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**DRAFT CONCEPT DOCUMENT**

**2021 WORLD ENVIRONMENTAL HEALTH DAY AND NATIONAL ENVIRONMENTAL HEALTH INDABA**

**Theme**

**“Prioritizing Environmental Health for healthier communities in global recovery”**

**Date: 28 - 30 September 2021**

**Venue: TBA**

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1. Background and CONTEXT

Maintaining a healthy environment is central to increasing quality of life and years of healthy life. Healthy people 2020 consortium has in 2020 reported that globally, 23% of all deaths and 26% of deaths among children under age 5 are due to preventable environmental factors. Environmental factors are diverse and far reaching. They include: Exposure to hazardous substances in the air, water, soil, and food, Natural and technological disasters, Climate change, Occupational hazards and the built environment. Poor environmental quality has its greatest impact on people whose health status is already at risk. Therefore, environmental health must address the societal and environmental factors that increase the likelihood of exposure and disease.

Environmental health services in the country are a shared responsibility between three levels of government, national, province and local (district and metropolitan municipality) government. Environmental Health functions are allocated in accordance to the Constitution of the Republic of South Africa Act of 1996. Environmental Health Services at the National Department of Health are within the Environmental Health and Port Health Services, and the responsibilities are, ensure the implementation of national policies in so far as it relates to environmental health and issue guidelines for the implementation of such and support other spheres. National Department of Health is also responsible for the provision of Port Health services. Provincial departments of health’s roles are to ensure the implementation of national policies, norms and standards and plan, co-ordinate and monitor health services and evaluate the rendering of such services and support other government institutions. Provincial departments of health additional responsibilities are to ensure implementation of hazardous and malaria control measures.

Municipal health services (MHS) is defined by the National Health Act No 61 of 2003 as inclusive of Water quality monitoring, Food control, Waste management, Health surveillance of premises, Surveillance and prevention of communicable diseases, Disposal of the dead, vector control and Chemical safety plays a critical role in the prevention of diseases which do not only impact on the health of the citizens but also in the socio-economic status of the country. This was evident during the current COVID-19 Pandemic where municipalities were directed to implement environmental health measures such as Provision of water and sanitation services; Hygiene education, communication and awareness, Waste management, cleansing and sanitisation, Isolation and quarantine, Monitoring and enforcement; Decontamination and sanitization of public transport facilities and Issuing of permits to informal food traders as a way of containing the virus. These and other environmental health measures will be required in the new normal and will require capacitated municipalities to be able to cope with the demand.

Again the World Health Organisation framework describes the health system framework as inclusive of six core components or building blocks namely: service delivery, health workforce, health information systems, and access to essential medicine, financing and leadership/governance. There is mounting evidence that health systems with which takes into account the above components can deliver services equitably and efficiently and further contribute to the improvement of the health status. Recently we have noted the emergence of infectious diseases such as listeriosis and the current COVID-19. The current climatic conditions will further exacerbate the spread of infectious diseases and will require strong environmental health system.

National Department of Health for 2020/21 was unable to conduct the municipal health assessments / audits due to response to the COVID-19 pandemic and. Core capacity assessments for nine (9) designated points of entry were conducted done. The following gaps were identified: were shortage of human resources, updated / integrated public health contingency plans and work relationship between points of entry and MHS in area of jurisdiction. SALGA has in the 2020/2021 financial year conducted municipal health services capacity assessment in districts and metropolitan municipalities with the aim of unearthing capacity constraints which impact of delivery of the service. The assessment revealed a number of challenges which impact on the delivery of appropriate and effective Municipal Health Services in municipalities. The challenges relate to funding, understaffing, tools of trade, continuous training and development, policy and governance issues. Furthermore, the issue of roles and responsibilities on environmental health remains a challenge and impact on the delivery of service as some of municipalities still consider municipal health services as an unfunded mandate for local government. Government alone clearly does not have the financial and other resources to solve all the health-related problems. Meeting these challenges requires dialogue and action from a number of stakeholders as it is the case with the response to the COVID-19 Pandemic.

