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The Community Health Dimension of Sustainable Development in Developing Countries

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I Introduction

Communicable diseases and poor health delivery systems impose a heavy personal and economic burden on society at large and in the work place whether it is at a mine or on a small plot of land. The need for improved health delivery services and expanded programs is particularly acute in developing nations where diseases are having a major impact on the health and quality of life of all people. Under serviced areas of developed countries also suffer from inadequate community health programs and have similar burdens and needs.

Mining companies with operations in such areas can and should play an important role in assisting national governments in the provision of health services to local communities. Such involvement can be justified on the basis of both corporate values and long-term business objectives and, in fact, is an essential outcome of any policy that addresses sustainable development in a comprehensive manner.

Mining companies have generally contributed to improved health services in areas in which they operate by providing access to mine related health facilities. Current initiatives are showing that mining companies are now taking on a broader role in community health programs by working in partnership with other stakeholders and by working towards the development of sustainable delivery systems.

The purpose of this paper is to illustrate the range of community health needs; to review historical practices and current initiatives; to justify the strong link between sustainable development values and a corporation's support for community health; to make the business case that can be made for the application of sustainable development principles in the area of community health; and to identify the principles and best practices that must be applied in working towards the establishment of sustainable community health programs. While the focus of this paper will be on developing nations, the same needs and responses also apply to under serviced areas of developed nations.

2 Community Health Impacts

The need for improved community health services and programs in developing nations can be discussed from three main perspectives, either one of which provides more than sufficient justification for a role by the private sector.

2.1 Mortality

Reported deaths or new statements of mortality related to HIV/AIDS, TB and malaria are common occurrences. TB reportedly kills almost 2 million people every year and malaria over a million more. While not in the headlines, measles, diarrhoeal diseases and acute respiratory infections have also been identified as major killers also needing the attention of society at large.

In identifying the range of diseases that need attention, the New York Times in an article titled "In the Shadow of AIDS, a World of Other Problems" dated June 24, 2001, stated:

There is no shortage of contenders. Immunization rates for measles have been falling again, yet the disease kills nearly one million children a year in the developing world. Or there is rotavirus, which causes severe diarrhea in 125 million children a year and kills 600,000 of them, the vast majority in the developing world. Or hepatitis B, which kills more than a million adults every year because they did not get vaccinated when they were young.

2.2 Healthy Living

While death rates gain the headlines, the main challenge and needs remains amongst the living. As stated by Dr Maria Neira of WHO:

Infectious diseases impede efforts to bring developing countries out of poverty. They keep children away from school and prevent adults from working or caring for their children. Serious illness is one of the major reasons why poor people remain poor. Poverty breeds infections; infections breed poverty.

(Neira 2001)

As an example of the burden of disease, worms like hookworm and schistosomiasis infect 1.3 billion people a year and represent 40% of the disease burden due to all tropical diseases, excluding malaria. WHO has reported (WHO, March 2001) that:

Indirect morbidity is particularly important in children, ranging from malnutrition, anaemia, growth retardation, irritability and cognitive impairment, as well as increased susceptibility to other infections and acute complications...

Another example of the wide range of diseases that have to be addressed is lymphatic filariasis, a disabling, disfiguring disease caused by parasitic worms. It is estimated that 120 million people are infected in around 80 countries throughout the tropics and subtropics. While rarely fatal, the disease is a major contributor to poverty, and the program to eliminate it will reduce disability, social stigmatization and economic reductions in life opportunities and will improve child and maternal health and development. (WHO LF2000)

2.3 Economic (Neira 2001)

Recent evidence provided by the Harvard economist Jeffrey Sachs, the London School of Hygiene and Tropical Medicine, and WHO shows that Africa's GDP in the year 2000 would have been \$100 billion greater if malaria had been eliminated years ago. A case of malaria can keep someone out of work for many days. One case of malaria will not slow a continent's economic growth. But 300 million cases certainly will.

TB affects adults in their most wage-earning years, inflicting unnecessary handicap on the economic development of low-income countries. Because of these and other costs TB and its resistant strains is likely to cost the Thai economy US\$7billion by the year 2015. Lost wages also translate into lower profits for corporations caused by absenteeism, lower productivity and employee treatment costs.

