

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF HEALTH

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ENVIRONMENTAL MANAGEMENT PLAN

**AS REQUIRED BY
SECTION 11(2) OF THE
NATIONAL ENVIRONMENTAL MANAGEMENT ACT 1998
(ACT 107 OF 1998)**

**THIRD EDITION
2015-2020**

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GLOSSARY OF ABBREVIATIONS

ACSA	Airports Company South Africa
AIDS	Acquired Immuno Deficiency Syndrome
AMR	Antimicrobial Resistance
BOCCC	Boarder Control Coordination Company
CDC	Communicable Diseases Control
CSIR	Centre for Scientific and Industrial Research
DOH	Department of Health
DDT	Dichloro diphenyl chloro ethane
DMR	Department of Mineral Resources
DEA	Department of Environmental Affairs
DAFF	Department of Agriculture, Fisheries and Forestry
DWS	Department of Water and Sanitation
DHS	Department of Human Settlements
EH	Environmental Health
EIA	Environmental Impact Assessment
EHIA	Environmental Health Impact Assessment
EMP	Environmental Management Plan
EMS	Emergency Medical Services
HCRW	Health Care Risk Waste
HIV	Human Immuno Virus
HSA	Hazardous Substances Act, 1973 (Act 15 of 1973)
IHR	International Health Regulations 2005
IRS	Indoor Residual Spraying
ISHP	Integrated School Health programme
MHS	Municipal Health Services
NCCM	National Committee on Chemicals Management
MOU	Memorandum of Understanding
MNORT	Medical National Outbreak Response Team
MRC	Medical Research Commission
NCCRP	National Climate Change Response Policy
NEMA	National Environmental Management Act, 1998 (Act 107 of 1998)
NDOH	National Department of Health

NHA	National Health Act, 2003 (Act 61 of 2003)
NHC	National Health Council
NSST	National Sanitation Task Team
UNICEF	United National Children's Fund
SANS	South African National Standards
SABS	South African Bureau Services
SAHPRA	South African Health Product Regulatory Authority
TB	Tuberculosis
UNFCC	United Nations Framework Convention on Climate Change
WASH	Water, Sanitation and Hygiene
WHO	World Health Organisation
XDR-TB	Extreme- Drug Resistant Tuberculosis

SECTION 1:

INTRODUCTION

1. Background

The development of this Environmental Management Plan (EMP) is done in fulfilling the legislative requirement of Chapter 3, Section 11(2) of the National Environmental Management Act (NEMA), 1998 (Act 107 of 1998) which states "that "Every National Department listed in schedule 2 of NEMA as exercising functions involving management of the environment must prepare an environmental management plan within one year of the promulgation of NEMA and at least every four year thereafter". The National Department of Health is one of the National Departments listed in Schedule 2 of the NEMA, as exercising functions that involve the management of the environment. Following amendments to the NEMA the reporting cycle for EMPs was reviewed from 4 to 5 years in order to align to the Medium Term Strategic Framework (MTSF) planning cycle. This plan represents the Third Edition EMP of the National Department of Health for the period 2014-2019, following the 1st Edition EMP that was published in the Government Gazette on 19 December 2003, thereafter reviewed by the 2nd Edition EMP which was published on 25 November 2009.

DOH has strived to comply with the requirements of Chapter 3 of NEMA by developing and publishing required EMPs, however the driving force behind the preceding EMP Editions was mainly for compliance purposes, particularly with the 1st Edition. The implementation of the commitments set within the 1st and 2nd Edition EMPs was lagging. The 2nd Edition EMP, largely addressed environmental management functions of the DOH and their implementation, however it mainly focused on environmental health functions and not representative of all DOH Environmental Management functions of DOH. As a result plans, programmes and policies of DOH to address negative environmental impacting activities associated with health care services were lacking. Nevertheless the EMPs contributed chiefly to ensuring that DOH focus its efforts towards strengthening cooperation and collaboration with other relevant sectors on matters that may affect the environment and human health and to strengthening of existing week internal cooperation on matters of environmental management within DOH in all spheres of government. The preceding EMP also to a large extent assisted DOH to identify and highlight those activities within DOH that greatly contribute to climate change impacts and for which mitigation commitments must be strengthened to address possible negative impacts on the environment.

This 3rd Edition EMP therefore, comes at a point where DOH is fully aware of its mandate in relation to environmental management, its role in mitigating and ensuring adaptation to climate change effects, and the need for it to strengthen collaboration and cooperation with other organs of state to ensure that human health and to ensure that human health aspects are integrated in policies, plans and programme of other organs of state for protection of human health. Hence this Third Edition EMP therefore aims to ensure that DOH strengthens its linkages with other sectors to ensure the protection of human health and a multi-sectoral approach on issues affecting the social determinants of health, strengthen its participation on climate change matters, adopts environmental sound options in provision of health care services to ensure reduction of health sector carbon footprint, and furthermore to strengthen its environmental management functions to ensure the protection of human health by strengthening health legislation, health programmes and putting in place health plans to ensure that the environment is protected for current and future generations.

1.1 National context

Despite good policy and relatively high spending as a proportion of Gross Domestic Product (GPD), the performance of the country's health system has been struggling since 1994 and the country's health sector is still faced with various health challenges. South Africa is facing a quadruple burden of disease, consisting of HIV/AIDS and TB, High Maternal and Child mortality, non-communicable diseases and violence and injuries. Furthermore, diarrhoea and respiratory diseases are still amongst the top causes of death in the country, and Malaria, although being eradicated in most of the provinces, is still a problem in some parts of the country. In addition, it has been reported that South Africa is underestimating its own burden of disease emanating from environmental factors.

The World Health Organisation (WHO) estimates that up to 70% of childhood deaths in Africa are attributable to environmental risk factors and 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 it is by their own lifestyle choices. The contributing factors to environmental related diseases in South Africa include poor hygiene and sanitation practices due to lack of adequate sanitation facilities, poor management of waste, pollution of water and contaminated ambient and indoor air.

The effects of climate change are becoming a global problem that needs to be given careful consideration as the result thereof has large impact on emerging and re-emerging environmental

factors to public health. Human beings are directly exposed to the negative impacts of climate change through extreme weather events, such as droughts, rising sea levels, floods, cyclones and hurricanes, and indirectly through weather and climate related impacts on food, water, air, infrastructure, agriculture, ecosystems and livelihoods. These impacts may lead to malnutrition, impacts on child growth and development, injury and diseases due to heat waves, floods, fires, an increased burden of water-borne, water-washed and food-borne and vector-borne diseases, and other infectious diseases.

Population health is a primary goal for sustainable development; therefore health cannot by any means be divorced from environmental management as the two concepts are intimately interconnected, and although government has promulgated extensive legislation to address the threats to the environment and health, a number of limitations still exist in environmental health, particularly because environment and health related issues in the country are fragmented and hence administered by various government departments and spheres of government.

1.2 Purpose of the EMP

Section 12 of Chapter 3 of NEMA outlines the purpose and objects of the EMP, which include to:

- give effect to the principles of co-operative governance outlined in Chapter 3 of the Constitution;
- secure the protection of the environment across the country as a whole;
- monitor the achievement, promotion and protection of a sustainable environment by coordinating and harmonising environmental policies, plans and programmes and decisions; as well as
- prevent unreasonable actions by provinces in respect of the environment in order to minimise duplication of procedure and functions and to promote consistency in the exercise of functions.

The DOH EMP therefore aims to:

- promote the establishment of mechanisms for effective co-operative governance in relation to departmental functions that relate to the management of the environment with other relevant stakeholders and organs of state;
- strengthen compliance of DOH to environmental management prescripts in provision of health services;

- ensure that the provision of health services adheres to procedures the principles of NEMA to contribute to environmental sustainability;
- establish mechanisms to strengthen collaboration and cooperation with sector departments in order to ensure the design of their services, policies and plans takes into account human health considerations;
- contribute to sustainable development in the provision of health services; and

In meeting the requirements of Chapter 3 of the NEMA, this 3rd Edition EMP aim to highlight plans, policies and programmes in relation to DOHs environmental management functions and further outlines those activities of the DOH that has potential to impact negatively on the environment if not properly managed, through the identification, prediction and assessment of all potential and actual environmental impacts, thereby seeking feasible alternatives in promotion of environmental sustainability.

In terms of legislation, this document is required to provide the following:

- Description of the functions of the DOH in respect of the environment;
- Description of environmental norms and standards, including norms and standards contemplated in section 146(2)(b)(i) of the Constitution set or applied by the department;
- Description of the plans, policies and programmes that are designed to ensure compliance with the DoH's policies by other organs of state and persons;
- Description of priorities regarding compliance with the department's policies by other organs of state and persons;
- The extent of compliance with the department's policies by other organs of state and persons
- Description of arrangements for cooperation with other National Departments and spheres of government, including any existing or proposed memoranda of understanding entered into, or delegation or assignment of powers to other organs of state, with a bearing on environmental management; and
- Proposals for the promotion of the objectives and plans for the implementation of procedures and regulations referred to in Chapter 5.

Furthermore the DOHs EMP;

- Describes the plans, policies and programmes of the DoH that may significantly affect the environment; and

- Identifies, predicts and assesses all potential and actual impacts thereby seeking feasible alternatives and options for their abatement;

1.3 Considerations in developing the EMP 2014-2019

The development of DOHs EMP took into account the health sector priorities as outlined in key national documents that include; Long term development strategies as set out in Chapter 5 of the National Development Plan Vision 2030: Health Sector Priorities as outlined in Chapter 10 (promoting health) of the NDP; The Negotiated Service Delivery Agreement (NSDA); and the National Health Strategic Plan 2015-2020;

This EMP therefore aims to describe health sector strategies, plans and policies to be strengthened and cooperative arrangements or mechanisms to be introduced and/or strengthened in order to achieve set health sector goals, as outlined in the key national document in relation to the management of the environment to protect human health and ensure environmental sustainability.

SECTION 2:

A DESCRIPTION OF FUNCTIONS OF THE DOH IN RESPECT OF THE ENVIRONMENT

2. STRATEGIC OVERVIEW

2.1 Vision and Mission

VISION

A long and healthy life for all South Africans

MISSION

To improve health status of South Africans through the prevention of illnesses and promotion of healthy lifestyles and to consistently improve the health care delivery system by focusing on access, equity and sustainability.

2.2 Health Sector Strategic Framework

The Department of Health's programme of work is located within the NDP framework. The strategic goals as well as the 10 point plan of the National Department of Health respond to the 4

outputs of the Negotiated Service Delivery Agreement for outcome 2, and the nine priority areas for health, identified in the NDP. Where appropriate, the NDP targets are used to develop strategic goals of the department.

2.3 NDP 2030 VISION: HEALTH SECTOR

The NDP of the country is aimed at eliminating poverty and reducing inequality in the country by 2030, with the promotion of health and provision of quality health care for all South Africans being amongst the key priority areas. The NDP clearly states that South Africa's health challenges are clearly more than medical, as behaviour and lifestyle contribute to ill-health amongst South Africans. The environment that people are born, grow up, live in and work also contribute largely to their health and well being, some contributing factors being polluted environments, inadequate housing, poor indoor and ambient air quality and lack of basic water and sanitation services. The functioning of a health system also determines the success in the treatment of illness and disorders, and the longevity and quality of life of the population.

The NDP sets out nine (9) long-term health goals for South Africa. Five of these goals relate to improving the health and well-being of the population, and the other four deals with aspects of health systems strengthening.

