

**OUTCOME DOCUMENT OF THE THIRD INTER-MINISTERIAL CONFERENCE ON HEALTH AND  
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**STRATEGIC ACTION PLAN TO SCALE UP HEALTH AND ENVIRONMENT INTERVENTIONS IN  
AFRICA**

**2019–2029**

**Adopted on 9 November 2018 by Decision IMCHE/3/1**

## **I. Introduction**

1. In Africa, the burden of disease attributable to environmental determinants, and the consequent socioeconomic impact, is substantial. In 2008, African Ministers of Health and Ministers responsible for the environment came together in Libreville, Gabon to seek a new intersectoral approach to the problems thus identified. The Ministers agreed on the “Libreville Declaration on Health and Environment in Africa”, which was supplemented in 2010 by the “Luanda Commitment”, highlighting the importance of managing the interlinkages between health and environment as a means of achieving sustainable development.
2. Progress made by countries across the Region in implementing the Libreville Declaration has been variable, although in some areas of work it has been substantial. The new Strategic Action Plan to Scale up Health and Environment Interventions in Africa 2019–2029 builds on the progress made. It seeks to strengthen national and regional dialogue and cooperation on major health and environment priority issues and to accelerate the integration of health and environment priority actions into national development policies. As such, it intends to position the Libreville Declaration as a key driver that will significantly contribute to the attainment of the Sustainability Development Goals.
3. The main focus areas of the Strategic Action Plan include strengthening the policy framework and institutional mechanisms for integrated environment and health interventions. It also focuses on scaling up cost-effective interventions aiming to address top priority environmental health risk factors identified in the Luanda Commitment such as safe drinking-water and sanitation and hygiene, air pollution and clean energy, chemicals and wastes, climate change, vector control and health in the workplace.
4. The implementation of this new Strategic Action Plan, founded on the Libreville Declaration and supported by WHO and UNEP and other international partners will require an amended approach to institutional arrangements, the establishment of a sustainable financing mechanism, and a review of measures currently being undertaken to strengthen national capacities and research, advocacy and communications, as well as monitoring and evaluation.

## **II. Issues and Challenges**

5. Human health is intimately related to the state of the environment.
6. In 2012, an estimated 12.6 million deaths globally were attributable to the environment. Environmental risk factors, such as air, water and soil pollution, chemical exposures, hazardous work environment, climate change, and ultraviolet radiation are estimated to be responsible for 23% of all deaths worldwide.

7. The higher prevalence of noncommunicable diseases is attributable to exposure to chemicals, poor air quality, occupational risks and unhealthy lifestyles. In 2016, 9 out of 10 people breathed air in which the concentration of air pollutants is above the limit set up by the WHO guidelines, and about 7 million people died of diseases attributable to air pollution. This imposes a very heavy economic and social cost, which makes it more difficult to achieve key development goals, including poverty reduction and health targets.
8. Currently, environmental change and challenges, including extreme weather events, are occurring at an unprecedented pace. The African continent, with its highly vulnerable population, is experiencing high burdens of both communicable and noncommunicable diseases. These include vector-borne, diarrhoeal and cardiovascular diseases, as well as lower respiratory infections that are significantly attributable to environmental determinants. Ambient, household air pollution, water, sanitation and hygiene are the environmental drivers of these diseases. These factors are now being exacerbated by the negative consequences of climate change, rapid and unplanned urbanization, increased population growth, industrialization, and urban migration combined with persistently unsustainable patterns of production and consumption.
9. Access to drinking-water increased from 48% to 68% over the MDG era. However, this figure hides huge social inequities, particularly between urban and rural communities, with 87% and 56% coverage, respectively. The proportion of the population using improved sanitation facilities increased only from 24% to 30% during the MDG period, with about 700 million people (70%) still lacking access to improved sanitation facilities.
10. Over 40% of outdoor air pollution in many African cities is attributed to transport emissions. The import of used vehicles coupled with poor fuel standards is the leading contributor to increasing transport emissions. The situation is further compounded by the lack of adequate public transport and walking and cycling infrastructure that could significantly improve health and the environment. In 2014, at the Africa Sustainable Transport Forum, Ministers agreed on a set of 12 actions to promote sustainable transport. Follow-up recommendations on cleaner transport policies were made at the Africa Clean Mobility Week in March 2018.
11. In 2016, 3.8 million deaths globally were attributable to household air pollution only, with 739,000 of those deaths occurring in Africa as a result of domestic use of solid fuels and kerosene for cooking only. Ambient air pollution caused approximately 439,000 deaths in the region, with principal sources of pollution being energy and power generation, transport, burning of solid and agricultural waste, industry and agriculture. These figures are substantially higher than those estimated previously. Despite these impacts, governments continue to encourage the use of fossil fuels through subsidies amounting to US\$ 500 billion every year. Reforming such subsidies (as called for under SDG 12c) would help to reduce premature air-pollution-related deaths by 55% and CO<sub>2</sub> emissions by more than 20% globally.
12. African countries are facing increased exposure to chemicals as a result of the growth of the global chemicals trade, changing production patterns and a predicted

