

THE LIBREVILLE DECLARATION ON HEALTH AND ENVIRONMENT IN AFRICA

10 Years On, 2008 - 2018



World Health
Organization

REGIONAL OFFICE FOR
Africa



United Nations
Environment Programme

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10 Years On, 2008 - 2018



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Message from the Regional Director: WHO African Region

The Libreville Declaration remains forward-looking as an overarching framework to address, in a concerted manner, the environmental determinants of human health and ecosystem integrity. With the adoption of the Luanda Commitment which identified the Africa's health and environment top priorities, it triggered a new and dynamic impetus for intersectoral coordinated actions. Countries have developed their national plans of joint actions as well as made encouraging progress to mobilize domestic resources for their implementation; Flagship pan-African programs have been established. Ministers of health and ministers in charge of environment have intensified their interactions and adopted a common African position on emerging global challenges. Partners have expressed and committed their support.

But progress reveals significant gaps, too. Interventions continue to be limited in their scale and impacts. Most countries in the region are still grappling with traditional environmental health risks like poor access to safe drinking water and sanitation and cooking fuels. These are compounded by climate change and other emerging health risks linked to the environment. Many of which are unknown. More so, they are occurring within the context of weak healthcare systems in the region.

Ten years on, the policy landscape has evolved significantly and further underlines the strategic relevance of the Libreville Declaration. The Sustainable Development Goals has renewed impetus on inclusion—leave no one behind. The Paris Climate Agreement has redoubled efforts to prevent human-induced climate change and its adverse impacts on population health

and ecosystems. The African Union Agenda 2063 has empowered countries to transform and integrate their economies deeper in global and regional value chains.

This report takes stock of progress of implementation so far. It shows where countries are with their efforts and what needs to be done to realize in full, the potential of the Libreville Declaration. We are convinced that this document will serve as a springboard to stimulate much needed investment in prevention through health and environment joint programmes—pivotal to achieve in a coherent manner, the global, regional and national development goals.



Dr Matshidiso Moeti, WHO

Message from the Regional Director: UN Environment

Since its adoption in 2008, The Libreville Declaration on Health and Environment in Africa is evolving as a successful country-driven initiative. Tangible outcomes of this process can already be identified. It has spawned strategic alliances between numerous health and environment ministries on the Continent which in turn are stimulating the institutional, policy and investment reforms needed while also developing policies on ecosystem conservation.

But its implementation needs to be accelerated so that its impacts are felt in communities. Beyond alignment in policies and coordinated actions, the ultimate impact of the Libreville Declaration will be to document the reduction in the disease burden attributable to environmental risk factors and sustained delivery of ecosystems goods and services.

Ten years after it is important to take stock of the progress made in the implementation of the Libreville Declaration and demonstrating how investing in ecosystems can assist in achieving the health, environmental and ultimately the SDGs transformational change which will only occur when policies regarding environment, health and economic development are designed in concert rather than in parallel.

We hope that this progress report will be a convincing call on policy makers from not only health and environment but also a broad range economic sectors to join us on promoting further the relevance of joint and practical actions and that they will share our conviction that it is only by addressing health and environment issues together that the real value of each can be appreciated fully and facilitate the achievement of our common SDGs



Dr Koudenoukpo Juliette, UN Environment

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Acronyms and abbreviations

CNEDD	Conseil National de l'Environnement pour un Développement Durable
CTT	Country Task Team
DALY	Disability Adjusted Life Year
EBD	Environmental Burden of Disease
EIA	Environmental Impact Assessment
GEF	Global Environment Facility
HELDS	Health and Environment Data Management System
HESA	Health and Environment Strategic Alliance
HIA	Health Impact Assessment
IDSR	Integrated Disease Surveillance and Response
JMP	WHO/UNICEF Joint Monitoring Programme
JTT	WHO-UNEP Joint Task Team
MDG	Millennium Development Goals
MEA	Multilateral Environmental Agreement
NAPA	National Adaptation Programme of Action
NDP	National Development Plan
NGO	Non Governmental Organization
NIP	National Implementation Plan
NPJA	National Plan of Joint Action
POP	Persistent Organic Pollutant
PRSP	Poverty Reduction Strategy Paper
QSP	Quick Start Programme
SAICM	Strategic Approach to International Chemicals Management
SANA	Situation Analysis and Needs Assessment
SDGs	Sustainable Development Goals
SoE	State of the Environment
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
WHO	World Health Organization
WMO	World Meteorological Organization

Executive Summary



The impact of the environment on human health is profound. Environmental risk factors contribute to 24% of the global burden of disease from all causes in Disability Adjusted Life Years (DALYs), and to 23% of all deaths. In Africa, deaths attributable to the environment are even higher than the global figure, estimated to be around 28%. African ecosystems are changing rapidly, mainly due to human activity, and this is impacting on human health in a variety of ways. In addition, climate change is incurring a new and diverse set of environmental impacts, which are causing increased vulnerability to air, water and vector-borne diseases, as well as malnutrition.

“By focusing on reducing the environmental and social risk factors, nearly a quarter of the global burden of disease can be prevented.”

Attribution of the burden of disease to environmental risks highlights the importance of environmental protection for people's health. By focusing on reducing the environmental and social risk factors, nearly a quarter of the global burden of disease can be prevented. Africa has made great progress in establishing an effective platform to address these environmental impacts on health. In 2008, at the First Interministerial Conference on Health and Environment (IMCHE) in Africa, ministers of health and environment from 52 African countries signed the Libreville Declaration. The historic meeting was organized by the World Health Organization (WHO) and the United Nations Environment Programme (UNEP) in partnership with the Government of Gabon. The declaration recognized the nature of, and opportunities offered by, the linkages between the health and environment sectors. Signatories committed their countries to implementing 11 priority actions aimed at establishing a strategic alliance between health and environment as a basis for joint plans.

Since the signing of the Libreville Declaration, a number of meetings, structures and assessments have been set up to support and monitor progress (described in more detail in Chapter 3). A second Interministerial Conference on Health and Environment was held in Luanda, Angola in 2010. At this meeting, the Luanda Commitment was signed for the implementation of the Libreville Declaration, focusing on specific priority areas for action. These include safe drinking-water and sanitation and hygiene, air pollution and clean energy, chemicals and wastes, climate change, vector control and health in the workplace. The Situation Analysis and Needs Assessment (SANA) process was also initiated

to monitor progress and challenges faced by countries implementing the Libreville Declaration. The results of these assessments have been used to inform actions and priority areas and to develop National Plans of Joint Action (NPJAs).

Since then, a number of countries have made significant progress towards securing the political commitment for catalysing the policy, institutional and investment changes required to reduce threats to health in support of sustainable development in Africa. The adoption of the Sustainable Development Goals (SDGs) in 2015 has also generated renewed impetus in addressing the environmental determinants of health.

Now, 10 years later, the Third Interministerial Conference on Health and Environment in Africa (IMCHE3) is being organized by WHO and UNEP, in partnership with the Government of Gabon and other development partners, under the auspices of the Health and Environment Strategic Alliance (HESA) for the implementation of the Libreville Declaration in Africa.

To gauge the most recent progress toward the implementation of the Libreville Declaration, and the 11 action points in particular, a simple self-assessment questionnaire was shared with 47 countries in the WHO African Region in August 2018. This report highlights the results of this self-assessment, which was completed by 44 countries. It offers an overview of progress since the signing of the Libreville Declaration, showcasing specific examples of country activities, highlighting scalable outcomes of actions undertaken as a result of intersectoral collaboration, and pinpointing some of the challenges and opportunities reported on by countries in their assessments. The report is meant to inform the deliberations of decision makers at IMCHE3, to catalyse action and stimulate policies and investments that promote synergy and integrity among the health and environment sectors.

Overall, an analysis of the country self-assessment survey by activity reveals significant progress. Almost all countries that responded to the questionnaire have developed national policy frameworks that address the effects of the environment on health. The vast majority are utilizing existing structures for building a strategic alliance for

integrating health and environment activities, and have started to implement priority intersectoral programmes at all levels, aimed at accelerating achievement of the SDGs related to health and environment. Many of the countries have established or strengthened systems for health and environment surveillance to identify emerging risks and have put in place mechanisms for enforcing compliance with international conventions. Most have also instituted the practice of systematic assessment of health and environment risks, and developed partnerships for targeted and specific advocacy on health and environment issues.

While overall progress is commendable, only nine countries indicate having implemented all or ten of the 11 Libreville Declaration priority actions, with the pace remaining slow and uneven for many countries on some of the key 11 priority actions. Slower progress has in particular been reported on actions related to the allocation of budgetary resources, the strengthening of knowledge acquisition to identify research priorities, the development of mechanisms for monitoring and evaluation, and the strengthening of health and environment institutions.

The challenges discussed in this report point to the need for more harmonized national tools for monitoring and evaluation of intersectoral health and environment projects; increased capacity building and technical assistance, especially in areas of risk analysis and research; a more integrated functional health-environment surveillance system; and increased allocation of funds to the health and environment sectors for the implementation of joint activities.

Despite existing challenges, the progress and results achieved so far under the Libreville Declaration implementation process reveal its capacity and potential role in translating the continent's aspirations on health and environment into actions. The assessment provides evidence of the effectiveness of intersectoral coordination, and the actions highlighted in the report demonstrate that joint health and environment actions can be an effective catalytic force critical to bringing development sectors to the table to achieve sustainable development.

“ The progress and results achieved so far, under the Libreville Declaration implementation process, reveal its capacity and potential role in translating the continent's aspirations into actions.”

Background: commitment to action

Environmental risk factors contribute to 24% of the global burden of disease from all causes in Disability Adjusted Life Years (DALYs), and to 23% of all deaths. It is also estimated that as much as 26% of deaths and 25% of DALYs among children under five years old are attributable to environmental factors (Bos. et al., 2016).¹ In Africa, deaths per capita attributable to the environment are even higher than the global figure;² and environmental factors have a significant impact on the well-being of the populations.

Attribution of the burden of disease to environmental risks highlights the importance of environmental protection for people's health and can inform priority setting for targeted management of environmental determinants. By focusing on reducing the environmental and social risk factors, nearly a quarter of the global burden of disease could be prevented.

The impetus for action firmly anchors on global and regional development priorities. The landmark **Sustainable Development Goals (SDGs)**, adopted in September 2015, committed Member States to 'the transformation of our earth'.³ Full adherence to the obligations created by this pledge could result in important improvements on the reduction of environmental risks. The other is climate change. International efforts to reduce carbon footprint (one such example is the recent Paris Agreement, a global agreement to reduce climate change)⁴ would lead to innovative interventions with positive ramifications on several key environmental factors, including on air quality, water, chemicals, among others.

At the regional level, the **African Union Agenda 2063** builds on, and seeks to accelerate the implementation of past and existing continental initiatives for growth and sustainable development. The Interministerial Conference on Health and

Environment in Africa is an important platform for meeting the above agendas. **The First Interministerial Conference on Health and Environment** was held in Libreville, Gabon, from 26 to 28 August 2008. The meeting, which was attended by African ministers of health and ministers in charge of the environment was concluded by the adoption of the Libreville Declaration. Signatories to the Declaration committed themselves to implementing 11 priority actions to address issues of health and environment through strengthening systems, expanding resources, improving capacity as well as coordination and implementation of integrated strategies.

The Libreville Declaration calls upon the United Nations Environment Programme (UNEP) and the World Health Organization (WHO) to "support, along with other partners and donors, including the African Development Bank (AfDB) and the African sub-regional economic communities, the implementation of this Declaration, and to increase their efforts in advocacy, in resource mobilization and in obtaining new and additional investments in order to strengthen the strategic alliance between health and environment".

The **Second Interministerial Conference** took place in Luanda, Angola, from 23-26 November 2010. The conference sustained the political commitment of countries and endorsed the commitments in the Libreville Declaration to enhance intersectoral actions for sustainable development. The conference resulted in the adoption of three key documents that are of high political and institutional significance. These are:

- the Luanda Commitment on the implementation of the Libreville Declaration;
- arrangements for the Health and Environment Strategic Alliance (HESA); and
- a Joint Statement on Climate Change and Health by the African Ministers of Health and Environment.

The HESA was established to be used as a platform for coordinating health and environment activities. Key milestones and activities to be undertaken by the Joint Task Team (JTT) at national and international levels were spelled out in biennial roadmaps and work plans. The **first roadmap**, which covered the period 2009-2010, focused

¹ - Bos, et al. (2016). Diseases due to unhealthy environments: an updated estimate of the global burden of disease attributable to environmental determinants of health, *Journal of Public Health Advance Access*, pp. 1-12.

² - WHO (2016). Preventing disease through healthy environments: A global assessment of the burden of disease from environmental risks

³ - United Nations. Sustainable Development Goals [Internet]. updated [cited 2015 Dec 14]. Available from: <http://www.un.org/sustainabledevelopment/development-agenda/>

⁴ - *ibid*.

mainly on the development of tools for the Situation Analysis and Needs Assessments (SANA), preparation of country planning guides and support activities to conduct the SANAs. The **second roadmap**, covering the period 2011–2012, aimed at achieving three objectives:

1. demonstrating evidence of effective intersectoral collaboration between health, environment and other sectors in addressing the **top 10 health and environment priorities** agreed upon in Luanda;
2. portraying initial outcomes and co-benefits of intersectoral action on local communities and in relation to the MDGs; and
3. strengthening the HESA.

In 2013, the secretariat of the JTT commissioned a set of evaluations to highlight achievements made and challenges encountered by countries in implementing the Libreville Declaration. These evaluations consisted of four separate, but complementary exercises covering the years 2009–2013 (IMCHE/3/INH2). These comprehensive evaluations

were used to create country-specific profiles. The second synthesis report, “Environmental Determinants and Management Systems for Human Health and Ecosystems Integrity in Africa: Synthesis Report on the Evaluation of Implementation of the Libreville Declaration” https://afro.who.int/sites/default/files/2017-06/Env_%20det.pdf, covers the findings from the four separate assessments.

The WHO and the UNEP, in partnership with the Government of Gabon and other development partners, are organizing the **Third Interministerial Conference on Health and Environment in Africa (IMCHE3)** under the auspices of HESA for the implementation of the Libreville Declaration in Africa. This regional assessment report on progress of implementation of the Libreville Declaration is therefore prepared to inform the deliberations of decision makers at IMCHE3, to catalyse action and stimulate policies and investments that promote synergy and integration among the health and environment sectors.

Methodology

A simple self-assessment questionnaire was used as a tool to gauge the progress of implementation of the Libreville Declaration. The questionnaires were shared with the **47** Member States in the WHO African region, to complete and submit within a two-week period. Countries were advised to involve relevant officers in their ministries of health and their ministries in charge of environment in responding to the questionnaires.

The assessment was based on a set of open-ended questions structured around the following five areas:

1. Description of the institutional arrangements established to steer and coordinate implementation of the Libreville Declaration;
2. Description of the major joint actions that have been undertaken by the ministry of health, the ministry of environment and other relevant ministries and institutions;
3. Description of the main outputs resulting from the above actions;
4. Status of progress and achievements in relation to the 11 priority actions agreed upon in Libreville; and
5. Description of efforts made by the Government to address any of the ten priorities of the Luanda Commitment.

A total of forty-four (44) out of the forty-seven (47)

countries responded to the questionnaire, a response rate of 94%. The responding countries are Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cape Verde, Central African Republic, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Republic of Congo, Rwanda, São Tomé and Príncipe, Sierra Leone, Seychelles, South Africa, South Sudan, Tanzania, Togo, Uganda, Zambia and Zimbabwe.



Section 1: Survey Findings

Status of implementation of Libreville Declaration actions at country level

Of the forty-four (44) responding countries, four (Ethiopia, Mozambique, Rwanda, and Tanzania) indicated implementation of all 11 Libreville Declaration priority actions. Five countries (Guinea, Malawi, Mali, South Africa and Uganda) implemented ten of the 11 actions, whilst ten countries (Algeria, Botswana, Cameroon, Kenya, Gabon, Liberia, Madagascar, Mauritius, Sierra Leone and Zambia) implemented nine actions, eleven countries (Angola, Benin, Burkina Faso, Cape Verde, Eswatini, Lesotho, Niger, Republic of Congo, São Tomé and Príncipe, Seychelles, Zimbabwe) eight actions, and six countries (Burundi, Central African Republic, Côte d'Ivoire, Gambia, Ghana, and Mauritania) seven actions. Seven countries implemented six or fewer of the 11 actions, while one country implemented none of the 11 action points. The number of countries with corresponding total number of priority Libreville Declaration activities implemented is illustrated in Figure 1 below.

Number of countries implementing each of the 11 priority Libreville Declaration activities

An analysis of the country self-assessment survey by activity reveals that almost every country that responded to the questionnaire (91%, n=40 out of 44) developed national policy frameworks that address the effects of the environment on health. The vast majority of the responding countries (84%, n=37 out of 44) are utilizing existing structures for building a strategic alliance for integrating health and environment

activities; 73% (n=32 out of 44) have started to implement priority intersectoral programmes at all levels, aimed at accelerating achievement of the SDGs related to health and environment; 86% (n=38 out of 44) have established or strengthened systems for health and environment surveillance to identify emerging risks, although mostly not integrated; 91% (n=40 out of 44) have put in place mechanisms for enforcing compliance with international conventions; 75% (n=33 out of 44) have instituted the practice of assessment of health and environment risks; and 82% (n=36 out of 44) have developed partnerships for targeted and specific advocacy on health and environment issues.

