

The Impacts of Privatisation on Copperbelt Communities

Social impacts of privatisation

15% of Zambia's 10.9 million people live on the Copperbelt, and of those, 79% live in urban areas (87). The region is the most urban and the most industrial in the country, with the highest share of its population in formal employment. As a result it is unsurprising that, as in other African countries, the urban region has suffered under structural adjustment, a policy specifically designed to weaken the power and interests of urban groups, such as civil servants and industrial workers that were thought to be unduly favoured in relation to rural agricultural producers. Towns such as Ndola are now widely described as 'ghost towns' not only because of the loss of the mining industry, but also the collapse of construction and engineering firms, and the downsizing of civil service and financial jobs previously based in a town designed to service the country's industrial heartland.

The collapse of formal employment in the region is particularly serious for two reasons. Firstly, most families in Zambia are dependent on one cash income – typically the father. If that individual dies or is laid off by the employer, it changes the whole family structure. As Father Mishek Kaunda of the Catholic Commission for Justice, Development and Peace explains, "in Zambia, when you are poor you are poor. There is no support from the Government, there are no social benefits so it will affect the education of the children, the electricity and water bills." (88).

Secondly, in rural areas, the impact of having lower shares of the population in waged formal employment is softened by the more self-sufficient nature of families and communities that grow their own food. In the Copperbelt the relationship between urban and rural areas and between formal and informal employment is complex and evolving. Where families have typically been housed in company compounds, they do not have easy access to farm land. Miners originally arrived to work in the mines from a rural area and, refusing to accept that the African population could exist in modern, urban conditions, colonial authorities and mining houses insisted they 'returned' to these areas upon retirement or retrenchment, and for a period of 'rest' each year. This maintained relations between those who had moved to cities – mainly men of working ages, and the rural areas. Those in formal employment were expected by those who hosted them during holidays, and who expected to help them re-integrate to the village upon retirement, to regularly remit money to the village, to be available as a source of financial support in an emergency, and to return at the end of employment with a financial legacy in the form of savings and a pension. However, as more and more people became settled in the longer term in the cities, these relationships became more difficult to manage and urban dwellers became both more nervous of and more disdainful of rural life. Retirees in particular often came to dread retirement as a loss of urban status and a moment when the prodigal son might disappoint expectations by returning home with less than expected to share out. As employment, wages and pensions dropped relative to the cost of living, urban workers had less to offer, and were more inclined to try and find ways to avoid extended networks in rural areas, and to stay in the cities after their working life ended (89).

As they did so, informal settlements sprung up, often on squatted land, less well served by public amenities such as water and electricity, and provision of amenities for health and education fell more and more to local government, rather than being supplied by the mines.

As described in Section 2, state employers, and particularly ZCCM, also provided much more than just employment and a wage. This section therefore considers the impacts of mass unemployment as the mines shed jobs, and of social policies adopted by the private mining companies on the provision of schooling and health facilities in the region, as well as looking at the impact of mining on the environment in which local communities live, and on their access to land and housing.

Impacts on the environment

The privatised companies have been involved in serious incidents of environmental mismanagement that have compromised the health of local people. The three most common and serious problems are sulphur dioxide emissions from smelters, heavy-metal effluents being released into drinking water and silting of local rivers.

1) Excess sulphur dioxide emissions from smelting create human respiratory diseases as well as acid rain that damages rivers and trees. This is not purely an environmental problem – it creates immediate problems for local communities in securing a livelihood. As a local environmentalist noted, “The only crops that survive are mangos, avocados and cactus. With low salaries, people can’t buy food. But they can’t grow their own vegetables either.” (90). This is a problem particularly for communities downwind of the Nkana, Mfulira and Kitwe smelters. KCM recognise that they have a problem in this area, and have undertaken to reduce emission by up to 80% by installing technology which captures sulphur dioxide and converts it into sulphuric acid which the company then uses in mineral processing. MCM have also committed to developing acid plants at both of their smelters.



2) Heavy metal effluents being discharged into rivers that supply drinking water are a serious risk to human health. Where poor communities have no access to piped water, they draw their drinking and washing water directly from rivers. They may also use polluted water to water crops, in which the toxicity of chemical pollutants are concentrated. The problem also creates increased costs for the water supply and sanitation companies that provide to more formal settlements. They are

forced to spend huge amounts on treatment in order to provide clear, palatable water. Since Copperbelt residents now face being cut-off if they don't pay higher charges to water companies, including through pre-paid metering, they are effectively subsidizing the mining companies. Where the companies in question are supported by state subsidies, the Government is also paying to clear up after the companies. This is a problem for most of the companies, but particularly MCM and KCM. MCM's spills have created significant problems in Mfulira, where the costs of clean-up were handed on to the private water company AHC-mining municipal services until the company found it so costly to continually treat contaminated water that it gave up and passed the responsibility to Nkana Water and Sewerage Company (MWSC), a public water supply and sanitation utility company which receives government funding.

3) Silting of local rivers, killing off plant-life and fish stocks is a problem at Luanshya Mining, and around KCM's plant where siltation of rivers and streams around Chingola town were so severe to threaten flooding that could wash away bridges on the only roads linking Chililabombwe to the rest of the country.

