

Occupational Health and Safety Concerns in the Artisanal and Small-Scale Mining Sector

An Overview

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Summary of the IOMSC ASM project results so far

Zimbabwe, Colombia, Uganda and Brazil

Organization

- 1) What we planned to do**
- 2) What we have done**
- 3) Some Findings**
- 4) Some Further Reflections**
- 5) Next Steps**

What We Planned to Do

- Carry out a literature review of the scale and nature of ASM in the four countries, provide global context and recommendations for global regulation and best practice, identifying what health services and policy, legislation, and regulation currently exist related to ASM.
- Work with IOMSC countries to identify where ASM is taking place in the four countries, the scale of the affected populations, and train IOMSC contacts about data collection - broken down data by gender and other relevant factors ensuring that specific issues in relation to gender and child labour are addressed.
- Identify through questionnaire design and ideally a data collection tool the major health related issues and prevalence of occupational health issues, increasing understanding among ASM workers about the hazards they, and their communities, face and how to mitigate those.
- Compile case studies and testimonials from workers and their families from the four countries so that their voices are effectively represented.
- Collate findings/data and publish a detailed report making recommendations for change based on local experience which will increase awareness and understanding of ASM, and the associated health and environmental risks and hazards, amongst businesses, regulators, policymakers, media and public.

What We Have Done

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What We Have Done

Outstanding

- Final report – Academic and ASM consultant delivered to NEBOSH end 2025/ January 2026
- Website update – Dec 2025
- Webinars x 4 November/December 2025
- End of project stakeholder meeting hosted by SOM/IOMSC
- Output - minutes – occurring December 2025 and delivered January 2026
- Presentations x 4 international conferences tbc 2026 IOMSC

Some Findings

Some interesting stuff...

1) Zimbabwe

- 189
- All poverty-driven or survival
- 60 percent being sponsored despite, 82 percent working under a license
- 79 percent claim not to have been diagnosed with an ailment linked to mining but 187 of 189 believe mercury is important to their work

Some Findings

Some interesting stuff...

2) Brazil

- 171 people
- Number of years mining – 18+
- Balance licensed to unlicensed: 55 to 45 percent
- Only 48 percent of people sell gold locally
- 56 percent claimed not to have received information about health risks related to mining, their effects, and how to manage them, such as:
Chemical risks, including dust and fumes; Heat; Cold; Water; Noise; Vibration; Lower back strain; Mental stress; Infections (e.g., malaria, HIV/AIDS)?

Some Findings

Some interesting stuff...

3) Uganda

- 51 respondents
- Non-gold 70 percent
- All poverty-driven
- 85 percent in a mining accident

What we tried to do

Some interesting stuff...

4) Colombia

- 31 respondents
- Still piecing things together

Some Further Reflections

- OHS situation across the four countries' ASM study sites is appalling
- “Locate” this work, which is what I have attempted to do in the literature review
- Informality and/or policy treatment of the sector
- Where do you start to address these issues?
- For gold, do you piggyback on planetGOLD?
- More broadly, no specific OHS regulations for ASM in either of the four study countries or elsewhere for that matter
 - Ghana, Mali, Malawi, Peru, Burkina Faso, Cote d'Ivoire, the Philippines...
- Presupposes that it can be regulated

Next Steps

- 1) Analyze the Data (Kobo)
- 2) Compile Case Studies
- 3) Synthesize Policy Context (in Line with Literature Review)
- 4) Presentations and Publications
- 5) Stakeholder Engagement and Impact

Thank you

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