

Implementation of the Libreville Declaration on Health and Environment in Africa

Country Situation Analysis and Needs Assessment for the Preparation of National Plans of Joint Action

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IMPLEMENTATION OF THE LIBREVILLE
DECLARATION ON HEALTH AND ENVIRONMENT
IN AFRICA

COUNTRY SITUATION ANALYSIS AND NEEDS
ASSESSMENT FOR THE PREPARATION OF
NATIONAL PLANS OF JOINT ACTION

GUIDE

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ACRONYMS AND ABBREVIATIONS

CTT	Country Task Team
EIA	Environmental Impact Assessment
HELDS	Health and Environment Data Management System
HE	Health and Environment
HIA	Health Impact Assessment
IDSR	Integrated Disease Surveillance and Response
JTT	WHO-UNEP Joint Task Team
MDG	Millennium Development Goals
MEA	Multilateral Environmental Agreement
M&E	Monitoring and Evaluation
MOE	Ministry of Environment
MOH	Ministry of Health
NGO	Non-Governmental Organization
NIP	National Implementation Plan
PRSP	Poverty Reduction Strategy Paper
SANA	Situation Analysis and Needs Assessment
SIA	Systematic Impact Assessment
UNEP	United Nations Environment Programme
WHO	World Health Organization

INTRODUCTION

On 29 August 2008, 52 African countries adopted the Libreville Declaration on Health and Environment in Africa. In this declaration, they committed themselves to implement 11 priority action points in order to address health and environment inter-linkages. To translate this commitment into action, countries will develop national plans of joint action based on evidence generated from a process of situation analysis and needs assessment.

The situation analysis and needs assessment (SANA) places the ecosystems on which livelihood depends at the center of the exercise and addresses the full array of environmental health determinants, the drivers that determine their associated risk levels and the management of these risks. The SANA also addresses national policies and legislation, technical and institutional capacities, existing and potential intersectoral coordination mechanisms and available resources. A SANA will be undertaken in every country, as a prerequisite for the development of national plans of joint action.

National plans of joint action will spell out for each of the 11 action points the related specific activities, resource requirements, stakeholders and timelines. They will also clearly define indicators and a framework for monitoring and evaluation. A prerequisite for this process is a sound situation analysis and needs assessment to create the necessary evidence base for a realistic plan. Therefore, the aim of the SANA will be to establish baseline information on where respective countries actually stand in relation to each one of the action points and what will be required to achieve their set objectives and targets. This exercise will help national authorities to establish milestones on health and environment particularly with a view to meeting the related Millennium Development Goals.

This guide has been developed in response to the need for tools to support the implementation of the Libreville Declaration in a harmonized manner. It outlines a global framework with a comprehensive and flexible approach, which permits individual countries to tailor the assessment to suit the existing stage of national situations and frameworks.

The objectives of the guide are the following:

1. To provide a framework and technical tools to countries in order to help them undertake their situation analysis and needs assessment for the implementation of the Libreville Declaration;

2. To facilitate harmonization of methodologies, procedures, indicators and tools for country situation analyses and needs assessments;
3. To facilitate identification of national priorities.
4. To facilitate the implementation of existing national development plans ensuring a more comprehensive consideration and integration of health and environment issues.

The guide proposes a step-by-step assessment procedure and detailed methodology that will allow reproduction of the exercise at a later moment in time, specifically to allow for a proper evaluation of the outputs, outcomes and impact of the national plan of action. The standardized structure and approach also allow comparability of results between countries, to add up or extrapolate to a regional or continental picture.

In method and procedure, a clear distinction is made between the two parts of the exercise. The first part - situation analysis - must precede the identification of needs in the second part. Both the situation analysis and the needs/opportunities identification should rely on data already available, to the extent possible, and also on information synthesized from such data. This must certainly be the case for the situation analysis, which is expected to build on existing knowledge. Appropriate validation methods should be used to assess the soundness of the available data before inclusion in the assessment.

The SANA will be guided by an inter-sectoral group of competent professionals from a range of interested institutions including ministries, academia, research institutions, as well as representatives of other stakeholders such as development partners and civil society.

In the first part of this document, orientations for users are provided. This is followed by essential questions to be addressed by the situation analysis, information on indicators and methodologies, and finally the document provides guidance on the needs assessment.

The development process for this guide entailed an initial elaboration of a first draft guide by WHO-UNEP Joint Task Team with contribution of experts from France. The guide was subsequently field tested in Kenya and Gabon before finalization during a workshop health at the WHO Regional Office for Africa in September 2009.



SECTION I: ORIENTATION NOTES

The situation analysis and needs assessment is to be undertaken mainly through a desk analysis of documentation already available. This can be supplemented by interviews. A first step in the process will be to review all questions and identify all the documents necessary to undertake to the extent possible a comprehensive analysis. The second step will be for each of the specific task groups (see section 4) to carry out a detailed review of the relevant documentation and materials to extract the information required to answer the different questions using the data collection proforma attached in the annex to this guide. Finally, the information will be computerized using the data entry screen of Health and Environment Linkages Database (HELDS), which will be provided along with these guidelines. Database outputs (tables, graphs, maps) will be produced, analyzed and the national report produced.

1. Country Task Teams (CTT)

The recommended process to establish the CTT is as follows: The Ministries of Health and Environment will appoint focal persons, with WHO national programme officers for health and environment (in consultation with UNEP's Regional Office for Africa). They will in turn identify national experts to participate in the CTT. Ideally, the CTT will be composed of 10 to 15 national experts with a strong background in the following areas: public health and epidemiology, environment, policy analysis, economics, statistics. The CTT will reflect representation from all interested ministries: health, environment, agriculture, industry, planning, infrastructure, land, etc, academia and research institutions, development partners and civil society. They will steer and execute the elements of the SANA process with technical support from WHO, UNEP and other partners. The CTT will form sub-groups of two to three experts tasked to focus on the assessment of 2 to 3 action points of the Libreville Declaration, in light of their respective fields of expertise.

Each sub-group will be responsible for identifying and collecting the documentation and data needed, as well as extracting the required specific information. It will be responsible for filling the questionnaire of the Health and Environment Linkages Data base (HELDS). It will finally provide analysis and draft conclusions and recommendations on the specific questions for which they have had responsible. The CTT will compile the reports of the sub-groups into the full draft national report.

The country task team under the leadership of the two National Coordinators will meet **regularly** (at least once a week) over the entire period of the SANA (estimated to be 3 months) to review progress made by sub-groups, share experience in the process and make the adjustments required in the methodology should the need arise. This will ensure coherence of the overall exercise.

