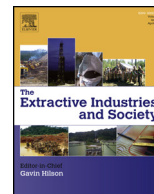




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Original article

## The evolving role of CSR in international development: Evidence from Canadian extractive companies' involvement in community health initiatives in low-income countries

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### ABSTRACT

Overseas development agencies and international finance organisations view the exploitation of minerals as a strategy for alleviating poverty in low-income countries. However, for local communities that are directly affected by extractive industry projects, economic and social benefits often fail to materialise. By engaging in Corporate Social Responsibility (CSR), transnational companies operating in the extractive industries 'space' verbally commit to preventing environmental impacts and providing health services in low-income countries. However, the actual impacts of CSR initiatives can be difficult to assess.

We help to bridge this gap by analysing the reach of health-related CSR activities financed by Canadian mining companies in the low-income countries where they operate. We found that in 2015, only 27 of 102 Canadian companies disclosed information on their websites concerning health-related CSR activities for impacted communities. Furthermore, for these 27 companies, there is very little evidence that alleged CSR activities may substantially contribute to the provision of comprehensive health services or more broadly to the sustainable development of the health sector.

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### 1. Introduction

In low-income countries, communities found in the catchment areas of mining operations are typically exposed to a range of adverse health and social impacts. These communities can be affected both directly (e.g. through environmental pollution and occupational diseases) and indirectly (e.g. through increased transmission of communicable diseases, structural violence, destitution, loss of agricultural assets, displacement and resettlement) by mining (Calain, 2012; Global Health Watch 4, 2014). There are several ways in which companies can minimise the adverse health consequences of their operations, including mitigating their environmental impacts, applying high standards of occupational safety or offering direct support to the welfare of communities. However, the evidence that points to the extractive industries contributing to the health of local communities in low-income countries is, at best, anecdotal. More broadly, the extent to

which extractive industries can contribute to poverty reduction and socio-economic development is still disputed. As has been widely reported, overreliance on revenues from mining and/or oil and gas extraction typically gives rise to a 'resource curse': slower macro-economic growth, poor governance, corruption, various forms of conflicts, inequalities and impaired social development (Ross, 1999; Sachs and Warner, 1997).

In an attempt to minimise the impact of the resource curse, development agencies and donors are increasingly encouraging companies operating in the extractive industries 'space' to finance activities that can alleviate poverty and stimulate improvements in the health of local communities (Department of International Development, U.K., 2005; Global Affairs Canada, 2014). Strategies endorsed by bilateral donors and the International Finance Organizations include multilateral initiatives,<sup>1</sup> public-private partnerships (Davies, 2011) and corporate social responsibility (CSR) (Lee, 2008). The latter is a versatile concept that typically

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includes voluntary (financial, in kind, or operational) contributions to social welfare (Campbell, 2007). The intended beneficiaries of CSR include company employees, small communities, public institutions, established charities, sponsored foundations and global welfare initiatives. It is a product of the neoliberal doctrine of deregulation; contributions from the private sector to public endeavours remain essentially voluntary (Frynas, 2005). Although philanthropy is often mentioned as an element of CSR, the business case for pursuing it seems to prevail in most cases and includes at least two types of considerations: (i) financial gains through improving the corporate image and reputation (towards shareholders or the broader public) and (ii) securing a 'social licence to operate' locally to mitigate financial risks (Carroll and Shabana, 2010; Thomson and Boutilier, 2011; Wilson, 2016; Litmanen et al., 2016).

More recent interpretations of CSR emphasise its contributions to sustainable economic development (Blowfield and Frynas, 2005). However, it is still a matter of conjecture whether CSR initiatives play a crucial role in helping to fulfil international development goals, facilitate local development, reduce conflict and mitigate impacts on communities (Frynas, 2005; Psematzoglou et al., 2012). More fundamentally, the representation of CSR as an instrument of socio-economic development has been criticised for its material conceptualisation of development (Blowfield and Dolan, 2014) and as a sign of the unwillingness to tackle the causality of poverty and marginalization (Blowfield and Frynas, 2005, pp. 510–511).

