

**Implementing eco-health impact  
assessment of extractives in east and  
southern Africa**



**Southern African Union Co-ordination Council  
(SATUCC)  
Regional Network for Equity in Health in East and  
Southern Africa (EQUINET)**



**Session at the Alternative Mining Indaba,  
Double Tree Hotel Cape Town  
6th February 2024**

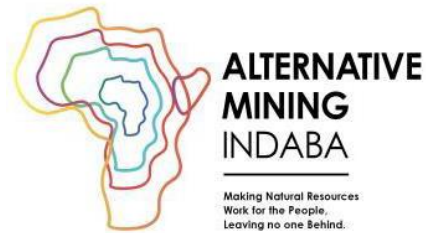
**with support from  
TARSC and OSPC**

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# 1. Background

The annual assemblies of the Alternative Mining Indabas (AMIs) have been held for the past 14 years bringing together mining communities, professionals, trade unions, civil society and others. The 2024 AMI held in Cape town in February 2024, the 15<sup>th</sup> AMI, attracted 450 delegates under the theme of ***Energy Transition Minerals: Putting Communities First for an Inclusive Feminist Future.*** EQUIMNET with SATUCC and partners has engaged in prior AMIs, bringing health issues to the wider platform.



The AMI aims to support a people-centred and just energy transition. This was of particular interest EQUINET and SATUCC, who proposed to include a session on Health Impact Assessments to better assess and give visibility to the impacts of mining on health and on actions that could be taken to better internalise the health costs and strengthen health benefits from the sector.

The current and projected trends in mineral extraction in East and Southern Africa (ESA) call for improved assessment of the health impacts. Resurging resource nationalization, investment in new mining together with abandoned and unsafe old mines, illicit financial flows and tax avoidance, labour casualization, and informal small scale mining activities all have implications for health and the environment, calling for proactive measures to manage the potential human and environment related risks and to ensure fair distribution of the benefits, including in the longer term across future generations.

Natural resource extraction has historically been at the centre of major global economic growth transformations- from the fossil fuel driven industrial revolution to recent trends on minerals to support technologies and transitions to green economies, making use lithium and other minerals. Extractives play a major role in ESA economies and could generate resources for health. However, the sector also raises significant risk to health, human development and security and the environment if poorly managed and governed. For example, extractive industries are responsible for half of the world's carbon emissions and more than 80% of biodiversity loss (Calvao, 2021; IDS, 2023; Caramento, 2020).

These issues call for proactive measures to profile, and address the potential human and environment related risks. EQUINET through TARSC and SATUCC with partners in the region such as Benchmarks Foundation and ESA country officials and trade unions have since 2015 worked on extractives and health, including on harmonised health standards in extractives: health literacy in the mining sector and production of a scenario game on extractives, climate and health, exploring implications of current extractive industries for future economic, social and ecological wellbeing in ESA.

To advance work on advancing equity in the extractive sectors and on corporate practices with the current 2023-25 strategic plan, SATUCC and EQUINET proposed to hold a side event during the 2024 Alternative Mining Indaba February 2024, Cape Town to share experiences from the implementation of health impact assessments in ESA within the extractive mining sector. This was aimed at building an overview understanding of health impact assessments (HIA), sharing experiences and learning from HIA implementation in the extractive mining sector in east and southern Africa and understanding the role of HIAs in pro-active and upstream management of health risks from the mining extractive sector. TARSC with partners is running an online course on HIA in 2024 so the AMI was an opportunity to share information on such capacity building activities. There are also opportunities to build on the work by unions in SATUCC to implement HIAs in the extractive sectors in Botswana, Zimbabwe.

## 1.1 Objectives of the session

The session held at the 2024 AMI thus aimed to build understanding of health impact assessments (HIA) and share experiences and learning from HIA implementation in the extractive mining sector in east and southern Africa, including in relation to their integration of climate-related health impacts.

The **specific objectives** of the side event were to:

1. Widen awareness on the role of health impact assessments in pro-active and upstream management of health risks from the mining extractive sector, their legal, policy and institutional basis, their relationship to environmental, climate and other forms of impact assessment, and the motivations, barriers to and opportunities for their implementation.
2. Share the findings from the implementation of health impact assessments in the extractive sectors in Botswana, Zimbabwe and other countries, discuss improvements to better address climate-related health impacts and equity in their tools and implementation and assess how they were used to bring about change.
3. Develop regional strategies and plans for follow up advocacy, networking, skills building and engagement to improve and strengthen the legal provisions for and implementation of HIA in ESA's extractive mining sector



Participants in group discussions

The programme for the session is shown in Appendix A1 and the list of participants who signed up (some others were not captured on the sign-up list) shown in Appendix A2.

