

ENVIRONMENTAL DETERMINANTS AND MANAGEMENT SYSTEMS FOR HUMAN HEALTH AND ECOSYSTEMS INTEGRITY IN AFRICA

SYNTHESIS REPORT
on the evaluation of implementation of
THE LIBREVILLE DECLARATION

ACKNOWLEDGEMENTS



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ACRONYMS

This report was prepared by the following members of the WHO-UNEP Joint Task Team (JTT) for the Health and Environment Strategic Alliance: Lucien Manga, Tim Meredith, Magaran Bagayoko, Waltaji Terfa, Solomon Nzioka, Bernadette Ramirez, Hawa Senkoro, Inoua Boubacar, and Pierre Quiblier.

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AEO3	Third Africa Environment Outlook	NDP	National Development Plan
AfDB	African Development Bank	NPJA	National Plans for Joint Action
CEMAC	Central African Economic and Monetary Community	NHPSP	National Health Policies, Strategies and Plans
CTT	Country Task Team	PPHACC	PanAfrican Programme for Adaptation to Climate Change Plans
EA	Environmental Audit	PRSP	Poverty Reduction Strategy Paper
EAP	Environmental Action Plan	SADC	Southern African Development Community
EIA	Environmental Impact Assessment	SAICM	Strategic Approach to International Chemicals Management
EMA	Environment Management Act	SANA	Situation Analysis and Needs Analysis
EPA	Environment Protection Act	SOE	State of the Environment
HESA	Health and Environment Strategic Alliance	UNDP	United Nations Development Programme
IDSR	Integrated Disease Surveillance and Response	UNEP	United Nations Environment Programme
IMCHE	Inter-Ministerial Conference on Health and Environment	UNESCO	United Nations Education Scientific and Cultural Organisation
JTT	Joint Task Team	UNFCC	United Nations Framework Convention on Climate Change
MDG	Millennium Development Goals	WHO	World Health Organisation
MoHSW	Ministry of Health and Social Welfare		
MOP	Meeting of Partners		
NAP	National Adaptation Plan		



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EXECUTIVE SUMMARY



The Libreville Declaration on Health and Environment in Africa, adopted in 2008, represents the umbrella framework upon which African countries and their development partners address the environmental determinants of human health and ecosystems integrity in a coherent fashion. In 2013 the Secretariat of the Health and Environment Strategic Alliance (HESA) commissioned a set of four complementary evaluations to assess national and regional level progress in the five years since the adoption of the Declaration. The assessments consisted of: (1) Country-self-evaluations of their efforts in implementation of the Declaration; (2) An in-depth assessment of intersectoral projects and/or programmes being implemented in selected countries; (3) An external evaluation conducted by an independent consultant; and (4) An internal evaluation of the contribution made by the WHO

and UNEP Joint Task Team (JTT) established in 2009 as the Secretariat for the Health and Environment Strategic Alliance (HESA). The evaluations confirm that the key health and environment challenges in the African region continue to be provision of safe drinking water, sanitation and hygiene services; management of water, soil and air pollution; vector control and management of chemicals and wastes; food safety; environmental health of children and women; and health in the workplace. These risk factors are exacerbated by the negative impacts of climate change, unplanned urbanization, uncontrolled rapid population growth and urban migration. These factors increase pressure on already overburdened health systems which function in the context of paucity of qualified human resources and shortage of financial resources.

The evaluations also showed that progress is being made by countries in addressing the identified challenges. The outcomes of the implementation of the Declaration range from country ownership of the process, enhanced awareness and increased dialogue between the two sectors, to identification of national priorities. However, much still needs to be undertaken in order to ensure that this political commitment is fully translated into action. This second synthesis report highlights achievements in executing the priority actions included in the Libreville Declaration and Luanda Commitment, and identifies implementation challenges, potential for enhancing what is already working well as well as opportunities for improvement. Recommendations are made to address these issues and build on the lessons learnt.

1 INTRODUCTION

The First Inter-Ministerial Conference on Health and Environment in Africa was held from 26 to 28 August 2008 in Libreville, Gabon. The conference was attended by Ministers of Health and Ministers of the Environment from 52 African countries and culminated in the adoption of the Libreville **Declaration on Health and Environment in Africa**. Signatories committed their countries to implementing 11 priority actions aimed at establishing an effective platform to address the environmental impacts on health and accelerate progress towards attaining the Millennium Development Goals (MDGs). This would be achieved through strengthening systems, increasing resources, improving capacity and coordination as well as implementation of integrated strategies to address linked issues of health and the environment. The 11 commitments contained in the Libreville Declaration are listed in Box 1.

The Declaration further calls upon United Nations Environment Programme (UNEP) and 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”.

In response to this call, a **Joint Task Team (JTT)** was established in 2009 as the Secretariat for the Health and Environment Strategic Alliance (HESA). JTT core partners are WHO, UNEP and AfDB. Other partners such as France, World Meteorological Organisation (WMO) and the Secretariat of the United Nations Framework Convention on Climate Change (UNFCCC) also participate as members. The JTT is

mandated to perform the functions listed in Box 2 to support countries in the implementation of the Libreville Declaration.

Biennial roadmaps and workplans spell out the milestones and key activities to be undertaken by the JTT at national and international levels. The first roadmap covered the period 2009-2010. It focused mainly on the development of tools for Situation Analysis and Needs Assessments (SANA), preparation of country planning guides and support activities to conduct the SANAs, as well as organization of the Second Interministerial Conference on Health and Environment in Africa.

The second roadmap spanned the two year period 2011-2012. It aimed at achieving three objectives: (1) demonstrating evidence of effective intersectoral collaboration between health, environment and other sectors



1 INTRODUCTION *continued*

in addressing the top ten 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.

The Second Inter-Ministerial Conference on Health and Environment in Africa took place two years later (November 2010) in Luanda, Angola. This Conference aimed at sustaining the political commitment and endorsing the commitments in the Libreville Declaration to enhance intersectoral actions for sustainable development. A synthesis report prepared for the Conference detailed a comprehensive situation analysis of the environmental determinants and related risks to human health, ecosystem integrity and relevant management systems in Africa. This presented a first-time opportunity to identify evidence-based regional priorities.

