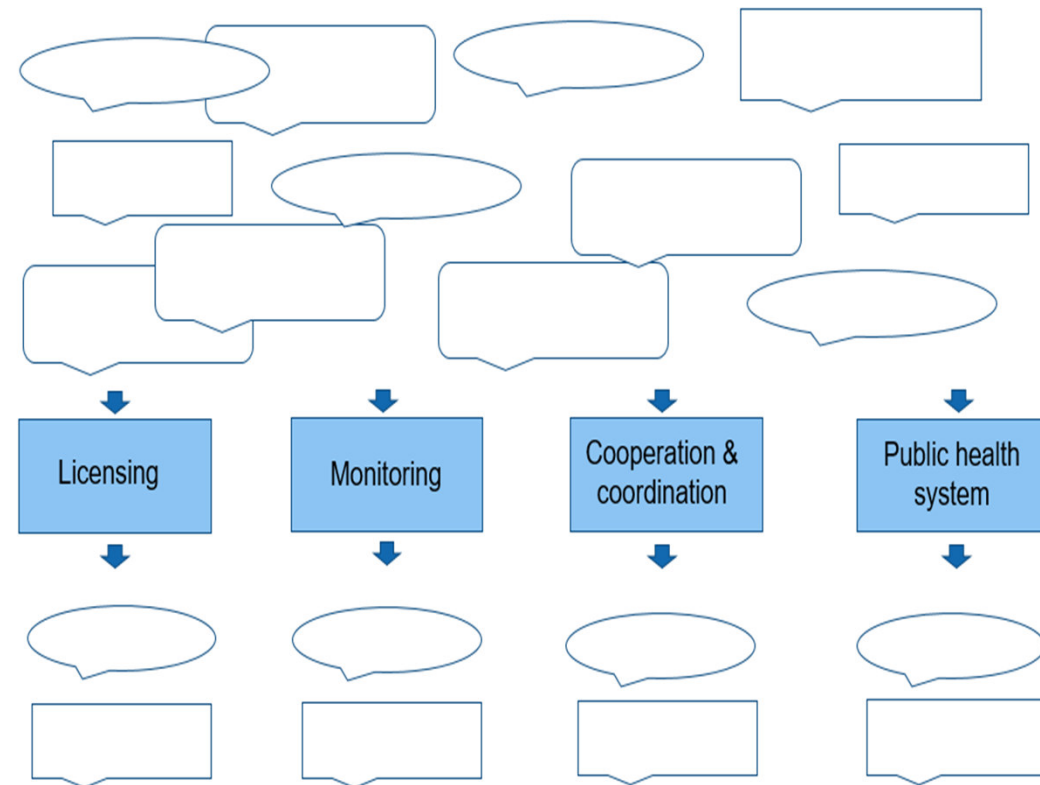
Purpose of the study

- ❖ 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 for large-scale mining projects

Q study – how does it work?

First step: discourse analyses on public health in large-scale mining

1. Identify relevant statements reflecting different viewpoints and opinions
2. Group statements into topical categories that mirror the structure of the discourse
3. Select “meaningful” statements from each category that reflect different viewpoints



Second step: identification of stakeholders and selection of study participants

❖ Purposeful selection of study participants: expertise and relevance

❖ Balance across relevant stakeholder groups:

- Government
- Private sector
- Civil society

| Government | Private sector | Civil society |
|--|---|---|
| <ul style="list-style-type: none"> • MoM (5) • MoHCDGEC (2) • NEMC (5) • PO-RALG (6) | <ul style="list-style-type: none"> • Industry reps. (2) • Consultancies (2) | <ul style="list-style-type: none"> • National NGOs (2) |

1
D8: Kampuni za madini sharti zito maelezo (ya mambo ya kiafya) kwa umma juu ya malalamiko ya wananchi.

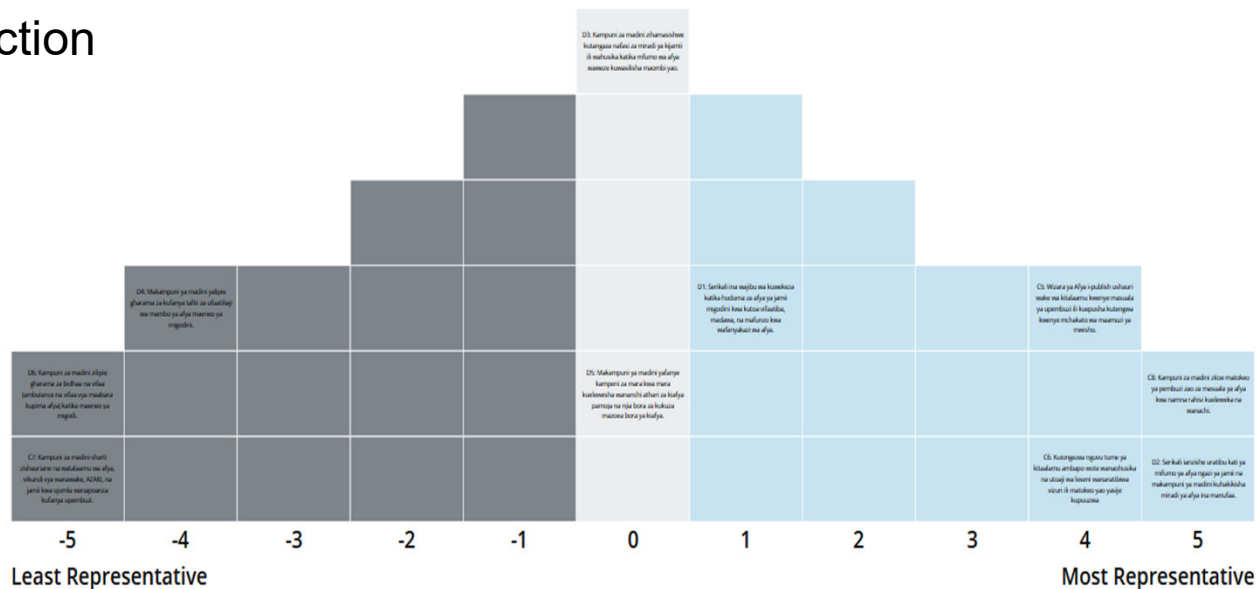
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C4: Wizara ya Afya itakuwa na uhusika rasmi katika taratibu za utoaji wa leseni ili kujumuisha masuala ya afya katika upembuzi zilizopo.