The CTT under the leadership of its national coordinators will be responsible for drafting the final report based on the reports of each specific sub-group. The CTT will also agree on the analysis and define the priority areas during the prioritization workshop. Subsequently, the draft report will be submitted to the National Consensus Workshop which will review, discuss and agree on the final national priorities for health and environment.

2. Terms of reference of national coordinators

There will be 2 national coordinators preferably from the ministry of health and the ministry in charge of environment. The CTT will ensure the overall coordination of SANA. Specifically, they will:

- Facilitate synergies between the specific sub-groups;
- Steer and chair the meetings of the CTT;
- Ensure participation of civil society including private sector and local authorities as well as national representation of international organizations and programs;
- Facilitate access to relevant ministries and institutions to obtain documents and data;
- Ensure on-time delivery of the contribution and work of the different sub-groups;
- Facilitate exchange of expertise and knowledge between national and international experts;
- Steer the drafting of the national report;
- Organize and facilitate the prioritization workshop and the national consensus workshop;
- Facilitate the submission of the final national report to the second inter-ministerial conference on health and environment in Africa.

3. SANA Inception meeting

An inception meeting will be organized by CTT and will include the participation of intersectoral committees on health and environment. The objectives will be to introduce and seek support for the SANA process by the health and environment sectors.

4. National Prioritization Workshop

It will be useful to bring together key policy makers with the CTT members to review the SANA first draft so as to validate the information contained in the report and agree on the draft proposed national priorities. The outcome of this meeting will form the second SANA draft that will later be submitted to the national consensus workshop for final adoption.

5. The National Consensus Workshop

The national consensus workshop is the final stage of the SANA. It will provide the scientific and policy dialogue with the following specific objectives:

- a. To agree on the evidence base generated by the SANA exercise;
- b. To agree on the SANA conclusions and recommendations;
- c. To agree on the national policy, strategic and programmatic priorities.

The national consensus workshop will provide an opportunity for the CTT to establish a dialogue between national scientists and policy makers in order to agree on the priorities and recommendations emerging from the SANA process. The national report will be presented at an Inter-Ministerial Conference on Health and Environment in Africa.

6. External Experts

Countries undertaking the SANA may receive support from external expertise. WHO and UNEP will work with other partners to identify available and qualified experts to provide technical support to countries during their SANA. These experts will ensure a good understanding of the objectives and rationale of the exercise by the national experts and provide advice and guidance on constituting the specific task groups as well as on the methodology to be used and on the outcomes expected. Subsequent to their first mission in the country, external experts will remain in close contact with the CTT through the national coordinators to provide their advice if needed. They may return to the country to support the final drafting exercise of the SANA. They may also support presentation of the work achieved and the report to the national consensus workshop.

Annex 2 and 3 of the guide provide an indicative tentative timetable and budget for implementing the SANA.

7. Structure of the National Report

The proposed structure of the national report is as follows.

Executive Summary

Section I: Introduction

- Information on the country

Section II: Environmental risk factors to human health and ecosystem integrity

Section III: Status of Priority Actions of the Declaration

I: The status of the health and environment strategic alliance

II: National framework to address environmental impacts

III: Intersectoral programmes

IV: National capacities

V: Knowledge management

VI: Environment surveillance

VII: International conventions

VIII: Performance monitoring and evaluation

IX: National environmental outlook reports

X: Partnerships for advocacy

XI: Resource allocation.

XII. Table of indicators

Section IV: Needs Assessment

I: Environmental risk factors to human health and ecosystem integrity

II: The status of the health and environment strategic alliance

III: National framework to address environmental impacts

IV: Intersectoral programmes

V: National capacities

VI: Knowledge management

VII: Environment surveillance

VIII: International conventions

IX: Performance monitoring and Evaluation

X: National environmental outlook reports

XI: Partnerships for advocacy

XII: Resource allocation

Section V: National Priorities and Response Mechanisms

- a. Environmental risks factors and their driving forces
- b. Policy adjustments
- c. Strategic and operational planning
- d. Intersectoral collaboration
- e. Capacity building
- f. Surveillance
- g. Research
- h. Financial resources

General Conclusions



SECTION II: SITUATION ANALYSIS

Situation analysis involves an evaluation of the current status of the issues pertaining to health and environment and the way they are being addressed. The situation analysis should also therefore describe the policy framework within which decision making takes place, the institutional arrangements that support the planning and implementation of health and environment programmes, the management procedures governing operations and the resource base which supports these operations.

In the context of the Libreville Declaration, the situation analysis will focus on the baseline assessment of the issues related to the 11 action points to which countries have committed themselves to address. The tool that is proposed is a structured check list of questions to be answered using different methodologies, but all related to document collation and analysis, interviews and direct observation in some instances. Beyond the proposed questions, countries may add additional information into the report as deemed appropriate.

A significant amount of information has been gathered through previous similar processes, particularly those related to the preparation of national development plans or national implementation plans for multilateral environmental agreements or reports of health programmes, including WHO country profiles. However, a specific analysis of information pertaining to the status of health and environment issues as well as the national response to them will be required. The SANA will establish the baseline information against which effectiveness of subsequent interventions will be assessed.

Criteria for consideration of issues relevant to the situation analysis

Given the very wide nature of health and environment linkages, it is important to establish objective and indisputable criteria that will help to discriminate issues to be considered in the scope of the situation analysis from issues not to be considered. The proposed criteria cover all issues, aspects and question directly relevant to one or more of the 11 action points of the Declaration.

Exception: Because these action points do not make direct reference to environmental risk factors to human health and ecosystem degradation which represent the substrate of the work, a preliminary question is proposed to clarify the status of these risk factors in the country.

Information Management

The questions below are provided to guide the search for information. After information has been collected on specific questions, the data will be extracted and transcribed into the proforma (see annex) and entered into the HELDS. Countries will use the outputs from HELDS to write their report including providing specific values related to each priority item and their indicators as provided in section III on indicators and methodologies.

Preliminary question: environmental risk factors to human health and ecosystem degradation

- I. What are the main human settings prevailing in the country?
 - a. For each one of these settings provide the main characteristics of their ecosystem.

