



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

Findings of a Q methodology study

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Study background

- ❖ Governance work stream
- ❖ Carried out between May and July 2021 in Tanzania

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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.

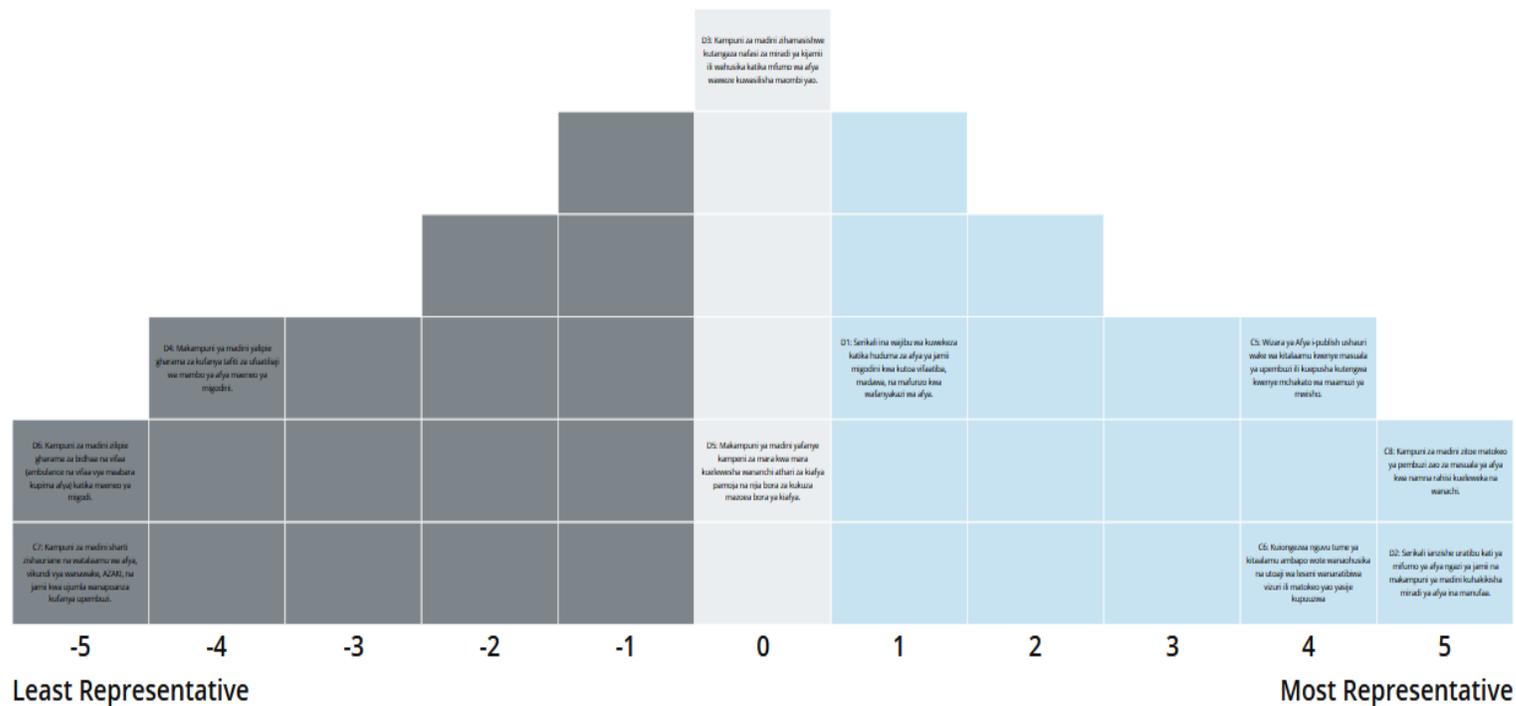
1
D8: Kampuni za madini sharti zitoe maelezo (ya mambo ya kiafya) kwa umma juu ya malalamiko ya wananchi.

28
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 zioneshe kituo cha huduma za afya kwa ajili ya watu wote maeneo ya migodini.

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"> • 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)

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 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" 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;

- ❖ Sanctions are generally considered an important policy tool to ensure compliance. However, support for sanctions 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: current EIA is insufficient, 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.

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 the distribution of tasks and responsibilities between national and subnational authorities

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

- ❖ There is a general (although not unanimous) support among 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 kueleweshwa 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

6. Some participants see it as a duty of companies to contribute to health services – 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. MoHCDGEC, MoM, MoE, PO-RALG 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. MoHCDGEC, MoM, MoE etc.)
- ❖ 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 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, including in the context of corporate social responsibility projects;
- ❖ 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 also what is not expected of them.