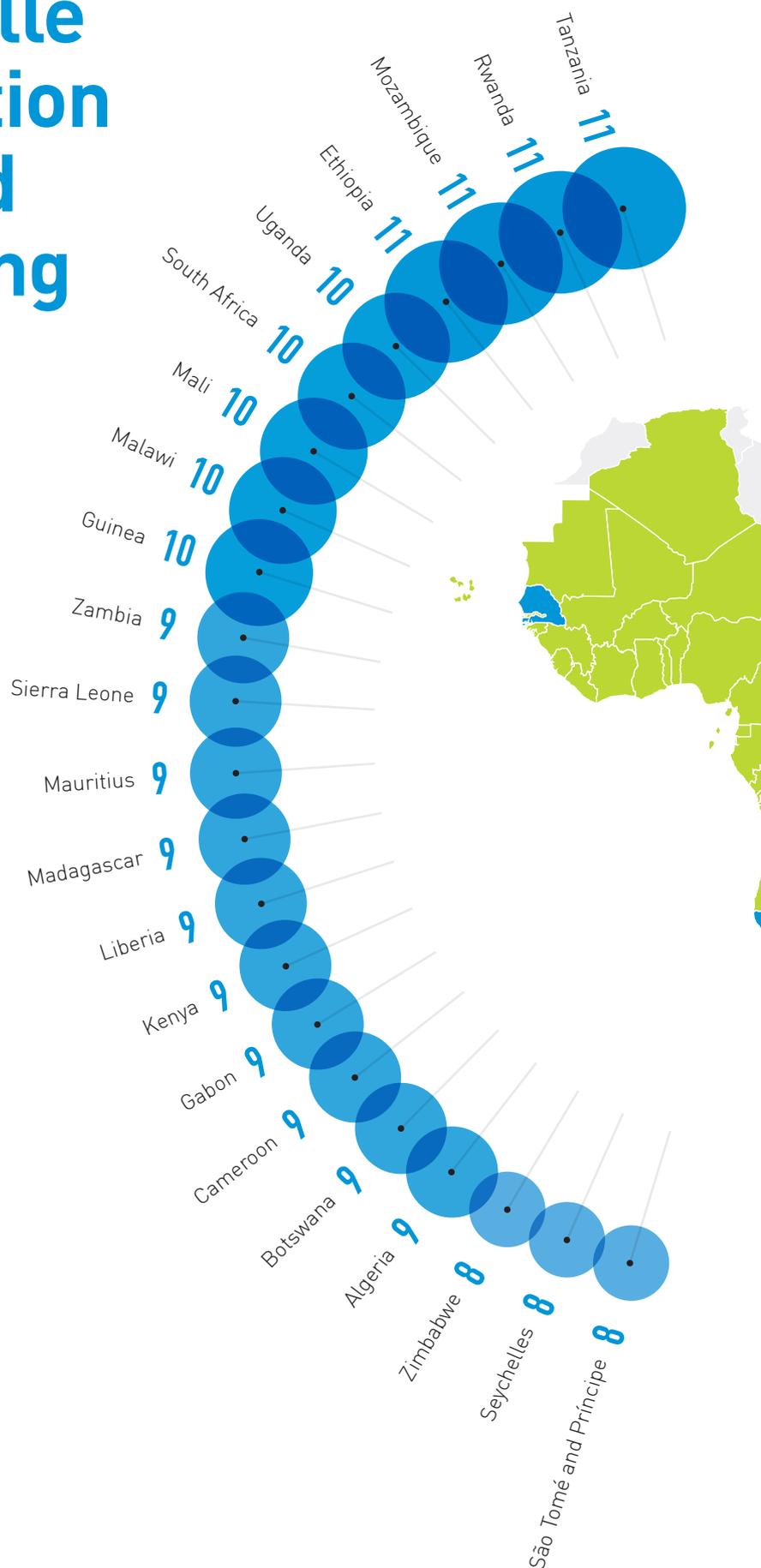
While overall progress is remarkable, the pace remains slow and uneven in some of the 11 priority actions including in balanced allocation of budgetary resources (20%), strengthening knowledge acquisition to identify research priorities (57%), developing mechanisms for monitoring and evaluation (66%), and strengthening health and environment institutions (66%). The number of countries implementing each of the 11 priority activities is indicated in Figure 2 below.

Achievements and challenges in implementation of the 11 action points

Effective implementation of the Libreville Declaration has yielded remarkable results at policy, programmatic and institutional levels. Regional achievements and challenges in implementation of the Libreville Declaration and Luanda Commitment are presented in this section against the backdrop of the 11 priority actions listed in the Libreville Declaration. Some country specific achievements are included in the text to be adopted as best practices.

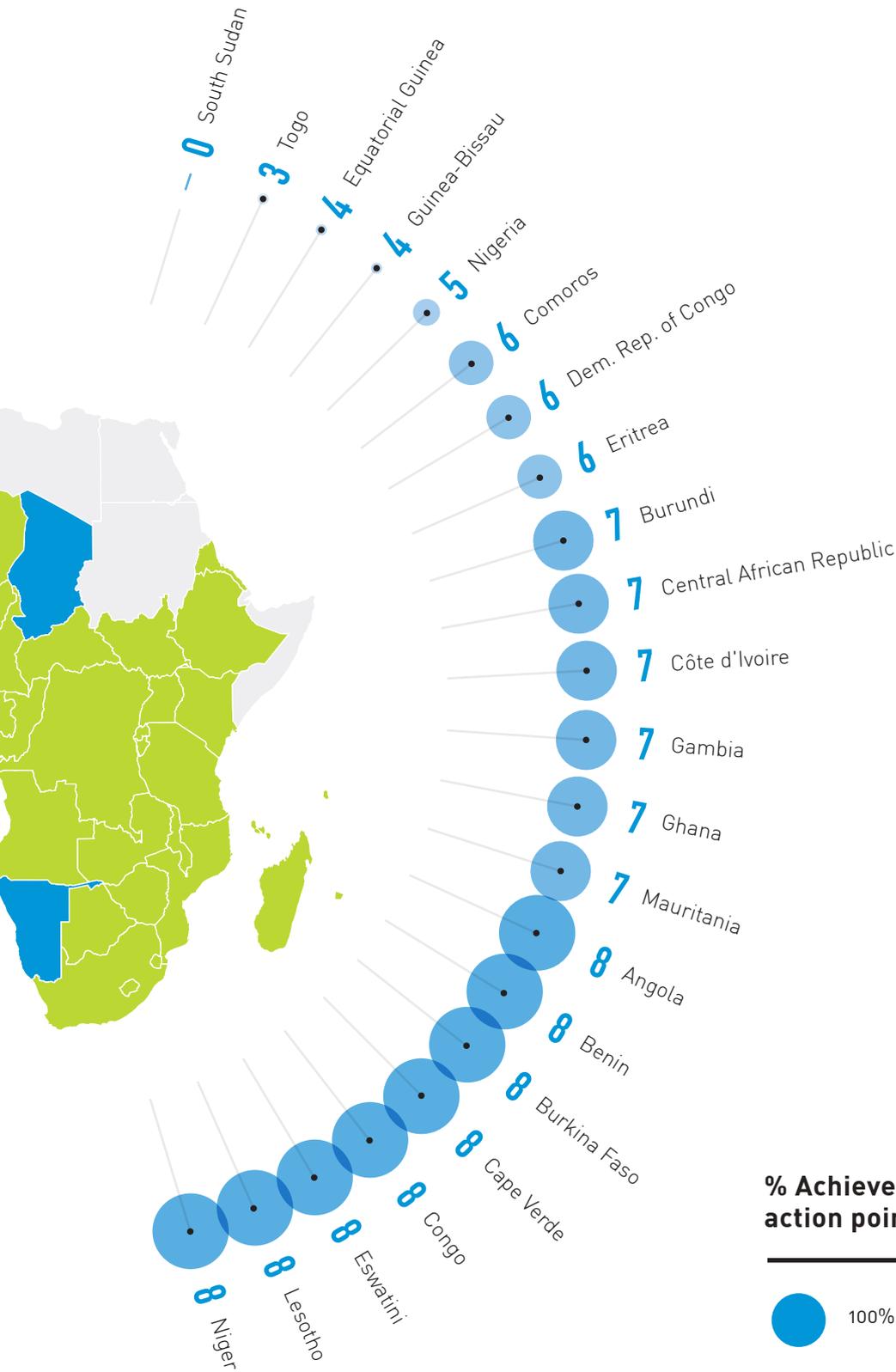
“ Effective implementation of the Libreville Declaration has yielded remarkable results at policy, programmatic and institutional levels.”

Number of priority Libreville Declaration action points achieved by 44 responding countries



MAP KEY

- Countries that responded to the 2018 country survey
- Countries that did not respond to the 2018 country survey
- Countries outside the WHO African Region

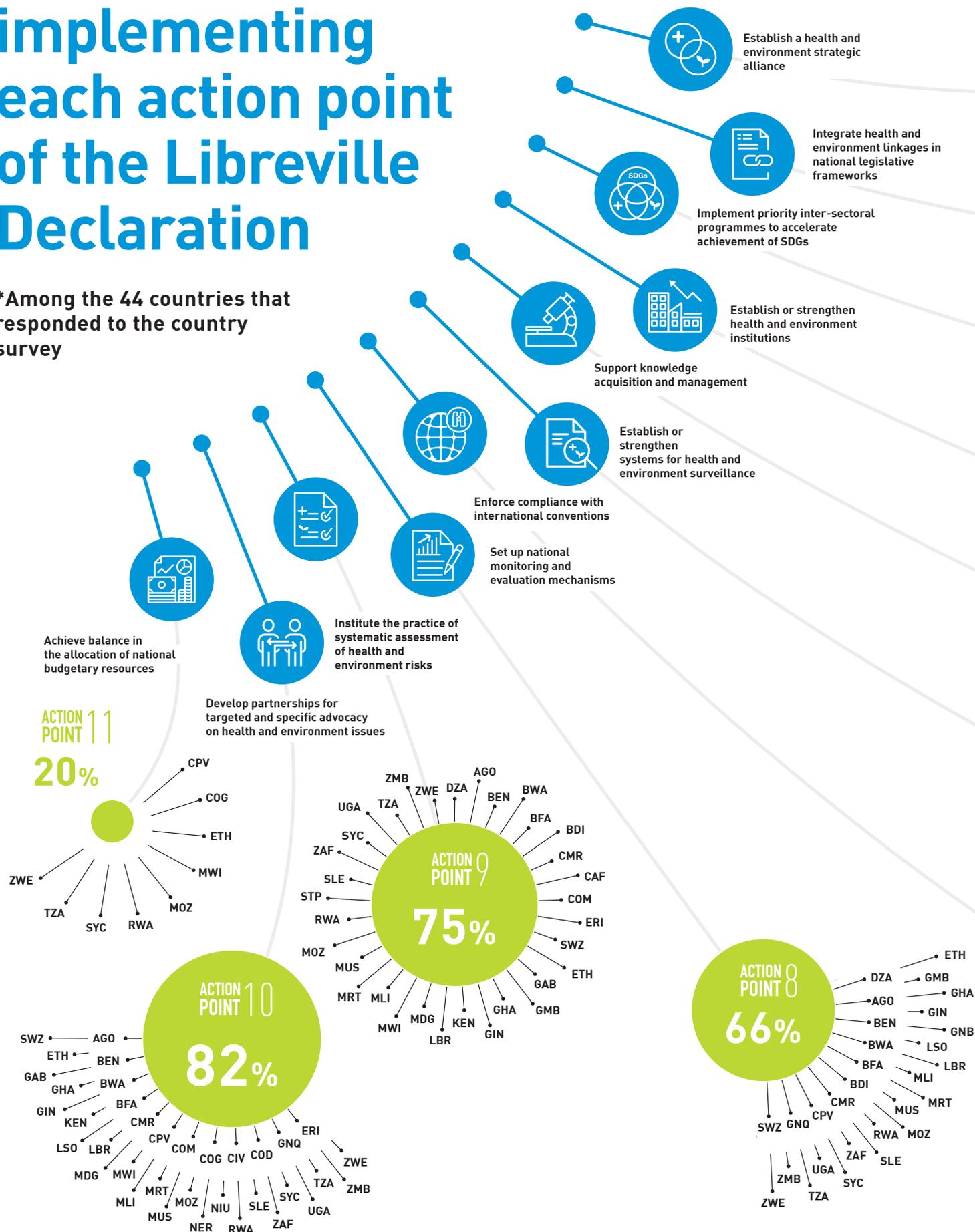


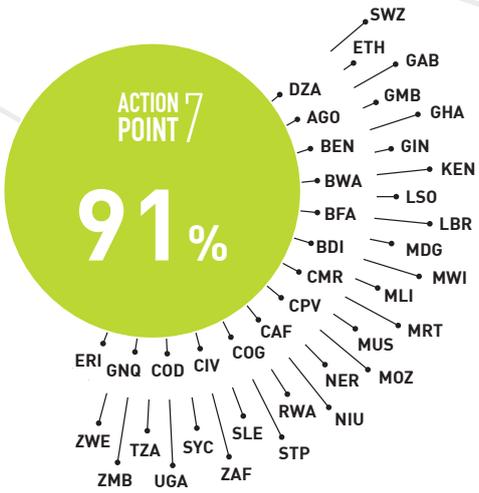
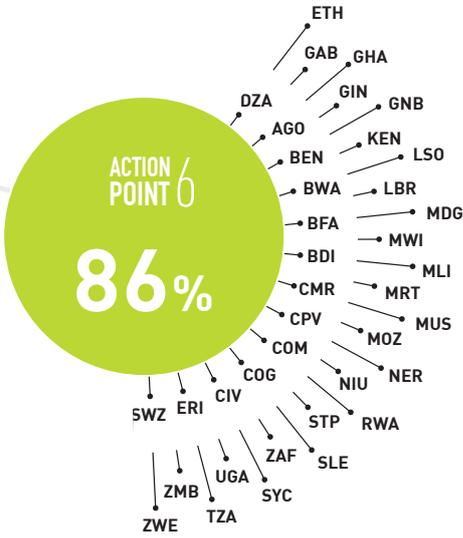
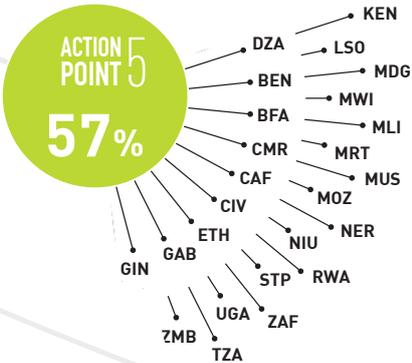
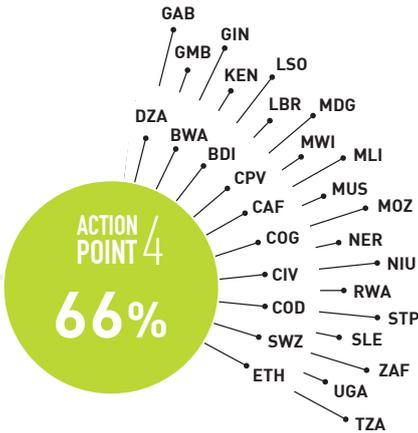
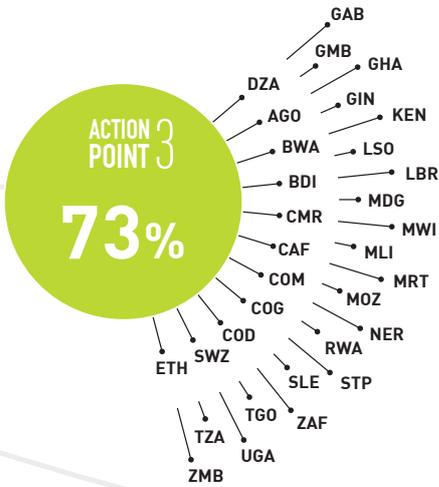
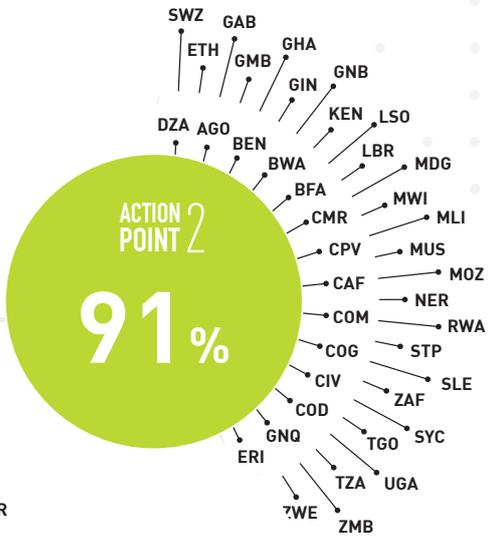
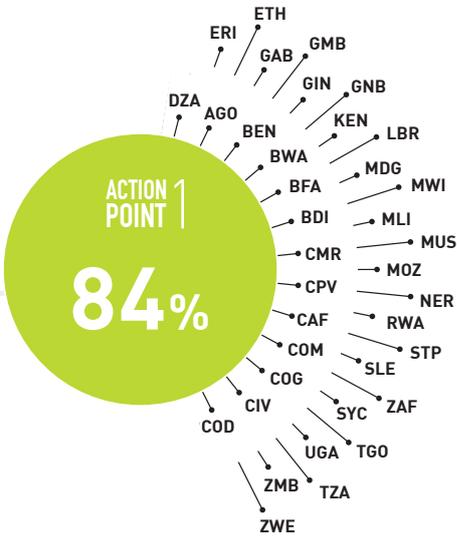
% Achievement of 11 priority action points

- 100% (11 action points achieved)
- 50% (5-6 action points achieved)
- 0% (0 action points achieved)

Percentage of countries* implementing each action point of the Libreville Declaration

*Among the 44 countries that responded to the country survey





Action Point 1



The Libreville Declaration highlights the need to strengthen the necessary institutional arrangements to address environmental issues. The Declaration further stipulates the establishment of a country-specific Health and Environment Strategic Alliance (HESA) as the cornerstone for coherently addressing the environmental determinants of human health and ecosystem integrity.