Malaria is hurting living standards of Africans today and prevents those of the future as well. In addition to the cost of lost working days, the cost of treatment of repeated bouts of malaria can be a huge cost burden to families. In Nigeria subsistence farmers can spend up to 13% of total household expenditures on malaria treatment.

As can be seen above, the diseases that need to be conquered are many and varied. Each country and each community will have its own problems and priorities. The impacts on each mining companies activities will be equally unique and have the potential to be very costly if not addressed in a comprehensive manner involving the whole community. The challenge is to focus the abilities of many stakeholders in the development of health programs on a community by community basis.

3 Community Health Program Needs

As stated by Dr Gro Harlem Bruntland, Director-General WHO

...it is possible to reverse the impact of infectious diseases and reproductive health conditions – even in the poorest countries. We know what works.

(WHO CD2000)

The main challenge is often found in the delivery system, from national government leadership to the provision of health services in the community. WHO has argued that proper delivery systems or case management must be seen as not only a key component of any control program, but also a fundamental right of all populations. With regard to malaria, WHO has stated:

In reality case management is often highly inadequate. Inappropriate drugs are prescribed, compliance with the recommended regimen is low, drugs are often ineffective due to resistance or poor quality, and patients with severe malaria are managed inappropriately.

(Global Health 2000)

A delivery system with adequately trained personnel resources is the key to progress. Not only are cost effective health interventions and tools available, but also resources from external sources can be accessed for well planned and managed programs. Unfortunately, cases are known where committed funds are not being spent due to the lack of good health management systems and the people available to lead and carry out the work. In this context, it should be noted that the short-term priority for the new AIDS global fund is to finance prevention campaigns, save babies from the virus, train health workers and build laboratories. Treatment programs will proceed once the delivery systems have been established.

Community health programs must also be considered in terms of their key objectives. Treatment, while a necessary part of any program, is limited in effect if carried out alone. No one aspect can be truly effective if not carried out as part of a comprehensive program with prevention, control and eradication being equally important objectives. Similarly, it is being recognized that an employee's health cannot be adequately protected from communicable disease unless health programs are extended to the broader community.

In planning effective community health programs, attention must also be paid to issues as basic as safe water supply, good sanitation and immunization. These are all essential requirements for healthy living and, if not available, must be addressed as key elements in developing a community health plan.

4 Historical Approaches

Many mining companies have a long history of providing for the health needs of their employees and their families. Historical practice, in under serviced communities, has often been for a mining company to retain experienced health professionals and to provide health facilities as required to provide a high standard of health care to employees. Access to such services was usually provided to local citizens with an emphasis on care and treatment. Where experienced professionals were not available within the country, expatriates from developed countries were retained. This in turn led to the provision of developed country standards for facilities and services in, what has been termed, a paternalistic manner. The Business Partners for Development has termed this a company-led approach. (BPD Briefing Note)

As indicated above, the predominant historical approach has been on the provision of health care, with a strong focus on the provider, not the external community. In the words of a senior mining executive, referring to the construction of hospitals at two company mines:

Mining companies are good at mining however they are not specialists in the cost of effective provision of public health services. Under normal circumstances neither of these hospitals would have been built or are required according to the local demographics. While good things are done at these hospitals it is recognized that they do not represent the most cost effective use of money or current resources for creating sustainable public health outcomes. As with most resource companies we have tended to target medical services and support in a developed country context rather than in a developing country context.

(Private correspondence)

Also, in the words of one health professional:

Historically, mining companies have made every effort to treat their own employees. But few of these endeavors have made every effort to control sexually transmitted infections among the sexual contacts of the miners. Not only did this place a high burden of disease on the surrounding community, but also provided a constant source of re-infection for the miners and increased sexual transmission on HIV.

