



Initiative for Responsible
Mining Assurance

EXCERPT FROM THE **IRMA Standard**

for

Responsible Exploration, Extraction,
and Processing of Minerals

→ **2nd DRAFT** ←

for public consultation

CHAPTER 3.3 – Community Health and Safety

IRMA Standard v2.0 DRAFT 2

July 2025

English Version

Disclaimer and Context on this Draft

The 2nd DRAFT Version of the IRMA Standard for Responsible Exploration, Extraction, and Processing of Minerals V2.0 (hereafter referred to as the “2nd DRAFT”) is being released for public consultation, inviting the world to join once again in a conversation around expectations that drive value for greater environmental and social responsibility in mining and mineral processing.

The 2nd DRAFT does not represent content that has yet been formally endorsed by IRMA’s equally-governed multi-stakeholder Board of Directors. IRMA’s Board leaders seek the wisdom and guidance of all readers to inform this through an inclusive revision process one more time, to improve the Standard.

This draft document builds on the 1st DRAFT Version published in October 2023, and invites a global conversation to improve and update the 2018 IRMA Standard for Responsible Mining V1.0. This 2nd DRAFT is intended to provide as final of a look-and-feel as possible, although input from this consultation will result in final edits, and consolidation to reduce overall number of requirements (more on this on page 6), for a version that will be presented to IRMA’s equally-governed multi-stakeholder Board of Directors for adoption and implementation.

This 2nd DRAFT has been prepared and updated by the IRMA Secretariat based on:

- learnings from the implementation of the current IRMA Standard (V1.0)
- experience from the [first mines independently audited](#) (as of July 2025, 24 sites have completed audits or are in the process of being audited)
- evolving expectations for best practices in mining to reduce harm
- comments and recommendations received from stakeholders and Indigenous rights-holders
- the input of subject-specific Expert Working Groups convened by IRMA between 2022 and 2024
- all comments and contributions received during the public-comment period of the 1st DRAFT version (October 2023-March 2024)

Please note that Expert Working Groups were created to catalyze suggestions for solutions on issues we knew most needed attention in this update process. They were not tasked to come to consensus nor make formal recommendations. Their expertise has made this consultation document wiser and more focused, but work still lies ahead to resolve challenging issues. We encourage all readers to share perspectives to improve how the IRMA system can serve as a tool to promote greater environmental and social responsibility, and create value for improved practices, where exploration, extraction, and processing of minerals happens.

IRMA is dedicated to a participatory process including public consultation with a wide range of affected people globally and seeks feedback, comments, questions, and recommendations for improvement of this Standard. IRMA believes that diverse participation and input is a crucial and determining factor in the effectiveness of a Standard that is used to improve environmental and social performance in a sector. To this end, every submission received will be reviewed and considered.

This current 2nd DRAFT is based on content already in practice in the IRMA Standard for Responsible Mining V1.0 (2018) for mines in production, and its accompanying normative Guidance document and Supplementary Guidance, combined with the content drafted in the IRMA Standard for Responsible Mineral Development and Exploration (‘IRMA-Ready’ Standard – Draft v1.0 December 2021) and in the IRMA Standard for Responsible Minerals Processing (Draft v1.0 June 2021), and offers an updated version of the 1st DRAFT Version of the IRMA Standard V2.0 that received over 2,500 unique points of comments between 2023 and 2024.

Please note: The IRMA Standard V2.0 is new in its approach in that it now covers more phases of the mining and mineral supply chain, from exploration and development, through mining, closure, and mineral processing. IRMA also, separately, oversees a [Chain of Custody Standard](#) for tracking materials through the supply chain from mine-to-market end use products.

Disclaimer on Language and Corrections

For this public consultation, only an English version is available. A Glossary of Terms used in this Standard is provided at the end of the full version of the document (see below). IRMA reserves the right to publish corrigenda on its web page, and readers of this document should consult the corresponding web page for corrections or clarifications.

This document provides only one chapter excerpt from the IRMA Standard v2.0 DRAFT 2.

The full version contains 27 Chapters, [click here](#) to view it.