2.3.1 Health Sector Goals: Vision 2030

Goal 1: Raised the life expectancy of South Africans to at least 70 years

Goal 2: Progressively improve TB prevention and cure

Goal 3: Reduce maternal, infant and child mortality

Goal 4: Significantly reduce prevalence of non-communicable diseases

Goal 5: Reduce injury, accidents and violence by 50 percent from 2010 levels

Goal 6: Complete Health system reforms

Goal 7: Primary healthcare teams provide care to families and communities

Goal 8: Universal health care coverage

Goal 9: Fill posts with skilled, committed and competent individuals

2.3.2 Priorities to achieve Vision 2030

The NDP states explicitly that there are no quick fixes for achieving the nine goals outlined above. The NDP also identifies a set of nine (9) priorities that highlight the key interventions required to achieve a more effective health system, which will contribute to the achievement of the desired outcomes. The priorities are as follows:

- Priority 1: Address the social determinants that affect health and diseases
- Priority 2: Strengthen the health system
- Priority 3: Improve health information systems
- Priority 4: Prevent and reduce the disease burden and promote health
- Priority 5: Financing universal healthcare coverage
- Priority 6: Improve human resources in the health sector
- Priority 7: Review management positions and appointments and strengthen accountability mechanisms
- Priority 8: Improve quality by using evidence
- Priority 9: Meaningful public-private partnerships

2.4 NEGOTIATED SERVICE DELIVERY AGREEMENT (NSDA) for outcome 2: A long and healthy life

The NSDA is a charter outlining consensus between different stakeholders on key interventions to ensure achievement of the set goals, as well as their respective roles in this process. The NSDA for health presents four outputs that the health sector must endeavour to achieve:

- Increasing Life Expectancy;
- Decreasing Maternal and Child mortality rates;
- Combating HIV and AIDS and Tuberculosis; and
- Strengthening health systems effectiveness.

It serves as the strategic framework for addressing the Burden of Disease in the country. Strengthening the effectiveness of the health system is the foundation on which successful interventions to improve health outcomes must be built. International experience points to the fact that only a strengthened health system, further fortified by effective intersectoral collaboration to address social determinants of health can improve health outcomes.

2.5 STRATEGIC PLAN 2015-2020

To contribute to the realisation of this vision, the National Department of Health Strategic plan 2015-2020 calls for partnership with communities in the prevention of diseases and promotion of health and wellness, as well as for a patient-centred system of care that emphasises quality and effectiveness. The strategic plan of the department identifies five strategic goals to provide broad direction;

Goal 1: Prevent disease and reduce its burden, and promote health;

Goal 2: Make progress towards universal health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation;

Goal 3: Re-engineer primary health care by increasing the number of ward-based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services;

Goal 4: Improve health facility planning by implementing norms and standards;

Goal 5: Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms.

2.5 ENVIRONMENTAL MANAGEMENT FUNCTIONS OF DOH

The linkages between the status of the environment and human health cannot be underestimated. When hazards exist in the environment and human are exposed to hazards, a relationship is established between the exposure level to the hazards and health outcomes of the community. DOH therefore has a responsibility to improve the health status of South Africans through the prevention of illness, disease and the promotion of healthy lifestyles. In doing so, DOH exercises various functions to combat and manage conditions (physical, chemical, social and biological threats) in the environment that may impact negatively on public health and lead to an increase in the burden of diseases as a result of environmental factors. Environmental pollution that has a negative impact on health has reached disastrous proportions in recent years. This resulted in the placement of the Environment and health on the international agenda so that the problem can be addressed on a global scale. The DoH has a major responsibility towards the health and welfare of the South African population and therefore has a major role to in environmental management as it relates to human health. Functions of the DOH that relate to the management of the environment and environmental factors that may impact negatively on human health are outlined in Table 1 below:

Table 1: list of environmental management functions of the DOH

List of environmental functions of the department	Objective of the function
Control and Monitoring of Hazardous Substances	<ul style="list-style-type: none"> ▪ To ensure compliance with legislation for the control of hazardous substances which may cause injury, ill health, or death of human beings by reason of their toxic, corrosive, irritant, strongly sensitising or flammable nature.
Chemicals Safety management	<ul style="list-style-type: none"> ▪ To promote the sound management of chemicals through the entire life cycle for protection of human health from poor chemicals management as a result of the manufacture, display, sale, application, use or disposal of chemicals.
Environmental Pollution Prevention and Control, including noise pollution	<ul style="list-style-type: none"> ▪ To ensure sustainable hygienic working, living and recreational environments, free from pollution (air, water, land and noise) that promote the health and safety of human beings, through the identification of polluting agents, assessment of human health impacts and application of pollution prevention and control measures.
Climate Change and Health	<ul style="list-style-type: none"> ▪ To develop adaptation implementation strategies for the management of the impact of climate change on human health.
Waste Management and General Hygiene Monitoring	<ul style="list-style-type: none"> ▪ To promote environmentally sound and safe management of waste for protection of human health
Port Health Services	<ul style="list-style-type: none"> ▪ To promote public health response to the international prevention of diseases with minimum interference to World Trade, through the provision of national surveillance and response.
Water Quality Monitoring	<ul style="list-style-type: none"> ▪ To ensure water safety for human consumption in the short term and over a lifetime of consumption. ▪ To ensure sustainability of livelihood through the promotion of the provision of adequate quantities of water for domestic purposes.
Malaria and Vector Control Monitoring	<ul style="list-style-type: none"> ▪ To provide vector control and management for the prevention and spread of vector-borne diseases, in the interest of public health, through the removal and remedying of conditions resulting in or favouring the prevalence of or increase in vectors.
Health Surveillance of Premises	<ul style="list-style-type: none"> ▪ To ensure environmental health conditions that does not constitute hazards and risks to human health, through the identification, assessment, monitoring, prevention and abatement of such conditions on premises.
Surveillance and Prevention Control of Communicable Diseases	<ul style="list-style-type: none"> ▪ To ensure the prevention and monitoring of environmentally induced diseases and communicable diseases through the strengthening of environmental health surveillance and health education programmes.
Food control	<ul style="list-style-type: none"> ▪ To ensure the safety of food in respect of acceptable microbiological and chemical quality for human consumption, through the application of food control monitoring programmes.
Management and control of the disposal of the dead	<ul style="list-style-type: none"> ▪ To ensure proper practices with regards to the handling, storage and disposal of human remains to ensure the prevention of the spread of diseases for protection of public health, including; ▪ The handling, transportation, and importation of human tissue.
Radiation Monitoring and Control	<ul style="list-style-type: none"> ▪ To control the use, transportation and disposal of ionising and non-ionising radiation sources for protection of public

	health.
Tobacco control	<ul style="list-style-type: none"> ▪ To restrict the growth of the use of tobacco products thereby reducing the morbidity and mortality it causes to human beings and the impact thereof on the environment.
Occupational Health and Hygiene	<ul style="list-style-type: none"> ▪ To promote occupational health and safety in working environments, through the identification, assessment and control of health hazards in the workplace; including; ▪ To facilitate medical examinations of persons suspected of having contracted occupational diseases in mines and works.
Control and prevention of Tuberculosis	<ul style="list-style-type: none"> ▪ To strengthen TB management in order to contribute to the reduction of TB disease burden, by adopting and implementing cost-effective TB prevention, treatment, care and support interventions.
Medicine and Related Substances Control	<ul style="list-style-type: none"> ▪ To ensure careful management of pharmaceuticals in order to ensure safety, efficacy and quality of medicines to address public health concerns.
Health Promotion and Education	<ul style="list-style-type: none"> ▪ To promote environmental health awareness and education, in order to empower communities to take control of own health.
Hospital Services and Management	<ul style="list-style-type: none"> ▪ To ensure delivery models and clinical protocols for hospitals and emergency medical services.
Infection Prevention and Control	<ul style="list-style-type: none"> ▪ To facilitate that prevention control measures are put in place in the environment to ensure the protection of those that might be vulnerable to acquiring infection in various settings.
Infrastructure Development	<ul style="list-style-type: none"> ▪ To ensure that planning for health infrastructure and health technology meet the health needs of service users and contribute to environmental sustainability.
District Health Services	<ul style="list-style-type: none"> ▪ To facilitate the delivery of primary health care services in line with set norms and standards in order to achieve key population indicators.

2.6 PROGRAMMES OF THE DOH WITH A POTENTIAL TO IMPACT ON THE ENVIRONMENT

Table 2 below outlines those programmes of the DOH that has potential to impact negatively on the environment if not properly managed. These may arise from the provision of health care services in various health settings. It is therefore in the interest of the NDOH and its mandate to ensure that these services are rendered in line with the principles of NEMA, in order to promote the protection of the environment as well as to promote the objectives and plans as set out in chapter 5 of the NEMA. This includes among others the identification, prediction and evaluation of all actual and potential impacts emanating from health services so that alternatives and options for their abatement may be explored. In this regard due considerations must be made to ensure and reinforce on placing people's needs at the forefront of health services.

Table 2: Environmental impacting activities associated with provision of health services

Programme	Identified Impacting activities	Potential Impacts	Magnitude and extent of Impacts	Feasible/ possible mitigation alternatives
Hospital and Tertiary Services, Primary Health Care Services, Emergency medical services	<ul style="list-style-type: none"> ▪ Health Care Risk ▪ Waste generation; ▪ Pharmaceutical waste generation; ▪ Hazardous waste generation, such as chemotherapy and antineoplastic chemicals, solvents, formaldehyde, photographic chemicals, radionuclides, and waste anesthetic gases; ▪ Use of coal powered boilers; ▪ Hazardous material used for diagnosis, treatment, cleaning 	<ul style="list-style-type: none"> ▪ Biophysical impacts; ▪ Air quality Impacts; ▪ Water quality impacts ▪ Impact on the environmental aesthetics; ▪ Environmental Pollution impacts; ▪ May cause injuries and transmit diseases; ▪ Poisoning and environmental contamination. 	National	Environmental management system that includes the following key aspects: <ul style="list-style-type: none"> ▪ Improved waste management; ▪ Reduction of waste generated; ▪ Buying environmentally friendly products; ▪ Managing waste (separation of different kinds of waste; recycling); ▪ Reducing the amount of polyvinyl chloride (PVC) containing products or equipment; ▪ Phasing out of mercury based devices; ▪ Audit energy use identify areas/equipment/systems having maximum energy consumption develop and implement projects such as buying and installing energy-efficient equipment perform preventive maintenance; ▪ Selection of safe and environmentally friendly management options; ▪ Water management by identifying areas to reduce water use; ▪ Waste water management by raising awareness of

	<p>and Infection control;</p> <ul style="list-style-type: none"> ▪ The presence of mercury, dioxin, and other persistent, bio-accumulative toxics; ▪ Electronic waste from all health care facilities; ▪ Water consumption; ▪ Energy consumption. 			<p>personnel on the impacts of hospital works on the sewer system by reducing pollutants in hospital waste water;</p> <ul style="list-style-type: none"> ▪ Environmentally preferable purchasing; ▪ Upgrading boiler systems; ▪ Strict monitoring of HCW contractors to ensure adherence to tender specifications;
<p>Malaria Control</p>	<ul style="list-style-type: none"> ▪ Use of Chemicals such as DDT for Indoor residual spraying for control of malaria vector. 	<ul style="list-style-type: none"> ▪ Environmental persistence and contamination; ▪ Contamination of drinking water and food if incorrectly used. 	<p>Provincial (Site specific)</p>	<ul style="list-style-type: none"> ▪ Ensure proper usage and storage ▪ Report usage in line with multi-lateral agreements; ▪ Investigate alternatives; ▪ Monitor resistance; ▪ Improve monitoring through inclusion into MHS chemical safety programme; ▪ Adhere to the WHO guidelines and standards.
<p>Pathology Services</p>	<ul style="list-style-type: none"> ▪ Pathological waste ▪ Disposal of pathology waste in sewer; ▪ Use of hazardous chemicals 	<ul style="list-style-type: none"> ▪ Waste water impacts ▪ Environmental contamination 	<p>Provincial (Site specific)</p>	<ul style="list-style-type: none"> ▪ Environmentally preferable purchasing; ▪ Waste water management by raising awareness of personnel on the impacts of hospital works on the sewer system by reducing pollutants in hospital waste water;

SECTION 3:

A DESCRIPTION OF ENVIRONMENTAL NORMS AND STANDARDS, INCLUDING NORMS AND STANDARDS CONTEMPLATED IN SECTION 146(2) (b) (I) OF THE CONSTITUTION, SET AND APPLIED BY THE DOH

3. LEGISLATIVE FRAMEWORK AND OTHER MANDATES

To ensure the effective stewardship of the national health system, a number of enabling legislations were enacted by Parliament to support the achievement of the vision of improved health status and longevity for all South Africans. The legislative mandate of the Department of Health is derived from the Constitution, the National Health Act, 2003 (Act 61 of 2003) and several pieces of legislation passed by parliament.