Many of these problems were there during the ZCCM era, a time when concerns about the environment were not so closely monitored, either locally or internationally. It is not therefore suggested that they can be directly traced to privatisation. However, it is clear that the Development Agreements have weakened the hand of regulatory authorities in policing such incidents and it may be that companies are making less effort to minimise the impacts of their operations – such as by ensuring that lime is added to acidic effluents to neutralise its Ph value.

There are other reasons why environmental degradation may be getting worse. In negotiating their Development Agreements, the companies refused to take on what they saw as 'liabilities' within their plants, and thus avoided responsibility for cleaning up pollution problems resulting from facilities that they own, but which were created by ZCCM operations. For example, Luanshya Mining was exempted in their Development Agreement from dredging of the Fisana-Kafubu stream resulting from sediments from the companies' slime dams. The task now falls to an ill-equipped and under-resourced local Government. This is also a problem in relation to the long-term management of the massive tailings dumps and leachings dams that mark the landscape of the Copperbelt. The by-products of decades

of mining are piled up and dammed in all across the region. These structures are eroded by heavy seasonal rains, creating two problems – toxic run-off that floods local farmland, and weakening of the bases of dumps and dam walls. Should any of these structures fail catastrophically, leading to a collapse or flooding, there is potential for a very high death toll. This is both a contemporary and a future problem. In the present day, old dams and dumps need to be vegetated in order to stabilise the structures and run-off streams need to be regularly dredged to ensure that pollutants do not overflow. In the medium term, the companies need to be given clear responsibility for safe and clean long-term storage facilities that



will last well beyond the day when the last of the copper has been removed from the ground and the investors are long gone. The Chief Operating Officer at Luanshya Mines raised this issue: 'what will happen when the mines close?' as the biggest single challenge facing state regulators: "Unless Government insists on and enforces all of the closure and environmental costs in the Development Agreements, they are going to need huge assistance to deal with these liabilities. Mining is a temporary use of land, so when you close a mine, you should take it back to the situation it was in before you arrived. But that will cost money." (91).



Secondly, one of the key concessions in the Development Agreements was the exemption of the new investors from environmental laws as long as they a) stayed with the levels of pollution released by ZCCM facilities, even where these were punished by ECZ and were illegal, and b) submitted acceptable Environmental Management Plans to the ECZ and agreed to be policed on their performance in relation to objectives established in these plans. However, the agreements are not being effectively policed. For example, although its Development Agreement commits NFCA to the development and implementation of an Environmental Management Plan by 30 December 1998, the company has thus far avoided effective environmental control by simply failing to adopt such a policy. The process is still in the phase of consultation. Although local environmental groups complain that NFCA are playing politics and have intentionally dragged the process out by submitting plans in Chinese, a draft of a comprehensive EMP, in English, is now available, almost eight years after it should have been adopted, on the ECZ website for public consultation. Given the variance between the policies proposed in the EMP and those currently operated by NFCA, and the fact that the draft EMP appears to have been written almost entirely by a team of external consultants, with just one of the team of being a NFCA employee, it is hard not to wonder whether the policy is there to appease Government and critics, and whether implementation will be less thorough. For the period since privatisation, the Government of Zambia should have been imposing normal environmental laws on NFCA, since the Development Agreement states that it is only once the plan is in place that the company is exempted from the laws of the land that apply to everyone else. It is far from clear that the regulatory authorities have been imposing these laws – given the secret nature of the Development Agreements, it may be that ECZ do not know that they have the right to do so!

There are also questions about the ability of the regulatory authorities to effectively police the mining companies, even where there are clear laws in place and clear commitments made in the Development Agreements. There are particular complaints about the performance of the KCM mine since Vedanta took over its ownership. A local environmental activist claims, “Anglo was like a leading company in terms of environmental performance, but now KCM is one of the worst culprits. There are a number of programmes that were put in place, in terms of environmental clean-up. If you look at the EMP (Environmental Management Plan) you will find that much of the programmes were initiated and operated by Anglo and after Anglo left, they have been abandoned.” (92). Campaigners complain for example that although permission for KCM’s new smelter in Chingola has not yet been granted by ECZ, and local communities have expressed concerns about its location close to residences, construction has been going on.

PROFILE:

KCM and the pollution of the Kafue River



On November 6 2006, the entire Chingola district was faced with a water supply crisis following pollution of the Kafue River by a spillage of mining effluents from the KCM plant. The two water companies that supply around 75,000 people in Chingola residential areas, Nkana Water and Sewage Company (NWSC) and Mulonga Water and Sewage Company (MWSC), were forced to shutdown their plants when the Kafue River turned blue when a pipe delivering slurry from the tailings leach plant at KCM burst, releasing into the water effluents that raised chemical concentrations

to 1,000% of acceptable levels of copper, 77,000% of manganese and 10,000% of cobalt (93). The result was that residents of Chingola Township were cut off from supplies of freshwater for six days. Some residents of more informal settlements in the area, such as Hippo Pool Township, who do not have access to piped water, have always drawn their drinking water from the Kafue. In cases where piped water had been cut off, others were forced to go direct to the river. Although the Government has attempted to provide water tankers and to discourage people from going direct to the Kafue, residents have complained that there is insufficient water, and newspapers report that some families continued going to the Kafue. One resident told a newspaper reporter, "We are scared. In fact even this water they are bringing in tanks is not enough. Now we are dead because of KCM. We may have problems in the future. We do not know what is in our bodies. We drank because we were thirsty. But the taste was bitter. It was like chloroquine. Most people are sick. Most people can't even stand up. If we try to put chlorine, the water becomes black. If we boil it, it becomes brown." (94).

