



# Health and Environment in Africa Bulletin

A report of the first Inter-ministerial Conference on Health and Environment in Africa  
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## FIRST INTER-MINISTERIAL CONFERENCE ON HEALTH AND ENVIRONMENT: 26-29 AUGUST 2008

The first Inter-ministerial Conference on Health and Environment (AMHE) in Africa convened on 26-29 August 2008 at the Cité de la Démocratie in Libreville, Gabon. The aim of the Conference was to secure political commitment for catalyzing the policy, institutional, and investment changes needed to reduce environmental threats to health in order to realize sustainable development. The conference was attended by approximately 300 participants, including 22 ministers of environment and 26 ministers of health. The session comprised a two-and-a-half day meeting of experts, the technical segment, and a day-and-a-half ministerial segment, which was opened by Gabon's Vice-President Didjob Divungi Di Ndinge. The Conference was co-organized by the World Health Organization (WHO) and UN Environment Programme (UNEP), in partnership with the Government of Gabon.

Discussion was based on nine thematic papers on health and environment linkages. Specifically, the experts examined climate change, new and emerging environmental threats to human health, traditional and current environmental risks to human health, the economic and development dimensions of environmental risk factors to human health, the contribution of ecosystem services to human health and well-being, health impact assessment, international legislative and regulatory frameworks, policy frameworks for addressing health and environmental challenges, and tools and approaches for policy making in environmental risk factors to human health.

The Conference adopted and signed the Libreville Declaration on Health and Environment in Africa that will be forwarded to the African Union at a future Summit, and endorsed the Summary Report of the Meeting of Government Experts. The Conference also launched the Joint WHO-UNEP Health and Environment Linkages Initiative Toolkit and Synthesis Report.

During the session, participants attended a number of side events including on children's health and environment in Africa, the eco-health project, and the launch of the Poverty and Environment Partnership Report.

This brief report highlights the proceedings of both the technical and ministerial segments of the Conference, and is organized on the basis of the Conference agenda.

## A BRIEF HISTORY OF HEALTH AND ENVIRONMENT IN AFRICA

### AFRICAN DECISION MAKING BODIES

**AFRICAN UNION:** The African Union (AU) is the principal organization for the promotion of socioeconomic integration across the continent. It includes 53 African countries as member states, while Morocco has special status. The Heads of State and Government of the Organization of African Unity (OAU) called for its establishment in the Sirte Declaration on 9 September 1999, as a means to accelerate integration, so that Africa could play a significant role in the global economy, and to address shared social, economic and political problems. The Constitutive Act of the AU was adopted at the thirty-sixth Ordinary Session of the OAU/fourth Ordinary Session of the African Economic Community held from 10-12 July 2000 in Lomé, Togo. The Constitutive Act entered into force in 2001. The current AU Chair is Jakaya Kikwete, President of the Republic of Tanzania.

**AU CONFERENCE OF MINISTERS OF HEALTH:** The AU Conference of Ministers of Health (CAMH) provides an opportunity for African Health Ministers and partners to share experiences and best practices on how to improve the health situation in Africa. The Conference of Ministers of Health meets every two years.

**AFRICAN MINISTERIAL CONFERENCE ON THE ENVIRONMENT:** The African Ministerial Conference on the Environment (AMCEN) was established in Cairo, Egypt in

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1985. For over 20 years, AMCEN has facilitated the broadening of the political and public policy debate regarding Africa's environmental priorities and concerns. As the permanent forum of Africa's environment ministers, AMCEN aims to strengthen cooperation between African governments on economic, technical and scientific activities in order to halt the degradation of Africa's environment.

#### **AFRICAN MINISTERIAL CONFERENCE ON**

**HOUSING AND URBAN DEVELOPMENT:** The African Ministerial Conference on Housing and Urban Development (AMCHUD) was established in 2005, as the main consultative mechanism for the promotion of sustainable development of human settlements in Africa. It operates under the auspices of the AU. AMCHUD's vision is to serve as a consultative mechanism on the promotion of sustainable development of human settlements in Africa.

#### **AFRICAN MINISTERS' COUNCIL ON WATER:**

Ministers responsible for water in 41 African countries met in Abuja, Nigeria, from 29-30 April 2002, and decided to form the African Ministers' Council on Water (AMCOW) to promote cooperation, security, socioeconomic development and poverty eradication through the management of water resources and the provision of water supply services. AMCOW's mission is to provide political leadership, policy direction and advocacy in the provision, use and management of water resources for sustainable social and economic development and for the maintenance of African ecosystems.

**FORUM OF ENERGY MINISTERS IN AFRICA:** The Forum of Energy Ministers of Africa (FEMA) was inaugurated during a meeting held on 3 August 2005, in Entebbe, Uganda. The Ministers came up with a Memorandum of Understanding, Rules of Procedure and a work plan for FEMA. The Ministerial Forum complements other regional efforts by the African Energy Commission, the New Partnership for Africa's Development (NEPAD) and the Regional Economic Commissions implementing various energy programmes. FEMA was established to provide political leadership, policy direction and advocacy to increase access to, and better utilization and management of, energy resources for the continent's sustainable development. Designed as a member-driven network, FEMA participants volunteer to undertake actions consistent with the organization's goals.

**WHO REGIONAL COMMITTEE FOR AFRICA:** The World Health Organization (WHO) Regional Committee for Africa is WHO's Governing Body for Africa. The Committee's mandate is to, *inter alia*: formulate policies governing matters of an exclusively regional character; develop regional health policies and programmes in support of national, regional, and global strategies for health for all; provide comments and guidance on the work of WHO in the region; review WHO's action in individual member states within the region; supervise the activities of the Regional Office; and increase monitoring, control and evaluation functions in order to ensure the proper reflection of national, regional and global health policies in regional programmes and the proper implementation of these programmes.

## **AGREEMENTS, DECLARATIONS AND DECISIONS ON HEALTH AND ENVIRONMENT**

**BAMAKO CONVENTION:** The Bamako Convention on the Ban of the Import into Africa and the Control of Transboundary Movement of Hazardous Wastes within Africa was adopted on 30 January 1991 in Bamako, Mali, by 51 African countries attending the Pan-African Conference on Environment and Sustainable Development. The Convention entered into force on 10 March 1999. The Convention creates a framework of obligations to strictly regulate the transboundary movement of hazardous wastes to and within Africa. The Convention has yet to hold its Conference of Parties.

**AGENDA 21: Protection and Promotion of Human Health:** The UN Conference on Environment and Development (UNCED) was held in June 1992, in Rio de Janeiro, Brazil, and concluded with the adoption of Agenda 21. Chapter six of Agenda 21 on the Protection and Promotion of Human Health places an emphasis on the following programme areas: meeting primary health care needs, particularly in rural areas; controlling communicable diseases; protecting vulnerable groups; meeting the urban health challenge; and reducing health risks from environmental pollution and hazards.

**JOHANNESBURG PLAN OF IMPLEMENTATION:** The World Summit on Sustainable Development (WSSD) was held from 26 August to 4 September 2002, in Johannesburg, South Africa. The WSSD adopted two main documents: the Johannesburg Declaration on Sustainable Development and the Johannesburg Plan of Implementation (JPOI).

In Chapter 3 of the JPOI, countries agreed, in the context of Changing Unsustainable Patterns of Consumption and Production, that chemicals be used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment.

In Chapter 5 on Health and Sustainable Development, leaders agreed to, *inter alia*, reduce respiratory diseases and other health impacts resulting from air pollution, with particular attention to women and children. The JPOI further calls for strengthening monitoring and surveillance efforts and the treatment of lead poisoning and working to prevent, in particular, children's exposure to lead.

In Chapter 8 on Africa and Sustainable Development, the international community agreed to mobilize financial and other support to develop and strengthen health systems that aim to: promote equitable access to health-care services; build capacity of medical and paramedical personnel; and promote indigenous medical knowledge, as appropriate, including traditional medicine.

In addition to these formal provisions, a number of initiatives relevant for health and environment were launched on the margins of the Summit. These include the Healthy Environments for Children Alliance that aims to scale up global action to address priority health dangers and risks in the places where children live, are educated, play and work, and the Partnership for Clean Fuels and Vehicles to support developing countries' efforts to improve fuel and vehicle technologies that reduce air pollution.

### **DAKAR DECLARATION ON PHASING OUT OF LEADED GASOLINE FROM SUB-SAHARAN AFRICA:**

The Pan-African Conference on the Phase-out of Leaded Gasoline in sub-Saharan Africa, held from 26-28 June 2001 in Dakar, Senegal, adopted the Dakar Declaration, in which governments agreed to join efforts to accelerate the formulation and implementation of programs to completely phase out leaded gasoline in all sub-Saharan Africa countries as soon as possible, at latest by 2005. At AMCEN-10, held from 29-30 June 2004 in Tripoli, Libya, African ministers of the environment called on all sub-Saharan African countries to work for the immediate phase-out of leaded gasoline and to work together in subregions where this issue has transboundary dimensions, and reaffirmed the commitment of their governments to implement fully the Dakar Declaration before 2006.

### **FIFTY-SECOND SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA:**

The fifty-second Session of the WHO Regional Committee for Africa, held from 8-12 October 2002 in Harare, Zimbabwe, adopted an environment and health strategy whose main thrust is to strengthen the capacity of countries to improve the health of people through the development and implementation of policies and advocacy in the management of environmental health. The strategy on poverty and health, also adopted by the meeting, aims to provide countries with analytical instruments for elaborating and implementing health policies that contribute significantly to national poverty reduction goals.

**FEMA WORK PLAN:** The FEMA Work Plan was adopted at FEMA's inaugural meeting in 2005. FEMA members set continent-wide energy targets designed to support Africa's capacity to meet the Millennium Development Goals (MDGs).

**SEYCHELLES DECLARATION:** The meeting of the Ministers of Health of the Small Island Developing States in the African region, held in Mahé, Seychelles, on 24 October 2006, adopted the Seychelles Declaration, committing the ministers to strengthen emergency preparedness and responses to the health aspects of natural disasters and epidemics. The ministers also decided to meet at least every two years to exchange views and experiences and monitor the achievements made towards the health MDGs.