The self-assessment reports indicate that most of the countries have utilized existing structures and institutions as opportunities for building a strategic alliance for integrating health and environment activities as opposed to establishing a new structure (i.e. HESA). The survey shows that 37 of the 44 countries (84%) are utilizing such structures as coordination platforms. The majority of the Member States have operational multisectoral thematic working committees that are typically composed of 10-32 members. The purpose of establishing these committees was to carry out situation analyses and define the priorities for the elaboration of national health and environment strategies and plans of joint action and subsequent coordination of their implementation. The committees include key stakeholders with a wide range of professional skills and expertise.

Country-specific achievements

The coordination structures established by countries vary in terms of their formalization. For example, in **Central African Republic**, a national coordination body has been established by interministerial decree to oversee implementation of the Libreville Declaration. This multisectoral body is composed of 12 experts including two coordinators (Director Generals from the health and environment sectors) and 10 members from other entities. In **Cote d'Ivoire**, a national working group has been established by an interministerial decree to oversee coordination of the implementation of the Libreville Declaration. The group is composed of 32 experts and has representations from the Ministry of Health; Ministry of Environment and Sustainable Development; Ministry of Water and Forests; and other stakeholders. Similarly, in **Gabon**, the Interministerial Technical Commission for Health and Environment has been established at the level of the Prime Minister. This commission is chaired by the Chief Health Department Advisor to the Prime Minister and deputized by the department head at the Ministry of Environment. The two rapporteurs of the committee are representatives of health and the environment. The commission encompasses 27 experts from 13 ministries.

In countries such as Algeria, Benin, Botswana, Burkina Faso, Eswatini, Gambia, Lesotho, Madagascar, Malawi, Niger, Republic of Congo, São Tomé and Príncipe, Sierra Leone, Togo, and Uganda, similar coordination structures are in place, though they have not yet been formalized by decree. In **Botswana**, a multisectoral Country Coordination Committee (CCC) has been set up to follow up on the implementation of the joint actions of the Libreville

Declaration. The Ministry of Health and Wellness (MoHW) and the Ministry of Environment, Natural Resources Conservation and Tourism are jointly leading the CCC. In **Niger**, there is a national council under the guidance of the Prime Minister's Office that serves as the political steering body responsible for mainstreaming environmental issues into public health development policies and strategies. The Ministry of Health is a member of the national technical commissions that work on the elaboration of national policy and implementation of priority programmes in the areas of environmental health and sustainable development and their monitoring and evaluation.

In **Uganda**, two national coordinators: one from the Ministry of Health, and another from the Ministry of Water and Environment were designated at the level of Permanent Secretary. The Ministry of Water and Environment is the chair, and Ministry of Health is the co-chair. Country Task Team (CTT) members have been

“**Institutional arrangements for coordinating health and environment joint planning are in place in most countries.**”

identified and a secretariat housed in the Ministry of Water and Environment. In realization of the close linkage between health and environment, the two ministries have since the Luanda Meeting participated in the annual review of performance of their respective ministries, with a view to understanding programmes being undertaken by each other, as well as possible areas of synergy. The Ministry of Water and Environment is a member of a national task force, which discusses issues to do with public health emergencies, disease surveillance and other events.

Benin, Burkina Faso, Eswatini, and Sierra Leone do not have formalized intersectoral mechanisms to coordinate health and environment issues. However, these countries

have an environmental unit within the Ministry of Health with a mandate of integrating environmental dimensions into sectoral policies and strategies to achieve the SDGs. This means each sector operates independently.

In some countries, structures that were set up to coordinate joint actions on health and environment have faced challenges with their operationalization. For example, **Ghana** established the HESA committee as a sub-committee of the Environment and Natural Resources Advisory Council (ENRAC), which was chaired by the Vice President of the country. The ENRAC, which was to host the HESA, is currently not functional and as a result the HESA committee has been inactive. Similarly, **Mauritania** had a National Working Group (NWG), chaired by the Ministry of Health. The periodicity of the meetings of the NWG was quarterly until the end of 2013. However, the group has not been functional since 2014, resulting in the country utilizing other coordination platforms such as One Health and International Health Regulations (IHR) (2005) to respond to health and environment issues. As part of the implementation of the One Health approach, a joint external evaluation of Mauritania's main IHR capacities was carried out in May 2017 and a National Action Plan for Health Security which also integrates the environment has been developed.

Cape Verde, Comoros, the Republic of Congo and Uganda also reported that they are implementing the One Health strategic plan that integrates human health, animal health and environmental health, with the financial and technical support from partners. Their ministers of health and ministers in charge of the environment are among signatories of the partnership protocol on the One Health.

Key points

In conclusion, institutional arrangements for coordinating health and environment joint planning are in place in most countries. However, 7 of the 44 responding countries (16%) are currently neither utilizing the existing structures nor have they established the HESA platform to link health and environment activities. In the absence of a HESA or equivalent structure, the health and environment sectors operate independently as they lack a clear mandate to implement the decisions and resolutions of the CTT. This institutional anchoring gap clearly limits structured opportunities and mechanisms for intersectoral collaboration in Member States.

ACTION POINT 1



Establish a health and environment strategic alliance as the basis for plans of joint action

SUMMARY

There has been good progress towards establishing health and environment strategic alliances. The majority of countries have established functioning coordinating mechanisms, often using existing structures as opposed to creating new ones. The shape of the committees vary, though they are typically composed of 10-32 members, and include experts from various sectors, as well as representatives from a number of ministries.



1 The coordinating structures vary in terms of formalization among the responding countries

HESA established



have established a Health and Environment Strategic Alliance (HESA)

Formalization in progress



have coordination structures in place, though formalization by decree remains a work in progress

Formal bodies established



have national coordination bodies to oversee implementation of the Libreville Declaration, for example:

- Central African Republic
- Cote d'Ivoire
- Gabon

No HESA established



are not utilizing existing structures and have not established the HESA platform to link health and environment activities

2 Departments, directorates or committees focused on health and environment are being developed



27%

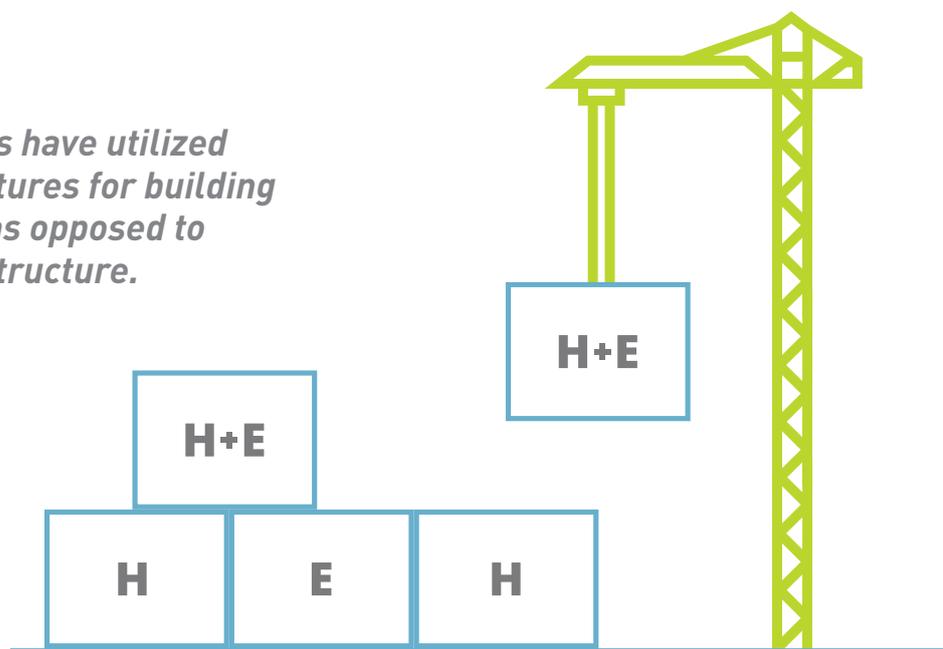
11 OUT OF 44 COUNTRIES

have a National Plan of Joint Action (NPJA).

What is an NPJA?

The NPJA is the final step in the SANA process. The NPJAs are government approved documents that detail the related specific objectives, activities, resource requirements, stakeholders and timelines for each of the 11 action points.

“ Most countries have utilized existing structures for building a strategic alliance as opposed to establishing a new structure.



3 Examples of countries that have established a health and environment strategic alliance



Malawi

Malawi's National Environmental Information Network shares data across sectors



Zimbabwe

A strategic alliance has been formulated through the implementation of chemical safety programmes which will strengthen chemical surveillance.



Cape Verde

The National Coordination Institution is a strategic plan that integrates human health, animal health and environmental health.

Action Point 2



Social and economic development can only be sustainably realized if the root causes of ill health and the integrity of ecosystems are simultaneously addressed. The Libreville Declaration emphasizes an integrated policy approach as the best way to address interlinked health and environment issues. Ten years have passed since the Libreville Declaration was signed and signatories agreed to review and link the health and environment policies to address environmental threats on human health. At policy level, almost all countries have taken measures to review and update their sectoral policies, strategies, and development plans to allow integration of health and environment activities

The regional survey shows that 40 of the 44 countries (91%) have reviewed their legislative frameworks for addressing environmental impacts on health. In the policy reviews, environmental impacts to human health have been addressed in national health development plans with a specific focus on risks and policy response mechanisms. The national health development plans and the national development plans of Benin, Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo, Eswatini, Ethiopia, Gabon, Liberia, Malawi, Mozambique, Niger, Tanzania and Togo integrate environmental issues, including adaptation of health to climate change, in their policy updates. The national development plans recognize the environment as an enabling sector providing a conducive framework for efficient performance of all sectors aimed at harnessing intersectoral linkages, functional relationships, and synergies among them.

Country-specific achievements

Cote d'Ivoire reviewed and validated the National Health and Environment Policy (2016), the National Adaptation Plan of the Health Sector for Climate Change (2013), as well as the National Plan for Sanitary Waste Management (2016-2020). All policy documents and plans integrate environmental issues. The **Democratic Republic of Congo** has taken measures to integrate health and environment issues into its national development policies, strategies and plans as reflected in the Government Action Program and the Growth and Poverty Reduction Strategy papers (GPRSP I and II). **Malawi** made several policy reviews and changes, which include the Health Care Waste Management Policy (2017), the Environmental Health Policy (2017), the National Climate Change Management Policy (2016), and the Environmental Management Act (2017). **Mozambique** has revised its National Health Policy and has adopted a new National Health Development Plan 2014-2018 that considers climate change considers climate change to be a main health risk factor. The Ministry of Health of **Niger**, in collaboration with the World Bank, has developed the resilience strategy of the health sector in the face of climate variability and climate change 2016-2020. The project contributes to combating the adverse effects of climate change. The first sub-component of this project,

aims to integrate climate change into sectoral policies. **Eswatini** has developed policies, strategies and plans to address the impacts of the environment on health. These include the Climate Change Policy (2016), the National Health Policy (2017), and the National Emergency Response, Mitigation and Adaptation Plan (NERMAP) 2016-2017.

“**Legislative frameworks, policies and plans that link health and environment can only be effective when adequate enforcement mechanisms are put in place.**”

Environmental health, as an intersectoral effort, has suffered most from a lack of significant progress. The survey shows that only 12 of the 44 responding countries (27%) have environmental health policies. However, though not yet prioritized, the concept of environmental health has been taken into account in the national development plans and the national health development plans of a number of countries, including Botswana, Comoros, Cote d'Ivoire, Ethiopia, Guinea, Niger, Rwanda, and Tanzania. The National Health Policy (NHP 2015-2024) and National Health Development Plan (NHDP 2015-2019) of the **Comoros** take environmental health issues into consideration. **Guinea's** newly revised and adopted National Health Policy and National Health Development Plan (2015-2024) highlight environmental pollution and the effects of climate change among the main risk factors to health. Environmental health is also highlighted in the country's Poverty Reduction Strategy Paper. **Niger's** updated national health policies and health development plans (2017-2021), the National Health

Resilience Strategy on Climate Change, the Biomedical Waste Management Plan, the Epidemic Management Plan, and the Operational Planning Framework (Annual Action Plan) all highlight environmental health as a key component. Similarly, the Environment, Water, and Sanitation Policy of **Rwanda**, revised in 2015 to be better aligned with the SDGs, the National Strategy for Transformation (2017 - 2024) and Vision 2020-2050, ensures intersectoral collaboration and highlights environmental health as its core component. In **Tanzania's** health policy specific environmental issues like climate change adaptation, waste management and environmental pollution have been incorporated; while in the environment policy, issues of water and sanitation and vector borne diseases have been addressed. Similarly, environmental issues are now addressed in the recent Health Sector Strategic Plan IV (2016 - 2020) and the Health National Adaptation Strategic Plan (2018 - 2023).

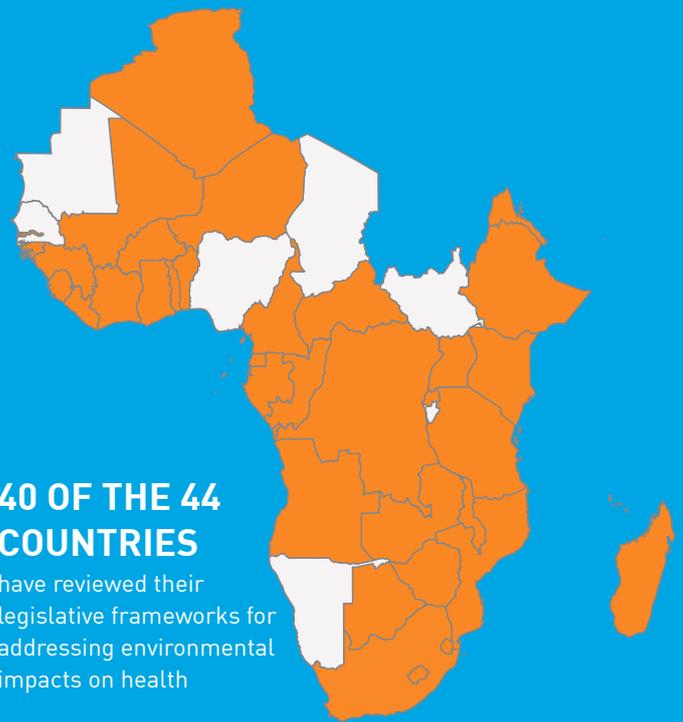
Key points

It is evident that African countries are gradually incorporating environment and health links into their national policies and strategies. Countries that have integrated health and environment issues into their policies and strategies are witnessing a growing essence of cooperation and coordination between the two sectors. As a result, these countries are now better prepared for a more rapid and effective response to national and regional health and environmental threats. However, in four countries (Burundi, Mauritania, Nigeria, and South Sudan), integration of health and environment linkages in policies, strategies, and plans is work in progress. Another important issue of concern is, however, how to strengthen the regulatory framework. Few countries report tangible mechanisms for regulating the implementation of policies. Legislative frameworks, policies and plans that link health and environment can only be effective when adequate enforcement mechanisms are put in place.

ACTION POINT 2



Integrate health and environment linkages into national legislative frameworks



40 OF THE 44 COUNTRIES

have reviewed their legislative frameworks for addressing environmental impacts on health

SUMMARY

The majority of countries have reviewed and aligned their sectoral policies, strategies, and development plans to integrate the activities of the health and environmental sectors. These countries are witnessing improved cooperation and coordination between these sectors. These countries are better prepared for a more rapid and effective response to national and regional health and environmental threats.

1

Most countries have both a national health policy and environment policy. Many have been reviewed and activities integrated.

National health policies

reported by 15 countries cover:



- Sanitation
- Pesticides
- Waste management
- Disease vectors

National environmental policies

reported by 10 countries cover:



- Biodiversity
- Climate change
- Pollution

Integrating health and environment

“ *The Libreville Declaration emphasizes an integrated policy approach as the best way to address interlinked health and environment issues.*



of responding countries have updated their sectoral policies, strategies and development plans to integrate health and environmental activities.

2 Some countries have made progress in creating joint national frameworks for health and environment

Some countries have integrated health and environment into their:

Policies

19 OF THE 44 COUNTRIES

reported to have integrated environmental issues into their national health development plans and policy updates.

For example, Malawi's Environmental Health Policy (2017)

Strategies

34 OF THE 44 COUNTRIES

reported to have strategies (five strategies on average) related to health and the environment.

For example, Cameroon's National Waste Management Strategy

Plans & programmes

35 OF THE 44 COUNTRIES

reported to have environment and health linkages in their national plans and programmes (two plans or programmes reported on average).

For example, Eswatini's Mitigation and Adaptation Plan (2016-2017)



3 Adaptation of health to climate change is emphasized in many updated frameworks



13 OF THE 44 COUNTRIES

reported that they have or are developing joint strategies for adapting health to the impacts of climate change.



19 OF THE 44 COUNTRIES

are integrating climate change into their policy updates.