Major Ecosystems	Urban	Rural
Forest		
Humid savannah		
Dry savannah		
Sahel		
Desert		
Wetlands		
Coastal zones		
Highlands and mountains		
Other (specify)		

- II. For each one of the human settings, what are the identified environmental risk factors to human health?
 - a. Natural risks
 - i. Erosion
 - ii. Drought
 - iii. Floods
 - iv. Salinity
 - v. Sea level rise
 - vi. Eruptions
 - vii. Earthquake
 - viii. Other (specify)

- b. Risks resulting from human activity
 - i. Drinking water organic pollution
 - ii. Waste water organic pollution
 - iii. Drinking water chemical pollution
 - iv. Waste water chemical pollution
 - v. Simple waste
 - vi. Hazardous waste
 - vii. Indoor air pollution
 - viii. Outdoor air pollution
 - ix. Soil degradation
 - x. Deforestation
 - xi. Food contamination
 - xii. Biodiversity loss
 - xiii. Drought
 - xiv. Floods
 - xv. Disease vectors
 - xvi. Marine pollution
 - xvii. Other (specify)
 - c. For each one of them state why?
 - d. Provide figures, data or any information to illustrate its importance
- III. For each setting what are the most important effects of ecosystem degradation?
- a. For each one of the effects what is the immediate or possible health consequence if any?
 - b. What is the root cause of these effects?
 - c. Provide any figures, data or illustration to substantiate responses to questions e and f above

1. Establishing a health-and-environment strategic alliance, as the basis for plans of joint action.

- a. Is there any formal intersectoral mechanism to coordinate health and environment issues?
 - i. If yes ,what is it?
 - ii. What is its primary function?
 - iii. What institutions participate in it?
 - iv. Have staff members of ministries been formally designated to **participate in the Intersectoral mechanism?**

- v. Have working groups been established in the intersectoral mechanism?
 - vi. If yes what are the different work areas?
 - vii. How often do participants of the intersectoral mechanism convene?
 - viii . Have annual deliverables been established
 - ix. Which entity provides the budget for the mechanism?
- b. Do national national health development plan and specific programmes action plans address environmental matters?
1. What are the specific risks considered?
 - i. Erosion
 - ii. Drought
 - iii. Floods
 - iv. Salinity
 - v. Sea level rise
 - vi. Eruptions
 - vii. Earthquake
 - viii . Drinking water organic pollution
 - ix. Waste water organic pollution
 - x. Drinking water chemical pollution
 - xi. Waste water chemical pollution
 - xii. Simple waste
 - xiii . Hazardous waste
 - xiv. Indoor air pollution
 - xv. Outdoor air pollution
 - xvi. Soil degradation
 - xvii . Deforestation
 - xvii i. Food contamination
 - xix. Biodiversity loss
 - xx. Disease vectors
 - xxi. Marine pollution
 - xxii . Other (specify
 2. How sufficient is the policy response?
 3. Which specific aspects do these plans address?
 - a. Risk factors
 - b. Policy orientations

- c. Regulatory frameworks
 - d. Institutional arrangements
 - e. Resources
 - f. National guidelines
 - g. Interventions
- c. Do national environment plans including implementation plans of conventions and other relevant documents (guidelines, regulatory frameworks etc.) address health matters
1. What are the specific risks?
 - i. Erosion
 - ii. Drought
 - iii. Floods
 - iv. Salinity
 - v. Sea level rise
 - vi. Eruptions
 - vii. Earthquake
 - viii. Drinking water organic pollution
 - ix. Waste water organic pollution
 - x. Drinking water chemical pollution
 - xi. Waste water chemical pollution
 - xii. Simple waste
 - xiii. Hazardous waste
 - xiv. Indoor air pollution
 - xv. Outdoor air pollution
 - xvi. Soil degradation
 - xvii. Deforestation
 - xviii. Food contamination
 - xix. Biodiversity loss
 - xx. Disease vectors
 - xxi. Marine pollution
 - xxii. Other (specify)
 2. How sufficient is the policy response?
 3. Which specific aspects do these plans address?
 - a. Risk factors

- b. Policy orientations
- c. Regulatory frameworks
- d. Institutional arrangements
- e. Resources
- f. National guidelines
- g. Interventions

d. Are there formal linkages between both sets of plans (health on the one side and environment on the other)?

2. Developing or updating national, sub-regional and regional frameworks in order to address more effectively the issue of environmental impacts on health, through integration of these links into policies, strategies, regulations and national development plans.

Note: For this action point, only national frameworks will be considered in this first step.

- a) Carry out an as much as possible a comprehensive inventory of policy, strategy, and regulatory documents as well as development plans that are relevant to health and/or environment.
- b) For each one of the documents, identify, specific aspects related to environmental impacts on health.
- c) Assess if these instruments are sufficiently up-to-date and adequate to address the country health and environment priorities.
- d) Identify the most important gaps that should be filled up in terms of:
 - i. Governance structures
 - ii. Policies
 - iii. Strategies
 - iv. Regulations
 - v. Plans
 - vi. Resources

3. 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 Millennium Development Goals (MDGs).

- a. Have Poverty Reduction Strategy Papers (PRSPs) been developed by the country?
 - i. When?
 - ii. Have they been updated recently?
- b. Are there specific objectives within these PRSPs that specifically address health and environment linkages?
 - i. If yes, are these objectives and related activities considered comprehensive to effectively address health and environment challenges?
- c. Are there national programmes deriving from PRSPs that include interventions to achieve health and environment MDGs?
 - i. If yes make a full inventory of such programmes
 - ii. Collect related action plans and review them to determine how many sectors contribute to the implementation of these programmes.
 - iii. Identify the gaps in these programmes and action plans particularly on the achievement of health and environment related MDGs

4. Building national, subregional and regional capacities to better prevent environment-related health problems, through the establishment or strengthening of health and environment institutions; ***Note: For this action point, only national capacities will be assessed for the time being***

- a. Carry out an inventory of national institutions with a mandate on health and/or environment
 - i. Ministries
 - ii. National institutes
 - iii. Universities
 - iv. Research centers
 - v. NGOs
 - vi. Private companies
 - vii. Other (specify)
- b. For each of these institutions:
 - i. What is the mandate?

- ii. Assess the quality and quantity of human resources:
 - 1. by category of staff
 - 2. by area of expertise
 - 3. by level of qualification
- iii. What is the institution's annual budget for the past 3 years?
- iv. Is there any action plan or programme for the institution?
- v. What activities and projects are currently being implemented?
- vi. What are the partners and stakeholders involved?
- vii. Does the institution conduct any training/capacity building activities?

5. 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.

- a. Has the country clearly defined a research agenda with specific consideration to health and environment?
- b. List reports and publications generated from these research projects over the past 24 months.
 - i. From these publications and reports what is the essential information that has been generated to fill the knowledge gap in relation to the country priority areas?
- c. Does any mechanism exist to coordinate the research on health and environment undertaken by the above institutions?
 - i. If yes, what is it?
 - ii. What are the participants?

6. 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.