relocation of chemical production from developed to developing countries. Pesticides are of concern to most African countries (particularly in sub-Saharan Africa) because of their importance in agriculture. Pesticides have been used in Africa for more than 40 years, and it is estimated that the continent holds stockpiles of more than 27 000 tons of obsolete pesticides needing disposal. However, the use of certain fertilizers and pesticides generate negative externalities and can have significant adverse effects on the environment and human health.

13. Waste in general, and waste generated from health-care activities in particular, represent a potentially serious threat to both human health and the environment. Electronic waste dumping and recycling in Africa also represents a serious risk, with exposure of children to the toxic chemicals involved being of particular concern.
14. Hazardous working environment is responsible for more than 1.2 million deaths globally. In the African region, the most affected sectors are agriculture, mining, construction. Working conditions in many health care facilities in the region are still unsafe. The growing informal economy and work in digital platforms operates outside occupational health and safety and environmental regulations with high risks for health and safety of workers and neighbouring communities.
15. Africa's rich biodiversity is a base for various ecosystems services including food, clean water and air. Biodiversity has intrinsic value and is the foundation of all life forms, including human beings. It maintains ecosystem balance, provides a range of social benefits and is a source of vital resources such as food and medicine. The link between biodiversity and human health and well-being is increasingly being better understood. However, this critically important natural capital faces significant threats from illegal trade in wildlife, air and water pollution, forest loss, climate change, and the increased prevalence of invasive alien flora and fauna species. Loss of biodiversity and ecosystem services could result in depletion of food, raw materials and medicines, with negative impacts on human health.
16. Climate change poses immediate and long-term threats to human health and survival across the globe. Nowhere is this anticipated to have greater impact than in Africa, where social, political, environmental and economic conditions already create serious health vulnerabilities for many communities across the continent. Africa is inherently vulnerable to climate change. Two thirds of its surface area is desert or considered arid. There are numerous fragile terrestrial and coastal ecosystems and a high exposure to natural disasters, particularly droughts and floods. Livelihood and economic activity in Africa are heavily dependent on rain-fed agriculture and natural resources. Biomass provides 80% of the primary domestic energy supply in Africa. Sub-Saharan Africa already bears a heavy burden of infectious diseases. Many of these diseases are climate-sensitive and climate change may increase their spread and impact on human health.
17. According to the World Health Organization every year natural disasters kill around 90 000 people and affect close to 160 million people worldwide. Natural disasters include earthquakes, tsunamis, volcanic eruptions, landslides, hurricanes, floods, wildfires, heat waves and droughts. They have an immediate impact on human lives and often result in the destruction of the physical, biological and social environment

of the affected people, thereby having a longer-term impact on their health, well-being and survival.

18. In Africa, the health effects of natural disasters are highly visible, but incorporating and sustaining the particular importance of health in broader disaster risk reduction strategies has remained a key challenge for the United Nations, partners in national ministries of health, and environment, and the wider health and environment communities.

