

**THIRD INTERMINISTERIAL CONFERENCE ON HEALTH AND ENVIRONMENT  
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**FRAMEWORK FOR SCALING UP INVESTMENTS IN PRIORITY HEALTH AND  
ENVIRONMENT INTERVENTIONS**

**IMCHE/3/CP2**



## **Summary**

It is well established that socioeconomic development processes often result in alterations of ecosystems with significant consequences on human health. The health and environment sectors are often left to mitigate such consequences with limited financial resources and at their own cost. The Libreville Declaration on Health and Environment in Africa is the main policy framework for addressing health and environment challenges coherently. To date, countries have set their health and environment priorities and some have prepared their national plans of joint action. It is now time to scale up investments for their implementation. This Framework aims at stimulating government investments in large-scale health and environment development projects or programmes with a potential impact on socioeconomic development. The Framework promotes the strengthening and institutionalization of country task teams for implementing the Libreville Declaration, the identification and selection of best practices and locally appropriate standards in the services and interventions offered to local communities, the development of funding proposals that are directly linked to national development objectives and the appropriate use of existing funding opportunities.

## I. Background

1. In adopting the UN 2030 Agenda for Sustainable Development, world leaders recognized the critical role that impact investing will play in achieving the 17 Goals and their associated targets. They emphasized that international public finance is fundamental to complementing the efforts of countries in mobilizing public resources domestically, especially in the poorest and most vulnerable countries faced with the challenge of limited domestic resources. They recognized that public finance, both domestic and international, will play a vital role in providing essential services and public goods and in catalysing other sources of finance. They acknowledged the role of the diverse private sector, ranging from micro-enterprises to cooperatives to multinationals, and that of civil society organizations and philanthropic organizations in the implementation of the new Agenda.<sup>1</sup>

2. Besides the UN 2030 Agenda, Member States of the African Union have committed to implement the African Union Agenda 2063 (The Africa We Want), an aspiration, vision and plan to build a more prosperous Africa in 50 years, through inclusive growth and sustainable development. The 2030 Agenda for Sustainable Development acknowledges the importance of the AU Agenda 2063 and constitutes an integral part of it.

3. It is well established that socioeconomic development processes often result in alterations of ecosystems with significant consequences on human health. The health and environment sectors are often left to mitigate such consequences with limited financial resources and at their own costs. Essential goods and services are provided by ecosystems (for example, food production, access to clean water and air, disease management and climate regulation). A degrading environment is currently impacting negatively on such services.<sup>2</sup> And yet, World Bank studies also suggest that over one billion people worldwide depend on forest-based resources for their livelihoods.<sup>3,4</sup> Pollution has significant economic costs from the point of view of productivity losses, health-care costs and ecosystem damages. The Lancet Commission on Pollution and Health estimates that the costs of low productivity from pollution-related diseases are between 1.3% and 1.9% of gross domestic product in low-income countries. Specifically, the World Bank estimates that welfare losses associated with premature deaths from air pollution approximated about 3.8% of GDP in 2013.<sup>4</sup> The United Nations Environment Programme in its report submitted to the UNEA 3 “Towards a Pollution-Free Planet”,<sup>5</sup> describes the challenges posed by global pollution, outlines current efforts to address pollution and suggests 50 actions to tackle the problem. It encourages policy-makers and other key partners, including the private sector, to integrate prevention into national and local planning, development processes and business and finance strategies.

4. Declining water quality also has a wide range of economic impacts in relation to human health, ecosystem health, agricultural and fisheries productivity and recreational uses. With regard to human health, the welfare cost of mortality from unsafe water is considerable in many developing countries. The economic burden associated with poor water, sanitation and hygiene

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<sup>1</sup> A/RES/70/1 - Transforming our world: the 2030 Agenda for Sustainable Development <https://sustainabledevelopment.un.org/post2015/transformingourworld> accessed on 16 July 2018.

<sup>2</sup> <http://www.unep.org/maweb/en/index.aspx> *Millenium Ecosystem Assessment*, OECD, accessed on 19 September 2013.

<sup>3</sup> P. Vedeld, A. Angelsen, E. Sjaasrad and G. Berg, *Counting on the Environment: Forest Income and the Rural Poor*, Environmental Economics Series No. 98, World Bank, 2004.

<sup>4</sup> World Bank. (2016). *Cost of Air Pollution: Strengthening the Economic Case for Action*. Washington: World Bank Group.