The ministers agreed on the ten top priority issues linking health and environment to be addressed by member states in the forthcoming years and adopted the Luanda Commitment (Box 3).

In preparation for the Third Inter-Ministerial Conference on Health and Environment the Secretariat of the JTT commissioned a set of evaluations to provide a clear picture of the achievements and challenges that

countries experience in implementing the Libreville Declaration. These evaluations were conducted in 2013 and consisted of four separate, but complementary exercises covering the years (2009-2012) since its adoption in 2008. Collectively they provide a comprehensive account of the progress made towards achieving the commitments in the Declaration and addressing the linked health and environmental priorities listed in the Luanda Commitment. The following is a list of the four individual assessments that contributed to the overall evaluation:

- o A **self-evaluation** by countries through preparation of national profiles that describe efforts made by each country in the implementation of the Libreville Declaration from 2008 to 2013. Data was collected using a standardised tool (IMCH/3/INH2).
- o An **in-depth assessment of intersectoral projects and/or programmes** being implemented in six selected countries. This assessment was conducted by the Country Task Teams (CTTs) and aimed to document outcomes and/or impacts of health and environment intersectoral action on the ground (IMCH/3/INH3).
- o An **external evaluation** conducted by an independent consultant to provide qualitative and quantitative analyses of

country level achievements in six selected countries (IMCH/3/INH4). It included assessing the entire implementation process at national and regional levels.

- o An **internal evaluation** to assess the contribution of the Joint Task Team (JTT) established in 2009 as the Secretariat for the Health and Environment Strategic Alliance (HESA). It examines JTT achievements at policy, programmatic and institutional levels in relation to its mandate (IMCH/3/INH5).

This 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*, presents a summary of the findings in the four individual reports, highlighting the degree to which the Libreville Declaration and Luanda Commitment have catalysed the envisaged policy, institutional and investment changes in the areas of health and environment in Africa. It underscores the achievements in carrying out the actions delineated in the Libreville Declaration and the Luanda Commitment, the implementation challenges and opportunities, extrapolates lessons learnt in the process, and proposes recommendations to address these challenges and build on the successes identified in the evaluations.

1 INTRODUCTION *continued*

BOX 1: Commitments in the Libreville Declaration for Health and Environment in Africa, 29 August 2008

1. Establishing a health-and-environment strategic alliance, as the basis for plans of joint action;
2. Developing or updating our national, sub-regional and regional frameworks in order to address more effectively the issue of environmental impacts of health, through integration of these links in policies, strategies, regulations and national development plans;
3. Ensuring integration of agreed objectives in the areas of health and environment in national poverty reduction strategies by implementing priority intersectoral programmes at all levels, aimed at accelerating achievement of the Millennium Development Goals (MDGs);
4. Building national, sub-regional and regional capacities to better prevent environment-related health problems, through the establishment or strengthening of health and environment institutions;
5. Supporting knowledge acquisition and management in the area of health and environment, particularly through applied research at local, sub-regional and regional levels, while ensuring coordination of scientific and technical publications so as to identify knowledge gaps and research priorities and to support education and training at all levels;
6. Establishing or strengthening systems for health and environment surveillance to allow measurement of interlinked health and environment impacts and to identify emerging risks, in order to manage them better;
7. Effectively implementing, national, sub-regional and regional mechanisms for enforcing compliance with international conventions and national regulations to protect populations from health threats related to the environment, including accession to and implementation of the Bamako Convention by those countries that have not yet done so;
8. Setting up national monitoring and evaluation mechanisms to assess performance in implementing priority programmes and peer review mechanisms to learn from each other's experience;
9. Instituting the practice of systematic assessment of health and environment risks, in particular through the development of procedures to assess impacts on health, and to produce national environment outlook reports;
10. Developing partnerships for targeted and specific advocacy on health and environment issues aimed at institutions and communities including youth, parliamentarians, local governments, education ministries, civil society and the private sector; and
11. Achieving a balance in the allocation of national budgetary resources for intersectoral health-and-environment programmes.

BOX 2: JTT FUNCTIONS

Increase their support for the implementation of the Libreville Declaration and strengthen their Joint Task Team to serve alongside countries as the Secretariat for the Health and Environment Strategic Alliance at the international level;

Broaden the participation of other relevant intergovernmental organizations, development banks and regional economic communities in the Health and Environment Strategic Alliance as formal members;

Establish a mechanism to facilitate access by countries to existing financial resources for health, environment, and sustainable development, especially climate change funds;

Present the experience obtained in Africa through implementation of the Libreville Declaration to other regions and relevant international forums.

"The Luanda Conference is a milestone as the health and environment sectors become credible and strategic partners. I leave this meeting further convinced that the future of Africa is not cast anywhere. It is we who determine this by our commitments, our determination and our actions."

Mr Mounkaila Goumandakoye (Regional Director and Representative of UNEP in Africa at the 2nd Interministerial Conference on Health and Environment in Africa, Luanda 2010)

Box 3: Top 10 Health and Environmental Priorities identified in the Luanda Commitment

1. Provision of safe drinking water
2. Provision of sanitation and hygiene services
3. Management of environmental and health risks related to climate variability and change including rise in sea level particularly affecting Small Island Developing States
4. Sustainable development of forests and wetlands
5. Management of water, soil and air pollution, and biodiversity conservation
6. Vector control and management of chemicals (particularly pesticides) and wastes (including biomedical, electronic and electrical wastes)
7. Food safety and food security including the management of genetically modified organisms in food production
8. Environmental health of children and women
9. Health in the workplace
10. Management of natural and human induced disasters



2 EVALUATION APPROACH

Synthesis Report 2 was compiled from a desktop review of the four key assessments undertaken in 2013. They provide an analysis of the progress made in the implementation of the Libreville Declaration and Luanda Commitment from different perspectives. The evaluations cover the period 2009-2012. The section below provides a short summary of the methodological approach utilised for each of the four component evaluations.