**JOHANNESBURG DECLARATION OF CAMH-3:** The Johannesburg Declaration was adopted by the third Ordinary Session of the AU Conference of Ministers of Health, held in Johannesburg, South Africa, from 9-13 April 2007. In the declaration, Ministers urged member states to facilitate inter-ministerial collaboration for an integrated, well coordinated, harmonized and comprehensive response to the health challenges facing Africa.

**FEMA MAPUTO DECLARATION:** At the second FEMA meeting held in Maputo, Mozambique, from 28-30 March 2007, Ministers adopted the Maputo Declaration on Energy Security and Sustainability in Africa. In the declaration, Ministers identified the need to increase access to modern energy services, and address the significant negative health and environmental implications of heavy reliance on traditional biomass energy.

### **SEVENTH ORDINARY SESSION OF THE PAN**

**AFRICAN PARLIAMENT:** The seventh Ordinary Session of the Pan African Parliament (PAP) took place from 7-18 May 2007 in Midrand, South Africa. The Parliament adopted the report of the Parliamentary Committee on Rural, Economy, Agriculture, Natural Resources and Environment. The Parliament further recommended to the Heads of State and Government the creation of an African Observatory to keep watch over and exchange information on toxic waste traffic.

### **FIFTY-SEVENTH SESSION OF THE WHO**

**REGIONAL COMMITTEE FOR AFRICA:** The fifty-seventh Session of the WHO Regional Committee for Africa took place from 27-31 August 2007 in Brazzaville, Republic of Congo. The Committee adopted a resolution approving orientations for implementing the WHO 2008-2009 Programme Budget in Africa. Additional resolutions adopted by the Committee endorsed the strategy documents on food safety, addressed river blindness control, and the resurgence of cholera.

**ALGIERS DECLARATION ON AFREC:** The annual meeting of the Conference of African Ministers Responsible for Energy, held from 15-17 February 2008 in Algiers, Algeria, launched the African Commission on Energy (AFREC). Ministers adopted the Algiers Declaration on the Launching of AFREC, and committed, *inter alia*, to develop the energy sector so as to accelerate the industrial development of the continent while safeguarding environment and health.

### **SECOND AFRICAN CONFERENCE ON SANITATION**

**AND HYGIENE:** The second African Conference on Sanitation and Hygiene (AfricaSan +5) was held in Durban, South Africa, from 18-21 February 2008. Ministers agreed to the eThekweni Declaration and Action Plan. In the Declaration, ministers agreed to: review, update and adopt national sanitation and hygiene policies within 12 months of AfricaSan 2008; establish one national plan for accelerating progress to meet national sanitation goals and the MDGs by 2015; and take the necessary steps to ensure that national sanitation programmes are on track to meet these goals. They also agreed to establish specific public sector budget allocations for sanitation and hygiene programmes, including via an 'aspirational' allocation of at least 0.5% of Gross Domestic Product for sanitation and hygiene.

**FIRST AFRICAN WATER WEEK:** The first African Water Week, convened under the theme of 'Accelerating Water Security for the Socio Economic Development of Africa', took place from 26-28 March 2008 in Tunis, Tunisia. The meeting adopted the Ministerial Declaration on Accelerating Water Security for Africa's Socioeconomic Development, which calls on the international community to extend concrete, substantial, and tangible support to quick impact initiatives on infrastructure for achieving water security, and the MDG water and sanitation targets.

### **INTERNATIONAL CONFERENCE ON PRIMARY HEALTH CARE AND HEALTH SYSTEMS IN AFRICA:**

The International Conference on Primary Health Care and Health Systems in Africa, held from 28-30 April 2008 in Ouagadougou, Burkina Faso, adopted the Ouagadougou Declaration in which participants agreed to promote

intersectoral collaboration and public private partnership, including with civil society and communities, with a view to improving the use of health services and taking appropriate action on the economic, social, demographic, nutritional, cultural and environmental determinants of health.

**SIXTY-FIRST WORLD HEALTH ASSEMBLY:** The sixty-first World Health Assembly (WHA), held from 19-14 May 2008 in Geneva, Switzerland, adopted a resolution on Climate Change and Health (WHA.61.19). The resolution urges member states to take decisive action to address health impacts from climate change, warning of its potential risks on human health. Member states also call on the WHO to develop and strengthen the evidence base on links between climate change and health.

**AMCEN-12:** The twelfth Session of the African Ministerial Conference on the Environment (AMCEN-12) took place from 7-12 June 2008, in Johannesburg, South Africa. In its decision on Chemicals and Hazardous Waste Management, African Ministers of the Environment called upon governments to promote, at the national level, an integrated approach to the implementation of the chemical-related Stockholm, Rotterdam and Basel conventions as a set of tools to assist countries in taking a holistic or life cycle approach to the sound management of chemicals by, *inter alia*, promoting coordination and links with public health structures. AMCEN-12 also invited the AMCEN President to transmit the decision to the first African Inter-ministerial Conference on Health and Environment and to the International Conference on Chemicals Management at its second session, for their consideration and further action.

**BASEL CONVENTION COP 9:** The ninth Meeting of the Conference of the Parties (COP 9) to the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal was held from 23-27 June 2008, in Bali, Indonesia. Ministers and heads of delegations gathered in the high level segment and engaged in an interactive discussion on ways in which the Basel Convention can contribute to the achievement of the wider policy objectives of human health and livelihood, the theme of COP 9. The meeting adopted the Bali Declaration on Waste Management for Human Health and Livelihood (UNEP/CHW.9/CRP.13). In the declaration, Ministers agreed to encourage actions by parties and others to, *inter alia*, promote awareness of the link between waste management, health, livelihoods and the environment.

**ELEVENTH AFRICAN UNION SUMMIT:** The eleventh AU Summit took place from 24 June to 1 July 2008 in Sharm El-Sheik, Egypt. The Summit theme was 'Meeting the MDGs on Water and Sanitation.' The Summit adopted the Sharm El-Sheikh Commitments for Accelerating the Achievement of Water and Sanitation Goals in Africa. In the declaration (Assembly/AU/Decl.1 (XI)), the AU Assembly committed, *inter alia*, to: develop and/or update national water management policies, regulatory frameworks, and programmes; and prepare national strategies and action plans for achieving the MDGs and related targets on water and sanitation over the next seven years.

**ALGIERS DECLARATION ON RESEARCH FOR HEALTH IN AFRICA:** Ministers of health and heads of delegation of African countries met in Algiers, Algeria, on 26 June 2008 for the ministerial conference on research for health in the African region, and adopted the Algiers Declaration. In the declaration, ministers committed to working together to give impetus to the strengthening of national health research systems, national information and knowledge management systems through the optimization of investments, better coordination and enhanced management. Ministers also committed to launch, before the end of 2009, an expanded health research agenda to include the broad multidimensional determinants of health.

#### **AFRICA'S ACTION PLANS AND PROGRAMMES: HEALTH AND ENVIRONMENT LINKAGES**

**AFRICAN DECADE OF TRADITIONAL MEDICINE (2001–2010) AND PLAN OF ACTION:** The thirty-seventh Ordinary Session of the OAU/fifth Ordinary Session of the African Economic Community took place from 9-11 July 2001 in Lusaka, Zambia. The OAU Assembly of Heads of State adopted decision AHG/Dec. 5 (XXXVII) declaring the period 2001-2010 as the OAU Decade for African Traditional Medicine. In the decision, the Assembly endorsed the Nairobi Declaration formally recognizing traditional medicine as the most affordable and accessible form of healthcare for a majority of the African rural population.

**AFRICA HEALTH STRATEGY (2007–2015):** The Africa Health Strategy 2007-2015 was adopted at the third Session of the AU Conference of Ministers of Health (CAMH 3) held from 9-13 April 2007 in Johannesburg, South Africa. The strategy's mission is to build an effective, African-driven response to reduce the burden of disease and disability, through strengthened health systems, scaled-up health interventions, intersectoral action, and empowered communities.

**AFRICAN MINISTERIAL INITIATIVE ON WATER, SANITATION AND HYGIENE:** The African Ministerial Initiative on Water, Sanitation and Hygiene (AMIWASH) was endorsed by the fifth Ordinary AMCOW Session, held in Entebbe, Uganda, from 4-6 November 2004. AMIWASH brings together African ministers from various sectors to work on accelerating national progress toward meeting the MDGs and related targets on water supply and sanitation.

**AFRICAN REGIONAL ACTION PLAN FOR THE IMPLEMENTATION OF SAICM:** In 2005, African and Arab countries commenced the development of a draft regional action plan for the implementation of the Strategic Approach to International Chemicals Management (SAICM). At its third session, held in Vienna, Austria, in September 2005, the Preparatory Committee for the Development of SAICM welcomed the preparation of the draft Africa regional action plan. The plan includes guidance for regional, subregional and national implementation, and notes potential subregional and regional activities. The section on human health protection includes priorities to: develop response measures to mitigate the environmental and health impacts of emergencies involving chemicals; reduce health and environmental risks of pesticides; and ensure occupational safety and health.

### **AFRICAN REGIONAL NUTRITION STRATEGY**

**(2005-2015):** CAMH 2 held in Gaborone, Botswana, from 10-14 October 2005, adopted the African Regional Nutrition Strategy (2005-2015), which was endorsed by the sixth AU Summit that took place in Khartoum, Sudan, from 16-24 January 2006. The purpose of the strategy is to sensitize African leaders about the essential role food and nutrition security plays in achieving sustainable socioeconomic development in Africa.

### **AFRICAN REGIONAL STRATEGY FOR DISASTER**

**RISK REDUCTION:** The African Regional Strategy for Disaster Risk Reduction was adopted at AMCEN-10 and endorsed at the third Ordinary Session of the AU Assembly held in Addis Ababa, Ethiopia, from 6-8 July 2004. The aim of the Africa Regional Strategy is to contribute to the attainment of sustainable development and poverty eradication by facilitating the integration of disaster risk reduction in development.