<sup>5</sup> UNEP/EA.3/1. Towards a Pollution-free Planet, which is available at <http://www.unep.org/assembly/backgroundreport>.

amount to over 2% of GDP in Africa.<sup>6</sup> One study found that, for 42 countries in Africa, land degradation was costing an estimated 12.3% of their GDP.<sup>7</sup>

5. The 2011 Human Development Report<sup>8</sup> calls for “bold new approaches to global development financing and environmental controls, arguing that these measures are both essential and feasible.” It has been estimated, for instance, that pesticide poisonings especially in small farming schemes have resulted in an annual loss of US\$ 6.2 billion to sub-Saharan Africa.<sup>9</sup> This cost is almost equal to the total official development assistance (ODA) allocated to support basic health services (outside HIV/AIDS), which was US\$ 6.7 billion in 2017 (IHME 2018<sup>10</sup>).

6. Poverty alleviation, economic development and the conservation of life-sustaining ecosystem resources are all intricately linked. Addressing health and environment linkages can therefore help governments to make significant savings on public health expenditures if the necessary investments are made to prevent ill health and protect ecosystems. This is precisely why it is important, as reflected in SDG 3, to ensure healthy lives and promote well-being for all across all ages through<sup>11</sup> a substantial reduction in the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination by 2030.

7. The 2030 Agenda also provides businesses, communities and citizens with an opportunity to act on pollution. The Business and Sustainable Development Commission has reported opportunities that could be worth more than US\$ 12 trillion annually by 2030. Many of these opportunities will be important in helping to mitigate pollution, reduce waste and boost the recovery and recycling of materials globally.<sup>12</sup>

8. The Health and Environment Strategic Alliance, which is the first commitment made by governments following the Libreville Declaration, is being operationalized in many countries.<sup>13</sup> It brings together policy-makers and experts from health and environment sectors to make joint decisions and implement plans of joint action, and promotes public health while protecting ecosystems. This is creating expectations on the part of governments with the justification that it is a means of increasing their investments with a view to protecting their populations and the ecosystems in which they live from the disastrous impacts of environmental risks factors.<sup>14</sup>

9. Both UNEA2 and UNEA3 outcomes emphasize the science, impacts and economic costs of different forms of pollution, and the necessary actions and enablers to transform the environment and health landscape in Africa.<sup>15</sup>

Similarly, WHO’s thirteenth General Programme of Work 2019- 2023 prioritizes multisectoral actions through Health in All Policies and governmental cabinet approaches to cross-sectoral

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<sup>6</sup> World Bank (2017). Injury Prevention and Environmental Health. Disease Control Priorities 3rd Edition.

<sup>7</sup> UNEP (2015). The Economics of Land Degradation in Africa: Benefits Outweigh the Costs. A report of the ELD initiative.

<sup>8</sup> <http://hdr.undp.org/en/reports/global/hdr2011> accessed on 10 October 2012.

<sup>9</sup> UNEP. (2013). Costs of Inaction on the Sound Management of Chemicals . United Nations Environmental Programme.

<sup>10</sup> Institute for Health Metrics and Evaluation (IHME). Financing Global Health 2017: Funding Universal Health Coverage and the Unfinished HIV/AIDS Agenda. Seattle, WA: IHME, 2018.

<sup>11</sup> [http://www.unep.org/hazardoussubstances/Portals/9/Mainstreaming/GCO/The%20Global%20Chemical%20Outlook\\_Full%20report\\_15Feb2013.pdf](http://www.unep.org/hazardoussubstances/Portals/9/Mainstreaming/GCO/The%20Global%20Chemical%20Outlook_Full%20report_15Feb2013.pdf) *Global Chemicals Outlook*, February 2013, accessed on 19 September 2013.

<sup>12</sup> Sustaining the Environment to Fight Poverty: The Economic Case and Priorities for Action. Environment for the MDGs. UNDP et. al, 2005.

<sup>13</sup> Business and Sustainable Development Commission, Better Business, Better World.

<sup>14</sup> WHO and UNEP (2012)- Building momentum for implementation of the Libreville Declaration on Health and Environment in Africa (2008-22011) : Report. World Health, Organization, Regional Office for Africa, Brazzaville.

<sup>15</sup> WHO and UNEP (2010) The Luanda Commitment for implementation of the Libreville Declaration. World Health, Organization, Regional Office for Africa, Brazzaville.

<sup>15</sup> UNEP/EA.3/1. Towards a Pollution-free Planet, which is available at <http://www.unep.org/assembly/backgroundreport>.

action and policy coherence. It commits WHO support to private and public sector investments in primary prevention, as well as to provide evidence-based guidance that supports healthy choices and interventions. GPW 13 will also aim to triple health-related climate finance by 2023, provide business cases for investment as well as facilitate access to climate financing by health ministries.<sup>16</sup>

## **II. Justification**

10. The Libreville Declaration and the Luanda Commitment reiterate the importance and relevance of a number of internationally agreed frameworks on public health, environment and sustainable development. Along with them, they provide strong political impetus to increase government investments on health and environment linkages. The proposed approach is intended to catalyse implementation of Priority Action 3 of the Libreville Declaration which stipulates that African countries commit themselves to “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 Sustainable Development Goals”.