In Africa, in particular, the local gains from promoting extractive industries are far from obvious. While supra-national organisations such as the World Bank are adamant about the 'power of mining to transform development' (George, 2015), others have criticised the industry for having a negative impact on communities (Jenkins and Obara, 2006). In Ghana for example, despite massive foreign investments in the mining sector, land dispossession and social disruption are rampant in territories under concession to large-scale mining companies (Ayelazuno, 2014; Patel et al., 2016). In conflict-ridden areas of Central Africa, multinational corporations tend to report on their CSR activities in a rather generic way as they find it difficult to adjust their projects to the local situation, notably in conflict settings (Kolk and Lenfant, 2010). A recent study showed that for many companies operating in Africa, health is their main area of focus for CSR (USAID, 2015). Common CSR practices in Africa's health sector typically entail grants to NGOs or individuals, workplace health and wellness programmes, provision of pro-bono expertise and in-kind donations.

Among other industrialised countries, Canada stands out as a case in point in terms of both its significant market share in international extractive industries and its policies aimed at aligning CSR activities in the extractive industries with international development objectives. First, Canada is a major player in the exploitation of extractive resources (fossil fuels and minerals) worldwide through technical assistance, foreign direct investments and political support to Canadian transnational companies. In 2013, Canada's stock markets, the Toronto Stock Exchange (TSX) and TSX Venture Exchange (TSXV), listed 57% of the world public mining companies and held more than 62% (or US\$8.9 billion) of the equity raised for mining worldwide (Canadian Mining Association, 2016). Second, since 2013, the Government of Canada has integrated the Canadian International Development Agency with the Department of Foreign Affairs, Trade, and Development, thereby linking Official Development Assistance with a 'Strategy to Advance Corporate Social Responsibility in Canada's Extractive Sector Abroad' (Global Affairs Canada, 2014). This political move has raised concerns over a new geographical shift that might be divesting aid away from the least developed countries, particularly

African countries (Global Health Watch 4). Others fear that the current policy on CSR in the extractive industries would decrease the accountability of Canadian companies for human rights violations abroad (Simons and Macklin, 2015). Dougherty (2016) analysed this political move as a sign that the Canadian state has built an elaborate policy and regulatory network to protect mining companies despite increasing minerals scarcity. Accordingly, public accountability for the activities of Canadian mining companies abroad is seen as an obstacle to the generation of capital. This might explain the proliferation of junior mining companies, for which reporting requirements to trade on the Toronto stock markets are less stringent (Dougherty, 2016).

The evolving role of CSR in international development is thus a source of ongoing controversies, which deserve further analyses based on factual information. The question is particularly relevant as the private sector has become an important contributor to some of the major players in the area of global health such as the WHO and the Global Fund (Davies, 2011; World Health Organization, 2010). Examining claims made by transnational extractive companies about their contributions to health in low-income countries could thus help to answer several questions pertaining to overseas development policies. Some examples are as follows: How much do CSR initiatives contribute to financing the health sector? What proportion of their global revenues do companies reinvest in health-related CSR activities? What is the monetary value of their donations and in-kind contributions? What are the health activities within CSR initiatives in terms of proportional population coverage and health improvements? and How much does CSR contribute to mitigating civil conflicts? Answering such important questions would require broad surveys and the triangulation of data from several sources.

As a preliminary approach, we have systematically reviewed and analysed statements made by Canadian companies operating in the extractive industries 'space' about their health-related CSR activities in low-income countries. We considered the following questions: What number and proportion of Canadian extractive companies publicise CSR activities in general and those related to the health sector in particular? What is the exact nature, duration and location of health-related CSR activities? How is the beneficiary population defined? and How do these activities align with local and national needs?

In the following sections, we try to identify the Canadian companies operating in the extractive industries 'space' with health activities in low-income countries. We then examine their web-based public statements about health-related CSR activities. In Section 4, we propose and apply a framework for accountability on the basis of two complementary steps as follows: (1) qualification of each identified CSR activity as contributing (or not) to one or more of the 13 targets set in the third Sustainable Development Goal (SDG) (United Nations, 2015); and (2) assessment of the potential effectiveness and relevance of identified CSR activities through a semi-qualitative tool derived from an international standard of donor accountability (Paris Declaration).

## 2. Sample selection and data sources

### 2.1. Identification and selection of Canadian extractive companies

The definition of a 'Canadian' company is open to interpretation. Following considerations by the Office of the Extractive Sector Corporate Social Responsibility Counsellor, we chose a conservative approach and used incorporation as the main criterion for initial selection (Government of Canada, 2016). As of 31 May 2015, there were 1791 companies operating in the extractive industries 'space' registered on the TSX and the TSXV (TMX, 2015). The TSXV is Canada's junior listing market where companies raise capital for

new ventures, featuring many companies in the extractive industries that are still in the exploration phase and in need of equity (Dougherty, 2016). The 1791 identified companies were subsequently screened for the location of their headquarters (whether located in Canada or elsewhere) and for the location of their extractive activities, which were listed on the TSX website (Fig. 1). A total of 102 companies had at least one operation or exploration site in a country defined by the Human Development Index (HDI) as ‘Low Human Development’ (UNDP, 2014) and were selected for further analysis.

