Government Gazette
Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 554 Pretoria, 3 August / Augustus 2011 No. 34499

CONTENTS • INHOUD

GENERAL NOTICE

NOTICE 517 OF 2011

NATIONAL DEPARTMENT OF HEALTH

INVITATION FOR PUBLIC COMMENTS ON THE NATIONAL ENVIRONMENTAL HEALTH POLICY

1. INVITATION

1.1 The National Department of Health invites interested parties to submit written comments on the draft National Environmental Health Policy, which is attached as Annexure A.

1.2 The comments on the draft policy must be submitted not later than 30 September 2011, marked for the attention of Ms APR Cele, and -

(a) if it is forwarded by post, be addressed to -
The Director: Environmental Health
Private Bag X 828
Pretoria
0001

(b) if delivered by hand, be delivered at -
Civitas Building
Room S0727 – South Tower
C/o Andries and Struben Street
Pretoria CBD
0001

(c) if it is delivered by e-mail, be e-mailed to CeleA@health.gov.za or helmc@health.gov.za

(d) if it is faxed, be faxed to 012 395 8802

1.3 For further information, please do not hesitate to contact Ms APR Cele at 012 395 8521 or Ms CS Boyiatjis at 012 395 8524.

2. BACKGROUND NOTE

2.1 This policy document serves as a broad guideline for the effective implementation and rendering of environmental health services in South Africa.

NATIONAL ENVIRONMENTAL HEALTH POLICY

health

Department:
Health
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

JUNE 2011

TABLE OF CONTENTS **Page**

PREAMBLE

Environmental health is a fundamental public health approach that affects the whole population and provides a foundation for modern living. Neglect of this service has resulted in an increase in diseases associated with environmental factors. In recent years a number of emerging and re-emerging diseases have been seen around the world and in South Africa in particular; this is largely due to a continued neglect of basic public health practices in general and environmental health services in particular. South Africa has both financial and technical resources to strengthen environmental health services as a critical programme of preventive and developmental primary healthcare services required to make a significant contribution to the Millennium Development Goals (MDGs), especially MDGs 4, 5, 6 and 7. The challenge has been that the country's health system has been focused more on the unsustainable, expensive and destructive curative health system. Compared with other African states with similar and smaller economies, South Africa has performed poorly in meeting the MDGs. With five years left before the target year of 2015, we have noted how far we are from meeting the goals, acknowledged our challenges and weaknesses and are returning to the basics. It is in the light of these challenges that the Department of Health has developed this policy.

The Department has signed national service delivery agreements with departments responsible for programmes related to environmental health, such as the DEA, Water Affairs, Cooperative Governance and Traditional Affairs, noting that environmental health aspects are highly dependent on the delivery successes of the above departments. Cooperation and collaboration with them is indispensable.

I acknowledge the work done by the Director-General and her team who developed this policy and the invaluable contributions made by the partners, professional bodies, provincial health departments and the municipalities.

I therefore present to you the National Environmental Health Policy.

DR A MOTSOALEDI
MINISTER OF HEALTH
DATE

PREFACE

Environmental health has gone through tremendous stages of evolution – politically, administratively and technically – since 1994. Most of these changes were based on the political changes that took place in the past two decades, when environmental health services were first rendered in the national and the then local municipalities and are now rendered within the provincial and the current district and metropolitan municipalities as demarcated. The shift of focus from a preventive to a curative health system also impacted negatively on the health status of the country, as people came to depend on the health system for their well-being rather than on themselves. The emerging and re-emerging environmental health risks due to climate change and other related aspects have also introduced various challenges to environmental health.

Environmental health issues and concerns in South Africa are multisectoral. Duplication of institutional functions and responsibilities existed, with unclear role definitions in some cases. The establishment of a health and environment strategic alliance for the implementation of the Libreville Declaration of 2008, which was endorsed in the Luanda commitments that ministries of health and of the environment in Africa made in November 2010, is indispensable if we are to achieve a focused collaboration and coordination, particularly to meet the MDGs. The signing of the Negotiated Service Delivery Agreement (NSDA) by the Minister of Health and departments involved in environmental health should be seen as an initiative towards implementing the Libreville Declaration, and this policy will reflect the Department's intent to engage technically with the relevant departments in this regard.

This policy document serves as a broad guideline for the effective implementation and rendering of environmental health services in South Africa. The Directorate: Environmental Health will further engage with the provinces, municipalities, relevant stakeholders and partners to develop an environmental health strategy document that will unpack the policy into operational activities for all spheres of government, looking specifically at all environmental health services as promulgated in the regulations that define the scope of the profession of environmental health. The strategy document will set strategies for putting the provisions of the ten-point plan and the negotiated national service delivery agreements into effect and will, from the environmental health point of view, help facilitate the implementation of the national health insurance and the achievement of the MDGs.

Further to this, the provinces and their municipalities will develop the Provincial Environmental and Municipal Health Services Management Plans (PEHSMP and MHSMP).

Finally, I wish to express my gratitude to all who have contributed to the production of this document. All health workers who participated, directly and indirectly, in this process are hereby acknowledged. As a department we thank all contributors at the national, provincial and local levels of health service delivery for their invaluable contributions.

Special thanks to my colleagues, the provincial heads of departments and municipal managers for allowing environmental health practitioners/managers to leave their stations to attend meetings that led to the development of this policy document. Our developmental partners, the World Health Organization (WHO) and the United Nations Environmental Programme (UNEP), are hereby acknowledged for their direct and indirect contributions to this process. The Danida Fund (of Denmark) that funded the project is also acknowledged.

Above all, I would like to thank all the health workers and professional bodies who have committed themselves to turning this environmental health policy into a reality for all people in the country, and in anticipation those who will positively contribute towards the first review of this policy in three years' time.

MS MP MATSOSO
DIRECTOR-GENERAL: HEALTH
DATE:

LIST OF ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ANC	African National Congress
CBD	Convention on Biological Diversity
DEA	Department of Environmental Affairs
DOH	Department of Health
DWA	Department Water Affairs
EHIA	Environmental Health Impact Assessment
EHP	Environmental Health Practitioner
EHS	Environmental Health Services
EIA	Environmental Impact Assessment
FCD Act	Foodstuffs, Cosmetics and Disinfectants Act
HACCP	Hazard Analysis of Critical Control Points
HIV	Human Immunodeficiency Virus
HPCSA	Health Professions Council of South Africa
IDP	Integrated Development Plan
IHR	International Health Regulations
ILO	International Labour Organisation
KAP	Knowledge, Attitude and Practices
MDG	Millennium Development Goal
MDR-TB	Multidrug-resistant Tuberculosis
MEC	Member of the Executive Council
MHS	Municipal Health Services
MINMEC	Ministers and Members of the Executive Council
MRC	Medical Research Council
NEPAD	New Partnership for Africa's Development
OAU	Organisation of African Unity
PHC	Primary Health Care
POP	Persistent Organic Pollutant
SADC	Southern African Development Community
SAIEH	South African Institute of Environmental Health
SDBIP	Service Delivery and Budget Implementation Plan
TB	Tuberculosis
UNEP	United Nations Environmental Programme

WHO	World Health Organization
WSSD	World Summit on Sustainable Development
XDR-TB	Extensively Drug-resistant Tuberculosis

DEFINITION OF TERMS

For the purpose of the National Environmental Health Policy, hereinafter referred to as the Policy:

communicable disease means communicable disease as defined in the National Health Act, 2003 (Act No. 61 of 2003);

Constitution means the Constitution of the Republic of South Africa, 1996;

environment means the surroundings within which humans exist and which are made up of:

(a) the land, water and atmosphere of the earth,
(b) micro-organisms, plant and animal life,
(c) any part or combination of (a) and (b) and the interrelationships among and between them, and
(d) the physical, chemical, aesthetic and cultural properties and conditions of the foregoing that influence human health and well-being;

environmental health practitioner means, subject to the provisions of the Health Professions Act, 1974 (Act No. 56 of 1974), any person registered as such with the Health Professions Council of South Africa and includes:

(a) environmental health practitioner,
(b) environmental health assistant,
(c) student environmental health practitioner,
(d) environmental health practitioner doing compulsory community service, and
(e) health officers described under the National Health Act, 2003.

