

# THIRD INTER-MINISTERIAL CONFERENCE ON HEALTH AND ENVIRONMENT IN AFRICA

*6–9 November 2018*

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*Libreville, Gabon*

*Conference Proceedings and Outcomes*



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# ABBREVIATIONS

<b>AMCEN</b>	African Ministerial Conference on the Environment
<b>ASGM</b>	Artisanal and Small-scale Gold Mining
<b>CCAC</b>	Climate and Clean Air Coalition
<b>CDS</b>	Communicable Disease Cluster
<b>CHU</b>	Centre Hospitalier Universitaire
<b>COMIFAC</b>	Central African Forest Commission
<b>FAO</b>	Food and Agriculture Organization
<b>HESA</b>	Health and Environment Strategic Alliance
<b>IMCHE</b>	Interministerial Conference on Health and Environment
<b>IOMC</b>	Inter-organization Programme of the Sound Management of Chemicals
<b>NAP</b>	National Adaptation Plan
<b>NPJA</b>	National Plan for Joint Action
<b>SAICM</b>	Strategic Approach to International Chemical Management
<b>SANA</b>	Situation Analysis and Needs Assessment
<b>SDGs</b>	Sustainable Development Goals
<b>SIDS</b>	Small Island Developing States
<b>UNEA</b>	United Nations Environment Assembly
<b>UNEP</b>	United Nations Environment Programme
<b>UNFCCC</b>	United Nations Framework Convention on Climate Change
<b>WASH</b>	Water, Sanitation and Hygiene
<b>WHO</b>	World Health Organization

# EXECUTIVE SUMMARY

Human health is closely tied to the state of the environment. Risk factors linked to environmental degradation are responsible for 23% of deaths in Africa. Many new environmental issues are also emerging, such as climate change, which will exacerbate these existing impacts and introduce new challenges. In 2008, the Libreville Declaration was adopted by 52 African countries to address these issues of health and environment in Africa. Countries have made significant progress over the last decade in implementing the Declaration and achieving its 11 priority action points. However, there is still much work to be done and countries need to scale up their efforts to be able to achieve the Sustainable Development Goals (SDGs) by 2030.

The Third Interministerial Conference and Health and Environment (IMCHE3) in Africa, jointly organized by WHO, the UN Environment Programme and the Government of Gabon, was held from the 6–9 November 2018 in Libreville, Gabon. The general objective of the conference was to catalyze actions by stimulating policies and investments on the joint contributions of the health and environment sectors towards the achievements of the sustainable development goals in Africa. The conference brought together more than 600 participants, from 46 countries. Participants included ministers, development partners, regional economic communities, private sector, NGOs and media. The event was an opportunity for countries to reflect on and share their progress, the challenges encountered, and lessons learnt over the last 10 years. The four day conference was structured around the following main areas:

- Evaluation of the implementation of the Libreville Declaration: process, outcomes and impacts (lessons learnt, successes, challenges and opportunities);

- The joint contribution of the health and environment sectors towards implementation of the 2030 Agenda on sustainable development and the SDGs as well as Africa's Agenda 2063;
- Opportunities for accessing investments and mobilizing domestic and international resources for health and environment priority actions; and
- An African strategic agenda for action.

Each of the topics was introduced through a background technical paper. Each was discussed in the technical and ministerial segments. These discussions culminated into the Strategic Action Plan to Scale Up Health and Environment Interventions in Africa.

The Strategic Action Plan was adopted on 9 November 2018 by Member States. The plan highlights several continental issues and challenges. It proposes a number strategic health and environmental priority interventions identified as requiring urgent action. It commits these countries to scaling up joint interventions between health and environment sectors, accelerating progress toward achieving the SDGs and improving the lives of African people today and into the future.

This report is a summary of the conference proceedings. It includes the challenges and opportunities discussed in each of the sessions around accelerating and scaling up health and environment interventions in Africa.



# 1

## INTRODUCTION

### HEALTH AND ENVIRONMENT CHALLENGES AND CHANGE IN AFRICA

Health and environment are intimately linked. As humans damage the environment, they are also damaging their health. Ecosystems around the world are changing and becoming less conducive to supporting human health. Sixty percent of ecosystems worldwide are now degraded or under excessive pressure.<sup>1</sup> Africa is particularly vulnerable to the health impacts of environmental change and variabilities. The continent is already facing unprecedented human impacts on the air, sea and soil.

In 2016, the World Health Organization (WHO) estimated that almost a quarter (23% or 2.4 million) of human deaths per year in Africa were linked to preventable risk factors associated with the environment. This is the highest rate for any region in the world on a per capita basis (deaths per 100,000). Diseases and premature deaths caused by environmental risk factors have also impaired economic growth in countries. The adjusted net savings, the portion of gross national income that incorporates depletion of natural capital stocks, trends negatively. Key environmental risk factors impacting human health in Africa include air, chemical and waste pollution, unsafe water and sanitation, vector-borne diseases, declining biodiversity and emerging environmental impacts such as climate change.

#### Air pollution

This is the single biggest environmental health risk worldwide causing around 7 million deaths per year.<sup>2</sup> In Africa, the use of polluting fuels for many day-to-day activities, such as cooking, lighting and heating exposes approximately 850 million people to air pollution in households and workplaces. Outdoor and indoor air pollution can cause respiratory, cardiovascular and other diseases which are often fatal. In 2016, 734,000 deaths were attributed to household air pollution and 439,000 deaths were caused by ambient air pollution in the region. The effects of air pollution also impact the ocean and soil through precipitation and other natural interactions of systems.

#### Municipal waste and plastic pollution

Accumulating waste in urban areas is an increasingly urgent problem. In 2012, approximately 125 million tonnes of municipal waste was produced in Africa and this figure is expected to double by 2025.<sup>3</sup> Forty-five percent of generated municipal waste is not collected due to inadequate waste collection systems. In cases where waste is collected, around 90% of it is disposed of in uncontrolled dumpsites that practice open burning.<sup>4</sup> Plastic pollution represents a particular problem with eight million tons of plastic reaching the oceans each year. Plastic is not biodegradable and can remain in the environment for generations. This waste problem impacts human health in a number of ways, including increasing the risk of diseases and flooding. For example, in Gabon some communities experience flooding after rainfall because of plastic pollution accumulating in rivers and other waterways.

#### Water, sanitation and hygiene

Water is needed for drinking but also for cooking, sanitation and hygiene practices. Lack of access to clean water and safe sanitation is a major problem in Africa, where many countries face water scarcity or have inadequate water and sanitation infrastructure. In 2015, over 400 million Africans, mainly from rural areas, did not have access to clean drinking water. More than 697 million people also did not have access to basic sanitation, causing them to rely on open defecation in fields and near water sources.<sup>5</sup> This exposes people to bacteria, viruses and parasites that cause diarrhoea, cholera and many other water-borne diseases.

#### Chemical pollution

Economic activities such as mining, manufacturing, farming and industry are the largest sources of chemical pollution. This includes the release of toxic chemicals such as mercury, cyanide, pesticides and acids. Many countries lack facilities to safely dispose of and manage these chemicals. Exposure to this pollution, even in small amounts, can cause health problems such as cancer, cardiovascular and respiratory diseases, and developmental and cognitive defects among children. This has widespread implications for national economies as the workforce health is negatively impacted. The health costs of pesticide poisoning on smallholder farms in Africa could reach US\$ 97 billion by 2020 if investments in prevention are not stepped up.<sup>6</sup>

1 Millennium Ecosystem Assessment. Ecosystems and Human Well-being: Current State and Trends, Volume I. Washington, DC: Island Press; 2005.

2 Burden of Disease from Ambient Air Pollution for 2012. Geneva: World Health Organization; 2014.

3 Africa Waste Management Outlook. Nairobi: United Nations Environment Programme; 2018. ([http://wedocs.unep.org/xmlui/bitstream/handle/20.500.11822/25514/Africa\\_WMO.pdf?sequence=1&isAllowed=y](http://wedocs.unep.org/xmlui/bitstream/handle/20.500.11822/25514/Africa_WMO.pdf?sequence=1&isAllowed=y))

4 Ibid.

5 Progress on Sanitation and Drinking Water – 2015 update and MDG assessment. New York: UNICEF and World Health Organization; 2015.