Consuming water as polluted as that in the Kafue, eating fish from the river, or plants watered with polluted water is likely to have wide-ranging short-term and long-term health implications. Between them the chemicals spilled into the river cause lung and heart problems, respiratory diseases and liver and kidney damage. In the short term, a large number of residents are suffering from diarrhoea, eye infections and skin irritations. These are likely to be only the early signs of poisoning that will have long-term impacts. Exposure to manganese can cause 'manganism' a disease of the central nervous system affecting psychic and neurological functions. Brain damage effects in the local population may only show up in future generations.

Both the local council and the water companies have protested that the problems at KCM are long-running, and that the regulatory authorities (in the form of the Environmental Council of Zambia (ECZ)) have been utterly ineffective in policing the situation. Chingola Municipal town clerk Charles Sambundu argues that although the council repeatedly expressed its concerns to KCM, “they seem to have an idea that since they are the largest producer of copper, it’s not easy to make them comply... We have credible information that KCM operated for one week without adding lime to Mutimpa Slurry dam, discharging effluent of 1.5 Ph. That was almost pure acid. Even then, the pipes could not withstand, and it burst... The compelling factor is that this pollution was done wilfully, knowingly. Pumping slurry without lime, that’s irresponsible... If ECZ ensured that the pollution control dam was effective, then these things might not have happened. We are asking them to enforce the law.” (95). The company denies that it is consistently operating outside of limits set by ECZ. A spokesperson claims that KCM monitors the quality of water on a daily basis and that its normal parameters are within limits set by ECZ, and that on that basis, the ECZ and Mines Safety Department had restored to the company various licenses at the Tailings Leaching Plant (96). Nonetheless, the water company NWSC, frustrated at the long-term failure of the ECZ to effectively regulate KCM, has threatened to sue the company for K5.6 billion, protesting that the problem was a long-term one and that NWSC had been spending an additional K350 million a month since 2004 to purify the water to acceptable levels(97).

Whether or not the regulatory authorities have been passive in the past, it may be that widespread criticism of the companies around the 2006 elections may bolster the regulators’ confidence. Environment and Natural Resources Minister Kabinga Pande argued that a crack-down on KCM will be the first step in a wider move to bring the companies into compliance with environmental and labour laws, “Much as we have gone out of our way to accommodate new mine owners, we are not going to condone complacency on their part and the deliberate flouting of our laws...The situation experienced recently was not accidental but is a result of failure by the current mine owners to implement the KCM Nchanga mine Environmental Management Plan (EMP), that was inherited from the Anglo-American Corporation, the previous owner of the mine. This plan was developed in 2001, and was the basis on which the mining project was approved by the Environmental Council of Zambia.” (98). The EMP requires that discharge from the dam should be mainly storm water, and that, in the event of an acidic spill, provisions would be in place to neutralise the effluent – by adding lime to the mix to neutralise the Ph balance. As the Minister noted, “Regrettably, at the time of this incident, the company had no lime in stock yet it was pumping highly acidic tailings, which corroded the rubber pipe lining.” (99). Failures of management and implementation of the conditions of KCM’s EMP had been picked up by ECZ in June 2006 and the company was required to correct the failings by the end of the year. The Minister claimed that if the company had failed to implement the measures at the end of the year, KCM’s licenses would have been withdrawn.

Immediately following the spill, ECZ suspended all pollution control licenses to KCM to discharge effluent into the aquatic environment until the body was satisfied with remedial action taken by the company to solve the problem, including de-silting the dam and replacing the pipes.



The ECZ pointed out that this was not an isolated incident of environmental neglect by KCM, which had seen several tailings pipe bursts resulting in some communities facing polluted water for over a year. An ECZ spokesman complained, “this is a clear indication of poor corporate social responsibility by KCM management in their environmental management.” ECZ also announced that it “reserved the right to prosecute KCM management or Directors in their individual capacity if upon investigations, they are deemed to have been negligent in carrying out their duties to prevent pollution thereby threatening human life and the environment.” (100).

Access to land and housing



Another of the ‘liabilities’ that the private mining houses made it clear to the Government that they did not want to take on was the housing of employees in subsidised rental accommodation in mining townships. This coincided with the difficulties facing ZCCM in providing terminal benefits to the large number of workers being laid off in preparation for privatisation. As a result, just prior to privatisation, in most of the major mining townships, the ZCCM houses, which workers were previously renting at a subsidised amount, and which were maintained by ZCCM, were sold to the workers, usually at a markedly reduced rate. The subsidised sales were subtracted from pensions payments due to workers. Workers were typically keen to take the houses on because firstly, they were good assets, but secondly, in a situation where