(Private correspondence)

While from a different industry, the comments made in a paper titled *Shell – Dilemmas and Challenges from the Real World* by Geert de Jong of Shell International offer similar insights that could equally apply to mining. The paper presents some useful perspectives on what is called the traditional approach. Key characteristics mentioned were:

- Focus on hospitals
- High tech equipment

- Lack of consultation
- Public relations driven
- Low sustainability of programs
- Structured approach lacking

One common thread in all the above statements is the recognition that there has to be a better way to plan and deliver real health benefits to the host communities. Each of the above statements was made in the context of trying to identify the better way, which will be examined in the following sections.

From another perspective, difficulties have been and continue to be faced by companies in engaging governments, granting agencies and foundations and other stakeholders. Where a climate of distrust exists, it is very difficult and time consuming for a company to overcome well entrenched attitudes. This is a major challenge that must be addressed for substantial progress to be made. WHO is showing that it can act as an important catalyst in bringing parties together in a constructive manner and it is in this role that it can make valuable contributions in the future.

5 Current Initiatives

Notwithstanding the generalized comments about historical approaches presented in the previous section, some companies and individual business units have been adopting more proactive approaches to community health. Each has typically grown out of local needs and initiative and each has strong roots in the principles of sustainable development. The common threads are well-planned programs based on consultation, partnerships and capacity building with all aspects working towards long-term sustainability.

As an example of what can be achieved, a mining company has reported that by providing health services to the broader community, infant mortality has been reduced from 33% to 3%, average life span has increased from 30 to 50 years and the incidence of malaria has been reduced from 70% to 15% among village children. Other examples illustrating current company initiatives are provided in an attachment to this paper.

In order to pull such examples together in an attempt to provide leadership for private sector companies; the World Alliance for Community Health was formed in 1999 by 5 mining companies; the International Association of Oil & Gas Producers (OGP) issued its Strategic Health Management report in June 2000 and the World Economic Forum announced its Global Health Initiative in January 2001. In addition, WHO has helped establish a number of disease focused initiatives that are eager for greater participation and support from the private sector. An overview and an analysis of these initiatives will provide insights as to the opportunities and challenges in getting private sector companies and their individual business units to accept a broader role in community health programs.

5.1 World Alliance for Community Health (www.wacommunityhealth.org)

The World Alliance was formed by BHP, Pasminco, Placer Dome, Rio Tinto and WMC in 1999 with the objective of promoting the development and implementation of community health projects in cooperation with the World Health Organization (WHO). Its members recognized the value of working with other stakeholders in the implementation of long term improvements in quality of life and sustainability in areas where they operate and desired to build on this success.

To facilitate and earn recognition for its projects, the World Alliance entered into a Cooperation Agreement with WHO under which members could seek to have a community health project designated as a “WHO approved project” based on certain requirements. A WHO approved project was defined as meaning that the project design has been reviewed and approved by WHO and that the project objectives have been developed in accordance with WHO’s recommendations.

The WHO agreement provided a list of matters that had to be addressed in the project plan under the headings of Technical Program, Project Structure, Program Sustainability, Financial Support and Reporting. The emphasis of these matters is clearly on partnerships, capacity building and program sustainability. Sustainability was not seen as an absolute requirement but each project had to be seen to be working towards that goal.

While the World Alliance has attracted genuine interest from health professionals and corporate sustainability personnel only four projects have been developed for approval by WHO and no new members have been found. One of the factors that may be limiting the success of the World Alliance is the strict focus on the very high standards of partnership and sustainability. To meet World Alliance/WHO requirements, a business unit considering a project for WHO approval must

1. have a broad perspective in terms of defining its stakeholders,
2. be willing to engage in consultation and consensus building and
3. be willing to work in partnership with government, NGO’s and other parties.

Unfortunately, those that sites have been proactive in developing strong health programs for their employees and host communities have not received sufficient public recognition if their efforts did not meet these high expectations. Similarly, in the absence of industry or corporate policies and best practice guidelines in this area, no measures exist to promote and drive progress in the implementation of the community health policies and programs at corporate sites.

Further analysis also suggests that strong corporate leadership, based on full acceptance of the principles of sustainable development and long-term business objectives, is a necessary ingredient to encourage local business units to become more active participants in the delivery of health services to their host communities.