2.2. Sources of information about social impacts

The Global Reporting Initiative (GRI, 2016) is a recognised source of information on the social and environmental impacts of industries. It is widely endorsed by Canada’s extractive companies as an international reporting standard (Mining Association of Canada, 2017). In 2015, only 13 of the 102 Canadian companies assessed for eligibility were registered in the GRI ‘Sustainability Disclosure Database’. For those 13 companies, the amount and quality of information about health-related CSR activities were remarkably limited. To better examine and qualify CSR activities, additional information was thus retrieved from the 102 companies’ websites through Google searches. The search strategy used the full company name, separately combined with each of the following search terms: ‘CSR’, ‘Corporate Social Responsibility’, ‘Sustainability’ or ‘Sustainable’. Identified CSR activities were then screened for ‘community health’.

2.3. Final inclusion and exclusion criteria

Of the 102 retrieved companies, 72 were further excluded for the following reasons: inaccessible or non-existent website (n=4), reported as dissolved (n=2), activities in countries with ‘Low Development’ could not be verified (n=4), change in business model from extraction (n=2), no listed CSR policy (n=47) or no community health component within CSR policy (n=16). We were thus left with only 27 Canadian extractive companies that provided sufficient information on their health-related CSR activities for examination within the parameters of this desk research. As expected, the majority of these companies are the major ones listed on the TSX list (Table 1).

3. The extractive industries and location

3.1. Extractive sites

The operations of the 27 extractive industries companies were, at the time almost exclusively conducted in Africa, except for two whose operations were conducted in Papua New Guinea. Seven companies operated in the Democratic Republic of Congo and three in Burkina Faso. This is in contrast with Canada’s highest mining presence in South America, where almost all the countries

belong to the categories of “Medium Human Development” or higher. The 27 retrieved companies (22 mining and 5 oil and gas companies, all with onshore sites) were operating in 59 different extraction sites, as described on their websites. There is no information on the number and size of impacted communities.

3.2. CSR activities

CSR statements from the 27 companies analysed were abstracted. In all 27 cases, the beneficiary population was specified or could be inferred as ‘local communities’ around the mine sites, with few instances of villages. Achievements according to explicit objectives were mentioned in only two cases.<sup>2</sup> The target population and the duration of activities were never clearly specified. The nature of alleged CSR activities and their classification by health sector categories are listed in Table 2. In the majority of cases, companies made one-time donations of materials or infrastructure. Less frequently, they supported activities conducted by non-governmental organisations (NGOs) or public services. In 11 cases, CSR statements were limited to mere intentions. Among health sector categories, healthcare services were more frequently supported than public health campaigns or health-promotion activities. CSR-related healthcare support was typically offered for primary health care, mother-child health care, vaccination, malaria and HIV/AIDS programmes. Other common CSR activities included the construction or rehabilitation of buildings and facilities, and sanitation projects. For community health activities, companies either conducted the programmes themselves or, more often, through partnerships with local authorities or NGOs. Among the 27 selected companies, 19 mentioned their partners, with whom they collaborated to some extent: eight with the Ministry of Health, ten with national NGOs, and nine with international NGOs.

3.3. CSR justifications

Ten of the 27 companies positioned their CSR activities as a means to secure a social licence to operate (SLO). Five companies explicitly stated their intention of ‘gaining’ a SLO, while the other five described their intentions in terms of acceptance, risk reduction or profit increases. Another 10 companies positioned themselves as having dual intentions: SLO and community benefit. Only three companies indicated that their decision was based on the need to reduce the negative impacts of the extractive industries on society.

4. A blueprint for CSR accountability in community health

4.1. The need for monitoring instruments

One would expect that development agencies are concerned about transparently and independently measuring the outputs of CSR activities, which they claim contribute to socio-economic development. However, no analytical framework exists for the evaluation of CSR activities undertaken by companies operating in the extractive industries ‘space’. The private sector, including transnational corporations, is not bound to endorse international commitments to sustainable development and comply with their monitoring instruments. Yet we propose that indicators derived from such instruments could be developed to improve the monitoring and accountability of CSR initiatives abroad. Using the health sector as an example, we examine how this approach could work out by using progress indicators derived from the SDGs and the Paris Declaration on Aid Effectiveness.