environmental health services means the assessment, monitoring, correction, control and prevention of environmental factors that can adversely affect human health. These services include but are not limited to anticipation and identification of environmental health hazards and risks regarding:

(a) water quality monitoring,
(b) food control,
(c) waste management,

(d) surveillance of premises,
(e) communicable diseases control,
(f) vector control,
(g) environmental pollution control,
(h) disposal of the dead,
(i) chemical safety and noise control,
(j) port health,
(k) malaria control,
(l) hazardous substances control, and
(m) air quality management;

hazardous substance means any substance which may cause injury or ill-health to, or death of, human beings because of its toxic, corrosive, irritant, strongly sensitising or flammable nature or the generation of pressure thereby in certain circumstances. This includes hazardous chemical substances and substances such as solids, liquids, gases, aerosols or combinations thereof, but excludes hazardous electronic products;

health means a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity;

health nuisance means a situation or state of affairs that endangers life or health or adversely affects the well-being of a person or community;

health officer means any person appointed as a health officer under section 80 of the National Health Act, 2003, or designated as such in terms of that section;

health care provider means a person providing health services in terms of any law, including in terms of the following:

(a) Allied Health Professions Act, 1982 (Act No. 63 of 1982),
(b) Health Professions Act, 1974,
(c) Nursing Act, 2005,
(d) Pharmacy Act, 1974 (Act No. 53 of 1974), and
(e) Dental Technicians Act, 1979 (Act No. 19 of 1979);

health services means:

(a) health care services, including reproductive health care and emergency medical treatment, contemplated in section 27 of the Constitution,

(b) basic nutrition and basic health services contemplated in section 28(1)*(c)* of the constitution,

(c) medical treatment contemplated in section 35(2)*(e)* of the Constitution;

(d) municipal health services, and

(e) environmental health services;

Minister of Health means the Cabinet member responsible for health;

municipality has the meaning as defined in section 1 of the Local Government: Municipal Systems Act, 2000 (Act No. 32 of 2000);

municipal health services means municipal health services as defined in section 1 of the National Health Act, 2003;

Department means the Department of Health;

pollution means pollution as defined in section 1 of the National Environmental Management Act, 1998 (Act No. 107 of 1998);

premises means any building, structure or tent, together with the land on which it is situated and the adjoining land used in connection with it, and includes any land without any building, structure or tent and any vehicle, conveyance or ship;

provincial department means any provincial department responsible for health;

public health risk means a likelihood of an event that may adversely affect the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

recognised standard means guidelines and standards that are internationally and nationally recognised;

stakeholder means individuals and groups concerned with or affected by the environmental performance of an organisation;

vector means an insect or other animal that normally transports an infectious agent that constitutes a public health risk.

EXECUTIVE SUMMARY

Environmental health encompasses those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can affect the health of present and future generations adversely.

The national policy on environmental health services (EHS) reflects the government's intent as far as rendering EHS is concerned. It is subject to the broader National Health Policy, as set out in the White Paper on the Transformation of Health Services in South Africa, the National Health Act, 2003, and Regulation R. 698 of 26 June 2009 of the Health Professions Act, 1974.

Government recognises the importance of prevention across all areas of health care. Wherever possible the burden of ill-health and disability must be averted by preventive interventions. This is clearly indicated in the African National Congress's Health Plan and the White Paper on the Transformation of Health Services, as well as the Alma-Ata Declaration on primary health care, and it is the principle that forms the core of environmental health. Prevention strategies often need to address adverse environmental factors, as well as individual behaviour and lifestyle.

- Section 1 gives a contextual background of the policy and briefly shows the impact of EHS on the health of the people in Africa and in South Africa. It links the development of this policy to other policies.
- Section 2 sets out the purpose of this policy and reflects on the importance and necessity of having this policy. It further provides a detailed expression of the challenges that have prompted the development of this policy.
- Section 3 sets out the vision and mission of the policy.
- Section 4 provides policy goals and objectives.
- Section 5 defines the scope of applicability of the policy.
- Section 6 expresses principles and values that underpin the policy and need to be understood by the people that will be implementing the policy. It also clarifies who is bound by the policy or who will benefit from it.

- Section 7 sketches the international, regional and national context, referring to demographic features, disease patterns, and rights and obligations in terms of the Constitution and international agreements and addresses the six major environmental health risk areas.
- Section 8 deals with the legislative framework for environmental health. Special emphasis is placed on the Constitution, the National Health Act, 2003, and the scope of the profession of environmental health.
- Section 9 highlights the issues that face policy makers, managers and practitioners in the field of environmental health. These include the effective devolution of municipal health services, the transformation of training, the development of institutional arrangements, development of standardised systems, protocols, the integration of environmental management programmes and the effective engagement of the public, as well as the processes followed and the support systems to do proper monitoring and evaluation of the environmental health/municipal health service programme.
- In Section 10, the new approach to environmental health focuses on the shift from punitive law enforcement to a preventive and developmental approach, with law enforcement being a supportive instrument. Policy principles/criteria are set out in this section as a basis for evaluating the implementation of the policy and its principles.
- Section 11 lays the foundation for better integration of the work of many role players in government and in civil society to reduce the impact of illnesses related to environmental health.
- Section 12 defines the monitoring and evaluation process to be followed. It describes the mechanisms that are in place or should be put in place for monitoring and evaluating the policy implementation.
- Section 13 indicates areas where research is needed.
- Section 14 deals with the establishment of a national environmental health forum.
- Section 15 indicates when the policy will be assessed for its effectiveness and be reviewed if necessary.

SECTION 1: INTRODUCTION AND BACKGROUND

When the Libreville declaration was signed in 2008, it was based largely on the concern that 23% to 28% of deaths in Africa, estimated at over 2,4 million per annum, are attributed to avoidable environmental risk factors with a particular impact on the poorest and the most vulnerable groups and that the emergence of new environmental risks (climate change, industrial expansion and new technologies) poses new risks to public health.

South Africa's levels of poverty and inequality are expressed in terms of the ongoing unfair burden experienced by poor people as a result of environmental degradation. The World Health Organization (WHO) estimates that up to 70% of children who die in Africa die from diseases linked to environmental risk factors. According to the Medical Research Council (MRC), the health of poor urban people in South Africa is threatened more by environmental degradation caused by others than by their own lifestyle choices. The six major risk areas are inadequate access to safe drinking water, poor hygiene and sanitation, disease vectors, air pollution, chemical hazards and unintentional injuries.

South Africa's 284 municipalities span the entire country, both rural and urban. In this sense, the concurrent governance frameworks for environment and health apply uniformly throughout the country. Since the establishment of new municipalities in 2000, the legislative and institutional development focus has been on developing the necessary planning and financial frameworks and on enhancing the intragovernmental cooperation essential for effective functioning. In the field of environmental health, this process is ongoing and incomplete, which continues to impact adversely on EHS delivery.

The Department of Health (DOH) has entered the final stages of an era of health service transformation. This era began with the ANC's Health Plan and proceeded with the development of the District Health System. Central to the final achievement and sustainability of transformation in the health sector is government's ability to redefine – and, indeed, reinvent – the management of EHS.

Environmental health seeks to protect health by combating physical, chemical, biological and social threats in the environment. It is the most fundamental of public health approaches, affecting whole populations and providing a foundation for modern living. In

order to be proactive and prevent environmental hazards from diminishing quality of life, it is necessary to have a comprehensive national policy for environmental health.

Environmental health practice covers the assessment, correction, control and prevention of environmental factors that can adversely affect human health. It encompasses measures necessary to deal with issues such as environmental degradation and climate change and with hazards, including chemical exposure and contamination of air, water and food. Environmental health practice provides opportunities to enhance health by planning and developing health-promoting environments that contribute to better health outcomes.

SECTION 2: PURPOSE OF THE POLICY

Through this policy, the government aims to:

- Redress the historical imbalances in EHS development by identifying the service needs of the country as a whole and facilitating the expansion of services to address the needs of all people.
- Outline the services contained in the EHS.
- Promote intersectoral collaboration with stakeholders in the environmental and health fields.
- Ensure environmental justice by integrating environmental considerations with the social, political and development needs and rights of all individuals, communities and sectors.