### **III. Changes in the wider policy landscape**

19. Since 2008, it is not only the greater emphasis on responding to climate-related issues that has changed within the wider policy landscape. There is also a greater emphasis on protecting the environment, on promoting transparent energy markets and on facilitating low carbon development policies, all in support of sustainable development. In 2011, the UN Secretary-General launched a Sustainable Energy for All (SE4All) initiative, with an African hub established two years later. In 2012, the UN Conference on Sustainable Development (Rio+20) agreed on an outcome document, "The Future We Want", as a basis for future work.
20. In 2015, a set of Sustainable Development Goals (SDGs) was adopted to end poverty and pursue sustainable development over the next 15 years. The 2030 Agenda for Sustainable Development highlights critical links between economic and social development, the environment, human well-being and the full enjoyment of a wide range of human rights, including the rights to life, health, food, water and sanitation. The SDGs place people and their well-being at the centre of sustainable development. Being able to efficiently mitigate adverse health impacts from the environment is a key issue in the implementation of the 2030 Agenda for Sustainable Development and Africa's Agenda 2063. The 2030 Agenda provides an ideal platform for catalysing intersectoral engagement and action on environmental determinants of health. It also provides an important opening to reposition primary prevention as an approach and a prerequisite for sustainable development.
21. Health and environment cut across all the 17 Goals. For instance, three targets for Goal 3 relate directly to health and environment. Eight other SDGs directly address health and environment interlinkages; many of the targets for Goal 3 relate directly to implementation of the Libreville Declaration including reducing mortality rate attributed to air pollution, sanitation and hygiene and unintentional poisonings. Goal 6 is to "Ensure availability and sustainable management of water and sanitation for all"; Goal 7 includes access to affordable, reliable, sustainable and modern energy for all; Goal 8 is to promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all. Goal 9 to build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation. Goal 11 to make cities and human settlements inclusive, safe, resilient and sustainable. Goal 12 to ensure sustainable consumption and production patterns, Goal 13. Take urgent action to combat climate change and its impacts, Goal 15 is to "Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land

degradation and halt biodiversity loss”; Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

22. In 2015 the Paris Agreement on climate change was adopted to catalyse climate action and address the effects of climate change. In addition, the Sendai Framework for Disaster Risk Reduction 2015-2030 was adopted in 2015 to ensure a substantial reduction of disaster risk and losses in lives, livelihoods and health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries. From an African perspective, Agenda 2063 was adopted by the African Union as a regional strategy to optimize the use of Africa’s resources for the benefit of all Africans.
23. Global health security has emerged as a top priority on the global public health agenda. For example, the Ebola virus disease outbreak in West Africa was unprecedented in both its scale and impact. Out of this human calamity has emerged renewed attention to global health security. Similarly, environmental security has arisen as a policy concern due to the clear linkage between the environment and human security. The effective governance, sound management and sustainable use of natural resources are vital to political, economic and social stability as well as human well-being.
24. The United Nations Environment Assembly at its third session (UNEA-3) urged Member States to work towards a pollution-free planet for the health and well-being of people and the environment. To achieve this objective, UNEA-3 recognized the need to undertake large-scale and coordinated action against pollution and to develop an implementation plan towards a pollution-free planet, in consultation with the Committee of Permanent Representatives, for submission to and consideration by the Environment Assembly at its fourth session.
25. Most recently, UN Environment and WHO have agreed to unite their efforts to mutually and significantly address environmental health risks through a formal agreement on developing a joint work programme and holding an annual high-level meeting to evaluate progress and make recommendations for continued collaboration. The WHO-UN Environment Memorandum of Understanding of 2018 follows a Ministerial Declaration on Health, Environment and Climate Change calling for the creation of a global Coalition on "Health, Environment and Climate Change" at the 22<sup>nd</sup> Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC) in Marrakesh, Morocco in 2016.

#### **IV. Challenges**

26. Progress made across the African Region in the implementation of the Declaration has been slower than anticipated.
27. Despite the important progress recorded and valuable lessons learned at the policy, programmatic and institutional levels, significant challenges are limiting the expected impacts on ecosystems and the health and well-being of populations at grassroots levels. One of the most important of such challenges is the current limited

investments of governments and their development partners in proven and cost-effective interventions.

28. Funding for the health and environment sectors remains low despite efforts to the contrary, with the funding that is provided being mainly for “curative” programmes rather than for prevention in both sectors. The Evaluation of the implementation of the Libreville Declaration revealed that the mean allocation of national budgets to ministries of health in the Region is 6.4% (ranging from 1.9% in Guinea to 12.4% in the Seychelles), with the proportion of that figure allocated to disease prevention being an average of 30% (ranging from 0.12% in Madagascar to 97% in Congo). In all cases, the overall percentage allocation falls below the target of 15% set by Heads of State in 2001 through the Abuja Declaration of the African Union.
29. The comparable allocations of the national budget to ministries of environment are a mean of 0.9% (ranging from 0.005% in Cameroon to 3.2% in the Republic of Benin), with an average of 36% of that figure being allocated to environmental preservation (ranging from 8% in Botswana to 83% in Mali).
30. It also appears that existing funding opportunities, for example, those offered by the Global Environment Facility and The Green Climate Fund , are not fully explored by countries. In addition, there appears to be a disconnect at national level between the importance attached to the National Plans of Joint Action (NPJAs) for implementation of the Libreville Declaration and the formulation of Country Cooperation Strategies with WHO, which rarely contain environment related issues as priorities.