<sup>2</sup> Verbatim statements: ‘Since 2009, the program has contributed to a 20% reduction in the incidence of malaria in 13 beneficiary communities and an 82%

**Table 1**  
27 Canadian extractive companies with informative websites identified in May 2015.

Listing	Minerals	Fossil fuels
TSX	16	3
TSXV	6	2
Total	22	5

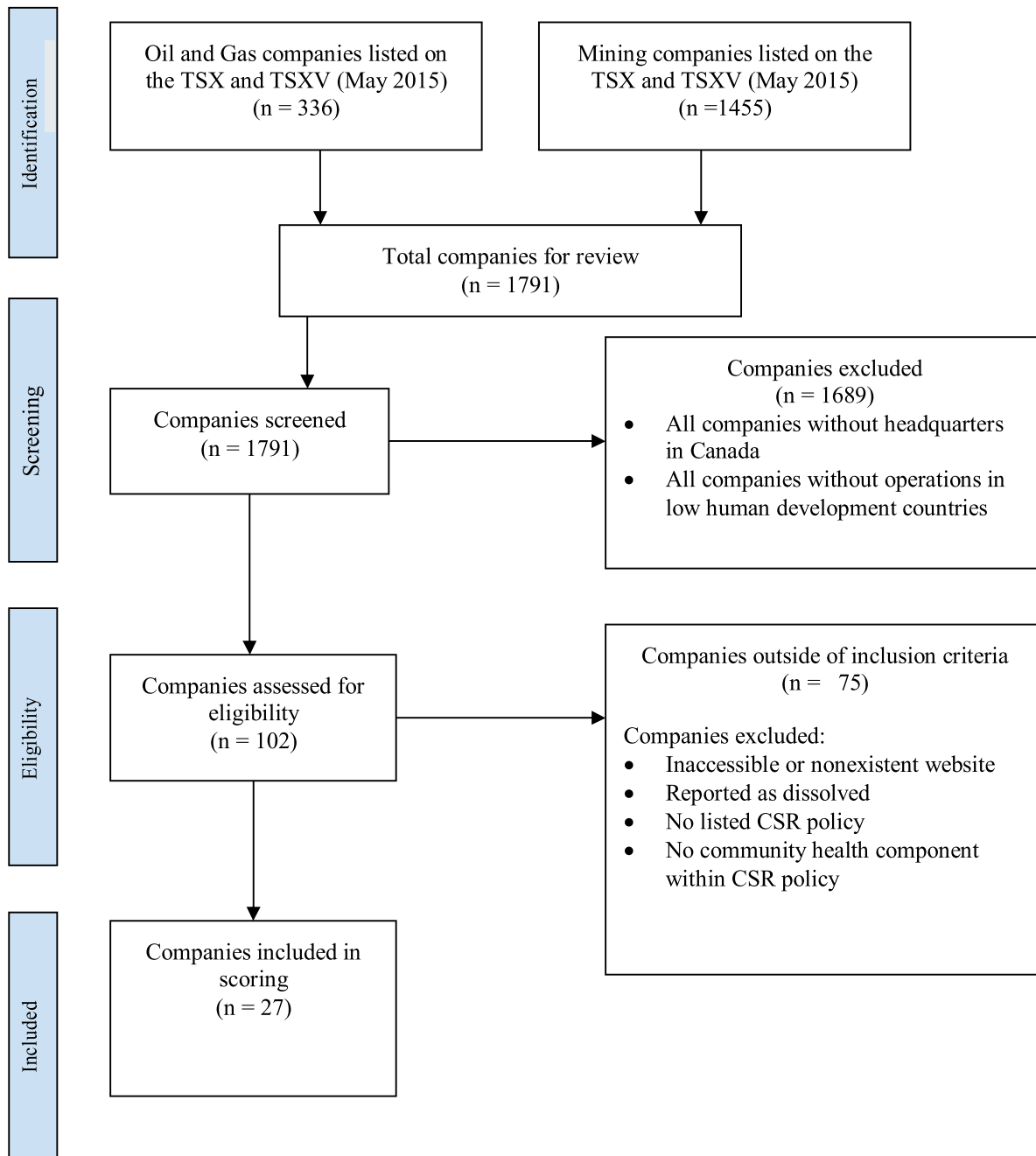


Fig. 1. Retrieval strategy to identify Canadian extractive companies with CSR activities in 'Low Human Development' countries.