The International Federation of Environmental Health (IFEH) also recognizes the continuing threats of environmental risk factors to human health and the urgent need to adopt a preventative approach in improving the quality of the natural environment and reducing environmental disease impact on the health of the population. As a result, in September 2011, the IFEH at its Council meeting in Bali, Indonesia, deemed it necessary to promote the improvement of environmental parameters and Environmental Health Services by declaring 26 September to be World Environmental Health Day (WEHD).

WEHD is dedicated to the celebration and promotion of Environmental Health Services and to observe environmental health risk factors that communities are exposed to. This day is also dedicated to the recognition of the hard work and dedication of Environmental Health Professionals and authorities, despite the challenges experienced in their daily duties.

Since its launch, WEHD has been celebrated annually by Environmental Health Professionals, educators and students around the world. The National Department of Health has also actively played a leading role in coordinating national activities in commemoration of this day in the previous years.

The commemoration of WEHD has provided an opportunity for the National Department of Health to:

* Engage with the environmental health fraternity in the country with the aim to share information and discuss on issues of common interest.
* Share current developments, research findings and capacity building for Environmental Health fraternity.

This year marks the 10th WEHD commemoration for South Africa.

World Environmental Health day (WEHD) remains the only platform where all EHP’s come together to share experiences and lessons in the environmental health field. It is against the above context that that the South African Local Government Association (SALGA) and the Department of Health will be convening the WEHD and environmental health indaba under the theme “Prioritizing Environmental Health for healthier communities in global recovery”

1. Theme

Department of Health WEHD 2021 and the National Indaba on Environmental Health’s objectives are aligned to the international theme for WEHD 2021 which is *“Prioritizing Environmental Health for healthier communities in global recovery”.*

The theme aims to support the provision of Environmental Health services to prevent disease pandemic and promote healthy lifestyle. According to the WHO (2018), Preventing disease through healthy environments: a global assessment of the burden of disease from environmental risks, 24% of global deaths are linked to the environment, which is roughly 13.7 million deaths per year. Poor health often results from poor environments, and by helping to improve the conditions in which we live and work, it makes a huge difference to the public’s health and wellbeing. Poor environmental quality has its greatest impact on people whose health status is already at risk. Therefore, Environmental health must address the societal and environmental factors that increases the likelihood of exposure and disease.

The WHO Manifesto for healthy recovery from COVID-19 outlines the six prescriptions for a healthy, green recovery as follows:

* Protect and preserve the source of human health
* Invest in essential services, from water and sanitation to clean energy in healthcare facilities.
* Ensure a quick healthy energy transition.
* Promote healthy, sustainable food systems.
* Build healthy, liveable cities.
* Stop using taxpayer’s money to fund pollution.

1. Objectives of the WORLD ENVIRONMENTAL HEALTH DAY AND ENVIRONMENTAL HEALTH INDABA

The objectives of WEHD are as follows:

* To strengthen efforts and cooperation on public health intervention on global recovery.
* To capacitate Environmental Health Practitioners on the execution of their functions related global / healthy recovery.
* Share good / best Environmental Health practices on global recovery.

The main objective of the indaba is to provide a platform for informed policy dialogue among stakeholders on policy options which can strengthen environmental health in the country.

The specific objectives of the indaba are to:

* highlight challenges faced by environmental health in complying with environmental health requirements of existing legislations, policies, strategies and programmes and jointly identify priority areas of action.
* Increase awareness of Government leaders on the importance of environmental health and its contribution towards diseases prevention.
* Strengthen the capacity of environmental health to deliver effective and sustainable service delivery of environmental health services
* Ensure common understanding on the role of different role players in the delivery of environmental health services
* Create a Platform for dialogue and peer learning among different institutions on environmental health matters
* Discuss the alignment of environmental health services to the national health plans and strategies
* Identify institutional capacities needed and areas where government and its partners could provide technical assistance to institutions and/or sectors providing environmental health.
* Legislative developments in the sector

1. Expected outputs and outcomes of the WEHD and indaba

It is expected that the commemoration of WEHD 2021 will result in the following:

* Increased knowledge and understanding on the roles and responsibilities of environmental health in global recovery.
* Improved intergovernmental cooperation on public health intervention on global / healthy recovery.