## THE STRATEGIC ACTION PLAN

### I. VISION

1. A Healthy, Safe and Pollution-free Africa

### II. GOAL

2. To preserve ecosystem integrity and promote a pollution-free continent for healthy lives and well-being for all African populations.

### III. Objectives

(a) To reduce the burden of disease attributable to environmental determinants through safe, sustainable and health-enhancing human environments;

(b) To harness the potential of the Libreville Declaration by operationalizing the Health and Environment Strategic Alliance at national and international levels;

(c) To mainstream the outcomes and impacts of the Libreville Declaration by integrating health and environment priority actions into national development policies to contribute to the attainment of the SDGs.

### IV. GUIDING PRINCIPLES

- a) **BE UNIFIED** by a refreshed vision, renewed commitment and ownership that build on the Libreville Declaration and the Luanda Commitment that have engendered a new and dynamic impetus for intersectoral coordinated actions on health and environment in Africa;
- b) **SEIZE** the opportunity to go beyond the short term and take on an expanded horizon view of supporting priority programmes that have an impact on sustainable development which contribute to the health and well-being of populations, the preservation of the environment and the achievement of a sound economy;
- c) **MAINSTREAM** health and environment issues beyond considering them as a priority for only a few Government departments and urge the joint Ministerial leadership to embed these issues into regional/national policies and the Sustainable Development Goals;
- d) **INSTITUTIONALIZE** good governance (includes leading by example), functional operations and effective intersectoral collaboration among relevant stakeholders including health in all policy approaches;
- e) **SEEK AND MAKE USE** of innovative mechanisms to secure the means and resources needed to get the work done;
- f) **ADOPT AND DELIVER** a defined package of actions that addresses priority issues on health and environment.

- g) **OPTIMIZE THE USE** of resources in implementing projects/programmes that can demonstrate value for money in tackling health and environment issues and contributing to the achievement of the SDGs.

## V. STRATEGIC HEALTH AND ENVIRONMENT PRIORITY INTERVENTIONS

- a) **Strengthening the legal and policy framework and institutional mechanisms for integrated environment and health interventions.** The most pressing need is to improve intersectoral coordination by establishing formal alliances between health and environment, with the establishment of overarching national frameworks to develop integrated policies that are then implemented in a coordinated manner. Health and Environment Strategic Alliances (HESAs) and Country Task Teams (CTTs) should be established on a permanent basis at a high level within the country's administration (for example, and as appropriate, under the Prime Minister's Office), to promote inter-ministerial coordination and to increase accountability, with part of their mandate being formal oversight of implementation of the NPJAs. Meanwhile, countries may choose to establish a HESA that is distinct from, and sits above an existing CTT. This may require a review and possible extension of the membership of HESAs/CTTs to ensure that all relevant sectors are represented; membership should, as a matter of course, include a representative of the ministry of finance and/or development at a senior level.
- b) **Build infrastructural, technical and institutional capacities** for joint capacity building of national experts operating in relevant sectors such as water; energy, chemicals and waste, climate change, labour, etc. on the use of environmental and health information and data management. The institutional and technical capacity of national environmental health services should be strengthened in the use of economic analysis and methodologies such as the cost of inaction and green fiscal policy reform to inform decision-making. Long-term human capacity building should focus on the integration of health education and environmental health promotion in the curricula of educational institutions. National environmental health legislation, policies and frameworks should be developed or updated and aligned with the 2030 Agenda for Sustainable Development. Equip the national health workforce and broader public health community with the capacity and tools to demonstrate to the public and decision-makers the full range of health and social benefits that can be achieved from implementing sectorial policies and strategies.
- c) **Establish integrated health and environment surveillance systems:** This integrated system will track trends in indicators that focus on the environmental risk factors most relevant to health, health outcomes most influenced by the environment, and policy action deemed to reduce and prevent the risks. National monitoring capacities and data collection, including integrated surveillance capacities and early warning systems, as well as environmental health risk mapping should be strengthened. This will enable anticipation, preparation for and response to public health threats resulting from environmental degradation.