3.1 Constitutional Mandates

The Constitution of South Africa places obligations on the state to progressively realise socio-economic rights, including access to health care. In terms of the Constitutional provisions, the Department of Health is guided by the following sections and schedules, among others:

Schedule 4 of the Constitution reflects health services as a concurrent national and provincial legislative competence

Section 9 of the Constitution states that everyone has the right to equality, including access to health care services. This means that individuals should not be unfairly excluded in the provision of health care.

- People also have the right to access information that is held by another person if it is required for the exercise or protection of a right;
- This may arise in relation to accessing one's own medical records from a health facility for the purposes of lodging a complaint or for giving consent for medical treatment; and
- This right also enables people to exercise their autonomy in decisions related to their own health, an important part of the right to human dignity and bodily integrity in terms of sections 9 and 12 of the Constitutions respectively

Section 24 of the Constitution states that (a) “everyone has a right to an environment that is not harmful to their health and wellbeing”; and (b) 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 27 of the Constitution states as follows: with regards to Health care, food, water, and social security:

- (1) Everyone has the right to have access to –
 - (a) health care services, including reproductive health care;
 - (b) sufficient food and water; and
 - (c) social security, including, if they are unable to support themselves and their dependents, appropriate social assistance.
- (2) The state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights; and
- (3) No one may be refused emergency medical treatment.

Section 28 of the Constitution provides that every child has the right to ‘basic nutrition, shelter, basic health care services and social services’.

3.2 LEGISLATION FALLING UNDER THE MINISTER OF HEALTH’S PORTFOLIO AND ADMINISTERED BY THE DEPARTMENT OF HEALTH:

3.2.1 The National Health Act, 2003 (Act 61 of 2003) as amended

The National Health Act, 2003 (Act 61 of 2003) provides a framework for a structured uniform health system within the Republic, taking into account the obligations imposed by the Constitution and other laws on the national, provincial and local governments with regard to health services.

The objects of the NHA 2003 are to:

- unite the various elements of the national health system in a common goal to actively promote and improve the national health system in South Africa;

- provide for a system of co-operative governance and management of health services, within national guidelines, norms and standards, in which each province, municipality and health district must address questions of health policy and delivery of quality health care services;
- establish a health system based on decentralised management, principles of equity, efficiency, sound governance, internationally recognised standards of research and a spirit of enquiry and advocacy which encourage participation;
- promote a spirit of co-operation and shared responsibility among public and private health professionals and providers and other relevant sectors within the context of national, provincial and district health plans; and
- create the foundation of the health care system, and understood alongside other laws and policies which relate to health in South Africa;
- provides for the protection of environmental health through provision of environmental health services by national, province and municipality, through:
 - Provision of port health services, hazardous substances control, malaria control, Water quality monitoring, Food control, Waste Management, Health surveillance of premises; Surveillance and prevention of communicable diseases, excluding immunisations, Vector control, Environmental pollution control, Disposal of the dead and Chemical safety management; and
- Promote adherence to norms and standards with regards to environmental conditions that constitutes a health hazard; and facilitate the provision of indoor and outdoor environmental pollution control services.

3.2.3 The Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973)

Provides for medical examinations of persons suspected of having contracted occupational diseases, especially in controlled mines and works, and for compensation in respect of those diseases

3.2.4 Hazardous Substances Act, 1973 (Act 15 of 1973)

Provides for the control of hazardous substances which may cause injury or ill health or deaths of human beings by reason of their toxic, corrosive, irritant, strongly sensitising or flammable nature or the generation of pressure thereby in certain circumstances, and for the control of certain electronic products ;to provide for the division of such substances or products into groups, in relation to the degree of danger; to provide for the prohibition and control of importation, manufactures, sale, use, operation, application, modification, disposal or dumping of such substances and products.

Hazardous Substances Act, 1973 aims to ensure that various classes of chemical substances are imported, manufactured, packed, stored, handled, transported and disposed of without posing a threat and causing harm to life and the environment. The HSA makes provision for the promulgation of regulations governing groups of hazardous substances and the delegation of duties by the Minister to competent authorities and other entities deemed fit.

3.2.5 The Tobacco Products Control Amendment Act, 2008 (Act 63 of 2008)

Provides for the control of tobacco products, prohibition of smoking in public places, labelling and advertisement of tobacco products, as well as sponsoring of event by the tobacco industry

3.2.6 The Food, Cosmetics & Disinfectants Act, 1972 (Act 54 of 1972)

Provide for the regulation of foodstuffs, cosmetics and disinfectants in particular, setting quality and safety standards for the sale, manufacturing and importation thereof. The Act also seeks to ensure that food, cosmetics and disinfectants are managed in such a way that they do not cause harm to life and the environment.

3.2.7 Medicines and Related Substances Control Amendment Act, 1977 (Act 90 of 1997)

Provide for the registration of medicines and other medicinal products in order to ensure their safety, quality and efficacy. The act also provides for transparency in the pricing of medicines. This Act has a provision for the control of medicines and "scheduled" substances with regard to good manufacturing practices to combat environmental and associated health hazards. The Act also provides for the environmentally sound disposal or destruction of 'scheduled' substances that have become unfit for use to ensure that the commodities they regulate have environmental integrity.

3.2.8 Human Tissue Act, 1983 (Act 65 of 1983)

Provide for the administration on matters of human tissue.

Chapter 1, section 10 and Chapter 3, section 26 refer to disposal of the bodies of deceased persons as well as the blood and blood related substances, It is important that these substances are handled properly to ensure the integrity of environment and the health of people.

3.2.9 The Pharmacy Act, 1974 (Act 53 of 1974)

Provides for the regulation of the pharmacy profession, including community service by pharmacists, provides for good Pharmacy practice and the destruction and disposal of medicines.

3.2.10 National Policy for Health Act, 116 of 1990

Provides for the determination of national health policy to guide the legislative and operational programmes of the health portfolio

3.2.11 SA Medical Research Council Act, 58 of 1991

Provides for the establishment of the South African Medical Research Council and its role in relation to health Research

3.2.12 Academic Health Centres Act, 86 of 1993

Provides for the establishment, management and operation of academic health centres

3.2.13 Choice on Termination of Pregnancy Act, 92 of 1996 (as amended)

Provides a legal framework for the termination of pregnancies based on choice under certain circumstances

3.2.14 Sterilisation Act, 44 of 1998

Provides a legal framework for sterilisations, including for persons with mental health challenges

3.2.15 Medical Schemes Act, 131 of 1998

Provides for the regulation of the medical schemes industry to ensure consonance with national health objectives

3.2.16 National Health Laboratory Service Act, 37 of 2000

Provides for a statutory body that offers laboratory services to the public health sector

3.2.17 Council for Medical Schemes Levy Act, 58 of 2000

Provides a legal framework for the Council to charge medical schemes certain fees

3.2.18 Mental Health Care Act, 17 of 2002

Provides a legal framework for mental health in the Republic and, in particular, the admission and discharge of mental health patients in mental health institutions, with an emphasis on human rights for mentally ill patients

3.2.19 Nursing Act, of 2005

Provides for the regulation of the nursing profession

3.2.20 International Health Regulations 2005

South Africa is party to the International Health Regulations (IHR) 2005, which provides for legislative tools for public health response to international prevention of diseases with the minimum interference to World Trade. The IHR set guidelines and make recommendations regarding the spread of communicable diseases of international concern, such as cholera, yellow fever plague and malaria and includes recommendations on provision of port health services. Through these regulations, the DoH monitors the importation of goods into the country for compliance to national legislation.

3.3 OTHER LEGISLATION APPLICABLE TO THE DOH

The following legislation has a direct bearing on human health and although custodianship lies with other government departments, the DOH operates within the framework of this legislation for protection of human health.

▪ National Environmental Management Act, 1998 (Act 107 of 1998)

NEMA provides for cooperative environmental governance by establishing principles for decision-making on matters affecting the environment, institutions that will promote cooperative governance and procedures for co-ordinating environmental functions organising.

Population health is a primary goal for sustainable development, therefore the environment has an influence on population health outcomes health and environmental management are intimately interconnected in that the environment influences health through physical, chemical or biological factors.

▪ NEM: Waste Act, 2008 (Act 59 of 2008)

Provides for the reform of the law regulating waste management in order to protect health and the environment by providing reasonable measures for the prevention of pollution and ecological degradation

▪ NEM: Air Quality, 2004 (Act 39 of 2004)

Provides for the reform of law regulating air quality in order to protect the environment by providing reasonable measures for the prevention of pollution and ecological degradation

The quality of air, both indoor and ambient air are key determinants of air in that poor air quality can affect human health adversely and result in poor health outcomes of affected communities.

▪ **National Water Act, 1998 (Act 36 of 1998) and the Water Services Act, 1997 (Act 108 of 1997)**

Provide for fundamental reform of the law on water resources and for the right of access to basic water and sanitation respectively.

Water is life and, therefore the availability, quantity and quality of water is paramount for improved health outcomes.

▪ **NEM: Biodiversity Act, 2004 (Act 10 of 2004)**

Provide for the management and conservation of South Africa's biodiversity within the framework of NEMA 1998, and the protection of species and ecosystems that warrants protection. The release of Genetically Modified Organisms in the Environment can enter the human food supply and may pose a human health risk and therefore contribute to poor health outcomes as a result of introduced allergens, increased toxicity, decreased nutrition, and antibiotic resistance,

▪ **Agriculture and Stock Remedies Act, 1947 (Act 36 of 1947), as amended**

The act provides for the registration of fertilizers, farm feeds, agricultural remedies, stock remedies, sterilizing plants and pest control operators; to regulate or prohibit the importation, sale, acquisition, disposal or use of fertilizers, farm feeds, agricultural remedies and stock remedies; to provide for the designation of technical advisers and analysts. The use, sale of pesticides if not properly managed, can have a negative impact on health as a result of accidental or non accidental poisonings.

▪ **Occupational Health and Safety Act, 85 of 1993**

Provides for the requirements that employers must comply with in order to create a safe working environment for employees in the workplace

▪ **Criminal Procedure Act, Act 51 of 1977, Sections 212 4(a) and 212 8(a).**

Provides for establishing the cause of non-natural deaths

▪ **Child Care Act, 74 of 1983**

Provides for the protection of the rights and well-being of children

▪ **Compensation for Occupational Injuries and Diseases Act, 130 of 1993**

Provides for compensation for disablement caused by occupational injuries or diseases sustained or contracted by employees in the course of their employment, and for death resulting from such injuries or disease

▪ **The National Roads Traffic Act, 93 of 1996**

Provides for the transportation of hazardous/dangerous goods, including the management of spillages, and further provides for testing and analysis of blood samples of offenders in relation to driving under the influence.