6 Costs of Inaction on the Sound Management of Chemicals. United Nations Environment Programme; 2013.

## Biomedical waste

Around 15% of waste and by-products from health-care facilities may be infectious, toxic or radioactive.<sup>7</sup> These include products contaminated with pathogens or chemicals, human tissues, pharmaceutical waste, needles and syringes. Exposure to these wastes in the environment, either through dumping or incineration can result in sharps-inflicted injury, chemical and radiation burns, and poisoning by mercury and dioxins. Biomedical waste that is not properly disposed of can also result in unintended release of chemical or biological hazards, including drug-resistant microorganisms, into the environment. Disposal of these wastes into landfills can also contaminate drinking water, while disposal by incineration releases pollutants and ash into the air.

## Electronic and electrical waste

Electrical and electronic waste (e-waste) is the most rapidly increasing source of waste worldwide. Much of the global e-waste is shipped to some African countries that lack adequate infrastructure to manage it effectively. Most e-waste disposal occurs in the informal sector where recycling is a source of income in low- to middle-income countries. Recycling methods include burning cables to access the copper, which exposes women and children to a range of hazardous substances, such as lead and other heavy metals and the inhalation of toxic fumes. Indirect impacts may also be experienced through exposure to chemicals that accumulate in soil, water and food.

## Vector-borne diseases

Unplanned or ill-planned environmental changes contribute to the burden of diseases such as malaria, dengue, Zika, yellow fever and many others that are spread by mosquitoes and other vectors. In 2013, these diseases were responsible for 600,000 deaths with 90% of them occurring in Africa.<sup>8</sup> The social and economic impact of these diseases in Africa is very high and the poorest people are the most severely impacted. The proliferation of vectors is linked to poor living conditions such as inadequate waste collection or poor sanitation. Increasing vector resistance to insecticides also poses a serious threat to vector control, which contributes to vector proliferation. Poor management and misuse of pesticides can also contribute to the resistance problem.

## Declining biodiversity

A rich diversity of life is essential for maintaining environmental and human health both now and in the future. Biodiversity provides a wide range of ecosystem services that ensure proper functioning of ecosystems and are beneficial to humans, including pollination of food crops, pest and disease control, nutrient cycling, purification of air

and water and medicinal resources. Despite these benefits, biodiversity is experiencing rapid declines around the world in response to human impacts such as illegal wildlife trade, pollution, deforestation, climate change and invasions of alien species. Global food security is threatened under these circumstances, as bee colony losses are on the rise and almost 33% of fish stocks are over-fished.<sup>9</sup>

## Climate change and emerging environmental threats

Many of the existing environmental issues listed above are exacerbated by new threats caused by climate change, rapid and uncontrolled urbanization and population growth. New public health issues are also emerging as a result of these threats. Climate change causes high variability in seasonal climatic conditions, resulting in increased frequency and intensity of floods, droughts, heat waves, and other extreme weather events. This, in turn, affects human health in a number of ways, including through injury, malnutrition and disease. Rapid urbanization is linked to increased pollution, overcrowding and unplanned growth exacerbating already poor environmental health conditions. Around 500 million people in Africa live in cities with numbers rising rapidly each year.

In Africa, these threats are occurring in the context of economic and social vulnerability, and weak health systems in most countries. The poorest are the most heavily affected and most vulnerable segment of the population, including women, children, the elderly, rural populations, refugees, displaced persons, and people living with disabilities. Given the ever-increasing number of people affected by environment-related health risks, there is an urgent need for stakeholders from both health and environment sectors to work together to find local solutions that can be sustainably financed.

## THE LIBREVILLE DECLARATION 2008

In 2008, the adoption of the [Libreville Declaration](#) presented a major step toward a joint approach to addressing health and environmental issues in Africa. The Declaration was adopted during the First Interministerial Conference on Health and Environment (IMCHE) in Libreville, Gabon by Ministers of Health and Environment from 52 African countries. It committed governments to taking measures to stimulate synergies between health, environment and other relevant sectors. In doing so, it laid the groundwork for the policy changes, institutional changes

and investment framework needed to prevent and manage environmental threats to public health and ecosystem integrity. The Libreville Declaration was a visionary step at the time. It presented one of the most concrete continental expressions of shared purpose, taking the notion of “sustainable development” from an abstract concept into a reality.

Since adopting the Libreville Declaration, several agreements and frameworks have added further momentum to these continental efforts and provide further support to the process (Fig. 1). Anchored in the United Nations’ Sustainable Development Goals (SDGs), these agreements commit countries to the principle of self-reliance through ownership of local and regional programmes, and to reducing the impacts of climate change. Mitigating the adverse health

impacts from the environment is a key issue in the implementation of these frameworks.

Over the last decade, countries have made considerable progress on 11 priority action points outlined in the Libreville Declaration that aim to strengthen systems, increase resources, improve capacity and coordination, and implement integrated strategies to address health and environment issues. However, there are still many challenges and setbacks limiting progress on achieving the Libreville Declaration. A new practical plan is needed to address the major challenges in African countries in terms of environment-related health issues and to accelerate achievement of the SDGs.

**Figure 1. Libreville Declaration within the wider policy landscape: From 2008 to the present day**



7 Health-Care Waste Fact Sheet. Geneva: World Health Organization; 2018. (<https://www.who.int/news-room/fact-sheets/detail/health-care-waste>, accessed 30 April 2019).


8 World Malaria Report 2014. Geneva: World Health Organization; 2014.

9 Belanger J, Pilling D, editors. The State of the World's Biodiversity for Food and Agriculture. Rome: Food and Agriculture Organization; 2019.

# 2

## THE CONFERENCE: SHAPING A BETTER FUTURE TOGETHER IN AFRICA

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The conference took place at the Angondje Conference Centre in Libreville.

Ten years on from the 2008 Libreville Declaration, leaders from across the continent returned to Libreville for the Third Interministerial Conference on Health and Environment (IMCHE3). This was held in Libreville, Gabon from 6–9 November 2018 at the Angondje Conference Centre.

The Conference was an opportunity for African countries to reflect on the implementation of the Libreville Declaration over the last decade, and to develop a new strategic action plan to accelerate progress. This landmark event, jointly organized by the World Health Organization (WHO), the UN Environment Programme (UNEP) and the government of Gabon, was attended by more than 600 delegates, including representatives from Ministries of Health, Environment and Finance, as well as regional political and economic organizations, multilateral agencies and scientific institutions from 46 African countries.

The conference sought to consolidate and build on intersectoral approaches to improving health outcomes and preserving ecosystem integrity through a focus on the linkages between environment and health. A central theme of the conference was “the Strategic Alliance for Health and Environment in Africa”, which is a key platform to support the implementation of the Libreville Declaration and other international agreements with the same common goals. The general objective was to catalyze action by stimulating policies and investments on the joint contributions of the health and environment sectors to sustainable development goals in Africa.

“  
**Today, ten years after the First Interministerial Conference, we are back to this beautiful city of Libreville to take stock of progress and agree on a new dynamic to accelerate the implementation of our commitments.”**

Dr Matshidiso Rebecca Moeti, Regional Director of WHO

The specific objectives of the conference were to:

1. Assess progress in the implementation of the Libreville Declaration on Health and Environment in Africa;
2. Share experiences and lessons learned with regard to environmental and health governance at the national level in Africa;
3. Identify emerging issues and threats related to health and environment and options for a healthy environment for healthy people in Africa;
4. Highlight the economic costs of environmental health problems and the development benefits of addressing them;
5. Strengthen regional stakeholder dialogue and public-private partnerships on major health and environment issues as well as their respective development policies;
6. Identify opportunities for accessing investments and mobilizing domestic and international resources on health and environment priority actions; and

7. Agree on a strategic action plan for an increased coverage of health and environment interventions for primary prevention in public health and preservation of ecosystems integrity.

The conference was divided into two segments:

1. A two-day Meeting of Experts from 6–7 November which brought together experts from the health and environment sectors, technical experts and financial partners and donors, including UN agencies.
2. A two-day Ministerial Meeting from 8–9 November, which included ministers from health, environment and finance sectors, national and local representatives, finance partners and investors from public and private organisations.

A number of side events were also hosted throughout the conference to discuss innovative ways to tackle the threat of environmental impacts on human health in Africa.