- a. Does the country have an established system for environmental surveillance/monitoring?
- b. What are the essential priority areas?
 - i. Fresh water
 - ii. Marine waters
 - iii. Air

- iv. Soil
- v. Biodiversity
- vi. Other (specify)
- c. Does the system produce regular reports?
 - i. If yes, how often?
 - ii. Which areas are covered in the reports?
 - iii. Do the reports give recommendations for improved management?
- d. What factors does the system monitor systematically?
 - i. Environmental factors only? List them
 - ii. Environmental health determinants? List them
 - iii. Impact of development projects on the environment?
- e. If the system does not function correctly, what are the essential reasons?
 - i. If yes, does that system accommodate health and environment impacts?
- f. Is the implementation of International Health Regulations part of this system?
 - i. If yes, how is it linked to it?
 - ii. Which mechanism ensures the actual implementation of the health regulations?
- g. Does the country systematically carry out environmental and health impact assessment before approving development projects?
 - i. If yes, is it conducted by national institutions?
 - ii. If no, who are the assessment implementers?
- h. Does the country implement an integrated disease surveillance strategy?
 - i. If yes, is the environmental surveillance system linked with Integrated Disease Surveillance and Response (IDSR)?
 - ii. If no, state the reason

7. 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

Note: For this action point, only national mechanisms will be assessed for the time being

- a. List the Multilateral Environment Agreements (MEAs) to which the country is party
- b. List the multilateral environment to which the country is signatory
- c. For each of the MEAs
 - i. Is there a national implementation plan (NIP)?

- ii. Is there a national focal point?
- iii. Beyond the focal point, is there a specific mechanism to enforce compliance with the particular MEA?
- iv. What is the status of implementation of each NIP?
- v. Are there specific technical, human and financial resources allocated for the implementation of each NIP?
- vi. Who funds each one of the NIPs?
- vii. What is the proportion of government funding in the overall amount of available funds?

8. 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.

- a. Is there a national monitoring and evaluation mechanism to assess the performance of priority programmes?
 - i. If yes, what is that mechanism?
 - ii. Is the mechanism functional?
 - iii. Are there national performance indicators that are being systematically used for that purpose?
 - iv. Are there any reports assessing the performance of priority programmes?

9. 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

- a. Does the country produce a national environmental outlook report?
 - i. If yes, what is the frequency?
 - ii. When was the last report published?
- b. Does the report include a health component?
 - i. If yes, what are the specific aspects covered?
- c. Does the country have procedures for the systematic assessment of environment and health impacts of policies, plans and projects?
- d. Does the country systematically carry out environmental impact assessment (EIA)?
 - i. On what types of proposals, plans, and projects?
 - ii. Is there legislation in place in the concerning environmental impact assessment (EIA)?

- e. Does the country systematically carry out health impact assessment (HIA)?
 - i. On what types of proposals, plans, and projects?
 - ii. Are HIAs done as stand-alone assessments or are they integrated into other impact assessments?
Which ones?
 - iii. Is there legislation in place requiring the use of health impact assessment (HIA)?
- f. If an HIA is undertaken, who is the responsible authority
- g. If an HIA is required for a public policy or project (e.g. road development), who would conduct the HIA?
- h. Is stakeholder engagement required as part of the EIA and/or HIA?
 - i. Is information disclosure required as part of the EIA and/or HIA?
- i. How is project or policy non-compliance with impact mitigation measures identified through the EIA and/or HIA monitored?
- j. By whom?
- k. Have there been any successful legal (civil) cases filed against industry or governments for environmental health damages?
If yes specify:

10. 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

- a. Are there national plans for advocacy and communication?
 - i. If yes, are any of these plans incorporating issues on health and environment linkages?
 - ii. If yes, on which specific issues?
 - iii. What is the target audience
- b. List stakeholders and local partners involved in advocacy
- c. Identify possible opportunities to develop advocacy activities for
 - i. The youth
 - ii. Parliamentarians
 - iii. Local governments
 - iv. Education ministries
 - v. Civil society
 - vi. Private sector
 - vii. Others

11. Achieving a balance in the allocation of national budgetary resources for intersectoral health-and-environment programmes.

- a. What is the overall country budget for the current fiscal year?
- b. What is the budget of the ministry of health for the current fiscal year?
- c. What is the budget of the ministry of environment for the current fiscal year?
- d. For the ministry of health, what is the total allocation for disease prevention and control programmes?
 - i. Within each specific programme what is the proportion of funds allocated to prevention?
 - ii. Under prevention, what is the total amount allocated to the prevention and mitigation of environmental risk factors?
- e. For the ministry of environment
 - i. What is the total allocation for programmes aimed at preservation of environment?
 - ii. Are there specific health and environment programmes/projects being funded from the ministry's budget?
 - iii. What is the level of such funding?
- f. Make an inventory of ongoing governmental projects that address health and environment problems and that receive foreign aid including loans.
 - i. For each project, what is the total budget?
 - ii. What is the proportion of government's contribution?
 - iii. What is the total amount received so far?
 - iv. What is the expenditure rate?
- g. If you have an Intersectoral mechanism on environment and health, what is its budget for the current fiscal year?

Concluding Question:

In the opinion of the country task team and on the basis of answers to the questions above what are the interlinked health and environment issues that the country should address as a priority?

- a. In terms of risks, their factors and their driving forces
- b. In terms of policy adjustments
- c. In terms of strategic and operational planning
- d. In terms of Intersectoral collaboration
- e. In terms of capacity building
- f. In terms surveillance
- g. In terms of research
- h. In terms of financial resources

For each one of those issues, please provide a justification

SECTION III: NEEDS ASSESSMENT

The assessment entails, in the first instance, an analysis of critical constraints that will need to be overcome in order to achieve the set goals. Consequently, a problem analysis is an essential first step towards completing the needs assessment. Another component of the assessment is the identification of existing opportunities for overcoming the constraints.

Depending on the outcome of the problem analysis, the needs assessment will identify one or more of a number of needs categories:

- Advocacy
- Policy
- Regulations
- Intersectoral coordination
- Institution building
- Human resources
- Financial resources
- Research

Some of the needs will translate into essential inputs that are necessary to initiate actions (for example human resources). Others will translate into interventions, processes or procedures that will be necessary to overcome the identified constraints (for example intersectoral coordination).

Needs assessment will always include a number of assumptions. For the identification of needs and opportunities, new data may need to be generated. The exercise will be carried out in two steps. The first step which is straightforward will be to identify the broader categories of needs by action items. The second step will be a detailed analysis of the needs for each of the action item within the identified category.

STEP 1:

On the basis of the situation analysis, the national expert group will rank the above listed needs category under each action item in table 3 below (1=High priority; 8=Least priority)

STEP 2:

For a given action item, the categories of needs identified will then be assessed in detail qualitatively and quantitatively. It is recommended that the top three priority categories of needs are considered

for further analysis in each action item.