5.2 WHO

WHO is the leader or major player in major initiatives such as the Lymphatic Filariasis Alliance, Roll Back Malaria, STOP TB and UNAIDS. Each of these initiatives is based on partnerships with other organizations and each seeks to promote projects in countries in all parts of the world.

As an example of the partnerships established, Roll Back Malaria was formed with the support of WHO, the World Bank, UN Children's Fund and UNDP. This group has since been joined many government funding agencies from developed countries, academic and research institutions and a diverse group of NGO's.

There are a few examples of companies working these global programs at individual mining locations, but the opportunity exists for many sites to become involved in a mutually advantageous manner in the future.

5.3 Oil & Gas Industry

In June 2000, the International Association of Oil & Gas Producers issued the report "Strategic Health Management: Principles and guidelines for the oil & gas industry" (SHM). The purpose of this document is to

provide a basis for incorporating workforce and community health considerations systematically into project planning and management.

The guidelines in the report describe the main elements necessary to develop, implement and maintain a strategic health management system.

SHM is intended to facilitate the co-operative interaction among industry groups, host governments, the local health care system, community representatives and other stakeholders. Its key messages are stated to be:

- Industry co-operation on health is beneficial;
- Industry can help host governments fulfill their responsibilities;
- Primary health care can have the greatest impact;
- Lasting improvements can be achieved through early stakeholder involvement and consultation:

The success of this initiative to date is difficult to measure. The report, which is a major contribution on the subject of community health, has been posted on the OGP web site (www.ogp.org.uk). A case study section has been provided on the web site but only two have been posted and, while they are excellent examples, they are somewhat dated. Based on private conversations it would appear that the oil & gas industry is facing the same challenges as the mining industry in gaining wide spread support for an expanded private sector role in community health at the CEO and business unit levels.

5.4 World Economic Forum

In January 2001, the Global Health Initiative was announced by World Economic Forum (WEF) member companies with the objective of stimulating large-scale corporate action in the fight against TB, malaria and HIV/AIDS. Member companies were invited to participate in a "kick-off" meeting in Geneva in March at which time it was decided to set up three working groups in the areas of Best Practices, Resource Opportunities and Advocacy.

In July 2001, a small task force of the Best Practices group, with representatives from the mining, aluminum and oil & gas industries, met with WEF staff with overall objectives and a short term work program being agreed upon. In summary, it was agreed that for the Global Health Initiative to be successful, it would have engage private sector CEO's in a meaningful manner such that they would provide active support for the participation of their business units in community health programs. It was further agreed that, for this to happen, it will be necessary to convince the CEO's that their company's participation in community health initiatives will reinforce their long term business objectives, that such programs can be implemented and managed in keeping with good business and health practices and that their contributions will be recognized.

While detailed objectives and work program are in the process of being finalized, a start has been made on the collection of case studies from a wide range of industries. It is anticipated that such case studies will be used to illustrate the application of best practices in terms that corporate CEO's will understand while at the same offering further guidance and help to business units contemplating such programs. The response to date from the mining industry has been good with 6 companies offering to provide 9 studies in total.

As companies become more comfortable with sustainable development as a guiding framework, more proactive approaches are being tried. The various initiatives described above are helping to move the agenda forward but more has to be done to clearly establish a community health role for the private sector, and mining companies in particular, building on the principles of sustainable development.

6 Sustainability & Health

The first principle of the Rio Declaration is that

Human beings are at the center of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature.

In a draft paper, dated July 2001, "The Social Dimension of Sustainable Development and the Mining Industry" being prepared by the Minerals and Metals Sector of Natural Resources Canada, it is stated that:

When dealing with the social dimension of sustainable development it is important to remember that the main theme is people and how development can contribute to their lives and their opportunities to make the present and the future better.

In the case of health, the concepts underlying sustainable development require a broad definition of community, programs based on consultation and consensus building and, of course, sustainability of the programs. These are not easily achieved and most likely will require proactive action by a company in order to fulfill the requirements of its policies.

With regard to a definition of community, the OGP report recognizes the value of companies being involved in community health beyond the needs of their employees and their dependants and its purpose is described as promoting lasting improvements in the health of the host committee. The term “host community” is defined as

A specific group of people, often living and working in a defined geographical area impacted by the project...