11. The Ministers of Health and Environment created the Health and Environment Strategic Alliance (HESA) with a view to contributing to the achievement of sustainable development in Africa. Their objective was to develop and coordinate actions by the health and environment sectors within the development planning processes in order to effectively value and utilize the health and environment linkages for protecting and promoting public health and ecosystem integrity.

12. Although progress in implementation of the Libreville Declaration and the Luanda Commitment is noticeable, the pace, however, remains slow and limited in demonstrating a tangible impact on populations and sustainable development. Some of the main reasons for this, as demonstrated in the evaluation report (Document IMCHE/3/CP1), include: weak institutional arrangements at the country level to facilitate the development and implementation of substantive intersectoral priority programmes; inadequate use of existing funding opportunities; and, fragmented allocation of financial resources which are still geared towards small-scale and short term projects.

13. To date, countries have set their health and environment priorities and some have prepared their national plans of joint actions. It is now time to scale up investments for their implementation. The purpose of this framework is therefore to contribute to sustainable development of African countries through increased investments in major intersectoral health and environment projects/programmes or national investment plans.

## **III. Objectives:**

### ***General objective***

14. The general objective is to stimulate investments in large-scale health and environment development projects or programmes with a potential impact on socioeconomic development and to enable countries to take action for the longer term.

### ***Specific objectives:***

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<sup>16</sup> WHO (2018) Thirteenth **G**eneral **P**rogramme of **W**ork, 2019–2023., Report by the Director General [http://apps.who.int/gb/ebwha/pdf\\_files/WHA71/A71\\_4-en.pdf?ua=1](http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71_4-en.pdf?ua=1).

The specific objectives are to:

- (a) provide guidance on the development of funding proposals for projects, programmes or plans for expanding coverage of health and environment interventions that will be taken up by governments in their expenditure frameworks and investment plans;
- (b) advise on mechanisms and processes that may be used to support the endorsement and financing of the above proposals by governments, the private sector and development partners;
- (c) facilitate strengthening of the institutional mechanisms required for resource planning, allocation and management for effective health and environment interventions.

#### IV. Guiding principles

15. The following guiding principles are proposed:

- (a) ***Large-scale sustainable impact:*** to achieve measurable and long-lasting improvements that impact the health and well-being of local communities, protect the environment, reduce poverty and favor human development.
- (b) ***Iterative intersectoral engagement:*** to forge enduring engagement among various government departments, the private sector and with partners leading to effective collaboration, achievement of results and leveraging of further investment opportunities.
- (c) ***Improved environmental and public health governance:*** to proactively strive for best practices, innovative solutions as well as standards in health promotion and ecosystems preservation, for efficiency, accountability and transparency.

#### V. Strategic Approach

16. The strategic approach promotes the strengthening and institutionalization of Country Task Teams (CTTs) for implementation of the Libreville Declaration, the identification and selection of best practices and locally appropriate standards in services and interventions offered to local communities, the development of funding proposals that are directly linked to national development objectives and frameworks, and the appropriate use of existing funding opportunities.

17. **Strengthening and institutionalizing country task teams:** Country Task Teams (or Country Coordination Committees) are established in each country implementing the Libreville Declaration, initially to undertake the Situation Analysis and Needs Assessment (SANA) and to prepare National Plans of Joint Action (NPJAs). At the end of the above processes, CTTs acquire knowledge and understanding which make these teams increasingly equipped to manage the country's health and environment issues, especially those that are relevant to country priority environmental risk factors to human health and ecosystems, the national response systems, as well as the weaknesses, opportunities and threats to their management. Therefore, CTTs become assets to governments.

18. It is therefore recommended that optimal use be made of such an asset and additional assignments be given to these teams, including the formulation of funding proposals and the facilitation of local resource mobilization activities in order to mobilize the resources required to expand the coverage of health and environment interventions.

19. **Identifying and selecting best practices, innovative solutions and locally appropriate standards** in services and interventions to ensure maximum effectiveness under local circumstances and contexts: health and environment interventions and services are based on the use of a variety of tools and technologies. They are also delivered through different approaches including at the community level. It is essential to optimize effectiveness and to ensure sustainability by ensuring that these interventions apply the approved standards and that they draw on documented experiences and best practices. This is particularly relevant in the areas of water, hygiene and sanitation, vector control, management of air pollution, climate change adaptation, management of chemicals and hazardous wastes, and biodiversity conservation. The Country Task Teams should therefore, prior to developing funding proposals undertake a desk review of existing standards and documented best practices and innovative solutions in order to advise their governments on those tools and approaches that are most relevant to their country.