## 2. Opening Remarks

The **SATUCC Executive Secretary, Ms Mavis Koogotitse** welcomed participants on behalf of the leadership of SATUCC and affiliates, in a speech read on her behalf by Nathan Banda. She acknowledged the support from EQUINET for the collaboration, funding and continued support to holding such conversations. She emphasised the importance of discussing the implementation of eco-health impact assessments of extractives in East and Southern Africa and further acknowledged the significant environmental and health impacts, which seriously affected workers and local communities. The only way of identifying the risks associated was through eco-health impact assessments and development of strategies to mitigate them, ensuring that communities are adequately compensated for damages and promoting sustainable development. The assessments she said could also help improve the health and well-being of workers and communities and protection of the environment for future generations. Trade unions, she said played a critical role in advocating for workers' rights and welfare, including ensuring that their working conditions are safe and healthy. Engaging in discussions around eco-health impact assessments can help create a safer and more sustainable working environment for everyone involved in the extractive industries. So, let's work together to promote sustainable development, protect the environment, promote decent work for all and improve the lives of workers and communities. It is essential to widen the

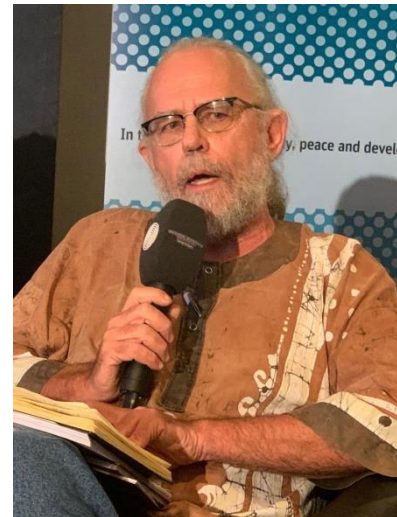




scope of Health Impact Assessment paradigms and methods to integrate strategic areas for engagement, policy, and practice by trade unions, civil society, and broader alliances. She mentioned the group discussions as key in coming up with strategies of how we could work together in order to reduce the negative impact of extractive industries on our planet and its inhabitants. It is through engagements in these discussions, that effective ways to implement eco-health impact assessment and pave the way for a healthier and more sustainable future would be realised before she officially declared side event officially opened.

### 3. Health risks for workers and communities in the mining sector in ESA

Mr. David Van Wyk, Benchmarks Foundation presented the health risks for workers and communities in the mining sector in ESA. He outlined the health and environmental impacts of large-scale mines across different phases of operation, the health impact of migrant labour systems, the historical context of mining in the region, and the negative consequences of foreign ownership of mines. He noted the non-renewable nature of minerals and the unsustainability of mining, large scale mining, including in the water and air pollution, land subsidence, seismic events, and community conflicts they generate. Generally, the call has grown for a shift away from mining towards more sustainable practices in Africa.



He outlined the history of gold, diamond and other mineral mining from the 1860s onwards in South Africa that changed the precolonial mining where 2000 iron age towns stretched between Kuruman in the west, Maputo in the east, past Great Zimbabwe into the Zambian and Congolese copper belts, These mines traded with Chinese and Arab empires from as early as the 11th Century. He emphasised that colonial borders did not exist and people moved and traded freely throughout the region. Thereafter large-scale mines expanded under foreign ownership and Malawi, Zambia and Mozambique became labour sending areas. Randlords and colonial governments moved to make artisanal mining illegal and made it illegal for indigenous people to participate in mining other than as cheap labour.

The migrant labour system disrupted families, with fathers coming back home ill and broken or with two families, one near the mine and one in the labour sending areas. Migrant labour deprived labour sending areas of labour, undermining their development. They stretched health facilities and supplies and impacted on the cultural, social and family cohesion and collective health and the wellbeing of the community.

