

BUILDING MOMENTUM FOR  
IMPLEMENTATION OF THE LIBREVILLE DECLARATION  
ON HEALTH AND ENVIRONMENT IN AFRICA

REPORT

2008 – 2011



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# ABBREVIATIONS

AfDB	African Development Bank
CCC	Country Coordination Committee
CTT	Country Task Team
HESA	Health and Environment Strategic Alliance
JTT	Joint Task Team
NPJA	National Plan of Joint Actions
SANA	Situation Analysis and Needs Assessment
UN	United Nations
UNEP	United Nations Environment Programme
UNICEF	United Nations Children's Fund
UNFCCC	United Nations Framework Convention on Climate Change
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
WMO	World Meteorological Organization

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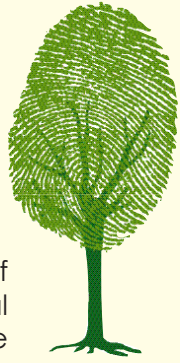
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# EXECUTIVE SUMMARY



The environment is one of the primary determinants of the health of individuals and communities through exposure to physical, chemical and biological risks. Ministers of health and ministers in charge of the environment from 52 African countries gathered in Libreville from 26 to 29 August 2008, in the First ever Interministerial Conference on Health and Environment in Africa. The main outcome of the conference was the Libreville Declaration in which participating countries committed themselves to 11 actions and established a Health and Environment Strategic Alliance.

The Libreville Declaration on Health and Environment in Africa represents today the umbrella framework upon which African countries and their development partners coherently address environmental determinants of human health and ecosystems integrity. The momentum created in Libreville in 2008 catalyzed unprecedented intersectoral dialogue that culminated in the adoption, by ministers of health and ministers of environment, of the Luanda Commitment, the institutional arrangements for the Health and Environment Strategic Alliance and the African Ministers of Health and Environment Joint Statement on Climate Change and Health at their second Conference in Luanda, Angola (23-26 November 2010).

Countries are establishing multisectoral and multidisciplinary Task Teams (CTTs). The CTTs are the new driving force for health and environment intersectoral action at the country level. They have provided opportunities to experts from different fields to effectively engage in a technical and scientific dialogue, and to reach consensus on the status and importance of environmental risk factors that impact on health development as well as on ecosystems preservation. Two Pan African Programmes are being established as a result of the Libreville Declaration: the Pan African Programme for Public Health Adaptation to Climate Change and the African Programme to Reduce Risks Posed by Chemicals to Human Health and Ecosystems.

The implementation of the Libreville Declaration has started to yield clear results at the policy, programmatic and institutional levels. The Libreville Declaration has brought a new and dynamic impetus for intersectoral coordinated actions, as now noted in a number

of countries. It has created new possibilities for a more rapid and effective response to national and continental environmental threats. It is currently resulting in a new spirit of cooperation and alignment between the health and environment sectors. The situation analysis and needs assessments undertaken as part of the process of implementation have led to the first-ever continental report on the status of environmental determinants and management systems for human health and ecosystems integrity in Africa.

Partners have repeatedly expressed their full support for the Libreville Declaration and, in this regard, issued the "Windhoek Statement of Partners" at their first meeting. The WHO/UNEP Joint Task Team established as an interagency group has played a pivotal role in providing technical guidance and resources for the successful implementation of the Declaration at the country level.



# INTRODUCTION



The environment is one of the primary determinants of individual and community health, through exposure to physical, chemical and biological risk. Up to now, the health sector has been striving to embrace a comprehensive, systemic and ecologically-sound approach, while the environment sector has tried to persuade public health authorities of the benefits that ecosystems can provide to human health.

Ministers of health and ministers in charge of the environment from 52 African countries gathered in Libreville from 26 to 29 August 2008, in the First ever Interministerial Conference on Health and Environment in Africa<sup>1</sup>. The main outcome of the conference was the Libreville Declaration on health and Environment in Africa<sup>2</sup> in which participating countries committed themselves to 11 actions and established a Health and Environment Strategic Alliance. At their second gathering in Luanda (23-26 November 2010), the ministers agreed on the top 10 health and environment priorities for the years to come. They adopted three key documents of high political and institutional significance: (a) the Luanda Commitment on the implementation of the Libreville Declaration<sup>3</sup>; (b) Arrangements for the Health and Environment Strategic Alliance<sup>4</sup>; (c) and the African Ministers of Health and Environment Joint Statement on Climate Change and Health<sup>5</sup>.