3.4 ENVIRONMENTAL MANAGEMENT RELATED NORMS AND STANDARDS

This section of the EMP list the environmental management related norms and standards as set by the DOH and those proposed by the DOH to provide guidelines for better management of health services for improved health outcomes and to provide means whereby compliance with health standards can be measured or assessed. These also include Regulations published by the DOH, Guidelines as well as strategies in relation to environmental management for health.

Table 3: Norms and Standards prescribed by DOH and Regulations published in terms of health legislation in relation to the environment

ENVIRONMENTAL NORMS AND STANDARDS	OBJECTIVES OF THE NORMS AND STANDARDS	DATE OF COMMENCEMENT OF IMPLEMENTATION
Norms and standards for environmental health surveillance of premises and acceptable monitoring standards for Environmental Health Practitioners	<ul style="list-style-type: none"> ▪ To promote compliance to environmental health related legislation by others; ▪ To provide a national approach in standardizing activities in the delivery of environmental health services and establish a level against which environmental health service delivery can be assessed and gaps identified; ▪ The providing means for setting a benchmark of quality against which delivery of environmental health services can be monitored. ▪ To facilitate the attainment of the highest possible level of environmental health and environmental health services by all involved. 	2016
Health Infrastructure Norms and Standards Guidelines in relation to hospital mortuary services, catering services, linen and laundry services and others.	<ul style="list-style-type: none"> ▪ To provide public reference information and for application by provinces in planning and implementation of public sector facilities. 	Proposed (Published 30 June 2014 for public comment)
Health Infrastructure Norms and Standards Guidelines in relation to building engineering services, infrastructure design for waste management in health care facilities and emergency centres.	<ul style="list-style-type: none"> ▪ To provide public reference information and for application by provinces in planning and implementation of public sector facilities. 	Proposed (Published 17 February 2014 for public comment)
Norms and standards Regulations applicable to certain categories of health establishments	<ul style="list-style-type: none"> ▪ To guide, monitor and control critical risks to the health and safety of users by means of required systems and relevant supportive structures within different categories of health establishments, in order to provide safe, quality services to citizens. 	Proposed (published 18 February 2015 for public comment)
National core standards for health establishments	<ul style="list-style-type: none"> ▪ Provides for setting the benchmark of quality care against which the delivery of health services can be monitored and provide for a national certification for compliance for health establishments with mandatory standards. 	2011
Primary health care package for South Africa, a set of Norms and standards	<ul style="list-style-type: none"> ▪ Provide for standards for facility based and community based clinic initiated services to ensure the provision of health services at acceptable levels. 	March 2000

Table 4: Departmental Environmental Management Related Regulations

ACT	ENVIRONMENTAL REGULATION	OBJECTIVES	DATE OF COMMENCEMENT OF IMPLEMENTATION
National Health Act, 2003 (Act 61 of 2003)	Regulations Relating to the Management of Human Remains, R363 of 2013. Regulations relating to the control of communicable diseases and the notification of Notifiable medical conditions, R495 of 1999.	Provide for the regulation of any public or private mortuaries, funeral undertakers premises, crematoriums, and private and public burial sites for protection of the environment and human health. Provides for the prevention and restriction of the control of communicable diseases.	16 May 2013 30 October 1987
Hazardous Substances Act	Regulations for Group 1 Hazardous Substances Declaration of Leaded Paint as a Group I Hazardous substance Regulations relating to Group III Hazardous Substances	Provides for the regulation in respect of licensing of hazardous substance dealers and conditions of sale and for supply of Group I hazardous substances. Provide for the declaration of leaded paint as a Group 1 Hazardous substances and conditions of sale, handling and storage of lead containing substances. Provide regulation for the sale of electronic products.	25 March 1977 31 July 2009 14 April 1989
Food stuffs, Cosmetics and Disinfectants Act,	Regulations relating to the powers and duties of inspectors and analysts conducting inspections and analysis of food premises Regulations relating to Labelling and Advertising of foodstuffs Regulations governing general hygiene requirements for food premises and the transport of food	Provides for powers of inspectors and analysts in conducting inspections and analysis of food premises Provides for the regulation of the labelling of foodstuffs, cosmetics and disinfectants for protection of public health Provides for certification of food handling premises, requirements for the transport of food and standards and requirements for food premises	20 April 2007 19 November 2010 23 November 2012
Health Professions Act,	Regulations defining the scope of profession for environmental	Defines environmental management related functions to be performed by Environmental	GG No 2009 amended

	health	<p>Health Practitioners to include;</p> <ul style="list-style-type: none"> ▲ Water quality monitoring ▲ Food control ▲ Waste management and general hygiene monitoring ▲ Communicable diseases control ▲ Radiation control ▲ Health surveillance of premises ▲ Noise control ▲ Port health services ▲ Hazardous substances control; and ▲ Chemical safety 	
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SECTION 4:
A DESCRIPTION OF POLICIES, PLANS AND PROGRAMMES OF THE DOH DESIGNED TO ENSURE COMPLIANCE BY OTHERS

4. INSTITUTIONAL FRAMEWORK

4.1 Organisational environment

The organisational structure of the National Department of Health was approved by the Department of Public Service and Administration and its implementation commenced in April 2012. The transformation of the organisational structure was aimed at ensuring an alignment with strategic priorities of the health sector and to improve the department's oversight function across the health system. The organisational structure has been reviewed to maximise achievement on the departmental strategic priorities.

Table 5: Strategic health programmes and purpose

PROGRAMMES	PROGRAMME PURPOSE
Programme 1: Administration	To provide support services and ensure compliance with relevant legislation, and efficiencies in the administration of the Department
Programme 2: National health insurance, health planning and systems enablement	Improve access to quality health services through the development and implementation of policies to achieve universal coverage, health financing reform, integrated health systems planning, reporting, monitoring and evaluation and research.
Programme 3: HIV / AIDS, TB and Maternal and Child health	To decrease the burden of disease related to the HIV and TB epidemics; to minimise maternal and child mortality and morbidity; and to optimise good health for children, adolescents and women.
Programme 4: Primary Health Care (PHC) Services	To develop and oversee the implementation of legislation, policies, systems and norms and standards for a uniform district health system, environmental health, communicable and non-communicable diseases, health promotion and Nutrition services.
Programme 5: Hospitals, Tertiary Services and Workforce Management	To develop policies, delivery models and clinical protocols for hospitals and emergency medical services. Ensure alignment of academic medical centres with health workforce programmes, training of health professionals and to ensure the planning of health infrastructure to meet the health needs of the country.
Programme 6: Health Regulation and Compliance Management	To regulate the procurement of medicines and pharmaceutical supplies; including food control; and the trade in health products and health technology; and to promote accountability and compliance by regulatory bodies for effective governance and quality health care.

4.2 Departmental Entities

The Minister of Health is responsible for overseeing health related entities that have been established to provide services to support the mandate of the DOH, through funded and non-funded statutory bodies and organisations.

4.2.1 The Office of the Health Standards Compliance (OHSC)

The OHSC is an independent public agency that was established in terms of Section 79(A) of the National Health Act, 2003 (Act 61 of 2003) as amended. The OHSC will monitor public health services and address complaints of non-compliance, while developing guidelines and providing information on the implementation of set health service standards. In terms of the NHA, the duties of the OHSC include amongst others, advising the Minister on matters relating to the determination of norms and standards to be prescribed for the national health system and the review of such norms and standards; and inspect and certify health establishments as compliant or noncompliant with prescribed norms and standards or, where appropriate and necessary, withdraw such certification. As the sector quality watchdog, the OHSC will lead the much-needed improvement in health service quality, change in public healthcare management, and institution of core health standards in public and private service providers, which will lay the groundwork for the rollout of the NDoH National Health Insurance initiative.

4.2.2 The Medicine Control Council (MCC)

The Medicines Control Council (MCC) is a statutory body that regulates the performance of clinical trials and registration of medicines and medical devices for use in medical conditions. In recent years, it has been transformed in order to improve its performance and regulatory processes. The MCC was established in terms of the Medicines and Related Substances Control Act, (Act 101 of 1965), to oversee the regulation of medicines in South Africa. It is appointed by the Minister of Health and its main purpose is to safeguard and protect the public through ensuring that all medicines that are sold and used in South Africa are safe, therapeutically effective and consistently meet acceptable standards of quality. The MCC is responsible to ensure that all clinical trials of both non-registered medicines and new indications of registered medicines comply with the necessary requirements for safety, quality and efficacy.

4.2.4 The South African Health Products Regulatory Authority (Proposed)

The Medicines and Related Substances Amendment Bill to create the SAHPRA is currently being deliberated on by the Portfolio Committee on Health. The proposal is to bring the medical devices

industry, cosmetics and foodstuffs as well as pharmaceuticals under the jurisdiction of SAHPRA. The SAHPRA will be established as a Section 3A Public Entity and would thus be able to retain funds from application fees which can be utilised to employ experts to evaluate applications on a full time basis.

4.2.4 National Health Laboratory Services

The National Health Laboratory Services was established in 2001 in terms of the National Health Laboratory Services Act (2000). In terms of the act, the service is required to: provide cost effective and efficient laboratory services to all public sector health care providers, other government institutions and any private health care provider in need of its service; support health research and provide training for health science education.

4.2.5 South African Medical Research Council

The South African Medical Research Council was established in 1969 in terms of the South African Medical Research Council Arts, 58 of 1991. The intellectual Property Rights from Publicly Financed Research and Development Act (2008) also informs the council's mandate. The council's strategic focus is determined in the context of the priorities of the Department of Health and government. The council's research therefore plays a key role in responding to government key outcome 2 (a long and healthy life).

4.2.6 Compensation Commissioner of Occupational Diseases in Mines and Works

The Compensation Commissioner for Occupational Diseases in Mines and Works was established in terms of the Occupational Diseases on Mines and Works Act, 78 of 1973. In terms of the act, the commissioner is mandated to compensate workers or ex-workers in controlled mines and works for occupational diseases of the cardio-respiratory organs and reimbursement for loss of earning incurred during tuberculosis treatment. In the case where the ex-worker is deceased, it compensates the beneficiaries of the deceased worker.

4.3 DESCRIPTIONS OF DOH POLICIES

The provision of environment related health services in the country are underpinned by various policies. The aim of which is to strengthen the health system in health services provision. These includes, the White Paper for the Transformation of health Systems in South Africa, 1997, and the health sector Strategic Framework with the intention of meeting the challenges posed by the

Agenda 21 (an agenda for sustainable development into the 21st century), the Constitution and the NDP 2030 vision for health.

4.3.1 The following are Principles underpinning the provision of environmental health services in the White Paper;

- Every South African has the right to a living and working environment which is not detrimental to his/her health and well-being.
- All persons should have access to knowledge on environmental health matters and the services available to them.
- Environmental health services should be accessible, acceptable, affordable and equitable. They must be implemented with the active participation of the communities.
- Environmental health services should contribute positively towards sustainable physical and socio-economic development.
- The establishment of effective environmental health surveillance is essential to determine whether or not the services are functional and effective and have a positive health impact.

The principles of cooperative governance are also emphasized in the white paper. The need for cooperative governance in the implementation of strategies to promote environmental health is emphasized as an implementation strategy. In view of the multidimensional and multidisciplinary nature of the interactive process between the environment and health, the Integrated Environment Health Management Strategy should interface with all sectors which play a role in environmental health risk reduction. Existing mechanisms for intersectoral collaboration on various matters affecting environmental health such as water, sanitation, hazardous substances for example, must be utilised to promote intersectoral action.

The DOH has published various policies and Guidelines to provide framework for provision of health services and for providing guidelines for protection of public health from environmental and other factors with a potential to spread or cause the onset of disease. Recent guidelines issued by the NDoH have include; Guidelines for the Management, Prevention and Control of Meningococcal Disease in South Africa, 2008; Regular Treatment of School-Going Children for Soil Transmitted Helminth Infections and Bilharzia, 2008; Guideline for Leprosy Control in South Africa, 2008; Guidelines for the Treatment of Malaria in South Africa, 2007, amongst others.

