National Environmental Health Policy

I. Background

i. Environmental health situation

1. Exhaustive situational analysis of environmental health issues has been carried out. The issues are centered around the four sectors of water, food, air and shelter.
2. Environmental health issues and concerns are multi-sectoral and are institutionalized with different agencies and stakeholders with distinctive values and perspectives. The problems have been precipitated over three decades of socio-economic austerity and recession in the country.
3. Health infrastructure is fairly well developed and distributed, and the numbers of health workers are estimated. The shortage of environmental health workers at posts is lamented in the National Health Policies and Strategies (Health Reforms).
4. Environmental health services have expanded greatly in terms of provision of water supplies and sanitation, food control and safety programmes, control of environmental health diseases. The Ministry interacts with national, regional and international stakeholders in implementation of environmental health programmes. The shortage of funds, changes in technological options coupled with others have made it difficult to provide environmental health services adequately.

ii. Implications of the environmental health situation

1. Low levels of coverage for water supply and sanitation provision underscore the need for assuring long term national development plans for environmental health interventions.
2. Communities have not changed attitudes and practices in community participatory programmes with the result that diseases such as HIV/AIDS, STI, and malaria have high incidence rates.
3. Environmental issues that must be considered include: refuse collection, storage and disposal systems; disposal of clinical and toxic wastes and air pollution. The solutions would call for infusion of resources-finance and manpower.
4. The National Health policies and strategies provide the number of environmental health workers as 977 that is 7.4 percent of the total health workers (13,155). National coverage to population falls short of WHO standards of 1:100,000 for environmental health officers and 1:20,000 for environmental health technicians/technologists.
### iii. Areas of Policy Emphasis

1. Delivery of environmental health services by the Ministry of Health in relation to available resources.
2. The relationship of the Ministry of Health/Central Board of Health with other stakeholders and providers of environmental health services.
3. The duties and rights of the Ministry of Health/Central Board of Health as provider of environmental health services.
4. The functions of Local Authorities as environmental health services providing agencies under coordination and supervision by the Ministry of Local Government and Housing.
5. The powers and roles of the core Ministries - Health/Central Board of Health, environment and natural resources/environmental council, ministry of energy and water development/national water supply and sanitation council as policy makers in sustainable issues of health, environment and development.

### II. National Environmental Health Policy

#### i. Philosophy/principles of the policy

1. Environmental health programmes are developed based on the principles of PHC and other international Declarations that Zambia supported such as IDWSSD 1981-1990; UNCED Agenda 21,1992; Africa 2000 initiatives of African Ministers of Health 1993; and the Pretoria Declaration 1997, emphasizing health, environment and sustainable development approaches.
2. Environmental health issues for consideration include: special measures for women; urban poor; rural population; children; workers in farming, mining, factories, hospitals; training and research; information education and communication; community participation.
3. Government and stakeholders must join hands to support training programmes.

#### ii. Responsibilities of stakeholders concerned with the provision of environmental health services.

*Environmental Health Services*

Environmental health services comprise the services that are provided to address environmental health issues. The following are some of the components that constitute environmental health issues in Zambia: Water supply, sanitation and hygiene practices; liquid and solid waste disposal and disposal of the dead; food hygiene and safety; insect and rodent vector and vermin control; environmental health disease control; air pollution; water pollution; environmental health legislation; human habitat and safe housing; recreational facilities; occupational health and industrial health; port health activities; appropriate technologies utilization; environmental health impact assessment; education
of women and extension workers in environmental health; good hygiene practices in schools, clinics, health posts and households; advice to local authorities on environmental health.

Provision of environmental health services

1. The environmental health services are those provided by government, stakeholders and local authorities. All shall cooperate and function as a coherent system.
2. The facilities and services shall be planned, constructed, operated and maintained in accordance with technical and professional standards.
3. Environmental health workers must be adequately appointed to man all levels to operate the schemes.
4. A legislative framework should be put in place to allow the Minister to intervene in not properly executed service delivery by the local authority.
5. A database on environmental health shall be developed for use of all providers of services.