This policy sets out the vision for environmental health, outlines the principles that underpin the policy and specifies government's strategic goals and objectives for environmental health in South Africa.

2.1 An environmental health policy – a necessity

Although the government has promulgated extensive legislation and regulations on health issues over the past years and some sectors of government have addressed threats to environmental and human health, a number of limitations have become clear in environmental health. These include:

- Lack of a strategic alliance on health and environment for the establishment of joint action plans to implement the national service delivery agreements and the Libreville declaration.
- Limits of environmental health impact management.
- Inadequate integration across government departments and the three spheres of government.
- Lack of adequate resources to provide environmental health services and legislation on environmental health.
- Inadequate consideration of local and global environmental health issues such as the International Health Regulations (IHR), agreements and declarations.
- Lack of standardisation in EHS delivery in the country.
- Lack of the implementation of international best practices in EHS delivery and increased dependency on providing services on an *ad hoc* basis. There is no risk assessment approach (with limited resources) that is outcomes based.
- Lack of coordination of appropriate and sufficient research in environmental health based on international, national and local environmental health priority issues.
- The establishment of various structures to initiate and facilitate environmental health issues without considering the regulations defining the scope of practice of the environmental health profession.

SECTION 3: VISION AND MISSION

3.1 Vision

Enhancement of environmental health to ensure accessible, caring and quality EHS.

3.2 Mission

To improve the health of the environment and the quality of life of all communities through sustainable, coordinated, integrated, comprehensive and proactive EHS in all spheres of government.

SECTION 4: POLICY GOAL AND OBJECTIVES

The overarching goal of the policy is to ensure, for everyone in South Africa, an environment that is not harmful to health and well-being.

The government has identified eight strategic objectives to support the integrated management of EHS in line with the ten-point plan. These objectives are interdependent and, because of the cross-sectoral nature of environmental health, implementing agencies must address all of them to be effective. These objectives are aimed at providing the strategic direction in the rendering of EHS, improving the quality of the service as well as contributing towards overhauling the health system and improving its management.

Objective 1: To monitor and reduce environmental health nuisances and related risks that could impact on the physical environment and human health.

Objective 2: To ensure an effective institutional capacity for rendering EHS.

Objective 3: To facilitate the finalisation of the devolution and consolidation of municipal health services (MHS).

Objective 4: To adopt a partnership approach with the purpose of facilitating holistic and integrated planning.

Objective 5: To promote community participation and development through empowerment in environmental health.

Objective 6: To develop and maintain an effective environmental health management information system.

Objective 7: To strengthen international cooperation.

Objective 8: To establish and maintain a strategic alliance on health and environment with relevant stakeholders and partners.

4.1 Planning process

- Municipal health plans should inform and be aligned with the Municipal Integrated Development Plans (IDPs) and subsequent Service Delivery and Budget Implementation Plans (SDBIP), District Integrated Development Plans and Provincial Plans.

- Metropolitan and district municipalities should develop municipal health plans and submit them as part of their IDPs and subsequent SDBIPs to the health district where the information will be collated into the District Health Plan.

Metropolitan and district municipalities should compile an annual environmental health status report and submit it to the provincial department of health for further submission to the DOH.

SECTION 5: SCOPE OF APPLICABILITY

This policy applies to all spheres of government, private institutions, individuals, communities and to all activities within the Republic of South Africa that impact on the environment and health. The implementation of this policy will be in line with Regulation 698 of 2009, which defines the scope of practice of the environmental health profession.

SECTION 6: POLICY PRINCIPLES

The overarching principles of this policy on environmental health are those that are contained in the Bill of Rights as enshrined in Chapter 2 of the Constitution and the White Paper on the Transformation of Health Services. In addition, the following principles specific to environmental health practice will also apply:

- The prevention of environmental hazards that may affect human health and the environment is at the centre of all environmental health action. Prevention may need to address both adverse environmental behaviour/practices and adverse health behaviour. Improved environments and healthier lifestyles will lead to better health for communities.
- Access to EHS is a basic human right of all, including those who are vulnerable.
- The *Batho Pele* principles must be clearly communicated, integrated and practised.
- Intersectoral collaboration and cooperative governance on issues affecting or impacting on the environment and human health must be encouraged and enforced through the establishment of the appropriate forums.

- Importers, producers, manufacturers, retailers, users and consumers must comply with national policies, standards and international agreements on environmental and human health issues.
- EHS must be based on the decentralised model of district health services for the promotion of equity, efficiency and effectiveness.
- The principles of the Local Agenda 21 and Healthy Cities approach must be complied with, so as to ensure integrated service rendering and the practical minimisation of any environmental health risk.
- Compliance with the principles contained in the White Paper on the Environmental Management Policy of South Africa must be ensured.
- All relevant legislation must be implemented.
- The risks of environmental health actions must be assessed be in order to identify the risks, quantify these risks, cost them out and implement appropriate corrective interventions.

SECTION 7: SETTING THE CONTEXT

7.1 International context

International concern about environmental health has increased in recent decades. This has taken place in the context of growing global concern about the environment itself and the sustainability of natural resources. The trend has been reflected in several major conferences on the environment and the "greening" of the public health movement.

The first of these, being a conference on the human environment, took place in Stockholm, Sweden, in 1972 (the Stockholm Convention). Twenty years later (1992) we witnessed the Earth Summit in Rio de Janeiro, Brazil, an unprecedented gathering of world leaders and civil society organisations (the Rio Declaration (Agenda 21)). The adoption of a number of Millennium Development Goals (MDGs) by the United Nations General Assembly in September 2000 was a significant event that challenged the global community to reduce the burden of diseases. These goals were reaffirmed in September 2002 at the World Summit on Sustainable Development (WSSD), which took place in Johannesburg and resulted in the Johannesburg Plan of Action, which committed participating countries to specific actions and targets.

Health issues featured prominently at both the Earth Summit and WSSD. They are also central to the MDGs adopted by the United Nations. Furthermore, the New Partnership for Africa's Development (NEPAD) has a detailed health strategy, and its environmental initiatives aim to achieve the MDGs as well as WSSD targets and priorities.

In 2008 the Libreville declaration, signed at the first Interministerial Conference on Health and Environment in Africa, reaffirmed the commitments of all declarations/agreements on health and the environment.

Lastly, the Luanda Commitments in November 2010 reached by the second Interministerial Conference on Health and Environment in Africa recommitted African states to the African health and environment commitments. In short, there has been renaissance in environmental health which is based on new evidence of the link between people and the environment.

7.1.1 International obligations and agreements

South Africa's integration into the global economy and the international political arena necessitates an improved environmental health management approach and systems. As a signatory to a range of international conventions, South Africa must develop the capacity to uphold the provisions to which the country has committed itself.

All international agreements on environmental issues have an impact on human health. However, the multilateral agreements listed below have particular significance in this regard:

- Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade.
- International Labour Organisation (ILO) Convention 13 on the Use of White Lead in Painting.
- ILO Convention 170 on Safety in the Use of Chemicals at Work.
- Vienna Convention on the Protection of the Ozone Layer.
- Montreal Protocol on Substances that Deplete the Ozone Layer.

- Basel Convention on the Control of Transboundary Movements of Hazardous Waste and their Disposal, and related protocol.
- Bamako Convention on the Ban of the Import into Africa and the Control of Transboundary Movement and Management of Hazardous Wastes within Africa. This was adopted by the Organisation of African Unity (OAU) on 30 January 1991, but is not yet in force.
- United Nations Framework Convention on Climate Change and the Kyoto Protocol.
- Stockholm Convention on Persistent Organic Pollutants (POPs).
- Convention on Biological Diversity.

7.2 National context

The South African Constitution of 1996, together with its amendments, provides a framework for cooperative governance among the various spheres of government and designates responsibility for various public services. The most pertinent fundamental right in the context of environmental health issues is the environmental right (section 24), which provides that everyone has the right to an environment that is not harmful to their health or well-being. On a secondary level is the next subsection, which refers to the rights "to have the environment protected, for the benefit of present and future generations, through reasonable legislative and other measures that prevent pollution and ecological degradation, promote conservation, and secure ecologically sustainable development and use of natural resources while promoting justifiable economic and social development."