#### 4.2. Alignment with sustainable development goals

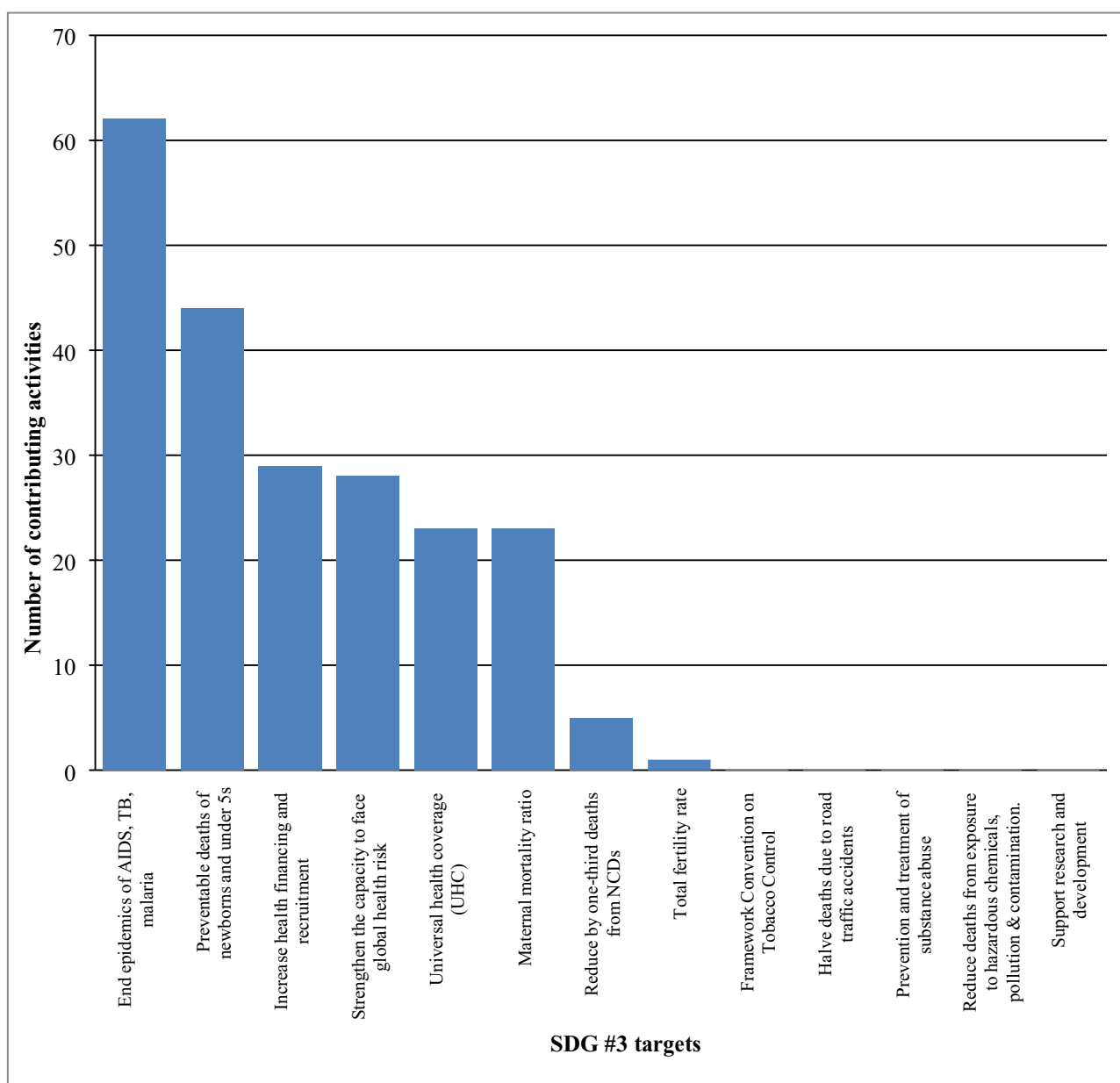
The SDGs are part of the post-Millennium Development Goals agenda. They were set up in 2015 after Resolution A/70/1 of the UN General Assembly (United Nations General Assembly, 2015). Goal 3 of the SDGs is concerned with health and commits Member States to 'ensuring healthy lives and promoting well-being for all at all ages'. In addition, SDG 3 is further specified through 13 targets (Sustainable Development Knowledge Platform, 2015) and can be monitored using 14 core indicators (United Nations, 2015). The 13 targets of SDG 3 can be applied as a framework to assess the relevance of health-related CSR activities in terms of sustainable development. Many of these targets are new areas of focus for the global community as they were not included in the MDGs, but they do represent potential areas of contribution of CSR activities.