many feared losing their jobs, and with them their houses, and were reluctant to return to rural areas, they presented a means by which workers could afford to stay on the Copperbelt, perhaps to look for alternative paid employment. In many cases, these hopes were also disappointed and, unable to afford to renovate the properties, many ex-miners have either sold the houses on in order to raise capital, or started to rent out the front of the house to another family and to live in one room. Job losses and wage cuts in the Copperbelt over the past twenty years have seen a shift in coping strategies on the part of families, with many attempting to grow their own food on small plots of land either by moving away entirely from the mining townships, or by seeking land in the area on which to farm. In many cases this land belongs to the mining companies who hold ‘exploration rights’ in areas where communities live. As a result, livelihoods in the area are very precarious. People are attempting to build houses and to farm in areas subject to subsidence, flooding with toxic waste from mining operations and evictions by the mining companies if they decide to re-allocate their use of particular chunks of land. In some cases, as mining operations expand, communities will need to be moved to alternative accommodation. The most positive solution for local communities is that they should be relocated to high quality housing in well-serviced settlements with which the community is satisfied. However, land conflicts have been handled in different ways by different companies.

· When Binani pulled out of Luanshya and closed down the mine, ex-miners started to farm on company land, invading Mulyashi and Muva hill forests around Baluba Mine. When the mine was re-opened by J&W, mine police fought battles with residents to clear them, and have so far failed to do so (101). Management at the company are aware of a range of further land conflicts looming in the future (102).

· MCM allows some land-use on the surface of its plot, but this is seasonal and agricultural as they will not allow settlement in case they want to exercise future rights.

· Chibuluma Mining attempted to throw a chief and his people off their land without compensation. Campaign group Citizens for a Better Environment intervened on behalf of the community.

· At KCM, expansion of the Lubengele tailings leach dam led to resettlement of 139 households. Although KCM took credit for the programme in its publicity materials, it appears ZCCM-IH paid for 87% of the project while KCM managed it (103). Citizens for A Better Environment have supported a complaint on behalf of residents to the EU's 'OECD focal point' about the quality of the resettlement programme. Remaining arguments are over the access that communities have been able to secure to micro-credit programmes. KCM have also relocated, this time at their own cost, a set of employees whose housing was disrupted by the 2001 pit collapse (104).

Impacts on the upkeep of the mining townships

Along with off-loading responsibility for the mine houses themselves, the Development Agreements typically pass responsibility for the upkeep of mining townships from the companies to the local municipal authorities. However, some write in a commitment on the part of the companies to support this process, and in some cases leave the responsibility with the company for the first five years. In townships such as in Luanshya, the transition has been extremely difficult, particularly since income for the local authority would have come predominantly from the mining company, and during the years after the original investor pulled out, there was no funding.

The local authority has not been able to adequately cover for the services previously provided by the mine. Particularly the charging of rents for electricity and water supplies has led to serious hardship for residents, and to resistance against fees. There have been riots in Luanshya against payment of bills. Luanshya Municipal Council is also planning to try and collect rates but expects major difficulties in doing so (105).

All of the companies interviewed were keen to discuss their support for the concept of corporate social responsibility (CSR) and to list worthwhile projects that the companies are supporting in the townships. CSR was thus typically understood not to relate to employment, procurement or environmental practices of the companies, but instead is conceived of in terms of support to local community sports and development projects. Given the expansive role of ZCCM in supporting the social fabric of the Copperbelt, and the acknowledgement on the part of Government, companies and unions that it is unlikely private firms would ever make an equivalent investment in their surrounding communities, there is a significant tension between the companies and their surrounding communities over how much the companies should be expected to deliver.

Of course, more good works are always welcome. However, they should not be conceived of as compensation for the maintenance of damaging practices in other fields. Charitable giving will always be a short-term solution in the sense that companies' bottom lines determine how much funding will be available in any period for 'good causes'. The CEO of Luanshya Mining presents the issue starkly, suggesting that spending too much on community support will undermine the profitability of the companies and their long-term ability to deliver economic development in the region: "Sometimes we lose track of sustainable economic development before we start looking at the softer issues of health education and all the rest. It's no good having healthier, well-educated kids ten years down the pike and there isn't an economy to employ them." (106)

Impacts on the provision of health-care

As discussed in the previous section, access to curative health care provision for permanent pensioned workers and their dependents in ZCCM successor companies is unchanged and, in most cases, is guaranteed by the Development Agreements. However, the wider community has suffered a decline in standards of care and an increase in prices, placing services beyond the budget of many local residents. At privatisation a number of the mine hospitals and clinics managed by the mines were closed down. Others were passed over to the Government sector, either via the District Health Management Boards (DHMBs) or to NGOs. However, typically these facilities are now running on significantly lower budgets and are somewhat hand to mouth, depending on charitable and aid donor handouts. All three clinics handed over to DHMBs by Chibuluma Mining in Kalulushi Township closed down. Partly because the housing areas previously served by the clinics were no longer exclusively properties occupied by ZCCM employees, the companies no longer felt the same responsibility to maintain them. Casualisation has also seen mine workers spread physically from the mines in which they work.