First, the group will define the “Ideal Situation” (IS), i.e. the objective condition under which the targeted constraint will be resolved cost-effectively.

Secondly, the group will outline the gap between the baseline from the situation analysis (SA) and the ideal situation.

TABLE 3: Possible broad categories of needs by action item

Category of need	Advocacy	Policy	Regulations and legislation	Intersectoral coordination	Institutional and organizational arrangements	Human resources	Financial resources	Research
Action item								
1. Establishing a health-and-environment strategic alliance								
2. Developing/updating national frameworks								
3. Integrating objectives in PRSPs								
4. Strengthening health and environment institutions								
5. Supporting knowledge acquisition and management								
6. Establishing/strengthening systems for environment surveillance								

7. Implementing mechanisms for enforcing international conventions and national regulations								
8. Setting up national monitoring and evaluation mechanisms								
9. Systematic assessment of health and environment risks								
10. Developing partnerships for targeted advocacy								
11. Achieving a balance in budgetary resource allocation for priority programmes								

An example of a needs assessment for action item 6 is proposed below.

STEP 1

Table 4: An example of broad categories of needs for action item 6 of the Declaration

Category of need	Advocacy	Policy	Regulations	Intersectoral coordination	Institution building	Human resources	Financial resources	Research
Action item								
6. Establishing/strengthening systems for environment surveillance	1	2	3					

STEP2

Table 5: An example of detailed needs assessment for action item 6 of the Declaration

Category of needs	Baseline situation	Ideal situation	Needs
Intersectoral coordination	Ministry of health implements the Integrated Disease Surveillance and Response Strategy (IDSR) for communicable diseases based on reports submitted by governments health facilities only.	The IDSR involves both public and private health facilities. IDSR includes non communicable Diseases.	A wider IDSR network of health facilities including private health facilities. A wider scope of IDSR that includes non communicable diseases
	No national institution has been designated by the government to conduct environmental surveillance and impacts assessment. No formal environmental surveillance programme established.	A national institution designated by the government undertakes environmental surveillance including health and environmental impacts assessments	A national institution mandated to undertake environment surveillance and health and environment impact assessment (HEIA).
	Environmental impact assessment undertaken by the ministry of environment only for large projects funded by major donors	All development projects with potential impacts n the environment include a health and environment impact assessment	Systematic HEIA
	No formal coordination mechanism for disease and environmental surveillance	A national multidisciplinary and multisectoral task force regularly reviews and analyze reports from IDSR, environmental surveillance as well as HEIA and advises the government accordingly.	A national multidisciplinary and multisectoral task force on health and environment.

Institution building	The country has 3 institutions working on specific areas of public health and environment: the National institute of Public Health, The National Medical Research Center and the Department of environmental sciences in the University	Scientific institutions working on health and environment matters	None
	The National Institute of Public Health is not currently active because of lack of human and financial resources	A fully active National Institute of Public Health	A package of human and financial resources to reactivate the National Institute of Public Health
	The National Medical Research Center is functional but with a limited scientific capacity to extend its research programmes to cover risks identification and assessment	A National Medical Research Center with a scientific capacity to carry out assessment of major risk factors to human health and to environment	A package of human, financial resources as well as equipment and Laboratory supplies
	The Department of environmental sciences has very little research activities with few MSc and PhD students	A department of environmental sciences carries out research programmes as a basis for training MSc and PhDs	Same as above
Human resources	Current staffing of the National Institute of Public health: One Director One Secretary One driver One Epidemiologist	One Director One Deputy Director Two secretaries One Admin. Officer 2 Epidemiologist 2 Public Health scientist 1 Statistician 4 junior scientists	One Deputy Director One Admin. Officer One Secretary 2 epidemiologists 2 public health scientists 1 Statistician 4 junior scientists.
	National Medical Research Center and Department of environmental sciences: assessment similar to the above	assessment similar to the above	assessment similar to the above
Financial Resources	Annual Budget of the center for last year: 50 000 american dollars Funding made available: 10 000 american dollars	Annual Budget for the center: 100 000 american dollars Funding made available: 100 000 american dollars	Funding gap: 90 000 american dollars
	National Medical Research Center and Department of environmental sciences: assessment similar to the above		



SECTION IV: INDICATORS AND METHODOLOGIES

Table 2 below provides indicators to be used for the situation analysis.

Priority action	Indicators	Methodology/Process	Information source	comments
Preliminary question	P.1. Environmental burden of disease for selected risk factors, per year (correlations between risk factors, exposure and effects)	EoB estimate methodologies	WHO country profiles	Please refer to WHO
	P.2. Ecosystem services	Ecosystem assessments	UNEP MA	Refer to UNEP
1. Establishing a health-and-environment strategic alliance , as the basis for plans of joint action	1.1. Existence of a regulatory or administrative text that formalizes the Intersectoral coordination mechanism	Desk review	Archives	
	1.2. Number of sectors represented in the mechanism	Desk review	Meeting reports	
	1.3. Number of meetings held in the past 12 months by the coordination mechanism	Desk review	Meeting reports	
	1.4. Number of projects/action plans submitted to the Government	Desk review	Archives	
2. 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 into policies, strategies, regulations and national development plans;	2.1. Number of sectoral plans that have specific objectives on health and environment linkages	Desk review	Archives	
		Desk review	Plan of action	

3. 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 Millennium Development Goals;	3.1. Existence of at least one specific objectives focusing on health and environment linkages in the PRSP and for MDGs	Desk review	PRSP	
	3.2. Number of Intersectoral programmes on health and environment resulting from the PRSP	Desk review	Archives	
4. Building national, sub-regional and regional capacities to better prevent environment-related health problems, through the establishment or strengthening health and environment institutions;	4.1. Number of scientific and technical institutions addressing health and environment linkages	Desk review Interviews	Archives, Ministries staff, Universities, Research institutes	National institutes, universities, research institutions, etc..
	4.2. Number of experts working in the institutions or services addressing health and environment linkages	Interviews	Heads of institutions	
5. 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	5.1. Number of reports/publications of institutions addressing health and environment linkages over the past 24 months	Desk review Interviews	Institutions	Institutions identified under item 4 above
	5.2. Existence of an Intersectoral research group on health and environment linkages	Desk review	Publications Reports	