Large-scale mines have different health and environmental impacts across the exploration, planning, ramp up, operational, closure, rehabilitation, and the life beyond mining phases. David described the health impacts at each stage. Exploration phases entail heavy drilling, perforate aquifers, pollute air and water, increase traffic and cause coughs, bronchitis, headaches and nausea, skin and eye irritation, and road accidents. At operational phase, open cast mines, common in Southern Africa for coal, diamond, copper, and platinum, often lead to the depletion of water sources, a loss of water sovereignty, acid drainage and pollution.



Abandoned mines have valuable infrastructure (electricity substations, buildings) that could be repurposed and reengineered, but are often abandoned, while workers are returned to labour sending areas that do not have the capacity to absorb them or treat their ill health. Many retrenched workers are unable to access pensions, unemployment benefits, treatment for chronic diseases and other funds. Consequently, many return to

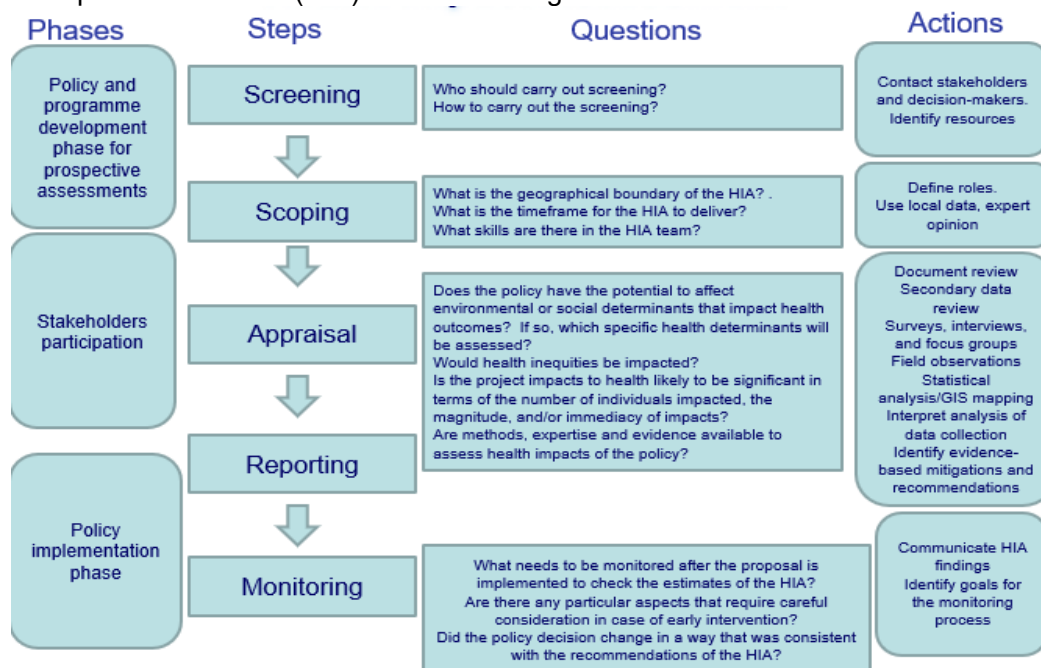
abandoned mines, living in surrounding informal settlements. Many of the 6 000 abandoned, ownerless and derelict mines are currently occupied by informal settlers, with 34 000 “illegal” micro and survivalist miners or ‘Zama Zamas’ eking out a marginal existence from artisanal mining in Gauteng alone. He noted the need to make a transition from large scale to small scale mining that is orderly and safe, doing a census of abandoned mines and registering, regularising and protecting artisanal miners them.

#### 4. Policy, principles and methods for strategic health impact assessment

Dr Rene Loewenson, Training and Research Support Centre, presented on Health Impact Assessment as a Strategic Eco-Health tool. She defined health impact assessment as “a combination of procedures, methods, and tools” that systematically assessed the potential direct and indirect effects of a policy, plan, programme, economic activity or project on the health of a population”. and that HIA assessed the distribution of those effects within the population, whether intended or unintended, and “identifies appropriate actions to manage those effects.” ADB (2018). It was emphasised that HIA should take place before an intervention/project at planning stage to modify the plan.



She highlighted the steps which should be followed when carrying out health impact assessment (HIA) as shown on figure below.



