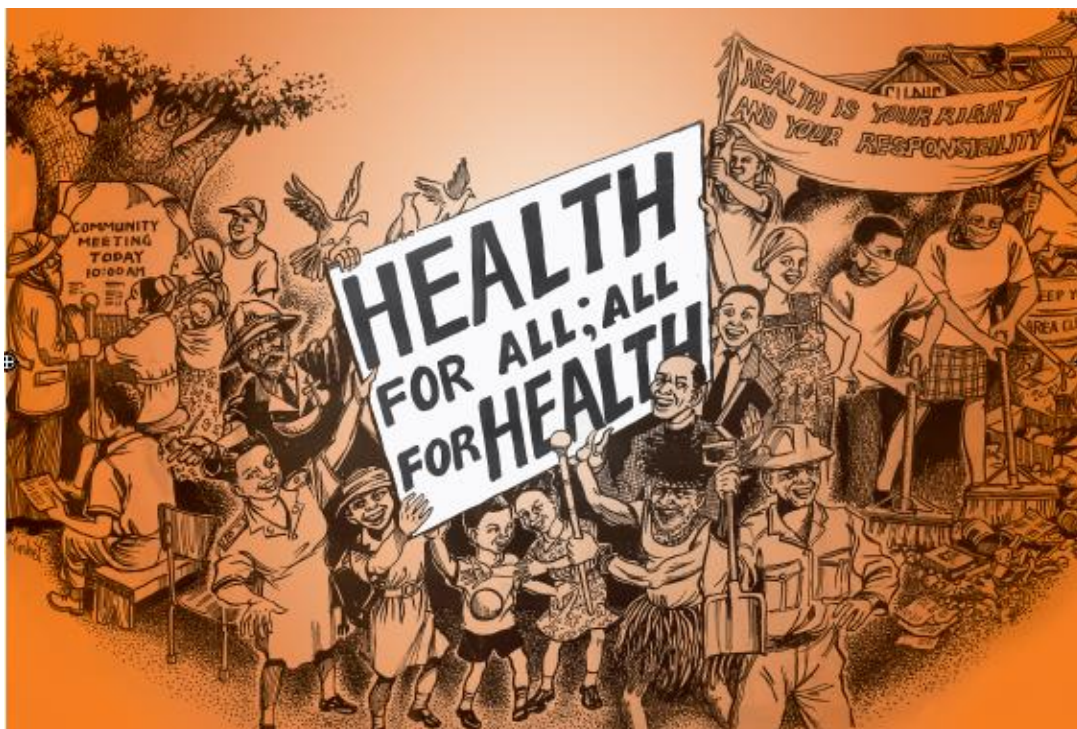


REGIONAL MEETING OF THE EXTRACTIVES AND HEALTH GROUP

MEETING REPORT



**Training and Research Support Centre
in the Regional Network for Equity in Health in
East and Southern Africa (EQUINET)**

with

**Southern African Trade Union Co-ordinating
Council (SATUCC); Southern African Miners
Association (SAMA) and Benchmarks foundation**



**Cape Town, South Africa
February 1-2 2020**

**With support from
Medico International and
Open Societies Foundation**

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Acknowledgements

We gratefully acknowledge the contribution of resources from Medico International, Open Societies Foundation (OSF), TARSC and from the convening and participating organisations to the meeting.

1. Background and objectives

There is a widening engagement in the region on the issue of extractives and health! EQUINET, as a consortium network of organisations based in the region with Training and Research Support Centre (TARSC) and SEATINI have implemented research and policy engagement on extractive industries / mining and health in east and southern Africa (ESA). The issue findings were discussed with directors of health and other health agencies in the region at the 2017 East Central and Southern Africa Health Community Best Practices Forum and Directors Joint Consultative Conference and the issue of public health in mining brought by the Zambia health ministry and NEPAD secretariat to the agenda of the community of practice on TB, HIV and occupational health in mining. Extractive and health issues were discussed at the 13th Southern Africa Civil society Forum in August 2017 and by the Southern African Trade Union Co-ordinating Council (SATUCC), with a recommendation that civil society demand harmonised standards for health in extractive industries, and raised strategies for popular education, exposure of violations, alliances of activism and regional advocacy. EQUINET, SATUCC, SADC CNGO and Benchmarks Foundation have co-operated on regional engagement on extractives and health at the Alternative Mining Indaba, and with the Southern African ex mineworkers Association met in a regional meeting on health literacy in the mining sector in March 2019 to form a mining and health group to strengthen alliances and co-operation in the grassroots to regional and global engagement on the issue.

The March 2019 meeting agreed to hold a follow up meeting at the time of the Alternative Mining Indaba (AMI) in February 2020 to follow up on the agreed actions, exchange information and widen the alliances and health literacy activities and processes in the region. The meeting was organised by TARSC / EQUINET and held in co-operation with SATUCC, SAMA and Benchmarks. It was held in Cape Town in the two days before the AMI to enable delegates to also engage in the AMI. It was supported by Medico International and OSF and by TARSC and all the organisations involved who also contributed own resources to their participation.

Objectives: The meeting aimed to

- Share information on mining and health in the region in terms of the risks, responses, rights and actions
- Review activities on health literacy in mining and use of the EQUINET health literacy module on Mining and health
- Review the work of the mining and health working group and its members in various platforms and proposed work on extractives and health equity in the region and identify priorities, alliances, actions and roles for follow up
- Identify issues to take forward in the AMI and other regional platforms

The programme is shown in *Appendix 1*. Delegates came from trade union, ex-mineworker and mining, health and economic justice civil society organisations based in Zimbabwe, South Africa, Botswana, Malawi, Tanzania, Lesotho and Eswatini and from technical agencies working in different dimensions of health and mining. The delegates and their organisations are active in community, national and/or regional work. The delegate list is shown in *Appendix 2*. Delegates were provided with copies of the March 2019 meeting report, the EQUINET health literacy module, and different briefs from participating organisations. Copies of the health literacy module were also distributed at the AMI. This report of the meeting was produced by TARSC (R Loewenson).

2. Welcome, introductions and updates

Mavis Koogotitse, SATUCC, welcomed participants to the meeting. She welcomed the wide participation and hoped that it would spread to even more unions. She appreciated the work done to date and looked forward to the workshop providing support for transformative action on extractives and health. She asked delegates to introduce

themselves and their organisations. Participants introduced themselves, their institutions and work on mining and health (see the full list in *Appendix 2*).

Rene Loewenson, EQUINET outlined the background for and aims of the meeting as presented in the previous section. She welcomed the co-operation between EQUINET/TARSC and SATUCC, SAMA and Benchmarks in convening the meeting, welcomed old friends and new organisations participating. She hoped that the meeting would achieve the shared outcomes of

- Shared information and identified regional priorities in mining and health.
- Enhanced capacities for health literacy outreach on mining and health.
- Identified strategic priorities, alliances, actions and roles for follow up on extractives and health equity in the region.
- Shared issues to take forward in the AMI and other regional platforms.

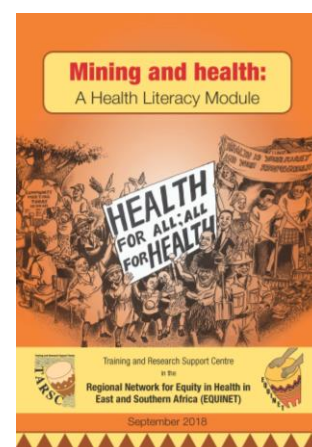
After these welcome remarks and introductions, EQUINET, SATUCC, SAMA and Benchmarks gave brief updates on regional work to date on mining and health and actions following the March 2019 meeting.

For **EQUINET**, Rene noted that EQUINET has worked to advocate for harmonised health standards in the region, particularly as part of our agenda of reclaiming the resources for health and as the SADC heads of state made a commitment to such harmonised standards, with health as one priority. Taking this forward EQUINET has implemented an analysis of laws in the region to identify the areas for harmonised standards and engaged on this in various governmental and civil society forums. Health impact assessment (HIA) has been integrated in the Public Health Act in Zimbabwe, with EQUINET work with ZCTU and BFTU to implement pilot HIAs and health literacy training material developed on health in mining in piloted by partners. In June 2019 EQUINET's governing Steering Committee identified key future strategic directions for the network in the coming decade. The analysis of challenges and opportunities for health equity in the region led to an affirmation of two areas that EQUINET has been pursuing in the past decades:

1. Reclaiming the resources to health;
2. Reclaiming the state; and
3. Reclaiming collective agency and solidarity in health.