2.1 Country-self Assessment Report

The JTT Secretariat prepared a simple tool for evaluating the implementation of the Libreville Declaration and sent it to all countries in the African region. The evaluation form was completed jointly by relevant officers in the Ministry of Environment and the Ministry of Health in each country and submitted to WHO during the period May to June 2013. The survey tool used 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. The information derived from the completed forms assisted in providing country-specific profiles and a regional overview of the level of implementation of commitments in the Libreville Declaration (IMCHE/3/INF 2).

2.2 Assessment of Intersectoral Programmes and Projects

The assessment was conducted on 18 projects being implemented in six selected countries - Ethiopia, Gabon, Kenya, Mali, Republic of Congo, and Sierra Leone. The assessment aimed to enhance insights on health and environment intersectoral projects and programmes being implemented in countries that have established a Country Task Team (CTT) and completed their Situation Analysis and Needs Assessment (SANA) process. Assessments were conducted between September and December 2012 using a standardised tool for the "Assessment of current health and environment intersectoral action at the country level". The process was overseen at national level by the CTT and regional coordination was undertaken by the JTT. Intersectoral programmes and projects were identified by the CTTs and 18 were selected according to the following criteria: (i) multisectoral nature of the project to be reviewed; (ii) its potential contribution to the attainment of MDGs; (iii)

community involvement; (iv) funding availability; and (v) its focus on at least one of the top 10 health and environment priority issues in the Luanda Commitment. For each selected project, the assessment included analysis of the project proposal, desk review of project-related reports, field visits to the project implementation sites, and interviews with the project-implementing partners and beneficiary communities. Finally, the CTT prepared a county report that was submitted to the Secretariat (IMCHE/3/INF 3).

2.3 External evaluation

The external evaluation was conducted from April to July 2013. It was carried out in two phases. The tools and methodology were developed during the first phase and country visits were conducted in the second. The initial phase included a desk review of available documents and selection of countries to form part of the evaluation. Countries were classified according to three categories, namely: (1) countries that have completed their SANA and developed their National Programme of Joint Action (NPJA); (2) countries that have initiated their SANA; and (3) countries where the process has yet to start. A total of five countries, covering all three categories, was selected to participate in the assessment. In each country, the following officers served as key informants for the evaluation: focal points "Health and Environment" at the WHO country offices, members of CTT, Senior managers in the Ministry of Health, and in the Ministry of Environment, Head of Technical Services of the Ministry of Health and the Ministry of Environment involved in the implementation of the Declaration, members of civil society and partners. Evaluation findings and recommendations were compiled by an independent consultant (IMCHE/3/INF 4).

2.4 Evaluation of the HESA Secretariat (JTT)

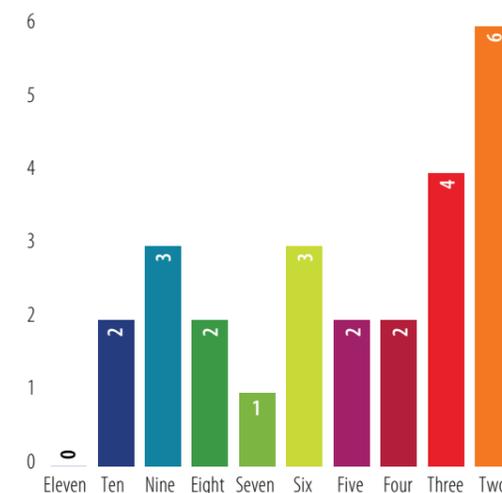
This is an internal evaluation of the contribution of the JTT, as the HESA Secretariat at international level, to the implementation of the Libreville Declaration. It examines achievements of the JTT, since its establishment in 2009 till 2012, at policy, programmatic and institutional levels in relation to the requests made by Ministers of Health and the Environment in Africa (Box 2). This evaluation focused on reviewing progress and outputs in implementing the roadmaps discussed in Section 1 above. It was carried out in a systematic and stepwise manner and consisted of: a) Formulating tangible expected outcomes based on the duties and responsibilities assigned to WHO and UNEP in the Libreville Declaration and the Luanda Commitment; b) Identifying main outputs/deliverables set in the two roadmaps; c) Matching the outputs/deliverables with the expected outcomes; and d) Conducting an analysis of issues and challenges (IMCHE/3/INF 5).

3 GENERAL FINDINGS

3.1 Number of priority Libreville Declaration activities being implemented at country level

Information from completed forms is available for twenty nine (29) out of the forty seven (47) Afro countries that are signatories to the Declaration - a survey response rate of 62%. Of the 29 countries that completed the questionnaire, none have implemented all of the 11 Libreville Declaration actions. Two countries, Ethiopia and Mozambique, have implemented 10 of the 11 actions, whilst three countries (Benin, Sierra Leone and United Republic of Tanzania) implemented 9 actions, two countries (Congo and Ghana) 8 actions and one country (Sao Tome and Principe) 7 actions. The remaining 21 countries implemented six (6) or fewer of the 11 actions. The number of countries according to the total number of priority Libreville Declaration activities being implemented in that country is illustrated in Figure 1 below.

Figure 1: Number of countries according to the number of priority Libreville Declaration activities implemented



Number of the 11 Libreville Declaration activities implemented

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

Analysis of the country self assessment survey by activity reveals that the majority of countries (90%, n= 26 out of 29) who responded to the survey have established HESA, 72% (n=21 out of 29) have developed national policy frameworks to address the effects of environment on health, and 69% (n=20 out of 29) have integrated issues of health

and environment into their national poverty reduction strategies. However, while progress has been good at the level of policy development, there has been markedly slower implementation in the areas of balance in the budget allocation (3%), promoting partnerships for advocacy (17%), developing mechanisms to assess impacts (21%), monitoring and evaluation and capacity building (31% each). The number of countries implementing each of the 11 priority activities is indicated in Figure 2 below.