To gauge the potential of the identified extractive companies to contribute to the post-2015 development agenda, their reported CSR activities were thus categorised by their alignment with the 13 targets of SDG 3. Multi-dimensional activities were disaggregated into each target to which they could contribute. For example, a company that engaged in primary health care was counted as contributing to reducing maternal mortality, reducing infant, neonatal and under-five mortality, and improving healthcare services. The community health programmes referred to by the 27 retrieved Canadian companies aligned mostly with four specific targets (Fig. 2): ending the spread of epidemic diseases, preventing the deaths of new-born babies and children under 5 years of age, increasing health financing and strengthening the capacity to fight global health risks. The focus on communicable diseases and child health is not surprising as the selected CSR activities all took place

**Table 2**  
CSR Activities of Canadian companies engaged in community health in Low Human Development countries.

Nature of CSR activities	
Statements of intention <sup>a</sup>	11
Financial contributions <sup>b</sup>	1
In kind donations <sup>c</sup>	44
Delegated activities (e.g. through non-governmental organizations or public health services)	19
Direct implementation by the company <sup>d</sup>	8
Health sector categories	
Health promotion	8
Health care	36
Public health (e.g. vaccination campaign)	6
Water and sanitation	10
Infrastructure	15

<sup>a</sup> Intention to address specific health issues or to improve community health.  
<sup>b</sup> Valued financial donations to be used at the discretion of third parties.  
<sup>c</sup> One-time donations, e.g. medical equipment, construction of a hospital.  
<sup>d</sup> Considered in the absence of any reported partnership on the company website.



**Fig. 2.** Contributions from 27 Canadian extractive companies to Sustainable Development Goal #3.



**Table 3**  
Proposed framework for assessing CSR effectiveness and relevance.

Adapted principles	Definitions (relevance to the Paris Declaration)	Score categories
Motivation	Values wherefrom the company positions its CSR policy. The spectrum ranges from the business case, to 'the right thing to do' for community benefit. <i>Orienting activities towards communities contributes to alignment, results and accountability.</i>	Community benefit or mitigate the adverse impacts of extractive activities Shared benefits between the company and the community Social license to operate
Alignment with country health policies	Investments in the health system in collaboration with the Ministry of Health. <i>This approach contributes to improved ownership and mutual accountability.</i>	Aligned with national policies and priorities Aligned with local community interests None
Alignment with local needs assessment	Community health programmes should be aligned with the health needs of the population as determined by an objective and independent assessment. <i>This approach contributes to alignment with national priorities and managing results.</i>	Assessment completed, available, and used to define and implement health activities Assessment completed No assessment
Timescale	Timescale refers both to the sustainability of the activities, and the long-term impacts for the communities. <i>Sustainable impact contributes to alignment through supporting capacity development.</i>	Impact beyond the lifecycle of the project Impact during the lifecycle of the project Immediate impact, limited time
Reach	The reach of a health activity determines its relevance in terms of public health. <i>It contributes to alignment and capacity development.</i>	Regional or national program extend beyond the catchment area of the extraction site Local Communities Industry employees and their families
Integration within the health system	Integration with health system priorities, as opposed to categorical programmes. <i>Programmes that are integrated within the existing system are improving ownership, alignment and harmonization.</i>	Horizontal, wide programming in partnership with the Ministry of Health. Horizontal programme, not integrated Vertical programme, not integrated
Address extractive health impacts	The impacts of extractive industries on the health of populations can be categorized as direct vs. indirect, or environmental vs. social. <i>Focuses on the companies' concern to mitigate adverse the impact of their industrial operations.</i>	Address direct or environmental [e.g. soil and water contamination] Address indirect or social impacts [e.g. HIV, sexually-transmitted infections, tuberculosis, malaria] No concern for adverse impacts.

in developing countries, mostly Africa, where the burden of these health issues is particularly high. Maternal mortality and the achievement of universal health coverage received less attention. The achievement of universal health coverage owed most of its score from the construction of health facilities, contributing to Indicator 3.31 ('percentage of new health care facilities built in compliance with building codes and standards'). At face value, in-kind contributions cannot be evaluated in terms of relevance or impact as the actual functioning of health facilities would require further inquiries. Overall, CSR activities had little to no relevant contribution to the prevention of non-communicable diseases, the prevention of substance abuse or family planning. Notably, none of the claimed activities matched target 3.9: 'to substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination'.