Thus trade unions have protested to Chambishi Mines that, although its employment contracts still provides some medical cover for dependents and those living in Chambishi Township access services at the clinic there and at the mine site itself, many of these dependents, for instance those living in Kalulushi and Mufulira cannot practically access clinics owned by the company. A particularly severe problem faces those retired from ZCCM on medical grounds. ZCCM accepted a special responsibility to such workers and provided medical check ups annually at the mine hospitals for the rest of their lives. However, since privatisation, the Mineworkers Union has been unable to discover from the Government what the Development Agreements said on this matter. Lungu and Mulenga suggested in 2005 that many assumed Government had accepted this responsibility, but were failing to deliver it such that, "in the meantime, those affected have to bravely face death looking helplessly at the buildings from where they used to receive medical attention." (107). However, it appears from the Development Agreements that in fact the companies did accept a commitment to provide for these people – many have simply not pursued their responsibilities or admitted them to the workers. The clause below from the MCM Development Agreement is reproduced almost word for word in most of the agreements, "the Company shall: ensure that the Medical Services are accessible to all employees of the Company...and Registered Dependents of such employees or persons (including for the avoidance of doubt, such of those persons to whom access to the Medical Services is granted by virtue of relevant redundancy or retirement provisions)... ensure that the Medical Services are provided to such persons... at least to the same standard (as to range and quality of service) as that currently available at the date of this Agreement." (108). At MCM now, former employees whose problems are work-related pay 50% of public fees for life. Those on medical discharge, early or normal retirement get 50% for five years. Those made redundant get 50% for one year. Under ZCCM all those retired on medical grounds should have been given free medical support for life, while those retired from the company would get free access for 5 years.

Perhaps the most significant deterioration of health services, however, was the spectacular collapse in preventative services. Many of the successor companies, feeling no responsibility for the townships, since they did not own the houses, closed down the public health departments that maintained hygiene standards, public awareness efforts and other preventative health services such as anti-malarial spraying in the areas surrounding the mines. This led to a rapid increase in the malarial infection rate. Facing increased absenteeism, most of the companies have now re-instated their programmes. In some cases, these programmes only cater for the area directly adjacent to the mine site and the major mineworkers' township. In others, such as Mopani, the company recognises that malaria spreads between communities, and covers the wider population. Mopani now actively participate in the 'Roll-Back Malaria' campaign. CEO Tim Henderson explained why the business-case for malaria-spraying is so strong, "We had five years ago incidences of about 300 in 1,000, that's down to thirty. It's gone drastically down because of the spraying we do." (109).

HIV-AIDS policies

Southern African countries face the highest HIV infection rates anywhere in the world, partly because of the central role of mining in the economies of the region. In Zambia, around 1 million of the country's almost 11 million people are estimated to be HIV-positive – amongst 15-49 year olds that equates to between 13.5% and 20% of the population. The rate in urban areas is significantly higher, with between a quarter and a third of all adults infected. (110) Although, there has been a lot of change in the social structure of the Copperbelt, the traditional model of employment has involved young men from rural areas migrating to live in towns and work in the mines, leaving wives and family behind, and then returning to rural areas during the holidays and upon retirement. In many cases workers would take on a 'wife' in the city as well as at home. This combination of high levels of migration and transitory population particularly truck drivers taking copper to ports in South Africa, Mozambique and Tanzania, have helped the disease to spread. Truck drivers, young women and sex workers in 'transit areas' are amongst those most at risk of infection. Mining is thus, at least in part, 'responsible' for the pandemic.



Obviously the companies do not take on responsibility for solutions alone. From the early 1990s when the extent of the disease started to become obvious, the Zambian Government and ZCCM's first response was to encourage awareness and condom distribution programmes. It was widely assumed that it was not 'appropriate' to try and provide in poor African countries the 'antiretroviral' (ARV) drugs that were transforming the lives of those with the disease in Western countries, because health delivery systems were underdeveloped, and the drugs themselves were expensive. For many years mining houses were accused of allowing their workers to die, aware that in countries with very high unemployment, they were replaceable. However, more companies now recognise that it is in their own interest to have a healthy workforce and to retain the skills of those they train. This has been particularly true since the price of the drugs has now been brought down significantly and in countries such as South Africa, mining houses have started to play a major role in the development of best practice in workplace HIV-AIDS policies.

One of the greatest worries of private mining companies in Zambia, as they felt increasing pressure to adopt AIDS policies, was that they associated such policies with ARVs, and they did not think that they could afford to treat their workforce. In most cases, in the absence of research or a testing regime, they had little idea of what share of their workforce was infected. However, in 2002, with the assistance of international donors, the Zambian Government launched a policy of trying to get access to anti-retroviral medicines for everyone who needs them. Initially the programme involved subsidised rates for drugs. This development, and pressure in some cases from investors with roots in countries in which mining companies had moved faster to develop AIDS policies, saw some of the Zambian mining companies developing new policies.

In June 2005, the Government then announced that all AIDS drugs would be made free in the public sector. The programme has been relatively successful by international standards, and by November 2005 just under a quarter of 0-49 year olds that need anti-retroviral therapy were on the life-saving drugs ⁽¹¹¹⁾. Since 2002, the two biggest private companies, KCM and MCM have both adopted comprehensive HIV-AIDS policies and programmes. Most other companies lag behind.

The scale of the challenge is obviously enormous and an effective nationwide response to the disease requires that Government, donors, NGOs and companies all play key roles. Public health professionals suggest that companies should adopt five key elements for an effective workplace response to HIV-AIDS:

1) education: Raising awareness of the seriousness of the disease, modes of transmission and how to avoid becoming infected is key. Education programmes also focus on encouraging people to be tested in order to know their own status and in order to access care and treatment if they are positive.