Figure 2: Number of countries implementing each of the 11 priority activities in the Libreville Declaration



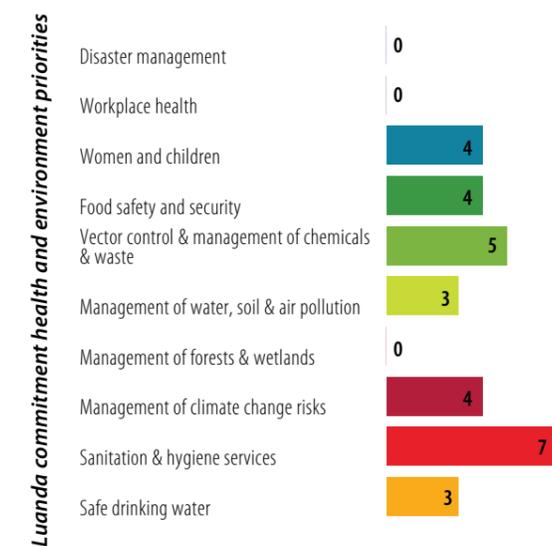
Number of countries

3.3 Issues addressed by the intersectoral projects (n=18) assessed

The documented projects in the six countries assessed focus on one or more of the 10 issues prioritised in the Luanda Commitment. They target the wider population while paying particular attention to the most vulnerable groups, especially women and children. For example, all projects that are focused on water are directly relevant to women and children. Of the 18 projects, 10 addressed water and/or sanitation issues, 4 were on climate change and 5 on chemicals and waste. Disaster management, health in the workplace and the management of forests and wetlands were not addressed by any of the selected projects. The spread of projects according to each of the 10 priority health and environment issues is illustrated in Figure 3 on the next page.

3 GENERAL FINDINGS *continued*

Figure 3: Number of intersectoral projects according to the 10 priority activities in the Luanda Commitment



Number of projects

3.4 Coordination and funding of intersectoral projects

All 18 intersectoral projects were coordinated by multisectoral committees involving all relevant stakeholders representing specific ministries, agencies, the private sector and civil society. Partial funding was provided by some national governments indicating national commitment towards their implementation partners – a key factor in leveraging resources from the private sector and other external funding.



3.5 Health and programme outputs

The intersectoral projects demonstrated direct positive impacts on the environment and on the health of populations in the affected communities. These outcomes contribute towards achieving strategic objectives defined in national development plans and the MDGs. Intersectoral projects have the potential to multiply benefits and broaden impacts and thus contribute to the objectives of more than one MDG. For example, the water and sanitation country projects/programmes contribute to all, except MDG 8. Furthermore, the assessment established the effective value of collaboration between the health and environment sectors and highlights the immense potential the Libreville Declaration holds for improving this alliance.

3.6 Contribution of the JTT

The evaluation also showed that the work of the JTT has contributed to achievement of the following six outcomes:

1. Heightened advocacy on health and environment;
2. Increased resources to address linkages between health and environment issues;
3. Strengthened intersectoral collaboration between the health and environment sectors;
4. Strengthened country systems for the management of priority health and environment issues;
5. Enhanced Implementation of health and environment conventions;
6. Integrated environment and health surveillance.

3 GENERAL FINDINGS *continued*

Outcomes	Activities/Outputs	Status	Deliverables	Comments
1. Increased advocacy	Finalize, print and disseminate the Report of the First Inter-ministerial Conference	Fully achieved	Report finalized, printed and disseminated to member states and partners.	This report is also available on the website of the Health and Environment Strategic Alliance (HESA)
	Update and maintain the HESA Website	Fully achieved	The HESA website is maintained and curated by UNEP	The web site is not being updated regularly
	Meeting of Partners (MOP)	Partially achieved	Two partner meetings held	Meetings are expected to be held annually
	Compilation of ongoing country support from WHO and UNEP	Partially achieved	Assessment tools prepared; assessment conducted in 4 countries	Assessment done in 4 of the 5 countries that have NPJAs
2. Resources mobilized	Third Africa Environment Outlook (AEO3)	Fully achieved	AEO3 prepared	AEO3 will be printed and disseminated shortly
	Development of proposals for resource mobilization	Partially achieved	Donor mapping conducted; fund-raising proposals / investment plans prepared by 5 countries	The resources are not yet available for implementation
	Preparation of Country Strategic Plans	Partially achieved	Tools for NPJA prepared; Joint plans developed	NPJAs were developed by 12 out of 47 countries
	Completion of SANAs and NPJAs at the country level	Partially achieved	SANA tools developed SANA conducted in 34 countries	34 out of 47 countries completed SANAs. Guidance & tools were provided to the 47 countries in the African Region
3. Strengthened alliance between health and environment sectors	Meeting of Regional Directors (RD) to establish the WHO-UNEP Joint Task Team	Fully achieved	Meeting of RD convened; JTT established and 14 working sessions held	JTT expanded to include AfDB, UNFCCC and WMO
	Second Interministerial Conference	Fully achieved	IMCH 2	IMCH2 held in 2010 in Luanda
	Demonstration of synergies on ongoing sectoral projects and programmes	Partially achieved	Tools for assessing intersectoral action developed Assessment conducted in 4 countries	Assessment report submitted by 4 countries
	Organize the IMCHE 3	Not achieved	-	
4. Strengthened country systems	Strengthening and functioning of the HESA secretariat	Partially achieved	HESA arrangement endorsed JTT working sessions held	
	Development of the SANA criteria, indicators, tools and methodologies	Fully achieved	Guide for SANA, NPJA and assessment of intersectoral actions developed	34 countries have SANA, 12 of these countries have developed NPJA
	Establishment of Country task teams for SANA	Partially achieved	CTT were established in all 34 SANA countries	See above
5. Enhanced Implementation of Health and Environment conventions	Preparation of the Pan African Programme for Health Adaptation to Climate Change	Fully achieved	Framework developed, endorsed and disseminated. regional plan of action 2012-2016 developed	PPHA endorsed by both RC62 and AMCEN; Framework on Chemical Management endorsed by AMCEN
	Participation of convention secretariat to MOP	Fully achieved	Secretariat of UNFCCC, BAEL Convention attended in MOP	
6. Integrated environment and health surveillance system established	Establishment of the Expert Group	Partially achieved	A concept note of the networks endorsed by partners in MOP2	Collaboration has been established with ECEH Bonn, Germany; Funding proposal developed

3 GENERAL FINDINGS *continued*

3.7 Summary of country profiles against 11 Libreville Declaration priority actions

Table 1 below provides a summary of the 29 available self reported country profiles against the 11 Libreville Declaration priority actions.