Objectives of this 2nd public consultation

Following the release of a 1st DRAFT of the IRMA Standard V2.0 in October 2023 for a 90-day public consultation, the IRMA Secretariat received more than 2,500 points of comments from 82 organizations, then organized additional engagement with stakeholders and Indigenous rights-holders, and solicited complementary guidance from multiple topic-specific Expert Working Groups.

We [anticipated](#) release of this 2nd DRAFT for a second round of public consultation as early as Q3 2024, then subsequently [announced](#) that more time was needed to support engagement of diverse stakeholders; the revised release date was July 2025. We provided more detailed explanation for the extended process [here](#) and [here](#).

IRMA Mining Standard: a journey



The release of this 2nd DRAFT marks a significant milestone on the road to the revision of the IRMA Standard: this public consultation will be the last of this revision cycle on V2.0.

Informed by the outcomes of this public consultation, along with guidance from Expert Advisors and IRMA Working Groups (see more below), and additional engagement with Indigenous rights-holders and stakeholders as requested, the IRMA Secretariat will prepare a final version. This final version will be discussed by the IRMA Board and refined to reach consensus for adoption by all six governing houses of IRMA: Affected Communities including Indigenous Rightsholders; Environmental and Social NGOs; Organized Labor; Finance and Investment Professionals; Mining Companies; Purchasers of Mined Materials.

In IRMA's strategic decision-making, Board members work to achieve consensus. IRMA believes a majority vote is not a model of equal governance. Instead, any motion that results in both of the two representatives from the same governing house voting "no" must go back to the full group for further discussion. In other words, a proposed course of action cannot proceed if both representatives from one of our six governing houses are opposed. Board members will keep talking until a resolution that works for all groups is found. It is a model that has worked for IRMA for nearly two decades and is fundamental to IRMA's credibility, accountability and service to all six houses of governance.

What is IRMA seeking guidance on?

Comments, feedback, and suggestions are welcome on any aspect of this 2nd DRAFT version (including intent and text of the requirements, endnotes, annexes, format and structure, design, readability, etc.).

IRMA is particularly interested in hearing the views of rights-holders and stakeholders on **the provisions in the Standard that are substantially new compared to the IRMA Standard for Responsible Mining V1.0**. These provisions (requirements or at a sub-requirement level) are highlighted in yellow throughout this Draft, to ensure they are easily identifiable.

We ask readers to assist us in weighing these potential new provisions, and also hold awareness that, prior to adoption of the final version, many of these will be consolidated and reduced in overall number.

Although these new requirements have each been drafted in response to lessons learned, the current state of best practices, emerging expectations, and/or in response to requests and suggestions made during the previous public consultation, collectively they represent substantive increased expectations for both implementing entities and audit firms. The IRMA Board of Directors seeks to ensure that the IRMA Standard, while recognized the world's most rigorous and comprehensive mining standard, continue to welcome and support uptake of newcomer companies engaging from the mineral supply chain around the world.

Thus, in this consultation, we seek guidance from all on **the new provisions that seem most urgent** to be integrated in the final version of the Standard V2.0, so that the revised Standard's expectations are paced at a realistic level to support engagement of mineral operations of a range of sizes, materials and global contexts.

It is important to note that all new requirements and sub-requirements, including those not retained in the final V2.0, will serve as the basis for the ongoing review process once the V2.0 is approved and released by our Board, and will provide fodder for future revisions, when it is decided that a V2.1 or V3.0 is needed.

Chapter 3.3

Community Health and Safety

SECOND DRAFT (JULY 2025): SUMMARY OF CHANGES

- Created a table to list all categories of potential sources of risks and impacts to community health and safety, to simplify understanding and assessment of requirements (see Annex 3.3-A). This table includes sources suggested during the public-comment period such as: vehicles used by commuting workers; zoonotic spillovers and emergence of infectious diseases; project/operation-induced destruction of, loss of access to, plants, environmental resources, or animal products, used for medicines/treatments; and project-induced impacts on mental health;
- Proposed to mark 'optional' (IRMA+) the newly added monitoring and evaluation requirements related to exposure level monitoring and health surveillance program where risks or impacts to health from exposure to airborne emissions in the project's/operation's area of influence are identified (3.3.4.3).
- Clarified expectations related to public sharing of information.
- Substantial structural changes to increase clarity and consistency with the rest of the Standard.