6. 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	6.1. Existence of a network/service/programme for the surveillance of drinking water quality	Desk review Interviews	Ministries of health Ministries of environment Research	
	6.2. Existence of a network/service/programme for the surveillance of air quality	Desk review Interviews		
	6.3. Existence of a network/service/programme for the surveillance of food quality	Desk review Interviews		
	6.4. Existence of ecosystem monitoring/surveillance network/centers/programme	Desk review Interviews		
	6.5. Number of reports prepared over the past 24 months on the impact of environmental risk factors to human health	Desk review Interviews		
	6.6. Number of reports prepared over the past 24 months on the impact of environmental risk factors to ecosystems integrity	Desk review Interviews		
7. 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	7.1 Number of international Conventions on environment and/or health ratified by the country	Desk review	Parliament archives	
	7.2 Number of national implementation plans of ratified conventions that have been validated by the government	Desk review	Ministries	
	7.3 Number of sector directly involved in the implementation	Desk review	Ministries	
	7.4 Ratification of Bamako Convention	Desk review	Ministries	

8;Setting up national monitoring and evaluation mechanisms to assess performance in implementing priority programmes and peer review mechanisms to learn from each other experience	8.1 Existence of joint performance monitoring mechanism for priority programs 8.2. Availability of evaluation reports	Desk review	Ministries	Specific elements of the mechanism
9.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	9.1 Health impacts integrated within national environmental outlook report	Desk review	Ministries Research institute	
10.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	10.1 Number of national information and communication initiatives/ projects/campaigns on health and environmental linkages focused on targeted groups over the past 24 months	Desk review	Archives	
	10.2 Existence of national plan for advocacy and communication integrating health and environment linkages	Desk review	Archives	
	10.3 Number of partners actively involved in the advocacy	Desk review	Archives	

11. Achieving a balance in the allocation of national budgetary resources for Intersectoral health-and-environment programmes.	11.1 Proportion of national budget allocated to health	Desk review	Finance, budget and planification Ministries	
	11.2 Proportion of national budgets allocated to environment	Desk review		
	11.3 Proportion of environmental budget allocated to address health and environment issues	Desk review		
	11.4 Proportion of health budget allocated to primary prevention	Desk review		
	11.5 Proportion of bilateral financial contribution allocated to health and environment issues	Desk review		
	11.6 Proportion of multilateral financial contribution allocated to health and environment issues	Desk review		

CONCLUSION

It is expected that this guide will be a practical tool to help countries in their endeavour of knowing their situation better, estimating their needs and selecting their national priorities. By favoring team work, the SANA will allow the generation of new dynamics of intersectoral collaboration at the national level, and will also facilitate the emergence of a new expertise for the future on health and environment linkages, which embed the renewed concepts of development.

ANNEX 1

DATA COLLECTION PROFROMA

Preliminary question: environmental risk factors to human health and ecosystem degradation

- IV. What are the main human settings prevailing in the country?
 a. For each one of these settings provide the main characteristics of their ecosystem.

Settings Major Ecosystems	Urban	Rural
Forest		
Humid savannah		
Dry savannah		
Sahel		
Desert		
Wetlands		
Coastal zones		
Highlands and mountains		
Other (specify)		

- V. For each one of the human settings, what are the identified environmental risk factors to human health? Select options from the list below:

Complete the following table

Preliminary question II a-Environmental Risk Factors

*Country code	Settings (formal urban, informal urban, formal rural, informal rural)	*Natural risks	***Level
241			

* Country code: international telephone code: (ex: 241 for Gabon)

**Level: Nil, Low, Medium, High, Unknown

Natural risks (menu)

Erosion

Drought

Floods

Salinity

Sea level rise

Eruptions

Earthquake

Other (specify)

a. Risks resulting from human activity

Please complete the table below

N°	Settings (formal urban, informal urban, formal rural, informal rural)	*Risking activities	**Risks	***Level	Indicators values	International Norms

*Risking activities	**Risks resulting from human activity (not exhaustive)	***Level
Industries,	Drinking water organic pollution	Unknown
Agriculture	Waste water organic pollution	Nil
Urbanization	Drinking water chemical pollution	Low
Mining	Waste water chemical pollution	Medium
Oil exploitation	Simple waste	High
Chemical management	Hazardous waste	
Transport	Indoor air pollution	
Fishing,	Ambient air pollution	
Waste management	Soil degradation	
Other (Specify)	Deforestation	
	Food contamination	
	Biodiversity loss	
	Drought	
	Floods	
	Disease vectors	
	Marine pollution	
	Climate change	
	Radio activity	
	Toxic wastes	
	Infectious waste	
	Household wastes	
	Other (specify)	

- b. On what basis were these environment and health risks identified? (for each risk factor, indicate which of the following apply:
- historical data or event
 - risk assessment study
 - identification as a priority in a national development plan
 - other (please explain)
- c. Provide figures, data or any information to illustrate its importance
- VI. For each setting, what are the most important effects of ecosystem degradation?
- a. For each one of the effects what is the immediate or possible health consequence if any?
 - b. What is the root cause of these effects?
 - c. On what basis have these causes and effects been identified?
 - d. Provide any figures, data or illustration to substantiate responses to questions "a" and "b" above

1. Establishing a health-and-environment strategic alliance, as the basis for plans of joint action.

h. Are there any formal Intersectoral mechanisms to coordinate health and environment issues?Yes/ .../...;.....No /..../

i. If yes what are they?.....

For each, please complete the following table:

Country code	Name of the coordination mechanism	*Hosting institutions	**Primarily functions

*Hosting institutions: MOH, MOE

** Primary function: 1.Coordinate others issues including HE, 2. Coordinate others issues including HE, 3 other (to specify)

ii. Have staff members of ministries been formally designated to participate in the intersectoral mechanism?Yes/ .../...No /..../

iii. Have working groups been established in the intersectoral mechanism?Yes/ .../...No /..../

iv. If yes what are the different work areas? (Please list)

.....

v. How often do participants of the intersectoral mechanism convene?
Weekly /..../ Monthly/...../ Quarterly/..../, Yearly /.../
Occasionally /..../

vi. Have annual deliverables been establishedYes/ .../...No /..../

vii. Which entity provides the budget for the mechanism?