TABLE1: SUMMARY OF COUNTRY PROFILES AGAINST 11 LIBREVILLE DECLARATION PRIORITY ACTIONS

	Health and Environment Strategic Alliance (HESA)	National policy frameworks	Integration of health and environment issues in National Strategic Framework for Growth and Poverty Reduction	Capacity Building	Acquisition or knowledge management	Strengthening surveillance systems	Mechanisms for compliance with international conventions	Mechanisms for monitoring and evaluation	Mechanisms of assessment of impacts	Promoting partnerships for advocacy	Balance in the budget allocation	TOTAL
Benin	✓	✓	✓		✓	✓	✓	✓	✓	✓		9
Botswana	✓											1
Burundi	✓						✓					2
Cameroon	✓	✓	✓		✓		✓	✓				6
Chad		✓	✓	✓	✓		✓	✓				6
Comoros	✓	✓										2
Congo	✓	✓		✓	✓	✓	✓	✓	✓			8
Cote d'Ivoire	✓	✓	✓	✓	✓	✓						6
Dem. Rep. of Congo	✓	✓	✓	✓			✓					5
Equatorial Guinea	✓											1
Ethiopia	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		10
Gabon	✓	✓	✓									3
Gambia	✓	✓	✓									2
Ghana	✓	✓	✓		✓	✓	✓	✓	✓			8
Guinea	✓	✓	✓				✓					4
Guinea-Bissau	✓				✓		✓					3
Kenya	✓	✓	✓	✓								4
Madagascar	✓	✓	✓									3
Mali	✓		✓									2
Mauritania		✓	✓									2
Mozambique	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	10
Sao Tome & Principe	✓	✓	✓		✓	✓	✓			✓		7
Senegal			✓									1
Sierra Leone	✓	✓	✓	✓	✓	✓		✓	✓	✓		9
Swaziland	✓				✓							2
Togo	✓											1
Uganda	✓	✓	✓									3
United Republic of Tanzania	✓	✓	✓	✓	✓	✓	✓	✓		✓		9
Zimbabwe	✓	✓	✓			✓	✓					5
TOTAL	26	21	20	9	13	10	14	9	6	5	1	

4 ACHIEVEMENTS AND CHALLENGES

Regional achievements and challenges in the 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. The accompanying boxes highlight country progress and achievements.

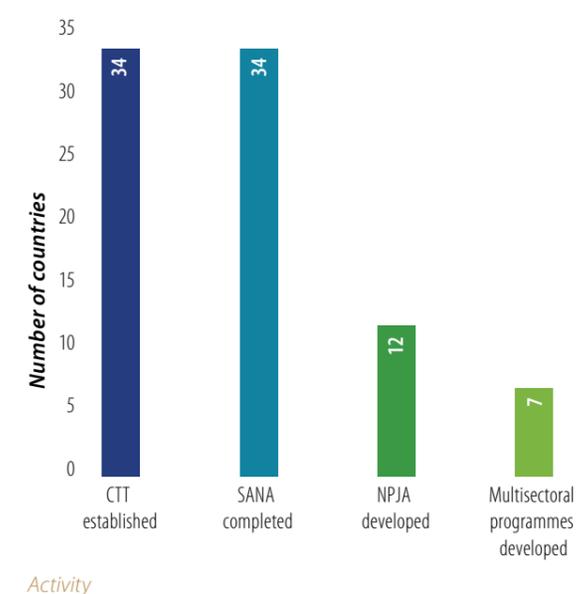
4.1 Establishing a health and environment strategic alliance, as the basis for plans of joint action

Achievements

The Declaration stipulates the establishment of country-specific Health and Environment Strategic Alliances (HESA) as the cornerstone for coherently addressing the environmental determinants of human health and ecosystem integrity. Most countries have utilised 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 advantage of this approach is that implementation of the Libreville Declaration becomes institutionalised.

Most countries have established a Country Task Team (CTT) which has been instrumental in conducting the Situation Analysis and Needs Assessment (SANA) and developing National Plans for Joint Action (NPJA) informed by the SANA. A total of 34 countries have established a CTT and completed a SANA, 12 countries have developed NPJAs, and 7 countries have developed multisectoral programmes and projects (Figure 4).

Figure 4: Number of countries implementing selected activities for intersectoral programming



Box 4: Establishment of HESA in Ghana

The National Committee on Health and Environment Strategic Alliance (HESA) was inaugurated on 24th October, 2012. It is jointly operated under the auspices of the Ministry of Health and the Ministry of Environment, Science, Technology and Innovation.

Challenges

Some countries have not utilised existing or established new structures to link health and environment, which impedes formal intersectoral collaboration. It was also noted that in a number of countries the function of the CTT was limited to the accomplishment of the SANA.

Furthermore, members of the CTTs, which are multisectoral and predominantly represented by Health, Environment, Agriculture, Academia, and Research and Management of Water Resources, are expected to provide feedback to their supervisory authority. However, in the absence of a HESA or equivalent structure, they lack a clear mandate to implement the decisions and resolutions of the CTT. This lack of institutional anchoring could hamper the effective functioning of the CTTs.

4.2 Integration of health and environment linkages in policies, strategies, regulations and national development plans

Achievements

A total of 23 countries have integrated the management of health and environment issues into their policies, strategies and national development plans. These include the National Development Plan and the National Health Policies, Strategies and Plans (NHPSP), Environmental Action Plan (EAP), National Plan of Adaptation to Climate Change, and other strategic or operational documents of the health and environment sectors. These countries have increasingly updated their legislative and regulatory frameworks for environmental health. Similarly, most of their health programmes take into account environmental issues such as vector control; preparation for and response to epidemics; food security; monitoring of the quality of drinking water; environmental sanitation; control of nuisance attributable to noise and odour; waste disposal and health care waste management; evaluation of the environmental impact of projects whenever necessary, health and control of hazardous chemicals in the workplace; preparing for mass casualties and natural disasters.