Action Point 3



The Libreville Declaration has brought a new and dynamic impetus for intersectoral coordinated actions. It has brought on board new opportunities for a more rapid and effective response to regional and continental environmental threats. At policy level, almost every country that responded to the survey has included in their Poverty Reduction Strategy Papers (PRSPs) or National Development Plans (NDPs), strategies that can accelerate the development of intersectoral projects on health and environment. Consistent with the priorities identified under the Luanda Commitment, these documents generally aim to promote universal access to basic social services and social protection and prevention and management of risks and disasters. However, at operational level, only 32 of the 44 countries (73%) have started implementing priority intersectoral programmes that contribute to the achievement of the SDGs. Most of the joint programmes being implemented focus on climate variability and change; integrated vector control; strengthening water, sanitation and hygiene services particularly among the most vulnerable communities; management of hazardous waste; and conducting environmental impact assessments. Among countries implementing intersectoral programmes are Cape Verde, Central African Republic, Democratic Republic of Congo, Gabon, Mali, Mauritania, Rwanda, and Zimbabwe.

Country-specific achievements

Cape Verde, Democratic Republic of Congo, and Zimbabwe are implementing a number of integrated intersectoral water and sanitation reform projects with the support of their partners. In **Central African Republic**, there are ongoing intersectoral projects on construction of sanitary facilities through micro-community projects, development of water sources and boreholes, construction of incinerators and capacity building in biomedical waste management. **Gabon** has undertaken several joint health and environment actions either as part of the Joint Health and Environment Action Plan or outside this plan. Three projects were the subject of evaluations of the intersectoral health and environment actions. These are the urban solid waste management in Libreville, the Great Ape Health Program in Lopé National Park and the project on conservation of biodiversity in the tropical forest in Moukalaba Doudou National Park. However, the health and environment impacts of the above projects have not been mapped.

In **Mali**, several pilot intersectoral projects are being implemented. These include a Community-Led Total Sanitation (CLTS) project in the Kayes, Koulikoro, Sikasso, Segou and Mopti regions, and a project for increasing access to water, hygiene and sanitation in the Ségou and Mopti region. **Mauritania** has initiated intersectoral projects to measure the quality of water, air, soil and food through the One Health approach. **Rwanda** constructed 30 modern incinerators in referral and district hospitals and 10 wastewater treatment units in 10 district hospitals

and health centres. Additionally, 11 tons of obsolete pesticides were safely destroyed and a large quantity of polychlorinated biphenyl (PCB) was removed from old power transformers and destroyed through a joint action that mainly involved the health and environment sectors.

Key points

Resolute actions are still needed by Member States to address the most critical challenges in WASH, climate change, and management of chemicals and wastes so as to achieve the strategic objectives defined in the national development plans and the SDGs.

“ Most of the joint programmes being implemented focus on climate variability and change, integrated vector control, strengthening WASH services particularly among the most vulnerable communities, management of hazardous waste, and conducting environmental impact assessment.”

ACTION POINT 3



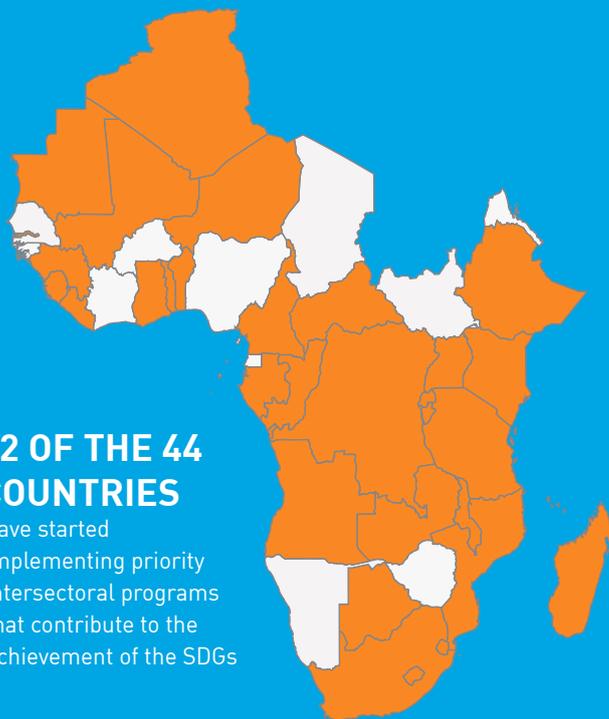
Implement priority intersectoral programmes aimed at accelerating achievement of SDGs

SUMMARY

At a policy level, there has been good progress in integrating health and environment issues across all sectors through the inclusion of these issues into Poverty Reduction Strategy Papers (PRSPs) and National Development Plans (NDPs). However, more action is required at operational level to implement tangible intersectoral programmes on the ground. Improved institutional frameworks and national governance strategies are needed to support multisectoral collaborations to achieve the SDGs.

32 OF THE 44 COUNTRIES

have started implementing priority intersectoral programs that contribute to the achievement of the SDGs



1

Most countries have included strategies into PRSPs and NDPs to accelerate the development of intersectoral projects

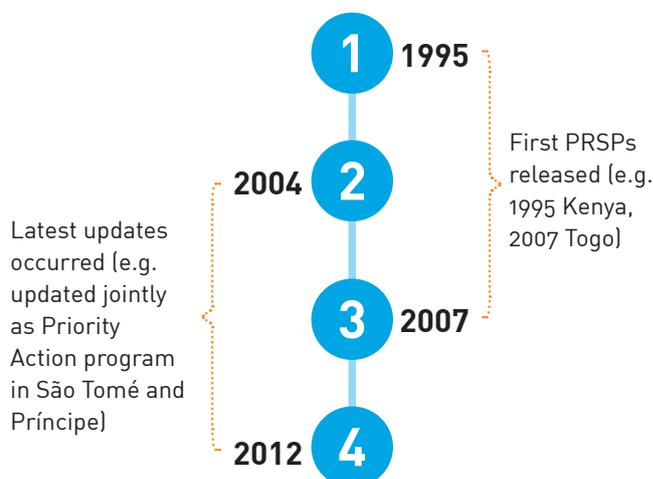
What are PRSPs & NDPs?

Poverty Reduction Strategy Papers (PRSPs) and National Development Plans (NDPs)



are documents that aim to promote universal access to basic social services and social protection; and prevention and management of risks and disasters.

Timeline of PRSP release and updates



2

Many countries (73%) have established joint programmes for achieving the SDGs

Most of the priority intersectoral programs focus on:



Climate change



Water, Sanitation and Hygiene services



Integrated vector control



Management of hazardous waste

Mali



Several pilot projects are being implemented, such as the Community-Led Total Sanitation (CLTS) project, and a project for increasing access to water, hygiene and sanitation in several regions.

Niger



The World Bank has initiated the Community Action Plan for Climate Resilience (PAC-CR) to support Niger in its efforts to combat the adverse effects of climate change.

Central African Republic



With the creation of the National Climate Coordination, much effort is being made to mobilize the resources of the Green Climate Fund to develop a national climate change adaptation program with specific health components.

Burkina Faso



The National Drinking Water Supply Program (2016 – 2030) and the National Sanitation Program (2016 – 2030) were implemented for provision of safe drinking water and other WASH services.

Kenya



The Ministry of Environment's ongoing project on Treatment of Hazardous Waste in Nairobi and recently (April 2018) completed a health care waste management framework.

Zambia

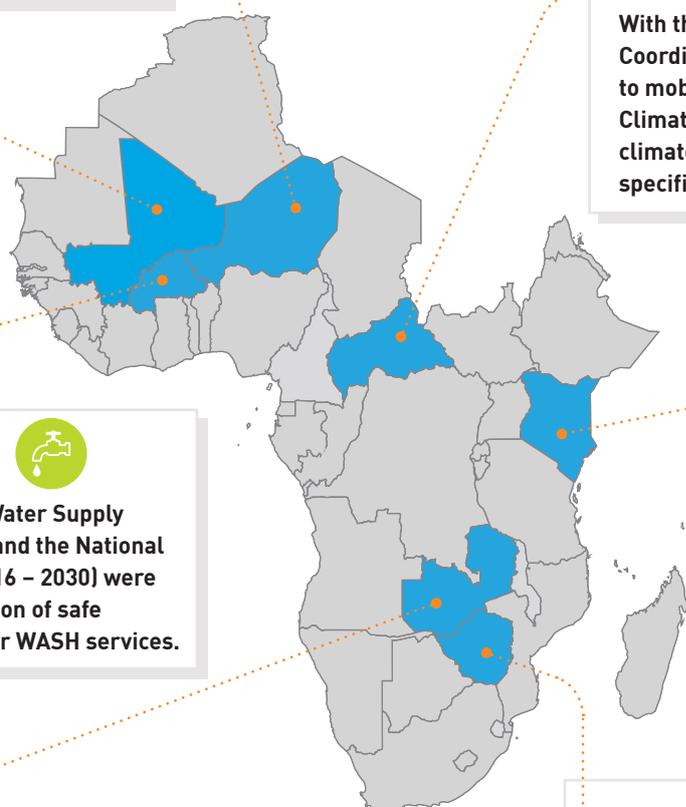


The AFRO II Project evaluates the feasibility and impact of community-based house screening, as a form of vector control, on malaria transmission.

Zimbabwe



The Indoor Residual Spraying Programme is in place, and has achieved a national coverage of 95% of the affected households.



Action Point 4

In almost all countries, institutions working on health and environment issues have some capacity in terms of human resources having the required professional skills and expertise. However, the extent to which these resources are utilized to effectively fulfil the functions of environmental risk assessment and management remains insufficient. Decent progress has been made by 29 of the 44 countries (66%) in terms of strengthening health and environment institutions both at policy and implementation levels. This progress is mainly in the context of upgrading existing institutions, re-capacitating them with the necessary human resources, and allocating budgets for implementing intersectoral activities. Some country specific progresses are elaborated as follows.

Country-specific achievements

Cape Verde has established an environmental sanitation service directorate tasked to monitor issues related to noise, air quality, hazardous waste and pesticides, and seawater quality. In **Eswatini**, a number of institutions that deal with aspects of health and the environment have been established. The institutions are functioning with dedicated annual budgets and are implementing a number of projects in collaboration with partners, despite some human resource constraints in terms of quantity and quality. **Ethiopia** upgraded the former Environmental Protection Authority (EPA) to Ministry of Environment, Forest and Climate Change to cover multiple sectors and coordinate the environment and climate change work in the country. Similarly, the hygiene and sanitation unit has been upgraded by the Ministry of Health to directorate level. This helps to strengthen health and environment linkages including health with climate change. The latest constitutional revision in **Gabon** has added environmental issues to the prerogatives of the Economic and Social Council. This council is now called the Economic, Social and Environmental Council (CESE). The National Public Health Institute of Liberia (NPHIL) was created in 2016 to support the efforts of the Health Ministry and Environmental Protection Agency (EPA). At the NPHIL, the Division of Environmental and Occupational Health (DEOH) collaborates with the EPA and the Ministry of Commerce and Public Works to tackle issues of health and environment.

Mali has restructured its National Directorate of Health with the creation of a public health and sanitation sub-department by a decree (August 16, 2018). **Mauritius** reported that the national budget of 2018-2019 provides for upgrading laboratory equipment for the national environmental laboratory, which is under the ministry responsible for the environment. The environmental and sanitation unit in the Ministry of Health and Sanitation of **Sierra Leone** has been elevated to directorate level with a director and deputy director exclusively responsible for resource mobilization, coordination and monitoring

and evaluation of integrated environment and health interventions. The Ministry of Lands, Country Planning and Environment has a directorate and a director responsible for dealing with environmental issues that are hazardous to public health. The country is also consolidating the One Health approach as a means of strengthening health and environment institutions.

Key points

Some national institutions are integrating health and environment aspects in their planning processes and activities. However, there is an apparent lack of a clearly defined regional research and capacity building agenda or programme with particular emphasis on health and environment, nor for regional mechanisms for coordinating research and capacity building on health and environment.

“ Progress is mainly in the context of upgrading existing institutions, re-capacitating them with the necessary human resources, and allocating budgets for implementing intersectoral activities.”

ACTION POINT 4



Establish or strengthen health and environment institutions

SUMMARY

Fair progress has been made in terms of designating a national focal point, upgrading existing institutions, building human capacity, and improving working equipment and facilities. To accelerate progress, a more clearly defined regional research and capacity building agenda, and regional mechanisms for coordinating research and capacity building on health and environment are needed.



1 A variety of institutions have been established or strengthened by many countries

Some of these institutions include:



Universities and research institutes



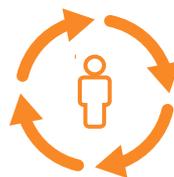
Hospitals and laboratories



National health and environmental observatories

2 Re-capacitating institutions with human resources has been difficult for most countries

“ Most countries have adequate human resources with a wide range of professional skills and expertise. However, the extent to which these resources are used remains insufficient.”



High staff turnover and loss of critical mass of personnel is reported as a key challenge by some countries.

3 Several intersectoral areas in health and environment institutions have been developed in a number of countries

Response efforts

7 OF THE 44 COUNTRIES

established or strengthened response efforts around health, such as epidemics and infectious diseases, and environmental events.

Capacity building

20 OF THE 44 COUNTRIES

reported on activities around building staff resources, such as providing training, hosting workshops and improving staff qualifications.

Surveillance and monitoring

26 OF THE 44 COUNTRIES

reported developments around surveillance systems to monitor human health and environmental phenomena.



Burkina Faso has a highly effective surveillance system at the Ministry of Health that uses mobile phone systems and the mail.

Specific country examples include:

Malawi

Training has been conducted to build staff capacity around nuclear issues, in support of the National Cancer Center.

Madagascar

An observatory on adaptation to climate change has been established at the National Office for the Environment. A health and climate change monitoring system is also under discussion by the Climate and Health Working Group.

Mauritius

Laboratory equipment upgrades for the National Environmental Laboratory have been included in the national budget 2018–2019.

Lesotho

Capacity has been strengthened in Integrated Disease Surveillance and Response, and in the Environmental Health Division.



Action Point 5



In 25 of the 44 countries (57%), policies to improve research and training on health and the environment have been developed through the creation of institutions that ensure acquisition of knowledge at different levels. Countries such as Guinea, Lesotho, Madagascar, Mauritius, Mozambique, Niger, Rwanda, Seychelles, and Tanzania have taken measures to incorporate environmental health topics into their training and research agendas.

Country-specific achievements

In **Lesotho**, environmental health topics are included in the national health research agenda for 2013-2018 even though the implementation of research in the identified areas has not occurred. The Ministry of Civil Service and Administrative Reforms of **Mauritius** regularly conducts training needs analyses in all ministries to help identify training and research gaps. **Mozambique** has a clear research agenda, based on identified pillars, with specific consideration for health and environment issues. In addition, the Ministry of Higher Education, Science and Technology that aims to coordinate research programmes in the areas of science, technology and innovation, runs a national research fund, that emphasizes funding of research projects related to health and environment. A knowledge management centre on climate change (www.cgcmc.gov.mz), was established by the government and is managed by the National Academy of Sciences.

Madagascar, Mauritania, Niger, Seychelles, and Tanzania have revised their training curricula to the scopes of environment and health. In their reports, these countries have highlighted some ongoing inter-university cooperation programmes aimed at strengthening research capacity in the field of health and environment. The universities offer courses such as environmental health, biodiversity, control of diseases and climate change. **Guinea and Rwanda** have ongoing research and training programmes with the support of bilateral and multilateral partners. In Guinea, sectoral research projects have been developed at the level of the departments concerned with health and environment issues. For example, the climate change adaptation programme and water-related disaster risk reduction programme are research programmes developed in collaboration with the International Development Research Center (IDRC). These programmes cover key topics such as waste management, integrated pesticide management, management of Persistent Organic Pollutants (POPs), pollution control, and others. In other countries, capacity building projects in the health sector, focusing on areas where exposure to environmental risk factors is known, are under development.

Key points

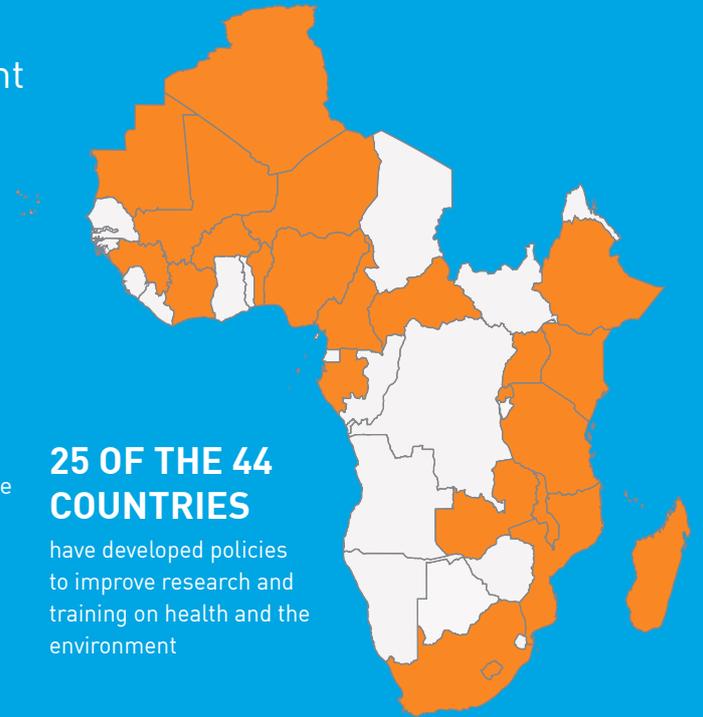
In several countries, implementation of research has been constrained by technical capacities and inadequate financial resources. Institutions have limited capacity particularly in the areas of research relating to Knowledge, Attitudes and Practices (KAP) studies. Also of note is the fact that the coordination mechanisms for these research activities relating health and environment is not strong. Further, not all countries have a policy and a common research agenda on health and the environment.