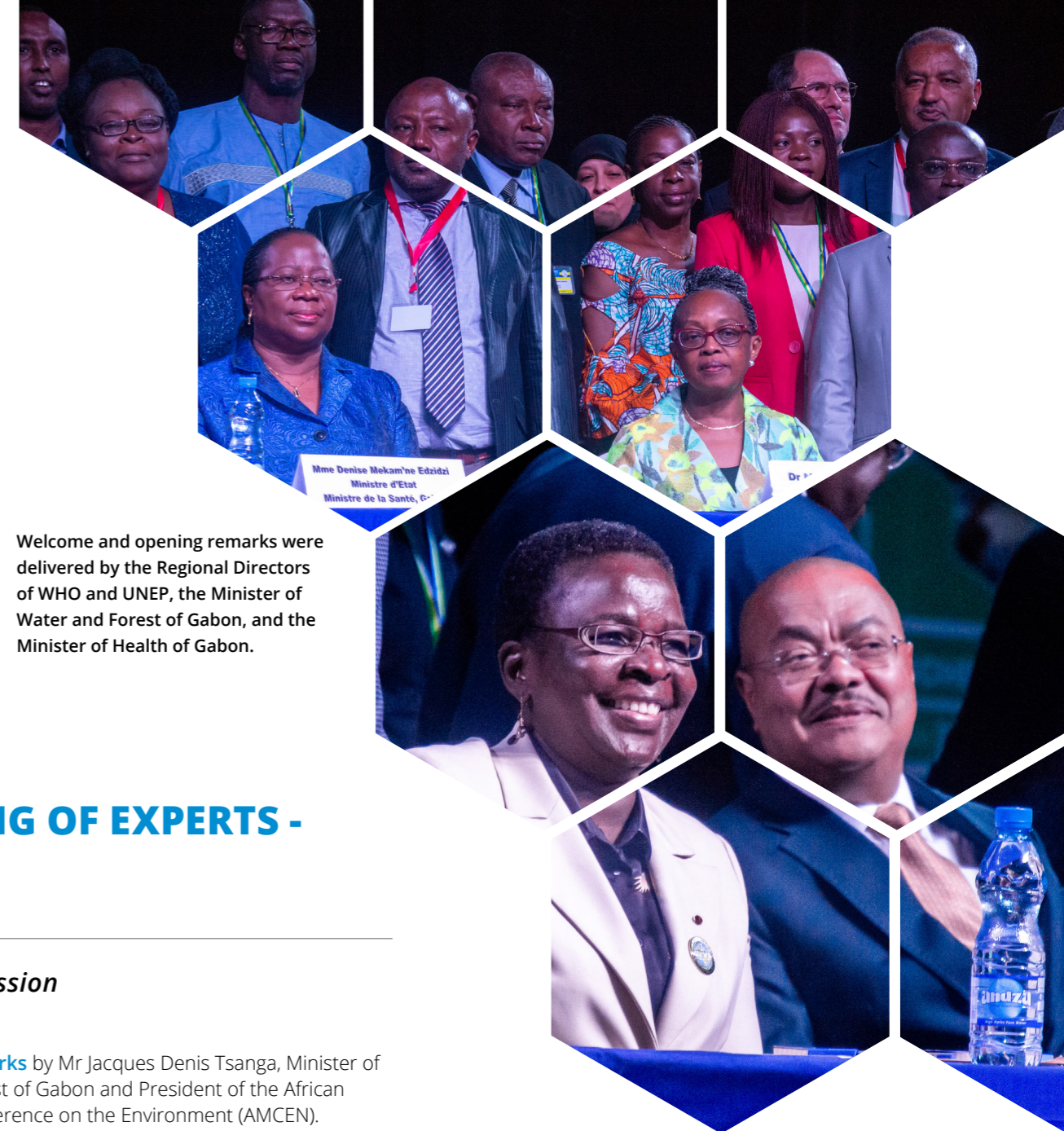
During several plenary sessions, the floor was opened to delegates, ministers and experts from 46 African countries to share their experiences around implementing the Libreville Declaration and ways to accelerate progress in the future.



# 3

## PROCEEDINGS OF THE MEETING OF EXPERTS

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Welcome and opening remarks were delivered by the Regional Directors of WHO and UNEP, the Minister of Water and Forest of Gabon, and the Minister of Health of Gabon.

### MEETING OF EXPERTS - DAY 1

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#### *Opening Session*

**Welcome remarks** by Mr Jacques Denis Tsanga, Minister of Water and Forest of Gabon and President of the African Ministerial Conference on the Environment (AMCEN).

The Meeting of Experts was opened on 6 November 2018 with welcoming remarks from Minister Tsanga. He began by welcoming all participants to the conference and thanking his Excellency the Prime Minister of Gabon, Emmanuel Issoze-Ngodet and the people of Gabon for their warm hospitality. He recalled the motivation for the Libreville Declaration in 2008, and discussed progress made by Gabon, such as strengthening monitoring and evaluation systems to identify current and emerging environmental risks. He closed with a call for easily financeable solutions to ensure a sustainable future for all, such as integrating waste management in urban areas to address pollution.

View Minister Tsanga's statement on promoting synergy between the health and environment sectors [here](#).

**Opening remarks** by Dr Juliette Biao Koudenoukpo, Regional Director of UNEP.

Dr Koudenoukpo opened with a report of some important statistics on the environmental impacts on health and



**It is high time now to find endogenous and sustainable solutions together that can easily be financed to enable current and future generations to live in a healthy environment."**

Jacques Denis Tsanga, Minister of Water and Forest of Gabon and President of AMCEN

highlighted the economic gains to be made by minimising these impacts in Africa. She linked this to the 2030 Agenda for Sustainable Development Goals, which ties together development, the environment and human well-being. The Regional Director recalled the adoption of the Libreville Declaration ten years ago as the most concrete expression of the continent's capacity to transform sustainable development from an abstract concept into a concrete reality.

However, she also cited some major remaining challenges, including the lack of budget allocated to joint programmes and the limited response from governments, partners, private sector and citizens. To move forward, she called for political commitment, shared responsibility between the health and environment sectors, and enhanced capacity building at the national, subregional and regional levels. She closed with a request for participants to use the conference to gather ways to encourage governments and partners to increase their investments in intersectoral initiatives and programs.

“**Investments in the protection, improvement or restoration of the quality of the environment may reveal positive interactions and offer multiple benefits for all SDGs aimed at improving human well-being and quality of life.**”

Dr Juliette Koudoukpo, Regional Director of UNEP



Opening remarks were delivered by Dr Juliette Biao Koudoukpo, Regional Director of UNEP.

**Opening remarks** by Dr Matshidiso Rebecca Moeti, Regional Director of WHO Africa.

Dr Moeti opened with the acknowledgement that the Libreville Declaration has laid the groundwork for new policies, institutional change and investment frameworks needed to address environmental threats to human health. She acknowledged that since the 2010 adoption of the Luanda Commitment, joint actions have had a direct impact on communities. She commended countries on their efforts including laying the groundwork for the Health and Environment Strategic Alliance. She also emphasized the importance of WHO's 13th General Work Programme 2019–2023 which is anchored in the SDGs and stresses universal health coverage, managing health emergencies and improved well-being.



Opening remarks were delivered by Dr Matshidiso Rebecca Moeti, Regional Director of WHO.

“**It is encouraging to note that the effective implementation of the Libreville Declaration has yielded remarkable results at the political, programmatic and institutional levels.**”

Dr Matshidiso Moeti, Regional Director of WHO Africa

**Official opening statement** by Mrs Denise Edzidzi, Minister of Health of Gabon.

Minister Edzidzi began with a reminder that the objective of the conference was to address issues around restoring and preserving the environment to ensure the health of African people. She said that the first two days of the conference were an opportunity for countries to share experiences and lessons learnt from the implementation of the Libreville Declaration and the Luanda Commitment. She mentioned that their discussions should also focus on:

- identifying emerging health and environmental issues and threats, and options for a healthy environment for people in Africa;
- highlighting the economic cost of environment-related health problems and the value of addressing these to promote sustainable development;
- strengthening stakeholder dialogue at the regional level as well as public-private partnerships on key health and environment issues; and
- adopting a strategic programme for increased coverage of health and environment interventions for primary prevention in public health and ecosystem conservation.

In closing, Minister Edzidzi stated that the recommendations offered during the conference would enable the country ministers to develop and adopt Strategic Action Plan for achieving the SDGs.



The official opening statement was delivered by Mrs Denise Edzidzi, Minister of Health of Gabon.

View the interview with Minister Edzidzi on the importance of the Third Interministerial Conference on Health and Environment [here](#).

### Keynote presentations

The agenda for the Meeting of Experts began with the following two keynote presentations:

**The Libreville Declaration: Outcomes and impacts after ten years of implementation** by Dr Magaran Bagayoko, Director of Communicable Diseases Cluster, WHO Regional Office for Africa.

The Libreville Declaration was a breakthrough at the time of its adoption in 2008. Since then, progress on the 11 priority action points has yielded remarkable results at the political, programmatic and institutional levels throughout Africa. Health ministers and ministers of environment have intensified their interactions and adopted a common African position on the new global challenges.