(OGP 2000)

The report also introduces the notion of an extended community to describe situations, possibly regionally or nationally, where a company identifies needs or opportunities, based on its values or self-interest, to extend its participation beyond the host communities. The word community is used throughout in a proactive manner. That is, it is the people for whom health programs are needed such as prevention, control and eradication, not just those who come to a hospital for treatment.

Clearly quality of life is an essential focus of any policy dealing with sustainable development with health being one of the key components. In addition to being one of the key components, health is also an area where corporate values and benefits can be seen within local communities in a very real and positive manner.

7 Long-Term Business Value

In many cases community health is viewed as a long-term business cost. This is a natural conclusion for those companies that operate in the historical manner of being a provider of health services as described above.

On the other hand, those companies that operate on the basis of sustainable development principles use a partnership model. Such a model is different in that a company seeks to work with others in support of host government obligations for community health. This approach has a key corporate advantage of not building up expectations as to being the sole provider for an ever-increasing population. It also holds out the potential of being able to provide help to a broader population on a wider range of needs than if each party did it own thing.

One of the challenges for the WEF initiative will be to clearly illustrate the long-term business value that will flow from private sector participation in community health programs. It is expected that the case studies will help to provide real examples in support of the generalized approaches that are described below.

7.1 Sustainability Perspective

Those companies that have embraced sustainable development, as means of framing and driving new values, believe that it will contribute to business success in several ways. They also believe that quality of life is a key measure and that quality of health is an important component. In general terms the main contributions to long-term business value are judged to be related to:

- License to operate;
- Reduced business risk;
- Competitive advantage;
- Employee commitment;
- Cost effectiveness;
- Ease of financing.

7.2 Strategic Health Management

The OGP report describes the benefits of strategic health management as including:

- Improved health of the workforce and dependents;
- Improved health status in the surrounding host community;
- Enhanced industry relationships with the host community, including government, the local health system, and civil society;
- Improved corporate reputation through proactive focus on health.

In addressing the question of costs, the report describes strategic health management as proactive partnership within which companies complement or assist governments in meeting their roles and responsibilities. The report goes on the state:

The process is not intended to proscribe funding levels or recommend funding mechanisms. Rather, there is an expectation through the process, health priorities would be addressed more effectively and efficiently, using whatever funding may be available. Investment in community health programs is the primary responsibility of local government.

(OGP 2000)

By following the principles set forth in the OGP report, a company should be able to develop a well-organized cost effective program for health improvement that will lead to the benefits listed above. In particular, enhanced relationships and improved reputation will add to a company's ability to achieve the broad sustainability objectives and its long-term business objectives.

7.3 Partnership Model

Business value can also be added at the project level in terms of identifying the correct priorities, obtaining the best professional advice and engaging the resources of other stakeholders. The experience gained by the World Alliance has shown that the partnership approach can help significantly by:

- Providing a clear focus on community needs;
- Providing access to professional expertise;
- Establishing realistic standards and expectations;
- Establishing the basis for effective planning and implementation;
- Earning credible public recognition.

7.4 Business Partners for Development

The Business Partners for Development, a World Bank initiative, has issued a briefing note (BPD Briefing Note) titled *Tri-Sector Partnerships: Contributing to Community Development*. In it they state that

...in order to secure their “social license to operate”, manage social risks and enhance local reputations, companies need to play a more active role in supporting local communities.

In linking such business objectives to proactive action they emphasize the importance of companies, civil society and governments working together. They then go further to suggest that, in this mode,

a natural resource company can serve as a catalyst...without taking on all the responsibility.

While not conclusive in themselves, the above perspectives all support the long-term value that can be achieved by companies that play a key role in the development and implementation of community health improvement programs.

8 Path Forward

The private sector, and mining in particular, is gradually coming to the realization that it must and can play a proactive role in the drive towards improved quality of life through community health improvement programs in countries and communities where they operate.