She noted that as part of this the EQUINET steering committee identified that future work will track and respond to the distributional consequences for current and future wellbeing of old and new forms of extraction from the communities and countries of the region, in relation to mining, biodiversity, seed, genetic resources and knowledge, to generate evidence, build alliances and mobilise action to reclaim in different ways the benefit of these resources for the people in the region. SATUCC, TARSC and SEATINI are taking this forward with partners. Rene noted that a later session will discuss this further.

For **SAMA**, *Vama Jele and Kitso Phiri* reported on the testing of ex mineworkers for tuberculosis (TB) and silicosis and the follow up to ensure their compensation. SAMA has been supporting health and rights sensitisation of ex mineworkers and communities and respiratory management for mineworkers with the Global Fund for AIDS, TB and Malaria. With the South African Catholic's Bishops conference, SAMA has worked on supporting livelihoods of communities in coal mining areas and through its affiliates promoting TB screening in mines. National ex mineworkers associations are now engaging on screening and compensation claims in eight countries. In Botswana BOLAMA has implemented a health assessment with BFTU and SATUCC and is following up to engage on reforms on how the Debswana and Selibe Phikwe mines protect health and manage TB. In partnership with other civil society SAMA is involved in the Justice for miners forum with a campaign to ensure compensation for those whose health has been damaged by working on mines. This has raised a debate about how the funds collected in insurance for this can be transmitted across borders to reach deserving beneficiaries.



Brown Motsau described the work **Benchmarks** is doing to work with communities on and around mines and to engage on life after mining, while noted their interest in expanding to other forms of extractives. Benchmarks has implemented research with Save the Children Fund on the impact of mining on children. He observed how communities in some areas have resisted mines being established if they are seen as dangerous for people or environments. Benchmarks has worked with these communities to identify economic alternatives to mining that can be proposed in these areas. Finally in partnership with NIOH Benchmarks has engaged on a one percent share of their budget to be allocated to mining and health to implement a national survey of workers and households on the health impacts of mining in South Africa. Brown noted that 'it takes time to turn the wheel'. He noted that the mining and health alliance had agitated in the past AMLs for greater recognition of health and that it was important to sustain, deepen and inform this as the Mining Indaba's provide one form of national outreach.

Brown Motsau presenting Benchmark's work



TARSC 2020

Mavis noted for **SATUCC** the work done by the 22 national union affiliates in Southern African countries and with partners, including EQUINET and those in the Apex Alliance (with SADC CNGO and FOCCISA). She noted that SATUCC takes its mandate from its affiliates and sits in tripartite structures. In SADC, SATUCC is currently working on the portability of social security benefits. She welcomed inputs on this, noted the documents shared before the meeting and noted that she would discuss this further in a later session. She noted that SATUCC has representation in the SADC Ministerial meetings and can include other experts in the SATUCC delegations.

Simon Vilikazi outlined the work of **Economic Justice Network (EJN)**. It is a civil society network covering all Southern African countries and addresses issues of poverty and trade. As a partner in organising the AMI, EJN has included mining in its focus. As rooted in the churches, EJN is exploring how the faith based movement can address key economic justice questions in the region, working with others, such as the Apex Alliance noted earlier by SATUCC.

Melanie Alperstein described **Peoples Health Movement (PHM)** is a global health civil society organisation with national and regional circles. It is a global network bringing together grassroots health activists, civil society organizations and academic institutions from around the world, particularly from low and middle income countries (LMICs). We currently have a presence in approximately 80 countries all following aspects of the [The People's Charter for Health \(PCH\)](#) to ensure quality health care for all. Diverse projects or programmes in various countries emphasise community participation and intersectoral collaboration. In the Africa region, PHM is engaging on promoting quality health care through equity in universal health coverage based on the original Alma Ata declaration of 1978, promoting comprehensive primary health care; campaigning against privatisation of health services and for affordable medicines. PHM takes a broad view of health and convenes International People's Health Universities to bring health activists from different organisations together on health rights, the political economy of health, health systems, the social determinants of health, gender equality, community health workers and other key health issues, with more information at: <https://www.phm-sa.org/about/phm-global/>

Limpho Mokhochane outlined the work of the **RCM and TB programme** that is operating in 10 countries. It works with current and ex-mineworkers and communities and have set up prevention, detection and management of HIV, TB and occupational health (OH) services related to mining in the region. Limpho raised that the current challenge is to sustain the programme and move from a welfare to an income generating model.

Finally, *Shahieda Adams and Jennifer Broadhurst* presented the work of the **Dust and health network**, co-ordinated at UCT. It has a community health focus and seeks to address the health impacts of mining at all points of the processes, including in the transport and ports where mining products are handled. They noted that the network involves different disciplines who are addressing and responding to the problem and connect with other groups, such as those working on clean air.

Rene concluded the session by observing the wealth of disciplines, capacities, experience, constituencies and areas of action in the room. She noted that working in alliance across our various processes and networks could widen our collective reach. For this, while noting out individual areas of work and mandates, it will be important for us to build shared priorities to collectively engage on.

3. Priority risks and benefits to health and wellbeing from mining

Following the introduction Rene and Kitso facilitated a participatory activity for delegates to identify from their experience what they individually and collectively identified as the priority risks and benefit of mining for health and wellbeing. In buzz groups, delegates identified what the three risks and benefits they felt to be most important and who they affected.

These were compiled on a flip chart, one for the risks and one for the benefits, as shown adjacent. Delegates then implemented a participatory ranking and scoring activity, each putting three beans on those listed risks they saw to be most important for each of the two charts.

The *top three risks* were collectively ranked as

1. Environment pollution of water and air, affecting communities in and around mines and on transport routes (15 votes)
2. Mining shifting land and people away from other economic activities such as farming, affecting the national community and youth (7 votes)
3. Gaps in law and law enforcement on health in mining, affecting all in the country (7 votes)

The *top three benefits* were collectively ranked as

1. Improved polices and better regulations for workers and communities (19 votes)
2. Economic growth, tax and GDP contribution through past and future links for the country and future generations (11 votes)
3. Good corporate social responsibility and investment in schools and clinics for benefiting workers, communities and the companies (7 votes)

In the discussion delegates noted that the top benefits are counterbalanced and potentially outweighed by the top risks and that they points to common areas of focus.