The implementation of the above framework has been undertaken steadily at national and international levels. The purpose of this document is therefore to report to policy makers in African countries, partners and other interested stakeholders on progress made in the overall implementation of the Libreville Declaration on Health and Environment in Africa during the period 2008-2011.

## **1. SETTING UP THE HEALTH AND ENVIRONMENT AGENDA FOR AFRICA**

The Libreville Declaration on Health and Environment in Africa represents, today, the umbrella framework upon which African countries and their development partners address coherently, the environmental determinants of human health and ecosystems integrity. It is a result of a general consensus on the part of African governments that gathered in Libreville in 2008. At the Libreville

Conference, ministers of health and ministers of environment mutually recognized that social and economic development could not be achieved sustainably without addressing the root causes of ill health simultaneously with threats to the integrity of ecosystems. They decided therefore to demonstrate the importance of inter-linkages between environment and health with a view to achieving sustainable development. They agreed to promote an integrated approach to policy making in the health and environment sectors that fully takes into account the services that ecosystems provide to human health. They also agreed on specific actions required to leverage the necessary changes in institutional arrangements and investment frameworks for mitigating environmental threats to human health. They consequently established the Health and Environment Strategic Alliance (HESA) as the basis of their plans of joint action and a regional platform for intersectoral dialogue.

At the second Conference in Luanda, Angola from 23 to 26 November 2010, the momentum built in Libreville in 2008 catalyzed an unprecedented intersectoral dialogue. This culminated in the adoption by ministers of health and ministers of environment of the Luanda Commitment; the institutional arrangements for the Health and Environment Strategic Alliance; and, the African Ministers of Health and Environment Joint Statement on Climate Change and Health.

The Luanda Commitment outlines the continent's top health and environment priorities and requests governments to take further specific actions to address them. These priorities include the following:

- (a) Provision of safe drinking water;
- (b) Provision of sanitation and hygiene services;
- (c) Management of environmental and health risks related to climate variability and change including rise in sea level particularly affecting Small Island Developing States;
- (d) Sustainable management of forests and wetlands;
- (c) Management of water, soil and air pollution, and biodiversity conservation;
- (e) Vector control and management of chemicals (particularly pesticides) and wastes (including biomedical, electronic and electrical wastes);

- (f) Food safety and food security including the management of genetically modified organisms in food production;
- (g) Environmental health of children and women;
- (h) Health in the workplace; and
- (i) Management of natural and man-made disasters;



Ministers resolved to complete the Situation Analysis and Needs Assessment (SANAs) in all African countries; prepare their National Plans of Joint Action (NPJAs) by the end of 2012; document and provide the contribution of reduced environmental risk factors to the achievement of the Millennium Development Goals by 2014; and establish an Integrated Health and Environment Surveillance System.

The Health and Environment Strategic Alliance is the coordination mechanism intended to support the joint implementation of the Libreville Declaration. At the country level, the HESA steers and executes an iterative process of situation analyses and needs assessment; facilitates the identification of national priorities; develops NPJAs; provides guidance for the formulation of cross-sector activities deriving from the NPJAs and involving a wide range of partners; monitors and evaluates progress; and undertakes outreach, advocacy and resource mobilization. At the international level, the HESA supports country efforts through advocacy, collaboration, resource mobilization, capacity building, technical guidance and progress monitoring.

Finally, ministers in Luanda agreed to implement an essential public health package to enhance the climate change resilience status of all countries by 2014 and to contribute to reducing vulnerability and use ecosystems services to build resilience against the adverse impacts of climate change.

## **2. OUTCOMES OF IMPLEMENTATION OF THE LIBREVILLE DECLARATION**

The implementation of the Libreville Declaration has started to yield clear results at the policy, programmatic and institutional levels.