Several country evaluations have been conducted in the last decade to measure progress and to identify challenges that have emerged in the process. In 2015, 34 countries completed their Situation Analysis and Needs Assessment (SANA) reports, which informed the national plans for joint action (NPJAs) established in 20 countries to date. The SANA findings can also be used as the evidence base for collective action to address new and emerging environment-health issues, such as outbreaks of yellow fever in urban settings, and malaria in areas where it was once controlled. They also serve as starting benchmarks for monitoring the progress in the implementation of the actions of the Declaration.

The most recent evaluation was conducted in August 2018; a self-assessment survey was shared with 47 African countries to report their progress and challenges around the 11 priority action points. Analysis of the survey responses from 44 countries showed clear achievements in some areas, but mixed progress in others. A full analysis of the survey findings can be found in The Libreville Declaration on Health and Environment in Africa: 10 years on, 2008–2018 [here](#).

Overall, significant progress has been made in areas of:

- 1. Policy development:** the majority of countries have developed national policy frameworks for integrated health and environment linkages.
- 2. Establishment of a task force:** 37 countries have established multi-sectoral task teams to spearhead joint action between health and environment at the national level. A Health and Environment Strategic Alliance (HESA) has been formally established in 15 countries to date.
- 3. Intersectoral programme development:** Several flagship pan-African programmes were successfully developed that are in line with priority interventions. These include but are not limited to the Regional Programme for the Public Adaptation to Climate Change, the African Programme to Reduce Risks Posed by Chemicals to Human Health, and integrated vector management programmes.

This progress reveals the capacity and potential role of the Libreville Declaration in translating the continent's aspirations on health and environment into concrete action.

These outcomes can convince decision makers from various sectors to work together on national and continental priorities to attain Agenda 2063 and the SDGs. Dr Bagayoko closed the presentation by encouraging countries to focus on primary prevention. Emphasizing ecosystem integrity as a proponent of human health can help African countries to minimise costs around environment-related illness and enable them to redirect resources towards other public health issues and development.

“  
**Good environmental management promotes good health, which saves resources for other public health issues and development.”**

Dr Magaran Bagayoko, WHO-CDS Director

View Dr Osagie Ehanire, Honorable Minister of State for Health of Nigeria discussing how joint environment and health initiatives can reduce disease burden in Africa [here](#).

**Evaluation of the implementation of the Libreville Declaration: What can we learn?** by Dr Juliette Biao Koudenoukpo, Regional Director of UNEP.

Dr Koudenoukpo provided further analysis on the progress on the Libreville Declaration since 2008. She highlighted specific remaining challenges in the following areas:

- 1. Joint legal frameworks and coordination mechanisms:** Even where intersectoral legislative frameworks and plans have been developed, progress is hindered by inadequate enforcement mechanisms and weak intersectoral coordination. Institutionalization of the HESA as a catalyst for intersectoral coordination also needs to be scaled up at the national level.
- 2. Technical capacity and infrastructure:** Successful coordination of joint actions requires adequate expertise. There is often a lack of infrastructure and technical assistance to support activities, due to a number of factors including high staff turnover.
- 3. Collaborative research:** A lot more work is needed for countries to develop a common research agenda on health and environment, and stronger mechanisms for coordinating its implementation. Scientific evidence is a strong basis for developing innovative ways to translate policy into action and impact.

- 4. Financial capacity and resource mobilization:** Some global financial mechanisms have been created to address specific environmental challenges (e.g. the Green Climate Fund) but funding for intersectoral activities and programmes is still lacking. Very few countries have balanced their funding allocations between the health and environmental sectors, often due to lack of political commitment.
- 5. Communication, information access and sharing:** Information is often lacking across all levels of support in the implementation process. Data, case studies and experiences are also not often shared among countries, which prevents countries from making evidence-based decisions and improving their integration processes.
- 6. Community-level action and impacts:** More effort is needed to translate joint actions into impacts within communities. Policies also need to be extended to impact people on the ground. Some countries noted the difficulty of changing people's behaviour, which also hinders the process.
- 7. Commitment to international conventions:** Africa still has a long way to go in ratifying and complying with several international conventions which share the objectives of the Libreville Declaration. The reasons for this include shortages of technical, human and financial resources, and the many competing priorities on the African development agenda.
- 8. Advocacy, education and sensitization:** Most countries do not have consolidated national plans for advocacy and communication on the linkages between health and environment. Communication units exist but their activities are often limited to one sector and opportunities to develop these activities are not properly considered.

“  
**We need to communicate on actual results and impacts, and to what extent we have improved the lives of the people. We need to remember that health and a safe environment are part of our human rights.”**

Dr Juliette Koudenoukpo, UNEP Regional Director

Having outlined these key challenges, Dr Koudenoukpo presented several opportunities for moving forward. These included increasing investments in health and environment; focusing on primary prevention, which places a healthy environment at the centre of the health agenda; continuing advocacy to enhance political commitment and increase budgetary allocations to intersectoral initiatives; and increasing collaborations among decision-makers from various sectors.

## Plenary discussions

### General discussion on keynote presentations

Following the keynote presentations, the floor was opened for experts and delegates to share their country-specific experiences around health and environment, and recommendations for moving forward. Recommendations included:

- Involving all sister agencies within the UN, including the WHO, UNEP and the Food and Agriculture Organization (FAO) in coordinating intersectoral efforts to improve the livelihoods of local populations. The UN System Development Assistance Framework can be used as a tool to coordinate the activities of these agencies around national priorities.
- Enhance efforts around primary prevention using multilateral agreements.
- Build technical capacity, especially in Small Island Developing States (SIDS), where populations are most vulnerable to climate change and extreme weather events.
- Develop national plans for implementation of health and environment interventions that contribute to other existing action plans and take the commitments on other conventions from the regional to national level. Stakeholders and industries who are responsible for many environmental and health challenges can also be held accountable by articulating their roles and responsibilities within these action plans.
- Increase national responsibility by encouraging country representatives to improve awareness of key issues among heads of state. While the UN has the obligation to provide countries with assistance during implementation such as assisting with resource mobilisation, the responsibility ultimately falls to the national governments to make informed decisions and to ensure a safe environment for all citizens.

View interviews with ministers on the specific health and environment challenges experienced in [Cabo Verde](#), [Côte d'Ivoire](#) and [Seychelles](#).



Jean Paul Adam, Minister of Health and Social Affairs of Seychelles speaking about health and environment challenges experienced by Small Island Developing States (SIDS).

### Plenary discussion: The Libreville Declaration on Health and Environment in Africa: Ten Years on 2008–2018

The floor was opened for countries to further share their experiences and challenges around the implementation of the Libreville Declaration. The purpose of the session was to gather information from experts, civil society, technical groups and officers, and partners on the opportunities for moving forward with integrated management of health and environment issues.

Key challenges and their suggested solutions included:

- 1. Limited research capacity and access to reliable data:** New investments should also be directed towards strengthening the capacity of research institutions in cross-disciplinary health and environment research. This will improve the data available to countries to inform future strategic actions, and to ensure that implementation efforts are framed correctly and are relevant to the national context. Relationships between African countries should be strengthened to improve sharing of experiences, lessons learned, data and best practices to inform future actions and accelerate progress.
- 2. Insufficient funds to develop joint initiatives:** Many African countries do not mobilize enough domestic resources to develop their own systems and rely on international funding support. This results in fragmentation and duplication of efforts. Sectors should combine resources that are already available and optimize benefits rather than relying on external sources. Countries should focus on internal reallocation of resources. Further

public-private partnership opportunities should be explored. When external funds are needed, countries should promote multi-sectoral initiatives.

**3. Ineffective monitoring and evaluation:** Descriptive indicators of progress, impacts and threats should be developed and improved. Risk factors can be assessed and mapped to provide a snapshot of priority action areas in moving forward. As a means to improve monitoring, community based monitoring capacity allowing them to report on local environment and health issues (community based health and environment observatories) could be developed. It was suggested that the evaluation should focus on SDG indicators, objectives, epidemiological indicators and scarce resources rather than on inputs and outputs only.

**4. Weak institutionalization of health and environment collaboration:** Institutionalization of efforts are essential to overcome the challenges related to frequent change in country leadership, which prevents regular follow up and constancy of purpose as well as sharing of experiences. Engagement of leaders is also relatively infrequent, which prevents regular follow-ups and sharing of experiences. Developing strong organizational memory should be prioritized, along with vigorous public policies and mechanisms to carry through long-term projects across multiple leadership periods.