Delegates in buzz groups on risks and benefits



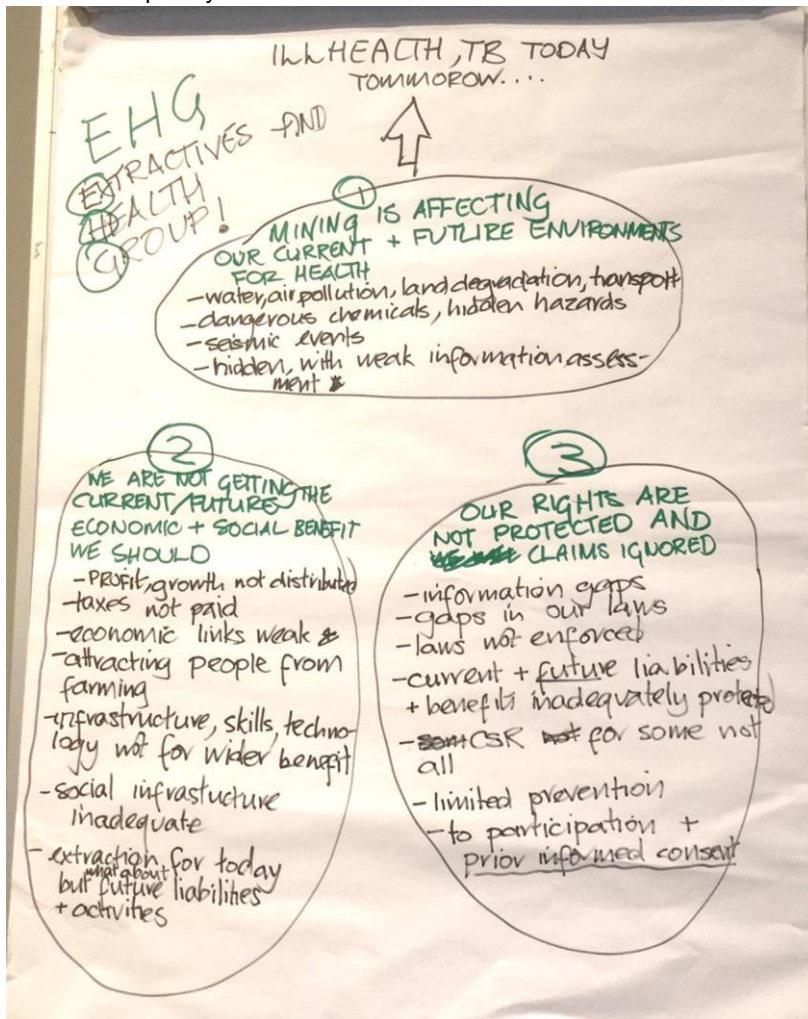
TARSC 2020

RISKS	FOR
ENVIRONMENT POLLUTION (WATER, AIR, SOIL)	15 COMMUNITIES AROUND MINES + TRP ROUTES
LACK OF KNOWLEDGE OF HAZARDS + EFFECTS	3 "
POOR GOV - UNHEALTHY REG	11 "
COM LEADERS, EXEC + GOV	11 "
SEISMIC EVENTS, EARTHQUAKE	2 "
ROADS + RAILS	COMMUNITIES ON ROUTE, NATIONAL COMM
TRANSIT ROUTES + INFRASTR	7 OTHER DANGEROUS ENV
OTHER DANGEROUS ENV	ALL IN COUNTRY
LIMITED PREVENTION	YOUTH, WIDER NATIONAL COMMUNITY
OCCUPATIONAL DISEASES	WORKERS, COMM, EX WORKERS
GATHERING IN MINING	YOUTH, WIDER NATIONAL COMMUNITY
NOT IN AGRIC, OTHER ACTIVITIES	ARTISANAL SMALL SCALE MINERS
DANGEROUS CHEMICALS	COUNTRY, ALL
GAPS IN LAW + LAW ENFORCEMENT	7 WORKERS + COMM + EX WORKERS
INEFFECTIVE CSR + REHABILITATION	3 "

Chart of the ranking of benefits

BENEFITS	FOR
POLICIES + BETTER REGULATIONS	19 WORKERS + COMMUNITIES
EMPLOYMENT + INFRASTRUCTURE	6 MINE 11
ECONOMIC GROWTH + TAXES (GDP) + BACK + FUTURE	11 NATIONAL INTERGENERATIONAL ASSET
IMPROVE INFORMATION EXCHANGE	4 "
PROFITS	1 SHAREHOLDERS, MINES, MINING COMPANIES
GOOD CSR (SCHOOLS, CLINICS)	7 WORKERS, COMPANY, POPULATION
SKILLS EMPOWERMENT + TECHNOLOGY	6 WORKERS, MINING COMPANIES

Chart of the priority areas of work



Rene summarised the results of the discussion and the three prioritised sets of issues affecting health in mining in one flip chart, shown adjacent.

The large green titles summarise the key areas of focus:

1. Mining is affecting our current and future environments for health
2. We are not getting the current or future economic and social benefit we should get from mining
3. Our rights are not protected and our claims ignored

Rene presenting the combined flip chart



In the circles for each area are the risks and benefits raised by delegates within those areas that we need to consider.

Delegates agreed that these three areas reflect the current shared priorities across the group and could be the basis for thinking forward on how we can work collectively to address them.

Rene stressed that while organisations continue to focus on their individual mandates, these represent shared priorities where we may be able to craft shared work or ways that our individual work can feed into shared priorities.

It was then agreed that we use this shared framework to think about the responses and actions to take to address the three areas of concern.

4. Visible and hidden health risks of mining

Shahieda Adams, UCT presented evidence on the health risks of mining in South Africa. She noted mining's contribution to South Africa's GDP and employment, with 1700 mines mining 53 different minerals. As trends there has been a reduction in gold mining, a growth in platinum mining, an increase in women workers and a shift in recruitment from foreign to South African workers. She pointed out the sustained fatality levels in the mining sector, and a payment in benefits for injury of 2112 million Rand in 2015-2017. *Shahieda* explained how metal exposure affects the different body parts. She noted the effects of silica on the lungs, not only for silicosis but for an increased risk of TB, and a further interaction with HIV raising the risk of TB. She pointed out the prevalence of silicosis and TB in former gold miners as shown in the table below that she presented.

Study	Silicosis	Pulmonary TB history*
Botswana (ex-) (Steen et al. 1997)	31%	29% (Rx)
Transkei (ex-) (Trapido et al. 1998)	24-36%	51% (Rx)
Recently employed, older Basotho(Girdler- Brown et al. 2008)	24%	26% (hx)

* Miners who reported previous treatment or an episode of TB

Shahieda described the environmental impacts of mining, such as of mercury from small scale gold mining and the risks to communities of living next to mine dumps, with higher levels of asthma, pneumonia, emphysema, chronic bronchitis, wheeze and chronic cough among young and elderly people living close to mine dumps. She pointed out the risk from exposure to asbestos in asbestos mining and milling and in demolition and construction work and lagging and insulation of boilers in power stations and shipyards. She noted that nearly 30 percent of mesothelioma cases in South Africa are tied to environmental exposure, most commonly in the Northern Cape area. More than 70 percent of reported environmental cases affect women and children, who most likely were exposed when miners brought home the fibres on their hair and clothes. She turned to lead poisoning in children, leading to developmental problems.

Shahieda Adams discussing health risks with delegates



TARSC 2019

Finally, *Shahieda* noted less well recognised but important psychosocial problems associated with mining, such as gender based violence, housing damage, unemployment and poor company response to issues. She noted that these risks called for an evaluation of exposures, who is affected, the health effects and what prevention measures and remedies are needed.

Susan Moraba opened the discussion by presenting Benchmark's work in Mpumalanga on the health impacts of mining. She noted that eight out of 9 provinces in South Africa do mining. In her own home area, Mpumalanga, the blasting and crushing of coal mines and coal stations are leading to air, water and land pollution.

She noted that communities living around the mines have no information on what health risks they are exposed to. When they see mines they see economic opportunities, but may not realise the negative health issues. Susan noted that children and elderly people are most affected by respiratory problems, and suffer asthma, sinus problems and TB and skin rashes. She said that this sometimes means that children miss school. Elderly people use herbal medicines to manage these problems, as they do not have confidence in western medicine, and also as there is a shortage of medicine and health personnel at the clinics. Susan noted that mining has led to some communities being relocated to areas that are dry and lack infrastructure, raising the risk of poor health. She said that they are raising these issues, while noting that doing so as an activist can itself be risky.

Susan Moraba discussing the Mpumalanga experience on health risks



TARSC 2020

In the discussion that followed, delegates appreciated the two contributions and noted some of the issues they are facing. They noted that mine health services retrench ill workers so that their conditions may not be diagnosed. Delegates also noted the risk people face along transport routes, such as of HIV. There is also a risk to health from mine closures when this is not done in a fair manner. In Zimbabwe, for example, the coal mines are being closed but there is less planning for life after coal mining, or for how workers health will continue to be monitored or how they will be absorbed in new energy sectors, such as solar farms. In terms of current mine practices, some delegates noted that current monitoring does not cover all the pollutants, for example where carbon and sulphur dioxide are monitored but not nitrous oxide. Concern was raised on wider risks, such as the use of fertile land for mining displacing agriculture with both employment and environmental effects. It was noted that in all these risks prevention was key, as compensation and treatment, while necessary, does not match the loss of life and health. Rene concluded the session by drawing attention to the section on health risks in the Mining and health literacy module on pages 2-7

5. Responding to the priority risks for health in mining

Rene referred back to the three priority issues that we share across our different constituencies, including the details shown in the flip chart on page 6:

1. *Mining is affecting our current and future environments for health*
2. *We are not getting the current or future economic and social benefit we should get from mining*
3. *Our rights are not protected and our claims ignored.*

A Margolis wheel was used to discuss and identify responses to these issues. Participants formed two circles. Each person on the inner circle was given one of the three challenges above and the person they faced on the outer circle had to persuasively suggest what could be done to respond to these challenges or to enhance the benefits identified. After 5 minutes the inner circle moved one space and faced a new person who had to identify a response to a new issue. This was done three times. The inner group kept a note of the issues raised for the challenge they raised. After three rounds of the circle discussions participants reconvened in plenary and discussed the suggested responses.

Delegates discussing responses in the 'Margolis wheel'



TARSC 2020

Brown and Rene facilitated the plenary feedback and captured the responses raised for each area on charts, shown below:

1. Mining is affecting our current and future environments for health. We can

- Map the conditions and risks in ways that build tools and capacities. We can involve communities in monitoring and exposing the risks and disseminate the information gathered
- Institutionalise health impact assessment, including in relation to housing, post mine closure and rehabilitation, and hazardous waste disposal.
- Track and ensure enforcement of laws; of standards of respect and remedy and monitor transnational agreements.
- Ensure inclusive, democratic accountability structures, expanding the tripartite to include other constituencies.