- d) **Shape the research agenda:** Set research agendas, and generate adequate funding to advance them, as well as close existing knowledge gaps. Mechanisms should be established for consolidating and translating scientific evidence and sharing experiences and lessons learned to guide policies and practice on environmental health at regional and national levels.
- e) **Raise awareness and undertake social mobilization:** Community engagement should be encouraged through reinforcing existing community systems for leadership and stewardship roles. Community literacy on health and environment linkages, climate change, social and behavioural change should also be improved. Emphasis should be put on community empowerment for effective adoption and deployment of simple, cost-effective interventions.

### ***Milestones and Targets***

- a) All African countries have established functional CTTs, supported by funding for implementation, by 2024
- b) All African countries have developed NPJAs by 2024
- c) All countries have reviewed, updated and developed policies, regulations and resource mobilization strategies on health and environment to support joint interventions with a view to contributing to the achievement of the SDGs by 2029
- d) All countries have developed their research agenda on health and environment by 2024
- e) All countries have put in place their monitoring and evaluation frameworks to measure progress and achievements by 2029.

## **VI. SCALING UP COST-EFFECTIVE INTERVENTIONS TO ADDRESS PRIORITY ENVIRONMENTAL HEALTH RISK FACTORS**

### **(a) Access to safe drinking-water and safe sanitation**

1. Access to safe drinking water and safe sanitation is a basic human right and has long been a priority for health and environment interventions in the African Region, and a focus of attention within earlier regional strategies.
2. In line with WHO guidelines for drinking-water quality, efforts should focus on scaling up existing initiatives such as water safety planning, sanitation safety planning, household water treatment and safe storage, as well as water, sanitation and hygiene (WASH) in specific settings, including health facilities and schools. WASH should be further mainstreamed in health programming, including into nutrition, neglected tropical diseases, maternal, child and newborn health within the context of Infection Prevention and Control.
3. In relation to water governance, policy advice on fiscal and pricing reforms, coupled with improved governance and regulation should be provided to Member States to improve water efficiency and increase access to clean water with a view

to contributing to the delivery of socially inclusive and sustainable water use under SDG 6.

4. Further, national public health strategies should be developed and strengthened, including coordination, planning and implementation with all stakeholders, to highlight the importance of safe drinking-water, sanitation and hygiene as a basis for primary prevention of waterborne diseases and alleviation of poverty.
5. The intersectoral policy frameworks, institutional mechanisms and governance arrangements for integrated management of water- and sanitation-related health hazards and risks should be strengthened through regular assessments, data collection and analysis and reports.

### ***Milestones and Targets***

1. Increase by 30% the population using safely managed drinking-water sources by 2029 compared to 2016.
2. Increase treatment, recycling and reuse of wastewater to reduce the amount of untreated wastewater discharged into freshwater bodies by at least 50% by 2029
3. Increase by 20% the population using safely managed sanitation services by 2029 compared to 2016.

### **(b) Air pollution and clean energy**

1. In 2015, the World Health Assembly (WHA) adopted a resolution on “Health and the environment: addressing the health impact of air pollution” (WHA68.8), urging a multisectoral approach to identifying, addressing and preventing the health impacts of air pollution, with actions for countries and WHO itself. In 2016, WHA also adopted a roadmap for an enhanced global response to the adverse effects of air pollution. In 2014, UNEA adopted a resolution “Strengthening the role of the United Nations Environment Programme in promoting air quality”, urging UN Environment to strengthen cooperation on air pollution. Subsequently, in 2017, UNEA adopted a resolution “Preventing and reducing air pollution to improve air quality globally”, urging Member States to strengthen inter-governmental cooperation to address and reduce negative impacts of air pollution.
2. National legislation and regulatory instruments on public health should be harmonized and enforced to promote the use of clean energy sources for cooking, heating and lighting. Joint actions should promote access to sustainable and clean/renewable energy and enhance sustainable urban policies in energy, transport, waste management and industry in order to reduce the emission of short-lived climate pollutants. Member States should promote air pollution monitoring and consolidate evidence on its impact on human health, in line with SDG 3, SDG 7 and SDG 11.
3. Inefficient fossil fuel subsidies should be reformed to reduce air pollution, associated health impacts and raise revenues which can be used to support investments in

renewable energy and energy efficiency, access to clean cooking fuels, clean technologies, environment-health priorities and other national objectives.