**5. Silo functioning of the health and environment sectors:** The sectors have separate mandates, donors, task forces and priorities that make it difficult to carry out joint activities. Policies and strategies should strengthen the alignment of activities with the SDGs, and efforts within other programmes and conventions should be merged with those under the Libreville Declaration to accelerate progress. Some programmes such as WASH and One Health provide examples on how to merge health, environment and financing as well as the willingness of countries to develop coordinated action.

**6. Limited multisectoral collaboration:** NPJAs should be developed and aligned with multilateral environmental agreements. The NPJAs would enable a formalized and institutionalized coordination framework. It was suggested that finance and development sectors should be involved in further accelerating progress toward achieving the SDGs. Systems at the national level need to be strengthened so that responsibilities are shared at each level. Experts from civil society, different organizations from the private sector and the media should be engaged in the decision-making process on health and environmental priorities at national and continental levels.

**7. Insufficient awareness and sensitization:** Delegates called for increased advocacy through the media to enhance awareness around important declarations and to encourage involvement from other partners in implementation such as civil society. Delegates highlighted the importance of education in schools and universities where the youth can be empowered as agents of change to relay information back to their families and communities. Local leaders, traditional healers and religious authorities can also be key partners in affecting change at the community level.

**8. Limited engagement from international leaders:** The UN Development Assistance Framework is an important tool that the UN Resident Coordinator can use to rally all UN agencies, including WHO and UNEP around national priorities within each country. Delegates requested support for countries who have not yet completed their SANA reports and for those who have done the analysis but have not yet implemented their plans due to lack of financial resources. Bringing down former silos, and uniting UN systems in relation to health, environment and climate change is also a priority. More meetings between international agencies and national leaders was also suggested.

View interviews with ministers on health and environment challenges experienced in [Chad](#) and [The Gambia](#).



**Julian Kyomuhangi, Assistant Commissioner Environmental Health, Uganda proposes opportunities for accelerating implementation of the Libreville Declaration.**

## Side events

**Lead paint** led by Mr Abdouraman Bary, Regional Coordinator for Chemicals, Waste and Air Quality, UNEP.

Exposure to lead causes severe, irreversible damage such as cognitive impairment and cardiovascular disease. The UNEP and WHO have developed mechanisms through a Global Alliance to phase out lead paint due to these hazardous effects. Currently, only 11% of African countries have lead paint laws, and many countries lack facilities to safely dispose of confiscated stocks of lead-containing products. This event explored the global efforts to eliminate lead paint, different legislative models for regulating lead paint, as well as the health and economic arguments for limiting lead paint. Banning lead in paint and formulating new products using safer ingredients will save in future costs by eliminating the need for hazard controls.

**Artisanal and Small-scale Gold Mining (ASGM)** led by Nathalie Röebbel, Technical Officer for the Social Determinants of Health, WHO.

This event focused on artisanal and small-scale gold mining (ASGM), which is the largest single source of human emissions and toxic chemicals including mercury, cyanide and acids. This occupational hazard carries severe health risks which predominantly affect lower-income countries. UNEP is currently developing guidelines for developing a National Action Plan (NAP) to manage ASGM impacts and create mercury elimination strategies. In ASGM areas, health facilities with adequate supplies and trained health workers should also be established and supported. Other solutions include substituting mercury with other substances, exploring diagnostic and curative approaches and strengthening efforts to curb illegal mining.



**Natalie Röebbel, Technical Officer of Social Determinants of Health, WHO speaks about developing public health strategies to address ASGM-related mercury emissions.**

**“We can’t disentangle issues of health and environment. We could use environmental conventions as a way to address environmental risk factors but also to open up the issue and look at how to develop a broad public health strategy.”**

Natalie Röebbel, WHO Technical Officer for the Social Determinants of Health

## EXPERT MEETING - DAY 2

### Expert group discussions

A series of expert discussions were conducted on the second day to gather input around opportunities to accelerate implementation. These expert discussion sessions were on the following topics:

**Framework for scaling up investments on health and environment interventions** moderated by Dr. Eléonore Armande Gandjeto, Deputy Director of the Cabinet of the Minister of Health of Benin.

Over the last two decades, total health expenditure per capita has outstripped GDP growth by around 3% each year in Africa as polluted drinking water, poor air quality and damaged ecosystems cause disease, premature deaths and increased economic burden. With climate change, these challenges are set to intensify. Targeted investments that tie public health, environmental protection and wider socio-economic development together could be powerful solutions to offset these costs before they occur. A full analysis of the economic benefits of investing in interlinked health and environment priorities is presented in the Conference Paper, **[“Health and Environment Joint Interventions in Africa: Costs of Inaction”](#)**.

So far only limited financial resources have been available for joint health and environment interventions. In this session, delegates were invited to propose innovative ideas for scaling up financing environment and health in Africa. These suggestions were presented to Ministers of health and environment during the Ministerial Meeting (Day 3 and 4).

Shared ideas and opinions included the following:

1. Increase the allocation of national budgets to joint health and environmental interventions. This could be encouraged through increased implementation of integrated health and environmental programmes. Alternatively, allocations to separate health and environmental budgets could be increased and the resources pooled into a communal fund for joint actions.
2. Rather than increasing taxation pressure on citizens to fill the funding gap, legal frameworks could be developed to generate taxes from polluting industries in the private sector based on their impact on the environment. This could include the implementation of the ‘polluter pays’ principle which states that those who produce pollution should bear the costs of managing it. Companies should also renew their licenses on a yearly basis to ensure the longevity of this commitment. This approach increases public-private transparency and promotes an equitable distribution of tax.

### The Framework for Scaling Up Investments in Priority Health and Environment Intervention

A new framework was proposed to boost investments in public health and environment interventions across Africa. The framework aims to stimulate government investments on large-scale health and environment development projects, which have the potential to impact socio-economic development. It provides guidance on funding proposals, advises on mechanisms that may be used to support the financing of key proposals and facilitates the strengthening of processes for resource planning and the management of effective interventions.

The framework also calls for the investment proposals to be linked to national development plans, based on innovative and proven successes, and to aim for large-scale reach and impact. The framework will help Africa to push forward toward the SDGs, according to Dr Magaran Bagayoko who said, “In line with the visions laid out in the 2030 Agenda for Sustainable Development and Agenda 2063, African countries need urgent investments that tackle the health, environmental and socio-economic aspects of development in tandem. The benefits far outweigh the costs, and the new framework we’ve adopted today is a great step towards that.”

View the “Framework for Scaling Up Investments in Priority Health and Environment Interventions” [here](#).

3. Funding from external sources might not always be sufficient to deal with all health and environment issues. Countries should therefore focus on optimising available resources and mobilising funds locally to complement funding from international sources. To enable this process, investment gaps between sectors should be assessed before mobilizing resources to determine priority areas for funding.
4. Establish a specific and independent fund for the management of health and environment interventions. This approach moves away from fragmentation among sectors and calls for holistic collaborations.
5. Encourage strong advocacy and information sharing on the added value of joint actions to decision makers in the public and private sectors.

6. Integrate health and environment dimensions into Corporate Social Responsibility policies.



**Noluzuko Gwayi, Senior Policy Advisor of International Chemicals and Waste Cooperation, South Africa describes specific challenges around the Libreville Declaration in South Africa.**

**Health and Environment Strategic Alliance in Africa as a spearhead for the 2030 Agenda for Sustainable Development in Africa and Agenda 2063** moderated by Mr Jaiteh Malanding, Technical Adviser at Ministry of Environment, Climate Change and Natural Resources of The Gambia.

One of the aims of the Libreville Declaration was the formation of a Health and Environment Strategic Alliance (HESA) in African countries to help coordinate action between the health and environment sectors, and to engage country-level development planning processes. In this session, countries explored how HESA could expand its role in the future to meet the global goals for sustainable development. Suggestions included:

1. Align actions with the mandate of other international policy frameworks that share common objectives, such as the 2030 SDGs, Agenda 2063 and the Paris Agreement. Countries should be aware of other strategies and declarations, and align their targets toward achieving common global goals. It might also be worth evaluating and expanding HESA’s mandate to include the goals of other global agreements.