The case for mining companies to become more involved can be made on the basis of both corporate values and long-term business value. The current work of the MMSD project is expected to lead to a better understanding of sustainable development as it is interpreted in the context of the mining and metals industry. This in turn should lead to a greater appreciation of the importance of community involvement, as a key corporate value, with community health improvement programs being an important focus.

The case can also be made from the perspective of long-term business value for those companies that recognize the need for increased trust in their words and actions and acceptance of their activities as preconditions for the maximization of long-term profits. At the health program level, the business case can be made, not only on the basis of efficiency and effectiveness, but also as requiring consultation and partnerships, necessary preconditions to the establishment of trust and acceptance.

The manner in which a company gives expression to its values and meets its business objectives will primarily depend on how its business units work with its host community and local governments. At this time it is not possible to suggest best practice guidelines for adoption by the mining industry, but certain requirements are starting emerge. They are:

1. A strategic health management system similar to that put forward in the OGP report;
2. A comprehensive health program for employees and dependents;
3. A partnership approach to the planning and delivery of health programs in the host community based on broad consultation;
4. A strong role for the host community;
5. Government acceptance of lead responsibility;
6. Comprehensive health programs covering, on a priority basis, safe water, sanitation, immunization, malaria, TB, HIV/AIDS and all others of local importance;
7. Comprehensive and prioritized objectives for individual diseases covering treatment, prevention, control and eradication;
8. Well planned and implemented programs;
9. Capacity building as a short-term objective;
10. Program sustainability as a long-term objective.

By adopting the requirements as outlined above, it should be possible for companies to assist governments in the delivery of improved health services and quality of life to host communities in a manner that all parties will benefit. Experience to date, by those business units who are working in partnership with their host communities and governments, has been positive in terms of the benefits suggested in this paper. The importance of community health in the context of sustainable development and the need for the development of best practices to spur significant health improvements in developing nations should be an important finding of the work of the MMSD project.

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References

BPD Briefing Note: Business Partners for Development – Natural resources Cluster; Briefing Note 5; Tri-Sector Partnerships: Contributing to Community Development

De Jong, Geert; Shell International Exploration and Production; Shell – Dilemmas and Challenges from the Real World; presented at The fifth SPE International Conference on HSE in Oil & Gas Exploration and Production; 26-28 June 2000; Stavanger, Norway

Global Forum 2000: Global Forum for Health Research: Economic Analysis of Malaria Control in Sub-Saharan Africa by Catherine Goodman, Paul Coleman and Anne Mills; May 2000; ISBN 2-940286-00-0; pg vii

OGP 2000: International Association of Oil & Gas Producers; Strategic Health Management; Principles and guidelines for the oil & gas industry; Report No. 6.88/307, June 2000

Neira 2001: Niera, Dr Maria P, Director, Department of Control, Prevention and Eradication, WHO: From overheads used in a presentation made to ICME's Committee on Public Policy in Geneva on May 21, 2001

Natural Resources Canada, Minerals and Metals Sector; The Social Dimension of Sustainable Development and the Mining Industry – Discussion Paper; Draft dated July 2001, pg 13

New York Times, June 24, 2001: In the Shadow of AIDS, a World of Other Problems.

WHO CD2000: Health - A Key to Prosperity: Success Stories in Developing Countries: WHO/CDS/2000.4; pg 3

WHO LF2000: Preparing and Implementing a National Plan to Eliminate Lymphatic Filariasis: WHO/CDS/CPE/CEE/2000.16; pg 1

WHO March 2001: Fifty-Fourth World Health Assembly; Provisional agenda item 13.3; A54/10, 30 March 2001; pg 1

Appendix: The Community Health Dimension of Sustainable Development in Developing Countries

Community Health Program Examples

Example 1

The coverage of the project extends beyond the host community of 13,000 to a scattered group of islands extending over an area of 80,000 square kilometres of ocean. In total the district has a population of 39,000 living in over 136 villages. Current community health services in the district are generally provided through a system of rural aid posts and missions.

The objectives of the project are to eliminate filariasis as a public health hazard within the district, to use this program to establish a community based sustainable health delivery system and to address other community health issues on a phased basis. The project is being supported and managed by the mining company in partnership with the national and provincial governments, university researchers, a foreign funding agency and local churches and businesses.