Section 84 (i) of the Local Government: Municipal Structures Act, 1998 (Act No. 117 of 1998) assigns functions relating to Municipal Health to district municipalities. . Historically, the DOH, provincial departments of health as well as local authorities were responsible for functions relating to EHS. However, the new National Health Act, 2003, defines EHS as MHS with the exception of three functions, i.e. port health, malaria control and hazardous substances control, which are functions assigned to the provincial departments of health. Over and above the MHS functions and the 3 provincial functions, there are two (additional) EHS functions which are defined in the scope of practice for EH, R 698 of 2009 (as amended) , namely;

- Noise control, which may be dealt with as a municipal health service under pollution control.

- Radiation monitoring and control is dealt with as a provincial function.

With these pieces of legislation, allocation of powers and functions is clearer. The environmental health function rests with metropolitan and district municipalities and must be transferred to these structures of government. The Department of Cooperative Governance is the custodian of policies and legislation affecting local government, but the DOH is the custodian of health services, including functions at a municipal level.

Table 1: Number of functional environmental health practitioners (EHPs) per province and the norms for the ratio of EHP to population in all provinces, 2010 midyear figures

PROVINCE	POPULATION ESTIMATE	NUMBER OF EHPs BY MID 2010	CURRENT RATIO OF EHP TO POPULATION	GAP PER WHO NORM. 1:10 000	GAP PER NATIONAL NORM. 1:15 000
Eastern Cape	6 743 800	246	1: 27 414	428	204
Free State	2 824 500	87	1: 32 466	195	101
Gauteng	11 191 700	616	1: 18 168	503	130
KwaZulu-Natal	10 645 400	285	1: 37 252	780	425
Limpopo	5 439 600	253	1: 21 500	291	110
Mpumalanga	3 617 600	111	1: 32 591	251	130
North West	3 200 900	102	1: 31 381	218	111
Northern Cape	1 103 900	63	1: 17 522	47	10
Western Cape	5 223 900	304	1: 17 184	218	44
TOTAL	**49 991 300**	**2 067**	**1: 24 185**	**2 931**	**1 265**

7.2.1 South African demographics

According to Statistics South Africa (Stats SA), the population of South Africa is estimated at 49 991 300 in 2010, with a life expectancy of 53,3 years for males and 55,2 years for females. While still high, infant mortality has declined from an estimated 57 live births per 1 000 in 2001 to 47 per 1 000 live births in 2010. The above can be reduced considerably to narrow the gap to meet the MDGs through environmental health interventions.

South Africa is surrounded by other developing countries also faced with environmental health challenges. These problems include vector-borne diseases, such as malaria, and water-borne diseases, such as cholera. The volume of population movement across borders is a factor in the spread of these diseases in South Africa. The solutions lie in a

shared policy approach and coordinated effort with the neighbouring states to manage environmental health challenges.

The urban-rural contrast within South Africa presents a further challenge to EHS. It is in the rural areas that large numbers of people are exposed to risk through lack of access to potable water, sanitation and safe energy sources. EHS can assist through the application of appropriate technology to curtail these health threats and thereby to narrow the rural-urban gap, in line with the presidential rural development initiative.

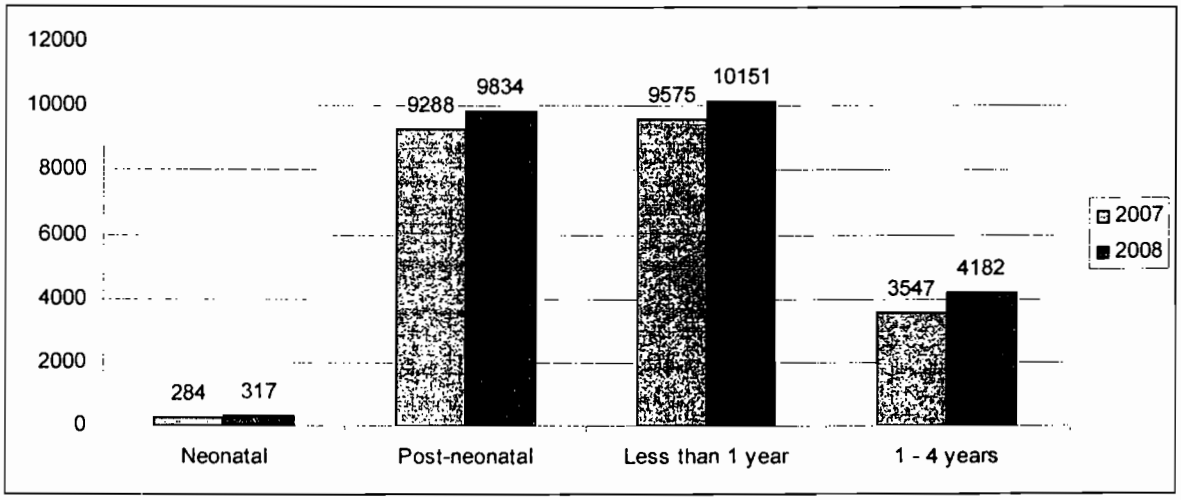
7.2.2 Diseases associated with environmental factors

An important aspect of environmental health practice is to reduce the incidence of illnesses that are related to the environment or environmentally induced.. Stronger focus should be placed on the health surveillance and the control and management of communicable diseases. Health surveillance is essential in Environmental health.

7.2.2.1 Water-borne diseases

The most significant water-borne diseases in South Africa are diarrhoeal diseases that may cause severe – even fatal – dehydration. Infectious intestinal diseases remain a significant cause of death in all age groups and are the top cause of death in children from birth up to the age of four years (Mortality and causes of death in South Africa, 2008: Findings from death notification, Stats SA 2010). In 2008, about 24 484 deaths were attributed to such diseases (317 – Neonatal, 9 834 – Post-neonatal, 10 151 – Less than one year, 4 182 – One to four years). The table below shows the increase of infectious intestinal diseases from 2007 to 2008.

Table 2: Infectious intestinal diseases: 2007 and 2008



Water-borne diseases are transmitted primarily through poor quality water. However, secondary transmission can occur through human contact, use of contaminated eating utensils, food, insects and contaminated soils.

Children under the age of five years are most susceptible to diarrhoea that is caused by lack of access to safe potable water, inadequate sanitation, poor hygiene, unsanitary living conditions and a lack of knowledge on how to avoid disease. International experience indicates that the incidence of water-borne diseases is approximately five times higher among children living in informal settlements than it is among children in formal urban areas with sanitation and water supply. The differential in terms of child mortality rates from diarrhoea may be as great as 500:1.

Schistosomiasis (bilharzia) is one of the neglected diseases that are endemic in six of the nine provinces of South Africa, namely Gauteng, KwaZulu-Natal, Limpopo, Mpumalanga, North West and Eastern Cape. Schistosomiasis can cause serious, long-term illnesses such as liver and renal failure, and therefore needs appropriate public health interventions.

The role of environmental health is critical to ensure that water-borne diseases are addressed and dealt with appropriately and without delays. Environmental health plays a pivotal role in coordinating the National Health and Hygiene Education Strategy related to water supply and sanitation services.

7.2.2.2 Acute respiratory tract infections

Illnesses such as bronchitis, pneumonia, asthma and emphysema occur more frequently in areas of poor housing where the quality of indoor air is also poor. Severe indoor air pollution occurs in homes with poor ventilation where families use wood or coal for cooking and heating. Smoke and small particles are readily breathed in. The development of moulds and other natural building syndromes are concerns of indoor environments which arise primarily in rural areas and urban informal settlements, whereas bacteriological conditions such as legionnaires' disease are common in rural formal and urban areas.

Legislative interventions include the regulation of the use of leaded petrol, and all motor fuels (diesel and petrol) will be required to contain less than 500 parts per million (ppm) of sulphur. The National Environmental Management: Air Quality Act, 2004 (Act No. 39 of 2004), requires of the Department of Environmental Affairs (DEA) to establish national norms and standards for ambient air quality, emissions, air quality monitoring and air quality information management, while the DOH is expected to develop guidelines on the management of indoor air quality.