1
D7: Kampuni za madini ziendeshe kituo cha huduma za afya kwa ajili ya watu wote maeneo ya migodini.

Third step: data collection

❖ Quantitative data
(sorted rankings)

❖ Qualitative data
(explanations)



Fourth step: 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**
(MoHCDGEC, MoM, NEMC, private sector, NGOs)
 - ❖ General consensus:
 - Public health is not sufficiently considered in industrial mining today
 - The government is responsible for setting the framework conditions to improve the monitoring of public health impacts of large-scale mining project 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" za "indicator" za afya lazima zikusanywe ili kufanya upembuzi wa athari za kiafya katika miradi ya madini.

- ❖ 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

- ❖ Support for mining companies to finance regular health surveys among all actors **except private sector representatives**

D4: Makampuni ya madini yalipie gharama za kufanya tafiti za ufuatiliaji wa mambo ya afya maeneo ya migodini.

- However, critical voices express concerns that financial contributions may influence survey activities and results;



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

B11: Serikali inahitajika kutengeneza utaratibu wa kutoa adhabu kwa kutokufuatwa kwa udhibiti na ubora wa afya ya jamii.

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

3. Views on regulatory requirements converge that current EIA is insufficient and that an improved regulatory framework is desirable:

A1: Upembuzi wa kimazingira uliopo unajitosheleza.
Hakuna tena haja ya kuchukua hatua za ziada kwa
ajili ya afya ya jamii

- ❖ There is a robust consensus that companies are able and required 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.
- Since EIAs include the possibility of examining health effects it might be pragmatic to start with bolstering health aspects in EIAs as a first step (combined with capacity building).

4. Stakeholders see capacity-building as important

- ❖ There is a view MoHCDGEC needs more resources to give it a role in impact assessments and/or monitoring. However, there is no consensus about this across stakeholder groups
- ❖ Some participants argue that resources for health impact monitoring are better used at the level of regional institutions
 - No consensus on where capacity building is required most
 - No consensus on distribution of tasks and responsibilities between national and subnational authorities

5. Across stakeholder groups participants view strengthening coordination as relevant but in different areas and for different reasons

- ❖ Overall, most support gathers the call to create a platform for coordination between the local health system and mining companies, including among all Ministries; there is no opposition to this.
- ❖ Several participants also support the idea to create a formalized exchange forum, however participants do out of different reasons:
 - Some stakeholders see it as way to promote the inclusion of public health considerations among stakeholders
 - Others view it as an opportunity to discuss a broader variety of mining related issues beyond public health

6. Many but not all stakeholders call for more transparency and responsiveness by mining companies

- ❖ There is general (although not unanimous) support among all Ministries as well as from the private sector and NGOs that mining companies need to conduct regular awareness campaigns to inform about mining related health risks and promote best health practices.

D5: Makampuni ya madini yafanye kampeni za mara kwa mara kuelewesha wananchi athari za kiafya pamoja na njia bora za kukuza mazoea bora ya kiafya.

- ❖ There is also notable support for the view that mining companies must publicly communicate their responses to grievances and complaints; however, there is no consensus about this
 - These views indicate a perception that mining companies should improve their communication and cooperation with affected communities in the area of public health

7. Contributing to health services to communities is seen by some as a company duty – however, there is no consensus about the role of companies in health service provision

- ❖ A notable share of participants (across different stakeholder groups) agrees that mining companies should contribute to the financing of local health services:

D6: Kampuni za madini zilipie gharama za bidhaa na vifaa (ambulance na vifaa vya maabara kupima afya) katika maeneo ya migodi.

- ❖ However, this position is rejected by industry representatives, some of which argue that companies are already subjected to taxes and that financing health services is a public duty;
 - Overall, there is no clear consensus about the role that mining companies should play with regard to financing and providing public health services. However, a significant share of participants would welcome some form of contribution by companies

Recommendations for policy dialogue

- ❖ Monitoring: facilitate a discussion on how regular and systematic public health monitoring can be established and which government actors should be directly involved in monitoring activities (e.g. MoH, MoM, MoE, PORALG 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 (e.g. MoH, MoM, MoE)
 - ❖ Public health management plan: the public management plan represents the basis against which monitoring has to be organized and serves as a reference document for companies. A discussion should focus on possible ways to include public health provisions into the public management plan.
- 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 focus on the design of an adequate 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 establish an enhanced monitoring and compliance framework;
- ❖ Coordination and cooperation: a dialogue should focus on how communication and cooperation between mining companies and affected communities can be improved, including in the context of corporate social responsibility;
- ❖ Public health service provision: a dialogue among public sector institutions should develop a clear position what kind of contributions to public health services are expected from mining companies and in what form – and what is not expected.

Since EIAs include the possibility of examining health effects it might be pragmatic to start with bolstering health aspects in EIAs as a first step (combined with capacity building).