2. We are not getting the current or future economic and social benefit we should get from mining. We can

- Ensure and enforce laws that provide for defined shares of profit to local development, and enforce tax compliance (publish what you pay).
- Implement measures to ensure local benefit, by training and employing locals; investing in skills transfer, technology innovation and local infrastructure development; locally sourcing inputs and services; promoting local beneficiation of minerals; and their local reuse and recycling.
- Ensure sustainable mining, that is mining that is clean, non-polluting and where the long term issues are well planned and managed

3. Our rights are not protected and our claims ignored. We can

- Challenge the narrative of the 'right to mine'. Implement rights based education and literacy, training of both communities and workers as rights-holders and government and business as duty-bearers and parliamentarians. Labour unions can expand their alliances to include families.
- Integrate a rights based approach to development in national law, including on the right to know and on access to information for those affected by mining, including to obtain information from independent experts, reclaiming also these centres of knowledge. We need to include both prevention and compensation.
- Motivate improvements in national law and practice through setting regional standards for health in mining.
- 'Reclaim the state' : Ensure the state capacity to deliver on rights based approaches, including by decentralising government services; capacitating environmental inspectors and giving them more power to penalise breaches of law; and by having a public watchdog of state and business practice.
- Research and report on rights violation .

Rene noted that we would return to these actions later in the meeting and pointed to the content and activities in the Mining and health literacy module on responses on pages 20-26.

Delegates discussing responses in the 'Margolis wheel'



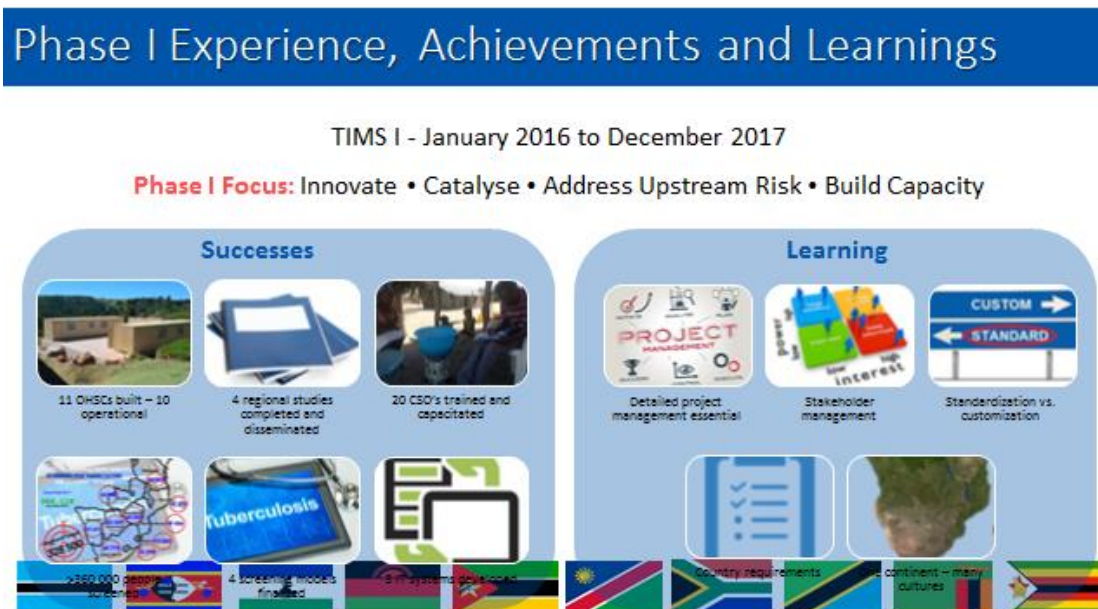
TARSC 2020

6. Addressing TB and ex-mineworker health

Vama Jele, SWAMMIWA presented work that SAMA has been involved in to protect the health of ex-mineworkers in the region. SAMA has been engaging on awareness on the health burdens of mining, including in liaising with and screening the movie *Dying for Gold* by Breathe Films that was screened by Richard Pakleppa, the director, in the evening for delegates. The film has been one of the media used in a 'Justice for Miners' campaign to ensure that those affected by the long term health burdens of mining are fairly treated and compensated across the region.

SAMA has also engaged on the portability of social security benefits and compensation and on ensuring that ex-mineworkers receive the funds due to them from compensation and pension funds.

Vama outlined the work SAMA has been doing with the regional TB in Mining (TIMS) programme with the TB RCM (represented in the meeting by Limpho). He outlined the experience and achievements of the first phase of the programme, as presented in the graphic below.



The phase 2 programme between January 2018-December 2020 aims to

- Build on the products of Phase I OHS Centres, models, toolkits and IT systems
- Increase collaboration with other projects, national programmes and professionals
- Deepen Capacity in communities and in clinical and national programmes, and
- Transition the programme to governments.

The TB prevention and care programme finds missing cases by targeting high risk groups through screening, contact tracing and strengthening referral and diagnostic capacities. Centres of excellence are being developed that deliver quality services in OHS centres in eight countries, through a mobile clinic and building practitioner capacities. These specific services are linking people affected to other services and compensation funds. The programme seeks to remove barriers to uptake through awareness raising and advocacy. It is investing in data systems through expanding a pilot in 4-5 countries to strengthen the gathering and regional use of strategic information to target interventions and inform policy and planning. The programme intends to strengthen community leadership, build linkages and mobilise communities to support community led advocacy and monitoring.



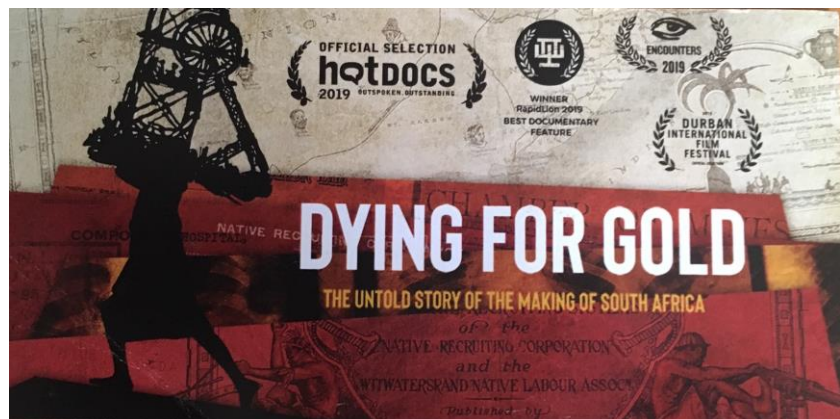
The programme has thus adopted a regional approach in addressing a legacy issue, recognizing labour mobility and unlocking compensation for miners and their families who qualify. It is promoting prevention of exposure to dust, noting that this also has benefit for companies and for the country.

Vama noted that in the future, there is need to ensure continued funding of the OHS service centres as their detection rate of cases (TB yield is close to 5% and a silicosis yield of about 40%) is significantly higher than country prevalence data and enable compensation payments. However, he observed that while compensation payments are beginning to flow, it is at a slower than expected rate, with continuing bureaucratic obstacles. Governments are also slow to take up resourcing the services, even though access to these services still needs to be further extended. He noted that SADC has a key role as the hub for ensuring that these programmes extend and are sustained across the region, including through data sharing agreements; harmonising policy and standards and unlocking the flow of compensation from the R5bn allocated in the Tshiamiso Trust.

Vama noted that SAMA has national chapters now in many countries and with Kitso outlined the work of Bolama in SAMA as a national level example. Bolama has supported work on community knowledge on standards; has engaged in the TB/Silicosis Class Action Suit and the Global Fund TB in the Mining Sector Project and with partners has initiated field work to assess health conditions and rights compliance in Botswana. This work has shown that miners' and ex-miners' have limited access to information, including medical records and information on OHS risks. There is still low availability, adequacy and transparency of processes for miners and ex-miners to seek remedies and accountability from companies and it is nearly impossible to obtain remedies for occupational illness or injury. The mechanisms of accountability were found to be nearly nonexistent. The assessment also found a poor quality of healthcare for miners, with inadequate co-operation between mine-owned hospitals and the health care providers, especially when management puts pressure on health care providers to declare employees fit for work regardless of their actual health.

In the discussion on the presentation delegates noted that the SAMA work reinforced the need identified earlier to build stronger links between mineworkers, ex mineworkers and communities and their organisations. The work underway was seen to have benefit for all, but also to need alliances for mutual support to address the challenges raised. It was also raised that there needs to be some attention to the small scale miners, who often face a harsh culture, are often viewed as illegal and may thus hide their operations or be subject to violent operators, further raising their health risks. Delegates noted that lack of participatory mechanisms to deal with these issues.

After the screening of the film *Dying for gold* delegates reported anger at the historical and ongoing rights violations taking place and concern at the extent to which those affected are still buried below bureaucratic barriers, notwithstanding the efforts noted in the earlier presentation. A request was made for the film (in a shortened version) to be made available for use in local processes for literacy and policy engagement.