Source: WHO 2023

HIAs integrate values of democracy, giving people the right to participate in a transparent process to formulate, implement and evaluate policies. They also aim to address equity, to not only assess aggregate health impact but also the socio-economic distribution of the impact. They profile short term and long term impacts and make are obliged to meet ethical standards in gathering and using evidence. Participation of civil society, including trade unions is key, given struggles for and inclusion of ‘prior informed consent’ in decisions. Government and companies must thus consult communities and individuals affected by decisions, and affected communities must be given information used in decision-making, provide their own information, and be consulted in a way that suits them. HIA integrates health into decision making to create awareness about the distribution of health impacts of policy decisions/corporate activities.

Rene outlined the legal status of HIA in the region. Many ESA countries have not yet integrated HIA in their public health laws and have only legislated EIA. However South Africa explicitly included HIA within its EIA law, Kenya proposed in 2017 the development of HIA Guidelines and Zimbabwe's Public Health Act CH15:18 2018 has explicit provisions for HIA. It empowers the Minister of Health, by statutory instrument, and in liaison with the Minister for EIAs and others, to specify "the projects and activities which require HIA to be conducted prior to licensing or implementation; the procedure for conducting the HIA; the contents of a HIA report; and offences and penalties in relation to HIAs;

Rene touched on the different types of HIAs and provided a quick guide to implementing the steps in HIA as outlined in the figure on the previous page, and particularly how to make judgements of the significance, severity, scale, direction and magnitude of projected impacts. This, the distribution of impacts and their socio-political significance can be used to prioritise the impacts to act on in the recommendations. The HIA process identifies actions that can be taken to address these impacts, and to formally report these as recommendations for decision makers, as proposed after dialogue with those affected, workers, community, managers and others. Overlooking health impacts and the measures to make improvements can be viewed as unfair to populations affected and a liability to the industry, raising the risk of future litigation or operating licenses being contested, as well a liability for states not meeting duties to protect rights and health. A final stage involves monitoring implementation of the recommendations.

In conclusion, she noted that EQUINET through TARSC and partners is doing online training on health impact assessment to build capacities for this in the region. While the 2024 course is fully subscribed, she invited participants to respond to the call for the next online HIA course if interested.

## 5. Group discussions

After the presentations participants were divided into three groups to deliberate on the following thematic areas:

- GROUP 1: How to widen skills and practice of health impact assessment in the mining/ extractive sector in ESA
- GROUP 2: How to strengthen HIA in law and rights and duties in relation to using the findings and recommendations from HIA
- GROUP 3: What alliances trade unions, civil society and wider alliances to strategic engagement on health rights and HIA in the mining sector



### 5.1 Feedback from the groups

In summary the discussions observed that there were major and often unrecognised, unmanaged health impacts from Mining.

There was felt to be a lack of awareness on health impacts. Awareness outreach on both the health impacts and the necessity and tools to assess this should reach law makers, practitioners, civil society, and communities. There should be duties for information dissemination by companies and government, and multistakeholder participatory approaches to widen knowledge and health literacy.

Health Impact assessment was seen to be a critical process that should legally required and capacities built for it, for both large and artisanal mining sectors. It was recommended that HIA be integrated in university and professional training. The reports from HIA should be publicly

accessible and information on implementation of recommendations or monitoring of new risks made available regularly/ annually.

The meeting noted that gaps between the constitution, public health law, and their implementation also need to be addressed. Trade unions and state need to ensure enforcement of the law and exert demand when health laws are breached, including in reporting to global level, such as to ILO. ESA countries should expect transnationals to meet global standards on health and the laws and standards that apply in their countries of origin. Lawyers need to also have capacity in this area, as institutions like Section 27 in South Africa that provide legal support would benefit from HIA capacities.

Finally participants noted the need for cross fertilisation between health and other disciplines and organisations in the AMI, building working groups and multi-stakeholder forums on health and mining linked to other issues, such as climate, fairer tax systems and economic justice. It was felt that recommendations made should be followed up on, and a booklet/history of AMI from people's lens prepared, profiling the issues that brought participants together

## **5.2 Integration in the AMI**

We provided the AMI secretariat key information from the session as noted below.

We noted the unrecognised, unmanaged health impact assessment from mining. With low levels of recognition of health issues we indicated that health impact assessment is critical process that should be legally required and capacities built for it. The gap between constitution, public health law and reality should be closed, including for the health of artisanal miners.

We communicated the recommendations in Section 5.1 in our feedback to the AMI.