2) prevention: Making people aware of the symptoms, risks and modes of prevention is of little use if they cannot then get hold of condoms. Free condom distribution is therefore a first step.

3) voluntary counselling and testing (VCT): VCT programmes are essential in order to enable individuals to know their own HIV-status, and if positive, to take steps to manage the disease.

4) treatment: If people do not believe that they will be able to access treatment, there is no incentive for them to be tested. Without being able to do anything about it, a positive test would simply be a death sentence. In the absence of people knowing their status, infection and death rates are likely to continue to rise – treatment is therefore the key incentive that allows other aspects of an HIV-strategy to be effective. While the Government is supplying ARVs for free, the companies will find it easy to adopt policies supportive of treatment. However, Government budgets are extremely tight and there is no guarantee that donor money will keep flowing so it is important that companies make contributions now to the purchase of drugs, and develop policies that guarantee the continuation of treatment irrespective of Government policy.

5) non-discrimination: Central to all of the previous strategies is the very complex and sensitive question of creating an environment in which it is possible to talk about HIV, so that education and awareness raising go on openly and are led by local peer and work colleagues rather than professionals from outside, where it is seen as natural and normal to request a sexual partner to use a condom, where individuals do not avoid testing or going to the clinic for fear of the stigma that attaches even to those who go to test.

MCM's AIDS policies

In contrast to many of the other privatised companies, at privatisation, MCM kept on ZCCM's public health programme. This gave the company a significant head-start. Following work with a local NGO Copperbelt Health Education Programme (CHEP) and a participatory policy development process, including Copperbelt University (CBU), ZCTU and Mopani hospitals, in 2002 the company then adopted the first comprehensive HIV-AIDS policy of any of the Copperbelt mining companies.

- Mopani has not only trained peer-educators and counsellors but has also started a project to train future peer-education trainers and secure the long-term future of the process.

- The company provides VCT to both employees and dependents and has been working to establish a database of prevalence, incidence and intervention activities not only amongst its own workers but in its catchment area.

- The company also has an effective non-discrimination policy, and the lead comes from the top - the policy has the clear backing of senior management. The routine medical examination at recruitment does not include HIV testing although "HIV testing with specific and informed consent of the candidate may be required if HIV-AIDS is clinically suspected." (112).

- There were tensions in discussions within the group that developed Mopani's policy over the costs of ARV. The company policy says that MCM: "shall only provide anti-retroviral drugs for employees who by nature of their jobs get infected in job-related circumstances... [MCM] will not provide anti-retro viral drugs to employees infected with HIV until the cost of drugs is within reasonable affordable limits of the company." (113). Mopani initially decided to go 50:50 with workers on the cost of ARVs (which at the time were approximately K40,000 p/month) for both workers and dependents. This policy lasted until Government made ARVs free.

Local AIDS activists note, "Mopani has demonstrated real commitment to address the HIV-AIDS problem within the company and also within communities where the employees live. It's not just that they are here to mine for copper. They also realise that healthy employees are good for business." (114) The company has also attempted to show leadership, using its policy to pressure the wider mining community. At the policy's launch in 2002 all of the other mining companies were invited to attend and the programme was launched by the Deputy Minister for Health. The company have now joined up with a USAID programme involving other major companies in the region to co-ordinate efforts. Nonetheless, Chief Executive Tim Henderson recognises that there are further challenges ahead: "Medical discharges and deaths have come down. The ARVs have stabilised this. But we haven't got to grips with the problem because of the voluntary nature of testing. In order to find how far are we, you need to have a comprehensive testing regime. The biggest challenge is then trying to get the stigma out." (115)

Local HIV activists also suggest that Mopani could consider scaling up support to community-based awareness programmes and partnering with local NGOs for condom distribution to the wider community. In particular there is a lack of awareness of the benefits of ARVs which is limiting the number of people coming forward to test and delaying the point at which people start treatment until they are already extremely ill.

KCM's AIDS policies

Since KCM came under the ownership of Vedanta it has also put in place a comprehensive HIV policy. However, the programme got off to a shaky start. In 2001, KCM carried out an 'involuntary' testing procedure. The company did a saliva test of all employees to work out how many of its employees were HIV positive. The point of the exercise was not communicated to the workers and, although the test was anonymous, there were no promises of benefits to individuals who agreed to be tested, such as treatment, and thus serious concerns about what the company was doing: assessing whether to invest in the future? Planning to downsize the workforce and trying to work out if they could start with those who were HIV positive? The result of the tests was widely reported as suggesting 32% prevalence amongst workers. As a local NGO worker commented: "The concern from employees was, 'why test us if we are fit to do the job, if we can contribute to the wealth of the company.' Many of the employees were left very concerned after the tests. They did not know if it was them who were in that 32%" (116).

KCM have since developed a good policy, in consultation with many NGOs, which includes education, prevention, VCT, treatment and non-discrimination elements. The KCM approach includes several worthwhile additional features. After adopting their own policy, with World Bank support, KCM targeted 23 of the small and medium-sized companies that provide its goods and services to try and help them structure HIV-AIDS programmes of their own. Thus, for example, drivers delivering copper from Chingola to Durban in South Africa undergo education and awareness programmes.