At the culmination of the indaba, it is expected that the objectives stated above will be met through the development of a mutually accepted and agreed action-oriented interventions. The Indaba is anticipated to contribute to a better understanding of environmental health capacity challenges and opportunities.

There should be a clear direction in terms of how to address the challenges with the aim of strengthening the capacity of the institutions to provide environmental health services in an effective and equitable manner to all communities.

The knowledge sharing and exchange of ideas about the specific situation and contexts in different institutions will contribute to a better, assessment of the overall situation, and will allow the participants to define a capacity building plan of action that could serve as the basis for future collaboration between institutions and other role players. A roadmap for the implementation of the identified interventions resolved at the Indaba should be developed and commitment from all stakeholders including Sector Departments, NGO’s and Academic institutions.

1. APPROACH

This content will then be consolidated into an Indaba outcome document that will be used to implement key actions as recommended by the delegates. The World Environmental Health Day and Indaba will be convened in the form of hybrid and will be content-focused and highly participatory in nature.

WEHD will be held through physical and virtual interactions. The commemoration will be divided into two sessions and will commence with political session followed by technical presentations aligned to the theme. The target audience for the WEHD includes Environmental Health Practitioners (EHP’s) from National, Provincial, District and Metropolitan Municipalities; and other stakeholders, which are;

 Internal departmental stakeholders (Health Promotion Directorate, Communications Directorate, Infrastructure Development);

 Government Departments (DFFE, DSW; DALRRD and DPWI)

 Health Professions Council of South Africa (HPCSA);

 South African Local Government Association (SALGA);

 Environmental Health NGOs (South African Institute of Environmental

Health (SAIEH and National Association of Environmental Health in South Africa (NAEHSA));

 World Health Organisation (WHO);

 South African Medical Research Council (SAMRC);

 Council for Scientific and Industrial Research (CSIR);

 Institutions of Higher Learning offering Environmental Health.

 NGOs

 Political leaders and representation and other interested parties.

The Indaba will include a facilitation approach for each session where resource persons will share content-rich presentations that will stimulate discussion and share key insights on environmental health, aligned to the Indaba theme and outcomes. Then a panel discussion comprising about 3 to 5 people drawn from different stakeholders could be used to ensure reflection on the main presentation drawing from own experiences and evidence. Most importantly, there should be focus on ensuring that the discussions contribute to the achievement of the Indaba outcomes. The same will apply should there be parallel except that there will be dedicated rapporteurs for each of the parallel sessions. Resource persons will work together with the relevant facilitators to generate feedback to the plenary session. The content generated will then be consolidated into an Indaba outcome document that will be used to implement key actions as recommended by the delegates.

6. Key Thematic Areas

Thematic areas give guidance on areas for discussions. The identified areas present some challenges / gaps in implementation of environmental health services in spheres of government. Addressing the thematic areas can lead to effective implementation of environmental health in different settings. Each thematic area has an expected outcome.

* + 1. Powers and functions

National Department of Health is the custodian of Foodstuffs, Cosmetics and Disinfectant Act however institutions or anybody can be authorized to enforce the requirements. COGTA has recently reviewed sections of the Municipal structures Act, the current allocation of functions and powers – COGTA to present on proposed amendments Section 83 (1) of Municipal Structures Act (Act No 117 of 1998) states that and municipality has the functions and powers assigned to it in terms of sections 156 and 229 of the Constitution and that the functions and powers referred to in subsection (1) must be divided in the case of a district municipality and the local municipalities within the area of the district municipality. Section 84(i) of the same Act therefore allocate Municipal health services serving the area of the district municipality as a whole as function of local government. It is evident that some district municipalities may not be having capacity to render municipalities and some local municipalities could be having the capacity to deliver the service. While section 85 of the act provides for the adjustment of divisions of functions and powers between local and district municipalities, there is currently no regulations issued to guide the authorisation of such. Legislative developments.

Evidence collection is key in law enforcement. The department of justice is the custodian of administering the legal processes and plays a big role in the daily operation of environmental health. Environmental health is one of many government institutions enforcing the law and certain strides have been forged between the department of justice and other government departments where training sessions were offered to strengthen law enforcement. The department of Labour supported by the department of Justice would be requested to present his topic.