Responsibility of Ministry of Health as policy-maker and supervisor.

1. The policy stresses the role of Ministry of Health as facilitator, policy-maker and supervisor and its responsibility for collaboration with regional and international organizations like IFEH, WHO, UNICEF and UNEP.
2. The Ministry will provide information of guidelines on environmental health issues and ensure quality standards are adhered to.
3. Authorized officers can enter and inspect establishments that provide services to users/consumers and take actions of enforcement and reporting of outbreaks of environmental health related epidemics of typhoid, cholera and bubonic plague.
4. Ministry of Health will dialogue through intersectoral collaboration and coordination.

Interaction of the Ministry of Health with other stakeholders

1. The various acts and regulations defining shared responsibilities of the Ministry and all stakeholders are listed.
2. Ministry of Health is a permanent member of over 30 national committees attending to environmental health issues.
3. Modality for collaboration with all stakeholders is outlined.
4. The policy advocates the need to establish a consultative forum to dialogue on active commitment by all tiers.

Rights of users of environmental health services

1. Access to environmental health services is a basic human right.
2. The rural population are beneficiaries but must contribute through self help and community participation.
3. Peri-urban population must take initiative to invest in their environmental health schemes; and urban residents must pay for the services.
4. Appropriate committees and cooperative associations that have been created must be made functional to look after the interest of users/consumers.

**Institutional and organizational structure**

1. The organizational structure of the Ministry of Health and the Central Board of Health is presented and includes the environmental health workers.
2. Coordination committees (WASHE) are formed at all levels.
3. Manpower availability is lagging and training institutions are to be supported.
4. Environmental health workers have two associations, and there is advocacy for collaboration so that they can address better environmental health services.

**iii. Policy implementation**

**Strategies and action plans**


2. Developing strategies must be based on needs, studies, consultations with stakeholders bearing in mind constraints of funds and staffing.

3. Instruments such as capacity building, information, education and communication must be considered.

**Box 1: National Environmental Sanitation Action Plan 1999-2003**

The National Environmental Sanitation Action Plan for Rural and Peri-Urban Areas restates the national strategy objective to create an enabling environment with support mechanisms to facilitate individuals, households and communities to effectively improve their environmental sanitation conditions and hygiene practices to prevent the transmission of disease. Intermediate objectives are developed which form the basis of the 5-year action plan.

The objectives for the National Environmental Sanitation Action Plan 1999-2003 have been defined as follows:

- To significantly reduce environmental sanitation related diseases through increased adoption of good hygiene practices and reduction in habitats for mosquitoes and domestic flies.
- To encourage government to define roles and responsibilities of institutions for environmental sanitation interventions leading to National commitment to capacity building at all levels in environmental
sanitation through funding and resource mobilization.

- To promote the increased adoption of good hygiene practices (hand-washing) and use of safe water sources and socially acceptable community based sanitary disposal facilities for faecal matter and solid waste.
- To increase emphasis on the role of women and extension workers in promoting environmental sanitation.
- To clearly define the legal framework required enhancing strict enforcement of planning and public health laws including the legalization and servicing of existing peri-urban areas.
- To encourage councils to provide Environmental Council of Zambia approved sites for solid waste and latrine sludge dumping.

The National Environmental Sanitation Action Plan also defined objectives for each focal area as follows:

- Advocacy and social mobilization.
- Applied research on technical and operational issues.
- District and local initiatives.
- Capacity building and institutional strengthening.
- Resolution of key operational issues.

Methodologies will include preparatory phase, field visits, in-depth studies, resource mobilization and utilization, human resources development.

**Leadership**

The success of the national environmental health policy is vital in the achievement of the national goal of good health and safe environment and sustainable development. Political will is advocated from all leaders.