#### 4.3. Aid effectiveness at the community level

The alignment of health-related CSR activities with SDG 3 merely tells us about the thematic distribution of these activities in terms of a current consensus about sustainable development. It does not indicate to what extent CSR activities are effective or locally relevant. The Paris Declaration on Aid Effectiveness (OECD, 2005) is a roadmap set out for the improvement of the quality of aid and the impact it has on development. It focuses on five core principles to improve aid effectiveness: ownership, alignment, harmonisation, results and mutual accountability. In the absence of a commonly agreed framework to evaluate the CSR activities, some principles inspired by the Paris Declaration could be derived and adapted to the case of extractive industries. Adaptations are needed as the Paris Declaration pertains to the macro level (national and regional) of foreign aid, while CSR activities are mostly limited to the micro level of local communities.

Accordingly, we propose an analytical framework adapted to extractive companies on the basis of seven criteria (Table 3): motivation, alignment with country policies, alignment with local needs assessment, timescale, reach, integration with the health system and consideration for industrial health impacts. Notably,

the indicators of progress linked with the Paris Declaration use a quantitative approach, while our framework relies on three graded categories, which are easier to apply in the context of smaller sized communities. For development agencies, the relevance and effectiveness of the CSR activities claimed by the extractive sector at any point in time could then be summarised and monitored using score cards (Kaplan and Norton, 1993). As an example, Fig. 3 displays an anonymised scorecard similar to a 'cluster heat map' (Henderson and Segal, 2013; Wilkinson and Friendly, 2009), based on the information available from the 27 retrieved Canadian companies.

## 5. Discussion

This study reinforces Frynas's (2005) observation that the extractive industries have failed to integrate CSR initiatives in a larger development plan. It provides a snapshot of the extractive industries' self-identified role in community health activities in low-income countries through the lens of common international development frameworks at the time of writing. Inferences to the global situation of extractive industries should be made with caution as Canadian companies, despite their pre-eminence, might not necessarily represent the general trends in worldwide mineral or fossil fuel extraction. Furthermore, this paper deliberately excludes the case of middle-income countries, where it is likely that extractive companies exercise much of their CSR activities. Our focus on low-income countries was meant to magnify any evidence to the claim that CSR considerably contributes to social development, particularly where it is the most needed.

Our mapping of health-related CSR activities relies on two assumptions. First, transnational companies publicise their CSR activities and social achievements, particularly in the low-income setting where they are operating. This is a reasonable assumption, considering the business case for CSR and the fact that transnational companies are often criticised for their adverse impacts overseas. Second, online websites of the companies are expected to provide timely and reliable information about their CSR activities. Du et al. (2010) confirmed the role of CSR