KCM also has a spill-over of the awareness programme from the workplace to the communities. Working with CHEP they have trained 199 community health educators to provide information in the communities where employees reside. The company is clear that people won't come for VCT if they think either that they might be identified, or that there is no treatment for them anyway. They therefore provide universal health checks for all workers, done by nurses who come to people's houses. The nurses are trained in peer support and counselling. They carry out tests in the home and KCM also provide free ARV treatment, using drugs donated by the EU. To secure the project in the long-term, whether or not there is a Government programme or donor support, with the agreement of the union, the company takes about \$1 a month from each worker's, to develop a 'corpus fund', match funded by the company. The fund is available not only for accessing ARVs – but also for nutritional support for children (117). Chambishi Metals has a good programme in place, developed in consultation with Christian Aid and CHEP, and Metorex at Chibuluma is in the process of implementing a policy.

However, three of the companies appear to be performing very poorly. At NFCA's Chambishi Mining, there is no AIDS policy. Some peer educators were trained at NFCA's subsidiary BGRIMM Explosives, but they were all killed in an industrial accident. At Luanshya Mining, although peer educators have been stationed underground in the mines since 1996 (before privatisation), and this was the first project of its kind in the world, there has been no AIDS policy since the plant was bought and then sold by RAMCOZ. Local NGO CHEP started negotiations with the new owners J&W in 2002. However, progress appears to have been slowed by rapid staff turnover. Bwana Mkubwa appears to be in a similar situation, with a peer education programme but little else.

PROFILE:



Isaac Mumba, former ZCCM Health Officer, current AIDS campaigner

Based on an interview with Isaac Mumba, HIV-AIDS Policies Co-ordinator, CHEP, Kitwe, October 10 2006

I worked for ZCCM Ltd for 22 years. I was the Assistant to the Chief Health Officer for Chibuluma Mines Plc, which was a division of ZCCM based where I live, about 15 kilometres from Kitwe in a town called Kalulushi.

The function of the Public Health Department I worked in was prevention and control of communicable diseases and maintaining a clean and healthy environment. The company put a lot of emphasis on the control of malaria within the communities, like Kalulushi and Chambishi, where their employees were coming from. But we were also charged with the responsibility of carrying out both bacteriological and chemical testing of water supplies, environmental sanitation, refuse collection, inspections of food premises and local shops, and finally health education to make sure that communities knew how they could prevent the spread communicable diseases and maintain a clean and healthy environment.

Malaria control was one of our key responsibilities to ensure that adult mosquitoes were reduced to a level that was no longer a public health problem. We mainly tried to kill mosquitoes in the aquatic stages. Those that survived larval control, we were following them up by residual spraying in all of the houses. Within other communities, malaria and diarrhoeal diseases were the major cause of mortality. It was different in the mining townships. We had more deaths from mining accidents than preventable diseases. A positive malaria case was rare enough that the Chief Laboratory Technician notified the Chief Health Officer of ZCCM who must then learn whether that individual had been to a rural area while on leave, or whether it had happened in the mining townships. My Department would then take immediate remedial action.

The first HIV-AIDS case in Zambia was diagnosed in 1984. There was lots of misunderstanding about the illness. Our first priority was to communicate the causes to the public so they could protect themselves. We started by using what we now refer to as shock messages: "HIV-AIDS kills!" We were correcting misunderstandings and telling people the modes of transmission, the symptoms and signs, and what can be done. We started by providing information in the workplace and in the communities through mass rallies and use of mega phones, and distributed leaflets and pamphlet door-to-door.

In the early 1990s, the cases of HIV started rising. The Government came up with a National Prevention and Control Program and started providing funding for district HIV-AIDS co-ordinators. In Kalulushi, I became the district co-ordinator, meaning that I was not just working for the company, I was across the district. We started training peer educators who could communicate HIV-AIDS prevention messages across the community and within the workplaces. Heads of Department held focus group discussions on HIV/AIDS through the company including briefings from the Chief Medical Officer. ZCCM also started including training on HIV-AIDS in their course to prepare people for retirement, in safety meetings and first aid training and ante-natal clinics. Employees retiring were educated on the dangers as they get to the rural areas with a good package. So we were saying to them "Be careful. HIV-AIDS is real not simply here in towns, it is also in the rural areas."

When ZCCM was privatised, Chibuluma Division was sold to the Metorex Group, based in South Africa. That was the beginning of trouble. They took over in 1996. I worked for Metorex for 18 months and I was declared redundant in August 1998. Later the Chief Health Officer, Crew Boss and Spray Operators were laid off. Then they closed the whole Public Health Department. The new investors didn't see the need to maintain the public health functions. They said, "We are here for copper, we are not here for malaria, we are not here for HIV. Local Municipal Councils should take over public health."

I really got concerned when I got a letter saying I had been made redundant. I saw my job still needed to be done. I was living then in a company house in Kalulushi, where I am living up to today, because ZCCM sold the houses to workers at privatisation. The concern that I had was: who is going to take over my functions? Who is going help us with malaria? With collecting refuse? Who is going to do meat inspections? Who will look after the shops? Who will conduct health education?