**AFRICAN STOCKPILES PROGRAMME:** Initiated by the Pesticides Action Network, the WWF and the Global Environment Facility, the African Stockpiles Program (ASP) aims to eliminate existing stockpiles of obsolete pesticides, and implement preventive measures aimed at changing the behavior of stakeholders responsible for managing stocks of pesticides. The ASP supports poverty reduction through enhancement of the quality of life, growth, and the protection of the regional and global commons.

### **ENHANCED FRAMEWORK OF IMPLEMENTATION OF SUSTAINABLE HOUSING AND URBAN DEVELOPMENT IN AFRICA:**

The inaugural Conference of AMCHUD held from 31 January to 4 February 2005, in Durban, South Africa, adopted the Enhanced Framework of Implementation, which 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 within the Framework of the African Union's Strategic Plan and NEPAD Programme. Under the Enhanced Framework, AMCHUD will, *inter alia*, promote investments in the social sectors, particularly education and health, to reduce urban poverty.

### **NEW PARTNERSHIP FOR AFRICA'S**

**DEVELOPMENT:** The NEPAD was adopted at the thirty-seventh Session of the Assembly of Heads of State and Government of the Organization of African Unity, held in Lusaka, Zambia, from 9-11 July 2001. The objective of NEPAD is to stimulate Africa's development by bridging existing gaps in priority sectors, which include agriculture, health, education, infrastructure, information and communication technology, environment, tourism, and science and technology. The NEPAD was designed to meet the AU's development objectives, and is a programme of the AU.

The Environment Action Plan of NEPAD calls for the development and adoption of an environment initiative to address the region's environmental challenges. It prioritizes action regarding: combating land degradation, drought and desertification; wetlands; invasive alien species; marine and coastal resources; cross-border conservation of natural resources; climate change; and cross-cutting issues.

The NEPAD Health Strategy was adopted at the first Conference of African Health Ministers in Tripoli, Libya in April 2003 and further endorsed by the AU Assembly in Maputo, Mozambique, in the same year. The Health Strategy calls for a broad inter-sectoral response to the socioeconomic and political factors that are at the root of much of the ill health on the continent.

The NEPAD Water and Sanitation Framework, has, as one of its objectives, to ensure sustainable access to safe and adequate clean water supplies and sanitation, especially for the poor. It aims to develop regional infrastructure, harmonize sectoral procedures, enhance financial flows towards investment in infrastructure, and develop skills and knowledge for the installation, operation and maintenance of water and sanitation infrastructure. Its Short-Term Action Plan aims to harness available resources to meet the growing basic needs of water supply and sanitation for a large number of Africans.

### **AFRICA-EUROPE STRATEGY AND PARTNERSHIPS:**

The second Europe-Africa Summit took place from 7-9 December 2007 in Lisbon, Portugal. The Summit concluded with the adoption of the Lisbon Declaration and of the Africa-EU Strategy and Action Plan. Key development issues outlined in the Strategy include: development cooperation; human and social development; gender equality; environmental sustainability and climate change; migration and development; agriculture and food security; infrastructure; water and sanitation; energy; development of knowledge-based societies; cultural cooperation; and communication.

In relation to health, the Strategy states that Africa and the EU will jointly: address environmental health challenges by implementing water and sanitation programs and projects, in conjunction with the partnerships on Energy and Climate Change; and elaborate and implement adaptation and mitigation strategies, particularly in relation to water, energy, health, environment, agriculture and food security issues.

### **WHO AFRICA ENVIRONMENT AND HEALTH**

**STRATEGY:** The WHO Regional Office for Africa Environment and Health Strategy aims to create, by 2020, an enabling environment that promotes health and contributes to sustainable development in the region. The specific objectives of the strategy are to support countries to: develop their own policies on environmental health by 2010; establish/strengthen appropriate structures for environmental health services by 2010; improve human resource capacities in environmental health in ministries of health by 2015, and foster sector collaboration and partnership.

### **INTERNATIONAL COOPERATION FOR AFRICA: HEALTH AND ENVIRONMENT PROGRAMMES**

#### **HEALTH AND ENVIRONMENT LINKAGES**

**INITIATIVE:** The Health and Environment Linkages Initiative (HELI) is a global effort by WHO and UNEP to promote and facilitate action in developing countries to reduce environmental threats to human health, in support of sustainable development objectives. HELI supports policymakers in recognizing and valuing the multiple services that ecosystems provide to health and well being.

### POVERTY AND ENVIRONMENT PARTNERSHIP:

The Poverty and Environment Partnership (PEP) is an informal network of development agencies, multilateral development banks, UN agencies and international non-governmental organizations (NGOs) seeking to tackle key poverty and environment issues within the framework of international efforts to achieve the MDGs. The PEP focuses on three broad areas of collaboration: knowledge management and exchange of expertise and information on mainstreaming environment among participating organizations; conceptual and analytical work on the links between poverty and environment, including work on indicators, monitoring and evaluation; and wider communication, advocacy, policy dialogue and alliances in order to influence discussion and political decision making.

### RURAL WATER SUPPLY AND SANITATION

**INITIATIVE:** The African Development Bank (AfDB) conceived the Rural Water Supply and Sanitation Initiative (RWSSI) to respond to the challenge of addressing the MDGs and related targets on water and sanitation and the African Water Vision targets, as well as address the problem of low access to water supplies and sanitation in rural Africa. The overall goal of the RWSSI is poverty reduction through the provision of safe water and basic sanitation to 80% of rural populations by 2015, with 100% coverage by 2025.

### WATER FOR AFRICAN CITIES PROGRAMME:

The UN Human Settlement Programme's (UN-HABITAT) Water for African Cities Programme aims to reduce the urban water crisis in African cities by efficiently and effectively managing water demand, minimizing the environmental impact of urbanization on freshwater resources and boosting awareness and information exchange on water management and conservation. The programme is part of the wider efforts of the agency to meet the MDGs and related targets on water and sanitation and promote environmental sustainability.

## REPORT OF THE CONFERENCE

### TECHNICAL SEGMENT 26-28 AUGUST 2008

The Technical Segment of the Inter-ministerial Conference brought together health and environment experts concerned with environmental health in Africa. The meeting took place from 26-28 August 2008 at the Cité de la Démocratie in Libreville, Gabon. Participants forwarded their outputs, a report and draft declaration, for consideration and adoption by the Conference of Ministers.

### OPENING SESSION

In her welcoming remarks, Maria Neira, Director of Public Health and Environment, World Health Organization (WHO), acknowledged the scientific and technical capacities of the experts. She expressed hope that the outcomes of the conference would lead to an improvement in the state of the environment and Africans' health, and act as a model for the world.



Maria Neira, WHO

On behalf of the Minister of Health, Jean Baptiste Ndong Nguema, Secretary General, Ministry of Health and Public Hygiene in Charge of the Family and Advancement of Women, Gabon, underscored the importance to Africa of further exploring the links between environmental risk factors and human health, and suggested that the conference will contribute to Africa's sustainable development.



GENERAL  
SANTÉ PUBLIQUE  
Jean Baptiste Ndong Nguema,  
Secretary General, Ministry of  
Health and Public Hygiene in  
Charge of the Family and  
Advancement of Women,  
Gabon

### ORGANIZATION OF THE TECHNICAL SEGMENT

The bureau for the technical segment appointed by acclamation comprised Chair Lucien Obame (Gabon), Vice-Chair Robinson Roland (Madagascar), and Rapporteurs Jean de Dieu Nzila (Republic of Congo) and Ramsook Loykisoonalal (South Africa). The experts also adopted by acclamation their agenda and timetable of work as presented by Chair Obame. A representative of civil society stressed the need to solicit their input towards future inter-ministerial meetings.

Participants met in plenary on Tuesday morning 26 August, and Wednesday afternoon, 27 August through Thursday morning, 28 August. They met in two parallel working groups on Tuesday afternoon, 26 August, and Wednesday morning, 27 August, to consider the nine thematic areas. The conference bureau was mandated to oversee the work of one parallel working group. A second bureau was appointed to guide the second parallel working group. It comprised Abiola Olanipekun (Nigeria) as Chair, Jean-Pierre Musongela (DRC) as Vice-Chair, and Ann Phoya (Malawi) and Kere Barthélémy (Burkina Faso) as Rapporteurs.

### KEYNOTE PRESENTATIONS

In plenary, Maria Neira, WHO, highlighted environmental threats to human health, focusing on the evidence base and health impacts. She provided an overview of the links between the environment and health and underscored that a quarter of the total burden of disease in developing countries is associated with environmental risk factors. She explained that solutions exist to the most common threats, such as smoke pollution and sanitation. Citing implementing programmes at the local, national and regional levels as a key challenge, she called on participants to work together to catalyze action.



The bureau for the technical segment, appointed by acclamation

Presenting on the existing mechanisms and opportunities to address health and environmental linkages, Mounkaila Goumandakoye, Director, UNEP's Regional Office for Africa, underlined five potential opportunities: collaboration in the implementation of relevant binding and non-binding agreements; the application of tools such as health and environmental impact assessments; the use of policy frameworks such as the Common Country Assessment and the Poverty-Environment Initiative to mainstream health and environment concerns in national development; to build institutional partnerships with various intergovernmental entities such as the New Partnership for Africa's Development (NEPAD) and the African Ministerial Conference on the Environment (AMCEN), as well as with diverse groups such as the civil society; and to pursue strategic initiatives such as the Health and Environment Linkages Initiative that can maximize WHO's and UNEP's advantages.



Mounkaila Goumandakoye,  
Director, UNEP's Regional Office  
for Africa

In the discussion, Nigeria highlighted the links between hazardous chemicals and emergencies, with the Democratic Republic of Congo adding mobile phone waste to the list of hazards. The Central African Republic called for the inclusion of medical waste to the issues associated with "sanitation," and highlighted the effects of noise pollution on health. Algeria concurred, and also called for linking the Conference outcomes to existing programmes. Kenya drew attention to the need to focus on indoor air pollution. Benin noted that communities are unaware of the relationship between environmental risks and human health. Liberia suggested that universities be engaged in the subsequent implementation of the Libreville Declaration and Guinea Bissau stressed the importance of governance to improving health and the environment.