7.2.2.3 Lung disease

Tuberculosis (TB) is a communicable disease that is exacerbated and spread by poor air quality, malnutrition, overcrowded living conditions and a lack of access to prompt and effective treatment. It mainly affects the poor. Approximately 401,048 cases of TB were diagnosed and notified in 2010. Of these, about 366,144 were new with 132,131 of them smear positive cases and therefore capable of spreading the disease to others. There is a general increase in the incidence of TB and multidrug and extensively drug-resistant TB (MDR-TB/XDR-TB), which may be attributed to various factors, including inadequate follow-up of contacts, high defaulter rates, poor indoor air quality, poor hygiene, overcrowding and lack of resources.

7.2.2.4 Vector-borne diseases

Vector-borne diseases that are of importance to South Africa because of the existence of the vector and the disease include malaria, Crimean-Congo haemorrhagic fever, Rift Valley fever, Chikungunya, yellow fever, plague, Lassa fever, Lujo virus (Arenavirus),

Ebola, Marburg and Sindbis. The vector-borne diseases that are endemic to South Africa are described briefly below.

(a) Malaria

Malaria is mainly transmitted along the border areas of South Africa. Malaria is endemic in three of the nine provinces of South Africa, viz. Limpopo, Mpumalanga and KwaZulu-Natal, and 10% of the population (approximately 4,9 million persons) is at risk of contracting the disease. Malaria transmission in South Africa is seasonal, with malaria cases starting to rise in October, peaking in January and February and waning towards May. Malaria cases in South Africa have been steadily declining over the past nine years. Between 2000 and 2008, morbidity was reduced by 88% (64 622 and 7 796 cases respectively) and mortality by 90% (458 and 46 deaths respectively).

(b) Yellow fever

Yellow fever is a vector-borne disease that is not endemic to South Africa. However, this disease poses threats in the country owing to the existence of mosquitoes (Aedes mosquito) that transmit the disease. In order to prevent the introduction of yellow fever, travellers from high-risk yellow fever countries or travellers who transited/stopped over in high-risk countries are obliged to produce a valid yellow fever vaccination certificate at the points of entry in all the provinces (in line with international health regulations). Environmental health practitioners (EHPs) need to ensure that the national yellow fever policy for South Africa is appropriately implemented at the points of entry in the country.

There is a need for strong collaboration between the Environmental Health Unit and the Malaria and Other Vector-Borne Diseases Unit to prevent and control vector-borne diseases in South Africa.

7.2.2.5 Food-borne diseases

The incidence of food-borne diseases appears minor compared with the more serious diseases related to the environment. This might be due to underreporting of food-borne diseases or it might indicate ineffective monitoring techniques. Consumers should be protected from foodstuffs that contain food additives that are in excess of the

recommended limits as contained in the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972) (the FCD Act), and Regulations.

Food contamination by pathogens or chemicals can lead to poisoning, intestinal infection or parasitic infection. Food becomes contaminated as a result of poor storage and cooking practices as well as contact with contaminants, including faecal matter. In the case of meat, the animal may have been diseased prior to its slaughter.

Since South Africa is fast becoming a major role player in both the Southern African Development Community (SADC) and in the global village, it is becoming more important to control the importing and exporting of foodstuffs. Therefore the enforcement of food legislation and the application of international regulations, i.e. IHR, Codex Alimentarius and Hazard Analysis of Critical Control Points (HACCP), are critical. Currently most EHS are doing *ad hoc* food quality control, e.g. sampling and education.

7.2.2.6 Chemical/pesticide poisoning

Hundreds of new chemicals are developed each year, but assessment of their possible long-term risk to health is not keeping pace with this rate of development. Concerns over biocides increases as people realise that many of their ingredients can cause allergies, initiate cancer and promote generic mutations and birth defects.

The most commonly used poisons in the home are insecticides. They are mostly nerve poisons and may cause cumulative damage to the nervous system and liver as well as cancer. Some common active ingredients include organochlorines, organophosphates, carbamates and pyrethroids. Most cases of human poisoning are caused by organophosphates, according to the data collected from provinces.

SECTION 8: LEGISLATIVE FRAMEWORK FOR ENVIRONMENTAL HEALTH SERVICES

This policy shall be implemented in line with the legislation listed below and any subsequent amendments thereto.

- Constitution of the Republic of South Africa, 1996
- National Health Act, 2003, read in conjunction with Act No. 63 of 1977
- National Environmental Management Act, 1998
- Foodstuffs, Cosmetics and Disinfectants Act, 1972
- Hazardous Substances Act, 1973 (Act No. 15 of 1973)
- Local Government: Municipal Structures Act, 1998
- KwaZulu-Natal Cemeteries and Crematoria Act, 1996 (Act No. 12 of 1996)
- National Environmental Management: Air Quality Act, 2004
- Water Services Act, 1997 (Act No. 108 of 1997)
- Tobacco Products Control Act, 1993 (Act No. 83 of 1993)
- Local Government: Municipal Systems Act, 2000
- International Health Regulations Act, 1974 (Act No. 28 of 1974)
- International Health Regulations (2005)
- Regulations defining the scope of the profession of health inspector: Annexure for scope of practice of environmental health practitioners published as GN R. 698 in GG 32334 of 26 June 2009
- Regulations made in terms of the above-mentioned Acts

The three baseline pieces of legislation are:

8.1 The Constitution

The Bill of Rights in the Constitution has a significant bearing on environmental health policy and the management of EHS. Section 24 of the Constitution provides that everyone has a right to an environment that is not harmful to their health or well-being; section 27 of the Constitution upholds the right of access to health care services, sufficient food and water. It envisages an equitable allocation of resources of an acceptable quality. As noted earlier in this document, the Constitution provides the legal basis for allocating powers to different spheres of government and is thus relevant to the institutional regulation of municipal health services as part of environmental health.

8.2 National Health Act, 2003

The National Health Act, 2003 was assented to by an Act of Parliament on 23 July 2004. This Act seeks to provide a framework for a structured uniform health system within South

Africa, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services. . This Act further defines various health rights and recognises MHS as part of EHS to be administered by metropolitan and district municipalities.

8.3 Scope of practice of environmental health practitioners

In June 2009 the Minister of Health has, in terms of the Health Professions Act, 1974, made the regulations defining the scope of practice of EHPs. These regulations (Regulation R. 698 of 26 June 2009) clearly spell out the functions of an EHP.

SECTION 9: ENVIRONMENTAL HEALTH SERVICES

EHS in South Africa are those services that encompass those aspects of human health, including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the environment. They also refer to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect the health of present and future generations adversely.

The DOH is responsible for:

- The overall management, monitoring and evaluation of EHS;
- Ensuring the implementation of national environmental health policy, issuing and promoting adherence to norms and standards on environmental health; and
- Facilitating the integration of the health plans of the DOH and provincial departments of health, as well as metropolitan and district municipalities.

In South Africa, EHS are further divided into:

(a) provincial EHS, which are provided directly by the provincial departments of health:
(b) malaria control;
(c) control of hazardous substances;
(d) port health services;

(e) management, monitoring and evaluation of EHS;
(f) ensuring the implementation of national environmental health policy, issuing and promoting adherence to norms and standards on environmental health;
(g) facilitating the integration of the health plans of the national and provincial departments as well as metropolitan and district municipalities; and
(h) environmental pollution control services.

Municipal health services provided by the metropolitan and district municipalities are:

(a) water quality monitoring;
(b) food control;
(c) waste management;
(d) health surveillance of premises;
(e) surveillance and prevention of communicable diseases, excluding immunisations;
(f) vector control;
(g) environmental pollution control;
(h) disposal of the dead; and
(i) chemical safety.

EHS should integrate strategies that protect the health of all citizens, including the women, children, the elderly, physically disabled and immune-compromised individuals, into their policies in order to promote the health and well-being in view of the MDGs.

It should also ensure equity in the provisioning of comprehensive EHS and implement the WHO ratio of 1 EHP: 10 000 persons.

