

African Region

REGIONAL COMMITTEE FOR AFRICA**ORIGINAL: ENGLISH**Seventy-fourth sessionBrazzaville, Republic of Congo, 26–30 August 2024Provisional agenda item 18.15

**PROGRESS REPORT ON THE UPDATED REGIONAL STRATEGY FOR THE
MANAGEMENT OF ENVIRONMENTAL DETERMINANTS OF HUMAN HEALTH
IN THE AFRICAN REGION 2022–2032**

Information Document

CONTENTS

	Paragraphs
BACKGROUND	1–3
PROGRESS MADE/ACTIONS TAKEN.....	5–12
ISSUES AND CHALLENGES	13
NEXT STEPS	14–16

ANNEX

	Page
Milestones by 2027 and targets by 2032 of the Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032	4

BACKGROUND

1. In the African Region, the burden of disease attributable to environmental determinants and the consequent socioeconomic impact is substantial. Along with water, sanitation and hygiene, changes in soil and air quality are the main drivers of vector-borne, diarrhoeal and cardiovascular diseases, as well as lower respiratory infections.¹
2. Africa is one of the world's most vulnerable regions to climate change, owing to its weak socioeconomic infrastructure and limited adaptive capacities. The momentum for addressing this paramount threat to global health grows steadily.
3. In 2022, the Regional Committee adopted the “Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032”.¹ The strategy outlines the required actions to successfully implement the 2008 Libreville Declaration² on Health and Environment and integrates the strategic action plan endorsed at the third Interministerial Conference on Health and Environment in 2018.
4. The updated strategy provides guidance to Member States on addressing health and environment linkages by triggering coordinated intersectoral actions towards better health outcomes. This first report summarizes the progress being made to “scale up cost-effective priority prevention interventions” recommended in this strategy for the achievement of key milestones and targets set for 2027 and 2032 respectively (Annex 1).

PROGRESS MADE/ACTION TAKEN

5. Member States showed uneven progress in setting up environmental health measures to mitigate exposure to poor water, food and air quality. A total of 27 Member States³ have implemented a national joint action plan (NPJA) for the management of environmental risk factors of human health and ecosystem integrity, whilst 29⁴ others have established integrated national frameworks for joint monitoring and evaluation of priority intersectoral interventions. Twenty-six⁵ Member States have developed health national adaptation plans, but only seven⁶ have done so within the last five years. In addition, 23 Member States⁷ have integrated a health dimension in their nationally determined contributions (NDCs).

¹ Regional Committee for Africa, 72 (2022). Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032: report of the Secretariat. World Health Organization Regional Office for Africa (<https://iris.who.int/handle/10665/361859>).

² WHO/UNEP, the Libreville Declaration on Health and Environment in Africa, Brazzaville, World Health Organization; 2008 (<https://hesa.africa/the-libreville-declaration>).

³ Botswana, Burundi, Cameroon, Cabo Verde, Congo, Democratic Republic of the Congo, Ethiopia, Gabon, Ghana, Guinea, Kenya, Lesotho, Madagascar, Mali, Mauritania, Mauritius, Rwanda, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo and Uganda.

⁴ Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cameroon, Cabo Verde, Ethiopia, Eswatini, Gabon, Gambia, Ghana, Guinea, Equatorial Guinea, Lesotho, Liberia, Mali, Mauritania, Mauritius, Mozambique, Rwanda, Sierra Leone, South Africa, Seychelles, Uganda, United Republic of Tanzania, Zambia and Zimbabwe.

⁵ Algeria, Benin, Burkina Faso, Botswana, Cameroon, Cabo Verde, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mozambique, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, South Africa, United Republic of Tanzania, Togo, Uganda and Zambia.

⁶ Cabo Verde, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Liberia and Togo.