#### PARALLEL WORKING GROUPS

Parallel working groups met on Tuesday afternoon, 26 August, and Wednesday morning, 27 August to consider the Conference's nine themes.

Working Group I, chaired by Lucien Obame (Gabon)



Working Group I Chair Lucien Obame  
(Gabon)

deliberated on: current environmental risks to human health; new and emerging environmental threats to human health; the contribution of ecosystem services to human health and well-being; economic development and dimensions of environmental risk factors to human health; and international legislative and regulatory frameworks.

Working Group II, chaired by Abiola Olanipekun (Nigeria), discussed climate change; tools and approaches for policymaking in environmental management and public health; policy frameworks for addressing health and environmental challenges; and health impact assessments.

The participants' contributions were used to revise the background papers, generate the experts' report, and update the draft Libreville Declaration on Health and Environment.

#### CURRENT ENVIRONMENTAL RISKS TO HUMAN HEALTH:

In considering the traditional and current environmental risks to human health (IMCHE/1/CP1), Gabon expressed support for the report, but noted that it was still too general and that the distinction between traditional and current risks is a false dichotomy. Gabon added that, wherever appropriate, development projects should mainstream the linkages between health and the environment. Mauritania suggested that the draft declaration select a limited number of environmental risks and target them with focused programmes. Burundi proposed that soil degradation be listed as an environmental risk, Lesotho added freezing weather and Côte d'Ivoire included mobile telephone waste. Kenya accepted that there are global priorities, but challenged participants to reflect on Africa's particular concerns. Senegal highlighted the need to support environmental programmes that prevent health problems.

Liberia, supported by Botswana and the Central African Republic, emphasized the need to develop human and institutional capacities to support environmental and health programmes and Burundi highlighted the need for increased in-country research on the specific linkages. Uganda called on WHO and UNEP to make programmatic commitments on the issues raised in the text. Burkina Faso pointed out that local government should therefore be engaged, as it is responsible for many of the environmental threats discussed in the paper. A representative of a non-governmental organization (NGO) underscored the need for environmental education on health improvement and Botswana added that school sanitation is in need of improvement.

#### NEW AND EMERGING ENVIRONMENTAL THREATS TO HUMAN HEALTH:

On the technical report on new and emerging environmental threats to human health (IMCHE/1/CP6), considered by Working Group I, Côte d'Ivoire stated that many of Africa's environmental problems, such as climate change or toxic chemicals, are generated outside the continent. Mauritania suggested that the term waste was used in a generic way, and needed more specificity. Benin stated that all the recommendations require additional funding and resources, and thus, should reflect that need.

#### CONTRIBUTION OF ECOSYSTEM SERVICES TO HUMAN HEALTH AND WELL-BEING:

On the contributions of ecosystem services to human health and well-being (IMCHE/1/CP3), Senegal stressed the requirement for localized knowledge of the ecosystems in question. Gabon also emphasized the need for research and action at the sub-regional level. The Democratic Republic of Congo made reference to the transboundary nature of ecosystem services and the challenges this raises and an NGO participant highlighted the need for governments to partner with NGOs and civil society.



Participants during the parallel working groups

**CLIMATE CHANGE:** On the background section of the technical paper on health risks from climate change (IMCHE/1/CP.9), Seychelles suggested including data on Africa, Mali suggested reflecting the problem of urban planning, and Burundi called for reference to the prevention and management of disasters. Togo urged acknowledging the inevitability of climate change and associated health impacts.

On issues and challenges, Togo noted the lack of engagement of indigenous practices in community adaptation and Guinea underscored biodiversity loss. Burundi stressed the lack of institutions to address climate and health. Mali stressed the lack of capacity in environment and health ministries, Benin noted the lack of regulatory standards, and Côte d'Ivoire noted the lack of capacity to measure pollution levels. Sudan highlighted gaps on parameters and baseline studies on the impact of climate change and health. Emphasizing the challenge of international trade, the Gambia said technologies banned in developed countries end up in Africa. Algeria urged participants not to replicate the mistakes of the developed world. Malawi noted the over-reliance on biomass energy and its exacerbation by the increased urban migration, with Gabon emphasizing countries' inability to cope with this migration. Madagascar stressed the continued inability of African negotiators to secure an adaptation fund to support their national plans.

On required actions on knowledge: participants suggested strengthening disease surveillance to improve baseline information; improving knowledge about climate change related diseases; and establishing intersectoral mechanisms. Others proposed harmonizing regulation and the effective management of household waste. Noting the better resourcing of the health sector, Ghana suggested resource sharing, and linking regional plans to a workable level within countries.

#### **TOOLS AND APPROACHES FOR POLICY MAKING IN ENVIRONMENTAL MANAGEMENT AND PUBLIC HEALTH:**

Discussion of the report on tools and approaches for policy making in environmental management and public health (IMCHE/1/CP5), began with inquiries on the lack of reference to the issues of adaptation and the precautionary principle. The Secretariat emphasized the need to avoid repetition, noting that these are contained in other papers.

On issues and challenges, some experts noted the absence of subregionally disaggregated data, while Algeria stressed the need for real-time data, and data on Africa's climate change hotspots. Guinea suggested establishing data banks where none

exist with Morocco stating that data exists but is not shared, and calling for an integrated knowledge management system to share it. South Africa suggested documenting and sharing best practices. Togo noted the absence of environmental concerns in sectoral policies. Burundi observed that some regulatory mechanisms are outdated. In the absence of a green measure for Gross Domestic Product, Madagascar suggested emphasizing to policy makers environmental advantages instead. Algeria emphasized implementing the polluter-pays-principle at the domestic level, establishing partnerships with civil society, and raising awareness. A number of participants agreed that the constraints to collaboration include: the unequal power in ministries; sectoral approaches to donor funding; a difference in the ranks of participants that attend inter-ministerial forums; and variation in the levels of monitoring.

With regard to proposed actions, Benin stressed establishing an institutional arrangement to promote health and environment. South Africa called for a joint monitoring and evaluation framework, and Madagascar for a national strategic plan for health and environment with the resulting projects implemented jointly. The United Nations Children's Fund (UNICEF) suggested developing specific, measurable and achievable work plans. The Gambia suggested establishing multisectoral committees. Algeria suggested regulating intersectoral coordination, and establishing rules to govern civil society's environmental management. Chair Olanipekun concluded by suggesting the development of a memorandum of understanding for the different sectors that could provide a formal governance structure.

#### **POLICY FRAMEWORKS FOR ADDRESSING HEALTH AND ENVIRONMENTAL CHALLENGES:**

On the background section to the technical report on policy frameworks to address health and environmental challenges (IMCHE/1/CP4), participants suggested adding references to the transboundary movement of hazardous wastes and related conventions, the mining industry, existing subregional initiatives on environmental health, and the absence of industry standards for pesticides.

Concerning issues and challenges: Benin highlighted the lack of awareness, education and training at the community level about industry; Guinea noted the lack of capacity to coordinate policies, the absence or outdated nature of policies, as well as insufficient resources; and Gabon emphasized the negative impact of mining on health and the environment.

The main debate centered on whether the environment, compared to health, remains low on the national development agenda. Proponents presented as evidence: the post-project implementation of environmental impact assessments (EIAs); the perception that EIAs are "costs," not long-term investments; and the lack of political will to enforce applicable laws and regulations. Participants noted the need for a multisectoral approach so as to target other relevant ministries.

The proposals for action addressed organizational, institutional, and resource gaps. Participants called for the establishment of: regional and national toxicology centers, with laboratories, to monitor and provide information on toxic substances, and communicate and provide information and

training; structures to address cases of community poisoning; an environment and health observatory; and a high-level body to provide inter-ministerial coordination, as well as monitoring and evaluation. They also called for mechanisms to: address small scale mining; transfer know-how and skills in environmental management; carry out an integrated evaluation of groundwater; assess and harmonize policies and laws, as appropriate, and build synergy at the national and regional levels; and monitor hazardous chemicals and enforce labeling. Participants highlighted the need to: support research, including in integrated research and research on toxic substances; develop alternative, environment-friendly food products; establish a platform for the interaction of researchers and policy makers; and create databanks.

**HEALTH IMPACT ASSESSMENT:** Participants considered the technical report on health impact assessments (IMCHE/1/CP8) and debated whether either the EIA or health impact assessment (HIA) would serve as the primary guide for policy, or whether a new assessment tool is needed. The Secretariat explained that neither would take precedence over the other, but explained that EIA screenings need depth in order to take account of crucial health impacts of national priority. Niger and Uganda said building on existing assessment initiatives would likely garner more political support. Gabon said assessments should be the central mechanism for realizing synergy, especially through the use of multidisciplinary teams. Liberia observed that while EIAs support a preventative health agenda, health ministries tend to focus on a curative agenda.

On the issues and challenges, Burundi suggested encouraging ministries of health in Africa to provide preventative health care. In order to enhance their decision making power, Togo suggested delinking the departments of hygiene and sanitation from the ministries of health. Nigeria highlighted the need to sensitize permanent secretaries in the ministries of environment and health to EIA and HIA. Djibouti agreed with Ghana that HIA should be integrated into the already established EIA process in member countries in order to avoid duplication.

On proposed actions, Malawi suggested using African countries already implementing HIA as models. Gabon called for a network of data collection centers and multidisciplinary teams to carry out HIA. Uganda called for a legal framework to support HIA policy. Togo suggested lobbying regional bodies to recognize the value of HIA and requested development partners to use HIA as a pre-condition for project funding.