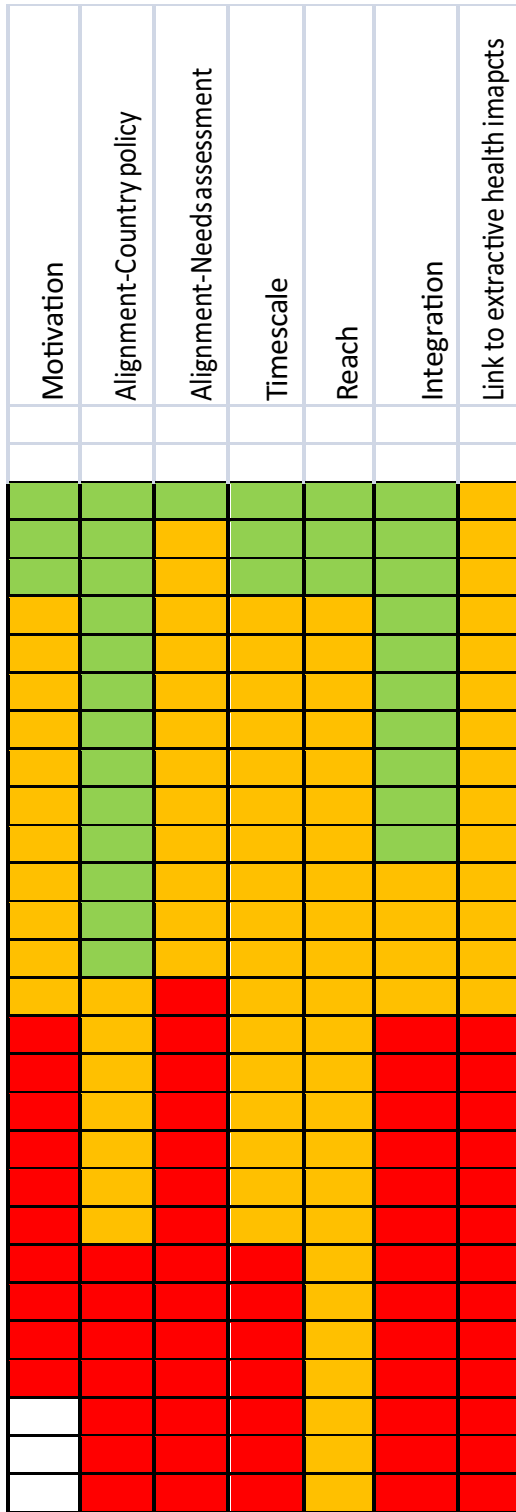


Fig. 3. Example of heat map applied to the CSR performance of 27 Canadian extractive companies. Color-codes refer to the qualitative categories specified in Table 3. The 7 principles appraised here are adapted from the progress indicators set for the Paris Declaration on Aid Effectiveness.

communication to fulfil the business case for CSR and the obvious role of official corporate websites to control the nature of information. Although self-reported activities by companies in the extractive industries can arguably present several biases, corporate websites detailing CSR and sustainability activities have

been considered primary sources of research data elsewhere (Chapple and Moon, 2005; Morhardt, 2010).

Most of the companies that met the selection criteria were listed on the TSX. Of the total companies reviewed, approximately 1 in 20 listed on the TSX met the criteria for study, while only one of 175 listed on the TSXV did. This is unsurprising as many companies on the TSXV are still in the exploration stage and are listed on the exchange as a means of raising capital. Small and medium companies, like ventures, lag behind in the implementation of CSR policies, and many will ultimately not invest beyond exploration (Dougherty, 2016).

Only one quarter of Canadian companies with extractive activities in low-income countries reported some CSR activities relevant to the health sector in 2015. For these companies, we could not find precise information about the duration of interventions or identify beneficiary populations served by CSR health projects. This lack of transparency is problematic as it precludes any meaningful appraisal of CSR's potential contribution to public health in relation to population size or scope of work. This illustrates the limitations of the current practice of voluntary reporting to appraise and align the work of various stakeholders contributing to community health. Likewise, the reporting of companies' financial contributions in absolute terms was very limited. Companies generally claimed to align with local or national government policies to achieve their CSR objectives. We did not have the opportunity to further explore the veracity of such statements and, arguably, the developmental impacts of CSR policies may be difficult to assess because of the complexity of measuring sustainable development itself (Pesmatzoglou et al., 2014). However, this complexity should not excuse the disregarding of accountability in essential sectors, such as health and education. The majority of companies stated that they were motivated by the business case and sought a SLO through their CSR activities. The limited timescale of their CSR engagements reflects this reality, and it invites scepticism over the likelihood of achieving meaningful contributions to social development. Most of the surveyed companies described one-off investments not requiring long-term engagement, while durable solutions are typically borne of longer-term commitment to social improvement (Frynas, 2005).

6. Conclusion

This survey of Canadian companies in the extractive industries operating in low-income countries demonstrates their relatively limited engagement in CSR and their even more limited role in community health activities. Furthermore, it illustrates the limitations of the voluntary self-reporting advocated by the proponents of CSR as being instrumental to social development. In a minority of cases where some information was available, there was a lack of precision and consistency. The voluntary nature of the engagement with international standards, such as the GRI, precludes public access to the necessary information that would allow for relevant and clear conclusions regarding the developmental impacts of CSR.

Given its prominence in international development, CSR should have less dubious impacts than those identified in the present desk survey. The motivations for CSR should be directly linked to community benefits, with improved coherence between needs assessments and CSR interventions.

Despite its limitations and possible reporting biases, the present research indicates the need for an accountability framework based on international development standards that companies operating in the extractive industries 'space' and their CSR partners could use to ensure meaningful contributions to human development. There is potential in aligning with SDG 3

targets as a first approach to appraise health-related CSR initiatives. In addition, a scoring system inspired by the monitoring instrument of the Paris Declaration on Aid Effectiveness would provide simple and semi-qualitative information about the relevance of CSR projects with the development sector. Together with proportional population coverage, such sets of information could give important clues regarding the real impacts of CSR activities in low-income countries.

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## Conflict of interest

The authors declare no conflict of interest.

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