RESPONSE TO CONSULTATION QUESTIONS OUTLINED IN FIRST DRAFT

No consultation question for this chapter

BACKGROUND

Responsibly operated mines and mineral processing facilities can play an important part in improving public health, but poor management of impacts can expose local populations to additional health and safety risks.

Both the identification of potential site-related health and safety impacts, as well as the mitigation of those impacts will be most successfully achieved when undertaken in partnership with local stakeholders such as local community representatives, government officials, health service providers, public health officials, and community development workers, as well as mine workers who live in communities.¹

KEY REFERENCES

This chapter strongly builds on, or aligns with, the following international or multilateral frameworks, conventions, and guidance:

- UN International Bill of Human Rights
- UN Guiding Principles on Business and Human Rights
- IFC Performance Standard 4: Community Health, Safety, and Security, 2012
- UNDP Social and Environmental Standards, Standard 3: Community Health, Safety and Security, 2021

OBJECTIVE OF THIS CHAPTER

To protect and improve the health and safety of individuals, families, and communities affected throughout the mineral development life cycle.

SCOPE OF APPLICATION

This chapter is applicable to all exploration, mining and mineral processing projects and operations. For each requirement, the following colors are displayed in the margin to indicate the phases for which it is required:

E1	Exploration – Stage 1
E2	Exploration – Stage 2
E3	Exploration – Stage 3
D	Project Development and Permitting
M	Operating Mine
P	Operating Mineral Processor

CRITICAL REQUIREMENTS IN THIS CHAPTER

Throughout the Standard, critical requirements are identified using a red frame. There is one (1) **critical requirement** in this Chapter.

OPTIONAL IRMA+ REQUIREMENTS IN THIS CHAPTER

Throughout the Standard, optional IRMA+ requirements are identified using a dotted blue frame. There are two (2) **optional IRMA+ requirements** in this Chapter.

In this second draft, IRMA introduces a new category of requirements: IRMA+. These requirements are aspirational and forward-looking. They reflect emerging expectations and recommendations from stakeholders, but currently go above and beyond existing and established best practice. IRMA+ requirements are entirely optional, and they will not affect the scores and achievement levels obtained by the entities choosing to be assessed against them.

IRMA Requirements

3.3.1 Scoping and Baseline Data

3.3.1.1 Critical Requirement

Building on relevant baseline data, a scoping process (or equivalent) is undertaken and documented by competent professionals, at the level of the site, to identify all the sources of risks and impacts to community health and safety from the project/operation and associated facilities, as follows:

- The process includes a comprehensive review of all the potential sources of risks and impacts listed in [Annex 3.3-A](#), to determine those that are applicable and likely to occur at the different stages of the proposed project/modification life cycle, from exploration and pre-construction through concurrent reclamation, decommissioning, closure, and post-closure, where applicable;
- It identifies whether those identified risks and impacts are likely to occur under normal operating conditions and/or from potential operational accidents and unwanted event²;
- It identifies whether past unremediated impacts are still occurring; and
- It is informed by consultations with affected rights-holders and stakeholders, in a manner that is inclusive of different genders, ages, ethnicities, disabilities, and any potentially underserved and/or marginalized people³, and by consultations with other relevant stakeholders⁴.

3.3.1.2

If baseline data on social-economic conditions were not previously collected at an appropriate level of detail to allow the assessment of the risks to community health and safety, additional baseline data are collected and documented by competent professionals to estimate, to the extent possible, the baseline conditions prior to development of the project/operation.

3.3.2 Risk and Impact Assessment

3.3.2.1 Building on the scoping requirement 3.3.1, and on any additional baseline data collected as per 3.3.1.2, a risk and impact assessment (or equivalent) is carried out and documented by competent professionals, as follows: in collaboration with affected people and relevant stakeholders.⁵ This risk and impact assessment⁶:

- It evaluates the nature, level and duration of risk posed to, and the nature, magnitude and duration of potential impact, and any unremediated past impact, on community health and safety;
- It includes differential risks and impacts on different groups of stakeholders and rights-holders⁷; and
- It identifies the risks and impacts that are of greatest concern or significance to affected people.
- It is carried out in collaboration with affected rights-holders and stakeholders, in a manner that is inclusive of different genders, ages, ethnicities, disabilities, and any potentially underserved and/or marginalized people⁸, and with other relevant stakeholders⁹.