#### **ECONOMIC AND DEVELOPMENT DIMENSIONS OF ENVIRONMENTAL RISK FACTORS TO HUMAN HEALTH:**

On the economic and development dimensions of environmental risk factors to human health (IMCHE/1/CP2), many participants underscored the need for strong economic development policies to drive development while addressing the links between health and environment. Participants also discussed the effects of corruption on economic development, healthcare provision and environmental protection, with an NGO underscoring its debilitating nature. While many participants concurred, there was disagreement over whether the draft declaration was the appropriate place to address it. Some participants, including the Central African Republic, noted that certain factors, such as the globalization of trade and market

liberalization, national debt burdens and structural adjustment policies, have harmed African domestic economies, and have adversely impacted local environments and human health. The question of whether the draft declaration should either note this or try to address it was debated.

Gabon questioned whether environmental concerns are a threat to development, and called on UNEP to work with national governments to mainstream environmental and health policies into development programmes. Concerning ministries' capacities to achieve this, Kenya called for increased capacity development, including that of finance ministries, and urged the WHO to encourage country level integrated impact assessments, especially with regard to unplanned urban migration. South Africa agreed, adding that intersectoral collaboration should be planned over different timeframes to reflect the differing priorities of short, medium and long term programmes, and suggested that NEPAD and the African Union (AU) be included in the framework. Eritrea, supported by Zambia, added that policies must be developed with long term sustainability in mind. On country specific concerns, Zimbabwe highlighted endemic population pressures and Mauritius raised the impact of fishing on marine ecosystems.

#### **INTERNATIONAL LEGISLATIVE AND REGULATORY FRAMEWORKS:**

Much of the discussion on international legislative and regulatory frameworks dealing with environment and health (IMCHE/1/CP7), centered on the need for regional and national implementation and enforcement. Côte d'Ivoire referred to the *Probo Koala* incident on the dumping of toxic waste in Abidjan, but Botswana explained that although the incident was exceptional in its magnitude, it is an everyday occurrence in Africa. Botswana added that improvements are required in chemical labeling, and called on UNEP to engage more thoroughly in southern Africa. Liberia, supported by Gabon, argued for the enactment of hazardous waste-related agreements at the regional and national levels, and underscored the need for institutional and human capacity to effectively implement the provisions. Gabon also argued for intersectoral collaboration to effectuate implementation, with Senegal highlighting a lack of resources that restricts national governments. Mali emphasized the need for effective mechanism for monitoring and evaluation, and a representative of the Ramsar Convention on Wetlands stressed the importance of enforcement mechanisms. Egypt drew attention to the second African regional meeting on the Strategic Approach to International Chemicals Management (SAICM) that took place from 16-17 July 2008 in Dar es Salaam, Tanzania.

A representative of the Ramsar Convention on Wetlands pointed out that the report focuses on chemicals, but omits various other international instruments that also benefit human health, such as the biodiversity-related conventions. To this, Senegal added the Cartagena Protocol on Biosafety as an instrument concerned with mitigating the effects of the transboundary movement of living modified organisms.

#### **THE DRAFT LIBREVILLE DECLARATION ON HEALTH AND ENVIRONMENT IN AFRICA**

On Wednesday afternoon, delegates met in plenary and began a paragraph-by-paragraph consideration of the draft Libreville Declaration on Health and Environment in Africa.

Participants considered an introductory paragraph reaffirming various international and African conventions relevant to environmental health. They emphasized following the standard structure of recent African declarations, making it brief, and citing the most relevant conventions, including recent relevant declarations adopted by African Heads of State and Government, and NEPAD.

Participants turned to four paragraphs setting out the conceptual and contextual framework of the links between environmental degradation and health. After some debate about the appropriate level of detail, it was decided to establish a drafting group to consolidate the paragraphs into a brief preamble.

Participants moved on to consider the operative paragraphs that set out the actions that ministers of health and environment intend to achieve. The discussion was wide ranging, and focused on: the need for financial support from development partners; the role of focal points; the feasibility of establishing a fund whose financing comes from countries deemed to be polluters; and the appropriateness of time frames. The drafting group was charged with consolidating the text for further consideration.

Participants resumed consideration of a revised two-page draft declaration in plenary on Thursday morning, 28 August. They proposed the need to add the Algiers Declaration and the AU Health Strategy to the list of declarations and agreements, and stressed the importance of including civil society organizations in the declaration. Other comments included: adding immuno-compromised individuals and the poor to the list containing vulnerable groups and a paragraph thanking the government of Gabon for hosting the meeting; referencing the African Development Bank and NEPAD; setting the timeframe for holding the next meeting at two years; and requesting the African Union to set up a mechanism to monitor country progress in reaching the goals it sets out.

Participants agreed to forward the draft declaration, as orally amended, for consideration by Ministers.

### **SUMMARY REPORT OF THE MEETING OF GOVERNMENT EXPERTS**

On Thursday morning, 28 August, participants met in plenary to discuss the draft report of the experts. Chair Obame explained that the report was the outcome of their two-day thematic discussions. He suggested maintaining the structure of the report, but invited participants' comments to improve its quality. Participants then proceeded on a section-by-section review and adoption.

**BACKGROUND AND INTRODUCTION:** This section sets out the rationale that led to the co-organization of the Inter-ministerial Conference by UNEP and WHO. The introduction and background underscores the centrality of the environment in the attainment of individual and community health, and acknowledges Africa's environmental health challenges arising from traditional and new and emerging risks. It notes the high prevalence of deaths in 2002 attributable to environmental factors, and African governments' increased interest in addressing the problem. The report acknowledges the need for collaboration between the ministries of health and of the



Participants during plenary discussing the draft report of the experts

environment to raise awareness and design appropriate policies, and the need for supporting required institutional arrangements and investment frameworks.

In the discussion, participants proposed: specifying "indoor air pollution" within the general problem of air pollution; highlighting that children make up a majority of the environment-related mortalities; referring to "waste management" as opposed to "waste disposal" systems; and adding references to the effects of mining. Participants debated whether to replace "safe drinking water" with "potable water." Citing consensus within WHO, some argued that "potable" water requires meeting specific international water standards that cannot be guaranteed in Africa's rural areas. Participants agreed to refer to "potable and safe drinking water" throughout the text. The proposals were adopted as orally amended.

**THE CONFERENCE:** This section provides a background to the experts' meeting, including the meeting's objectives and themes considered. It sets out the specific objectives of the meeting, mentions the themes the experts dealt with, lists the various participants in attendance, highlights the keynote addresses given on the first day, and lists the technical papers that were dealt with in the parallel sessions.

The discussion focused mainly on whether this section of the report was relevant, as the following section gives a more detailed summary of the meeting. Botswana, the Central African Republic and Burundi were asked to join the drafting group to assist in minimizing duplication in the report. Other issues in the discussion included the appropriate timeframe for the goals of the conference and the need for an appendix containing a list of the participants and side events.

**PROCEEDINGS:** This section contains a report of the work undertaken in plenary and in the working groups. The section contains a summary of the work carried out by the experts both in plenary and the parallel working groups, including the statements delivered.

**RECOMMENDATIONS:** After re-stating earlier points on the significance, and challenges associated with environmental health, this section underlines the need for member states and partners to enable Africa to achieve the Millennium Development Goals (MDGs). It recommends the development of strategic alliances, monitoring and evaluation frameworks, and a coordinating mechanism and identifies several priority actions.

Participants' discussion focused on the structure of the recommendations, and the clarification and specification of particular provisions. Proposals on structure called for

deleting the chapeau and re-grouping the proposed actions into subsections on policy/law, tools, capacity building and resources. On substance, participants' revisions emphasized the need to provide for both present and future generations, and to replace references to resource "exploitation" with "sustainable utilization." Participants also emphasized the need to: acknowledge that many countries have already set up national action plans; state that applied research should be participatory; and build the capacity of national as well as regional institutions. Participants also suggested setting up an African technical mechanism to coordinate country-level activities.

Participants also made new proposals, specifically: establishing national mechanisms to support health and environment initiatives; designing a health and environmental impact assessment tool; referencing Poverty Reduction Strategy Papers, instead of "sectoral macro-economic" frameworks; adding a provision for the surveillance of environmental health risks; and calling on WHO and UNEP to urge the UN Secretary General to include the dumping of toxic waste as a crime against humanity.

With these amendments, participants adopted the recommendations. A provisional version of the final report was circulated on Friday morning, 29 August, but the final text was left pending the inclusion of delegates' written submissions.

**Final Text:** The provisional final text has four sections, namely, background and introduction, the conference, proceedings and recommendations.

The report makes four recommendations: first, establishing a strategic alliance between health and environment that will influence development policies at the macroeconomic and sectoral levels, impact on the existing investment framework and resource allocation criteria, and lead to tangible outcomes and mutual benefit in the short and medium terms; second, further developing monitoring and evaluation frameworks, and reviewing progress made on priority actions undertaken in a defined timeframe (2-4 years); third, requesting WHO and UNEP to set up a coordinating mechanism to provide technical and financial guidance and support to the strategic alliance; and, fourth, endorsing the following fifteen priority actions to be undertaken by the Member States and by partners. These fifteen priority actions are:

- creating national frameworks and mechanisms for intersectoral action to address the linkages between health and the environment, and adopting and implementing the 'three ones' principle of one coordination mechanism, one national strategic plan and one monitoring and evaluation framework;
- mainstreaming health and environmental policies and actions into national strategic plans with the aim of adequately addressing traditional and current environmental risk factors;
- increasing community education and communication to raise awareness on the most important risk factors and on how individual practices can impact upon human health and the environment;
- ensuring the coordination of various relevant activities being carried out by various sectors, municipalities and civil society in order to facilitate their contribution to and coherence with national policies related to health and the environment;

- strengthening national institutional and professional capacity, including centers for health and environment to, *inter alia*, assess the risks entailed by economic and development processes and provide advice on the management of such risks, and share knowledge and good practices for environment and public health protection;
- ensuring that integrated impact assessments and responses for mitigations are fully incorporated into development projects and promoting health impact assessments as part of the strategic environmental assessment process;
- instituting periodic assessments of the national institutional capacity for the application of policy tools for resolving health-related environmental challenges, and using the results of such assessments to determine the relevance and applicability of policy tools;
- undertaking periodic monitoring and evaluation of country performance on the enforcement of existing environmental and health policies and laws;
- coordinating scientific and technical reviews by health and environmental experts to define priorities and identify knowledge gaps as well as refine normative health and environment standards and guidelines;
- supporting applied research, particularly at the local level, to build technical capacity, strengthen cooperation among key actors and answer practical policy questions;
- establishing mechanisms for the monitoring of new and emerging environmental threats and ensuring their inclusion in emergency preparedness plans, including through national focal points as appropriate, as well as more effectively implementing and enforcing national legislation and regulation, and participation in regional and subregional plans to promote inter country collaboration;
- developing intersectoral action plans for the mitigation of health effects of climate change;
- allocating human, financial, and material resources for planning, implementing, monitoring and evaluating integrated health and environmental policies and action plans, and also considering the creation of funds for research and for dissemination and use of results;
- ensuring civil society organizations and the private sector are active partners in the planning and implementation of integrated health and environment programs; and
- urging partners to: support country efforts in translating international conventions, national policies and plans into action; support monitoring and evaluation, while paying particular attention to capacity strengthening; support inter-country and subregional collaboration and cooperation; and promote the adoption, implementation and monitoring of regional and subregional conventions.