MOH /.../ MOE /.../, Other Gov department /.../, Partners /.../

- i. Do national health development plans, specific programmes and/or action plans address environmental matters? (Please complete the table below using the proposed menu and use)

Health development plan and specific programs action plans addressing environmental matters				
List of Environmental risks addressed	Document Title	Source/Responsible authority	Focus of the document	Policy response to the risk
Erosion Drought Floods etc			(guidelines, regulatory frameworks)	(weak, adequate, strong)

Focus of the document Risk factors policy orientations Regulatory frameworks Institutional arrangements Human resources Financial resources National guidelines Interventions	Risks addressed Erosion Drought Floods Salinity Sea level rise Eruptions Earthquake Drinking water organic pollution Waste water organic pollution Drinking water chemical pollution Waste water chemical pollution Simple waste Hazardous waste Indoor air pollution Outdoor air pollution Soil degradation Deforestation Food contamination Biodiversity loss Disease vectors Marine pollution Other (specify)	Responsible authorities - Responsibility with health authorities - Share responsibility - Responsibility with environment authorities	Policy response to the risk 1. weak (should be strengthened) 2. adequate (addresses basic level of need) 3. strong (goes beyond minimum required measures)

- j. Do national environment plans including implementation plans of conventions and other relevant documents (guidelines, regulatory frameworks etc...) address health matters
(Please complete the table below using the above menu)

National environment strategic plan, implementation plans of conventions and other relevant documents addressing health matters

List of Environmental risks addressed	Document Title	Source/Responsible authority	Focus of the document	Policy response to the risk
Erosion Drought Floods etc			(guidelines, regulatory frameworks)	(weak, adequate, strong)

k. Are there formal linkages between both sets of plans (health on the one side and environment on the other)? Yes/ .../...No /..../

a. If yes, what are they?

.....

.....

.....

b. What was the mechanism used to formalize these linkages?

- 2. 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 into policies, strategies, regulations and national development plans.**
Note: For this action point, only national frameworks will be considered in this first step.

Please complete this table

N°	*Document type	Document title	source	**Aspects covered	Updated (Y/N)	Issue date (MMYY)

*Document type	**Aspects covered
Policy	Risk factors
Strategy	policy orientations
Regulation	Regulatory frameworks
Legislation	Institutional arrangements
Implementation plan	Human resources
Others (to specify)	Financial resources
	National guidelines
	Interventions

3. 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 Millennium Development Goals.

- l. Have PRSPs been developed by the country? Yes/ .../...No /..../
 i. When? (MMYY).....
- m. Have they been updated recently? Yes/ .../...No /..../
- n. Are there specific objectives within these PRSPs that specifically address health and environment linkages? Yes/ .../...No /..../
 i. If yes, which ones (refer back to primary list of risk factors)
 ii. Are these objectives and related activities considered sufficiently comprehensive to effectively address health and environment challenges? (Please select one)
 • weak (should be strengthened) /..../
 • adequate (addresses basic level of need) /..../
 • strong (goes beyond minimum required measures) /..../
- o. Are there national programmes deriving from PRSPs that include interventions to achieve health and environment MDGs? Yes/ .../...No /..../

Please complete this table

N°	Country code	Programmes list	*Type of activity	Sector involved
1				
2				

*Type of activity: Surveillance, Policy- Regulation, Research, Implementation, others (specify)

4. Building national, subregional and regional capacities to better prevent environment-related health problems, through the establishment or strengthening health and environment institutions;

Note: For this action point, only national capacities will be assessed for the time being

- a. Carry out an inventory of national institutions addressing any aspect of health and environment

Institution Name	*Type of institution	**Area covered	***Activities

* Type of institution Ministers (specify) Universities NGO Private company National Research Institutes International Research Institutes Others (to specify)	**Areas covered Risk factors Risk effects Legislation Regulation Interventions	Activities Surveillance, Policy- Regulation, Research, Implementation
--	---	--

- b. Assess the quality and quantity of human resources:

Please complete the below table

Name of the Institution	*Category of Staff	**Area of expertise	***Qualification	Total number
		Environment	Undergraduate	0

* Category of Staff Scientists Technicians Managers Admin support Others	** Area of expertise Public Health Environment Programme Management Training Others	***Qualification Doctoral/post-doctoral Master Bachelors Undergraduate Others
---	--	--

c. Functionality of the institutions (please complete the table below)

Name of the Institution	Institution's annual budget (€)	Existence of PoA in the institution (Y/N)	List activities- Project being implemented	List of stakeholders	Training- capacity building conducted (Y/N)

5. 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.

- Has the country clearly defined a research agenda with specific consideration to health and environment? Yes/..../ No /..../
- Has the country ongoing research with specific consideration to health and environment? Yes/..../ No /..../
- Has the country a research coordination mechanism with specific consideration to health and environment? Yes/.... / No /..../

- d. List (in the table below) reports and publications generated from these research projects over the past 24 months.

N°	Projects Title	Report title	Sources	Key findings
1				
2				
3				

- i. From these publications and reports what is the essential information that has been generated to fill the knowledge gap in relation to the country priority areas?

- e. Does any mechanism exist to coordinate the research on health and environment undertaken by the above institutions? Yes/.... / No /.... /

- i. If yes fill the following table

N°	Research coordination mechanism	Participants

6. 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.

- a. Does the country have an established system for environmental surveillance/ monitoring? Yes/.... / No /.... /
- b. What are the essential priority areas? (Please complete the following table)

System key components	Periodicity of Surveillance report	Responsible

System key components	Periodicity of Surveillance report
Fresh water	Weekly
Marine waters	Monthly
Air	Quarterly
Soil	Yearly
Biodiversity	
Other (specify)	

- c. Does the system produce regular reports? Yes/.... / No /.... /
- i. If yes how often?
Weekly /.../., Monthly /..../, Quarterly /..../, Yearly /..../ Others
(specify).....
- ii. Which areas are covered in the reports?
Environmental health factors /..../,
Impact on development project on the environment /...../
- iii. Do the reports give recommendations for improved management?
Yes/.... / No /.... /
- d. What factors does the system monitor systematically?
- i. Environmental factors only? List them

ii. Environmental health determinants? List them (*compare to the list of environmental threats to health*)

System monitored systematically	Verifiable indicators	Means of systematic monitoring/ verification (surveys, special studies, reports)	Frequency (Routine, Monthly, Quarterly, Yearly)
i. Environmental factors			
ii. Environmental health determinants			
iii. Impact of development projects on the environment?			

e. If the system does not function correctly what are the essential reasons? *List them*.....

i. If yes, does that system accommodate health and environment impacts?
 Yes/.... / No /.... /

f. Is the implementation of International Health Regulations part of this system?
 Yes/.... / No /.... /

i. If yes how is it linked to it?
 Yes/.... / No /.... /

ii. Which mechanism ensures the actual implementation of the health regulations?

g. Does the country implement the IDSR?
Yes/.... / No /.... /

h. If yes, is the environmental surveillance system linked with IDSR?
Yes/.... / No /.... /

List factors monitored and the key constraints inherent to the M&E

Factors monitored within IDSR	System Constraints

i. If environmental surveillance system is not linked with IDSR in the country please state the reasons

Type reasons here

a. Does HE impact assessed before project approval
Yes/.... / No /.... /

b. Who performed the assessment?