3.3.3 Management Plan

3.3.3.1 Building on 3.3.2, a community health and safety management plan (or equivalent) is developed and documented by competent professionals, as follows:

- a. The development of the plan is informed by consultations with affected rights-holders and stakeholders, in a manner that is inclusive of different genders, ages, ethnicities, disabilities, and any potentially underserved and/or marginalized people;
- b. It outlines specific measures that strictly align with the mitigation hierarchy to prioritize avoidance or prevention of impacts on community health and safety¹⁰;
- c. It includes appropriate qualitative and quantitative performance indicators¹¹ (including gender-disaggregated indicators where appropriate), that have been agreed upon with affected rights-holders and stakeholders, to enable evaluation of the effectiveness of mitigation measures over time;
- d. It assigns implementation of measures to responsible staff with adequate skills and expertise;
- e. It assigned responsibility to its top management level to oversee plan implementation, monitoring, and recordkeeping¹²;
- f. It includes clearly-defined timelines and an implementation schedule that specifies the expected outcomes for the affected communities;
- g. It maintains estimates of human resources and budget required; and
- h. It includes a financing plan in place to ensure that funding is available for the effective implementation of the plan.

3.3.3.2 If the risk and impact assessment required in 3.3.2, or any other credible information, indicates a significant risk of community exposure to any infectious disease such as SARS-CoV-2 (Covid-19), HIV/AIDS, tuberculosis, malaria or other, due to transmission between the ENTITY's workers and members of affected communities:

- a. Business practices and targeted initiatives are developed by competent professionals in accordance with Annex 3.3-B, and incorporated into the community health and safety management plan;
- b. The Entity supports the creation and funding of initiatives, in partnership with public health agencies, workers' organizations and other relevant stakeholders, to educate affected communities, and groups potentially disproportionately exposed to risks and impacts¹³, on the infectious disease and modes of prevention, and to support efforts to achieve universal access to testing, vaccinations and treatment for affected community members and dependents of workers;
- c. The Entity proactively offers to share best practices on the prevention and treatment of these diseases with civil society organizations and policymakers that are active in the area of influence;
- d. The Entity makes and maintains publicly accessible information about its efforts to prevent and address infectious diseases.

3.3.4 Monitoring and Evaluation

3.3.4.1 To monitor and evaluate the effectiveness and appropriateness of its community health and safety management plan, at least annually, the ENTITY:

- Tracks and documents its performance, over successive time periods, against the indicators defined and validated in 3.3.3.1;
- Tracks and documents how the measures developed and implemented as per 3.3.3 are effectively preventing actual impacts to community health and safety, and where prevention is not possible or not immediately possible, providing timely and adequate remediation to affected people; and
- Disaggregates the data according to gender-indicators where appropriate.

3.3.4.2 The monitoring and evaluation process:

- Encourages and facilitates joint tracking or joint fact-finding with affected communities, in a manner that is inclusive of different genders, ages, ethnicities, disabilities, and any potentially underserved and/or marginalized people, as per Chapter 1.2;¹⁴
- Includes continuous feedback from internal and external sources, including from joint tracking and joint fact-finding with affected communities; and
- Includes safeguards to protect the security and privacy of collected personal data or characteristics of people.¹⁵

3.3.4.3 **IRMA+**

If significant risks or impacts to health from exposure to airborne emissions in the sites' area of influence are identified, the ENTITY collaborates with affected communities and relevant stakeholders, to develop and implement a program to monitor exposure levels and perform health surveillance of affected people, as follows:

- Exposure monitoring and health surveillance are designed and conducted by a specialist in community health, or other competent professional, selected in collaboration with community representatives;
- Health surveillance is carried out in a manner that protects the right to confidentiality of medical information, and is not used in a manner prejudicial to interests of the community member/s;
- Samples collected for monitoring and health surveillance purposes are analyzed in an ISO/IEC 17025-certified or nationally-accredited laboratory, to the extent available in the country of operation;
- Sample results are compared against national or international standards;
- If a sample present levels that exceed national or international standards, the affected community member/s are informed immediately, and mitigation measures are reviewed and revised in a timely manner to ensure that future exposure levels remain within safe limits; and
- This monitoring program is reviewed and regularly updated, if necessary, in accordance with 3.3.5.1.