**“ Madagascar,
Mauritania,
Niger, Seychelles, and
Tanzania have revised
their training curricula
to integrate the scopes of
environment and health.”**

ACTION POINT 5



Support knowledge acquisition and management to identify knowledge gaps and research priorities



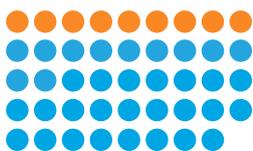
SUMMARY

A lot more work is needed for countries to develop a common research policy and agenda on health and the environment. Some activities aimed at strengthening research capacity are ongoing, such as cooperation programmes and partnerships with other research institutions, but many institutions still have limited research capacity. There is a need for stronger coordination mechanisms at local and regional levels for research activities.

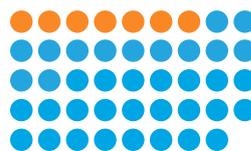
25 OF THE 44 COUNTRIES

have developed policies to improve research and training on health and the environment

1 National health and environmental research agendas were reported by several countries in the survey



9 OF THE 44 COUNTRIES
reported on health research agendas in the survey



7 OF THE 44 COUNTRIES
reported on environmental research agendas in the survey

2 Some progress has been made through joint actions conducted under several ratified conventions

Commonly reported conventions include:



2 OF THE 44 COUNTRIES
Minimata Convention on Mercury



6 OF THE 44 COUNTRIES
Stockholm Convention on Persistent Organic Pollutants

3 Few countries have working coordination mechanisms for intersectoral research



9%

4 OF THE 44 COUNTRIES

mention a working coordination mechanism in the survey, mainly in the form of:

- a ministry; or
- a research council



Mauritania

Creation of databases on climate change and health information and skills, and national networks for knowledge management on climate change.

São Tomé and Príncipe

Coordination of activities is carried out by the General Direction of the Environment.



“ Several countries have taken measures to incorporate environmental health topics into their training and research agendas

4 Examples of countries supporting intersectoral knowledge acquisition and management



Niger

Health staff were trained in health and climate change. Studies on health vulnerability to climate change were also carried out in collaboration with the CNEDD, Agrimet.



Guinea

Sectoral research projects are being developed around health and environment issues, such as the Climate Change Adaptation Project and Water Risk Reduction Strategy.



Gabon

Several national research institutions working on environmental impacts on health include the Centre National de la Recherche Scientifique.

Action Point 6



Surveillance systems exist in almost all the countries but are mostly specific to each sector. Most countries are implementing the Integrated Disease Surveillance Strategy in a form of Integrated Disease Surveillance and Response (IDSR). This is a strategy for coordinating and integrating surveillance activities by focusing on the surveillance, laboratory and response functions; but this strategy generally focuses on health issues. This system is not fully developed to be linked with other systems related to environment and does not include data from private health facilities. There is a need to have a database that shows the linkages between health and environmental indicators that can be monitored for action.

The current survey reports indicate that countries do have systems for conducting surveillance for communicable diseases located at their ministry of health. Most countries have epidemiological disease surveillance systems and national health observatories that work to identify and manage emerging diseases. Most countries also conduct surveillance on environmental issues. As with the other action points, the challenges are mainly found in the scope, coordination and investments in technology that can cover the linkages between the two areas. 38 of the 44 countries (86%) have established a system for environmental surveillance covering the essential priority areas: fresh water, air, soil, and biodiversity. However, at the moment, the health and environment sectors are mostly managing their surveillance systems separately.

Several countries have taken measures to strengthen their health and environment surveillance systems. Among these countries are Benin, Botswana, Burkina Faso, Cape Verde, Ethiopia, Gabon, Ghana, Madagascar, Mauritius, Mozambique, Niger and Rwanda. Ethiopia, Niger and Rwanda have also established national multisectoral committees responsible for monitoring, preparedness and response to health emergencies. These committees usually deal with contingency plans for the health sector, and have a joint health and environment reporting mechanisms on health issues.

Country-specific achievements

Angola has implemented a new technology of Environmental Surveillance (Blue Line) in the Provinces of Luanda and Malanje; and its health surveillance has been strengthened by the gradual integration of the District Health Information Software 2 (DHIS2) system which enables faster availability of data on different diseases including diseases of an epidemic nature.

Botswana is working at establishing functional linkages between health and environment surveillance systems. Surveillance at ports of entry has been established and is being strengthened. The country International Health Regulation (IHR) core capacity assessment was done in 2017 and the development of National Action Plan for Health Security (NAPHS) is ongoing. **Cape Verde** has

taken measures to develop its environmental information system and prepare a vulnerability-resilience country profile (VRCP). The country is conducting hazard analysis and mapping in the Green Cape and creating the National Observatory of Health. **Ethiopia** has established a system for early warning and surveillance of climate sensitive diseases as part of the Integrated Disease Surveillance and Response (IDSR) system. **Gabon** has set up an Agency for Space Studies and Observations (AGEOS) to monitor, measure and map the impact of climate change on human and animal populations by satellite. The country is also collaborating with WHO and UNEP to launch a chemical observatory project.

In **Ghana**, there is an ongoing effort to set up a Health and Environment Information Sharing Portal (HEISP), as an initiative of HESA, with support from Ghana Community Network (GCNet). However, implementation has not started, pending endorsement by relevant authorities.

Madagascar is implementing an integrated health and environment observatory for the management of chemicals. The country is also preparing to establish

“**Health and environmental monitoring needs to be a multisectoral activity which should involve the ministry of health, the ministry in charge of the environment, local government authorities, and other stakeholders.**”

an observatory on climate change adaptation at the national office for the environment, which will also integrate a health component. In **Mauritius**, the national environmental laboratory of the Ministry of Environment undertakes monitoring of air pollutants, which have an impact on health, including particulate matter of less than 10 microns (PM10). PM10 is associated with cardiovascular effects such as cardiac arrhythmias and heart attacks, and respiratory effects such as asthma attacks and bronchitis. The Ministry is equipped with three fixed ambient air quality monitoring stations. **Mozambique** has established a National Health Observatory (NHO), which is a virtual centre that aims to carry out systematic and permanent observation of relevant issues related to the health and well-being of the population, as well as of the health system. The NHO generates evidence to support decision making in health, health systems and social determinants, and to guide the formulation of effective health policies. In **Rwanda**, the Ministry of Health and the Ministry of Environment, through the Environment Management Authority, have jointly identified key health indicators linked to both health and environment to be tracked. The two ministries have also initiated joint prevention and mitigation actions. **São Tomé and Príncipe** reported that there is no environmental monitoring system in the Ministry of Environment. However, there is an epidemiological surveillance unit at the Ministry of Health, which does not work on the environmental side.

Key points

In several countries, water quality surveillance programmes are undertaken jointly by the ministry of health and the ministry in charge of the environment. Data generated from these programmes is, however, inadequately analysed and rarely used for decision making and planning. In several countries, national multisectoral committees for emergencies also exist, but are usually dealing with contingency plans for the health sector. Health and environmental monitoring needs to be a multisectoral activity, which should involve the ministry of health, ministry in charge of the environment, local government authorities and other stakeholders.

ACTION POINT 6



Establish or strengthen systems for health and environment surveillance to identify and better manage emerging risks



38 OF THE 44 COUNTRIES

have established a system for surveillance of priority environmental areas

SUMMARY

The majority of countries have systems for conducting surveillance of health and environmental issues, which is mostly conducted separately between sectors. For example, the health sector focuses on epidemiological disease surveillance and identifying emerging diseases. More investment and coordination are required in the establishment of surveillance techniques that can cover the linkages between sectors.

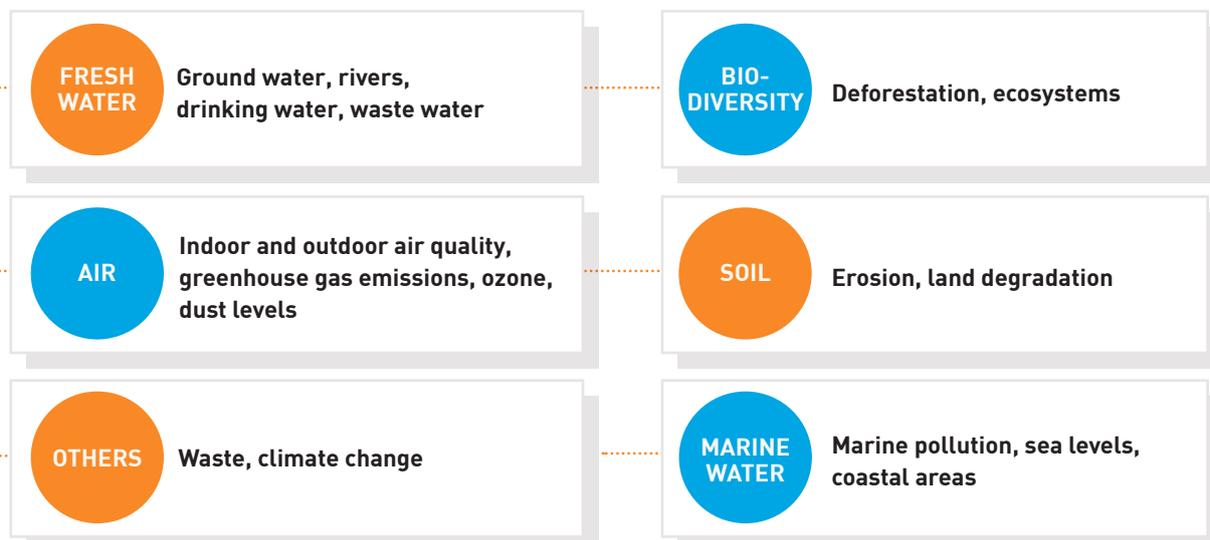
1 Most countries have established systems for environmental surveillance

9 OF THE 44 COUNTRIES

reported on their environmental surveillance systems in the surveys

Marked differences exist in the national approaches to environmental surveillance. Some countries monitor routinely whereas others focus on monitoring specific events.

Priority surveillance areas include:



2 Integrated health and environment surveillance activities have been established and strengthened in some countries



16%

7 OF THE 44 COUNTRIES

reported on the Integrated Disease Surveillance and Response (IDSR) strategy (despite most countries implementing the strategy).

What is IDSR?

A strategy for coordinating and integrating surveillance activities by focusing on surveillance, laboratory and response functions.

Integrated surveillance systems have been strengthened in:

Seychelles

An electronic reporting system has been put in place.



Mali

District Health Information System is a software that has been operationalized and takes health and environment indicators into consideration.



3 Areas of focus in integrated surveillance systems



Climate change

For example, Gabon has set up the Agency for Space Studies and Observations to monitor, measure and map the impact of climate change on human and animal populations by satellite.



Zoonoses

For example, Mauritania's REMENA programme within the Ministries of Livestock, Health and Environment

Other priority areas for environmental health surveillance include:



- Water quality
- Radioactive materials
- Air quality
- Availability of drugs/vaccines
- Chemicals and medical or biological waste

Action Point 7

African countries are signatories to a number of international conventions as well as to Multilateral Environmental Agreements (MEAs). As far as international conventions are concerned, extensive work has been done in terms of awareness-raising, capacity building, appointment of focal points and the preparation of implementation plans. However, the extent of implementation differs from country to country depending on the levels of allocation of financial and technical resources for the elaboration of plans and the specific mechanisms to enforce compliance.

Forty of the 44 responding countries (91%) have revised their legislative and regulatory frameworks to include new texts reflecting international conventions and MEAs and identify mechanisms of enforcing compliance. In line with this, **Burkina Faso, Central African Republic, Gabon, Guinea, Burundi, São Tomé and Príncipe, and Uganda** have developed implementation plans for some of the common conventions such as the Minamata Convention on Mercury, the Stockholm Convention on Persistent Organic Pollutants (POPs), the Basel convention, the convention on biological biodiversity, and the Rotterdam convention.

Country-specific achievements

Gabon has ratified several international conventions that have been incorporated into the country's legislative and regulatory framework. Likewise, focal points have been set up in various ministries in order to monitor their implementation. In **Benin and Burundi**, implementation of ratified conventions is similarly being followed up by national focal points and enforcement is achieved through joint action. **Central African Republic** has ratified most of the international conventions on the environment and is capitalizing resources available for their implementation. Ongoing projects include POPs Inventory, the legislative and institutional capacity building project on POPs management; the mercury and contaminated sites inventory project; and the development of a mercury management strategy and action plan for the country. **Guinea** is signatory to 23 international agreements and their implementation is followed up by focal points. Mechanisms to ensure their application are also in place. **Burkina Faso** also has an integrated national implementation plan and strategy for the management of POPs. The country also ratified the Minamata Convention on Mercury in 2017, and has undertaken a programme to integrate environmental education and eco-citizenship into all sectors of activity in the country.

In **Mauritius**, the Environment Protection Act makes provision for the MEAs coordinating committee, which is chaired by the Minister of Environment and comprises members from various ministries and organizations including the Ministry of Health and Quality of Life. The ultimate aim of this committee is to

report progress on compliance with the obligations of the MEAs and to ensure high-level coordination on the implementation process. The specific objectives are: (a) to take cognizance of the outcome of meetings on MEAs at regional or international level and determine the measures and actions to be taken at national level; (b) to monitor and review progress on the implementation of the measures and actions to be taken at national level in relation to MEAs; and (c) to promote synergies and interlinkages for the implementation of MEAs.

“As far as international conventions are concerned, extensive work has been done in terms of awareness-raising, capacity building, appointment of focal points and the preparation of implementation plans.”

São Tomé and Príncipe has elaborated an updated national implementation plan on the Stockholm Convention on Persistent Organic Pollutants, the plan covers 2017-2022. This plan is being implemented by the district chambers and aims to protect human health from the negative effects of chemicals and hazardous waste, especially with regard to soil, water and air pollution, and reducing the burning of dioxin and furans. These actions have already contributed to the reduction of vectors causing diseases. **Uganda** reported that its periodic reviews on compliance to these conventions is done by the Directorate of Environment Affairs in the Ministry of Water and Environment, which hosts most of the above conventions, MEAs and protocols. In the Ministry of Health, the quality assurance department and policy analysis unit ensure compliance with international conventions.

Key points

Whilst policies are in place, implementation plans are yet to be developed in some of the countries. Compliance with most agreements and conventions is still minimal due to technical, human and financial resources constraints. Rigorous efforts are still required to strengthen enforcement. It is reported that most of the international conventions containing health-related articles are signed and ratified by the ministry in charge of the environment without adequate awareness of the other sectors, including the ministry in charge of health. As a result, there are challenges in enforcing compliance with the agreements.

ACTION POINT 7



Enforcing compliance with international conventions



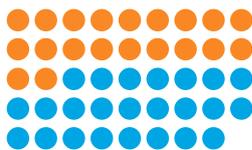
40 OF THE 44 COUNTRIES

have revised their legislative and regulatory frameworks in compliance with international conventions and MEAs

SUMMARY

The majority of countries have revised their legislative and regulatory frameworks to reflect international conventions and multilateral environmental agreements (MEAs). Many have also identified focal points and developed implementation plans. However, the extent of implementation differs between countries and compliance with most of the agreements is challenged by technical, human and financial resource constraints.

1 Most countries have ratified several international conventions and developed mechanisms to enforce compliance



20 OF THE 44 COUNTRIES reported that they had adopted several international conventions and MEAs.



11

conventions on average were mentioned by these countries.