### CLOSING

Closing the session, Chair Obama, expressed his pleasure at the spirit of sharing and friendship that had prevailed throughout the Technical Segment of the Inter-ministerial Conference. He called the meeting to a close shortly after 1:00 pm on Friday.

## MINISTERIAL SEGMENT 28-29 AUGUST 2008

On Thursday afternoon, 28 August 2008, the Ministerial Segment of the Conference convened at the Cité de la Démocratie, in Libreville, Gabon.

### OPENING

In her welcoming remarks, Angelique Ngoma, Minister of Health and Public Hygiene in Charge of the Family and Advancement of Women, Gabon, explained that African populations live in situations in which they suffer environmental threats to their health, acknowledged that the links between environment and health are complex, and singled out climate change and urbanization as intensifying the health challenges facing the continent. She called on policy makers to engage with environmental factors with a view to improving people's health and welcomed the global focus on health and the environment, but underscored that action plans require resources for their implementation. Describing the conference as a turning point, she praised the experts' deliberations and expressed her certainty that Africa can describe its own priorities for environment and health in the context of sustainable development, and effectively tackle the problem.

Mounkaila Goumandakoye, Director, Regional Office for Africa, UNEP, noting the high mortality and morbidity rates in Africa associated with environmental risks, highlighted the UNEP-WHO's joint response through the Health and Environmental Linkages Initiative. He assured delegates of UNEP and WHO's determination to find means to translate the Conference outputs into action, extend the strategic partnership to include other relevant actors, and ensure regular monitoring of the efficient and effective implementation of the Conference outputs.

Luis Gomes Sambo, Regional Director for Africa, WHO, noted that environmental degradation most affects the poor and raised the dangers posed by indoor air pollution, especially for women and children. Measures are needed to combat these dangers, he stated, and suggested that public education coupled with good nutrition would help. He welcomed the experts' input and expressed hope that the Libreville Declaration on Health and Environment would turn commitment into action.

Opening the Conference on behalf of Gabon's President Omar Bongo Ondimba, Vice-President Didjob Divungi Di Ndinge noted an awareness gap in Africa about environmental risks. He acknowledged the relevance of national action plans and regional frameworks developed in response to urbanization and industrialization in addressing these problems. The Vice President called for concerted efforts to improve the environmental quality at the national and regional levels, including through strategic alliances with development partners.



Didjob Divungi Di Ndinge, Vice-President of Gabon

### ORGANIZATION OF SESSION

The Conference elected its bureau members by acclamation, namely: Chair Angelique Ngoma (Gabon); Vice-Chair Halima Alao (Nigeria); and two Rapporteurs, Marie Lloyd (Seychelles) and Batilda Burian (Tanzania). In her welcoming remarks, Chair Ngoma noted that the women-only bureau underlined that women are at the helm of the environment and health agendas. The Conference also considered and adopted its agenda and organization of work as presented by Chair Ngoma.



Angelique Ngoma, Minister of Health and Public Hygiene in Charge of the Family and Advancement of Women, Gabon

On Friday morning, 29 August, delegates elected Paul Ralainirina (Madagascar) as the new Vice-Chair due to the early departure of the Minister of Health of Nigeria, Halima Alao.

During its day-and-a-half meeting, the Inter-ministerial Conference convened in plenary.

### KEY NOTE ADDRESSES

Chair Ngoma invited partners to deliver their addresses. France described the need to reduce environmental factors affecting health as the challenge of the century and expressed hope that the Declaration would assist in this regard. He underscored the need for African specificities to be taken into account and, on behalf of the European Union, pledged to assist with the work ahead. Emphasizing the importance it attaches to health and environment, and noting the environmental and associated health effects of climate change on Africa, Germany said her country had contributed towards the hosting of the Conference, and will lend support to programs to address the effects of climate change.

### REPORT OF THE EXPERTS' MEETING

Lucien Obame, Chair of the experts' meeting held from 26-28 August 2008 at the Cité de la Démocratie in Libreville, Gabon, presented the Summary Report of the Meeting of Government Experts, following which the ministers made their comments. Many expressed support for the report.

On the background, Ghana drew attention to the complex interlinkages between environment and health and the effects that climate change, among other factors, will have on the environment. He requested WHO and UNEP assist Ghana to implement programmes to integrate environment and health. Nigeria and the Gambia argued that whereas the report states that international legislative and regulatory frameworks are not "currently deployed or adequately equipped," they are in fact inadequately deployed. A representative of the Ramsar Convention on Wetlands suggested adding this Convention to the list of attending partner Secretariats.

Commenting on the recommendations, Senegal highlighted the need to formulate strategies to better manage water and develop Africa's indigenous medicinal technologies. Mali urged that future inter-ministerial conferences provide room

for ministerial statements, and recommended that: timelines be elaborated for the proposed actions; an information management system be established; and existing regional institutions be strengthened, instead of calling for new ones. Ethiopia proposed pursuing a multisectoral approach that can involve actors beyond health and environment, developing grassroots mechanisms for citizen education and awareness, elaborating a plan of action with priority actions, and taking action based on one coherent and comprehensive national plan.

South Africa underscored the importance of the experts' meeting, and the need for a declaration. She called for the report to refer to "safe drinking water" and include the private sector, and underscored the need for enforcement agencies to be strengthened. Algeria pointed out that half of the continent lacks access to safe drinking water or electricity and drew attention to the forthcoming meeting of African Ministers Conference to prepare an African position on the post-2012 Climate Change commitments, which is scheduled to take place in Algeria in the last quarter of 2008. Liberia observed a repetition in some of the concepts contained in the recommendations and proposed merging the recommendations for brevity. The Gambia proposed that the text call on the AU and African governments to ratify and implement the Bamako Convention. Sudan called for including a reference to sleeping sickness to be included in the text and the Central African Republic called for inclusion of a reference to post-conflict states and environmental education at the primary level.

Kenya underlined the need to: aim for a coherent, inter-ministerial, inter-departmental forum; be explicit about budgetary implications; state that the AU should provide leadership on environmental matters; act promptly on information on health and environment, and not treat it as confidential; and urge African financial institutions to promote corrective investments for past mistakes in unplanned human settlements.

Burkina Faso underscored the need for an action plan to facilitate resource mobilization from donors. Togo called for a recommendation on the management of natural disasters, and suggested specifying the targets of the recommendations. Niger proposed grouping the recommendations thematically. Swaziland underlined the need for a situational analysis to facilitate the development of indicators to aid monitoring and evaluation. Lesotho noted that only one recommendation was aimed at partners, and added that the reporting procedures should be spelt out, and a provision on traditional medicines included. Noting the association of poverty with disease, Uganda called for a recommendation to fight poverty and improve household incomes. Djibouti called for actions to control hazardous substances and climate change, and to ensure that partner-funded projects include health and environmental impact assessments.

Responding to Ministers' comments, Maria Neira explained that other regions have drawn up action plans and WHO could share experiences. Monique MacDevette, UNEP, underscored UNEP's support capabilities. Luis Gomes Sambo, WHO, welcomed the discussion and exchange of experiences. Mounkaila Goumandakoye, UNEP, suggested that hastily

drawn up action plans tend not to be implemented properly and explained that he is scheduled to hold planning follow-up meetings with UNDP.

The Ministers endorsed the Report with the understanding it would be amended to reflect the discussion, and Chair Ngoma urged delegates to submit their written comments to the Bureau.

### ***LIBREVILLE DECLARATION ON HEALTH AND ENVIRONMENT IN AFRICA***

On Friday morning, 29 August, delegates met in plenary and considered the draft Libreville Declaration on Health and Environment. The draft declaration was read out by Matshidiso Moeti, WHO. Ministers then considered the draft.

The preamble has four sections. On the first section listing international legal instruments and regulations, Equatorial Guinea suggested listing the instruments in chronological order. Swaziland, Senegal and Burundi requested that the section be made more general without listing the instruments, while the Gambia, supported by Tanzania, said the declaration should be used as a forum to move the continent forward in implementing the Bamako Convention. Tanzania also suggested adding the Ramsar Convention on Wetlands, Lesotho called for the inclusion of the Basel Convention and Rwanda called for a more complete list.

The second section of the Declaration expresses ministers' concern over the state of the environment and health of Africans, especially for vulnerable groups. Chad pointed out that the term indigenous populations might not apply to all countries, with Malawi calling for it to be deleted and replaced with "the rural poor." Malawi also called for the addition of refugees to the list of vulnerable groups, with Kenya, supported by Tanzania, calling for the inclusion of people with disabilities.