3.3.5 Continuous Improvement



3.3.5.1 At least annually, but without undue delay after a significant change, the ENTITY collaborates with affected communities to:

- a. Review the monitoring and evaluation results, informed by internal and external feedback, as per Section 3.3.4;
- b. Review any community health-and-safety-related grievances (see Section 1.6.4);
- c. Review the ENTITY's effectiveness in preventing and remediating actual community health and safety impacts as per 3.3.3, informed by the monitoring and evaluation required in 3.3.4.1 and 3.3.4.2;
- d. Develop and implement time-bound corrective measures to update, if necessary¹⁶, the scoping and any additional baseline data, in accordance with Sections 3.3.1;
- e. Develop and implement time-bound corrective measures to update, if necessary¹⁷, the risk and impact assessment, in accordance with Sections 3.3.2;
- f. Develop and implement time-bound corrective measures to update, if necessary¹⁸, its community health and safety management plan in accordance with Section 3.3.3; and
- g. Develop and implement time-bound corrective measures to update, if necessary¹⁹, its monitoring and evaluation processes in accordance with Section 3.3.4.

3.3.6 Information-Sharing and Public Reporting



3.3.6.1 At least annually, and with due regard for people's safety, data privacy, and for security concerns, the ENTITY makes publicly accessible updated versions of, and maintains²⁰ publicly accessible all previous versions of:

- a. Its assessment of risks and impacts on community health and safety, including an explanation of the assessment methodology and a list of the risks and impacts identified (see Section 3.3.2);
- b. The qualitative and quantitative indicators used to monitor and evaluate the effectiveness and appropriateness of its community health and safety management plan (defined and validated in 3.3.3.1);
- c. Key findings of the monitoring and evaluation process required in 3.3.4, and of the review process required in 3.3.5.1; and
- d. A list of the time-bound corrective measures identified as per 3.3.5.1.

CROSS REFERENCES TO OTHER CHAPTERS

This table will be added when the new content for all chapters is finalized and approved.

CHAPTER ENDNOTES

Infectious diseases such as HIV/AIDS, tuberculosis, malaria or other emerging infectious diseases (e.g., Ebola virus disease, sexually transmitted diseases, etc.) may present risks for some projects/operations and communities. If significant risks related to infectious or communicable diseases are identified during the community health and safety risk and impact assessment process, then companies are expected to take steps to mitigate and monitor their impacts. This chapter highlights HIV/AIDS, TB and malaria in particular, because the mining industry has significant exposure to those diseases in some parts of the world, and best practices have been established by mining companies to minimize their impact in relation to those diseases.²¹ Recent experience with Ebola virus in Liberia has demonstrated that mining operations can also play a key role in combatting other infectious diseases that threaten their workers and communities.²²

¹ ICMM. Good Practice Guidance on Health Impact Assessment. p. 32. <https://www.icmm.com/en-gb/guidance/health-safety/2010/guidance-hia>

² For example, failure of structural elements such as tailings dams, impoundments, waste rock dumps (see also proposed Chapter 4.2).

It is possible that as part of a mine's waste management approach a scoping assessment may have been undertaken to identify risks to community safety from tailings dams, impoundments, waste rock dumps and other waste facilities. If such a scoping exercise was done, and risks to community health or safety were identified, then these risks should have been (or should be) further assessed to determine the significance of the risks to community health and safety. This may have been (or may be) done as part of the Community Health and Safety Risk and Impact Assessment in section 3.3.2 or another assessment such as an ESIA (see IRMA Chapter 2.1).

³ See definition in the Glossary. In this case, underserved and/or marginalized people may include health-compromised individuals and workers who live in affected communities. A review of government statistics on various diseases may help to reveal other relevant populations.

⁴ Relevant stakeholders would include representatives from public health or medical providers in the site's area of influence, government health agencies.

⁵ Relevant stakeholders would include representatives from affected communities or affected individuals within the project/operation's area of influence (including women, men, children or their representatives, representatives/advocates for underserved and/or marginalized people such as ethnic minorities, the elderly, health-compromised individuals), public health or medical providers from affected communities, government health agencies, and workers who live in affected communities. A review of government statistics on various diseases may help to reveal other relevant populations.