This section outlines the description of DOHs policies that are designed to ensure compliance by others organs of state or persons for protection of human health.

Table 5: DOH policies with a bearing on environmental management

NAME OF POLICY, PLAN OR PROGRAMME DESIGNED TO ENSURE COMPLIANCE WITH DOHS POLICIES	WHAT THE POLICY IS ABOUT	HOW DOH ENSURE COMPLIANCE TO POLICY, PLAN OR PROGRAMME	LIST OF AFFECTED ORGANS OF STATE	RESPONSIBILITIES OF THE AFFECTED ORGANS OF STATE	RESOURCES AVAILABLE TO ENSURE COMPLIANCE	LIFESPAN OF THE POLICY, PLAN OR PROGRAMME
White paper on the Transformation of the Health System in South Africa, 1997	Policy provides for a set of objectives and principles upon which the Unified National Health System of South Africa must be based, including ensuring the establishment of effective environmental health surveillance which is essential to determine whether or not the services are functional and effective and have a positive health impact.	<ul style="list-style-type: none"> ▪ Formulated norms and standards for provision of health services. ▪ Developed coordinated health information systems to monitor the progress of national health goals ▪ Through regulation of health activities. 	Provincial DOH, Private health sectors, and Municipality health authorities	Provision of primary health care services Provision of municipal health services	Financial and physical resources	Since 1997
Yellow Fever Policy	To prevent the introduction of Yellow fever into South Africa in line with the requirements of the International Health regulations (2005).	<ul style="list-style-type: none"> ▪ Control measures exercised in all points of entry: ▪ By obtaining vaccination certificates from individuals travelling from areas 	DHA ACSA	Border management Immigration	Financial and physical resources	Updated 2011

<p>A Policy on Quality in Health Care for South Africa.</p>	<p>Provides for quality assurance in health system to improve quality in health care in both the public and private sectors.</p>	<ul style="list-style-type: none"> ▪ Availability of monitoring standards 	<p>Provincial DOH, District Health Authorities</p>	<p>Provision of community health care services</p>	<p>Human and financial resources</p>	<p>Since 2007</p>
<p>National Environmental Health Policy</p>	<p>Provides a framework within which environmental health services must be rendered in the country.</p>	<ul style="list-style-type: none"> ▪ Development of a national strategy with clear indicators to guide implementation of policy goals and objectives. 	<p>Provincial DOH Municipal Health Institutions of higher learning Research Institutions</p>	<p>Provision of provincial and municipal environmental health services</p>	<p>Human and financial resources</p>	<p>Since 2013</p>
<p>National Health Promotion policy and strategy</p>	<p>Clarifies the role of health promotion within the health sector and other sectors, and collaborative measures to ensure effectiveness of health promotion</p>	<ul style="list-style-type: none"> ▪ Monitoring of indicators on the national strategy to guide policy implementation objective achievement. 	<p>PDOH DBE DSD Private sector</p>	<p>Rendering of health promotion programmes.</p>	<p>Human and financial resources Appropriate education and behaviour change tools</p>	<p>2015-2019</p>

<p>The framework on Addressing the Social Determinants of Health using a multi sectoral approach</p>	<p>interventions in the country. Promotes the adoption of a multi-sectoral approach in addressing social determinants of health, by linking determinants to action.</p>	<ul style="list-style-type: none"> ▪ National monitoring systems, states SA, DHIS, national household surveys 	<p>DWS</p> <p>Government departments DWS, DRDLR,DHS, DSD, DEA, DOL</p>	<p>Provision of basic services: Water, sanitation, housing, land reform, social grants, regulation of industry,</p>	<p>Planning, Organisation, Financial, Policy, Human resources</p>	<p>Since 2014</p>
<p>Integrated School Health Policy</p>	<p>Provides for preventive and promotive services that address the health needs of school-going children and youth with regard to both their immediate and future health, through the provision of comprehensive, integrated school health programme as part of the PHC package within the Care and Support for Teaching and Learning (CSTL) framework.</p>	<ul style="list-style-type: none"> ▪ Mechanisms for monitoring and evaluation of by joined task team 	<p>PDOH</p> <p>District health</p> <p>DBE</p> <p>Private education sector</p> <p>DSD</p>	<p>Provision of school health services</p> <p>Provision of Primary Health Care Services</p> <p>Social grant security</p> <p>Health Promotion</p>	<p>Financial and Human Resources</p>	<p>Since 2012</p>
<p>National Infection Control and Prevention Policy and Strategy</p>	<p>To set minimum national standards for the effective prevention and management of health care associated infections, so that hazards associated with biological agents are minimised to patients, visitors and health care personnel in health establishments.</p>	<ul style="list-style-type: none"> ▪ Monitoring of facility infection control plans; ▪ Monitoring of the national surveillance system to monitor nosocomial infections; ▪ Capacity building 	<p>District, Regional and Tertiary health establishments</p>	<p>Provision of health care services</p> <p>PDOH</p>	<p>Financial and Human Resources</p>	<p>Since April 2007</p>

Adolescence and youth health policy	To improve the long-term health outcomes of the nation through targeting the youth as an especially strategic sector of the population,	Monitoring of set indicators and capacity building for health care providers	sub-district health District Health Provincial levels	Environmental protection School health services Nutrition services Reproductive health Health promotion	Human Resource and Capacity Building Finances	From 2012
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Table 6: Other plans and strategies

NAME OF PLAN/STRATEGY DESIGNED TO ENSURE COMPLIANCE WITH DOHS POLICIES	WHAT THE PLAN/STRATEGY ABOUT	LIST OF AFFECTED ORGANS OF STATE	WHAT ARE THE RESPONSIBILITIES OF THE AFFECTED ORGANS OF STATE	LIFESPAN OF PLAN OR STRATEGY
The Health and Hygiene Education Strategy as it relates to Water Supply and Sanitation Services,	To ensure set out a comprehensive approach to the delivery of sustainable and effective health and hygiene education in South Africa, in relation to water supply and sanitation services, particularly at the domestic level.	DOH DWS DBE COGTA WSA and WSPs	Provision of Water and Sanitation to communities and Schools and regulation; Primary health care and health promotion services; Support to municipalities on service rendering; Ensuring health and safety of the school environment	Since 2006
Climate change and Health Adaptation Plan	To provide a broad framework of health sector action towards the implementation of the NCCRP, and effectively manage inevitable climate change impacts on health through interventions that build and sustain the country's socio-economic and environmental resilience and emergency response capacity.	District and Metropolitan Municipalities Provincial Departments of Health DEA DRDLR DBE COGTA	DEA is Climate change focal point DRDLR: formulation of database of areas vulnerable to climate change effects DBE: review and mainstream climate, health and environmental linkages in curricula. COGTA: ensure inclusion of climate sensitive health risks under disaster reduction strategy and plans. Ensuring adaptation to human health effects of climate change.	2014-2019
National Environmental Health Strategy,	To provide a practical guide for implementing environmental health services in order to provide equitable	District and Metropolitan Municipalities	Rendering of environmental health services Training in environmental health	Development stages

	and sustainable health for all South Africans.	Provincial DOH Academia Research Institutions	Research in environmental health	
Environmental Health Impact Assessment of Development projects in South Africa	To ensure full consideration of health aspects in environmental impact assessments of development projects in the country.	PDOH Municipal health DEA DMR	NEMA competent authorities in the EIA process Provision of health comment on EIA applications	Since 2014
National Strategic Plan on HIV, AIDS and TB , 2012-2016	To provide a framework to guide the activities of with a responsibility of rendering HIV/Aids and TB services in South Africa. The NSP guides the development of provincial strategic implementation plans, as well as sector implementation plans.	National, provincial and local government departments	Address social, economic, political, cultural and environmental factors that lead to increased vulnerability to HIV, STIs and TB infections. Mainstreaming HIV and TB management into core strategies of all relevant government departments.	2012-2016
Malaria elimination strategic plan	Provide for detailed strategies and approaches and effective implementation thereof to systematically reduce local Malaria transmission to zero.	Provincial DOH	Vector control, indoor residual spraying	2012-2016
Integrated management of childhood illnesses package	Management of childhood illnesses to reduce the rate of child mortality in the country.	PDOH District and Primary Health Care	Provision of child health services	
Human resources in health plan	To ensure an appropriate, trained and sustainable health workforce in the country, in order to attain a vision to improve access to health care for all and health outcomes.	NDOH PDOH District Health Municipal Health	Provision of health services.	2012-2017
PHC re-engineering approach	To improve health outcomes through a ward based primary health care outreach approach.	District health	Primary Health Care Services	2011

SECTION 5:**A DESCRIPTION OF PRIORITIES REGARDING COMPLIANCE WITH THE DOHs POLICIES
BY OTHER ORGANS OF STATE OR PERSONS****5. Health and Sustainable development**

Population health is a primary goal of sustainable development. Therefore the importance of investing in the improvement of people's health and supporting environment as a pre-requisite for sustainable development must be recognised. A supportive environment for health is free from major health hazards, satisfies the basic needs of healthy living and facilitates equitable social interaction. Health is regarded as key to sustainable development in the first principles of the Rio Declaration on Environment and Development: Human beings are entitled to a healthy and productive life. Chapter 6 of Agenda 21 (an agenda for sustainable development into the 21st Century) emphasizes the promotion of human health by recognising the interconnection between health and the environment as well as social and economic development.

Health is determined by factors such as poverty (which contributes to malnutrition including obesity, unwanted pregnancy), lack of potable water (which contributes to diarrhoea, cholera,), stress (which may lead to lack of productivity, depression and suicide), lack of safety in the home and road (injuries, burns, poisoning of children), air pollution (chest conditions such as asthma, bronchitis), drugs (alcohol and domestic violence, sexual indiscretion, child neglect) and moral degeneration (violence against women and children, interpersonal violence).

For promotion of health, key programmes to be prioritised include, meeting primary health care needs; control of communicable diseases; protection of vulnerable groups; meeting urban health challenges; and reducing the risk from environmental pollution and hazards, such as environmentally sound management of toxic chemicals, hazardous substance control, waste management, water and sewage related issues, which are issues of concern in sustainable development.

Consistent with government outcome-based approach to improving service delivery, enhancing accountability to the public and enhancing performance management, the health sector must endeavour to achieve four key government outputs, namely:

- Increasing Life Expectancy

- Decreasing maternal and child mortality rates;
- Combating HIV and AIDS and Tuberculosis; and
- Strengthen Health Systems Effectiveness.

The above-mentioned outputs therefore present the highest priority for the DOH in order to improved outcomes and the health status of the population. The basis of priority regarding compliance with the DOHs policies is based on attainment of these outputs.

Table 7 below outlines the link between NDP goals, NDP priorities and the DOHs priorities for the medium term 2014-2019 in line with priorities regarding compliance to DOHs policies.