4 ACHIEVEMENTS AND CHALLENGES *continued*

Box 5: Development of linked Policies, Regulations and Plans in Mauritius

Mauritius has made considerable progress in the development of policies and strategies in most sectors. A good number of health and environmental problems are addressed by legislative measures, including the Public Health Law and the Law on Foods and Regulations. Issues related to water quality and noise are governed by the Law on Protection of the Environment. Since 2008, the Government embarked on the development of a national plan for sustainable development (MSI), which is structured in such a way as to influence existing policies and improve new policies for reducing the effects of climate change. This great vision should help promote the relationship between health and environment through several actions defined in this plan.

Challenges

The development of robust and sound legislative frameworks, policies and plans that link health and environment is hampered by the lack of adequate relevant expertise.

4.3 Implementing priority intersectoral programmes at all levels, aimed at accelerating achievement of MDGs

Achievements

The SANAs have revealed that intersectoral actions that contribute towards the achievement of the MDGs have been implemented in 7 countries. These programmes focused on priority areas such as: management of risks related to climate variability and change, including rise in sea level particularly affecting Small Island Developing States; provision of sanitation, hygiene services and safe drinking water; and Environmental Impact Assessment.

At a policy level, a total of 22 countries have included in their PRSPs or NDPs, strategies that can accelerate the development of intersectoral projects on health and the environment. These documents generally aim to promote universal access to basic social services and social protection, prevention and management of risks and disasters. Several sectoral policies have been well implemented according to the priorities of the Luanda Commitment. These include: access to safe drinking water; access to sanitation through ATP approaches; solid waste management; health and nutrition; and vector control. In most of the countries, priority interventions aiming to achieve the MDGs include sound and sustainable management of pesticides; strategy for climate

change adaptation in the health sector under the auspices of the United Nations Development Programme (UNDP); and the Strategic Approach to International Chemicals Management (SAICM) for sound management of chemicals.

Several countries have taken steps to fast track the achievement of impacts at the community level. This has been made possible either through existing projects that have been realigned within the objectives of the Libreville Declaration, or launching new demonstration projects following the adoption of the Libreville Declaration.

Box 6: Intersectoral Approach to Accelerate Achievement of the MDGs in Kenya

Vision Kenya 2030: The objective of the social pillar is to invest in the population with a view to improving the quality of life for all Kenyans by focusing on social welfare projects in the areas of education and training, health, environment, housing and urbanization, social development, children, youth and sports. The implementation of Vision 2030 helped to achieve the following objectives in 2012: (1) increasing from 1.7% to 4% tree coverage in the forest; (2) reducing by half environment-related diseases. The main strategies comprise the promotion of conservation of the environment, improvement of the strategies for managing the control of pollution, expansion of waste treatment systems, improvement of the preparation for disasters and improvement of the capacity to adapt to climate change.

Challenges

The assessment of 18 projects/programmes in six countries (IMCHE/3/INF 3) revealed the consistent lack, at national level, of institutional frameworks and national governance strategies to support multisectoral collaboration. Concerted action is essential to effectively address the challenges related to specific issues such as water, sanitation, climate change, chemicals and waste. In this context, the assessment revealed the effective value and great potential of the Libreville Declaration in generating collaboration that has direct positive impacts on the environment and on the health of the affected populations. These outcomes contribute to achieving strategic objectives defined in national development plans and the MDGs.

The assessment also indicates that much more needs to be done particularly in terms of the institutionalization of HESA

4 ACHIEVEMENTS AND CHALLENGES *continued*

at the national level, and in terms of sensitization, information, communication and education of all actors at all levels to support intersectoral cooperation.

4.4 Establishing or strengthening health and environment institutions

Achievements

Existing institutions in nine countries have been maintained and strengthened with new staff; working equipment; and facilities. These include well established institutional linkages between policy and implementation levels and strengthening coordination of health and environment sectors for effective implementation of health and environment activities. Efforts have been made towards building human capacity for intersectoral activities and development of budgets based on health and environment priorities.

Box 7: Strengthening Health, Science and Environment Institutions in the United Republic of Tanzania

Existing institutions have been maintained and strengthened with additional staff; functioning equipment; and facilities. Some of these include Higher Learning Institutions like Muhimbili University of Health and Allied Sciences, Ardhi University and University of Dar es Salaam. Above all, some institutions have introduced courses on Environmental Health. An Environmental Health Practitioners' Council has also been established to monitor the ethics of Environmental Health Practitioners.

Challenges

There is an apparent lack of a clearly defined regional research and capacity building agenda or programme with particular emphasis on health and environment, as well as regional mechanisms for coordinating research and capacity building on health and environment.



4.5 Supporting knowledge acquisition and management to identify knowledge gaps and research priorities and to support education and training at all levels

Achievements

In 13 countries, policies to improve training on health and the environment have been defined through the creation of institutions that ensure the acquisition of knowledge at different levels. In these countries there are some on-going inter-university cooperation programmes aimed at strengthening research capacity in the field of health and environment. Some universities have courses in environmental science, biodiversity, control of diseases and climate change. More specifically, some countries have initiated training programmes with the support of bilateral and multilateral partners. Some curricula have been revised to take into account the dimensions of environment and health.

Box 8: Establishing an Environmental Health Research Agenda in the United Republic of Tanzania

A national Environmental Health, Hygiene and Sanitation Research Agenda has been developed by the Ministry of Health in collaboration with stakeholders. The Agenda highlights the Environmental Health priority issues that require research.

Challenges

Few countries have a policy and a common research agenda on health and the environment.

4.6 Establishing or strengthening systems for health and environment surveillance to identify emerging risks, in order to manage them better

Achievements

In most countries, there is a National Multisectoral Committee for Emergencies, responsible for monitoring preparedness and response to health emergencies. In some countries,



4 ACHIEVEMENTS AND CHALLENGES *continued*

health and environment monitoring is conducted by Ministry of Health and Local Government Authorities in collaboration with other stakeholders. Environmental Impact Assessment (EIA), Integrated Disease Surveillance and Response (IDSR), and Environmental Audits (EA) serve as the major monitoring systems in the countries. In some countries, there is an early warning system for drought and flood, as well as climate based malaria forecasting jointly implemented by the Ministry of Health and National Metrological Agency established through the Meteorological Center in the country.