⁶ Some or all of these risks and impacts may have been assessed as part of the ESIA (IRMA Chapter 2.1), or as part of a mine waste risk assessment (IRMA Chapter 4.1), and risks to human health and safety related to impacts on priority ecosystem services may have been assessed as part of a scoping exercise as per Chapter 4.4. If the full range of risks to community health and safety were assessed elsewhere, there is no need to duplicate efforts.

⁷ Considering gender, age, ethnicity, disability, or any other factor of factor of disproportionate exposure or susceptibility to risks/impacts in the site's area of influence.

⁸ See definition in the Glossary. In this case, underserved and/or marginalized people may include health-compromised individuals and workers who live in affected communities. A review of government statistics on various diseases may help to reveal other relevant populations.

⁹ Relevant stakeholders would include representatives from public health or medical providers in the site's area of influence, government health agencies.

¹⁰ If avoidance/prevention of all impacts is not possible, the plan then includes actions to minimize them. Where residual impacts remain, the plan then includes actions to restore, and as a last resort compensate for past and/or potential impacts.

¹¹ Appropriate performance criteria and indicators must include those required by the country of operation's law (e.g., regulator maximum concentrations of certain chemicals in air or water), and, as relevant, those associated with external standard (e.g., IRMA water quality criteria), those agreed with stakeholders, or indicators that are tied to an identified baseline (e.g., levels of lead in hair samples before a mineral processing facility begins operating).

¹² If work is carried out by third party contractors, then there needs to be a staff employee responsible for overseeing the quality of work, timelines, etc.

¹³ What may constitute these groups requiring additional focus depends on the context and the matter at hand. Entities should draw on stakeholder mapping, stakeholder interviews, project documentation, as well as site observations to determine whether all relevant stakeholders have been identified and included. For this requirement in particular, special attention should be paid to

demographics with existing vulnerabilities to health-related risks, considering those with pre-existing illnesses, those with lack of access to health care, those located closer to disease vectors, etc.

¹⁴ This is especially relevant for contexts where the Entity and (potentially) affected rights-holders are in dispute about a particular (potential) adverse impact, and rights-holders are unlikely to accept the Entity's' own tracking of the effectiveness of its response to it.

¹⁵ Especially of people at heightened risk of vulnerability and marginalization, including children, or any other sensitive data.

¹⁶ This will be informed by the monitoring and evaluation process required in the previous Section, and on the review process required in a. to c. Including if there have been changes to the operation (e.g., expansions, changes in practices, etc.) or operating environment that have created new risks that need to be mitigated, or exacerbated existing ones.

¹⁷ This will be informed by the monitoring and evaluation process required in the previous Section, and on the review process required in a. to c. Including if there have been changes to the operation (e.g., expansions, changes in practices, etc.) or operating environment that have created new risks that need to be mitigated, or exacerbated existing ones.

¹⁸ This will be informed by the monitoring and evaluation process required in the previous Section, and on the review process required in a. to c.

¹⁹ This will be informed by the monitoring and evaluation process required in the previous Section, and on the review process required in a. to c.

²⁰ All material must remain publicly accessible at least until the completion of all post-closure activities (including any previous versions, iterations and revisions). Note that the intention is not that the reports should be removed from the public domain after that. Rather, where possible, it should be retained indefinitely as the information may be important for legal or other purposes.

²¹ International Council on Mining and Metals. 2008. Good Practice Guidance on HIV/AIDS, Tuberculosis and Malaria.

<https://www.icmm.com/en-gb/guidance/health-safety/2008/guidance-hiv-aids-tb-and-malaria>

²² US Geological Survey. 2015. Fact Sheet: The Ebola Virus Disease Outbreak and the Mineral Sectors of Guinea, Liberia, and Sierra Leone. <https://pubs.usgs.gov/fs/2015/3033/pdf/fs2015-3033.pdf>

CHAPTER ANNEXES

ANNEX 3.3-A: Potential sources of risks to, and adverse impacts on, community health and safety