⁷ The Global Climate and Health Alliance, Healthy NDC: Why do Nationally Determined Contributions matter? (<https://climateandhealthalliance.org/initiatives/healthy-ndcs/ndc-scorecards/>)

6. To date, 27 Member States⁸ have committed to the twenty-sixth Conference of the Parties (COP26) Health Initiative on building climate resilient and sustainable low-carbon health systems.⁹ WHO supported the participation of 11 delegates in COP27¹⁰ and COP28¹¹ respectively.

7. WHO introduced several tools¹² to coordinate the implementation, monitoring and evaluation of air pollution in four Member States.¹³ In Kenya, WHO spearheaded a stakeholder engagement roadmap¹⁴ for achieving transition to clean household energy and enhancing multisector collaboration across key sectors.

8. Concerted efforts to improve the uptake of the hand hygiene acceleration framework tool (HHAFT)¹⁵ enabled nine Member States¹⁶ to identify enablers and gaps in efforts to accelerate progress towards universal hand hygiene and drive related investments.

9. Fifteen Member States¹⁷ developed water, sanitation and hygiene (WASH) accounts for national benchmarking, enabling evidence-based planning, financing, management and monitoring of WASH services and systems. Eighteen Member States¹⁸ improved access to WASH services in health care facilities using the WHO WASH-FIT tool.

10. WHO strengthened the capacity of seven Member States¹⁹ to monitor WASH interventions, including wastewater environmental surveillance. Fourteen Member States²⁰ provided updated data on WASH in health care facilities²¹ through consultations.

11. Four Member States²² implemented the “Integrated Health and Environment Observatories and legal and institutional strengthening for the sound management of chemicals in Africa” project.²³ Four more Member States²⁴ successfully initiated actions to reduce exposure to lead poisoning. To further

⁸ Botswana, Burkina Faso, Cabo Verde, Congo, Central African Republic, Côte d’Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, Sierra Leone, United Republic of Tanzania, Togo, Uganda and Zambia: this represents an addition of eight new countries.

⁹ The WHO-led Alliance for Transformative Action for Climate and Health (ATACH) initiative formed in 2022 (COP27) monitors and supports Member States as they fulfil these commitments through knowledge sharing, technical support, capacity development and resource mobilization.

¹⁰ Botswana, Burkina Faso, Cabo Verde, Central African Republic, Congo, Côte d’Ivoire, Guinea, Kenya, Madagascar, Sao Tome and Principe, and Togo.

¹¹ Benin, Botswana, Côte d’Ivoire, Gabon, Mozambique, Senegal, South Sudan, Uganda, Zambia, Sao Tome and Principe and Sierra Leone.

¹² Including the Benefits of action to reduce household air pollution (BAR-HAP) tool, the Clean Household Energy Solutions Toolkit (CHEST) and the Household Energy Assessment Rapid Tool (HEART).

¹³ Ghana, Rwanda, South Africa and Nigeria.

¹⁴ From the Kenya stakeholder engagement, a Call to action was developed to advocate for multisectoral collaboration in order to address air pollution in Kenya.

¹⁵ Acceleration framework (<https://handhygieneforall.org/hand-hygiene-acceleration-framework-tool/>)

¹⁶ Cameroon, Eswatini, Ethiopia, Lesotho, Mali, Nigeria, Republic of the Congo, South Africa and United Republic of Tanzania.

¹⁷ Benin, Burkina Faso, Chad, Ghana, Kenya, Mali, Madagascar, Mauritania, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Uganda, and Zimbabwe.

¹⁸ Benin, Eritrea, Ethiopia, Gambia, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Nigeria, Rwanda, South Sudan, United Republic of Tanzania, Uganda, Zambia and Zimbabwe.

¹⁹ Burkina Faso, Chad, Mali, Madagascar, Mauritania, Niger and Senegal.

²⁰ Angola, Chad, Ethiopia, Guinea-Bissau, Malawi, Mali, Mauritania, Mozambique, Nigeria, Togo, Zambia and Zimbabwe.