Efforts mentioned by several countries to enforce compliance with the conventions include:



National Implementation Plans developed for some MEAs in Eswatini



Focal points set up in various ministries to monitor application of reviewed legislature in Gabon and Burundi



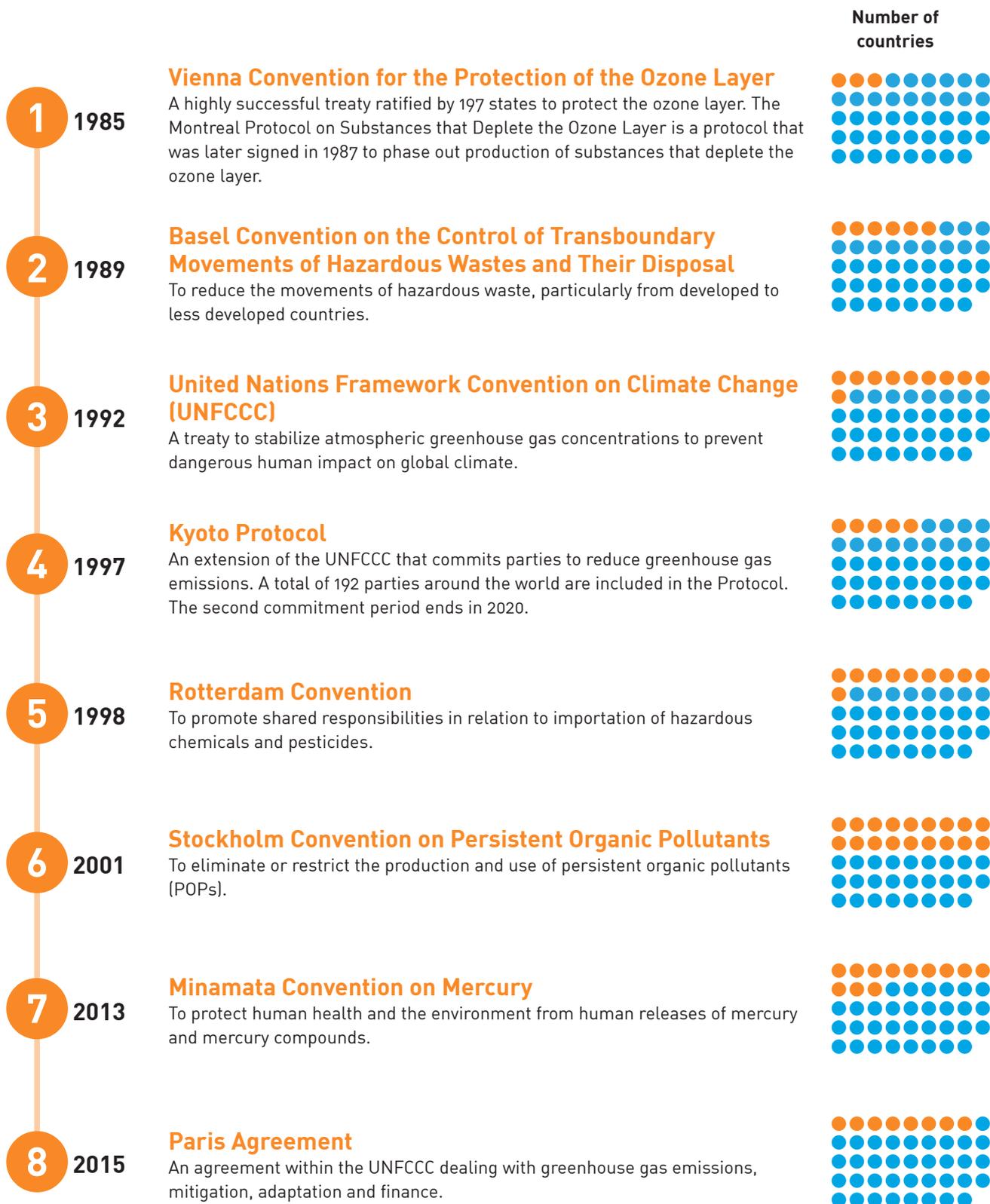
Strong legal frameworks (policies, laws etc.) developed for effective implementation of conventions in Rwanda



The MEA Coordinating Committee established in Mauritius to report progress and ensure high-level coordination on implementation.

2 Timeline of international conventions and the countries enforcing them in legislative frameworks*

* not an exhaustive count of countries, only those that reported on the conventions in the survey



Action Point 8

Several countries have put in place national monitoring and evaluation mechanisms to assess their performance in implementing priority programmes. However, existing mechanisms are mostly project-specific and need to be re-evaluated so as to capitalize on the achievements of the joint actions being implemented on the ground. Major monitoring tools used by countries include Environmental Impact Assessments (EIAs), Integrated Disease Surveillance and Response (IDSR), Environmental Audits (EA), and Health Impact Assessments (HEAs).

At policy level, national monitoring and evaluation mechanisms have been established to assess performance in implementing priority programmes in 29 of the 44 countries (66%). Countries with established monitoring and evaluation mechanisms include Eswatini, Ethiopia, Lesotho, Mozambique and Rwanda.

Country-specific achievements

Eswatini has a national monitoring and evaluation mechanism to assess the performance of priority programmes. The national monitoring and evaluation mechanisms enable the assessment of performance in implementing priority programmes and peer review mechanisms to share experiences among each other. **Ethiopia** conducts annual joint technical reviews and evaluations, and uses national survey data from its Demographic and Health Survey (DHS), a welfare monitoring survey, and Living Standards Measurements Study to evaluate progress on performance in implementing priority programmes relating to health, water and sanitation, environment, and energy. In **Lesotho**, the environmental health unit conducts periodic joint annual review meetings that take stock of its own performance for the year. The review meeting involves participation of key stakeholders in health and environment including two academic institutions that produce environmental health practitioners. **Mozambique** has put in place several mechanisms for the monitoring and evaluation of the performance of national priority programmes. Applicable mechanisms include the annual review process (among partners directly providing support to state budget programmes, the government of Mozambique and civil society), which culminates in the signing of memoranda of understanding on the commitment to the subsequent fiscal year. Mozambique also uses the Development Observatory (DO) as an evaluation forum, in which annual plans and programmes of every sector and level are discussed and evaluated by all stakeholders on issues related to the country's development, including environmental and health issues. **Rwanda** regularly assesses its monitoring and evaluation mechanism; the last report was done in the fiscal year 2014-2015 and is titled "Sectors Assessment Report for Environment and Climate Change Mainstreaming 2013-2014, 2014-2015 (available on: www.rema.gov.rw).

Several countries reported sector-based project-specific monitoring and evaluation mechanisms, including Benin, Central African Republic, Cote d'Ivoire, Guinea, Liberia and South Africa. The Ministry of Health of **Benin** has defined three indicators for monitoring climate change adaptations in its monitoring and evaluation plan review. In **Central African Republic**, once every 4 years, the Ministry of Environment carries out an inventory of greenhouse gases and analyses the vulnerability of different factors of the national economy, including the health system, within the framework of the National Communication on Climate Change in accordance with the provisions of the UNFCCC. The inventory is not exhaustive, but is fairly representative of the monitoring and evaluation situation. In **Cote d'Ivoire**, sectoral monitoring and evaluation mechanisms to assess performance in the implementation of priority programmes are in place. However, there are no strategies and action plans for joint monitoring and evaluation of priority projects.

Guinea has established environmental monitoring systems focusing on marine waters, biological biodiversity and meteorology. The country uses the IDSR system and the environmental and health impact assessment tools prior to approval of development projects. **Liberia**

“ Though performance assessment mechanisms exist in the health and environment sectors, they are not interlinked.”

launched a National Climate Change Secretariat (NCCS) to harmonize climate change enabling activities under a single framework and provide coordination and monitoring. This group was instituted to enhance intersectoral coordination and monitoring of priority programmes. In **South Africa**, different government departments monitor and report on different aspects of the environment according to certain criteria. The Department of Environmental Affairs is continuously monitoring air quality at stations throughout the country, but mainly in the priority areas. The Department of Water Affairs monitors ground and surface water, and the Department of Health monitors conditions and diseases through the District Health Information System.

Key points

In several countries, apart from project-specific monitoring and evaluation mechanisms, no formal specific integrated monitoring and evaluation mechanism for health and environment programmes have been established at the national level. This explains the difficulty of capitalizing on the achievements of health and environment joint actions on the ground. Furthermore, when it comes to implementation, performance monitoring and evaluation are less of a priority. Though performance assessment mechanisms exist in the health and environment sectors, they are not interlinked. Vertical programmes have their monitoring and evaluation activities. Countries lack clearly defined national indicators to measure the performance of joint health and environmental programmes. Some countries have not established joint monitoring and evaluation mechanisms to assess performance in implementation of health and environment priority actions. For example, Ghana had established a few joint monitoring projects, but could not sustain them due to funding.

ACTION POINT 8



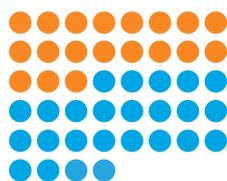
Setting up national monitoring and evaluation mechanisms to assess performance in implementing priority programmes

SUMMARY

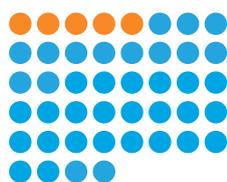
There has been moderate progress in establishing national monitoring and evaluation (M&E) mechanisms. Apart from project-specific mechanisms, no formal integrated mechanisms for health and environment programmes have been sustained at national level. This makes it difficult to capitalize on the achievements of the joint actions. Established M&E mechanisms have not prioritized monitoring of the implementation of health and environment priority actions.



1 Countries have national or project-based M&E mechanisms



19 OF THE 44 COUNTRIES reported on overarching national monitoring and evaluation mechanisms.



5 OF THE 44 COUNTRIES reported on project-specific monitoring and evaluation activities.

2 M&E reports vary in functionality and periodicity among countries

Functionality



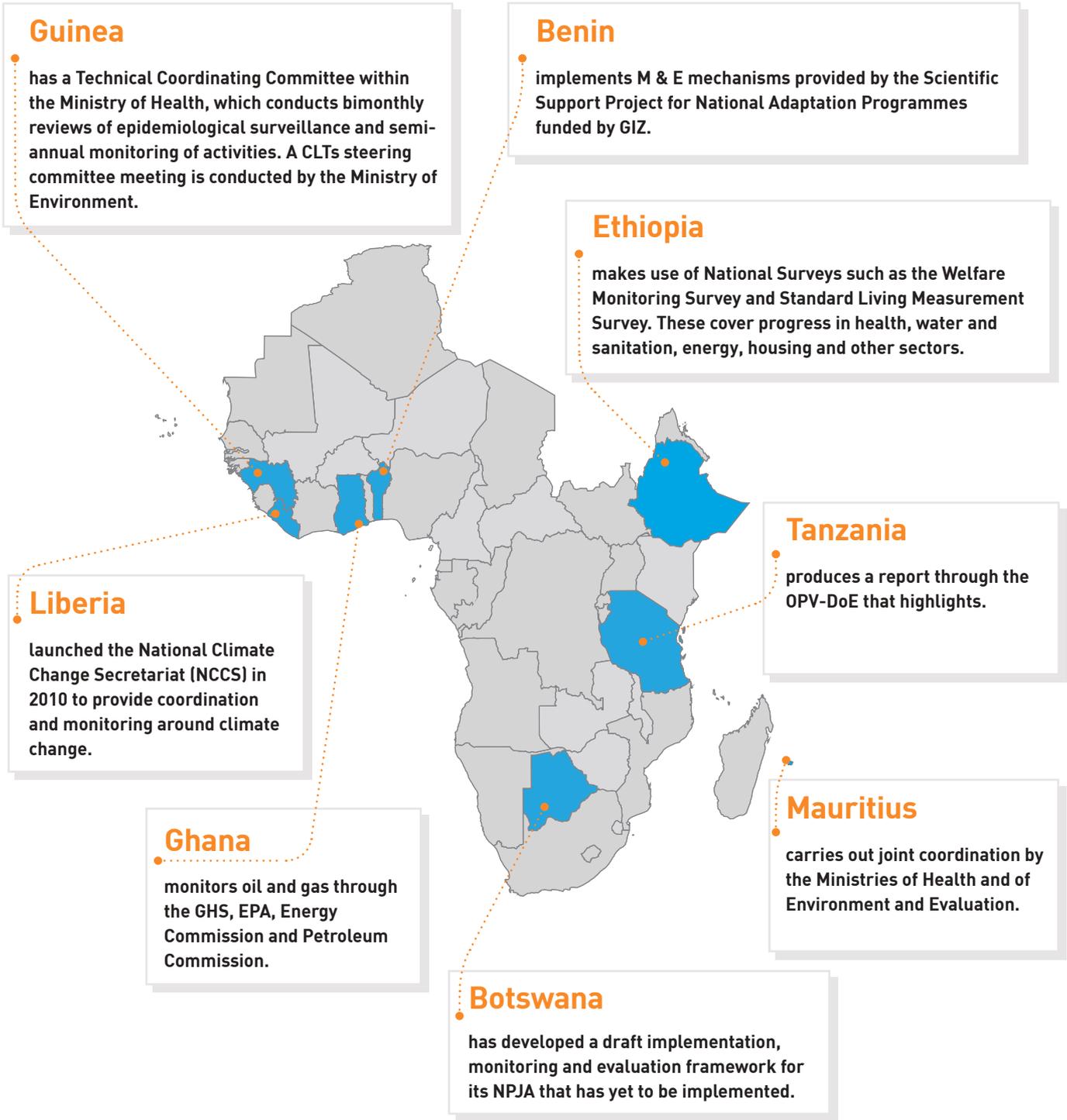
Most countries use reports to assess performances. These reports range from state of environment reports (SoE) and health statistics, to reports on specific priority areas, such as the Annual State of Air report in South Africa.

Timing



The periodicity of reports varies widely between countries. Some countries have a functioning, systematic publishing method. Many others miss some intervals and only publish reports occasionally.

3 Country examples showing progress around M&E mechanisms and reports



“ Major monitoring tools include Environmental Impact Assessments, Integrated Disease Surveillance and Response systems, Environmental Audits, and Health Impact Assessments. ”

Action Point 9



The significance of environmental factors to the health and wellbeing of human populations has become increasingly apparent. Environmental factors are known or suspected to contribute to important chronic diseases for which incidence has increased globally.⁵ It is, therefore, important to develop capacity for ongoing assessment of environmental hazards, exposures, and health outcomes in a systematic manner. Such an assessment provides the ground for effectively communicating to stakeholders and policy audiences.

The self-assessment reports from the 44 responding countries indicate that 33 countries (75%) are taking measures to institute the practice of systematic assessment of health and environment risks. Burkina Faso, Gabon, Guinea, Malawi, Mauritius, Mozambique, São Tomé and Príncipe, and Zimbabwe are among the countries that report conducting systematic assessments of environmental and health impacts prior to implementation of any development projects. In these countries, the assessment process is conducted through the involvement of key stakeholders. Environmental impact studies are systematically carried out for all projects that significantly modify or influence the environment and the population's livelihood, and there are legal frameworks associated with environmental impacts with repercussions on health. The experiences of Eswatini, Gabon, Malawi, Mauritius, Mozambique and South Africa are taken as examples below.

Country-specific achievements

Eswatini has procedures for the assessment of environmental and health impacts of policies, plans and projects. In this regard the country systematically carries out Environmental Impact Assessments on all proposed projects or plans and there is legislation in place concerning EIAs. However, the country does not systematically carry out Health Impact Assessment (HIA). HIAs are not done as stand-alone assessments; however, they are integrated into EIAs. **Zimbabwe** conducts periodic evaluations and interventions in some programmes, and there are facilities and infrastructure dedicated to systematic assessment at points of entry, weather stations and laboratories. In **Gabon**, the environmental code and the various national laws require that environmental and health impact assessments be conducted before implementation of any project.

Malawi reports that it is conducting strict enforcement of environmental impact assessments on all projects. There is periodic environmental risk assessment linked to disasters and health impacts of environmental risks to health. In **Mauritius**, the Environment Protection Act makes provision for the Environmental Impact Assessment licensing and preliminary environmental report approval mechanisms

⁵ - Axelrad, D. A., Kyle, A. D., and Woodruff, T. J. Integrated assessment of environment and health. *Journal Environmental Health Perspectives*: 11(2):439-451, 2006

for the systematic assessment of environmental risks associated with proposed undertakings. Presently, actions are being taken for the introduction of the national e-licensing platform, through which environmental impact assessment reports and preliminary environmental reports will be submitted, processed and approved online. Although the National Disaster Risk Reduction and Management Commission branch of the Ministry of Environment, in collaboration with the Ministry of Health undertakes health and environment risk assessments, there is no formal Health Impact Assessment (HIA) undertaken at policy or programme levels. In **Mozambique**, systematic evaluation of the environmental and social (including health) impact in the prospects of implementation of development projects is regulated by a decree. The environmental and health impact assessment process requires the involvement of all stakeholders. **South Africa** has a guideline on environmental health impact assessment of development projects; the guideline provides a roadmap on ensuring consideration of human health aspects in environmental impact assessment – however existing environment legislation still requires amendment to provide a legal basis.

“ In the majority of countries, the systematic assessment of the environmental and health impact is limited to the implementation of development projects.”

In several other countries, sectoral and programme-specific risk assessments are conducted on an ad hoc basis. For example, in **Ethiopia**, risk assessments have been conducted on an ad hoc basis in times of outbreaks such as cholera and dengue fever. There has also been a vulnerability assessment to climate change conducted by the health sector, water sector, and other sectors. In **Lesotho**, water and foodborne diseases have been assessed under the vulnerability and risk assessment mapping exercise carried out in July-August 2018 as part of the implementation of the draft National Action Plan for Health Security. A risk profiling and mapping exercise on environmental health is also planned to be conducted towards the end of 2018.

Key points

Most countries conduct environmental impact assessments before implementation of any significant projects in order to foresee the risks to the environment and the population. At policy level, legislation and regulations on environmental impact assessments, and mechanisms to identify the potential risks at the community level are also in place. However, systematic assessment of health impacts of policies, plans or projects is still in its early stage. Significant improvements in public health will occur if health impacts are more fully considered when developing policies, programmes, plans and projects, particularly in sectors that have been historically viewed as unrelated to health, such as education, transportation, agriculture and housing. Regulatory oversight for EIAs rests with national environmental authorities. Stakeholder engagement as well as information disclosure is required as part of the EIA. In the majority of countries, the systematic assessment of the environmental and health impact is limited to the implementation of development projects.

ACTION POINT 9



Instituting the practice of systematic assessment of health and environment risks

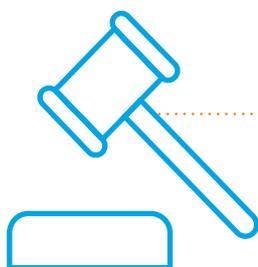


SUMMARY

Decent progress has been made by countries towards establishing and conducting risk assessments before the implementation of any project. These assessments are important for detecting or predicting environmental impacts on community health. However, the systematic assessment of health impacts of policies, plans, or projects is still in its early stages. In the majority of countries, assessments are limited to the implementation of development projects.

1 Legal frameworks enforce and support implementation of impact assessments in some countries

Legislation on EIAs and HIAs



Mauritius

The Environment Protection Act (EPA) makes provision for EIA licensing and environmental approval reports to assess the environmental risks associated with proposed undertakings.