7. Working groups on the health literacy module and the future extractives and health work

Delegates divided into two working groups. One group discussed the mining health literacy module and its use, with those who had used the module acting as a resource for new members who had not. The second group discussed the future work on extractives and health equity.

7.1 Using the Health literacy module

Nathan Banda, ZCTU and Rex Tambula, BFTU facilitated the discussion on the mining and health module. They introduced the different sections and how they had used it in their training activities. ZCTU, BFTU and Bolama had used the module, working with it and integrating it in their training rather than going page by page. They noted the need for a core group of people who know the content and can facilitate the training and apply it to local contexts, especially as it involves participatory activities and needs to involve workers in the discussions. In Botswana, Rex reported that its use stimulated interest from the local mine manager who asked what he could do to address the issues raised. This led to action to close open pits and manage waste disposal that were identified as raising risks for communities.

Nathan Banda, ZCTU giving the feedback on the discussions on the health literacy module



TARSC 2020

The group then discussed other issues for improving the module and its use. They reported that it would be useful to add some other areas of information to support the module, including:

- The health effects of other minerals in the region.
- The combined impacts of mining and climate change on health
- Occupational injuries
- More information on the current sovereign wealth and social protection funds
- Information on how to map, research health issues and document work underway.

In the discussion of the feedback Rene appreciated the experiences of using the module. She noted that a brief will be provided by TARSC/ EQUINET from work underway on the minerals in the region and their health impacts that can be used as an insert to the module. She suggested some of the other issues raised could also be addressed in this way, ie by inserted briefs to add new information, and called on other organisations (SAMA, Benchmarks) to help with providing briefs as inserts on other areas of additional information raised by the group. She also noted the need for training facilitators to bring on board local personnel and health workers to help in adding local information for the training and to be well prepared by gathering further local background information. Rene asked delegates to keep sharing how they were using the module and other materials and their experiences as the exchanges are useful for all.

Lungelwe Mkwanzai, Ex Wenela Miners Association of Zimbabwe reported to delegates how he had worked with ex-mineworkers to raise their awareness and support. He engaged Ministry of health personnel to get support to track and trace ex mineworkers. He noted that the challenges were multiple, however, in applying the knowledge on what should be done: The health/ ex mineworker centres could not cope with the numbers in need, with funder time limits and workers had their own resource limitation.

7.2 Future work on extractives and health

Rene introduced the EQUINET steering committee intention to track and respond to the distributional consequences for current and future wellbeing of old and new forms of extraction from the communities and countries of the region, in relation to mining, biodiversity, seed, genetic resources and knowledge. She noted that a similar intention to widen the lens on extractives had been voiced at the 2019 Mining and health regional meeting.

The group discussed the key areas of extraction in the region and agreed on the prioritised areas for future work to be minerals, water, biodiversity, genetic and knowledge resources. In exploring, analysing and presenting the distributional consequences for current and future wellbeing, the group noted the need to link the issue to alternatives for equitable, inclusive economic development and climate change, noting how measures such as land grabs of fertile land for private wealth had been linked to extraction, climate change and wellbeing. It should also explore both the immediate and long term consequences of extractive practices, as was the case in mining of the current risks for displaced communities and long term risks for ex mineworkers. This includes the implications for the wellbeing of current and future generations.

It was felt that the work should explore and articulate the alternatives to negative practices and frame a transition that is driven by public interests from below. A number of options were raised, such as clean and renewable energy sources and value chains, sustainable green mining, hydrogen based technologies or farming practices that encourage carbon capture. It would be important to gather and share evidence on these alternatives and to show the power and political interests that influence choices on their uptake.

With these forms of evidence, there is need to expose the trends and their consequences, who benefits or loses within and across countries and how choices made today influence future outcomes.

SATUCC and EQUINET both noted their interest in engaging young members to be actively involved in these debates, as their futures are at stake. The delegates equally shared this view. SATUCC has plans for example to develop educational materials for youth on climate change and EQUINET (TARSC) has been working with urban youth on their priorities for wellbeing and how urban planning and design should address these priorities. The Mine and dust group is exploring clean technologies and EJM just economic alternatives.

Rene thanked delegates for the discussion. She suggested that to combine these various analytic features and aspirations it would be useful to use a scenario planning approach, to show the alternative outcomes that could arise from different choices made on these different areas of extractives, and how different choices made today influence these different outcomes. She also suggested that engaging youth meant doing it in a way that not only informs, but also engages and activates young people, such as in a simulation game. She indicated that EQUINET (through TARSC, SATUCC and SEATINI) will follow up on this and engage the interested institutions in the group in moving forward.

8. Panel presentations on actions on health and mining

A series of panel presentations were made to provide information on issues identified as priorities for information sharing in the 2019 meeting.

8.1 Experiences of the Malawi ex Mineworkers

Macloid Chagwa, Ex-miners Association in Malawi, shared the experience of their association in Malawi. He noted that Malawi joined the TAMS programme (reported on earlier) in its phase 2, with a focus in the North of Malawi where mining is operating. In November 2019, a programme manager and personnel were appointed and interactions

fostered with the district commissioner, mine management, chiefs and local leaders in a campaign to identify the ex-mineworkers and include them in the programme. He estimated that about 7000 ex-mineworkers may be found in this district. Macloid noted that the work is ongoing and without an OHS Centre one of the challenges is to ensure diagnosis and follow up of cases.

8.2 Implementing a health impact assessment

Rene summarised the conditions for implementing a health impact assessment (HIA). She noted from work underway on a commissioned paper on health impacts of mining in EQUINET (implemented by Pascalina Chanda-Kapata, Zambia) the types of mining activities under in the 16 east and southern African countries covered by EQUINET, shown below.

Country	Large scale Mining	Small scale Mining
Angola	diamond, oil, gold, copper	iron ore
Botswana	diamond, gold, nickel, copper, coal	coal, iron ore
DRC	copper, cobalt, diamond, cobalt, gold	cobalt
Kenya	copper, gold, limestone, fossil fuel	gold, gemstones
Lesotho	diamond, sandstone	diamond
Madagascar	chrome, cobalt, nickel	gold, gemstones
Malawi	coal, uranium, limestone	none
Mauritius	none	none
Mozambique	gold, graphite, bauxite	coal, gold
Namibia	copper, diamond, uranium, zinc, gold	copper, diamond
South Africa	coal, chrome, gold, diamond, iron, coal, platinum, manganese, vanadium, rutile, vermiculite, palladium, ilmerite, zirconium	copper, zinc, uranium, aluminum, nickel, lead, cobalt, iron, clay, limestone, gypsum
Swaziland	diamonds, asbestos, coal	diamond
Tanzania	gold, diamond, tanzanite, salt, phosphates, silver, copper, cobalt, silver	mercury, nickel, coal, gold, diamond
Uganda	gold, copper	cobalt, gold, clay
Zambia	copper, cobalt, gold, selenium, iron, emeralds	gold, nickel, iron ore, coal, gemstones
Zimbabwe	coal, diamonds, chrome, gold, platinum, nickel	copper, iron ore, gold, silver, rhodium, coal, chrome

She noted the health risks of these different types of mining noted in the earlier session, as well as the cancers; birth defects; gastrointestinal problems; injuries; neurological, renal and reproductive system disorders and the wider public health risks caused by other types of mining. These risks arise due to a range of factors, including poor living conditions, unplanned settlements and displacement; air, water and soil pollution; work and general environment and epidemic risks; displacement of communities and post mining outcomes and weak links with local economy. She gave the example of lead poisoning from mines in Kabwe Zambia, where many children had blood lead levels at critical and fatal levels, but where there was limited official information shared and many cases were not recorded or misdiagnosed. She noted that such effects are experienced by workers; their families (women, children, elderly); surrounding communities; displaced/resettled communities; ex-mineworkers; communities after closure and people and

health systems generally. An EQUINET assessment currently underway suggests many of these impacts are undocumented.

Rene noted that implementing a health impact assessment is essential to identify such risks prior to licensing or district wide for policy or planning, either as a stand alone or with Environmental impact assessment (EIA), as long as this doesn't lose focus on health issues. She outlined and gave details on the five step process in a health impact assessment:

1. **Screening:** Background evidence data on the situation, elements that could impact on health and key stakeholders.
2. **Scoping:** Identify areas to gather information on potential health impacts, what to collect, from whom and how.
3. **Appraisal / Impact identification:** Collect and analyse information gathered, including from local data, key informant interviews, focus groups.
4. **Reporting and recommendations:** Compile the findings into a draft report and discuss with key local stakeholders for their short, medium and longer term recommendations to prepare costed plans and intervention strategies.
5. **Evaluation and monitoring:** Follow up to assess the implementation of agreed recommendations.