Table 7: link between NDP goals, NDP priorities and the DOHs strategic goals

NDP GOALS 2030	NDP PRIORITIES 2030	NDOH STRATEGIC GOALS 2014-2019
Average male and female life expectancy at birth increased to 70 years	Address the social determinants that affect health and diseases	Prevent disease and reduce its burden, and promote health through a multi stakeholder National Health Commission
Tuberculosis (TB) prevention and cure progressively improved;	Prevent and reduce the disease burden and promote health	
Maternal, infant and child mortality reduced		
Prevalence of Non-Communicable Diseases reduced		
Injury, accidents and violence reduced by 50% from 2010 levels		
Health systems reforms completed	Strengthen the health system	Improve health facility planning by implementing norms and standards; Improve financial management by improving capacity, contract management, revenue collection and supply chain management reforms;
	Improve health information systems	Develop an efficient health management information system for improved decision making;
	Improve quality by using evidence	Improve the quality of care by setting and monitoring national norms and standards, improving system for user feedback, increasing safety in health care, and by improving clinical governance
Primary health care teams deployed to provide care to families and communities		Re-engineer primary healthcare by: increasing the number of ward based outreach teams, contracting general practitioners, and district specialist teams; and expanding school health services;
Universal health coverage	Financing universal healthcare	Make progress towards universal

NDP GOALS 2030	NDP PRIORITIES 2030	NDOH STRATEGIC GOALS 2014-2019
achieved	coverage	health coverage through the development of the National Health Insurance scheme, and improve the readiness of health facilities for its implementation;
Posts filled with skilled, committed and competent individuals	<p>Improve human resources in the health sector</p> <p>Review management positions and appointments and strengthen accountability mechanisms</p>	Improve human resources for health by ensuring appropriate appointments, adequate training and accountability measures.

SECTION 6:

DESCRIPTION OF THE EXTENT OF COMPLIANCE WITH THE DOHs POLICIES BY OTHER ORGANS OF STATE AND PERSONS

6. Progress towards Social Determinants of Health

This section provides an overview of the extent of progress or compliance towards the policies of the DOH, particularly on addressing Social Determinants of Health and highlights the extent of compliance by others and challenges that still exist and faced by the DOH.

The extent of compliance with DOHs policies cannot be quantified, however significant progress has been identified in various areas priorities and some could be attributable to compliance by other organs of state to DOHs policies.

Table 8:

DOH POLICY/PLAN/PROGRAMME	EXTENT OF COMPLIANCE	DESCRIPTION OF NON COMPLIANCE BY OTHERS
<p>Addressing Social determinants of health</p> <ul style="list-style-type: none"> ▪ Environmental Health ▪ Primary Health care ▪ Nutrition 	<p>Progress has been made towards providing basic services to improve the physical environment that contribute to social determinants of health, which include no-fee paying schools, social grants, RDP housing, provision of free basic water and sanitation electricity. Results towards the social determinants include a decline in the proportion of the population living below the poverty-line, identification and provision of basic services to indigent households and progress has also been made towards achieving universal primary education, with an increase in adjusted net enrolments ratios in primary education.</p>	<ul style="list-style-type: none"> ▪ Development projects to take into account health considerations e.g. Housing projects, sanitation provision projects, water supply etc
<p>Increasing Life Expectancy</p> <ul style="list-style-type: none"> ▪ Environmental Health ▪ Primary Health care ▪ Nutrition ▪ Health promotion 	<p>The life expectancy of South Africans for both males and females has significantly improved between 2009 and 2013, while premature mortality has decreased both males and females during the same period. The findings commensurate well with StasSA's 2014, midyear population estimates, where the average provincial life expectancy at birth has increased for both males and females in all provinces and has reached 57.7years and 61.4 years respectively in 2013.</p>	<ul style="list-style-type: none"> ▪ Recommended Health staffing norms are not met for health human resources; ▪ Health promotion interventions to be strengthened
<p>Improving Maternal and child health</p> <ul style="list-style-type: none"> ▪ Environmental Health ▪ Primary Health care ▪ Nutrition ▪ Health promotion ▪ Child health ▪ Women's health ▪ HIV/AIDS and Tuberculosis 	<p>The Rapid Mortality Surveillance Report 2013 reflects that the Under-5 mortality has significantly decreased from 56 deaths per 1000 live births in 2009 to 41 deaths per 1000 live births in 2013, which was against the 2010-2014 NDSA targets of 50 deaths per 1000 live births. Infant mortality rate has decreased from 39 deaths per 1000 live births in 2013 to 29 per 1000 live births in 2013.</p>	<ul style="list-style-type: none"> ▪ Recommended Health staffing norms are not met for health human resources;
<p>Prevention of violence and Injury</p>		<p>Violence and Injuries forms one of the four quadruple burden of disease that South</p>

<p>Prevention of the spread of communicable diseases</p> <ul style="list-style-type: none"> ▪ Communicable diseases control ▪ Malaria control ▪ Environmental health 	<p>SA has made strides in Malaria control and has been chosen as one of the countries's to introduce strategies for the elimination of malaria, for zero local transmission cases.</p>	<p>Africa faces. SA has an injury death rate of 158 per 100 000, which is twice the global average of 86.9 per 100 000 population and higher than the African average of 139.5 per 100 000 population.</p> <p>South Africa is endemic to neglected tropical diseases with geographical distribution overlapping with areas endemic to malaria. The country is also prone to infectious disease such as rabies, cholera and hemorrhagic fevers. Malaria on the other hand is one disease that still occurs mainly along the low-lying areas of the country, and approximately 10% of the population live in the malaria endemic areas and are at risk of contracting malaria.</p>
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SECTION 7:

DESCRIPTION OF ARRANGEMENTS FOR COOPERATION WITH OTHER NATIONAL DEPARTMENTS AND SPHERES OF GOVERNMENT

7. Arrangements for cooperation

Extensive environmental legislation has been passed in the country in the past 20 years, in to ensure that the environment and health is protected, and though some sectors of government do address threats' to the environment and human health, a number of limitations still exist in integrating environmental and health considerations. Issues relating to the environment and health in the country are a shared responsibility between various government departments, and due to overlaps that are likely to arise when departments are involved in similar or related activities, this leads to various challenges. This includes duplication of functions in some areas and lack of coordination. The need for a harmonised institutional framework to ensure efficient coordination of environmental shared responsibilities and the effective delivery of services to communities has been identified by many global gatherings, including the Libreville Declaration on health and the environment which calls various activities and priorities for improved cooperation between health and environmental sectors. This includes;

- Establishing a Health and Strategic Alliance as the basis for joint plans of action;
- 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;
- Building national, sub-regional and regional capacities to better prevent environment-related health problems, through the establishment or strengthening of health and environment institutions; and 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, amongst others;

The EMP is therefore a tool that will ensure the realisation of the proposed integration, within a legislated framework provided through Chapter 3 of NEMA.

This section describes arrangement for cooperation with other government departments and spheres of government, including existing and proposed Memorandum of Understanding entered into with a bearing on environmental management.

7.1 Institutional cooperation with international structures

The DoH is a member of the International Programme of Chemical Safety (IPCS). The overall objectives of the IPCS are to establish the scientific basis for assessing risks to human health and the environment from exposure to chemicals. This is achieved through an international peer review process, as a prerequisite for the promotion of chemical safety, and to provide technical assistance in strengthening national capacities for the sound management of chemicals. The IPCS works closely with the International Organisation for the Management of chemicals (IOMC) and the Organisation for Economic Cooperation and Development (OECD) on aspects relating to data and information about chemicals. The United States Environmental Protection Agency (US-EPA) is another organisation that provides current reliable toxicity data that is of the utmost importance during the decision-making process.

South Africa is represented in the International Union of Toxicology (IUTOX) through its Toxicology Society, at whose meeting pertinent issues of global concern on toxicity of chemicals are discussed. The Department of Health forms part of the representation in that structure.

South Africa co-ordinates the Health Sector of the Southern African Development Corporation (SADC) and has ratified the SADC Protocol on Health Co-operation. An implementation strategy for the protocol is finalised, taking into account the reorganisation of the SADC. Among the priority areas are HIV and AIDS for which a regional strategy has been developed.

7.2 Intergovernmental cooperation arrangements

7.2.1 National Health Council (NHC)

The NHC is a legislated body established in terms of the National Health Act, 2003 (Act 61 of 2003) as amended.

The NHC consist of;

- the Minister of Health, who acts as chairperson; the Deputy Minister, the relevant members of Executive Councils; one municipal councillor representing organised local government; the Director-General Health and the Deputy Director-Generals of the department, a person employed and appointed by the national organisation contemplated in section 153(a) of the Constitution; and the head of the South African Military Health Service.

The purpose of the NHC is to advise the Minister on policy concerning any matter that will protect, promote and maintain the health of the population, including amongst others efficient coordination of environmental health services.

7.2.2 National Health Council Technical Committee (NHCTECH)

The NHCTECH is an intergovernmental technical structure formulated to advise the NHC on technical matters that relates to National health Policy. The NHCTECH consist of the Director-General of Health as a chairperson, HODs in the 9 Provincial Departments of Health, Deputy Director-Generals and Chief Directors of NDOH.

7.3 Institutional relationships with provincial government and arrangements with local government

Schedule 4 (Part A and B) of the Constitution stipulated the Functional Areas of Concurrent National and Provincial Legislative Competence. Section 125(2)(b) stipulates that a provincial executive is responsible for implementing all national legislation which falls in an area listed in schedule 4 unless the Constitution or an Act of Parliament provides otherwise. Section 125(3) limits this responsibility to the extent that the Province has the administrative capacity to assume effective responsibility and places an obligation on national government to develop the administrative capacity of the Provinces.

Section 156(6) (a) and (7) limit the legislative competence of a Province over local government matters to-

- Providing for the monitoring and support of local government in the Province (section 155(6)(a); and
- Seeing to the effective performance by municipalities of their functions in respect of the matters listed in schedules 4 and 5, by regulating the exercise by municipalities of their executive authority (section 155(7))

In terms of the National Health Act the three spheres of government are jointly responsible for the operation of a single National Health System. The principle of cooperative governance that underpins this joint endeavour is spelt out in the Constitution.

The Health Promotion, Environmental and Occupational Health division within the DoH in all nine (9) Provinces and three spheres of government have formal communication structures and

perform functions related to the mandate of the DoH. The National DoH develops national legislation, policies, guidelines, norms and standards with regard to health and provides support to provincial and local spheres of government to ensure that all the people of this country have access to basic health services of good quality and that this access improves over time. The DoH shares with other departments the responsibility to protect and promote health.

The Health Care Service is organised within the three (3) spheres of government. Various levels of services are rendered in each of these spheres. The National DoH supports the Provinces, develops national laws and policies in consultation with the Provinces and other stakeholders, assists in the interpretation of policies and in capacity building, and renders tertiary health care services. Provinces support and assist in building capacity in the health district and render secondary and PHC services.

7.3.1 Environmental health Interprovincial forum

Interprovincial programme meetings are formal communication structures established by NDOH to open communication lines between NDOH, PDOH and MHS technical persons to discuss health programme matters. The environmental health interprovincial meeting consists of programme managers from the 9 provinces and representatives of the 52 Municipalities rendering environmental health services functions.

The DoH shares with other departments the responsibility to protect and promote health. Various other programmes within NDOH have similar forums in place.

7.4 Structures for interaction with other national departments and stakeholders

Environment and health aspects in South Africa are multi-sectoral, with some functions cutting across various government departments, which has in some cases resulted in duplication of institutional roles and responsibilities. Therefore DOH has linkages with other government departments on various issues relating to environmental management.