### ***Milestones and Targets***

1. At least 40 countries have established air quality monitoring systems in over 100 cities as well as data on ambient air quality by 2029
2. There is at least a 10-fold increase in investment in renewable energy and energy efficiency in countries by 2029
3. There is improved access to clean cooking fuels
4. Fossil fuel subsidies are phased out by 2030
5. Cleaner fuels and vehicle emission standards (equivalent to Euro 4/IV standards) are adopted by 2030 when significant health benefits will begin to be realized.
6. Walking and cycling infrastructure is improved in cities

### **(c) Marine and coastal pollution**

Multilateral environment agreements should be enforced and national policies and regulations should be developed and enforced:

1. to prevent discharge of untreated wastewater and to reduce excess nutrient run-off from agricultural systems into the marine environment
2. to restore and conserve coastal ecosystems and wetlands to reduce the amount of excess nutrients and other pollutants such as heavy metals entering the coastal and marine environment
3. to prevent and reduce marine litter, including microplastics, and harmonize monitoring and assessment methodologies to facilitate the adoption of reduction targets
4. to develop efficient governance frameworks and strategies for the prevention and minimization of the generation of marine plastic litter, including microplastics and in particular from land-based sources, and make producers more responsible for the sustainable design, recovery, recycling and environmentally sound disposal of their products
5. to regulate the leaking of radioactive waste into the ocean
6. to establish waste collection systems in coastal areas and monitor programmes for marine litter to inform upstream interventions.

### ***Milestones and Targets***

1. Reduce discharge of untreated waste wastewater and excess nutrient run-off from agricultural systems into the marine environment by 80% by 2025
2. At least 50% of the countries have developed efficient governance frameworks and strategies for the prevention and minimization of the generation of marine plastic litter

### **(d) Sound Management of chemicals and wastes including plastic, biomedical, electronic and electrical wastes**

1. Policies of the health and environment sectors should be aligned with each other for effective implementation and enforcement of both the Strategic Approach to

International Chemicals Management and the chemical-and wastes related international conventions. Strong institutional mechanisms should be established or strengthened to facilitate collaboration among all relevant sectors.

2. Support should be provided to Member States to roll out and implement global initiatives and agreements on chemicals, including the WHO road map to enhance health sector engagement in the strategic approach to international chemicals management towards the 2020 goal and beyond, the Strategic Approach to International Chemicals Management, the BRS conventions, the Minamata Convention on mercury and other Multilateral Environment Agreements ratified by Member States, and the International Health Regulations (2005).
3. Countries should consider their position with respect to signature, ratification and status of implementation of the conventions and non-binding international agreements.
4. Work on the establishment of poisons centres across the Region should be consolidated, and work on the prevention of lead poisoning in children should be continued.
5. The adoption of policies and approaches such as those for the environmentally sound management of chemicals and waste, including the use of integrated life cycle, value chains, and extended producer responsibility, sustainable use of resources, sustainable chemistry and fiscal incentives to improve chemicals management should be promoted.
6. Greater awareness of the impacts, including the health impacts, of harmful chemicals and waste needs to be communicated to policy-makers at the national level so that sound management of chemicals and waste should be fully integrated into national budgets and sector-level plans.
7. Capacity to generate, access and use information and knowledge: increasing the capacity to research, acquire, communicate, educate and make use of pertinent information, to be able to diagnose and understand chemicals management challenges and identify potential solutions needs to be improved.
8. Develop a national integrated health and environment observatory, including a core set of indicators that will enable data aggregation at national, regional and global levels, to provide timely and evidence-based information to predict, prevent and reduce chemicals risks to human health and the environment in view of raising the priority given to the sound management of chemicals through their integration into national development plans and processes.
9. Reduce exposure to lead from waste battery recycling, pottery, ammunition, paint and contaminated sites, taking into account any relevant provisions in existing international agreements. To the further extent necessary, promote the prevention of childhood lead poisoning by working on an intersectoral basis to support the work of the Global Alliance to Eliminate Lead Paint, in particular by increasing awareness and enacting legislation to ban lead in paint.

### ***Milestones and Targets***

1. By 2029 all Member States have ratified existing chemicals and waste related Multilateral Environment Agreements.
2. Accelerate efforts to eliminate the use of PCBs (polychlorinated biphenyls) in equipment by 2025 and dispose of PCB-containing waste by 2028 to meet the Stockholm Convention deadlines.
3. Phase out mercury use in a number of specific products by 2020 and manufacturing processes by 2025, and phase down use in dental amalgams and mining.

