
Addressing health when developing national action plans on artisanal and small-scale gold mining under the Minamata Convention on Mercury



World Health
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Preamble

This document provides World Health Organization (WHO) guidance to support Member States in ensuring that health aspects are appropriately taken into consideration as part of national action planning processes focused on artisanal and small-scale gold mining (ASGM).

A draft of this document was presented to the second Conference of the Parties (COP) to the Minamata Convention held in Geneva on 19–23 November 2018, as part of matters for consideration or action by the COP addressing 5 (h) of the provisional agenda. This guidance document was developed as part of a WHO technical series on ASGM and health, and specifically addresses how and where health considerations should be considered in the context of national action planning (NAP) processes related to ASGM, in particular as required under the Minamata Convention on Mercury.¹ It addresses the provision of Paragraph 3 (a) of Article 7 of the Convention stating that each Party that has notified the Secretariat that ASGM and processing in its territory are more than insignificant shall develop and implement a NAP in accordance with Annex C of the Convention. It also addresses the coverage of health in the wider NAP development process; for example, when establishing national coordination mechanisms, conducting stakeholder engagement activities, developing a national overview of the ASGM sector, etc. Furthermore, it provides a suggested orientation to support the development of the public health strategy component of the NAP. The latter is specifically focused on addressing content required under item (h) of Annex C of the Convention. However, as it addresses awareness raising activities as well – including in the context of engagement and identification of vulnerable groups – the document may also aid in the development of content required under items (i) and (j) of Annex C of the Convention.

This document incorporates feedback WHO has received from selected Member States after a period of consultation, as well as input from some United Nations sister agencies supporting ASGM and national action planning activities, so as to ensure that this guidance adequately addresses country needs and processes.

Based on ongoing country work aimed at supporting selected Member States in developing the health component of the NAPs and the related public health strategy, this guidance document will in future benefit from insights gained from practical experience.

¹ The WHO guidance was developed in tandem with the development of the Global Mercury Partnership guidance on NAPs. Cross-references between the two documents are highlighted in this document.

Introduction

This document provides an approach to addressing health issues as part of the development of national action plans (NAP) to reduce, and where feasible, eliminate mercury use as required under the Minamata Convention on Mercury.

Under the Convention, NAPs are a requirement for those Parties that determine that “artisanal and small-scale gold mining and processing in its territory is more than insignificant.” A NAP must include public health strategies on the exposure of artisanal and small-scale gold miners and their communities to mercury. Such strategies are expected to include, among other things, the gathering of health data, training of health-care workers and awareness raising through health facilities.

While it is understood that the public health strategy component of a NAP will be developed and implemented under the authority and direction of the relevant national health authority,² other components of the NAP will likely be developed under the leadership of national authorities responsible for environment (e.g. authorities responsible for the implementation of the international chemicals conventions, including the Minamata Convention) and/or mining. Good intersectoral engagement and coordination will thus be necessary for ensuring alignment and coherence between these different NAP elements. Indeed, each component will also need to be internally coordinated.

The present document has been developed as part of a WHO technical series on artisanal and small-scale gold mining (ASGM) and health, and specifically addresses how and where health aspects should be considered during the process of developing a NAP. A WHO document is available that provides an overview of health issues in ASGM, with particular focus on environmental and occupational issues, as well as draft protocol for conducting a rapid health assessment of health issues in the ASGM context. More work is underway to provide key training materials for health-care providers.

Primary audiences include government officials in health ministries as well as in ministries from other sectors (e.g. environment, mining, labour) that would be involved in the process of developing and implementing the NAP. Other audiences include development partners (e.g. United Nations [UN] agencies and international organizations), researchers, nongovernmental organizations and other actors that would also be engaged in this process.

The document addresses coverage of health in the wider NAP development process; for example, when establishing national coordination mechanisms, conducting stakeholder engagement activities and developing a national overview of the ASGM sector. It also provides a suggested orientation to aid in the development of the public health strategy component of the NAP. The latter is specifically focused on addressing content required under item (h) of Annex C of the Minamata Convention. However, as it also addresses awareness raising activities – including in the context of engagement and identification of vulnerable groups – the document may also aid in the development of content required under items (i) and (j) of Annex C of the Convention.

Where relevant, specific references are made to the guidance “Developing a national action plan to reduce, and where feasible, eliminate mercury use in artisanal and small-scale gold mining” developed by the UN Environment Programme (UNEP) Global Mercury Partnership ASGM Partnership Area, as this is understood to be the primary reference guide being used and promoted for this purpose. Additional references – for example, to other WHO materials addressing/describing health issues related to ASGM – are also provided throughout the text as relevant.

The NAP process is understood to be a “national” process, to be undertaken with a cross-government approach. Therefore, the document has been developed from this perspective. It has also been developed with the understanding that countries will include health aspects in their NAPs in ways that are most suited to their particular needs, priorities and contexts.

In addition, while the Minamata Convention (and therefore also the NAP process) has a specific focus on mercury exposure, there are a number of other hazards associated with ASGM that can be detrimental to health.³ The public health orientation provided in this document addresses mercury exposure but also allows for a wider approach and framing of ASGM-related health issues.

Finally, while primarily intended to facilitate coverage of health in the NAP process, this document may also be of interest to other countries that are seeking to develop public health responses to ASGM but are not subject to the NAP requirement.

² This was recognized by health ministries in World Health Assembly Resolution WHA 67.11.

³ See: WHO (2016). Environmental and occupational health hazards associated with artisanal and small-scale gold mining. Geneva: World Health Organization (<http://www.who.int/iris/handle/10665/247195>).

1. Addressing health during the wider process of developing a NAP

This section provides an overview of how and where health considerations should be taken into account as part of the wider process of developing or articulating a NAP. Suggested content for the public health component of the NAP is addressed in Part 2.

The UNEP Global Mercury Partnership ASGM Partnership Area guidance (2015)⁴ suggests that NAPs be developed through a process involving six steps as shown in Fig. 1. The first step involves the establishment of a coordination mechanism to ensure appropriate organization of the NAP and to facilitate engagement with relevant stakeholders throughout the process. In the second step, a national overview and profile of the ASGM sector is

developed. In steps 3 and 4, NAP goals and objectives are set and schedule for implementation defined. An evaluation process is established in step 5, and in 6 – the final step – the NAP is endorsed and submitted to the Minamata Convention Secretariat.

From a health perspective, it will be important to ensure that health actors are appropriately engaged in planning and coordination efforts, health information is duly considered as part of the review of the ASGM sector, and that roles and responsibilities of the health sector in achieving targets, aims and objectives set in the NAP are clear. Key areas where health aspects should be considered in the NAP development process are shown in Fig. 1 and addressed in the sections that follow.

Fig. 1. Coverage of health aspects in relation to the process recommended for developing a NAP

Recommended steps for developing a NAP	Relevant health considerations
1. Establishing a coordinating mechanism and organizing process	Engaging health actors in the NAP coordinating/organizing process, and related stakeholder consultations throughout the project
2. Developing a national overview of the ASGM sector	Addressing health issues as part of the development of the national overview
3. Setting goals, national objectives and mercury reduction targets	Ensuring health and health targets are considered more broadly during the formulation of the NAP (in addition to the public health strategy component of the NAP)
4. Formulating an implementation strategy	Clarifying the health sector's role in supporting the implementation (and evaluation) of the NAP
5. Developing an evaluation process for the NAP	
6. Endorsing and submitting the NAP	

Source: UNEP (2015)

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