## 2.1. Policy level

In less than a year, ministers of health and ministers of environment have adopted a joint statement on climate change and health (Luanda, November 2010), endorsed a framework for implementation of their statement through a resolution of the WHO Regional Committee<sup>6</sup> (September 2011) and a Decision of the African Ministerial Conference on Environment<sup>7</sup> (September 2011). They have also jointly articulated their views in the African common position on climate change presented at the 17th Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC). More importantly, for the first time, a resolution of ministers of health was considered and endorsed by ministers of environment. This demonstrates the new spirit of cooperation and alignment between the two sectors. The Libreville Declaration has brought a new and dynamic impetus for intersectoral coordinated actions. It has created new possibilities for a more rapid and effective response to global and continental environmental threats.

## 2.2. Programmatic and institutional levels

The SANA process led to the first-ever continental report of the status of environmental determinants and management systems for human health and ecosystems integrity in Africa. In November 2010, national reports on SANAs from 12 countries were reviewed and summarized in a document entitled "Environmental Determinants and Management Systems for Human Health and Ecosystem Integrity in Africa: First Synthesis Report on the Situation Analysis and Needs Assessment for Implementation of the Libreville Declaration on Health and Environment in Africa".<sup>8</sup> This document was the main discussion paper at the Second Interministerial Conference.

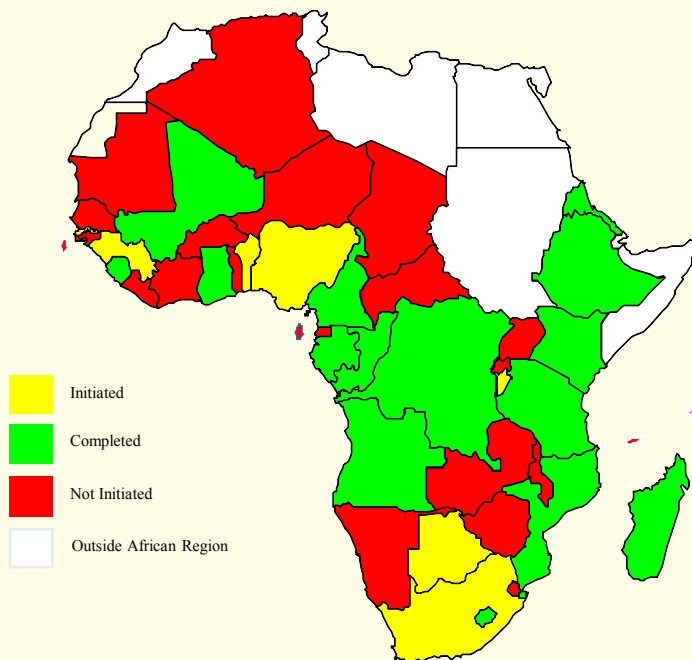
The report confirmed that a large proportion of the disease burden in Africa is determined by environmental factors. The report noted that risk factors were exacerbated by the active and continuous degradation of the main ecosystems in Africa. The report showed that national systems for the management of the determinants of human health and ecosystem integrity were in place in most countries, but are inadequate. There was in particular, a lack of an overarching framework to guide the management of health and environment linkages and limited collaboration between the health and environment sectors. In almost all countries, institutions working on health and environment issues had adequate human resources with a wide range of professional skills and expertise. However, the



extent to which these resources were used to effectively fulfill the functions of environmental risk factor assessment and management was insufficient.

One of the specific objectives of the Libreville Conference was to leverage the necessary institutional arrangements for mitigating environmental threats to human health. It is on that basis that ministers created the HESA. It was formally institutionalized in Luanda by a ministerial consensus on the need to establish Country Coordination Committees (CCCs), also called Country Task Teams (CTTs), as part of the SANA process in each of the 22 countries that have achieved that step. The CTTs have so far been the new driving force for health and environment intersectoral action at country level. Typically, CTTs are composed of 10–20 national experts with backgrounds in public health and epidemiology, environment, policy analysis, economics, statistics, etc<sup>9</sup>. The CTTs reflect representation from all interested ministries, inter alia health, environment, agriculture, industry, planning, infrastructure, land, etc, academia and research institutions, development partners and civil society. Table 1 provides examples of the composition of CTTs in selected countries that have completed the SANA process.

### Implementation of the Libreville Declaration Progress in situation analysis and needs assessment (SANA)



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 from different horizons 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 the national and continental priorities for health and environment.