**The indaba should contribute towards the development of clear roles and responsibilities, Framework for Capacity Assessment and Adjustment of division of functions and powers between spheres of government. This should also inform policy development on how relevant spheres can intervene where service delivery seem to be failing/ linkage with section 139 of the Constitution.**

6.2 Funding

Environmental Health programme is funded through National Treasury. Treasury to be requested to present on the environmental funding for all spheres of government including current development on funding model or formula. Municipal health service is currently funded through Municipal revenue and Local Government Equitable Share (LGES). Community service component of LGES funds services that benefit communities rather than individual households, which are provided in the basic service component of the LGES formula. It includes funding for municipal health services, fire services, municipal roads, cemeteries, planning, storm water management, street lighting and parks. In 2020/21 financial year, the allocation to district municipalities and metropolitan municipalities for municipal health services and other district services is R10.81 per household per month. To ensure this component assists municipalities with limited revenue-raising abilities, a revenue adjustment factor is applied so that these municipalities receive a large proportion of the allocation. Municipal health services do not seem to be getting enough budget from own funding and through Local Government Equitable Share.

**The indaba should propose funding reforms which could improve funding and sustainability of environmental health services. The outcome should also look at how spheres reflect on overall budgeting for environmental health within various sectors/ institutions. E.g. pie chart representation inclusive of environmental health.**

6.3 Environmental Health workforce

The National Environmental Health Policy (2003) advocates for the conformance of WHO guidelines which advocates for the appointment of at least 1(one) Environmental Health Practitioner for every ten thousand populations 1:10 000 for provision of environmental health services. All spheres of government have a challenge of shortage of Environmental Health Practitioners due to funding. A pool of qualified Environmental Health Practitioners is available but cannot be appointed due to funding.

**The indaba should therefore reflect on the challenges which could be impeding on institutions / departments not appointing the sufficient number of environmental health practitioners. Inputs may have to be shared with WHO to influence the position of inclusive consideration of all EHPs in a specific area. Motivate accounting officers to acknowledge the necessity to appoint EHPs**

6.4 Governance and leadership

Section 31. (1) of the National Health Act No 61 of 2003 states that the relevant member of the Executive Council, after consultation with the member of the Executive Council responsible for local government in the province in question and the municipal council of the relevant metropolitan or district municipality, must establish a district health council for every health district in his or her province. District health councils haven’t been established in many health districts and where they have been established they are not functional. This results in lack of poor co-ordination, planning, budgeting, provisioning and monitoring of all health services that affect residents of the health districts. Channels of communication also key in implementation of environmental health services

**The indaba should reflect on the establishment and strengthening of district health councils as part of strengthening governance and leadership. This is critical now with the introduction of the district development model. The outcomes should propose means of improving intergovernmental relations and improvement of cooperation amongst spheres. Proposals should be made on how do we encourage alignment of priorities and goals from national down to municipalities to ensure that goals are automatically adopted and included in operational plans to minimise the need to write correspondences to request cooperation of operational activities which could have already been included in all environmental health plans.**

6.5 Environmental Health information systems

Information management systems are key to planning and resource allocation at any governance level. In the case of environmental health, information systems are used for diseases surveillance at a population and community level. Information system is key in guiding the future of a programme. The reporting currently is through the District Health Information System from municipality through provinces to national. Reports are able to be generated from the DHIS shows compliance rate for some indicators.

Majority of the municipalities do not have effective environmental health information systems and impact on service planning.

**The indaba should reflect on available health information system and how national, provinces and municipalities could make use of those and improve on record keeping in any form to assist in the ultimate transition to a national information system. The current information systems should align to the DHIS as a basis for future alignment to the national environmental health information system.**

6.6 Environmental Health Development (HPCSA, Academic institution to present)

Environmental Health is a dynamic field that continuously adapts as various aspects changes in human livelihood. These include; environmental, socio-economic and biological factors. It is thus vital that the fraternity is ahead and ready to ensure effective response and recovery from the current pandemic and beyond.