Potential sources of risks and impacts to be considered

- Equipment or vehicles on public roads, including those used by commuting workers;
- Stationary, mobile, or fugitive sources of airborne emissions from operations, including fumes, vapor, and dust;²³
- Stationary or mobile sources of noise or vibration;²⁴
- Transport of hazardous materials and hazardous wastes;²⁵
- Hazardous materials and hazardous wastes that may be released to water and/or land as a result of mining-related activities;²⁶
- Water-borne, water-based, water-related, and vector-borne diseases, communicable and sexually transmitted diseases (e.g., HIV/AIDs, tuberculosis, malaria, Ebola virus disease or others), zoonotic spillovers, and emergence of infectious diseases, that could occur or spread as a result of the project/operation;
- Project/operation-induced in-migration of workers, potential for increased violence and sexual- and gender-based violence, changes in community demographics and changes in community dynamics;
- Project/operation-induced changes in availability or capacity of community services (e.g., medical and public-health, emergency response, police), and infrastructure (e.g., potable water and sewage, energy, communications, transportation).
- Project/operation-induced destruction of, loss of access to, plants, environmental resources, or animal products, used for medicines/treatments;
- Project-induced impacts on mental health;
- Project/operation-related changes in access to land, water or ecosystem services;²⁷ and
- Use of security personnel (private and/or public) at the site or associated facilities.

²³ See Chapter 4.5 for more requirements related to air quality and dust management. Potential impacts on ecosystem services should have been identified as part of the scoping process.

²⁴ See Chapter 3.7 for more requirements related to noise and vibration. Potential impacts on ecosystem services should have been identified as part of the scoping process.

²⁵ See Chapter 4.1 for more requirements related to hazardous materials. Potential impacts on ecosystem services should have been identified as part of the scoping process.

²⁶ See Chapter 4.1 for more requirements related to hazardous materials. Potential impacts on ecosystem services should have been identified as part of the scoping process.

²⁷ See Chapters 4.3, 4.4, and 4.5 for more requirements related to water, soil, and biodiversity and ecosystem services. Potential impacts on ecosystem services should have been identified as part of the scoping processes.

Mining-related impacts on ecosystems services that could pose a risk to communities include, for example, land use changes or the loss of natural buffer areas such as wetlands, mangroves, and upland forests. These systems often mitigate the effects of natural hazards such as flooding, landslides, and fire, and if lost or damaged may result in increased vulnerability and community safety-related risks and impacts. Also, the diminution or degradation of freshwater may result in health-related risks and impacts. (IFC. 2012. Performance Standard 2. Para. 8).

ANNEX 3.3-B: Minimum Requirements for Prevention and Mitigation Strategies Related to HIV/AIDS, Tuberculosis, and Malaria

The following prevention and mitigation strategies are applied, as appropriate:

- In relation to **HIV/AIDS**, at minimum:
 1. Provide free, voluntary and confidential HIV testing and counseling for all mine workers and employees;
 2. Provide HIV/AIDS treatment for workers and employees where it cannot reasonably be assumed that this will be provided in an effective manner by public or private insurance schemes at an affordable rate;
 3. Provide access for contractors to education and other preventative programs, and work with the operating company's or facility's contracting companies or others to identify ways for contract workers to access affordable treatment; and
 4. Work with public health authorities, communities, workers' organizations and other stakeholders towards ensuring universal access to treatment for dependents of mine workers/employees and affected community members.
- In relation to **tuberculosis**, at minimum:
 - Provide free and voluntary testing for mine workers/employees where it is not reasonably likely to be provided by public or private health programs at an affordable rate; and
- In relation to **malaria**, at minimum:
 1. Develop a vector control plan (or equivalent);
 2. Ensure that company facilities are not breeding environments for malaria-carrying mosquitoes; and
 3. Provide protection from infection by malaria-carrying mosquitoes in company facilities and any company-provided housing.

All data and written content are licensed under the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0).



Users are free to share and adapt the material but must give appropriate credit, provide a link to the license and indicate if changes were made. The licensed material may not be used for commercial purposes, or in a discriminating, degrading or distorting way. When cited, attribute to: *"Initiative for Responsible Mining Assurance (IRMA), 2025, Excerpt from the IRMA Standard v2.0 DRAFT 2"*.

2025 – Initiative for Responsible Mining Assurance

www.responsiblemining.net