20. **Development of funding proposals that are directly linked to national development objectives and frameworks:** Governments need to work on a limited number of major priority intersectoral projects/programmes or investment plans on the basis of priorities identified in their SANA reports. Under the leadership of the Minister of Health and/or the Minister in charge of the Environment, large-scale intersectoral projects/programmes or investment plans will be formulated by the CTTs.

21. It is recommended that these proposals target a significant proportion of the country's population. Such projects/programmes or investment plans need to consider **medium or longer term** time frames to allow demonstration, consolidation and protection of beneficial impacts on populations and their development. The proposed projects will have to demonstrate a **development impact**, such as an improved human development index or such reduction in poverty in targeted communities.

22. In addition, the proposed projects/programmes or investment plans will have to demonstrate tangible **economic outcomes** (in dollar value), such as the costs averted on disease management or ecosystem restoration. It is also essential for these projects/programmes or investment plans to show evidence of their contribution to sustainable development, for example, on biodiversity conservation, sustainable water management, enhanced ecosystem resilience or ecosystem-based adaptation. Finally, these proposals have to lead to a quantifiable contribution to the Sustainable Development Goals.

23. **Appropriate use of existing funding opportunities:** National investment frameworks represent the natural cadre for provision of financial resources required for scaling up interventions and services for the management of environmental risk factors. A systematic process for including the funding of proposals will need to be established. As a first step, ministers of health and ministers of environment will have to jointly approve the proposed projects/programmes or investment plans submitted to them by the CTTs. Secondly, they will have to jointly undertake discussions with the Ministers of finance for inclusion of their joint proposals into the national budgets and expenditure frameworks.

24. Beyond budget support provided through bilateral and multilateral cooperation, there still remains a significant number of untapped funding opportunities nationally. These include for example, contributions that may arise from the private sector (under their Corporate Social and Environmental Responsibility or from the Environmental Due Diligence principles). Undertaking Environmental and Health Impact assessments more systematically and enforcing their recommendations can allow governments to leverage significant amounts of resources.

25. Governments may opt for national calls or meetings to secure pledges of funding for their programmes. Proposals will be disseminated and presented to stakeholders through resource mobilization activities including development partner meetings organized at the national level. These proposals will also serve as a basis for negotiating grants or loans with the bilateral and multilateral partners including development banks and the different existing financial instruments and funds.

## **VI. Conclusion**

26. African countries are implementing the Libreville Declaration on Health and Environment in Africa to expand the coverage of interventions and services that promote public health, while preserving ecosystems. Realization of the full potential of this Declaration is largely dependent on high-impact investments towards achieving the Sustainable Development Goals. The Libreville Declaration, if appropriately and strategically promoted, can serve to leverage substantial investments to scale up interventions that result in poverty reduction and human development. The proposed strategic investment framework aims to assist governments in achieving the Sustainable Development Goals.

### **Box: Experiences from countries**

This strategic approach is already being implemented in a number of countries such as Cameroon, Gabon, Kenya and others which are not listed.

In **Cameroon**, the country had decided to develop a National Investment Plan to fund the joint contributions of the public health and environment sectors to the Sustainable Development Goals in this country. The plan, which is jointly signed by the Minister of Health and the Minister of Environment, recognizes that the “advancement of Cameroon as an emerging economy must go beyond investments on projects in infrastructure, and should imperatively support projects that are anticipated to improve the social, environmental and health conditions of populations as a fundamental requirement to sustainable development.” The specific objectives of the Plan are to: (a) reduce the mortality attributed to diseases that result from limited access to safe water and unsanitary living conditions; (b) protect the public from the negative impact of the effects of climate change; and (c) protect human health and preserve the integrity of ecosystems from the negative impact of chemical products. The main interventions to be scaled up are the provision of water and sanitation, sound chemicals management and adaptation to climate change. The budget of this plan is about US\$ 150 million over a period of five years. The Plan was officially endorsed by the interministerial committee on health and environment. It will be part of the National Investment Budget as from 2014.