The key to the success of this project will be its focus on capacity building and education at the community level. This will be primarily achieved by training village health representatives to control and administer the delivery of the drugs and to educate their communities on matters related to health.

The training programs will be conducted for 141 village representatives annually over a five-year period. Each year, a disease of national priority will be introduced in to the program starting with filariasis. Programs for child immunisation, diarrhoea, malnutrition, pneumonia and malaria will be added in subsequent years.

Example 2

In a remote area surrounded by mountainous terrain, rivers, swamps and wetlands with virtually non-existent health services, the project will provide basic primary health care services over 300 kilometres of river with the long-term goals of sustainability, capacity building and partnerships. The project will consist of three major components:

- **Filariasis and Intestinal Parasite Control**

Ten communities along the river will be treated annually. A maternal Child Health and Health Education Information Communication (HEIC) program will be incorporated, including immunisation, growth charting and contraception.

- **Malaria Control**

Family-sized permethrin bednets will be distributed to each household within the ten communities involved. Local village volunteers will be trained in bednet re-treatment, and will be supported by the HEIC program to effectively detect and treat malaria.

- Community Capacity Building and Empowerment

Health worker training opportunities will be increased to motivate each community to take responsibility for its own health and well-being. A Mobile Health Training Team has been established to provide remote villages with practical training and the Community Relations Regional Team will support this through education and infrastructure (water and sanitation safety) support. Scholarships for further training at the Community Health Worker Training School at the mine hospital will also be made available.

The primary objective of this project is to facilitate a collaborative response to a critical health situation in a remote area of the country, which is known for its high incidence of malaria, filariasis, malnutrition, anaemia and high infant and maternal mortality rates. It is hoped that this project, in conjunction with an active community empowerment process, will establish the conditions necessary for it to be sustained beyond its specified three-year duration.

Example 3

A university research project supported by a mining company determined that melioidosis was a significant cause of fatal pneumonia in children in a rural, lowland province. The pilot program successfully implemented screening and treatment regimes that have provided a sustainable, locally driven program that continues to identify and successfully treat cases of melioidosis that would otherwise progress to fatal outcome. The project has been extended to a second phase that will aid in the development of laboratory services and training of local clinical, nursing and allied health professionals throughout the country.

Example 4

A TB program was initiated by a mining company in 1996 in cooperation with the national government DOH, the national WHO office and the national TB association. The program is based on standard WHO protocols and involves the use of existing government health services and personnel and volunteer cadres drawn from village communities who act as patient supervisors. What started as a pilot program for 4,500 people is expected to provide coverage to over 420,000 by 2002. At this time it is envisaged that the program will be self-supporting and will be carried on by the DOH. The program has achieved a cure rate of 85% as compared to the national average of 60%.

Example 5

To assess the health needs, in the area of the mine it was developing, a mining company co-funded a NGO health organization active in the area to conduct a baseline survey. The survey was commissioned to determine the prevalence of disease in the surrounding area and to assist with the development of a strategic long-term plan. A program has since been developed with the NGO that aims to implement a sustainable program of health promotion, disease prevention and improved treatment in mine workers and communities surrounding the mine, with a particular focus on HIV, other STD's, TB and malaria. A key

element of the program will be the facilitation of community participation through the training of peer educators and counselors.

Example 6

Critical problems in the communities surrounding a mining project were determined and a program has been established to strengthen the local health administration system with the objectives of reducing infant mortality, increasing access to professional services and child development. The program is aimed at prevention and is administered through the health system by health promoters at the community level. The state government provides support for the local system; the community provides important input on program delivery, the health promoters and partial payment for services; and the mine provides management and training.

Example 7

To reduce the risk of social transmitted infections (STI) and diseases in communities, mining companies in the area have established clinics to support a long-term prevention strategy. The main elements of the program include improved STI care and promotion of condom use through peer education to women at risk. The service is provided at the mine hospitals and is also delivered to communities by mobile clinics. This program complements the work of other stakeholders and is expected to lead to sustainable and replicable control of STI's in both women and the miners.