Table 9: Areas of collaboration on DOHs environmental management functions

AREAS OF CO-OPERATION	LEGISLATION	STAKEHOLDERS
<ul style="list-style-type: none"> ▪ Environmental Impact assessment ▪ Environmental Management ▪ Air Quality management ▪ Environmental Pollution control ▪ Control of Hazardous Substances (Including Health Care Risk/General Waste) ▪ Chemicals management ▪ Biodiversity Conservation ▪ Climate change and health 	<ul style="list-style-type: none"> ▪ NEMA ▪ Air Quality Act ▪ Environmental Conservation Act ▪ Hazardous Substance Act 	Department of Environmental Affairs
<ul style="list-style-type: none"> ▪ Water and Sanitation ▪ Health and Hygiene Education ▪ Water Quality Monitoring 	<ul style="list-style-type: none"> ▪ National Health Act ▪ National Water Act 	Department of Water and Sanitation
<ul style="list-style-type: none"> ▪ Accommodation and Recreational Facilities ▪ Indoor air Quality ▪ Sitting; Sanitation 	<ul style="list-style-type: none"> ▪ National Health Act 	Department of Human Settlement
<ul style="list-style-type: none"> ▪ Municipal Health Services ▪ Municipal Infrastructure Development Projects 	<ul style="list-style-type: none"> ▪ National Health Act 	Department of Cooperative Governance and Traditional Affairs
<ul style="list-style-type: none"> ▪ Pesticides Safety ▪ Food security ▪ Animal health 	<ul style="list-style-type: none"> ▪ Hazardous Substance Act ▪ Farm Feeds Fertilisers and Stock Remedies Act 	Department of Agriculture, Fisheries and Forestry
<ul style="list-style-type: none"> ▪ Conveyance of Hazardous Substances by Road Tankers 	<ul style="list-style-type: none"> ▪ National Road Traffic Act ▪ Hazardous Substance Act 	Department of Transport
<ul style="list-style-type: none"> ▪ Port Health Services 	<ul style="list-style-type: none"> ▪ International Health Regulations of 2005 	Department of Home Affairs; South African Revenue Services; Department of Safety and Security
<ul style="list-style-type: none"> ▪ Health, Hygiene and Safety at Workplace ▪ Management of Asbestos Related to Health Problems 	<ul style="list-style-type: none"> ▪ Occupational Health and Safety Act 	Department of Labour
<ul style="list-style-type: none"> ▪ National Outbreak Response Control of Communicable Diseases ▪ Delivery of health services 	<ul style="list-style-type: none"> ▪ International Health Regulations ▪ National Health Act 	South African National Defence Force

Table 10 below highlights other cooperative arrangements mechanism between DOH and other government departments on matters that relates to environmental management and protection of human health.

There are various co-operative mechanisms through which ties are maintained. The following are some of the mechanisms available to facilitate co-operative governance:

Table 10: Cooperative governance structures/mechanisms

COOPERATIVE COMMITTEE/MOUs	DESCRIPTION OF THE PURPOSE OF CO-OPERATION MECHANISM	LIFESPAN (IF APPLICABLE)	COOPERATIVE MECHANISM PATNERS/ROLE PLAYERS	ARE PARTIES ROLE PLAYERS COMMITTED TO THE MECHANISM
National Committee on Chemicals Management (NCCM)	To coordinate matters relating to chemicals management and hazardous substances	Ongoing	DEA DOH DAFF	Yes
Boarder Control, Coordinating Committee (BCOCC)	To coordinate all matters that relates to boarder management and the role of relevant departments	Ongoing	ACSA DHA DOH SAPS	Yes
Sub-Committee for EMPs/EIPs	To facilitate compliance with the requirements of Chapter 3 of NEMA: Procedures for Cooperative Governance. All listed national departments and provinces are required to develop EMPs and/or EIPS and report annually on progress with regards to implementation of the published EMPs/EIPs.	2005-ongoing	All listed national departments and all 9 provinces	Yes
National Sanitation Task Team	To provide oversight to the sanitation sector and coordinate sanitation provision and formulation of the necessary interventions were required by various role players.	2000-ongoing	DWS(lead) DOH DBE SALGA COGTA	Yes
Medical National Outbreak Preparedness and Response Team	To coordinate disease outbreak preparedness and response	Ongoing	DOH DWS NICD DAFF WHO	Yes
Integrated School Health	To coordinate on matters of	Ongoing	DOH	Yes

Programme	health, safety and education of children in the school environment		DBE DSD	
National Climate Change Coordination Committee	To coordinate matters of climate change by sectors departments and stakeholders		DEA (lead) DAFF, DOL, DMR, DOL DOH DWS	Yes
Negotiated Service Delivery Agreement: Outcome 2:	To facilitate agreement for cooperation between NDOH and other key role players in linked to the delivery of health outcomes.	2009- ongoing	DOH DSD, DWS, DEA DAFF	Yes
SANA task team	To promote and foster the environment and health alliance through a Situational Analysis and Needs Assessment for the preparation of Joint Action plans for implementation of the Libreville Declaration on health and environment.	2012-Ongoing	DOH DEA DAFF	Yes/Adhoc
Water Quality Task Team	To improve intersectoral collaboration on water quality for irrigation purposes.	2012- ongoing	DOH DAFF DWS	Yes/Adhoc
WASH task team	To promote integration of Water, Sanitation and Hygiene aspects in decreasing child mortality rates.	Proposed from 2015	DOH UNICEF	
National health climate change steering committee		Proposed from 2015	DOH DEA DAFF Research bodies, DWS	

The DoH also cooperates and collaborates with various NGOs on matters that provide technical support on matters concerning health programmes, policy, plans, legislation and related aspects.

Table 11: Health NGOs

STAKEHOLDER/PARTNER	AREAS OF COLLABORATION
United Nations Children's Fund (UNICEF)	<ul style="list-style-type: none"> ▪ Reduction of Child mortality ▪ Reduction of maternal morbidity and mortality ▪ To reduce neonatal morbidity and mortality
WHO (World Health Organisations)	<ul style="list-style-type: none"> ▪ Improvement of population health ▪ Diseases Control ▪ Environmental Health ▪ Child Health ▪ Health System's strengthening.
STOP TB	<ul style="list-style-type: none"> ▪ Improve TB prevention, diagnosis and treatment amongst South African population at risk
CSIR (Centre for Scientific and Industrial Research)	<ul style="list-style-type: none"> ▪ Health Research
WRC (Water Research Commission)	<ul style="list-style-type: none"> ▪ Health Research
STATSSA (Statistics South Africa)	<ul style="list-style-type: none"> ▪ Health statistical support, Burden of disease trends
Medical Research Commission (MRC)	<ul style="list-style-type: none"> ▪ Health Research
NCAS (National Council Against Smoking)	<ul style="list-style-type: none"> ▪ Tobacco control and Smoking cessation
Heart and Stroke Foundation	<ul style="list-style-type: none"> ▪ Improvement of the management of non communicable diseases ▪ Promotion of health lifestyles
Diabetes SA	<ul style="list-style-type: none"> ▪ Reduction in the incidence of Diabetes ▪ Improve treatment and management of Diabetes ▪ Promotion of health lifestyles
National Institute for Communicable Diseases (NICD)	<ul style="list-style-type: none"> ▪ Monitoring of Disease Trends, Prevention and Treatment
Institutions of Higher Learning	<ul style="list-style-type: none"> ▪ Health research ▪ Training and Education

SECTION 8:**PROPOSALS FOR THE PROMOTION OF OBJECTIVES AND PLANS FOR THE IMPLEMENTATION OF THE PROCEDURES AND REGULATIONS OF CHAPTER 5 OF NEMA****8. Integrated Environmental Management**

Chapter 5 of the NEMA provides for the promotion of the application of appropriate environmental management tools in order to ensure Integrated Environmental Management (IEM) of activities.

The general objectives of purpose of integrated environmental management are to:-

- a) Promote the integration of the principles of environmental management set out in section 2 of NEMA into the making of all decisions which may have a significant effect on the environment;
- b) Identify, predict and evaluate the actual and potential impact on the environment, socio-economic conditions and cultural heritage, the risks and consequences and alternatives and options for mitigation of activities , with a view to minimising negative impacts, maximising benefits, and promoting compliance with the principles of environmental management set out in section 2 of NEMA;
- c) Ensure that the effects of the activities on the environment receive adequate consideration before action are taken in connection with them;
- d) Ensure adequate and appropriate opportunity for public participation in decisions that may affect the environment;
- e) Ensure consideration of environmental attributes in management and decision-making which may have a significant effect on the environment;
- f) Identify and employ the modes of environmental management best suited to ensuring that a particular activity is pursued in accordance with the principles of environmental management set out in section 2 of NEMA.

Table 11 below represents environmental health proposals on the implementation of integrated environmental management tools and proposals in which IEM will be implemented to achieve DOHs environmental management mandate.

Table 11:

IEM TOOL	PROPOSALS/ RECOMMENDATIONS FOR IMPLEMENTATION
Environmental Impact Assessment	<p><u>Emphasis on human health impacts of development</u> EIA has been used as a decision-making tool to assess and mitigate the negative environmental effects of development projects, programmes or policies. A health impact assessment is defined as “a combination of procedures, methods and tools by which a policy, programme or project may be judged as to its potential effects on the health of a population, and the distribution of those effects within the population.</p> <p>The DOH places great emphasis on the prevention and management of adverse effects of development on human health, and on the promotion of healthy environments. Therefore, the development and promotion of instruments for the systematic evaluation and mitigation of health impacts of development is a primary concern. While development in various sectors has resulted in tremendous socio-economic progress and improvements in the quality of life, the adverse impacts from these developments on the environment, social structure and human health have however, in most cases not been adequately assessed and addressed.</p> <p>It is therefore critical for the inclusion and integration of Health Impact Assessment in EIA for development projects, to ensure a comprehensive consideration of both negative and positive health impacts of a proposed development project.</p> <p>The integration of HIA into EIA would not only prove beneficial to the broader public health and sustainable development objectives, but would also limit administrative issues that are linked to individual processes, if DOH is to legislate separately. Integration will also allow for greater transparency in decision-making.</p> <p>The proposal is for EIA legislation to emphasise human health as part of the physical environment, therefore identifying HIA as one of the specialist studies required in EIA.</p> <p>DOH has ceased operation of onsite treatment of HCW by incineration in all of the Regional and Tertiary Hospitals due to non-compliance of the operations. Currently the management of HCW, particularly treatment and disposal has been outsourced in all 9 provinces, which for some provinces meant that waste is transported across provincial borders for treatment and disposal. Proposal for DEA to take DOH through the process of EIA for on-site incineration to support smaller facilities and treat waste that is treatable onsite.</p>
Strategic Environmental Assessment	<p>While many health determinants are directly affected by activities of other sectors (including those in which SEA is applied), the health sector is not often involved in decision-making processes of other sectors, especially at the strategic level. The legal provisions for SEA will present the health sector with an opportunity to influence developments in the environmental and development sector and provide a key platform for cross sectoral dialogue on a range of issues in order to improve people's health and well-being.</p> <p>Health inclusive SEA can help identify opportunities and adopt action to prevent disease and to avert unnecessary health costs. Recognizing that a substantial share of the global burden of disease could be prevented</p>

	<p>through interventions that address the environmental root causes of disease, the return on investments made in primary prevention in the environmental domain can be considerable.</p> <p>Although the environmental report of any SEA has to provide information on all likely significant effects on the environment, including human health, it is desirable that health issues are considered in dedicated sections or documents.</p>
Environmental Risk Assessment	<p><u>Environmental and human risk assessment</u></p> <p>Environmental Risk Assessment is a systematic analysis of the likelihood that the environment will experience a specified level of harm as a result of an activity. Environmental decisions and actions will in all likelihood have an impact on human health.</p> <p>For ERA to take full considerations of the risks to human health and wellbeing of an activity, the practice of environmental health and health impact assessment is critical, to take decisions that will mitigate and reduce the risks faced by vulnerable communities.</p>

**SECTION 9:
OUTCOMES AND KEY PRIORITY INDICATORS FOR EMP FOR 2015-2020**

9. Performance assessment indicators and action areas

This section provides performance assessment indicators to be monitored and reported on for 2015-2020 EMP cycle. These EMP indicators are directly aligned to health sector indicators in the NDP and DOH strategic plan for 2015-2020.