Box 9: Integrating Health and Environmental Impact Assessments in Ghana

Collaboration of the health sector with the Environment Protection Act (EPA) to integrate the assessment of health impacts with the Environmental Impact Assessment (EIA) Guidelines for the Oil and Gas developments is an initial attempt to institutionalize integrated monitoring procedures within EIA. As a follow-up to this, preparations are afoot towards establishing a secretariat within the Occupational Health Programme to be responsible for on-going monitoring of commitments made by operators within their EIA reports. It is hoped that this will be extended to the other extractive industry sectors.

Integrating Health and Environmental Information in the DHIS2 in Zimbabwe

The country modified the District Health Information System (DHIS2) to synchronize health and environment information obtained from various governmental departments in the country.

Challenges

The National Multisectoral Committees for Emergencies deal only with contingency plans for the health sector.

4.7 Enforcing compliance with international conventions

Achievements

Countries are signatories of several international agreements and conventions on Health and Environment. Most of these agreements and conventions have a national focal person and mechanisms exist to ensure their application. The main conventions being effectively implemented in most of the countries include the Stockholm Convention on Persistent Organic Pollutants (POP), Basal Convention, Biodiversity, UNFCCC, and the Convention on Biological Diversity.

Box 10: High-level Ministerial Coordination Committee for Implementation of International Conventions in Mauritius

Mauritius has signed several conventions and protocols related to the environment and health. Measures were adopted by the different stakeholders, namely the ministries and nongovernmental organizations inter alia for the implementation of these conventions. Hence, the law on protection of the environment (EPA) was amended to put in place a high-level ministerial coordination committee for implementation of the conventions and evaluation of progress made.

The Government of Mauritius has also integrated a plan for implementation of international agreements on environment and health into its 2005-2010 Programme. One of these agreements was the Bamako Convention which was adopted by the country.

Challenges

Whilst policies are in place concerted efforts are still required for strengthening the implementation of these conventions.

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

Achievements

In nine of the countries, monitoring and evaluation of health and the environment occur at the top policy level. Sector-specific performance management mechanisms also exist.



4 ACHIEVEMENTS AND CHALLENGES *continued*

Box 11: Environment and Health M&E Mechanisms in the United Republic of Tanzania

Environment and Health monitoring and evaluation programs are found under the Division of Environment of the VPO, the Environmental Health Section of MoHSW through the legal arm of EMA (2004) and the Public Health Act (2008) respectively. Similarly, environmental monitoring and evaluation is also conducted by the National Environment Management Council as empowered by EMA (2004). The Annual Health Statistical Abstracts highlights the status of water and sanitation; occupational health and safety, and environmental degradation and is produced annually. On the other hand, the Division of Environment produces a report biennially and this report highlights the environmental status and the extent of degradation and pollution.

African Peer Review Mechanism in Mozambique

The African Peer Review Mechanism is undertaken periodically, in collaboration and consultation with various stakeholders, as part of good governance, at the national, provincial and district levels. Representatives of the various sectors such as public, private, civil society, communication agencies, social, diplomatic corps, international cooperation partners, etc. participated. Twelve editions of progress reports have been drafted.

Challenges

None of the countries reported a specific formal integrated monitoring and evaluation mechanism for health and environment programmes. With regard to peer review, no formal mechanisms have been reported. Furthermore, when it comes to implementation, performance monitoring and evaluation are less prioritized. Though performance assessment mechanisms exist in the 2 sectors, they are not interlinked. Vertical programmes have their M & E activities. Several countries lack clearly defined national indicators to measure the performance of joint health and environmental programmes.

4.9 Instituting the practice of systematic assessment of health and environment risks

Achievements

A total of eight countries reported the practice of systematic assessment of health and environment risks as well as existence of legislation and regulations on environmental impact assessment. Some countries reported that they also use the Strategic Environmental Assessment to identify major environmental or social consequences associated with policies or plans.



4 ACHIEVEMENTS AND CHALLENGES *continued*

Box 12: Correlating the health and environmental effects of Climate Change in Kenya

There is systematic production of reports correlating health effects to climate change or degradation of the environment. The reported trends provide useful information for assessing changes in the environment and defining priorities. The State of the Environment (SOE) report covers priority environmental issues that have a direct or indirect bearing on human health and the environment. The report generally comprises a health component which highlights priority health and environment issues.

Challenges

Regulatory oversight for environmental impact assessments (EIAs) rests with national environmental authorities. No country reported that the health impacts of policies, plans, or projects are systematically considered. In almost all countries, the systematic assessment of the environmental and health impact is limited to the implementation of development projects.

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

Achievements

In five countries, the Libreville Declaration has contributed to building and improving partnerships for targeted and specific advocacy on health and environmental issues. These partnerships include networks on health and environment such as Forum for Environment, WASH Movement, WASH Media Forum, WASH Multi-stakeholders Forum and Consortium for Population, Health and Environment.

Box 13: Advocacy Networks for Health and the Environment in Ethiopia and Sierra Leone

There are number of networks and partnerships on health and environment such as Forum for Environment, WASH Movement, WASH Media Forum, WASH Multi-stakeholders Forum and Consortium for Population, Health and Environment.

Public Private Partnerships for Malaria Control and Safe Water Supply in Sierra Leone

Public –Private partnerships including companies e.g. Mining and Bioenergy companies' involvement in the control of malaria and provision of water supply; as well as participation in pilot projects and development of policies and strategies.

Challenges

In all countries, specific communications units exist within individual programmes or departments. However, their activities remain sectoral.

4.11 Achieving a balance in the allocation of national budgetary resources for intersectoral health and environment programmes

Intersectoral programmes do not yet have enough budgetary resources. Budget for public institutions in charge of health and environmental issues (including research institutes) are insufficient with respect to their specifications. In most countries, there is still no financial allocation for specific research on the links between health and environment, or financial resources specifically allocated to joint health and environmental interventions. The allocation for the implementation and monitoring and evaluation of programmes and national priority projects also remains insufficient.