**Table 1: Composition of CTTs in selected countries**

Country	Number of experts	Number of institutions	Number of sectors
Angola	32	3	2
Cameroon	17	5	4
Congo	15	6	5
Ethiopia	23	15	10
Kenya	16	14	8
Mali	17	12	10

The following countries have undertaken their SANAs: Angola, Benin, Botswana, Burundi, Cameroon, Congo, Democratic Republic of Congo, Eritrea, Ethiopia, Gabon, Guinea, Ghana, Kenya, Lesotho, Madagascar, Mozambique, Mali, Nigeria, Seychelles, Sierra Leone and Tanzania. Comoros, Gambia and South Africa have initiated the process.

### 2.3 Examples of health and environment intersectoral action in selected countries

Cameroon, Ethiopia, Kenya and Mali are among the countries that have undertaken their SANAs. In these countries, experiences of health and environment intersectoral action based on the Libreville Declaration are being documented.

Cameroon completed its SANA process in 2010. It had established a multisectoral and multidisciplinary team of national experts that was supervised by an Interministerial committee on environment. This committee was established before the adoption of the Libreville Declaration. However, it was hardly operational and held a very limited number of meetings, resulting in ineffective coordination of intersectoral activities that was its main function. Further to the Libreville Declaration, the Government of Cameroon revisited the terms of reference and the composition of the committee that was expanded to address health and environment matters and to include the ministries of planning, finance, the WHO country office and other development partners. The intersectoral collaboration established through the implementation of the Libreville Declaration was used to coordinate the management of the cholera outbreak in Cameroon. The committee adopted a five-pronged approach to control the cholera outbreak with the following components: coordination; social mobilization; case identification and management; surveillance and provision of water sanitation and hygiene (WASH) services.



Roles and responsibilities of different actors have been clearly defined. The ministry of health ensures overall coordination of activities, development of health promotion materials and information and reporting of cases. The ministry of environment is in charge of environmental sanitation. The ministry of environment and the ministry of urban affairs and housing are in charge of providing support to municipalities in order to deploy urbanization and health interventions such as environmental sanitation. The ministry of defence provides temporary shelters (tents) and ensures distribution of safe drinking water to communities. The ministry of water has a responsibility to improve water supply to communities through construction of new wells and water storage tanks. The ministry of education undertakes promotion of hand washing, health and health education in schools.

Ethiopia completed its SANA process in 2010. The outcome of the SANA exercise indicated that one of the most important challenges to effectively addressing health and environment linkages was ineffective coordination of activities requiring multisectoral actions. This was particularly due to policy fragmentation, overlap of mandates among ministries and stakeholders and lack of a coherent coordination mechanism. In order to redress this, the Government, on the basis of the recommendations of the SANA report, decided to establish a national Health and Environment

Strategic Alliance among the relevant government sectors and other development partners. Institutions participating in this alliance are: Ministry of Health, Federal Environmental Protection Authority, Ministry of Agriculture, Ministry of Water and Energy, Ministry of Industry, Investment Authority, Ministry of Science and Technology, Ministry of Finance and Economic Development, Road and Transportation Authority, National Meteorological Agency, Higher Institution of Education (Universities teaching on public health and Environment) and Standard and Regulatory Authority. This helped in solving the problem identified in Ethiopia's SANA report. A functional structure for the strategic Alliance was defined. Its main function is to coordinate the joint health and environment activities. It has been proposed to the Government to establish an office for the secretariat with permanent staff.

In Kenya, the implementation of the Libreville Declaration has established a dynamic collaboration between the Ministry of Health and the Ministry of Environment. In addition to the ministries of health and environment, the members of the Kenya Country Task Team include the Ministries of Agriculture, Education and Water and others. The WASH project was selected for assessment, being one of the largest water and sanitation programme in Kenya. It is a five-year project that started in 2008. Whereas the project was conceived before the Libreville Declaration, it is aligned to the principles of Luanda Commitment. It aims at improving child survival rates and development through increased access to sustainable improved water and sanitation and good hygiene practices for communities and schools. The project specifically addresses provision of safe drinking water, hygiene and sanitation services, environmental health of children and women, and management of natural and man-made disasters. In the context of the Libreville Declaration, an intersectoral committee supports and coordinates project activities. The following sectors participate in project development: Health, Environment, Education and Agriculture. WHO, UNICEF and other UN Agencies are part of this coordination, as well as NGOs and donor countries (United Kingdom and The Netherlands). The programme has so far achieved inter alia provision of access to improved water to 773 000 people and provision of improved sanitation to 415 000 people.