2. Work in line with multisectoral projects, such as the One Health approach, which consider the connection between human, animal and environmental health. Other projects are those that consider health in relation to water and sanitation, which have effectively reduced open defecation in some communities. HESA should also link to intersectoral projects and activities focusing on rural development, which will empower populations who are most severely impacted by health and environmental risks.
3. Promote national interventions addressing health and environmental issues. An example is the WASH programme developed in schools to address water and sanitation health issues and to achieve no open defecation by 2030. The WASH-FIT project is another example, which provides a framework for safely disposing of medical waste in health facilities. Other initiatives include those addressing the impact of climate change on health, especially in relation to increased water scarcity, and ChemObs, an observatory for monitoring chemical pollutants and their safe management.
4. Follow-up and conduct evaluations of national development projects that incorporate public health and environmental consequences and impacts. Funding remains a major factor limiting progress in this area.
5. Leverage existing legal, governance and institutional frameworks in the environment sector for use in the health sector. Health policies of WHO can also be strengthened or consolidated to encourage health and environment alliances.
6. Intensively promote the Libreville Declaration within the health and environmental sectors.
7. Develop indicators and monitor country progress towards health and environment related SDGs using periodic reviews and multisectoral monitoring committees. Data and information gathered can be used to inform decision-making processes and should be actively shared between sectors. It is important to use mechanisms that are already in place to avoid redundancy or fragmentation.

A conference paper titled **[“Health and Environment Strategic Alliance in Africa: A Spearhead for Implementation of the SDGs”](#)** was developed to highlight HESA’s role in providing a key platform to support the concerted implementation of international agendas and agreements in Africa. Used alongside the Framework for Scaling up Investment on Priority Health and Environment Interventions, its purpose is to support the development and implementation of the Strategic Action Plan on Health and Environment in Africa.

## “The days of economic growth at the expense of the environment must end for Africa.”

Dr Magaran Bagayoko, Director of the Communicable Disease Cluster (CDS), WHO Africa

### Review of the Strategic Action Plan to Scale Up Health and Environment Interventions in Africa and the Draft Decision for its adoption

Discussions from the plenary and expert discussions were used to develop the Strategic Action Plan to Scale Up Health and Environment Interventions in Africa. This plan is set to provide a framework for action and to help countries maximise the impact of the resources they have. It offers an opportunity to leverage substantial investments to scale up interventions that result in poverty reduction and human development. The plan aims to strengthen dialogues and cooperation between health and environment, to accelerate integration of their joint activities within national development policies and actions.

The plan was shared as a draft with participants during this group discussion and the final plenary session. Experts were invited to provide input on the draft as well as on the Draft Decision in preparation for submission to ministers attending the Ministerial Meeting. For more information on the Strategic Action Plan, [see Chapter 5](#).

### Visit to the Centre Hospitalier Universitaire (CHU) Mere-Enfant de la Fondation Jeanne Ebori

During the conference, 11 ministers of health from the African region took a guided tour of the Mother and Child University Hospital of the Jeanne Ebori Foundation on 7 November 2018. The visit, organized by the Minister of Health and Family, Denise Edzidzi, who was accompanied by the WHO Regional Director, Dr Matshidiso Moeti, served to demonstrate what Gabon is doing in relation to maternal and child health. The visit was also an opportunity to show ministers a new method of managing a public health structure, and how to share and build partnerships through a management method that can be adopted in the region and sub-region.

View interviews with Lydia Jacqueline Miloko, Minister of Health of Congo and Mohammed Foday Yumkella, Minister of Political and Public Affairs of Sierra Leone who attended the hospital tour [here](#) and [here](#).



Dr Edzidzi and Dr Moeti lead ministers on a tour through the Jeanne Ebori Foundation Hospital for maternal and paediatric health in Libreville.

### Side Events

**Strategic Approach to International Chemical Management (SAICM) beyond 2020 and capacity building tools: IOMC Toolbox and ChemObs** led by Pierre Quiblier, Programme Officer at the Chemical and Health Branch, UNEP.

The Strategic Approach to International Chemicals Management (SAICM) is a policy framework that promotes global chemical management and safety with the goal that chemicals are produced and used in ways that minimise negative environmental impacts by 2020. This event focused on countries adopting SAICM capacity building initiatives including the Inter-organization Programme of the Sound Management of Chemicals (IOMC) and the Africa ChemsObs project. Data derived from these projects will be augmented with existing data to develop a series of indicators to prioritize chemical management interventions.



Pierre Quiblier, Programme Officer of the Chemicals and Health Branch, UNEP responds to a question about the IOMC toolbox.

**Adapting African communities to climate change using National Adaptation Plans (NAPs)** led by Julie Amoroso-Garbin, United Nations Framework Convention on Climate Change (UNFCCC) Associate Programme Officer.

National Adaptation Plans (NAPs) aim to reduce the impact of climate change by developing resilient and adaptive policies. During this event, the progress across countries in adopting NAPs was reviewed. Climate adaptation policies have been implemented by few countries to date, however, most countries are developing NAPs and both WHO and the UNFCCC have provided guidelines to assist in this process. Speakers at the conference also provided information on how NAPs might be supported with funding to help countries maximise their adaptation efforts.

Adapting to and mitigating climate change can be achieved through collective efforts at all levels and collaboration between government, civil society, industry and scientific institutions. Potential solutions include reducing greenhouse gas emissions; developing more efficient transport; developing more environmentally friendly food production; and utilizing cleaner energy options.

Previously, top-down approaches that are the responsibility of national public health agencies have been favoured. Focus has since shifted toward bottom-up solutions that put communities at the centre of the response to climate change and health. This is achieved by promoting community leadership, improving literacy and awareness and empowering community members. Locals should be included in all adaptation strategies.

# 4

## PROCEEDINGS OF THE MINISTERIAL MEETING (DAY 3 AND 4)

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Ministers gathered for the Ministerial Meeting to discuss ways to scale up implementation of the Libreville Declaration.

### MINISTERIAL MEETING - DAY 3

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#### *Opening Session*

The first session of the Ministerial Meeting started on 8 November 2018. The opening session was attended by ministers from health, environment and finance sectors, national and local representatives, finance partners and investors from public and private organisations.

**Welcome and introductory remarks** by Mrs Denise Mekam'ne Edzidzi, Minister of State, Minister of Health, Gabon.

The Honorable Minister opened the Ministerial Meeting, saying that to achieve the SDGs, country efforts should be scaled up, including intensification of local and global resource mobilization and better coordination between health and environment sectors. She also mentioned that collaboration between African countries would assist with development of national and regional strategies. It would also assist in mobilizing funds for programmes that reduce threats to human health resulting from industrialization, poor waste management and poor hygiene and sanitation.

**“We reaffirm our commitment to reaching the SDGs and improving lives, while preserving the environment and protecting it for future generations.”**

Denise Edzidzi, Minister of Health of Gabon

**Keynote Statement** by Dr Juliette Biao Koudenoukpo, Regional Director for UNEP.

The Regional Director opened with a review of joint actions since adopting the Libreville Declaration. She highlighted the value of working in a dynamic society, which presents new opportunities from rapidly evolving technologies, increased human mobility and new scientific knowledge. She also advocated using holistic approaches for primary prevention and scientific research to inform future steps. Dr Koudenoukpo encouraged the Ministers to use the conference for raising interests around increasing investments, and sharing knowledge and experiences to inform decision making. She closed with a call to amplify the health and environment strategic alliance to better demonstrate the relevance of joint actions.

**Keynote Statement** by Dr Matshidiso Rebecca Moeti, WHO Regional Director for Africa.

Dr Moeti spoke about how Africa's significant disease burden is attributable to environmental determinants, mentioning the rise of arbovirus infection resulting from poor waste management as an example. She acknowledged the Global Environment Facility and other donors for their role in fast-tracking implementation of the Libreville Declaration by providing financial assistance. Recognising that much more needs to be done, Dr Moeti encouraged Ministers to adopt the Strategic Action Plan developed during the Meeting of Experts. In her closing remarks, she reiterated that WHO is fully committed to providing the best possible support to countries in moving from the Declaration to action.

**Official opening statement** by Emmanuel Issoze Ngondet, Prime Minister of Gabon.

In his address, His Excellency focused on tackling health and environment issues in urban areas.

“**There is a need to forge ahead in terms of mobilising resources to carry out national plans, but also in terms of clarifying and sharing responsibilities.**”

Emmanuel Issoze Ngondet, Prime Minister of Gabon

He encouraged Member States to implement master urban plans, which could efficiently reduce the degradation of ecosystems linked to unsustainable land use practices.

He also advised Member States to pursue policies to reduce congestion in overcrowded urban areas, and implement mandatory reforestation policies. He also encouraged the development of more health facilities to respond to health needs of rapidly growing populations.



**Emmanuel Issoze Ngondet, Prime Minister of Gabon delivers his welcoming address at the opening of the Ministerial Meeting**

View statements from the opening ceremony of the Ministerial Meeting [here](#) and [here](#).