As part of the wider historical pattern of social discrimination, political disenfranchisement and economic inequality, environmental health merely promoted inequity through focusing mainly on statutory responsibilities and the enforcement of Acts, regulations and bylaws. The potential for achieving a healthier environment through a developmental approach was not fully supported and explored. Consequently, the participation of affected groups and communities has not been a typical feature of environmental health initiatives; these initiatives left underdeveloped areas as they were, which in turn negatively affected

communities in these areas. It is noted that legislation should be put in place to effectively correct the situation.

Since 1994, the principle of equity has been the cornerstone of all public services, and developmental practice has been embraced in environmental health. Some specific interventions have the potential to contribute to equity in environmental health, namely:

- Environmental health impact assessments (EHIAs). EHPs working with affected communities must ensure that health aspects are fully addressed in all environmental impact assessments (EIAs), whether they are linked to new developments or to ongoing operations.
- Risk assessment and risk management.
- Use of best practice in the management of health care waste.
- Use of best available techniques to address pollution issues.
- Continual appropriate research on the implementation of policy, resource allocation and use, as well as availability of support systems such as databases from local level, and the availability and use of registers.
- Operations and practices complying with best practices. Some activities, such as sampling, inspections, and health and hygiene awareness and education, are still carried out on an *ad hoc* basis. There is a need to implement project management skills and practices in environmental health to ensure optimal use of resources. This is a prerequisite for a proper functional risk assessment and management system.

However, the effectiveness of all these approaches to improve equity depends on the adequate deployment and budgetary support of skilled EHPs and the level of engagement in affected communities. This also applies specifically to the environmental health management workforce, which must be properly trained and exposed to project management so that they can manage and direct the available resources properly.

9.1 Provincial environmental health services

The specific services remaining in the provincial departments of health are excluded from the definition of MHS. These include but are not limited to the following:

- Malaria control, which is done largely in Limpopo, Mpumalanga and KwaZulu-Natal - the malaria endemic areas of South Africa. North West Province also does malaria control to a limited extent;
- Hazardous substances control, which includes radiation monitoring and is done in all provinces;
- Port health services, a fast-growing special field of environmental health with an established policy, which are provided at all designated and/or commercial points of entry. All these services are financed through the normal health budget system of each provincial authority.

9.2 Municipal health services

The National Health Act, 2003, defines MHS and lists nine functions which are mainly known as EHS activities. The complete list of EHS functions is found in Regulation R. 698 of 26 June 2009 regarding the Scope of practice of environmental health practitioners as promulgated under the Health Professions Act, 1974. Noise pollution and air pollution control are local municipality functions according to the Municipal Demarcation Board's allocation of powers and functions between local municipalities and district municipalities.

The National Health Act, 2003, however, further excludes malaria control, port health and hazardous substances control, which will remain specific EHS functions together with the other listed provincial health services, and general functions that remain the responsibilities of the provinces. The devolution process of these services commenced in 2004, following a MINMEC decision, and the final date for the process to be finalised was July 2006. It is important to note that MHS are also part of the definition of health services as stipulated in the aforementioned Act; it remains the responsibility of the DOH to ensure implementation, provide guidelines and policies and to monitor services. MHS are therefore a DOH responsibility, like all health services as defined. On the other hand it is a local government function, which requires special coordination and integration.

South Africa's process of devolving governance functions to the local level has placed new and complex responsibilities for environmental health and management functions within the realm and responsibility of the EHP at a local level.

The funding for MHS from the National Treasury flows through the same channels as that of all metropolitan and district municipal funding. It is not financed through the channels that deal with other public health service funding, such as the DOH. Even with the primary health care (PHC) approach, allopathic medicine of the past (curative care) continues to dominate the health scene. The focus is mainly on the secondary level of PHC, which is diagnosing and treating existing diseases, instead of on the first level, which is primary prevention by supporting activities aimed at health promotion and disease prevention. This secondary level approach is, as the Ministry sees it, expensive, unsustainable and unreliable. It affects budgets and staff development of EHS/MHS negatively in all spheres of government.

Environmental and district/metropolitan health services delivery must be based on the developmental approach within the principles of sustainable development, as it affects the health of the people in South Africa.

9.3 Human resource development

9.3.1 Environmental health practitioners

There is a greater need to build the capacity of EHPs in their areas of responsibility and enhancing research. EHPs have the potential to play an important role in supporting the integration of primary and preventive healthcare measures into MHS, promoting understanding of good basic health and hygiene on the ground and among decision-makers in all sectors, focusing attention on the health impacts of service provision, and promoting integrated development planning.

9.3.2 Community service EHPs

The provincial offices as well as the metropolitan and district municipalities should allocate funding in the budget for a predetermined number of posts, office accommodation, equipment, transport and any other resources for community service EHPs. This category should not be included in the calculation of the national norm of 1 EHP: 15 000 people.

9.4 Training institutions and improved learning

The DOH aims to get the training institutions committed to standardising EHP training in order to ensure that all EHPs can be optimally used. This will assist monitoring and evaluation of EHS and further enhance the professional status of EHPs. EHS senior management should be continuously consulted when environmental health modules or curricula are structured, as was done before the amalgamation of the training institutions.

As the scope of environmental health practice becomes broader, there is a need to change training curricula for new practitioners and to ensure that existing practitioners have the opportunity to acquire additional skills. Research conducted by universities in the field of environmental health should assist with identifying gaps in EHS delivery, make recommendations on addressing gaps and provide policy directions.

All training, including a structured system for developing the skills of existing practitioners, must comply with the National Qualifications Framework (as managed by the South African Qualifications Authority) and the requirements of the Health Professions Council of South Africa (HPCSA).

It is important that the core competencies achieved during training should equip EHPs to play their more traditional role as well as to address emerging challenges. This will influence the programme to improve the mobility of EHPs, and enhance training and knowledge.

A compulsory experiential learning component should be maintained as part of the programme. Work integrated or experiential learning is reliant on the close collaboration between training institutions and industry (students training at abattoirs, factories and municipal services). The above collaboration on learnership fostering should enable the training institutions and industry to access SETA funding. One should also initiate a mentoring programme for EHPs to attract more functional EHPs in the field to get involved in the training programme of EHPs in the same way as government is supporting the training of other professions such as doctors and nurses.

9.5 Institutional arrangements

Fragmentation and overlapping of services across various departments, the uncertainties and delays regarding the implementation of changes required according to the National Health Act, 2003, insufficient resources, a curative care-driven health system, lack of standardisation in environmental health, a lack of support systems, outdated/inappropriate legislation and lack of leadership in all spheres of government contribute to poor service delivery in the area of environmental health.

Coordination and formal interaction between the DOH and relevant government agencies and parastatal organisations must be expanded and strengthened. Intersectoral cooperation and community participation are currently weak and need to be developed at various levels.

9.6 Planning of human settlements (strategy)

DOH policies need to promote safe housing and a safe residential environment. A specific project on energy saving efficiency in buildings and human settlements and the impact it has on human health has been launched by the Department.

In 2002, 74% of total energy consumption in South Africa came from coal. Because coal is a highly carbon-intensive fossil fuel, over-reliance on it for energy needs can have negative environmental impacts, which includes air pollution, owing to coal combustion, groundwater pollution owing to mining, climate change and disruption of ecosystems. Although electrification has increased to reach most rural settlements and the new low-cost and other RDP houses are electrified on development; , some people still rely on alternative sources for cooking (carbon-intensive fuels).

Environmental health related legislation should be amended to take into account the health issues of residential planning. Factors such as overcrowding, ventilation, sanitation, air pollution and safe energy also need to be addressed extensively.

The serious issue of environmental justice needs to be addressed. Issues caused by past poor planning, the creation of noxious industries near human settlements, the location of waste disposal sites and the establishment of sewerage works are some of these issues.

Proper environmental management plans need to be put in place to mitigate these impacts and address the issues of environmental injustices from the past.

9.7 Protecting children

Children have very limited capacity to make decisions about their environment and their health. Therefore the health of children must be protected by their families, communities and governments – and this environmental health policy must facilitate such protection.

They have limited ability to recognise risk – for example, the risk associated with fire, water and electricity. Children are often more exposed to environmental hazards because of behaviours such as crawling, exploration, outdoor play, and hand-to-mouth transfer of foods and other substances, which can result in the ingestion of contaminants.