She noted that the trigger for implementing this assessment may be from officials or the community, or it may be a legal obligation. For example the Sec 32 of Zimbabwe's 2018 Public Health Act provides a duty on every 'person' to avoid harm to public health and power of the Minister to require a health impact assessment. Whatever the trigger, she noted that the process needs to involve the affected communities from the onset, and that this calls for capacity building in civil society to ensure informed participation and consent. She also commented that the HIA initiates a process that calls for recommendations and plans to prevent risks and monitoring to ensure that these plans are implemented. For example, as assessment in Kabwe was followed by measures to lay clean soil on top of impermeable sheets given that lead was being spread through soil contamination, significantly reducing blood lead levels in children.

In the discussion on the two presentations delegates noted that Malawi has introduced uranium mining and that this can lead to uranium contamination of water supplies. In DRC, such contamination by uranium was noted by Benchmarks to lead to cerebral palsy, but that this was not recognized officially by the mining company. It is thus important to include a geological impact assessment to prevent such risks. Delegates also noted the continuing risks after closure of water contamination from old asbestos mines, and of small scale miners exposing themselves in trying to extract minerals from old mines. Similar effects were noted from arsenic in mine tailings, where the health consequences impact on community livelihoods. Finally, it was noted that in the discussion that we need to build new capacities for HIA, but also new laws where the law itself may be the problem.

7.3 Social security rights and benefits at regional level

Mavis, SATUCC outlined the issues under negotiation at SADC level on social security and particularly the portability of benefits across countries, such as is under discussion on compensation and social security benefits of ex-mineworkers in the region. She reported that one proposal was for the funds to move from the insurers to public funds (through governments) under tripartite management. However business was contesting this. She noted concerns that bringing in governments added a further step in the process and the concern over fair representation of all interested parties and not just employed workers.

Mavis Koogotitse, SATUCC presenting on social security issues



She indicated that there is some agreement on principles of fair representation to ensure beneficiary access, transparency of and public reporting on the funds, inclusion of all labour, including less well recognised groups like domestic workers. However how to ensure this in practice? Who should receive the funds? She noted that SATUCC had suggested a separate fund under labour may provide one means.

In the discussion, SAMA delegates expressed their fears over transparency of the funds if under direct government control, noting for example the experience of difficulties in claiming funds from the late estates fund managed by government and the delays in payments from other public funds. They called for a new agency to be established to ensure the funds reached beneficiaries and that there needed to be full participation of all involved in structuring such an agency.

Finally, Mavis noted that she had circulated the SADC proposals for this that are under negotiation at the next Ministerial meeting, and asked delegates to give her any comments or inputs in the next few days so they can be integrated in the SATUCC submissions.

7.4 Using social media and stories for awareness and advocacy

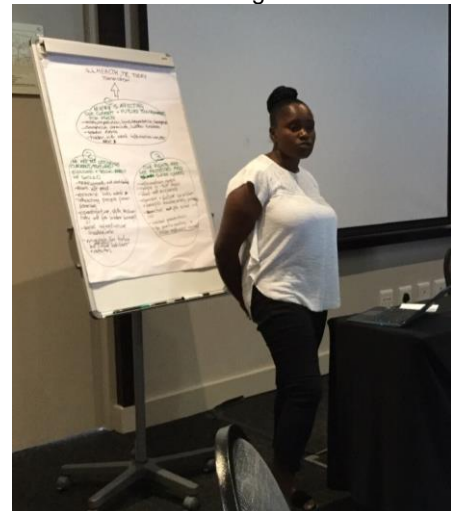
Susan and Brown from Benchmarks presented how their organisation and the communities involved use different forms of media to raise awareness and advocacy. Susan described the google map tools used for mapping community issues, and the recorded interviews used in podcasts for radio and youtube dissemination.

She described a Whatsapp group app called *Tunatazama action voices alert* where a hundred activists share their knowledge and experiences. They also use an email list for this. These stories are collected and reposted on a website at <http://communitymonitors.net/> and a facebook page using an app, and disseminated more widely by Benchmarks, including to local newspapers, TV and radio. She noted that the work is now spreading into Mozambique, Zambia and Zimbabwe. There is an intention to set up three resource centres in South Africa to be used by community members where they can find materials and online resources relevant to mining and its impacts and the responses to this.

Benchmark activists also take people on 'toxic tours', taking visitors to areas and communities where mines are to see the reality and build networks of support. David van Wyk noted further than with a new app and tools they are now doing monitoring of air quality and are building direct dialogue between journalists and affected communities and between universities and communities.

In the discussion, delegates greatly appreciated the Tunatazama community monitors app and indicated their interest to also use it for their own work. Susan noted that the interest shown in the toxic tours and other outreach suggest that their media strategies are having an impact and are bringing visibility to activists and communities and their views in the media.

Susan Moraba outlining work with social media



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8. Negotiating regional rights and standards

Rene raised that there is a potential to better use the power of public health rights and laws in mining. The International Covenant on Economic and Social Rights signed on to by African countries recognizes the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, while public health law sets duties for every 'person' (which includes corporates) to avoid harm to public health, and that where any other law is in conflict or inconsistent with public health law, in matters of public health it is public health law that prevails. Various international and regional standards commit to protecting health in mining for workers and communities and the SADC UNECA harmonisation of policies and standards indicated that *Member States should develop, adopt and enforce appropriate and uniform health, safety and environmental guidelines for the sector as an immediate milestone area*. However, while there has been progress on doing this for TB and HIV and some attention is now being paid to chronic occupational diseases for ex mineworkers, there is as yet no comprehensive focus on public health in the mines, to prevent, treat and manage the wider range of health problems experienced by communities as a result of EI activity.

Rene summarised how far these commitments are included in the laws in the region. Some areas of health are better protected than others, and some countries better protected than others, as shown below (and outlined in more detail in EQUINET reports).

Area of law	Level of protection
Consultation and health protection in granting prospecting rights / licenses	Environment impact assessment provided but not health or social assessment
Health and social protections in relocation of affected communities	Poorly provided for
OHS for employed workers / contractors	OHS for formal workers relatively well covered
Health benefits for workers and families	Limited duty for health benefits or health care coverage for workers and their families
Environment, health and social protection for surrounding communities	Environmental protections provided; Social and health protections more limited
Health benefits for surrounding communities	Most countries have no duty for mines to ensure health services for surrounding communities
Fiscal contributions from EIs for health and health services	Limited duty to make tax contributions for health. Tax duties but with exemptions
Post-mine closure obligations	Limited provision for health duties post closure
General governance issues	Participation and information rights in environment and transparency laws

No single ESA country provides adequate legal protection, different countries have good practice clauses that could be used for regional guidance on minimum standards. She highlighted some key areas that need to be advanced:

- Inclusion of health and social impact assessments in the law
- Development of resettlement plans with local communities and re-establishing living standards, incomes, health infrastructures and health services before people are settled.
- Mine duties to ensure healthy environments, prevent harm to health, prevent and report communicable and notifiable disease in the surrounding community and provide services that cover workers, families and communities or contribute to public health services need to be clarified and put in practice.