### **(e) Climate change and health**

1. Member States that are yet to conduct assessments of vulnerability and adaptation to climate change and those without health national adaptation plans (HNAP) should finalize these processes. Those with HNAP should fast-track implementation of their plans. Climate resilience should be mainstreamed in health plans and programmes in order to enhance early warning and surveillance of climate-sensitive diseases.
2. Member States should implement their national determined contributions (NDCs) under the Paris Climate Agreement to have co-benefits for health, as climate policy instruments such as fiscal policies in the energy, transport and mining sector can contribute to health improvements by reducing GHG emissions and local pollution, discouraging the use of fossil fuels or incentivizing low emission transport.
3. A comprehensive mix of policies to support climate action and address negative health impacts including fiscal policy measures such as carbon pricing which can reduce GHG emissions cost-effectively and raise public revenues for climate investments, environment-health priorities and other national objectives should be implemented.
4. Countries should incentivize the importation of fuel-efficient vehicles, including electric vehicles through fiscal incentives and public sensitization. This is expected to double the fuel efficiency of imported vehicles by 2030 and all vehicles by 2050.

### ***Milestones and Targets***

1. By 2025 all Member States have included the health dimension in their NDCs
2. By 2025 half of Member States have conducted vulnerability assessments and developed national adaptation and mitigation plans to climate change.

### **(f) Healthy Settings, Urbanization and Health**

1. National and subnational policies and strategies should be developed to promote healthy cities as environmentally sustainable and socioeconomically resilient with clean air, energy-efficient infrastructure, accessible greenspaces for the entire population that can attract more investment and businesses. Healthy cities should

be socially inclusive – places where planning and policy-making incorporate the views, voices, and needs of all communities.

2. National action plans on occupational health and safety should be developed in collaboration between health, labour and environmental ministries and involving organisations of workers, employers and civil society. There is need to establish specific initiatives to address health, safety and environment concerns in the high risks settings in the informal economy and to integrate such measures into strategies for elimination of poverty and sustainable economic growth.
3. There is need to strengthen multisectoral dialogue and to scale-up efforts in strategic and sustainable joint-interventions and engagement with municipalities and local governments on health and environment issues affecting the health and well-being of people in Africa. There is also need to advocate for domestic investment in strategic actions to increase local capacities and community engagement in collaboration with public-private partnerships.
4. Partnerships should be developed for targeted and specific advocacy on health and environment issues with institutions and communities, including youth, parliamentarians, local governments, education ministries, civil society, and the private sector, while striking a balance in the allocation of national budgetary resources for intersectoral health-and-environment programmes.
5. The Framework for Implementation provides the basis for a concerted and coordinated programme of action focusing on slums, shelter delivery and the provision of and access to basic services for all, and urbanization and human settlements.

#### ***Milestones and targets***

1. By 2025, at least 20 countries have developed urban policy plans that integrate health considerations as an indicator for urban development
2. By 2025 at least 15 countries have developed national policy instruments for action on health, safety and environmental management at the workplace, including programmes for the informal economy, healthcare sector and the private sector.
3. By 2029, 90 percent of countries have implemented policies and strategies to promote healthy cities.
4. By 2029, 80 percent of countries have implemented National action plans on occupational health and safety

#### **(g) Biodiversity conservation and natural resource management**

1. The following are the objectives envisaged under biodiversity and natural resource management:
2. Member states should establish a one health platform to promote the understanding and the management of the interlinkages between human health, animal and environmental health. They should also periodically undertake integrated assessments to address ecosystem degradation and biodiversity loss and the likely exacerbation or increase in the risk to human health, such as those resulting from invasive alien species of plants, animals, pathogens, and other organisms;

3. Methodologies and tools should be put in place to protect, preserve, and advance African indigenous and traditional knowledge on ecosystems and biodiversity for understanding and promoting human health. This could include measures related to access to genetic resources and the fair and equitable sharing of benefits arising from their utilisation, inter alia by addressing issues related to digital sequence information on genetic resources;
4. Guidelines and integrated impact assessments should be developed to mainstream conservation and the sustainable use of biodiversity within and across sectors, such as health, agriculture; fisheries and aquaculture; tourism; extractive industries such as oil, gas, mining and energy; infrastructure; and the manufacturing and processing industries;
5. Strengthen the legal and policy framework and institutional mechanisms for integrated environment and health interventions and incorporate inclusive economic, social and environmentally sustainable approaches involving relevant stakeholders such as indigenous peoples and local communities, academia, civil society, the private sector and national and subnational governments.