Another project selected for assessment that demonstrates effective implementation of the Libreville Declaration is the rehabilitation and restoration of the ecological viability of the Nairobi Rivers Basin. The purpose of the programme is to enhance the ecological integrity



and economic value of the rivers in the Nairobi rivers basin. The three rivers are Nairobi, Mathare and Ngong. The Programme is further intended to improve welfare of the vulnerable population inhabiting the 30-metre riparian reserve.

The coordinating mechanism for the programme activities is undertaken by a secretariat which include the Ministry of Health, Ministry of Land, Ministry of the Environment and Mineral Resources, Ministry of Water; WHO and other UN Agencies; civil society; and the private sector. WHO has played an essential role to ensure that the project takes into consideration some of the priorities set forth in the Luanda Commitment i.e. provision of safe drinking water, provision of hygiene and sanitation services, sustainable management of forests and wetlands, vector control and management of solid waste, improvement of environmental health of children and women, improvement of health in the workplace and management of natural and man-made disasters.

The project's main activities include awareness raising and assessment of social impacts, surveys and delineation of the riparian reserve, control of illegal discharges, establishment of demonstration pilot sites, implementation of an integrated solid waste management system, rehabilitation of the Nairobi dam, repair and installation of sewerage and associated infrastructure.

In Mali, the CTT consists of 17 members from the following institutions: National Directorates of Health, Sanitation, Control of Pollution and Nuisances, Water and Forestry, Agriculture, Industry, Land Transport and Hydrology, Mines and Water resources, Meteorology, Permanent Secretariat for Environmental Management, Faculty of Science and Technology, the National Institute for Public Health Research, and the Central Veterinary Laboratory. The CTT of Mali successfully completed the SANA in 2010. The CTT has developed a project to implement a multisectoral water, sanitation and hygiene interventions within the framework of the Libreville Declaration. The following sectors participate in the project: Health, Environment, Education, Agriculture, Municipalities and NGOs. This project received a two-year grant of the Government of Luxembourg for an amount of € 166 320. The project was launched in November 2010 and its implementation started in January 2011.

The objective of the project is to promote water safety, sanitation and hygiene (WASH) especially household water treatment, excreta disposal, hands washing with soap and hygiene interventions



at community level including at the market place, focusing in particular on households and schools in two districts namely Niono and Yorosso.

The implementation of the Libreville Declaration has established strong collaboration between the Ministry of Health and the Ministry of Environment. Joint actions between both ministries are now effective as demonstrated by the rapid and effective preparation of a national action plan for public health adaptation to climate change. The coordination committee for this plan is chaired by the Minister of Environment who was officially designated by Cabinet to oversee this process. More importantly, there have been agreements between both ministries to transfer the coordination of specific activities including the management of funds from one ministry to another, based on their comparative advantages. An example is the African Stockpile Programme, initially managed by the Ministry of Environment and now transferred to the Ministry of Health, with the associated funds.

### **3. PROSPECTS FOR IMPROVEMENT IN ENVIRONMENT AND PUBLIC HEALTH IN AFRICA**

Beyond alignment in policies and coordinated actions, the ultimate impact of the Libreville Declaration will be documented reduction in the disease burden attributable to environmental risk factors and sustained delivery of ecosystems goods and services. To these ends, ministers have committed themselves to implementing integrated environment and health surveillance.

So far, there has been a limited attempt to integrate environmental data with public health data for comprehensive and simultaneous action on both disease determinants and their outcomes. Health and environment sectors have so far worked independently of one another. Furthermore, disease surveillance and management programmes have been disconnected from one another and managed separately. This has led to reduced impact of interventions and lack of efficiency. Integrated environment and health surveillance will remedy this gap. It will enable African countries to develop and implement evidence-based policies and make sound and sustainable decisions on environmental management and related disease burdens. This process will generate the necessary coherence in actions to be taken by governments to

preserve ecosystems and protect public health. It will strengthen countries' technical capacities to generate, analyze, interpret and use strategic information for action simultaneously for preservation of ecosystems and protection of public health. Integrated environment and health surveillance will also provide, on a regular basis, information that is required for adjustment of environmental and public health policies as well as on the effectiveness of ongoing environmental and public health interventions.