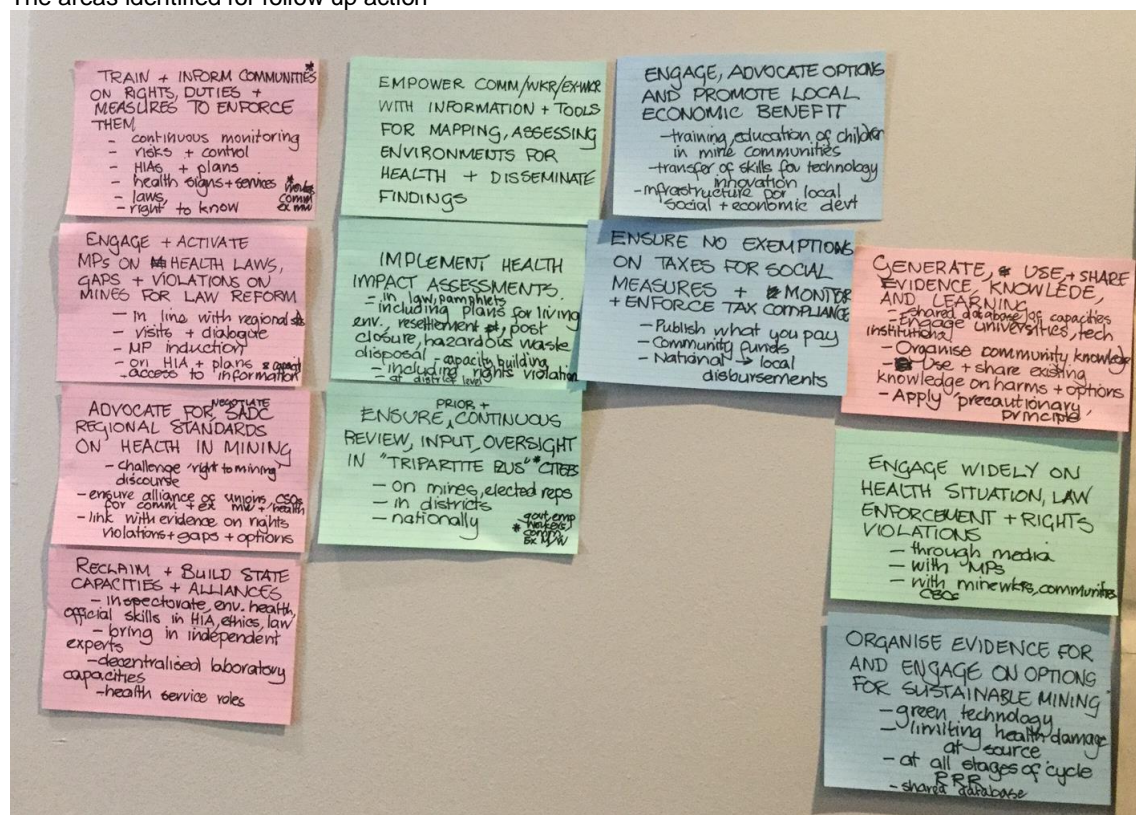
- Duties of companies to make tax contributions for health, with no exemptions on these taxes. Further, she noted, some countries have introduced levies on mines to address specific issues, such as insurance for post closure health impacts.

She noted that at a regional level there is a need to set harmonised rights and duties, given the SADC commitments, and that this can help to reinforce efforts to improve national laws. East Central and Southern Africa Health Community health officials have supported this and the Southern Africa Civil society Forum in 2017 recommended that civil society demand such harmonised standards for health in extractive industries. She hoped that this growing alliance of organisations would add impetus to holding SADC accountable to deliver on this commitment to harmonised standards for health in mining.

9. Priority issues and actions to take forward

The key actions identified in the previous day were captured on individual cards and the cards organised in the three key areas, with communication and information sharing as a further cross cutting area. The cards are shown in the photograph below.

The areas identified for follow up action



In relation to rights and laws the cards reflected actions to

- a. Train and inform communities on rights duties and measure to enforce them, with information on risks and how to monitor and control them; on HIAs; health and health services, laws, rights and duties.
- b. Engage and activate parliamentarians on health and information rights, laws, gaps and violations on mines and on measures such as HIAs to motivate for law reform in line with regional standards; to hold visits and dialogue with MPs and include mining and health in their induction training.
- c. Advocate for and negotiate SADC regional standards on health in mining, challenging the 'right to mine' discourse and building an alliance of unions, civil society, community, ex-mine worker and health organisations, and making a link with evidence on rights violations, gaps and options.

- d. Reclaim and build state capacities and alliances to implement rights and laws, including ensuring inspectorate, environmental health, and official skills in HIA, ethics and law, through independent experts working with communities and ensuring decentralised laboratory and health service capacities.

In relation to mine environments for health, the cards reflected actions to

- a. Empower community, workers, and ex-mine workers with information and tools, for mapping, accessing environments for health and disseminate findings.
- b. Implement health impact assessment, including it in law, building capacities for HIA and implementing assessments to ensure plans for working and living environments, resettlement, post closure duties, hazardous waste disposal.
- c. Ensure prior and continuous, review, inputs, oversight in tripartite plus committees, with elected representatives on mines, in districts and nationally for all affected groups, including workers, ex-mine workers and communities.

In relation to economic benefit, the cards reflected actions to

- a. Engage on and advocate options to promote local economic benefits, including training of children in mine communities; transfer of skills for technology innovation and local infrastructure for social and economic development.
- b. Ensure no exemption on taxes for social measures and monitoring to enforce tax compliance, such as through Publish what you pay; and tracking national to local disbursements on community funds.

In relation to information and communication, the cards reflected actions to

- a. Generate, use and share evidence, knowledge and learning and apply the precautionary principle, including building a shared database of capacities; and engaging universities and technical institutions and organising community knowledge to share and use existing knowledge on harms and options.
- b. Engage widely on health situations, law enforcement, rights violations, through media, with parliamentarians; with mineworkers, communities, mine managers and others.
- c. Organise evidence for and engage on options for sustainable mining, including on green technology; on technology for limiting health damages at source and for recycling and reuse.

Delegates reviewed and agreed that the content of the cards reflected the identified actions. Rene asked delegates to take, as organisations, a card that had an area of work that they felt their organisation was working on and could take up the follow up work on.

After doing this we noticed that most of the cards were taken and the two that were not (on taxes and options for sustainable mining) could be taken up by connecting with networks such as the Dust and health group and the Tax Justice Network.

Delegates organised themselves into groups based on whether they had taken the pink cards (on rights and standards); the green cards (on environments for health); or the blue cards (on economic benefit) and discussed in the groups the more specific actions that could be taken given the work underway in different organisations, and who could lead in the work. These discussions were then reported back in plenary to develop a plan of follow up actions shown below

Finally participants agreed to call the group the *Extractives and Health Group (EHG.)*

Discussing the follow up work



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The action points agreed by the EHG at the end of the workshop are shown below, in line with the three key areas of action on extractives and health that we prioritised

1. Current and future environments for health
2. Economic and social benefit
3. Protection of health rights and engagement on laws

The actions are planned to take place over the next two years.

ACTION AREA	ACTION	LED / CO-ORDINATED/ ENSURED BY
Crosscutting/ general	Set up a shared mailing list for the EHG	TARSC/EQUINET
	Share existing training and information materials and link websites	All, PHM and Bolama will ensure this
	Build a proposal for a web portal to link to existing resources	EQUINET with all
	Raise evidence, information shared, advocacy in various forums: the national, regional AMIs; SADC CNGO; Peoples summit, Regional SADC PF, SADC Health and labour ministers meetings, and ECSA HC	EQUINET; SATUCC
Current and future environments for health	Community mapping; identifying problems and hotspots; awareness campaigns on the findings, and sharing of community monitoring tools	Benchmarks
	Share tools and advance implementation of Health impact assessments, report on assessments and share reports with the EHG	ZCTU, BFTU
	Use the community and HIA assessments to engage widely on the current health situation; negotiate and ensure implementation and continuous review of recommendations from assessments and share experiences with the EHG	BFTU, ZCTU, Benchmarks, Ex mineworkers from Zimbabwe and Malawi
Economic and social benefit	Identify organisations working on mining and economic justice issues and what they are doing and share the information with the EHG (by June 2020)	EJN
	Engage with institutions and prepare scoping papers on different areas of extractives and economic justice and share with the full EHG	EJN; SEATINI/EQUINET
	Develop advocacy materials / inputs for local, national, regional audiences and for parliamentarians, private sector based on the scoping papers	EJN; SEATINI/EQUINET
	Engage in advocacy forums (see crosscutting above)	SEATINI/EQUINET
	Develop proposals for follow up work	EJN; SEATINI/EQUINET

ACTION AREA	ACTION	LED / CO-ORDINATED/ ENSURED BY
Protection of health rights	Share tools for monitoring health impacts in mining	Benchmarks
	Build and share a database of resources and capacities in the region, including technical, university contacts for laboratory capacities	UCT Dust and health group; Benchmarks
	Prepare a brief on health impacts of mining in the region for use with the Mining and health literacy manual	TARSC/EQUINET
	Include Extractives and health in the Apex Alliance meeting in August to widen information and training and include in youth training	SATUCC
	Integrate EHG information and resource people in the Benchmarks Annual General meeting in October	Benchmarks
	Share information on strategies for engaging parliamentarians from work underway	Benchmarks
	Engage in various platforms on legal rights and harmonized legal standards National forums SADC Health (CoP) SADC Labour Ministerial ECSA HC	ICB TARSC/EQUINET, ICB SATUCC EQUINET

10. Closing sessions

In the final session Brown briefed delegates on the Alternative Mining Indaba (AMI) and encouraged all attending to take advantage of the AMI to take the issues and actions raised by the EHG into the various AMI forums. The group appreciated Browns role as chair of the AMI in profiling health as an issue. Brown noted further the need to ensure common messages arising from the EHG in the AMI declaration, and *Ranga Machedze SEATINI/EQUINET* volunteered to craft input for this.