The third section recognizes that: there is a need for further research on the vulnerability of humans to environmental risk; it is necessary to implement the imperatives of sustainable development alongside efforts to achieve economic growth; and there are delays in implementing preventive health strategies to protect against traditional risk factors. Burkina Faso called for the second subparagraph to be rephrased so as to state that economic growth leads to sustainable development and not vice-versa. Algeria called for medical waste to be added to a list of traditional risk factors.

The fourth section states that: African ministers are convinced that environmental risks present new threats to public health; that the African continent is faced with all of these traditional and new challenges; and the participation of all the actors is necessary. The Republic of Congo suggested that Africa is affected by "most" of these traditional and new challenges. Togo suggested wording to reflect that "Africa is most vulnerable to new challenges" while Swaziland suggested adding another point mentioning the benefits of good environment and health policy to the economy. Cape Verde pointed out that the subparagraph references the "continent of Africa" and thus, excludes the islands. Ethiopia and the Central African Republic suggested that the word "participation" be replaced with "commitment."

The draft declaration then lists 12 actions that African countries undertake to carry out. Algeria suggested revising the chapeau to the actions to make the commitments less

impersonal by stating “we should” instead of “African countries should,” but Madagascar preferred specifying that “we African countries should,” and Uganda suggested the wording be “now, therefore declare the African countries should,” as it proceeds from the opening line of the Declaration.

On updating frameworks to address the interlinkages between health and environment, the Republic of Congo said the declaration should state that countries should “formulate” frameworks because not all African countries have legal frameworks to address the interlinkages between health and environment. Mali said the issues highlighted in the first and second actions both concern ensuring integration of the agreed objectives in the areas of health and environment in national poverty reduction strategies, and called for their merger.

On building institutional capacities to address the linkages between environment and health, Lesotho underscored the need for “subregional” capacities, and called for this to be reflected throughout the text. Mali suggested that countries should “establish” or strengthen capacity. On supporting knowledge management, Burundi proposed including training in knowledge management. On more effectively and efficiently implementing national, subregional and regional policies, Madagascar, supported by Mali, preferred focusing on implementing “mechanisms” for international conventions, legislation and national regulations. On monitoring and evaluating performance, the Gambia stressed its importance, while Ghana suggested referring to peer review mechanisms and experience sharing. Eritrea stated that this paragraph was unclear. On developing partnerships and participatory approaches, Mali proposed adding municipalities and councils to the partners listed.

On making the implementation of intersectoral health and environment programmes a pre-condition for allocating increased resources, Burkina Faso, supported by many, objected to the notion. Algeria, supported by Madagascar, Chad, Somalia, and Togo, suggested that the action should state that there should be encouragement for allocating resources to health and environment. South Africa suggested replacing “pre-condition” with “opportunity.”

On two paragraphs calling on WHO and UNEP for support and to monitor progress, Malawi concurred with Egypt’s suggestion that WHO and UNEP establish a network for communicable and non-communicable diseases. Kenya, supported by Tanzania, suggested that countries concentrate on national measures before calling for assistance from WHO and UNEP. The Gambia and Senegal said it was important to have a follow-up meeting and to set a specific time-line for it. Djibouti offered to host the second meeting of the Inter-ministerial Conference on Health and the Environment.

In the penultimate Conference plenary on Friday afternoon, 29 August, Matshidiso Moeti presented the revised Declaration, following which Chair Ngoma announced that the final version would include a provision noting that they had endorsed the experts’ report in Plenary on Thursday evening. Delegates then approved the Declaration without comment, and adopted it without comment during the closing Plenary.

**Final Text:** In the preamble, the Libreville Declaration states that African ministers responsible for health and the environment, meeting from 28-29 August 2008 in Libreville, Gabon:

- reaffirm their commitment to implement all conventions and declarations that bear on health and environment linkages, in particular the: Stockholm Declaration on the Human Environment; Alma-Ata Declaration on Primary Health Care; Bamako Convention on hazardous wastes; Declaration of the UN Conference on Environment and Development Rio de Janeiro; Millennium Declaration and the subsequent Millennium Development Goals; Johannesburg Plan of Implementation adopted by the World Summit on Sustainable Development; Health Strategy of the African Union; Algiers Declaration on Desertification; Algiers Declaration on health research in Africa; Ouagadougou Declaration on primary health care and health systems; eThekweni Declaration on hygiene and sanitation; and Bali Declaration on waste management for human health and livelihood;
- are concerned that: over 23% of deaths in Africa, estimated at more than 2.4 million each year, are attributable to avoidable environmental risk factors, with particular impacts on the poorest and the most vulnerable groups (children, women, rural poor, people with disabilities, displaced populations and the elderly); 60% of the vital ecosystem services of the planet are being degraded, or are being subjected to excessive pressures, and that it is these services that maintain the quality of air, land and water resources; the Bamako Convention on Hazardous Wastes adopted in 1991 is not being implemented; and Africa is increasingly being affected by natural disasters caused by climate change.
- recognize that: there is a need for further research to increase understanding of the vulnerability of humans to environmental risk factors, particularly in Africa; it is necessary and urgent to implement in our countries the imperative of sustainable development in efforts to achieve economic growth; there are constraints on accelerated implementation of the necessary integrated strategies to protect populations against risks resulting from environmental degradation including contaminated water supply, lack of sanitation, poor air quality, vector-borne diseases, exposure to chemicals, poor waste management, new toxic substances, desertification, industrial and domestic risks, and natural disasters.
- endorse the recommendations of African experts gathered in Libreville on 26-28 August 2008.
- are convinced that: the emergence of new environmental risks (climate change, industrial expansion, and new technologies) presents new threats to public health; Africa is, of all the world’s geographic regions, the most vulnerable in the face of these challenges; well-managed health and environmental risks impact positively on national economies, including through increased foreign direct investments and tourism; the involvement and commitment of all actors is necessary for concerted and coherent action; health security can be achieved through a healthy environment.

In the operative paragraphs, African countries commit to:

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

In the concluding operative paragraphs, African ministers call upon the World Health Organization and the United Nations Environment Programme to:

- support, along with other partners and donors, including the African Development Banks and African Subregional Economic Communities, the implementation of this Declaration, and to increase their efforts in advocacy, in

resource mobilization and in obtaining new and additional investments in order to strengthen the strategic alliance between health and environment;

- help African countries in sharing experiences, developing capacity, and establishing a mechanism to monitor progress towards the fulfillment of the commitments made at this conference, through peer review, and to organize a second Inter-ministerial Conference on Health and Environment in Africa before the end of 2010; and
- support the implementation of health and environment conventions and agreements and the establishment of an African network for surveillance of communicable and non-communicable diseases, in particular those with environment determinants.

The Declaration also calls on His Excellency El Hadj Omar Bongo Ondimba, President of the Republic of Gabon, host country, to present the Declaration to the African Union.

### PLENARY

Chair Ngoma called the last plenary to order at 5:04 pm, on Friday, August 29, and invited WHO to present the HELI Toolkit. Maria Neira, WHO, presented the first health and environment toolkit for decision-makers on managing the linkages for sustainable development, which was jointly prepared by WHO and UNEP. The document, she said, offers a country-focused approach, and contains a summary of knowledge on priority risks, decision-making challenges and opportunities, methodological guidance, and country-level experiences. She thanked the countries that had served as the pilot studies.

In her closing remarks, Chair Ngoma praised participants for the important exchange relating to environment and health. She said that the Declaration represents a preparedness of Africa to address the environmental factors affecting health, and called on all countries to assist in the "Herculean task."

Spès Ntabangana, WHO, then presented the Libreville Declaration, and delegates adopted it without comment.

Delivering a vote of thanks to the government of Gabon, WHO, UNEP and the local organizing committee and interpreters, among others, Theresa Siricio Iro, Minister of Environment, Sudan, added that tackled together, environment and health will be at the centre of the Africa's development framework.

Mounkaila Goumandakoye, Director, UNEP Regional Office



Luis Gomes Sambo, Regional Director for Africa, WHO

for Africa, underscored the exemplary partnership between WHO and UNEP, described the Declaration as laying down a roadmap towards integrating health and environment in Africa, and pledged to work hand-in-hand with WHO to translate the Declaration into action.

Luis Gomes Sambo, Director, WHO Regional Office for Africa, expressed WHO's satisfaction with, and total support for, the

Libreville Declaration, and committed to work with UNEP to provide technical support and to enable countries to implement the Declaration.

### **CLOSING AND SIGNING OF THE DRAFT DECLARATION**

The closing ceremony began with the signing of the Libreville Declaration by all present countries' ministers of health and of environment.

In her closing statement, Georgette Koko, Deputy Prime Minister, Gabon, began by stating that Africa has to face up to new environmental risk factors. Here, she said, the observations are bitter and painful: Africans' vulnerability was laid bare. Now is the time, she asserted, for Africa to test and consolidate its frameworks and mechanisms to take up the major challenges associated with environment and health. Deputy Prime Minister Koko gave advance thanks to the President of Gabon for presenting the Declaration to the AU, and then called the Conference to a close at 6:58 pm.