There are three interlinked pillars required to ensure the readiness and applicability of the fraternity, these are:

* **Curriculum development:** Contextualised and relevant curriculum with modernised approach, while having foresight to develop academic streams that will meet the future public health demands by Institutions of Higher learning.
* **Community service improvement:** Re-engineering of the existing community services training model in collaboration with COGTA, DHET, DT and DOH to ensure effectiveness, that graduates get the necessary practical skills that prepares them for industry uptake.
* **Skills continuous development:** The employers must be sensitized that they have a role to play in supporting their staff to undertake continuous development training in line with HPCSA requirements, thereby enhancing service delivery.
* Institutions of Higher learning should be able to provide these when required.
* The fraternity should consider or rather be encouraged in all spheres of government to amend their structures or organogram to create space for continuous recruitment of community service and training. Health practitioners have a responsibility to continually update their professional knowledge and skills for the end benefit of the patient or client. To this end the HPCSA has implemented a Continuing Professional Development Programme. The Council of Higher Educations and Training Institutions play a crucial role in the provision of quality education which meet the needs of the citizens based informed by research and trends.

**The indaba should contribute towards identifying and removing barriers which impedes on the training and development of the practitioners. The indaba should also reflect on how employer organizations can work with training institutions in the strengthening of environmental health curriculum and make slots to upgrade existing workforce during recess to ensure that there is continuous development. There may be a need to look at gradual and steady intake informed by stats SA and available workforce to ensure that the risk of a complete vacuum in EHS is avoided.**

Additional topic on strengthening EHS, how has EHS responded to the outbreak, can it be suitable for day presentation

7. Targeted Participants

The indaba is proposed to take place from the 28 to 30 September 2021 in Gauteng at the venue to be confirmed. About 100delegates are expected to attend the Indaba physically while many others will connect virtually (The numbers will be subject to the disaster management regulations). These will include relevant Ministers, NEC and Working Group Members, Executive Mayors/Mayors, Relevant MMC’s, SALGA Executive and Senior Government Officials, Municipal Accounting Officers, CFO’s, Senior Managers and Managers Responsible for Environmental Health. Municipal Health Services Managers, Environmental Health Practitioners, Academics, Research Institutions, Department of Agriculture, Land Reform and Rural Development, Department of Trade and Industry, Department of Labour, Department of Justice, Department of Defence (Military Health) and Military veterans and representatives of NGO’s working on Environmental Health. The conference seeks to have an inclusive discussion in the presence of key stakeholders responsible for policy development or who play an important role in influencing policy development in order to consider and understand the policy development proposals being made by the fraternity.

8. potential Partners

About the partners of the Indaba

* 1. Cooperative Governance and Traditional Affairs (CoGTA)

The Department of Cooperative Governance and Traditional Affairs (COGTA) is to improve cooperative governance across the three spheres of government, in partnership with institutions of traditional leadership, to ensure that provinces and municipalities carry out their service delivery and development functions effectively.

8.2 National Treasury (NT)

The National Treasury is responsible for coordinating macroeconomic policy and promoting the national fiscal policy framework. Its role is defined by the Constitution of the Republic of South Africa and in the Public Finance Management Act. The National Treasury coordinates intergovernmental financial relations, manages the budget preparation process and exercises control over the implementation of the annual national budget, including any adjustments budgets.

8.3 South African Institute of Environmental Health (SAIEH) and National Association of Environmental Health South Africa (NAEHSA)

The South African Institute of Environmental Health (SAIEH) and NAEHSA are organizations for professions within the field of environmental health and is a non-profit organization (NGO), non-trade union organization and believes that a safe and healthy environment is a basic human right. Majority of members are from municipalities and the organisation plays a key a role in the training and development of environmental health practitioners.

8.4 Health Professions Council of South Africa (HPCSA)

Health Professions Council of South Africa regulates the Health Professions in the country in aspects pertaining to registration, education and training, professional conduct and ethical behaviour, ensuring Continuing Professional Development, and fostering compliance with healthcare standards.

8.5 Training Institutions

Training Institutions are responsible for curriculum development, training and continuous professional development which contribute to strengthening of the professions and building the capacity of environmental health practitioners.

**8.6 Research Institutions**

Research institutions are responsible for conducting research and share findings with sector departments for planning purposes, development and review of policies (legislative framework)