Rwanda

The Organic Law on environment protection made Environmental Impact Assessment mandatory for approval of major development projects, activities and programs.



Mozambique

Systematic evaluation of the environmental and social impact of development projects is regulated by a decree. The environmental and health impact assessment process requires the involvement of all stakeholders.

2 Challenges include a lack of infrastructure as well as the lack of integrated health and environment assessments

Limited integrated health and environment assessments



10 OF THE 44 COUNTRIES

report that they have integrated health and environment impact assessment mechanisms

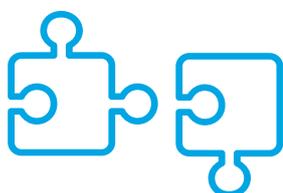
HIA and EPI assessment imbalances



4 OF THE 44 COUNTRIES

report having independent HIAs, compared with 26% of countries that reported having independent EIAs

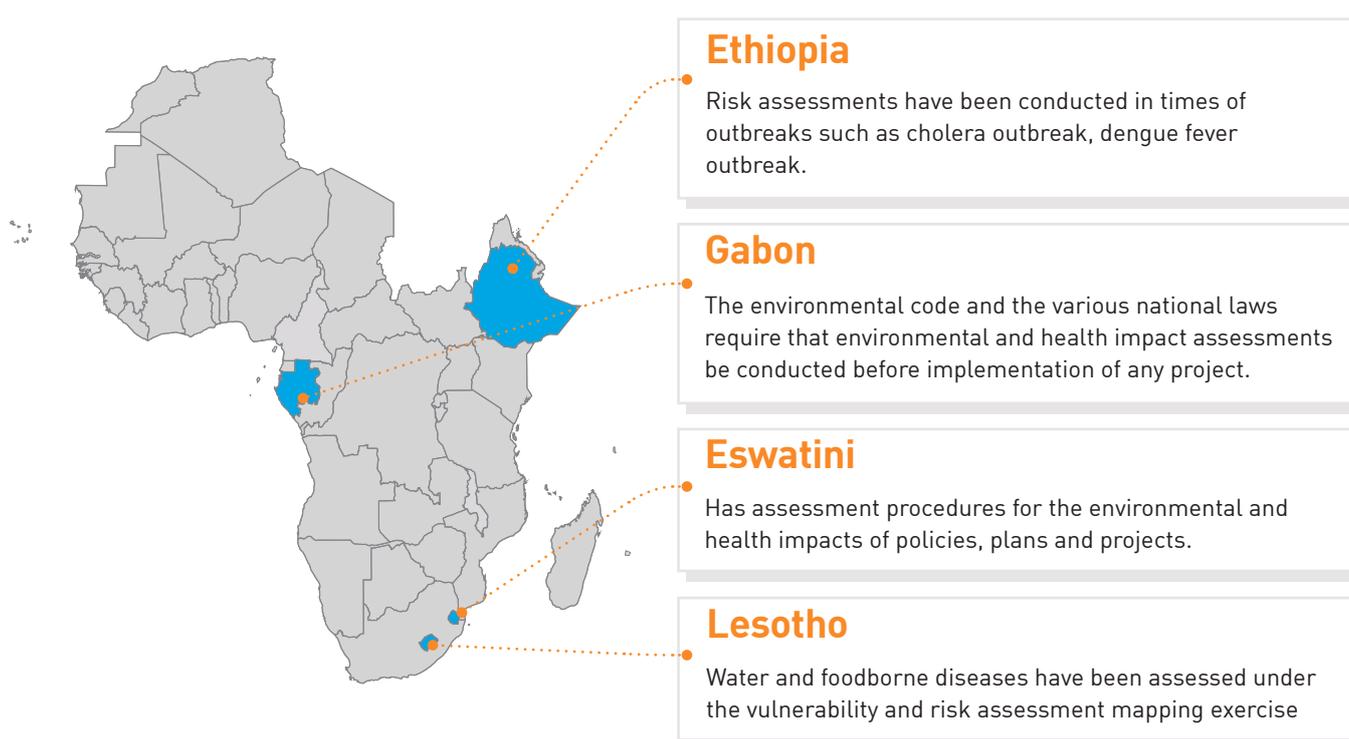
Key challenges limiting integration of health and environment into assessments



- Low resources or budget allocation
- Limited expertise
- Lack of staff
- Obsolete assessment frameworks
- Poor collaboration between stakeholders
- Lack of formal policies
- Poor equipment

3 Most health and environmental assessments are conducted when implementing development plans or on an ad hoc basis

Country examples of development and ad hoc assessment plans



Action Point 10



Advocacy on health and environment issues targeting institutions and communities including youth, parliamentarians, local government, education ministries, civil society and the private sector is crucial in addressing health and environmental risks. Governments are communicating to populations about a range of health or environment issues.

Analysis of country reports show that in almost all countries there are ongoing communication activities within their respective health and environment sectors. In 36 of the 44 countries (82%), the Libreville Declaration has contributed to building and improving partnerships for targeted and specific advocacy on health and environmental issues. Partnerships have been established in several areas such as WASH, health and climate change linkage, and promoting resilience. Government sectors and development partners are engaged in this partnership network. Among the key network partners mentioned by countries are the WASH Movement; WASH Media Forum; WASH Multi-Stakeholders Forum and Consortium for Population, Health and Environment; UN agencies; the World Bank; Japan International Co-operation Agency, SNV Netherlands Development Organization, Korea Overseas Development, and international and local NGOs. In terms of sensitization programmes aimed at protecting human health and preserving the environment, numerous initiatives have been elaborated by the responding countries. Among the countries that developed partnerships for targeted and specific advocacy on health and environment issues are Ghana, Lesotho, Madagascar, Mozambique, Sierra Leone and Uganda.

Country-specific achievements

In **Ghana**, the health sector has been collaborating with a WHO initiated and Climate and Clean Air Coalition funded Urban Health Initiative (UHI) project, which aims to reduce deaths and diseases associated with air and climate pollutants, and to enhance health co-benefits from policies and measures to tackle air and climate pollution. The UHI aims to achieve this by mobilizing and empowering the health sector and using the sector's influential position to promote the implementation of air and climate pollutant reduction strategies, and by demonstrating to the public and decision makers the full range of health and climate benefits that can be achieved from implementing local emission reduction policies and strategies.

In **Lesotho**, sensitization programmes focusing on health and environment are conducted on a regular basis. These include development and dissemination of information, education and awareness raising materials. It is, however, noted that focus is more on the public as opposed to targeting decision makers so that they can better appreciate health and environment linkages and as a result provide more support in terms of allocation of resources.

In **Mozambique**, there are national advocacy and communication plans that incorporate issues on health and environment linkages developed in partnership with local associations, such as the Mozambique Scout League and WWF, who carry out a set of initiatives and activities that aim to raise awareness among the population about the advantages of nature conservation at diverse levels. The Ministry of Education and Human Development implements an annual

“ Opportunities to develop focused communications activities utilizing parliamentarians’ networks, NGOs, school programmes, and social and environmental impact assessments of development projects have been identified but are not properly considered.”

awareness programme on conservation in primary schools, currently involving five rural schools in the Gorongosa district (in collaboration with the Envirotrade/ EU carbon sequestration community project).

In **Sierra Leone and Madagascar**, the respective ministries of health, through the One Health approach, are partnering with development agencies to foster advocacy on health and environmental issues. In **Uganda**, the Ministry of Health works closely with civil society organizations to address health and environment issues and also lobby for support from the general public on the adoption of good practices to avert preventable diseases and human accelerated disasters. Since 2009, the Ministry also developed and is implementing a public private-partnership for health policy.

Key points

Despite significant efforts being made by countries to develop partnership most countries do not have consolidated national plans for advocacy and communication on the linkage of health and environment. In most cases, specific communication units exist within individual programmes or departments and their activities are limited within the sector. Opportunities to develop focused communications activities utilizing parliamentarians’ networks, NGOs, school programmes, and social and environmental impact assessments of development projects have been identified but are not properly considered.

ACTION POINT 10



Developing partnerships for targeted and specific advocacy on health and environment issues

SUMMARY

Good progress has been made, with many advocacy partnerships being formed in the area of WASH, health and climate change linkages, and promoting community resilience. However, most countries do not have national plans for advocacy and communication. In most cases, specific communication units exist within individual programmes or departments and their activities tend to be sectoral.



1 Varied advocacy partnerships exist but most countries do not report having consolidated advocacy plans

Few national plans to promote advocacy



7 OF THE 44 COUNTRIES have national communication and advocacy plans.

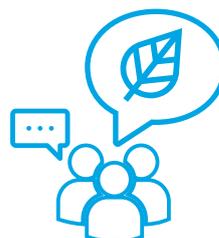
Targeted advocacy partnerships



21 OF THE 44 COUNTRIES have developed supportive partnerships to deal with targeted health and environment concerns

“ In most cases, specific communication units exist within individual programmes or departments. Their activities are limited to within the sector.”

These include the health sector



the environmental sector.



2 Countries have developed partnerships in several areas and with many stakeholders



3 Examples of countries that have developed partnerships for targeted and specific health and environment advocacy



Action Point 11



In most countries budget allocation follows a sector-based approach. Thus, both health and environment sectors use their own allocated budget for programmes addressing health and environment linkages. Intersectoral programmes do not usually have enough budgetary resources for implementation. Budget for public institutions in charge of health and environmental issues (including research institutions) are insufficient with respect to their specifications.

Of the 44 countries responding to the survey, only nine (20%) indicate that there has been a balance in the allocation of budgetary resources for the execution of intersectoral health and environmental programmes. These are Cape Verde, Ethiopia, Malawi, Mozambique, Republic of Congo, Rwanda, Seychelles, Tanzania and Zimbabwe.

Country-specific achievements

In **Cape Verde**, a budget line is created by the Ministry of Health for addressing health and environmental links; and the Ministry of Environment uses other funds such as the environment fund for addressing risk prevention and communication. In **Ethiopia**, budget allocation follows a sector-based approach. Thus, both health and environment use their own allocated budget for programmes addressing health and environment linkages. For intersectoral health-and-environment programmes, additional resources are mobilized. In **Tanzania**, the Ministry of Finance and Planning proposes a budget ceiling for each ministry and ensures they have adequate funds to implement the approved activities. Tanzania reported equitable allocation of national budget resources for intersectoral health and environment programmes.

Although it was discussed and agreed that, in order to comply with the Libreville Declaration, ministries of health would contribute at least 15% and the ministry of the environment 5% of their annual national budget, in almost all countries, there has been inadequate allocation of budgetary resources from these ministries for implementing intersectoral projects. For example, in **Mali**, the “Coalition Nationale – Campagne Internationale Pour l’Eau Potable et l’Assainissement” holds advocacy sessions for parliamentarians and national councillors to increase the share of the national budget allocated to WASH by 5%, and 0.2% of Gross Domestic Product (GDP), in line with the commitment “Water and Sanitation for All” to which Mali has subscribed. Similarly, **Uganda** reported that the environment sector budget is still inadequate and requires more advocacy since health is considered an enabling sector in the national development plan. The health sector budget has not yet achieved the 15% share of the national budget as stipulated in the Abuja Declaration

on Health Funding (2001), with the current share of health sector funds standing at between 8% and 9%. The Ugandan government indicates that health will be a priority sector in the coming years and the health budget is expected to increase to cover more intersectoral financing.

Key points

It is evident from the country reports that there is lack of political commitment to the Libreville Declaration concerning national budgetary resource allocation to implement intersectoral health and environment programmes. This requires a lot of advocacy among decision makers as a whole and those within individual institutions. Most of the intersectoral programmes implemented at country levels are currently donor funded.

“ Intersectoral programmes do not usually have enough budgetary resources for implementation.”

ACTION POINT 11



Balancing budget allocation for intersectoral health and environment programmes

SUMMARY

There has been poor progress towards achieving a balance in allocating national resources for intersectoral health and environment programmes. Where budgets are allocated to intersectoral public institutions, they often don't meet their resource needs. Advocacy is required in most countries to establish a greater political commitment to the Libreville Declaration as well as for greater budgetary allocation to intersectoral initiatives.

9 OF THE 44 COUNTRIES

have balanced budget allocation for intersectoral health and environmental programmes



1 Countries have reported insufficient budgetary allocation for intersectoral programs



To meet the requirements of the Libreville Declaration, ministries of health and environment would need to contribute the following portions of their budgets towards joint initiatives:



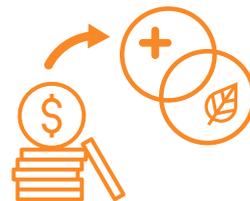
5%
of the ministry of environment's budget



15%
of the ministry of health's budget



15 OF THE 44 COUNTRIES do not meet these requirements. These countries report insufficient allocations of resources towards joint activities.



2 Examples of countries that have allocated resources to joint initiatives

3 Countries advocating for greater spending on joint initiatives

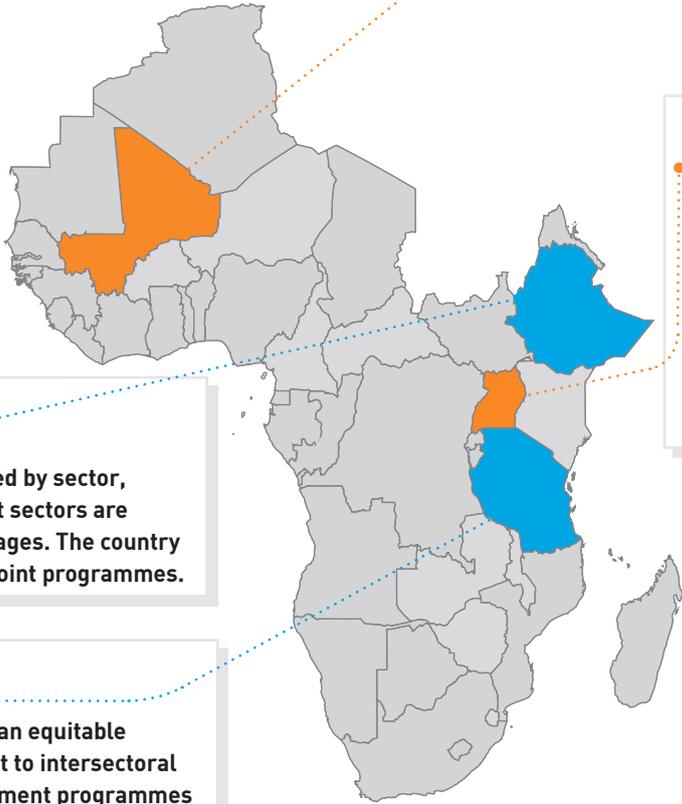
Cape Verde
 A budget for health and environment linkages is determined by the ministry of health, while the Ministry of Environment uses other funds for addressing risk prevention and communication

Mali
 The “Coalition Nationale – Campagne Internationale Pour l’Eau Potable et l’Assainissement” advocates for Mali to increase its budgetary allocation to WASH

Uganda
 Although the environmental sector budget is low and requires more advocacy to generate support, Uganda has announced that health will be a priority sector in the future, which will further increase intersectoral financing

Ethiopia
 Budgets in Ethiopia are allocated by sector, so both health and environment sectors are allocated funds to address linkages. The country has allocated 2 million USD to joint programmes.

Tanzania
 Tanzania reported an equitable allocation of budget to intersectoral health and environment programmes



4 Countries have reported on different budget allocations to health and environment

11 OF THE 44 COUNTRIES reported that they had allocated a budget to their ministry of health

10 OF THE 44 COUNTRIES reported that they had allocated a budget to their ministry of environment

4 OF THE 44 COUNTRIES reported having a joint health and environment budget allocation



Section 2: Perspectives for the future

Emerging scalable outcomes of intersectoral actions at country level

The Libreville Declaration is based on the recognition that good environmental management promotes good health and averts the need for certain types of investment in public health hence saving scarce financial resources for other public health uses. Assessment of some actions undertaken at the country level provide evidence of the effectiveness of intersectoral coordination which convinces decision makers from the various sectors to work together on national and continental priorities. The reported actions on the ground also demonstrate that joint health and environment actions can be an effective catalytic force, critical to bringing development sectors to the table to achieve sustainable development.

The following are a few examples of scalable outcomes of the Libreville Declaration at country level.

1. Benin: Since 2016, important reforms have marked the management of biodiversity. These include the ban on the exploitation of certain species of fauna and flora, the better regulation of the export of forest products, the intensification of reforestation actions, and the progressive substitution of wood energy by domestic gas.

2. Ethiopia: is one of the beneficiaries of the United Kingdom's Department for International Development funded project on "Building adaptation to climate change in health in least developed countries (LDCs) through resilient WASH". The project aims to assist countries to respond to changes in health risks as a consequence of climate variability and change, through improved and more resilient health and WASH adaptation practices. Key activities undertaken in the country, in the years 2013-2018, under this initiative have resulted in:

- a) Strategic reviews of national policy settings and instruments to enhance the integration of climate change, health and WASH considerations within WASH and health policies, strategies and implementation plans;
- b) Development of enhanced capacity at national through to local levels on climate resilient WASH and water safety planning (reaching more than 700 health and water sector staff);
- c) Establishment of climate resilient water safety plans in 14 pilot urban and 17 rural locations (totalling over 1.2 million people, including an estimated 0.6 million women), with improved preparedness for, and management of, climate-related risks and emergency response within these water supplies;
- d) Development for a robust framework and implementation guidelines to support national roll-out of climate resilient water safety planning;
- e) Development of greater capacity for water quality testing and monitoring (for example, through

- the development of "mini-laboratories"); and
- f) Inclusion of climate considerations in national WASH programmes (e.g. ONE WASH) as well as the Health Transformation Plan of Ethiopia (2015/16-2020), the Ethiopia Growth and Transformation Plan II (2015-2020), as well as the annual sector business plans for WASH.