The Department has embarked on a national programme – Healthy Environments for Children – which targets all environmental programmes that are specific to children in schools, play areas and households; it needs to be strengthened in provinces and local government. This policy recognises the susceptibility of children to environmental health problems.

SECTION 10: APPROACHES TO ENVIRONMENTAL HEALTH

10.1 Enforcement and compliance

It is recognised that fair and effective enforcement of prescripts is essential to protect the health and interest of residents, businesses and visitors. EHS form part of the first level of PHC, promoting primary preventive measures to prevent diseases as per the scope of practice of EHPs.

Principles of enforcement and compliance

(a) The environmental health component at both the provincial and local government level should formulate enforcement and compliance policies that

seek to regulate and ensure compliance with various forms of legislation, e.g. bylaws, or provincial policy, to achieve the aim of prevention.

(b) The principles of legislation enforcement and policy compliance should be based on the level of risk, prevailing external and internal conditions, infringement of human rights and impact on the environment.

(c) Only EHPs qualified and registered with the HPCSA as such may be authorised to undertake enforcement action.

(d) All EHPs should be authorised/appointed in accordance with their qualifications, experience and competency, and registered with the HPCSA as EHPs for independent practice and their gazetted scope of practice.

(e) In undertaking the enforcement activities, EHPs should be fair, independent and objective.

(f) Authorisation of metropolitan and district municipalities EHPs should be done in accordance with the relevant legislation.

(g) The decision to enforce legislation compliance must not be influenced by the ethnic or national origin, gender, religious beliefs, political views or sexual orientation of the suspect, victim, witness or offender.

10.2 Authorisation of EHPs with regard to matters of environmental health

For proper enforcement of this policy:

(a) EHPs in the national, provincial and local government spheres must be appointed as health officers (EHPs) in terms of section 80 of the National Health Act, 2003. The EHPs should carry out duties as stipulated under sections 81 to 89 of this Act.

(b) Port health officers should be assigned in terms of section 35(1) of the International Health Regulations Act, 1974, and the Supplementary Health Regulations of 2003 or any subsequent amending legislation and be authorised to perform duties imposed on a port health officer by the IHR.

(c) The MEC of Health and the mayors of the metropolitan and district municipalities should appoint provincial and municipal EHPs as health officers in writing to carry out day-to-day enforcement activities of the legislation governing environmental health services. This can be delegated to the head of department or municipal manager.

(d) All EHPs should be authorised in terms of the National Health Act or other applicable acts to enforce the relevant legislation.

10.3 Policy criteria

Policy criteria are norms for evaluating the implementation of the policy principles. The following are the criteria that will be used to evaluate the degree of adherence to the National Environmental Health Policy:

- **Accessibility:** Environmental health management systems and information must be accessible to all agencies of government and sectors of civil society.
- **Clarity:** Legislation on environmental health service management, including regulatory instruments (such as norms and standards), will be drafted in an unambiguous manner and be accessible to all sectors of society.
- **Enforceability:** Effective legislation with enforcement mechanisms will support this policy.
- **Role of women:** Programmes and interventions will recognise the role that women can play in transforming society and building capacity in relation to environmental health.
- **Transparency:** Reasons for all decisions on environmental health will be recorded and made available for public scrutiny at national, provincial and local level.
- **Capacity building:** Resources must be provided in all spheres of government to build capacity in both government and civil society at national, provincial and local level.
- **Equity:** There must be an equitable distribution of resources to implement and enforce the policy as well as equity of services to ensure that all areas are covered and do have access to EHS/MHS.
- **Mainstreaming environmental health:** Environmental health principles and strategies must be included in all relevant legislation and the inclusion of issues surrounding HIV and AIDS, women and the disabled must be included in environmental health policies, programmes and activities where possible.

SECTION 11: GOVERNANCE AND ROLE DEFINITION

The Constitution requires the legislative and executive authorities of different spheres of government to operate within a framework of cooperative governance. National and

provincial governments have some concurrent and some exclusive powers for managing the environment and health services. The Constitution also sets out how national and provincial government should regulate certain environmental functions of local government.

Functional areas of concurrent national and provincial legislative competence regarding environmental health are disaster management, environment, health services, housing, pollution control, regional planning and development, and urban and rural development.

Also included in the list of concurrent functions is the regulation of the following local government matters: air pollution, child care facilities, municipal health services, building regulations, municipal airports, municipal public transport, and water and sanitation services.

The functional areas of *exclusive provincial* legislative competence regarding environmental health are provincial recreation and amenities, and the regulation of the following *local government* matters: cleansing, control of public nuisances, noise pollution, refuse removal, refuse waste disposal sites and solid waste disposal, cemeteries, funeral parlours and crematoria, municipal abattoirs, street trading, facilities for the accommodation, care and burial of animals, pounds, public places and markets.

11.1 National government

To ensure coordination between the DOH, other departments and organs of state that exercise environmental health functions, it is appropriate to establish formal working arrangements. These will ensure that functions are exercised efficiently, without duplication, in a cooperative and mutually supportive manner. An underlying principle of governance is the devolution of responsibility to the most appropriate sphere of government.

11.2 Department of Health

The DOH is the lead agent for health services. However, other departments play a major role in relation to environmental health.

The DOH holds overall responsibility for environmental health in South Africa. It will, therefore, establish guidelines, policies, strategies, mechanisms and structures to ensure that activities undertaken by other media and sector managers are coordinated, uniform and effective. As the custodian of health services, including environmental health, the DOH is responsible for the following:

- Development of policy, strategy and legislation;
- Coordination of service delivery;
- Dissemination of information;
- Monitoring, auditing and reviewing performance;
- Capacity building and evaluation;
- Strengthening of research and development; and
- International and national relations.

11.3 Other government departments

Current legislation identifies a range of government departments that have some responsibilities related to the environment and human health. In order to fulfil these responsibilities as sector managers, the relevant government departments will:

- Ensure compliance with relevant legislation, norms and standards, and policy;
- Build institutional capacity; and
- Facilitate public participation.

The list below identifies some of these departments and briefly outlines relevant responsibilities.

11.3.1 Department of Water Affairs

The Department of Water Affairs (DWA) has overall responsibility for the management of water resources and for water sector policy, which covers both resources and services. Its functions include the development and revision of policies, oversight of all legislation affecting the water sector, setting of norms and standards, and development of national strategies. The DWA also has a significant regulatory role. It monitors performance within the sector with regard to activities that have an impact on the environment and on water

quality. The Environmental Health Strategy document will contain these specified activities.

The White Paper on Household Sanitation specifies that health promotion is an essential component of sanitation programmes. The DWA's role is to monitor the impact of the health and hygiene promotion in sanitation programmes. It is also responsible for information systems on aspects of environmental management that are relevant to planning, supporting service delivery, and monitoring and regulating the water sector. The DWA gives support to water services and related institutions. It is authorised to make regulatory interventions to ensure compliance. The Strategic Framework for Water Services also specifies responsibilities of the DOH.

11.3.2 Department of Environmental Affairs

The environmental health responsibilities of the DEA are in the areas of integrated waste management, pollution control and environmental education. It has overall responsibility for environmental matters.

11.3.3 Department of Agriculture, Forestry and Fisheries

The Department of Agriculture, Forestry and Fisheries regulates fertilisers, animal feeds, agricultural remedies and stock remedies. The intention of the applicable legislation is to ensure that products registered under the relevant Act are used for their intended function with minimum harm to human health and the environment. One should highlight meat safety issues that are regulated by agriculture, but affect local government performance when looking at pollution control and food distribution. Milk control is another issue subject to this dual regulation/control.

11.3.4 Department of Transport

The relevant responsibilities of the Department of Transport are the safety of various modes of transport, reduction of environmental impact of transport, improvement in air quality through transport-related interventions and the transportation of hazardous substances. It is also involved in the importation and exportation of consignments relating to environmental health (port health) through all points of entry.

11.3.5 Department of Energy

This Department is charged with contributing to sustainable development and growth through minerals and energy resources, with ensuring industry compliance with environmental health and safety standards, occupational health and safety and environmental management systems.