In the subsequent days at the AMI the participants from the workshop actively participated and made input in the AMI sessions. The full final AMI Declaration is available on the AMI website.

The clauses that were included that relate to health are shown overleaf.

Discussing the follow up at the AMI



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Extract from the Communiqué of the 11th Alternative Mining Indaba

“2.6. The ongoing extraction of minerals, biodiversity and knowledge from our continent, and the effects of climate change are taking place together with a legacy of massive social and health debt that cannot be ignored and must be addressed in any framing of a just transition;

2.7. Public health rights and the right to life supersede all other claims. They have been won through social struggle and are a source of social power and organization for alternatives to the current unhealthy mode of extraction and production;...”

“3.1. The right to life and to health for current and future generations must be central in whatever laws, policies and practices we design and implement. Health cannot be left to voluntary corporate social responsibility. We must have the rights and duties for health in our laws. We cannot have a situation where some countries have weaker laws than others, so we must ensure our regional communities (SADC, EAC, ECOWAS, AU) set harmonized legislative, administrative and policy standards on health that should be met in all countries, and that they set and enforce these standards with the involvement of trade unions, civil society, ex mineworkers and affected communities;

3.2. The legacy of past liabilities cannot be forgotten as the TB/Silicosis class action reveals to us. Industry must provide fair compensation for the ex-mine workers and communities whose health has been damaged by mining in our region and include them in any discussion of how this is to be done. Furthermore, there is need to establish and protect the rights of mineworkers, including calling on governments to ratify and domesticate Convention 176 on Occupational Health and Safety in the mines, while ensuring workers in the mines are protected from violence at work, through the ratification of Convention 190, especially female workers who are most vulnerable to violence at work in the mining sector.

3.3. In any mining sector we demand that social, health and environmental impact assessments be inclusive of the poor and working people and not only the corporate officials. These assessments must include the health risks and prevention plans for those living around mines, for displaced communities, for communities down transport routes and for post closure duties. The health impact assessment reports and plans should be made publicly available and the plans implemented and monitored.”

Brown gave his thanks to delegates and wished all a good stay and safe travel. He perceived that we had taken a further step in the right direction at the workshop and urged all to communicate to their counterparts and constituencies on what had been shared and discussed and on the agreed actions. He appreciated the new colleagues joining in the EHG and said he felt the energy gained from being part of this network. He thanked TARSC/EQUINET for their action and outcome-focused work in organising the meeting and supporting the process.

Rex Tambula, BFTU also gave closing remarks. He noted that the meeting had generated a lot of shared information and that this was vital for our aspiration to be part of decision making on matters affecting our lives and health. He also thanked TARSC/EQUINET and all participants. He encouraged participants not to disappear- to remain in contact and to communicate with each other, noting that communication was key to the EHG producing the changes we seek to achieve.

The workshop closed after these remarks.

Appendix 1: Programme

Regional Meeting of the Extractives and Health Working Group, Cape Town, South Africa, 1-2 February 2020

Saturday 1st February

Time	Item	Facilitation
0830-0845	Registration and administration	TARSC
0845-0915	Welcome , Aims and process Delegate introductions and expectations	M Koogotitse, SATUCC R Loewenson, EQUINET. Delegates
0915-10.30	PLENARY: Brief updates on regional work to date on mining and health and actions following the March 2019 meeting (goals, actions, outcomes, gaps/issues) Discussion	EQUINET, SAMA SATUCC, Benchmarks Delegates
1030-1100	Tea/coffee	
1115-12.00	PARTICIPATORY ACTIVITY: Priority risks and benefits to health and wellbeing from mining in the region 1. What? 2. Caused by what? 3. For whom? 4. When? Discussion – what are the shared priorities for action?	R Loewenson, EQUINET, K Phiri, Bolama/ SAMA Delegates
1200-1300	PLENARY: Visible and hidden health risks of mining: the South Africa case Discussion Intro to 'Dying for gold' video, health impact assessment and regional mapping underway	S Adams, UCT B Moraba, Benchmarks Delegates R Loewenson, EQUINET
1300-1400	Lunch	
1400-1515	PARTICIPATORY ACTIVITY: Responding to the priority risks of health in mining: Options for preventing and addressing the costs • What should be done? • What is being done? Discussion	R Loewenson, EQUINET, B Motsao, Benchmarks
1515-1600	PLENARY: Addressing TB in Mining and ex-mineworker issues in the region Discussion	V Jele, SWAMMIWA, K Phiri, SAMA Delegates
1600-1615	Tea	
1615-1700	WORKING GROUPS	
	Working with health literacy manual • What is in it? • How do we use it? R Tambula, N Banda, V Jele M Chagwa, T Mmokele, L Mkwanazi, S Moraba,	Work on extractives and health • Areas of focus? • Goals, roles and alliances R Loewenson, B Motsao, M Koogotitse, K Phiri, R Machedmedze, B Masakure, S Adams
1700	MOVIE: Dying for Gold Discussion	Richard Pakleppa Delegates
	End of day	

Sunday 2nd February

Time	Item	Facilitation
0845-0900	Administration issues	TARSC
0900-0945	Feedback on working groups Discussion	R Machedmedze EQUINET Group rapporteurs
0945-1045	PANEL: Areas of action on regional rights, standards and action on health in mining 1. Implementing a health impact assessment Discussion 2. Malawi ex-mineworker situation Discussion	Chair: S Adams R Loewenson, TARSC M Chagwa, Malawi
1045-1115	Tea/ coffee	
1115-1215	PANEL CONTINUED: Areas of action on regional rights, standards and action on health in mining 3. Social security rights/benefits at regional level Discussion 4. Using social media and writing stories for awareness and advocacy Discussion	Chair: S Adams M Koogotitse, SATUCC S Moraba, B Motsao, Benchmarks
1215-1330	Lunch	
1330-1430	Negotiating regional rights and standards: what gaps need to be addressed and how Discussion	R Loewenson, EQUINET Delegates
1430-1515	PARTICIPATORY ACTIVITY: Priority issues and actions to take forward	R Loewenson, EQUINET, N Banda, ZCTU Delegates
1515-1530	Tea/ coffee	
1530-1600	Messages for and inputs to the AMI	B Motsao, Benchmarks, Delegates
1600-1610	Questions and issues still to address	R Loewenson, EQUINET Delegates
1610-1630	Closing remarks	R Tambula, BFTU, B Motsao, Benchmarks,
1620	End of day	

Appendix 2: Delegate list

Name	Institution
Dr Rene Loewenson	Director, Training and Research Support Centre (TARSC) and cluster lead, EQUINET, Zimbabwe
Mr Rangarirai Machedzede	Southern and East African Trade Information and negotiations Institute (SEATINI) and EQUINET, Zimbabwe
Ms Mavis Koogotitse	Executive Secretary, Southern African Trade Union co-ordinating conference (SATUCC), Botswana
Mr Nathan Banda	Health Dept, Zimbabwe Congress of Trade Unions (ZCTU) Zimbabwe
Mr Rex Tambula	Regional chairperson Botswana Federation of Trade Unions (BFTU); National Chairperson for SHE Botswana Mine Workers Union. Botswana
Mr Kitso Phiri	Board member, Botswana Labour Migrants Association (BoLAMA). Botswana
Mr Vama Jele	Executive Secretary, Swaziland Migrant Mineworkers Association (SWAMMIWA), Eswatini
Mr Macloid Chagwa	Vice General Secretary Ex miners Association in Malawi, Malawi
Ms Tsholofelo Mmokele	Project officer, Botswana Labour Migrants Association (BoLAMA). Botswana
Mr Lungelwe Mkwanzazi	Ex Wenela Miners Association of Zimbabwe, Zimbabwe
Mr Brown Motsao	Programmes Manager, Benchmarks Foundation South Africa
Mr David van Wyk	Lead researcher, Benchmarks Foundation South Africa
Ms Susan Boledi Moraba	Mpumalanga community lead facilitator, Benchmarks Foundation, South Africa
Mr Simon Vilikazi	Food Security and Climate Justice Coordinator, Economic Justice Network Of the Fellowship of Christian Councils in Southern Africa (FOCCISA), South Africa
Ass Prof Shahieda Adams	School of Public Health and Family Medicine, University of Cape Town, South Africa
Ass Prof Jennifer Broadhurst	Principal investigator, Mine dust working Group, University of Cape Town, South Africa
Ms Melanie Alperstein	People's health movement (PHM) South Africa Steering Committee member, Rep PHM East and Southern Africa, South Africa
Ms Limpho Mokhochane	Managing Director, Mantsopa Institute; RCM TB in the Mining Sector, Lesotho
Mr Curtius Msosa	Hakinadini, Tanzania