The full AMI Communique is provided on the AMI website. As extracts relevant to health, the AMI 1. Noted that:

- Asymmetrical power relations between government, business and communities exacerbate the poverty and inequalities among mining host communities. Governments often view critical resources as avenues for immediate financial gains, prioritising these benefits over the well-being and interests of the mining communities.
- Child labour remains prevalent with approximately 50% -60% women and children involved in manganese artisanal mining in Zambia and along the Great Dyke in Zimbabwe. Child labourers are exposed to respiratory diseases in the abandoned shafts or riverbanks where they operate.
- Women living in remote mining areas are exposed to maternal health challenges. For example, women give birth in their homes as primary health facilities located are far away from the local hospital and worse, there are no ambulances. Again, the children born in private homes have limited access to immunization. In addition, those involved in sex work use expired condoms and have limited access to contraceptives and thus, exposed to HIV and STIs in addition to mining-induced respiratory ailments.

2. Recommended (among other areas) that:

- Health impact assessment as a critical process should be legally binding and align with respective countries national Health laws. On a different but related note, it is important to engage artisanal miners on health and safety not only for those directly involved but also, communities where they operate.

## **6. Closing Remarks**

Mr. Nathan Banda who expressed delight in the way the participants contributed and commentated on the presentations of the day. He went on to advise that all the issues raised through the Group discussions were going to be submitted to the main conference so that they are taken on board. This is given the fact that Health Impact Assessments were marginalised and were not given the first priority be it at Boardroom level or Government level. With those remarks the side event was declared officially closed at 4.45pm on the 6<sup>th</sup> of February 2024.



## Appendix 1:

### A1: Programme

1430-17.00pm 6 February 2024

Item	Facilitation/ presentation
Registration & administration	SATUCC
Welcome, introductions and expectations	Mavis Koogotitse, SATUCC Rene Loewenson, TARSC Delegates
Past, current and projected health, pandemic and climate-health risks for workers and communities in the mining/ extractive sector in the ESA region Discussion	David van Wyk, Benchmarks Foundation
Health Impact Assessment – what is it, the policy basis, key principles and methods for strategic HIA and issues for eco-health in HIA Discussion	R Loewenson TARSC /EQUINET
<b>GROUP DISCUSSIONS</b> Introduction to the groups  GROUP 1: How to widen skills and practice of health impact assessment in the mining/ extractive sector in ESA?  GROUP 2: How to strengthen HIA in law and rights and duties in relation to using the findings and recommendations from HIA  GROUP 3: What alliances trade unions, civil society and wider alliances to strategic engagement on health rights and HIA in the mining sector	Nathan Banda, SATUCC  Facilitator: Nathan Banda, SATUCC articipants  Facilitator: Rene Loewenson, TARSC/EQUINET Participants  Facilitator: D van Wyk, Benchmarks Participants
Group work report back Discussion	Group rapportuers, participants
Closing Remarks	SATUCC, EQUINET

## A2: Participant List

David Ramohanse	ARD/MC
Matlhogonolo Mochware	Mining Community
Melisa Pullen	SAFC
Erastus Asare Aonkov	Trust Africa
Susan Manyeketi	ZCC
Nkululeko Conco	Corruption Watch
Brown Motsau	Institute For Social Dialogue
Emly Tsale	Lamosa/RNA
Magret	Mtcom-Sa
Thenne S	Swedish Embassy
Johanna von Holdt	Unv Of Cape Town /Minedust & Health Network
Charity R Hodzi	Zimcodd
Goodbye Chinyama	Save The Children International
Namo Chima	Environment Africa
Gisele	NCA
Nomonde	Womxndla
Racheal Cyabah	Trust Africa
Mokete	Rhoda
R Saunders	York University
Kan Oyen	N.C.A
Mthembu Tembakazi	PSIclac
Bernadine Strauss	KSDF
Fr. Emmanuel Y Chikoya	Council of Churches in Zambia
Mandla	Naam
Keletso Ramannya	Corruption Watch
Beverly Musili	Oxfam, Kenya
Engracia Manfus	Mosaiko – Instituto Povia Cidadania - Angola
Thabane Nhlengethwa	Minerals Council of South Africa
Kristina Jelinic	Canadian Ombudsperson for Responsible Enterprise
Nthakoane Mcema Nathan Banda David van Wyk Dr Rene Loewenson	ORIBI SATUCC Benchmarks Foundation TARSC/EQUINET