Programmes will use information generated from integrated surveillance to direct evidence-based and technically-sound interventions. The Pan African Programme for Public Health Adaptation to Climate Change has already been agreed upon by governments. Another programme which is under development is the African Programme to reduce risks posed by chemicals to human health and ecosystems.

#### **4. THE HEALTH AND ENVIRONMENT STRATEGIC ALLIANCE: AN EVOLVING DYNAMIC PLATFORM FOR INTERNATIONALLY-COORDINATED ACTIONS**

##### **4.1 The commitment of partners to support implementation of the Libreville Declaration**

The Libreville Declaration requests WHO and UNEP to support its implementation, along with other partners and donors including development banks in Africa and African Subregional Economic Communities. The Regional Directors of WHO and UNEP met in November 2008 in Nairobi to establish a WHO/UNEP Joint Task Team (JTT) in order to spearhead and coordinate implementation of the Declaration at the international level. They met a second time in June 2011 in Brazzaville where they recognized the strategic nature of the health and environment alliance and agreed to invite other institutions such as the UN Economic Commission for Africa, the African Development Bank (AfDB) and others to formally join the partnership. Since 2008, WHO and UNEP have strengthened their cooperation in health and environment beyond that previously experienced and have succeeded in raising the profile of health and environment issues on national and international strategic agendas.

Two meetings of partners were organized in Windhoek, Namibia in February 2009, and in Nairobi, Kenya, in April 2010, respectively. Participants included representatives of United Nations agencies, development banks, subregional economic groupings, bilateral partners and countries. At the first meeting, partners committed to participation in the HESA through the “Windhoek Statement of Partners”<sup>10</sup>. They requested countries to take the necessary measures to ensure a participatory approach in the implementation of the Libreville Declaration and requested the JTT to provide support functions to the HESA. This commitment was reiterated in Nairobi in 2010.

#### 4.2 The pivotal role of the Joint Task Team

The JTT has now been expanded to include other institutions such as the AfDB, the Secretariat of the UNFCCC and the World Meteorological Organization (WMO) as well as experts from other development partners such as France. The JTT coordinates implementation of the Libreville Declaration at the international level and serves as the Technical Expert Group for the initiative. It is in that capacity that the JTT has been able to develop the technical guidance required by countries to implement the Libreville Declaration and to undertake technical support missions in all countries initiating implementation. The JTT holds regular working sessions. Table 2 provides information on the work undertaken during these JTT sessions.

The JTT delivers its work on the basis of biennial roadmaps (to date, 2009-2010 and 2011-2012). The roadmaps set out the process and define key milestones for implementing the Libreville Declaration, nationally and internationally. They establish the basis by which countries and their partners report to governments. The JTT initiated its work by developing the tools for SANAs as well as the guidelines for the preparation of NPJAs. The JTT has provided countries with a framework to implement the Libreville Declaration, facilitated harmonization of methodologies, procedures, indicators and tools as well as identification of national and international priorities.