### Plenary sessions

Following the opening of the Ministerial Meeting, a technical report from the Meeting of Experts was presented and the floor was opened for Ministers to raise issues and discuss suggestions. This was followed by two plenary discussions on the proceedings of the Meeting of Experts, and on the draft Strategic Action Plan and on the Draft Decision to adopt the Plan.

#### Consideration of the report of the meeting of experts

During this session, Ministers from 46 African countries discussed specific challenges and opportunities experienced around implementing the Libreville Declaration. Efforts and progress by national governments were also shared. Many new recommendations and innovative solutions were proposed, including:

- Facilitate access to Green Climate Funds to improve countries' adaptive capacity to climate change.

- Protect marine ecosystems by banning the use of plastic bags and straws and shifting towards more biodegradable options.
- Enhance coordination of management and response to disasters and emergencies including Ebola and civil conflicts, through an integrated approach.
- Identify country champions or respected local leaders who can contribute to creating awareness around environmental and health issues.
- Increase sensitization and awareness within local communities to encourage people to change their behaviours. Changing people's mindsets and habits is critical for creating change around waste management, recycling and reduction of plastics. Local communities should address health and environment challenges themselves.
- Hold regular meetings with head of government to bring Ministers together and improve intersectoral collaboration.
- Train and recruit officers to teach farmers in rural areas how to spray pesticides properly to reduce their impact on the environment. For example, in Niger, 250 health workers have been trained to tackle impacts of climate change and to develop climate control guides.

### High-level panel discussion

#### Engagement of municipalities and local governments on the delivery of health and environment interventions

This high-level panel discussion was a platform for mayors, governors, representatives from local governments and ministers to discuss potential approaches and frameworks for creating sustainable and economically-viable municipalities, cities and communities with healthy urban populations. Approximately 500 million people live in cities in Africa. With this figure rising rapidly each year, more people are being exposed to the growing threats of air pollution. Urban poor are the most affected by indoor and outdoor air pollution, exposed to toxic wastes, and unlikely to be able to access health and social services.

During this session, panelists discussed ways to strengthen multisectoral dialogue and engagement with municipalities and local governments on health and environment issues affecting the health and well-being of African people. The objective was to advocate for domestic investment on strategic actions to increase local capacities and community engagement in collaboration with public-private partnerships.

The panelists included:

- Jean Paul Adam, Minister of Health, Seychelles;

- Dina Mufti Sid, Permanent Representative of Ethiopia to UNEP and UN-Habitat;
- Keita Aida M'Bo, Minister of the Environment, Sanitation and Sustainable Development, Mali;
- Dr Julio Monteiro Rodrigues, Executive Director of the National Institute of Public Health, Cabo Verde;
- Victor Moriku, Environmental Health Officer, Metropolitan Assembly, Ghana; and
- Dr Bongnih Eugenie Gagne, Director of Hygiene and Environmental Health, Côte d'Ivoire.

“**Africa's cities are booming, and how we manage that economic and population growth today will have a huge impact on the health and economic viability of entire countries far into the future.**”

Dr Suvajee Good, Programme Manager for Health Promotion and Determinants of Health, WHO Regional Office for Africa

This discussion focused on strategic actions to synergize achievements in urban areas towards the SDGs, such as urban policy coherence, urban development plans, multi-stakeholder forums, networks of city alliances, and the creation of green spaces. Panelists emphasised that health concerns should be integrated into urban policy making and planning to boost the impact of efforts to create healthy, sustainable and economically viable cities.

The session highlighted some innovative projects, including one from Accra, Ghana which aims to integrate health concerns into urban policy-making and planning. The Urban Health Initiative, led by Ghana Health Services with WHO support, trains Ghanaian experts to assess the impact of air pollution and to plan healthier approaches to the city's growth and development.

In Addis Ababa, Ethiopia, there is a strategy to limit greenhouse gas emissions so that they do not exceed 150 metric tons of CO<sub>2</sub>. A major step in this direction is through the transport sector, where policy encourages rapid shifts to modern and energy efficient technologies that use renewable energy sources. A successful example includes



## Side Events

**BreatheLife** led by Boureima Hama Sambo, Director of Climate and Other Determinants of Health, WHO Geneva.

Every year, around 7 million deaths are caused by exposure to outdoor and household air pollution. The BreatheLife campaign, led by WHO, UNEP and the Climate & Clean Air Coalition (CCAC), is working towards reducing the number of deaths linked to air pollution by 2.7 million by 2030. The campaign has succeeded in its efforts toward engaging communities around the world through a sophisticated communication plan to

promote healthier air by targeting the health sector, city and regional governments and the general public.

Using data, infographics, videos and interactive exhibits, BreatheLife has further promoted better waste management and health sector education, and the planting of more green spaces. The campaign has experienced successes in advocating for cleaner air by establishing outreach programmes, meeting with key stakeholders and growing its membership from 12 cities in 2016 to over 50 cities.

the Light Rail Transit (LRT), which is a low-carbon, reliable and equitably accessible transport that won the C40 award for low carbon load in 2016.

In Cabo Verde, the Support Unit for Implementation of Healthy Cities was established in 2018. This initiative provides a national structure for the development of the Healthy Cities Movement using the protocol established between the government and municipalities of Cabo Verde. This Movement helps national and local bodies to effectively deal with health-related issues such as poverty, pollution, urban planning, transport and addressing the needs of vulnerable groups.

In Côte d'Ivoire, the National Agency for Waste Management implements governmental policy and supports creation of infrastructure for managing solid waste. It has also helped to establish economic mechanisms and incentives to facilitate investment in solid waste management, and has supported voluntary initiatives for recovery, recycling and reusing waste.

Seychelles has launched the Blue Bond, a financial tool to support sustainable marine and fisheries projects. This initiative increases the livelihoods of local fishermen and increase access to health nutrition. Proceeds from the bond go toward expanding marine protected areas, improved governance of priority fisheries and the development of the blue economy.

In 2018, Mali launched a new municipal waste project in collaboration with the municipality of Commune II, District of Bamako and R20. Around 50 000 tons of solid waste enter this district every year. To tackle this issue, the project has implemented a selective waste collection programme, a sorting facility and composting center. The aim of the project is to recover recyclables and transform solid waste into fertilizer and energy.

In order to tackle the dangers of pollution and make Africa's growing cities sustainable, urban planning must be considered a public health matter, and health issues as indicators for urban development. The healthy, wealthy and sustainable cities of the future are those that take concrete actions curb back pollution, limit environmental degradation and invest in the health and well-being of their citizens today. Engagement with mayors and governors is critical to achieve health for all, universal health coverage, and sustainable development.



**Panelists discuss opportunities to engage local governments in the delivery of health and environmental interventions over the next decade.**

## MINISTERIAL MEETING - DAY 4

### High-level panel discussions

The second High Level Panel discussion was held on the second day of the Ministerial Meeting to stimulate policies and investment on health and environment, and to discuss ways to achieve sustainable development.

### Dialogue of ministers with development partners to catalyze actions and stimulate policies and investments on the joint contribution of the health and environment sectors to sustainable development goals in Africa

Increased investments and mechanisms for funding are two of the most urgent needs for accelerating progress on the Libreville Declaration. During this session, development partners presented realistic, innovative solutions to ensure countries have adequate financing for joint actions to protect health and the environment.

The panelists included:

- Jean-Maria Ogandaga, Minister in charge of Economy, Gabon;
- Alice Ouedraogo, World Bank Resident Representative for Gabon;
- Pushpam Kumar, Chief Economist of UNEP;
- Carlos Martin-Novella, Deputy Executive Secretary, Basel, Rotterdam and Stockholm Conventions;
- Raymond Ndomba, Executive Secretary of the Central African Forest Commission (COMIFAC); and
- Prof. Jerome Afeikhena, Special Advisor to the Commissioner for Rural Economy and Agriculture, African Union Commission.

The following issues and proposals were raised:

- All ministries and sectors should be engaged in meeting financial needs for health and environment activities. In cases where there are not enough funds to allocate to these sectors, countries can turn to development partners who share common goals and objectives.
- Funding allocations from development partners should be planned prudently from 2019–2029. Suggestions for

achieving this include: using indicators and objectives that are tangible and measurable; developing business cases for various development partners that show how the funds will improve people's lives; involving parliamentarians and the private sector in generating funds; mobilizing leadership at various levels; and using scorecards to monitor these interventions.