Table 12 depicts the priority actions for 2014-2019 to be undertaken by the Department with regards to its environmental management functions

OUTCOME	ACTION/ ACTIVITIES	RESPONSIBILITIES	PROPOSED TARGETS	INDICATORS
Establishment of the internal multi-faceted environmental management and co-ordination committee	<ul style="list-style-type: none"> Internal environmental coordination committee established and functional 	NDOH	<ul style="list-style-type: none"> Appointment of committee members by DG Quarterly committee meetings held 	# of meetings held
Eliminate Malaria by 2018 , so that there is zero local cases in the country	<ul style="list-style-type: none"> Eliminate Malaria by 2018 , so that there is zero local cases in the country 	NDOH PDOH	<ul style="list-style-type: none"> 0 Malaria cases per 1000 population at risk 10 districts targeted for Malaria reporting cases within 24 hours of diagnosis 	<ul style="list-style-type: none"> Malaria incidence per 1000 population at risk # of districts targeted for malaria elimination reporting malaria cases within 24 hours of diagnosis
Improve Environmental health and management services	<ul style="list-style-type: none"> Develop, review and update environmental management related policies, guidelines and other supporting legislation of the DOH 	NDOH PDOH Local government	<ul style="list-style-type: none"> Finalise and implement the National Environmental health strategy Finalise the Hazardous substances Bill Develop the National health water and sewerage management guiding standards National health air quality health policies and guidelines available Capacitate provinces and municipalities on published national environmental norms and standards 	<ul style="list-style-type: none"> EH Strategy available and implemented Hazardous substance bill enacted in parliament Water quality standards for public health parameters, for recreational water and final effluent available # Provinces and municipalities capacitated on available standards. #Provinces and municipalities capacitated.

	<ul style="list-style-type: none"> ▪ Monitor the implementation and compliance to the Regulations on management of health care risk waste in health facilities ▪ Ensure the rollout of the National Hand hygiene campaign ▪ Monitor the availability and implementation of core capacities action plans in points of entry. ▪ Ensure the implementation of a national chemical safety programme. ▪ Ensure the rendering of environmental health services in line with available policies. 	NDOH	Audit health facilities for implementation of the Health care waste regulations in health facilities	# facilities inspected and audited for compliance
	<ul style="list-style-type: none"> ▪ Capacitate provincial outbreak response teams to respond to zoonotic, infectious and food-borne disease outbreaks 	NDOH	Province and municipalities on rendering of EH functions in line with the EH norms and standards.	# of provincial outbreak response teams capacitated to respond to zoonotic, infectious and food-borne outbreaks
Strengthen preparedness and core response capacities for public health emergencies in line with IHR 2005	<ul style="list-style-type: none"> ▪ Develop and implement a strategy for the integration of disease surveillance systems for Notifiable Medical conditions ▪ To develop policy and legislative framework for occupational health 	NDOH	Strategy for implementation and integration of disease surveillance systems for NFM developed	Disease surveillance system operational
Establish a coordinated disease surveillance system for Notifiable Medical conditions				
Develop policy and legislative framework for		NDOH	Amend and gazette the Occupational Diseases in Mines and	Review occupational health legislative

occupational health and compensation	and compensation		Works Act, 1973	framework
Establish the National Public Health Institutes of South Africa (NPHISA) for disease and injury surveillance	<ul style="list-style-type: none"> To establish the National Public Health Institutes of South Africa (NPHISA) for disease and injury surveillance 	NDOH	Develop legal framework to establish a NAPHISA	NAPHISA established and fully operational
Improve contracting and supply of medicines	<ul style="list-style-type: none"> Improve contracting and supply of medicines through innovative service delivery models 	NDOH	Implement control towers in 7 provinces	Control Towers implemented in 7 provinces
Implement a strategy to address antimicrobial resistance (AMR)	<ul style="list-style-type: none"> Implement a strategy to address antimicrobial resistance 	NDOH PDOH	1, 500 000 patients receives medicines through centralised chronic medicine dispensing and distribution system	Number of patients receiving medicines through centralised chronic medicine dispensing and distribution system AMR fully implemented
Regulate African Traditional Practitioners	<ul style="list-style-type: none"> Regulate African Traditional Practitioners 	NDOH	Implement the AMR	Council for traditional Practitioners established
Improve health learning among school going children	<ul style="list-style-type: none"> Improve health and educational outcomes amongst school-going children by rolling out Integrated School Health Programme (ISHP) 	NDOH	50% of grade 1 children and 25% of grade 8 children screened	School grade 1 and 8 screening coverage annualised
Improve access to community based primary health care services	<ul style="list-style-type: none"> Improve access to community based primary health care services 	NDOH, District health	3500 functional ward based primary health care outreach teams established and functional	#Functional Primary health care outreach teams
Improve the quality of hospital services	<ul style="list-style-type: none"> Ensure quality health care by improving compliance with National Core standards at all central, tertiary, regional and tertiary hospitals 	NDOH PDOH Private sector	Full compliance with national core standards in 10 central, 17 tertiary, 46 regional and 63 specialised hospitals.	#Hospitals that comply fully with national core standards
To build new and improve the quality of existing health infrastructure in South	<ul style="list-style-type: none"> To build new and improve the quality of existing health infrastructure in South Africa 	NDOH	872 facilities maintained, repaired and/or revitalised	#Facilities maintained, repaired and/or revitalised

	per 1000 live births			<ul style="list-style-type: none"> Child under 5 year diarrhoea case fatality rate Child under 5 years pneumonia case fatality rate child under 5 years acute malnutrition case fatality rate Confirmed measles case incidence per million total population Measles 2nd dose coverage
<p>Undertake a massive TB screening campaign</p> <p>Improve TB prevention, diagnosis and treatment amongst population at risk</p>	<p>Screen all health facility attendees for TB.</p> <p>To improve TB prevention, diagnosis and treatment amongst population at risk</p>	PDOH Districts	<ul style="list-style-type: none"> Screen at least 90% health facility attendees Screen community members in peri-mining areas for TB Inspect control mines on TB control and management 	<ul style="list-style-type: none"> Clients under 5 years and older screened at health facilities for TB symptoms rate Number of community members in 6 peri mining communities screened for TB Percentage of controlled mines inspected on TB control and management

Table 14: Outcomes and Key Priority Indicators for 2014-2019 in respect to corporative governance

COOPERATE GOVERNANCE MECHANISM	OUTCOMES	ACTIVITIES	RESPONSIBILITIES	PROPOSED TARGETS	INDICATORS
Implementation of the Climate Change and health adaptation plan commitments	<ul style="list-style-type: none"> Establishment of structure of a national action plan 	<ul style="list-style-type: none"> Designate national focal point at NDOH Establish a national Climate Change and Health Steering Committee Undertake national consultative meetings 	DOH WHO DEA DAFF	<p>Terms of reference for the committee developed</p> <p>Establish a multi-facet steering committee to drive vulnerability assessments</p>	<p>Terms of reference defined</p> <p># of meetings held</p>
	<ul style="list-style-type: none"> National Vulnerability and health system assessments 	<ul style="list-style-type: none"> Identify areas and populations at risk of climate change effects 	DOH DRDLR	<p>Health status of readiness assessed</p>	<p># health facilities with full capacity to handle casualties of climate</p>

<p>Improve health related water quality management coordination</p>	<p>Improved cooperation and alignment between health authorities and WSAs on water quality monitoring</p>	<ul style="list-style-type: none"> ▪ Establish a national water quality monitoring coordination committee ▪ Improve alignment on blue drop/green drop system for water quality monitoring of MHS and WSAs through MOU ▪ Improve cooperative working arrangements 	<p>DOH DWS</p>	<p>Create a roster of experts on climate change and health (international, national, regional level). Establish knowledge management networks Develop a communication strategy for community for climate change and health. Review/update existing climate change and health research. Organize a national workshop to promote research and policy dialogue. Design and implement a monitoring and evaluation framework for the implementation of the NCCHAP. Establish cooperation mechanism on water quality. Develop MOU to clarify roles and responsibilities in water quality.</p>	<p>Roster of experts available. Knowledge management networks available. National health communication plan available. Existing research updated/reviewed. National workshop held. M&E framework designed and implemented # Meetings held. MOU/cooperative working arrangements in place between DOH/DWS in place # water samples taken by EHPs uploaded on the blue drop system MOU/MOA in place between DEA and DOH</p>
<p>Integrate HIA into the broader</p>	<p>Integrated Environmental Health Impact</p>		<p>DOH DEA</p>	<p>Influence EIA legislation to ensure that health is</p>	

processes of EIA	Assessment	on EIA processes for consideration of Human health aspects	fully considered.	# of EHIA conducted within EIA processes
Adopt environment friendly options in rendering of health care services	Ensure compliance to NEM; Air Quality Act	<ul style="list-style-type: none"> Revitalisation of hospital boiler system to reduce harmful emissions and effects of coal-based boilers. 	Construct New or revitalise old hospital boilers that comply with the gazetted norms and standards.	# Health facility boilers constructed or revitalised.
	Implementation of the Minnamata Convention on Mercury	<ul style="list-style-type: none"> Phase out the use of mercury-based medical devices in all public health facilities 	Implement policies relating to the phasing out of mercury based medical devices.	# Provinces with mercury policies. #Health facilities utilising non-mercury devices
	Initiatives for recycling of available mercury based medical devices	<ul style="list-style-type: none"> Recycle mercury from all health devices and lights 	Develop an audit tool and audit health facilities	# Facilities with mercury recycling initiatives
	Energy reduction and green procurement initiatives	<ul style="list-style-type: none"> Develop and implement energy efficiency programmes Develop and implement green procurement policies 	Develop an audit tool and audit health facilities	# Provinces with energy and water efficiency policies # of health facilities with energy efficiency and water conservation programmes in place #Health facilities implementing green procurement policies
	Audit health facilities for compliance to the HCW legislative prescripts	<ul style="list-style-type: none"> Audit health facilities for compliance to waste legislative requirements 	Develop an audit tool and audit health facilities	% Health facilities audited

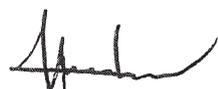
SECTION 10:**CONCLUSION**

The linkages between the status of the environment and human health cannot be underestimated. When hazards exist in the environment and human are exposed to these hazards, a relationship is established between the exposure level to these hazards and health outcomes of the particular community. Environmental health is therefore a key practice that seeks to protect human health by combating, physical, chemical, social and biological threats in the environment. South Africa is in that era as a developing country, which necessitates an improved environmental health management approach and systems. Therefore the success of environmental health is dependent on improved cooperation and collaboration with other government sectors and on broadening and deepening the extent and scope of community involvement and social mobilisation in all aspects of environment and health conservation and protection at local level.

The DOHs 1st Edition published on 16 April 2003 after the promulgation of the NEMA, 1998 was the initial step by the department to endeavour to comply with the requirements of Chapter 3 of NEMA. Amidst various challenges in implementing commitments within the 1st Edition, the DOH strived for compliance. DOH has however, not made much progress in implementing its adopted EMP and one main reason was attributed to unavailability of a focal person/committee within DOH to coordinate EMP matters. Therefore the driving force behind the 1st Edition EMP was merely for compliance purposes, which resulted in malicious compliance.

The 2nd Edition EMP however was developed and implemented under different circumstances. The DOH had started to prioritise issues of environmental management and not only for compliance to the requirements of Chapter 3 of NEMA, but to focus more on strengthening cooperation and collaboration with other relevant sectors on matters that may affect the environment and human health. However, DOHs EMP focused more on environmental health aspects of DOHs environmental management functions and there was a limitation on other critical aspects. The main challenge in implementation of the 2nd Edition EMP was weak internal cooperation on matters of environmental management.

The 3rd Edition EMP therefore aims to ensure compliance by DOH on environmental management and to adhere to the principles of NEMA and to ensure environmental sustainability. This EMP aims to ensure that DOH strengthens its linkages with other sectors to ensure the protection of human health and a multi-sectoral approach on issues affecting the social determinants of health, participation on climate change matters, reduction of health sector carbon footprint amongst others.



MP MATSOSO

DIRECTOR-GENERAL: HEALTH

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