Georgette Koko, Deputy Prime Minister, Gabon

### **UPCOMING MEETINGS**

#### **FIFTY-EIGHTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA:**

The fifty-eighth session of the WHO regional committee for Africa will take place in Yaounde, Cameroon, on 1-5 September 2008. High on the agenda of this year's meeting are: proposed actions to improve the health of women and curb the harmful alcohol use in the region; a strategy for cancer prevention and control; a progress report on accelerating HIV prevention and polio eradication; and proposals for eliminating iodine deficiency disorder. For more information, contact: Director, Programme Management; tel: +47-241-39346; fax: +47-241-39506/242-839-506; Internet: <http://www.afro.who.int/rc58/index.html>

#### **THIRD HIGH LEVEL FORUM ON AID**

**EFFECTIVENESS:** The Third High Level Forum on Aid Effectiveness (HLF 3) will convene in Accra, Ghana, on 2-4 September 2008. HLF 3 will take stock and review the progress made in implementing the 2005 Paris Declaration on Aid Effectiveness. For more information, contact: OECD Development Cooperation Directorate; tel: +33-1-4524-8200; fax: +33-1-4430-6147; e-mail: [DAC.Contact@oecd.org](mailto:DAC.Contact@oecd.org); Internet: [http://www.oecd.org/document/47/0,3343,en\\_2649\\_3236398\\_39448751\\_1\\_1\\_1\\_1,00.html](http://www.oecd.org/document/47/0,3343,en_2649_3236398_39448751_1_1_1_1,00.html)

**AFRICA CARBON FORUM:** The first all-Africa carbon forum will take place in Dakar, Senegal, from 3-5 September 2008. The Forum is a conference, trade fair and capacity development initiative to boost private sector participation in the Clean Development Mechanism in Africa. For more information, contact: David Abbass, Public Information Officer, UNFCCC Clean Development Mechanism; tel: +49-228-815-1511; e-mail: [dabbass@unfccc.int](mailto:dabbass@unfccc.int); Internet: <http://unfccc.int/meetings/items/2654.php>

#### **JOINT FAO/WHO MEETING ON PESTICIDE**

**RESIDUES:** This meeting will take place from 9-18 September 2008 in Rome, Italy. For more information, contact: International Programme on Chemical Safety (IPCS); tel: +41-22-791-3576; Internet: <http://www.who.int/ipcs/en/>

#### **UN GENERAL ASSEMBLY HIGH LEVEL MEETING ON THE IMPLEMENTATION OF THE NEW PARTNERSHIP FOR AFRICA'S DEVELOPMENT**

**(NEPAD):** This meeting will convene on 22 September 2008, at UN headquarters in New York. It will be held at the highest possible political level and is expected to result in a political declaration on Africa's development needs. For more information, contact: Internet: <http://www.un.org/ga/62/meetings.shtml>

#### **70TH MEETING OF THE JOINT FAO/WHO EXPERT MEETING ON FOOD ADDITIVES AND CONTAMINANTS:**

This meeting will take place from 21-30 October 2008 in Geneva, Switzerland. For more information, contact: IPCS; tel: +41-22-791-3576; Internet: <http://www.who.int/ipcs/en/>

**FOURTH INTERNATIONAL SYMPOSIUM ON TRANSBOUNDARY WATERS MANAGEMENT:** Taking place in Thessaloniki, Greece, from 15-18 October 2008, the objectives of this symposium are to: assess the state of the art and the progress recently made in the sustainable management of transboundary waters; review current major international programmes concerned with the assessment and management of transboundary water resources; and promote interdisciplinary approaches for integrated transboundary water resources management. For more information, contact: the Conference Secretariat; tel: +30-2310-252-103; fax: +30-2310-252-104; e-mail: [info@toplinetravel.gr](mailto:info@toplinetravel.gr); Internet: <http://www.unesco.org/water/pdf/twm4.pdf>

**FOURTH CONFERENCE OF THE PARTIES TO THE ROTTERDAM CONVENTION:** PIC-COP 4 will be held from 27-31 October 2008 in Rome. For more information, contact: Rotterdam Convention Secretariat; tel: +41-22-917-8296; fax: +41-22-917-8082; email: [pic@unep.ch](mailto:pic@unep.ch); Internet: <http://www.pic.int/home.php?type=b&id=138&sid=27&tid=41>

**TENTH CONFERENCE OF THE PARTIES TO THE RAMSAR CONVENTION:** RAMSAR COP 10 will take place from 28 October to 4 November 2008 in Changwon, Republic of Korea. The theme of COP 10 is 'Healthy Wetlands, Healthy People'. For more information, contact: Ramsar Secretariat; tel: +41-22-999-0170; fax: +41-22-999-0169; e-mail: [ramsar@ramsar.org](mailto:ramsar@ramsar.org); Internet: [http://www.ramsar.org/index\\_cop10\\_e.htm](http://www.ramsar.org/index_cop10_e.htm)

**UNCCD CRIC 7 AND CST 9:** The UN Convention to Combat Desertification (UNCCD) Committee on the Review of the Implementation of the Convention (CRIC) and Committee on Science and Technology (CST) are scheduled to meet from 3-14 November 2008 in Istanbul, Turkey. For more information, contact: UNCCD Secretariat; tel: +49-228-815-2800; fax: +49-228-815-2898; e-mail: [secretariat@unccd.int](mailto:secretariat@unccd.int); Internet: <http://www.unccd.int>

**GLOBAL MINISTERIAL FORUM ON RESEARCH AND HEALTH:** This meeting, organized in partnership with the Council on Health Research for Development, the Global

Forum for Health Research, the Government of Mali, UNESCO and the World Bank, will take place in Bamako, Mali, from 17-19 November 2008. For more information, contact: +41-22-791-4355; email: see [http://www.bamako2008.org/index.php?option=com\\_contact&Itemid=3](http://www.bamako2008.org/index.php?option=com_contact&Itemid=3); Internet: <http://www.bamako2008.org/>

**FOURTEENTH CONFERENCE OF THE PARTIES TO THE UNFCCC AND FOURTH MEETING OF THE PARTIES TO THE KYOTO PROTOCOL:** UN Framework Convention on Climate Change (UNFCCC) COP 14 and Kyoto Protocol COP/MOP 4 are scheduled to take place from 1-12 December 2008 in Poznan, Poland. These meetings will coincide with the 29th meetings of the UNFCCC's subsidiary bodies. For more information, contact: UNFCCC Secretariat; tel: +49-228-815-1000; fax: +49-228-815-1999; e-mail: [secretariat@unfccc.int](mailto:secretariat@unfccc.int); Internet: [http://unfccc.int/meetings/cop\\_14/items/4481.php](http://unfccc.int/meetings/cop_14/items/4481.php)

**62ND WORLD HEALTH ASSEMBLY:** The sixty-second World Health Assembly is expected to take place from 18-27 May 2009 in Geneva, Switzerland. This is the annual meeting of the supreme decision making body of the World Health Organization (WHO). For more information, contact: +41-22-791-2111; fax: 41-22-791-3111; email; [info@who.int](mailto:info@who.int); Internet: <http://www.who.int/governance/calendar/2009/en/index.html>

**INTERNATIONAL CONFERENCE ON GLOBAL HEALTH:** The 36th Annual International Conference on Global Health will take place from 26-30 May 2009 in Washington DC, United States. The Conference, themed 'New Technologies + Proven Strategies = Healthy Communities', will highlight the ways in which technologies, in combination with best practices and evidence-based policies, improve health around the world. For more information, contact: tel: +1-802-649-1340; email: see [http://www.globalhealth.org/conference/view\\_top.php?id=773](http://www.globalhealth.org/conference/view_top.php?id=773); Internet: <http://www.globalhealth.org/conference/>

**71ST MEETING OF THE JOINT FAO/WHO EXPERT MEETING ON FOOD ADDITIVES AND CONTAMINANTS:** This meeting will take place from 16-24 June 2009, in Geneva, Switzerland. For more information, contact: IPCS; tel: +41-22-791-3576; Internet: <http://www.who.int/ipcs/en/>

**13TH SESSION OF THE AFRICAN MINISTERIAL CONFERENCE ON THE ENVIRONMENT (AMCEN-13):** Held every two years, the next ordinary session of the African Ministerial Conference on the Environment (AMCEN-13) will take place in Bamako, Mali, in 2010. For more information, contact: AMCEN Secretariat, tel: +254-207-624-289; fax: +254-207-624-287; e-mail: [amcensec@unep.org](mailto:amcensec@unep.org); Internet: <http://www.unep.org/roa/Amcen/>

**FIFTY-NINTH SESSION OF THE WHO REGIONAL COMMITTEE FOR AFRICA:** The fifty-ninth session of the WHO regional committee for Africa scheduled to take place in Kigali, Rwanda, on 31 August - 4 September 2009. For more information, contact: Director, Programme Management; tel: +47-241-39346; fax: +47-241-39506/242-839-506; Internet: <http://www.who.int/governance/calendar/2009/en/index.html>

**THE SECOND INTER-MINISTERIAL CONFERENCE ON HEALTH AND ENVIRONMENT:** This conference will be held before the end of 2010 in Djibouti. For more information, contact: Director, Programme Management; tel: +47-241-39346; fax: +47-241-39506/242-839-506.

## LIST OF ABBREVIATIONS

|        |                                                                 |
|--------|-----------------------------------------------------------------|
| AfDB   | African Development Bank                                        |
| AFREC  | African Commission on Energy                                    |
| AMCEN  | African Ministerial Conference on the Environment               |
| AMCHUD | African Ministerial Conference on Housing and Urban Development |
| AMCOW  | African Ministers' Council on Water                             |
| AMHE   | Africa Ministerial Conference on Health and Environment         |
| ASP    | Africa Stockpiles Programme                                     |
| AU     | African Union                                                   |
| CAHM   | African Union Conference of Ministers of Health                 |
| EIA    | Environmental Impact Assessment                                 |
| EU     | European Union                                                  |
| FEMA   | Forum of Energy Ministers in Africa                             |
| HIA    | Health Impact Assessment                                        |
| JPOI   | Johannesburg Plan of Implementation                             |
| MDGs   | Millennium Development Goals                                    |
| NEPAD  | New Partnership for Africa's Development                        |
| NGO    | Non-governmental organization                                   |
| OAU    | Organization of African Unity                                   |
| PAP    | Pan-African Parliament                                          |
| ROA    | Regional Office for Africa                                      |
| RWSSI  | Rural Water Supply and Sanitation Initiative                    |
| SAICM  | Strategic Approach to International Chemicals Management        |
| UNCED  | United Nations Conference on Environment and Development        |
| UNICEF | United Nations Children's Fund                                  |
| UNEP   | United Nations Environment Programme                            |
| UNFCCC | United Nations Framework Convention on Climate Change           |
| WHA    | World Health Assembly                                           |
| WHO    | World Health Organization                                       |
| WSSD   | World Summit on Sustainable Development                         |



Ministers and Heads of Delegation in a group photo after the official opening of the ministerial segment