- Investors and other partners are more likely to support initiatives that show direct impacts at the local level and that show quantifiable improvements in people's lives. To secure funding, it is critical to show how investments are linked to successes in terms of GDP gains, number of lives saved, measurement of specific habitats protected, etc.
- National, regional and sub-regional capacities should be strengthened. Investing in human capital through training and education is critical for creating populations that are interested in sustainable development.



**Dr Pushpam Kumar speaking on how to scale-up investments around joint interventions during the high-level finance panel discussion.**

**“If you do not skill your population, you create an unsustainable population and they will not be interested in sustainable development. Training and informing is key.”**

**Dr Pushpam Kumar, Chief Economist of the UNEP**

### Global health security and environmental security: addressing emerging issues and threats in the context of the sustainable development agenda

Many environmental and health impacts and threats are not contained within national borders. This session was held to discuss ways of managing these impacts on a global platform and ensure the health of the world's populations and environments.

The panelists included:

- Mr. Nicaise Moulombi, Social, Economic and Environmental Council, Gabon;
- Helder Muteia, FAO subregional Coordinator for Central Africa;
- Ambrose Talisuna, Technical Officer, WHO Emergency Programme;
- Olutayo Bankole-Bolawole, Regional Director, East Africa Wateraid;
- Boureima Sambo, Director of Climate and Determinants of Health, WHO; and
- Joseph Molapisi, Coordinator Basel, Rotterdam and Stockholm Regional Centres, South Africa.

The following suggestions were made:

- **Enhance collaboration between sectors and countries:** disease outbreaks result from influences between

countries and different sectors, such as trade and migration, vector distribution, animals' movements, population density, unplanned urbanization, among others.

- **Prevent and repair environmental damage:** the longer we delay in addressing environmental degradation, the more damage will be done. We need to recognize challenges, confront them and adopt new, effective ways to deal with them.
- **Build resilience of local populations:** communities should be adequately equipped to change their behaviours toward more sustainable options. Viable alternatives should also be provided when encouraging populations to avoid certain behaviours.
- **Eliminate zoonoses and promote One Health approach:** limit and prevent contact between humans and animals by finding alternative sources of protein in the human diet and developing new food technologies. More collaboration is needed between the FAO, UNEP, WHO, stakeholders and member states to facilitate this.
- **Combine intersectoral resources from the outset:** to enhance efficiency by bringing other sectors on board early on in the development and implementation of joint initiatives.
- **Address non-communicable diseases:** such as obesity and diabetes, as well as hypertension.

### Side Events

**Bamako Convention** led by Dr Aboua Gustave, Director General of the Ministry of Environment and Sustainable Development in Côte d'Ivoire.

This event focused on the importance of the Bamako Convention in protecting Africa from the illegal trafficking and dumping of toxic waste. It looked at the need to strengthen each country's capacity to implement the convention and to ensure that legislative frameworks are developed to monitor and evaluate chemical waste that is imported from and produced within each country. The event concluded with a focus on future developments, including meetings on the Bamako Convention to be held in 2019 and 2020 to ensure that the Bamako Convention is diligently implemented among participating countries.

**TB and Environment** led by Dr Ghislaine Conombo Kafando, WHO Country Representative, Gabon.

This side event looked at the key role played by environmental factors in Africa's high rates of tuberculosis (TB). TB is the world's leading cause of death from a single infectious agent after HIV/AIDS. The heaviest burden falls on the world's poorest and most vulnerable, causing the disease to aggravate existing inequalities. Three pillars of action were discussed to combat TB in Africa, including: using integrated patient-centred actions; developing bold policies and supportive systems and intensifying research and innovation. The development of new vaccines and prophylaxes are also anticipated in the future to accelerate the decline of TB incidence rates in Africa.

# 5

## ADOPTING THE STRATEGIC ACTION PLAN TO SCALE UP HEALTH AND ENVIRONMENT INTERVENTIONS 2019–2029



Ministers adopt the Strategic Action Plan during the final plenary session of the Ministerial Meeting on 9 November 2018.

A final plenary session on 9 November was held to review the Strategic Action Plan, which ended with its adoption through the [Decision on the Strategic Action Plan to Scale Up Health and Environment Interventions 2019–2029](#) by African countries.

The aim of the document is to build on the progress made over the last ten years around the implementation of the Libreville Declaration. It is a plan to scale-up joint actions related to health and environment over the next decade and aims to increase the coverage of joint intersectoral interventions. The plan promotes the commitment by African governments and other stakeholders to work together towards a number of different goals and across a range of sectors.

The Strategic Action Plan is grounded in a number of global and regional policies and frameworks that are related to the commitments of the Libreville Declaration, such as the SDGs, the African Union's Agenda 2063 and the Paris Agreement adopted under the UNFCCC. It highlights recent developments from various forums and initiatives that focus on health and environment and identifies priority areas where more work needs to be done.

The plan seeks to promote the right investments within the national development planning process. In so doing, it encourages governments to identify specific needs and to integrate them into national programme budgets. The plan highlights several continental issues and challenges. These include the pollution of air, water and soil; the burden of chemicals and wastes; and climate change and disaster risk prevention. The action plan extends to include the threats

**“ We have realised the need for strategic action to enhance synergy between these two sectors. The linkages must be strengthened for us to have the desired impacts in our countries. ”**

Mohammed Foday Yumkella, Minister of Political and Public Affairs, Sierra Leone

against biodiversity and natural resources which are central to ecosystem integrity and human health.

The Action Plan highlights a number of strategic health and environmental priority interventions identified as requiring urgent action and offers milestones and targets for each of these. The priority areas are: strengthening the legal and policy framework and institutional mechanisms for integrated environment and health interventions; building infrastructural, technical and institutional capacities; establishing integrated health and environment surveillance systems; shaping the research agenda; and raising awareness and undertaking social mobilization. A number of steps and actions that Member States should take to reach these goals are also proposed in the Action Plan.

Actions related to the following priority environmental health risk factors are also outlined with milestones and targets for each area:

1. Access to safe drinking-water and safe sanitation;
2. Air pollution and clean energy;
3. Marine and coastal pollution;
4. Sound management of chemicals and wastes including plastic, biomedical, electronic and electrical wastes;
5. Climate change and health;
6. Healthy settings, urbanization and health;
7. Biodiversity conservation and natural resource management; and
8. Establish a sustainable financing mechanism.

### African leaders adopt the Strategic Action Plan

The 10-year Strategic Action Plan was unanimously adopted by Ministers through a decision on 9 November 2018. It will be presented by the President of Gabon for endorsement by the African Union in the next summit, so that the action plans can have the needed recognition and support at the highest continental level. The plan will also present input at the fourth session of the UN Environment Assembly (UNEA-4), convening from 11–15 March 2019 in Nairobi, Kenya.

The Action Plan recognizes the role of Ministers and Member States as leaders to carry out the commitments of the plan. It also defines the roles of WHO and UNEP to support and promote policy amendments, capacity building, resource mobilization, advocacy, dialogues with stakeholders and other partners, and increasing sensitization within Member States. Other UN agencies are also called on to assist Member States in their implementation efforts.

Recognising the urgent need for increased investments around joint interventions, the plan also:

- calls out to stakeholders to recognize the value of health and environment interventions and
- requests financial, technical and practical support through several listed actions.

# 6

## LOOKING AHEAD

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**T**he Third Interministerial Conference on Health and Environment (IMCHE3) was a platform for countries to unite and reaffirm high-level commitments to working at the intersection between environment and health. This sense of unity and commitment exists not only at the national level and between countries.

By reflecting on the many ways that the interlinkages between health and environment affect the development of countries, Ministers agreed that tackling issues in these sectors has to be achieved in an integrated manner. It is in this spirit that the Strategic Action Plan for the next ten years was adopted. The plan is a step towards a clearer, more widely shared roadmap for countries to improve their intersectoral efforts toward fully realizing the goals laid out in the Libreville Declaration and contributing to the achievement of the SDGs.

The conference represents the voice of African leadership in tackling a set of issues that is affecting communities across the world. While the Libreville Strategic Action Plan 2019–2029 represents a solid set of next steps for Africa, it also contributes to wider international efforts and joint action for all. Health and the environment are at the core of the United Nations Agenda on Sustainable Development 2030, which is built on three pillars of sustainable development: economic, social and the environmental. Given that these three components form the foundation of the Strategic Action Plan, the shared actions laid out in the plan will help African countries achieve the SDGs.

Through its alignment with Agenda 2063 and broader international frameworks, the Strategic Action Plan can catalyse the achievement of an integrated, prosperous and peaceful Africa.