5 LESSONS LEARNT

- The Libreville Declaration has contributed to the achievement of the following six outcomes: (i) heightened advocacy on health and environment; (ii) increased resources to address health and environment linkage issues; (iii) strengthened intersectoral collaboration between the health and environment sectors; (iv) strengthened country systems for the management of health and environment priority issues; (v) enhanced implementation of health and environment conventions; and (vi) integrated environment and health surveillance.
- Tangible achievements were made in relation to the normative work, particularly in convening meetings for health and environment (IMCHES, MOPs), advocacy and strengthening country systems through provision of guidance, tools and methodologies. For example, the establishment of the CTTs in countries that have completed their SANA constitutes a breakthrough in strengthening country systems for managing health and environment linkages at the country level.
- The SANA exercise has enabled the development of national capacities for policy reviews within the health and environment sectors. In countries undertaking a SANA, national experts have been able to identify policy gaps and contradictions, and propose the necessary alignments in these sectors.
- The CTTs have provided opportunities for experts with different perspectives to engage effectively in a technical and scientific dialogue, and to reach consensus on the status and relative importance of environmental risk factors that impact on health, development as well as on ecosystems preservation. As a result of SANAs and because of this dialogue, it has been easier for decision-makers from the various sectors concerned to agree on national and continental priorities for health and the environment.
- Despite the JTT's leadership and coordination role, as well as the guidance provided to countries, implementation of the Declaration at the country level continues at a slow pace. The number of countries that have completed SANAs and prepared their NPJAs remains below the expected target. The HESA was only able to convene two meetings of partners over a four-year period. The IMCHE was institutionalized with the aim of being held every two years but only two conferences have been held so far. The Secretariat has also made limited progress in the two key areas of communication and resource mobilization.
- The generally low level of implementation of the Libreville Declaration could be associated with the following

challenges: (i) lack of a permanent institutional framework to implement the Declaration; (ii) lack of a formal framework for resource mobilization for joint actions; (iii) low level of involvement of other partners in the process (WHO and UNEP are involved in the programme at country level); (iv) poor dissemination of documents; (v) very low level of commitment from the highest authorities of the country (President, Prime Minister) in the process of implementation of the Declaration despite political reforms initiated; and (vi) low level of expertise in health and environment at the country level.

- There are several opportunities which countries can leverage to optimise the implementation of the Declaration, such as: (i) the existence of a political framework in several countries that could help consolidate the HESA for effective implementation of the Libreville Declaration; (ii) the existence in the majority of countries of sectoral coordination frameworks for health and environment that could be called upon to establish interdepartmental coordination frameworks of joint actions; (iii) the existence of sector performance monitoring and evaluation systems that could be used to harmonize the monitoring of joint actions; (iv) the availability of a growing number of health adaptation to climate change plans (PASCC), which facilitate updating of the health development plans for sustainable development objectives; (v) the existing experience in implementing national health and environment joint actions between the two sectors could be capitalized on to accelerate the implementation of the Declaration.
- The "level of distribution" of the Declaration in the public domain (e.g. using search engines such as Google) reveals a higher frequency of citation by international than national organisations (cited twice as often by international organizations). International organizations who have cited the Declaration most often are UN specialized agencies (WHO, UNEP, UNESCO), the Francophone Youth Parliament and the International Press dealing primarily with African issues (Afrik Info).
- At the national level, ministries directly involved in the implementation and the national press quote this Declaration. Regional organizations do not do so as often. The Libreville Declaration has been cited by the Central African Economic and Monetary Community (CEMAC) and Southern African Development Community (SADC). This low 'visibility' could be a contributing factor to the slow implementation of the Declaration at the country level.

6 RECOMMENDATIONS

6.1 SCALE UP THE IMPLEMENTATION OF MULTI SECTOR PROJECTS IN ALL COUNTRIES:

- Establish a functional coordination body for implementation, monitoring and evaluation of joint activities on health and environment. If possible, place the secretariat under the auspices of the highest authority in the country (President or Prime Minister);
- Extend the membership of the CCT to all relevant national partners and create a steering committee responsible for the technical coordination and monitoring of the implementation of operational plans;
- Integrate all national projects/programmes on health and environment into national development plans;
- Establish a national database integrating key information from all sectors involved in health and the environment;
- Strengthen regional and sub-regional training and research programmes in health and environment, and support countries in strengthening their capacity to that of experts.

6.2 INCREASE INVESTMENT FOR THE IMPLEMENTATION OF THE LIBREVILLE DECLARATION:

- Step up the provision of technical support on issues of health and environment and extend it to all the technical

and financial partners in the country. These frameworks should support countries to develop relevant investment plans on health and the environment;

- Establish special funds dedicated to health and the environment and, if possible, encourage the creation of national agencies responsible for the mobilization and management of these funds.

6.3 INTENSIFY ADVOCACY EFFORTS THAT STRESS THE PROMOTION OF THE LINKAGES IN HEALTH AND ENVIRONMENT AS A CONTRIBUTION TO SUSTAINABLE DEVELOPMENT:

- Support the establishment of national observatories on issues of health and environment, and entrust them with the mandate for advocacy and monitoring the implementation of health and environment related laws, regulations, conventions and agreements signed by the country;
- Set up, in all countries, an information platform on climate change and health related issues and key results of projects, programmes and studies of impact on health and the environment.

7 CONCLUSION

The overall evaluation of the implementation of the Libreville Declaration revealed that countries have integrated the management of health and environment issues into their development plans through adaptation of their legislation and their policies on health and environment. However, the implementation of the eleven priority actions stipulated in the Libreville Declaration remains variable at the country level. The country coordination committees are not yet established in all countries. Similarly, a number of countries have yet to complete their SANA exercise and develop their NPJA. Capacity building is being undertaken in a number

of countries and monitoring and evaluation of priority programmes needs to be strengthened.

The evaluation also demonstrated the extent to which the HESA Secretariat has assumed the role and responsibility assigned to WHO, UNEP, AfDB and the partners in the Libreville Declaration and the Luanda Commitment. The analysis showed that while the Secretariat has satisfactorily undertaken its normative functions, progress at country level has been variable.



According to the World Health Organization (WHO) an estimated **23% of all deaths in Africa** are the result of avoidable environmental hazards such as **contaminated water, poor hygiene, inadequate sanitation, poor water resource management, use of unsafe fuels, atmospheric pollution and poor infrastructure.**