²¹ WHO-UNICEF Joint Monitoring Programme consultations 2023.

²² Gabon, Madagascar, Mali and Senegal.

²³ UNEP: GEF projects (<https://www.thegef.org/projects-operations/projects/9080>).

²⁴ Angola, Cameroon, Togo, and Zimbabwe.

enhance chemical safety, the second African Network of Poison Control Centres²⁵ meeting was convened in Zambia with 43 attendees representing 17 Member States.²⁶

12. WHO supported nine Member States²⁷ in developing national policies for occupational health and safety for health workers. The African Union Development Agency,²⁸ WHO and ILO have established a partnership to safeguard the health, safety and well-being of health workers in Africa.

ISSUES AND CHALLENGES

13. The following factors slowed the uptake and implementation of the strategy across the Region: limited political commitment, lack of appropriate intersectoral policies, and limited resources and data. Although WHO is actively developing proposals and resource mobilization briefs to engage donors,²⁹ limited human and financial resources at regional and national levels further hindered progress.

NEXT STEPS

14. Member States and partners should:

- (a) strengthen political commitment to address environment and health issues as part of the drive towards universal health coverage;
- (b) allocate adequate resources to implement national environment and health agendas;
- (c) undertake a situation analysis, vulnerability assessments and/or needs assessments as prerequisites for the development of national plans of joint action addressing the full array of environmental health determinants, including risk factors and the management of those risks;
- (d) establish joint coordination mechanisms on health and environment at regional and country levels.

15. WHO should:

- (a) build capacity and mobilize resources to efficiently support the effective implementation of the strategy;
- (b) revise the integrated monitoring framework for the regional strategy to further align it with the global monitoring framework towards 2030;
- (c) continue to disseminate guidance and tools to support Member States in the implementation of the strategy.

16. The Regional Committee is invited to note the report.

²⁵ The goal of the ANPCC is to support WHO Member States in the African Region to strengthen their systems of integrated poison prevention and control by actively advancing health care, public health and the chemical safety functions of national poison control centres/toxicological units in ways that are effective, efficient and coordinated.

²⁶ Algeria, Angola, Burundi, Ethiopia, Ghana, Kenya, Liberia, Madagascar, Mali, Nigeria, Rwanda, Togo, United Republic of Tanzania, Senegal, South Africa, Zambia and Zimbabwe.

²⁷ Botswana, Gambia, Ghana, Kenya, Sierra Leone, South Africa, Togo, Uganda and United Republic of Tanzania.

²⁸ African Union Development Agency, in short AUDA-NEPAD

²⁹ United Kingdom Health and Safety Agency (UKHSA), Global Environment Funds (GEF), European Union - Health Emergency Preparedness and Response Agency (EU-HERA), Wellcome Trust, African Development Bank, Adaptation Fund, United States Agency for Development Assistance (USAID) and others.

Annex: Milestones by 2027 and targets by 2032 of the Updated regional strategy for the management of environmental determinants of human health in the African Region 2022–2032

Milestones by 2027

- (a) Multisectoral country task team (CTT) established by all Member States with high-level anchorage for accountability at presidential or premier level where feasible.
- (b) National plans of joint action developed by all Member States.
- (c) Monitoring and evaluation frameworks established in all Member States.
- (d) National framework for water safety plans (WSP) developed in at least 30 Member States.
- (e) Health national adaptation plans to climate change developed in at least 30 Member States.
- (f) Health dimension included in nationally determined contributions (NDCs) of all Member States.

Targets by 2032

- (a) Population using safely managed drinking-water sources increased by 30% (baseline 2016).
- (b) Population using safely managed sanitation services increased by 20% (baseline 2016).
- (c) Data on ambient air quality established in at least 40 Member States.
- (d) At least one functioning poison control centre or toxicology unit meeting WHO minimum requirements established in each country.
- (e) National policy instruments for action on workers' health developed by at least 25 Member States.