11.3.6 Department of Human Settlements

The Department of Human Settlements is responsible for establishing and facilitating sustainable processes that provide equitable access to adequate housing, based on integrated development planning.

11.3.7 Department of Correctional Services

The Department of Correctional Services is responsible for providing adequate accommodation for prison inmates and for complying with standards in relation to environmental health, food safety, water and sanitation, and vectors. It extends EHS provision to prisoners through various environmental health-related programmes.

11.3.8. Departments of Cooperative Governance and Traditional Affairs

The Departments of Corporative Governance and Traditional Affairs have a responsibility to support local governments in fulfilling their constitutional and legal obligations. MHS form part of local government's constitutional mandate.

11.4 Provincial and local government

Provincial and local government will operate within the framework of this policy. Municipalities and provincial governments will both play an important role in implementing national strategies relating to their environmental health functions as specified in the National Health Act, 2003. Where appropriate, they will develop their own legislation and implementation strategies to meet their specific needs within the framework of this policy.

Provincial EHS will focus on port health services, malaria control, control of hazardous substances, coordinating interventions where a crisis (such as an outbreak of disease) poses a regional health risk, providing support on environmental health to municipalities and monitoring compliance with legislation.

In terms of the Constitution, section 155(6)*(a)* and *(b)*, provinces have a legal obligation to provide a monitoring and support role to local government and to promote the development of local government capacity in order to enable municipalities to perform their functions and manage their own affairs. In addition they will:

- Formulate and implement provincial policy, norms and standards;
- Contribute to interprovincial coordination and collaboration;
- Ensure research, planning, coordination, monitoring and evaluation of EHS;
- Ensure that nationally delegated functions are carried out;
- Ensure appropriate human resource management and development; and
- Provide occupational hygiene services.

Metropolitan and district municipalities will be responsible for:

- Compliance monitoring of water quality and availability – including water sampling and testing and mapping of water resources in relation to pollution and contamination – and protection of water sources;
- Implementing environmental health promotion and hygiene awareness and education campaigns;
- Monitoring food safety and hygiene;
- Monitoring waste management, waste disposal and general hygiene and advocating sanitary practices;
- Conducting surveillance at designated premises;
- Monitoring the control of communicable diseases and those related to environmental health;
- Ensuring the control and monitoring of vectors;
- Monitoring of environmental pollution, including air pollution;
- Monitoring and ensuring the control of safe disposal of the dead;
- Monitoring and control of radiation and safe energy use;

- Chemical safety; and
- Noise control.

11.5 Civil society

All members of society contribute to the creation of environmental health hazards and should therefore be part of the solution to the health problems that result from this. Mechanisms to increase the awareness of individuals and organisations to environmental health challenges and the benefits of sound environmental health management will form part of the national strategy. All sectors of civil society have a role to play in environmental health management. The potential contribution of some significant sectors is indicated below.

11.6 Business and industry

Good environmental health practice is integral to the viability and competitiveness of industry. Government will recognise the role that business and industry can play in enhancing environmental health by:

- Facilitating access to available information to enable them to participate on the basis of knowledge and expertise;
- Recognising their status as stakeholders in environmental health issues;
- Ensuring meaningful participation; and
- Encouraging voluntary initiatives to continually improve performance in environmental health management.

11.7 Organised labour

Workers tend to be in the front line when it comes to environmental health problems and exposure to hazardous environments. Therefore government will recognise the role of the labour sector by:

- Facilitating full access to information to enable them to participate on the basis of knowledge and expertise;
- Recognising their status in environmental health management issues; and

- Facilitating their involvement in national and international processes regarding environmental health management.

11.8 Community-based organisations

Community-based organisations must have access to environmental health management decision-making and local information. Mechanisms and capacity building to ensure their participation will be coordinated and developed by the DOH. Government will recognise the role of communities by:

- Facilitating full access to information to enable them to participate on the basis of knowledge and expertise;
- Recognising their status as stakeholders in environmental health issues; and
- Ensuring participation.

11.9 Non-governmental organisations

Non-governmental organisations have been instrumental in creating increased public awareness of environmental issues, although they have engaged with environmental health issues in only a limited way. Government will acknowledge their role by:

- Ensuring participation;
- Capacity building;
- Recognising their status as stakeholders; and
- Ensuring full access to information to enable them to participate on the basis of knowledge and expertise.

11.10 Professional institutions and supporting organisations

Professional institutions such as HPCSA and the South African Institute of Environmental Health (SAIEH) represent environmental health professionals and are responsible for increasing public and government awareness of environmental health matters. They play a pivotal role in ensuring that communities receive quality EHS through continued professional development and monitoring of their members and training institutions and agencies. Government will acknowledge their role by:

- Regular consultation;
- Ensuring participation;
- Capacity building and support;
- Recognising their status as stakeholders in environmental health issues;
- Ensuring full access to information to enable them to participate on the basis of knowledge and expertise;
- Involving them in research and development; and
- Jointly hosting conferences and workshops to bring best practices in environmental health to South Africa.

SECTION 12: MONITORING AND EVALUATION

The DOH will, in all spheres of government, undertake monitoring and evaluation to ensure compliance with set strategies and targets on an ongoing basis. The National Environmental Health Indicator Dataset will be used to conduct monitoring and evaluation. Each entity in the three spheres of government must within their reporting structure produce an annual report on the state of environmental health. In addition to the above-mentioned monitoring and evaluation system, a knowledge, attitude and practices (KAP) study will be done every three years to address specific issues to monitor the impact of services. Evaluation will be done in such a way that needs and gaps are identified and corrective interventions implemented.

Special attention will be paid to building capacity and proper communication between the DOH and the various provinces where appropriate.

The DOH must consider specific strategies that will enable it to carry out its own functions. These include capacity building, working with existing structures, developing environmental health promotion, intersectoral collaboration, and managing an information system that includes all aspects of MHS and port health services. This information system should be standardised countrywide in order to accommodate all provinces and ensure uniformity.

The implementation of this policy is hugely dependent on effective budget allocations, access and arrangements.

12.1 Data collection and monitoring

- In terms of the Constitution, section 155(6)*(a)* and *(b)*, provinces have a legal obligation to provide a monitoring and support role to local government and to promote the development of local government capacity to enable municipalities to perform their functions and manage their own affairs.
- It is therefore expected of each provincial department of health to monitor MHS rendered by local government through metropolitan and district municipalities.
- The metropolitan and district municipalities must submit quarterly reports on national environmental health matters through the district information officers, which information will be captured on the National Health Information System.

12.2 Data management

- The information collected will be per local area and all the collected data will be aggregated into the district environmental health data.
- The municipal manager will then be required to sign off the data before it is forwarded to the district information officers for capturing.
- For proper management of data, all MHS information should be integrated into the district health information reporting system.
- It is also a requirement that each provincial department of health should interrogate the data, and were discrepancies exist there should be feedback to the metropolitan and district municipalities.
- The DOH is also expected to provide feedback to provinces and local government on data management.

SECTION 13: RESEARCH AND DEVELOPMENT

In order to meet the challenges of the new millennium, policy development and decision making on environmental health need to be supported by applied and basic research. This research should be aimed at developing appropriate technologies and methodologies to

assist the development of management strategies and identify and propose mitigation of emerging hazards. The government will encourage civil society organisations, professional associations and academics to establish and participate in research programmes aimed at informing their members on important environmental health issues. Government and civil society will benefit through research and training in environmental health science. Emphasis will be placed on the training and skills development of members of previously disadvantaged groups. The government will assist people to act in an informed manner by:

- Promoting sound scientific research and monitoring;
- Recognising local knowledge and information; and
- Encouraging access to information and legislation.

The human resource development programme of the DOH will be adjusted on a regular basis to focus on the new policy priorities. The Department will establish links with tertiary education facilities and other training institutions to ensure that training of EHPs is appropriate to the new direction contained in this policy.

SECTION 14: ENVIRONMENTAL HEALTH FORUMS

The DOH will establish a National Environmental Health Forum and support the establishment of provincial and district environmental health forums.

Committees/task teams should also be formed that will address specific issues emanating from the forum. The forum must advise the Minister on environmental health issues.

SECTION 15: POLICY REVIEW

This policy will be reviewed after three years.