In **Gabon**, the Country Task Team opted for the preparation of a specific project proposal. The project was derived from priorities that were identified in the SANA report and which were translated in the NPJA. A total of three projects were developed with funding support of US\$ 5 million. The first project is on the construction of 500 community public toilets in Libreville neighborhoods to cover 750 households, strengthen community capacities for the sustained management of these toilets and establish mechanisms for municipal support. The second project is for setting up a waste management system in Libreville based on sorting and recycling. The third project is on the development of an air quality monitoring system in the city of Libreville in order to develop and enforce legislation on air quality.

In **Kenya**, the Country Task Team developed a project on water, sanitation and hygiene promotion for the Millennium Development Goals (in the amount of US\$ 4 million) to reduce health risks to local communities associated with the unsafe drinking-water, hygiene and sanitation. This project is to cover five districts of Nyanza County. A second project, integrating

climate change adaptation in health programmes in Kenya, is currently being negotiated with DFID (estimated funding US\$ 2 million). Kenya also implemented a four-year pilot project on health adaptation to climate change and variability funded by the Global Environment Facility (GEF) which ended in 2016. The project led to capacity building of Malaria epidemic Early Warning systems (MEWs) including a decision-making web-based application three months ahead of the epidemic and increased coverage of weather recording and reporting network.

In addition, two key projects are under implementation; Kenya Integrated Water, Sanitation and Hygiene (KIWASH) and Kenya Resilient Arid Lands Partnership for Integrated Development (Kenya RAPID). KIWASH is a five-year, US\$ 51 million project funded by the US Agency for International Development (USAID), which aims to enable more than 1 million Kenyans across nine counties to gain access to improved WASH services and assist households in gaining access to irrigation and nutrition services. Kenya RAPID is a five-year, US\$ 35 million project funded by USAID and implemented by the Millennium Water Alliance. It brings together public and private sector institutions to work together towards increasing access to water and sanitation for people, water for livestock and to rebuild a healthy range-land management ecosystem.

### **Ethiopia (DFID climate resilient WASH)**

Ethiopia has conducted an assessment of health vulnerability to climate change and developed a Health Vulnerability Index (HVI) and Health National Adaptation Plans (HNAP) to climate change, and started implementation. As part of the implementation of the HNAP, funds were mobilized to carry out large-scale projects on the impact of climate change on malnutrition, diarrhoeal and vector-borne diseases. The implementation of these projects has started to yield tangible results. The country has established 11 sentinel health facilities and meteorology stations for early warning and surveillance of climate-sensitive diseases. With the technical support of WHO and US\$ 1.5 million funding from DFID over a four-year period, the Government of Ethiopia implemented a Climate-Resilient Water, Sanitation and Hygiene (CR-WASH) project. As a result of this project, more than 700 health and water services workers were trained on climate resilient water safety plans, and conducted an assessment of water resource (ground and surface) quantity and quality vulnerability to climate change. Today, 31 water utilities (small community water supply and urban water utilities) have been upgraded to serve safely managed drinking-water to more than 1.2 million people through implementation of climate resilient water safety plans.

Achievements also include strengthened partnership and intersectoral collaboration, heightened advocacy, increased resources and reinforced country systems to address public health impact of climate change.

### **The Integrated Health and Environment Observatories and Legal and Institutional Strengthening for the Sound Management of Chemicals in Africa (African ChemObs)**

As part of the implementation of the Libreville Declaration and the mainstreaming of the sound management of chemicals into development policies, the GEF's Council approved a US\$ 10.5 million project proposal from the Chemicals and Health Branch for the development of an integrated health and environment Observatory (ChemObs) for sound management of chemicals in nine countries (Ethiopia, Gabon, Kenya, Madagascar, Mali, Senegal, Tanzania, Zambia and Zimbabwe).

The African ChemsObs project aims at developing integrated guidance to build the capacity required to set up an integrated health and environment observatory surveillance and information management system that will enable African countries to establish evidence-based policies and

make sustainable decisions on sound management of chemicals and related disease burdens. It addresses in particular, the necessary improvements to be made in the fields of awareness, knowledge, information management and communication on chemicals to support and provide an enabling framework for measures and actions to be taken.

ChemObs will ensure the integration of policy analysis data and indicators to expand the base of chemical information not only on the health and environmental effects of chemicals, but also on the production, use, transport and disposal of chemicals. It will provide information throughout the life cycle of products. It will provide the scientific evidence on which valuation of economic cost and benefits of actions to be taken will be based to help decision-makers understand and act on the outcomes of a sound management of chemicals. The project is developed within a health and environment cooperation approach to demonstrate the environmental, public health and economic advantages arising from the sound management of chemicals. The Observatory is developed within the framework of the strengthening of the international environmental governance and efforts undertaken to follow up on the advantages arising from the synergies between the MEA and to enhance coherence and coordination between institutional structures to manage chemicals in a more holistic manner.