3. Guinea: Implementation of the national rural water supply and sanitation programme, 2015 Horizon; implementation of CLTS in 4,410 certified villages; development and implementation of the National Action Plan for Adaptation to Climate Change; and provision of sanitation facilities in the country's primary schools with the installation of handwashing devices.

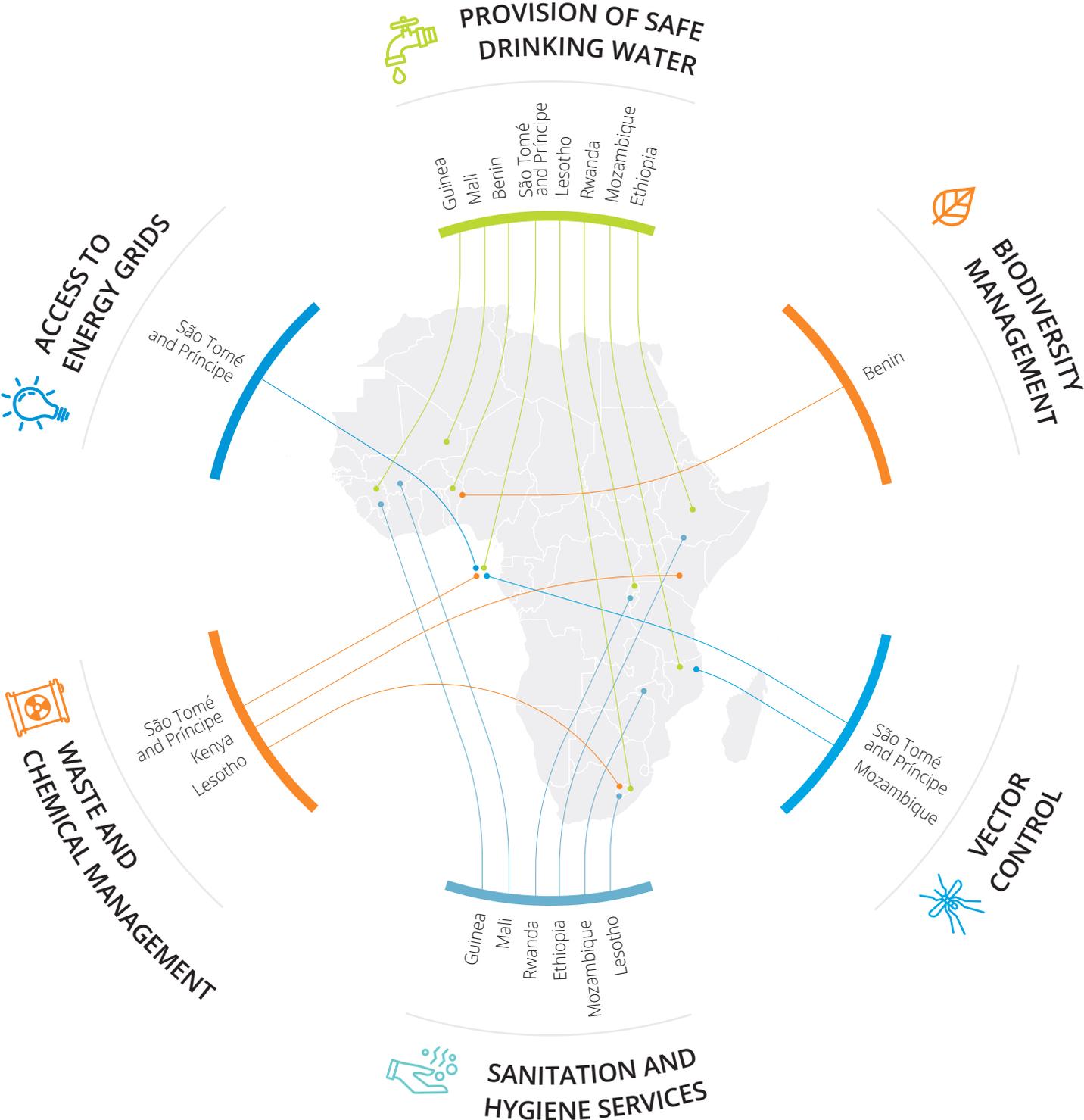
4. Kenya: Key outcomes include:

- a) In 2014, in a bid to move from open burning or inefficient incineration of wastes, the country formulated a Healthcare Waste Management Strategy and Occupational Health and Safety Guidelines.
- b) Promotion and adoption of best available technologies and best environmental practices through piloting of proven practices and technologies. The country is currently piloting the latest technologies in waste management using microwaving and autoclaving. Kenya is currently installing 10 medical waste management microwaves in 10 high volume health facilities, and five autoclaves in another five health facilities. There is an ongoing project on clean cook stoves being implemented by the Ministry of Energy and Petroleum and Global Alliance for Clean Cookstoves in coordination with the Ministry of Health.
- c) Capacity building and technical assistance: the Ministry of Health formulated various training manuals for use in order to continuously build the capacity of its workforce on how to better handle issues of health, environment and climate change. There is a draft training manual on climate change and health, which is already in use.
- d) The Ministry of Health is promoting a public-private partnership, it endorsed the Ministry of Environment's ongoing project on the treatment of hazardous waste in Nairobi and recently (April 2018) completed a healthcare waste management public-private partnership framework.

“Joint health and environment actions can be critical to bringing development sectors to the table to achieve sustainable development.”



Examples of key areas where countries have made progress since the Libreville Declaration



5. Lesotho: Key outcomes include:

- a) Development of healthcare waste management: The national healthcare waste management system and standards have been developed and are operational. Capacity building for implementing the system has been carried out.
- b) WASH project: Construction of drinking water and sanitation facilities in selected villages delivered as a package for beneficiaries.
- c) Social determinants of health: Two actions were implemented:
 - A multi-sectoral response to water, sanitation and hygiene issues focusing on Mofale's Hoek urban area: Five social determinants of health were identified jointly with the community and interventions initiated to tackle the issues in five phases through a multisectoral approach.
 - Healthy settings approach: implementation of healthy cities concept in Semonkong urban council and healthy schools' competition involving 13 schools in Semonkong area. The joint actions involve local communities and schools in identifying environmental risk factors and taking measures to address them.

6. Mali: There has been marked progress in the area of WASH. Access to safe drinking water has increased from 56% in 2008 to 74% in 2015 (WHO/UNICEF Joint Monitoring Programme reports of 2010 and 2017); access to improved sanitation facilities has increased from 11% in 2006 to 22% in 2012 (Mali Demographic and Health Survey of 2006, 2012-2013); and the rate of open defecation has been reduced from 16% to 8% (JMP 2010 and 2017). There has also been a significant reduction of maternal, neonatal and infant mortality, attributable to the improved WASH services implemented following the Libreville Declaration and Luanda Commitment.

7. Mozambique: Implementation of the National Rural Water Supply and Sanitation Programme (PRONASAR)⁶; a programme to combat malaria with an inter-household spraying component; and an environmental education, communication and dissemination programme.

8. Rwanda: has made significant progress in meeting its goals on the provision of safe drinking water and improving sanitation and hygiene services. The proportion of the population using an improved drinking water source has increased from 64.1% (2000) to 84.8% (2015), the target was 82%. Similarly, the proportion of the population using an improved sanitary facility has risen from 51.5% (2000) to 83.4% (2015), the target was 74.5%. Similar progress has been achieved in meeting most of the other commitments made in Luanda during IMCHE2.

9. Sao Tome and Principe: There has been an improvement in the supply of drinking water to the population as well

as access to the energy grid. There has been greater collaboration of communities in the construction and use of family latrines. There was a significant improvement in sanitary infrastructures in schools and health centres in the districts of Mé-zochi and Cantagalo with greater numbers of people getting access to drinking water and bathrooms in these localities. All of these actions lead to a reduction in water-borne diseases such as diarrhoea, which was reduced from 7,412 cases in 2014 to 5,706 cases in 2017 as reported in the bulletin of the Department of Epidemiological Surveillance. As a result of joint intersectoral actions, there has been a significant decrease in the vectors causing diseases, especially malaria. The country reported that there was a 26% decrease in morbidity and a 90.9% decrease in mortality (between the years 2013 and 2017). Persistent Organic Pollutants have been exported abroad for safe disposal, farmers currently have good practices in the rational use of pesticides and apply the chemicals using personal protective equipment.

The Luanda commitment and key challenges met in its implementation

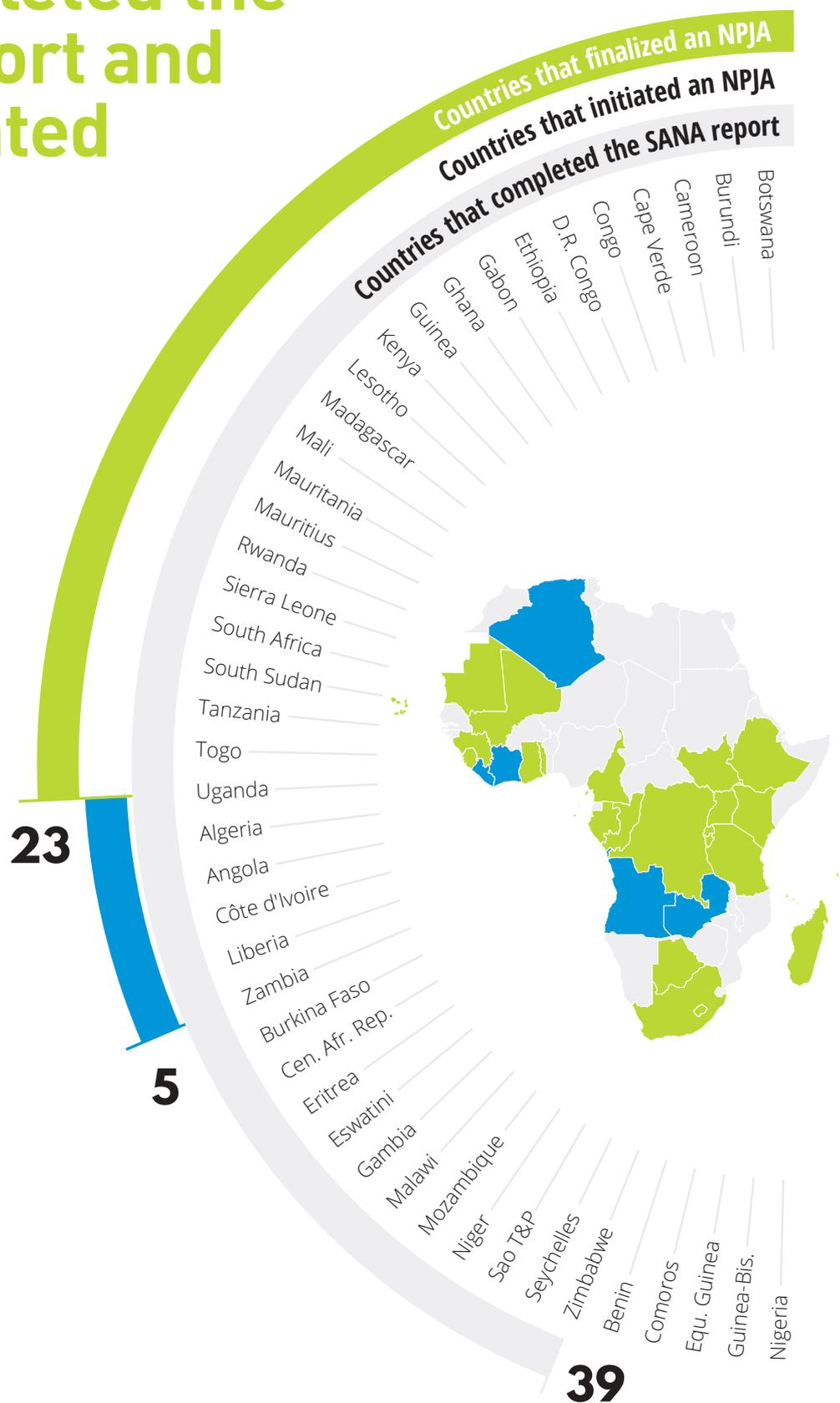
One of the key outputs of the Luanda Commitment was the resolution that, as a way of speeding up the implementation of the Libreville Declaration, all African countries would complete the Situation Analysis and Needs Assessment (SANA) and prepare the National Plans of Joint Action by the end of 2012. The survey shows that 38 out of the 44 responding countries (86%) completed their SANAs; and 27 countries (61%) have National Plans of Joint Action for the implementation of

“The HESA has not been sustainably established in several countries, and existing coordination structures are not very effective.”

the Libreville Declaration on Health and Environment. The formal establishment of the HESA was the other key output of the Luanda Conference. The HESA is an innovative collaborative framework for stimulating policies and investments in favour of enhanced joint actions for health and environment in Africa. The Establishment of this framework effectively facilitates coordination of activities among stakeholders. The HESA has not been

⁶ - <http://www.dnaas.gov.mz/Programa-Projetos/PRONASAR>

Number of countries that completed the SANA report and implemented NPJAS



Emerging opportunities for strengthening joint interventions at the country level

At country level, there are important opportunities for sustaining health and environment joint interventions. The opportunities are summarized as follows:



Policies

- Availability of policies, plans, technical frameworks on health and environment;
- The ongoing development of national public health policies with a priority strategy and action plans on health and the environment;
- Involvement of local authorities and grassroots communities (including NGOs) in the process, particularly with regard to hygiene and sanitation, adaptation to climate change, and the reduction of black carbon emissions (several countries);
- The development of national plans of joint action on health and environment in several countries;
- Implementation of climate change resilience policies and strategies in priority sectors in some countries; and
- Existing conventions and agreements such as the SDGs, Africa's Agenda 2063, MEAs, the Paris Agreement, UNEA resolutions, etc.



Coordination

- Existence of multisectoral coordination structures, such as health and environment technical coordination committees and WASH multisectoral forums in most countries;
- Nomination of focal points for implementation of the Libreville Declaration;
- Existence of several health and environment platforms, such as One Health, that integrates human health, animal health and environmental health (in several countries);
- Implementation of the IHR (2005) core capacities that include some elements of the Libreville Declaration in all countries; and
- The Third Inter-Ministerial Conference on health and environment which hopefully will reaffirm that the Libreville Declaration is still relevant and countries need to move forward taking into account the SDGs.



Advocacy, communication and partnership

- Renewed wide-ranging collaboration and partnership between UN Environment and WHO to accelerate action to curb environmental health risks;
- Involvement of several partners, including NGOs specialized in the health and environment sector, in funding health and environment joint programmes;
- Ratification of international conventions on health and environment and their implementation;
- Endorsement of MEAs;
- The existence of draft projects that would facilitate the search for funding (some countries); and
- Involvement and effective participation of high level authorities and the community in the implementation of project activities.



Monitoring and Evaluation

- Assessment of IHR core capacities (Joint External Evaluation) in 37 countries; and
- Existence of sector performance monitoring and evaluation systems;



Prior experience in implementation of intersectoral programmes

- Experience in implementing national health and environment joint actions.

sustainably established in several countries and existing coordination structures are not very effective. As a result, coordination and collaboration among stakeholders is inadequate. There is a need for strengthened:

- a) institutional political engagement at the national level;
- b) institutional arrangements and governance structures in implementing programmes that continuously address health, environment and climate change; and
- c) endorsement and formalization of the coordination mechanisms and implementation plans.

Other key strategic, technical and operational challenges in addressing the Luanda Commitment include:

- a) A lack of harmonized national tools for monitoring and evaluation of intersectoral health and environment projects; follow-up mechanisms on joint programmes are weak; there is inadequate baseline information for assessment of the impacts of environment on health; and there is insufficient evidence-based information to inform decision making;
- b) Capacity building and technical assistance are still critical and there is limited human capacity especially in the areas of risk analysis and research;
- c) Non-establishment of an integrated, functional health and environment surveillance system;
- d) Limited promotion and adoption of best available technologies and best environmental practices, which is critical.
- e) Inadequate funding of the health and environment sectors for implementation of joint activities in several countries, WASH is specifically a critical issue. To bridge the resource gaps, the health sector needs to allocate public resources and aggressively mobilize resources by increasing the

level of partnership and collaboration. In this regard, some countries expressed their support for WHO's effort of application for accreditation to Green Climate Fund;

- f) The socio-economic and environmental determinants of health are decisive, the local population is too vulnerable (low socio-economic level, illiteracy, and poverty).

Conclusion

Reducing environmental risks can greatly improve human health and is critical for attaining the SDGs. A prerequisite would be a stronger focus on primary prevention placing a healthy environment at the centre of the health agenda. This is not a task for ministries of health and environment alone. Tackling environmental risks requires intersectoral collaboration. The Libreville Declaration was forged with the recognition that good environmental management promotes good health and averts the need for certain types of investment in public health, hence saving scarce financial resources for other public health uses and even for development. Assessment of some actions undertaken at the country level provides evidence of the effectiveness of intersectoral coordination, which can go a long way to convince decision makers from the various sectors to work together on national and continental priorities. This set of actions on the ground also demonstrates that joint health and environment actions can be an effective catalytic force critical to bring development sectors to the table to achieve sustainable development. The progress and results achieved so far, under the Libreville Declaration implementation process, reveal its capacity and potential role in translating the continent's aspirations on health and environment into actions.



World Health
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Africa



environment
United Nations
Environment Programme