The most visible change in Kalulushi Township was that there were heaps and heaps of refuse. Nobody was collecting it. People started digging pits to throw their rubbish within the housing areas, which brought a big increase in flies and with them a big increase in diarrhoeal diseases. We had been doing a regular analysis of water to see whether the chemicals and bacteria are seeping into drinking water. But again that service came to a standstill, so we didn't know whether the water we were drinking was chlorinated and treated or not. The clean township maintained by the mine since the early 50s started going down and hence the increase of communicable diseases such as water borne diseases unsanitary environment.

The statistics were showing a sharp increase of malaria upon the closure of the department. You would go in to the hospital with another problem and pick up malaria from the hospital itself, which was full of mosquitoes. Nobody was doing the spraying and larval control. Since I left my job I cannot tell how many have died of malaria, but I am saddened when a relative or neighbours dies of this preventable disease. I knew how to stop the death of innocent ones, but my services were cut short. Although the local council was contributing labour in malaria control activities, there was no strategic plan. The Government did then get wind of the appalling standards of health in the mining townships. But the investors were saying, "We are paying tax, the tax should go into refuse collection, malaria control etc." So the Government took it that it is now their responsibility to provide all health services, and they tried to establish District Health Management Boards.

Metorex did maintain Chibuluma Mine Hospital for employees and their families only and for major accidents underground. But they now had a smaller number of employees. We were a division of about 2,000 but the labour force has been reduced to 500. So the hospital also started an income-generating approach, taking on fee-paying members of the general public. The rates were reasonable and there were also fees in Government hospitals, but people who had been involved in mining were not used to paying to go to hospital. Retired employees had difficulties accessing medical attention, because at the end of the grace period in their conditions of service, they had to pay.

Well, I was retired and had nothing to do the next day, but I had a skill in Environmental Health and Hygiene. I saw the problems wherever I went, but I had no framework to raise the concern or take action. Luckily in my role as the District HIV-AIDS co-ordinator in Kalulushi I was already working with the NGO Copperbelt Health Education Project (CHEP) as a part-time Health education coordinator. In the same year I was made redundant, I was offered a full-time job by CHEP to work with companies to initiate HIV/AIDS awareness activities. Later, I started training peer educators and developing non discriminatory HIV/AIDS policies.

After so many years, eight years later, I think the company has now realised that our public health functions in ZCCM were actually contributing to profits. There has been high mortality amongst their employees due to malaria, HIV, TB and many other diseases, which also bring about absenteeism. Without an HIV/AIDS policy, Metorex had difficulties firstly in terms of how to deal with an employee who is chronically sick. Then there are those who are HIV positive, but they can continue to contribute to the profits of the company. So management realised that prevention is better than cure, and it's cheap. And last year they approached us and they said, "We would like you CHEP to provide technical support on the development of an HIV policy that would clearly state the company's stand on several issues ranging from care and support of the infected and the affected, information, communication and education, and policy implementation." They came to us under pressure from their head office in South Africa because there most of the companies have HIV/AIDS policies. The employee's representative at the Mineworkers Union of Zambia, was also trying to revisit conditions of service, and raised their concern on the number of employees getting infected with HIV/AIDS, and the need for the company to develop a policy.

We have now helped them to train peer educators and a draft policy has been done for Metorex. It is waiting for top company manager's approval. The policy document addresses issues such as employment and terms of appointment, continuity of service, counselling testing and care, networking with other like-minded NGOs involved in the field of HIV/AIDS prevention. There is also a need for information, education and communication programmes for employees and their families. We have suggested that they need to train adequate number of peer educators both at the workplace and in the community and also they need to print some information materials for the employees on AIDS/HIV, Malaria and TB to further reinforce the verbal messages on prevention by the peer educators groups. We have also looked at the provision of anti-retroviral treatment that the company should provide through the Mine Hospital. In 2003 Government announced it would provide universal ARV treatment programme. Before that, the company would provide nothing. At the moment, the company states that it will endeavour to link all of its employees to ART clinics to access treatment.

In fact, most of the companies think an HIV –AIDS policy is just about ARV provision. It's not. You must provide a non-discriminatory environment where people who are HIV positive can add a human face, where one stands up and says, "Here I am, I got HIV five years ago, and I am still living." Others will hear that testimony and they might start to follow through counselling testing and care.

I think things are changing, thanks to the committed managers at Metorex who want to address HIV/AIDS at the workplace and beyond the company gates. When the policy is launched we will hopefully see positive effects and the creation of a non discriminatory environment. The struggle before was that you could provide information on prevention and testing, but practically you could do nothing in terms of treatment. Under ZCCM for each mining unit we had hospitals with fully-fledged laboratory facilities. Anyone who wanted to know his status could just walk in. But when there were no ARVs, there was nothing you could do for those who test positive. Now people can get ARVs there is light at the end of the tunnel.

I am saddened by the fact that most of my colleagues, we went to school together, many of them were very senior managers, they died of AIDS. And they died so early, before the ARVs. If it had been now they wouldn't have become so sick, they would have been helped to live on. With Metorex we have now made some progress and thanks to the General Manager we are now working in partnership to implement cost effective HIV/AIDS prevention programs. We are further refining a new AIDS the policy, which is about to be launched.