**Table 2: Outcomes of the Working sessions of the JTT**

Date	Venue	Outputs/Outcomes
3-4/12/2008	Geneva, Switzerland	<ul style="list-style-type: none"> <li>• Roadmap and work plan for 2009-2010</li> </ul>
23-27/3/2009	Paris, France	<ul style="list-style-type: none"> <li>• Development of the SANA guide</li> <li>• Development of the Health and Environment data management system</li> <li>• Briefing notes for countries on the establishment of country task teams</li> </ul>
7-9/7/2009	Brussels, Belgium	<ul style="list-style-type: none"> <li>• First progress report on implementation of the Libreville Declaration</li> <li>• Draft organizational arrangements for the Health and Environment Strategic Alliance</li> <li>• Concept note for a project proposal to scale up SANAs</li> </ul>
2-4/12/2009	Nairobi, Kenya	<ul style="list-style-type: none"> <li>• Second progress report on the implementation of the Libreville Declaration</li> <li>• Draft guide for the preparation of national plans of joint actions</li> <li>• Concept paper for the second meeting of partners</li> </ul>
25-27/11/2010	Geneva, Switzerland	<ul style="list-style-type: none"> <li>• - Concept paper for Second Interministerial Conference on Health and Environment in Africa</li> </ul>
2-5/3/2010	Madrid, Spain	<ul style="list-style-type: none"> <li>• Concept paper on integrated environment and health surveillance system</li> <li>• Review of SANAs</li> <li>• Drafting of the first SANA synthesis report</li> </ul>
12-13/4/2010	Nairobi, Kenya	<ul style="list-style-type: none"> <li>• Development of funding proposals for resource mobilization</li> </ul>
24-26/8/2010	Cairo, Egypt	<ul style="list-style-type: none"> <li>• Third progress report on the implementation of the Libreville Declaration</li> <li>• Preparation of the Second Interministerial Conference</li> <li>• Review of the health aspects of National Adaptation Programmes of Action for Climate Change</li> <li>• Draft Joint Position Statement on climate Change and Health for consideration by ministers at the second Interministerial Conference</li> <li>• WHO/UNEP action pledge to the Nairobi Work Programme</li> </ul>
31/1-4/2/2011	Cotonou, Benin	<ul style="list-style-type: none"> <li>• Elaboration of the report of the Second Interministerial Conference on health and environment in Africa</li> <li>• Roadmap and workplan for 2011-2012</li> <li>• Finalization of the Framework for Public Health Adaptation to Climate Change</li> </ul>
12-16/3/2011	Pretoria, South Africa	<ul style="list-style-type: none"> <li>• Development of the concept and the tools for assessment of health and environment intersectoral action at the country level</li> <li>• Briefing of the National Department of Health on health aspects of Climate Change and key messages for the COP17</li> <li>• Discussions on collaboration between WHO, UNEP and the Regional Climate Change Programme for Southern Africa</li> </ul>
5-7/10/2011	Geneva, Switzerland	<ul style="list-style-type: none"> <li>• Fourth progress report</li> <li>• Finalization of the Framework to reduce risks posed by chemicals to human health and the environment</li> <li>• Action plan for international technical assistance for preparation and implementation of health components of national adaptation plans for climate change</li> </ul>

## 5. CHALLENGES, OPPORTUNITIES AND PERSPECTIVES

Since its adoption in 2008, about half of African countries have embarked on implementation of the Libreville Declaration. The implementation process requires human, technical and financial resources that are not always readily available or earmarked to assist countries as they embrace this new paradigm. So far, WHO, UNEP, Germany and France and the Rockefeller Foundation have been the most important partners providing both technical and financial resources to support countries' efforts. It is now urgent that this base be broadened to secure more resources from more partners. This can only happen if countries themselves and their partners consider including health and environment as a new area of work their expenditures frameworks.

At the country level, governments need to keep their CTTs together and provide some identified funding for their operations. To that end, national coordinators of the CTTs at the level of ministries of environment and ministries of health need to remain proactive in engaging national authorities and experts continuously. At the international level, the engagement of other organizations beyond WHO and UNEP, needs to be stronger and broader.

The new Pan African Programme for Public Health Adaptation to Climate Change, combined with the African Programme to Reduce Risks Posed by Chemicals on Human Health and the Environment, can address the majority of identified health and environment issues. They represent a real opportunity to initiate and strengthen the delivery of operations, thus allowing the Libreville Declaration to come to fruition. They will forge the required scientific and technical capacities and showcase the economic value of investing in primary prevention, both for public health and for ecosystems. The ultimate question will be how to finance all the necessary strategies and programmes. The future work of the countries, partners and the JTT should now focus primarily on this aspect.

## 6. CONCLUSION

The Libreville Declaration on Health and Environment in Africa, is evolving as a successful country-driven initiative. The Interministerial Conferences have provided Africa with a unique opportunity to drive national and international agendas on health and

environment. Tangible outcomes of this process can already be identified. Its implementation needs to be accelerated so that its impacts are felt in communities, and its benefits can contribute to accelerating the attainment of the Millennium Development Goals and beyond.



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