National /..../, International /...../, Mixed /..../, Others /...../

7. 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

Note: For this action point, only national mechanisms will be assessed for the time being

a. List the multilateral environment agreements (MEAs) and indicate the country position (signatory or party)

MEA List	*Country position

*Signatory or party

b. For each of the MEAs

i. Is there a national implementation plan (NIP)?
Yes/.... / No /.... /

ii. Is there a national focal point?
Yes/.... / No /.... /

- iii. Beyond the focal point, is there a specific mechanism to enforce compliance with the particular MEA?
Yes/.... / No /.... /
- iv. What is the status of implementation of each NIP?
Planning phase /...../, implementation Phase /...../
- v. Are there specific technical, human and financial resources allocated for the implementation of each NIP?
Yes/.... / No /.... /
- vi. Who funds each one of the NIPs?
.....
- vii. What is the proportion of government funding in the overall amount if available funds?: €

The table below will be filled

Title of Convention / MEA	Existence of a NIP	Existence of Focal Point	Existence of Mechanism to enhance compliance	Status of NIP	Technical Resources	Source of funds	Proportion of Government funding

8. 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.

- a. Is there a national monitoring and evaluation mechanism to assess the performance of priority programmes?
Yes/.... / No /.... /

If yes, complete this table

M&E Mechanism	Performance indicators	List reports over 24 months

9. 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

a. Does the country produce a national environmental outlook report?
Yes/.... / No /.... /

i. If yes what is the frequency?
Annually /...../, every two years/...../ others /...../

ii. When was the last report published?
[Month/Year]

b. Does the report include a health component?
Yes/.... / No /.... /

i. If yes what are the specific aspects covered?
.....
.....
.....

c. Does the country have procedures for the systematic assessment of environment and health impacts of policies, plans and projects?

Yes/.... / No /.... /

d. Does the country systematically carry out Environmental Impact Assessment (EIA)?

Yes/.... / No /.... /

i. On what types of proposals, plans, and projects?

.....
.....
.....

ii. Is there legislation in place in the concerning EIA?

Yes/.... / No /.... /

e. Does the country systematically carry out Health Impact Assessment (HIA)?

Yes/.... / No /.... /

i. On what types of proposals, plans, and projects?

.....
.....
.....

ii. Are HIAs done as stand-alone assessments or are they integrated into other impact assessments?

Which ones? , EIA /..../, SIA, /..../, other/...../

iii. Is there legislation in place requiring the use of health impact assessment (HIA)?

Yes/.... / No /.... /

f. If an HIA is undertaken, who is the responsible authority,

MoH /..../, MoE/..../ or both /..../?

- g. If an HIA is required for a public policy or project (e.g. road development), who would conduct the HIA?
 - 1. Local experts /..../
 - 2. International consultants /..../

- h. Is stakeholder engagement required as part of the EIA and/or HIA?
 - Yes/.... / No /.... /

 - i. Is information disclosure required as part of the EIA and/or HIA?
 - Yes/.... / No /.... /

 - i. How is project or policy non-compliance with impact mitigation measures identified through the EIA and/or HIA monitored?

.....
 - j. By whom?:.....
 - k. Have there been any successful legal (civil) cases filed against industry or governments for environmental health damages? Yes/.... / No /.... /

If yes specify:.....

10. 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

- a. Are there national plans for advocacy and communication?
 - Yes/.... / No /.... /
 - i. if yes are any of these plans incorporating issues on health and environment linkages?
 - Yes/.... / No /.... /
 - ii. If yes, fill this table

Aspects incorporated	*Target audience	Partners involved in advocacy

* (Audience: The youth, Parliamentarians, Local governments, Education ministries, Civil society, Private sector and Others - specify)

- b. Identify possible opportunities to develop advocacy activities for
- i. The youth
 - ii. Parliamentarians
 - iii. Local governments
 - iv. Education ministries
 - v. Civil society
 - vi. Private sector
 - vii. Others

National plans for advocacy and communication	Aspects incorporated (Issues on health and environment linkages)	*Target audience	Partners involved in advocacy	Possible opportunities to develop advocacy activities

11. Achieving a balance in the allocation of national budgetary resources for intersectoral health-and-environment programmes.

Fill this table

Overall country budget	MOH budget for current fiscal year	MOE budget for current fiscal year	MOH budget for disease prevention		MOE budget for preservation of env.	
			Internal	External	Internal	External

a. For the ministry of health, please fill this table

Disease control programmes	budget for prevention	Budget for prevention & mitigation for environmental risk factors

a. For the ministry of environment

Health and Environment programmes/projects being funded by Ministry's budget	Overall programme budget	Government contribution funding

a. Make an inventory of ongoing governmental projects that address health and environment problems and that receive foreign aid including loans.

Project /programmes list	Funding/Responsible Minsitry	Programme focus area	Total budget	Government contribution	Total received	Expenditure rate
			0,00 €	0,00 €	0,00 €	0,00 €

b. Is there Intersectoral mechanism on environment and health, what is its budget for the current fiscal year? Yes/...../ No/...../

If yes, please fill the table

Is there HESA programmes funded by MOE	Current budget for HESA

ANNEX 2: GENERIC WORKPLAN FOR IMPLEMENTING THE SANA

Week	Milestones	Focal persons
Week 1	Setting up the CTT	MoH, MoE, WHO
	Appointment of focal persons	
	Selection of CTT members	
Week 2	Inception Meeting	MoH, MoE, WHO
	Logistical and Management arrangement	MoH, MoE, WHO
	Review of the SANA guide	CTT
	Training on the HELD	WHO
	Setting thematic groups	CTT
	Visit by international consultant	WHO
Week 3	Comprehensive inventory of data source	CTT
	Setting up data collection methods	
	CTT meeting 1	
Week 4	Retrieval of documents	CTT
	Make appointment for interviews	
	CTT meeting 2	
Week 5-8	Review of documents	CTT
	Interviews	
	Filling up of proforma	
	CTT weekly meetings (3,4 ,5&6)	
Week 9	Data entry	CTT
	Data cleansing	
	CTT weekly meeting 7	
	Data analysis including need assessment	CTT
	Drafting of SANA report	
	CTT weekly meeting 8	
Week 11	Prioritization meeting	CTT
Week 12	SANA report Draft 2 for consensus meeting	CTT

ANNEX 3: GENERIC BUDGET FOR SANA IMPLEMENTATION

Generic Budget Allocation			
Item	%	US\$	
National experts	50	25,000	
Support staff & assistants	10	5,000	
Meetings*	20	10,000	
Equipment & supplies	10	5,000	
Logistics & Communications	10	5,000	
	100	50,000	
*Inception, prioritization & consensus			