#### *Milestones and Targets*

1. By 2025, at least 10 countries have undertaken integrated assessments of ecosystem degradation and biodiversity loss and likely impact on human health
2. By 2029, all Member States have put in place a functional national one health coordination
3. By 2029, 80 percent of Member States have developed and updated their national legal and policy framework and institutional mechanisms for integrated environment and health interventions on biodiversity

#### **h) Management of natural and human-induced disasters**

1. Joint health and environment national and local disaster risk reduction strategies in line with the Sendai Framework for Disaster Risk Reduction should be developed and implemented;
2. Strengthen and institutionalize partnerships with civil society, youth, women, local actors, private sector, academia, United Nations and International Organizations working in the health and environment sectors for coherent and coordinated support in the area of Disaster Risk Reduction;
3. Leverage awareness and advocacy to increase political commitment to mark the transition from reactive crises management to proactive risk management, including through developing implementation capacity on the continent and strengthening community centered multi-hazard early warning and response system;
4. Facilitate the transition from risk information and awareness to risk knowledge and evidence-based policy making including through the systematization of natural disaster loss accounting, risk profiling and modelling, and trans-boundary risk monitoring;

5. Strengthen the national and regional coordination mechanisms to ensure preventive action and to give rapid response to disasters and emergencies in recognition of the increasing impact of climate change particularly in Small Island Developing States;
6. Develop national and regional response plans for climate related emergencies and disasters working with disasters management sectors to ensure climate change risks are included in their emergency response plans within the context of the Sendai framework;
7. Increase domestic resource allocation for disaster risk reduction and investments in climate services, while ensuring institutionalization and integration of disaster risk reduction and climate change adaptation into development sectors vertically and horizontally;
8. Integrate health and natural disaster risk reduction concepts and practices in educational curricula from primary to tertiary levels.

### ***Milestones and Targets***

1. By 2025, 50 percent of Member States have allocated resources for disasters risks reduction in their national budget
2. By 2029, all Member States have developed joint health and environment national and local disaster risk reduction strategies in line with the Sendai Framework
3. By 2029, all Member States have developed national response plans for climate related emergencies and disasters

### **(h) Establish a Sustainable financing mechanism**

The need for appropriate funding for the health and environment sectors, and in particular for work on health and environment linkages, was recognized in the Libreville Declaration which called inter alia for “achieving a balance in the allocation of national budgetary resources for intersectoral health-and-environment programmes”. In that regard, key priority actions to be undertaken should include the following:

1. identify at the national, regional and global levels, existing resources in the health, environment and other relevant sectors that can be accessed and used by countries for programmes and projects deriving from the NPJAs;
2. facilitate donor collaboration in order to streamline existing funding to better match country priorities;
3. prepare the regional/national landscape such that it will pave the way towards a circular economy and encourage investments in products, activities and processes (tools and technologies) that will support it;
4. support priority implementation of projects/programmes that can demonstrate value for money in tackling health and environment issues and those which are complemented by social enterprise and entrepreneurship (ecotourism, income-generation from environmentally sound recycling and waste management, etc.); and

5. provide technical assistance to countries in the development of funding proposals that are in line with their priorities and that best respond to donor requirements;

## **VII. CONCLUSION**

1. The Libreville Declaration on Health and Environment in Africa is evolving as a successful country-driven regional initiative. It is proving to be an effective umbrella framework upon which African countries and their development partners can put into practice an integrated approach to coherently address environmental determinants to human health and ecosystem integrity as a vital contribution to sustainable development.
2. African countries are implementing the Libreville Declaration on health and environment in Africa to expand the coverage of interventions and services that promote public health while preserving ecosystems. However, efforts still remain to be made to realize the full potential of this Declaration in achieving the Sustainable Development Goals. The Libreville Declaration, if appropriately used, can serve to leverage substantial investments to scale up interventions that result in poverty reduction and human development.
3. The implementation of this new Strategic Plan to manage environmental determinants of human health and ecosystem integrity by countries in the African Region, founded on the Libreville Declaration and supported by WHO and UNEP and other international partners, will significantly advance attainment of the Rio+20 objectives and the recently-adopted SDGs. The Libreville Declaration truly acts as a driving force in this regard.