THE REPUBLIC OF UGANDA

Ministry of Health

ENVIRONMENTAL HEALTH DIVISION

National Environmental Health Policy

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THE REPUBLIC OF UGANDA

MINISTRY OF HEALTH

National Environmental Health Policy

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1.0 Introduction

This policy establishes the environmental health priorities of the Government of Uganda and provides a framework for the development of services and programmes at national and local government levels. It has been developed in support of the National Health Policy and primarily concerns the role of the Ministry of Health. However, environmental health is a cross-cutting discipline and the policy therefore has implications for other departments and agencies.

1.1 Definitions

The World Health Organization defines environmental health as follows:

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

Environmental health encompasses a wide range of subjects but in the Ugandan context is concerned primarily with: water supply, sanitation and hygiene promotion; solid, liquid, hazardous and health care waste management; air pollution control; food safety and hygiene; the control of insect vectors and vermin; occupational health and safety; road safety; and housing conditions.

Environmental sanitation is a subset of environmental health and for the purposes of this policy refers to the safe management of human excreta and associated personal hygiene; the safe collection, storage and use of drinking water; solid waste management; drainage; and protection against vermin and other disease vectors.

Sanitation is a somewhat narrower term and in this document it refers to the safe management of human excreta.

Environmental health activity is concerned with:

- the control of environmental factors that affect health; and
- the provision of infrastructure and environmental services necessary for health.

The latter includes, for example: municipal waste collection and disposal and the provision of public water supply, drainage and sewerage networks.

2.0 Situation analysis

A few decades ago, Uganda was able to adopt viable strategies for securing and maintaining sanitary conditions. A number of factors made this possible, including: a vibrant economy that made it possible for citizens to implement Government rules and regulations; effective machinery for law enforcement via the Public Health Act and subsidiary regulations; respect for tribal leaders and local authorities; an effective Environmental Health Department with capacity to carry out community mobilisation and sensitisation on environmental health at all levels; and a substantially lower, and less complex, level of environmental pollution.

Following political turmoil and the breakdown of law and order in the 1970s and early 1980s, environmental health conditions deteriorated substantially. National latrine coverage, for example, fell to 30% in 1983, its lowest recorded level. These problems were exacerbated by economic instability, population pressure and limited attention to preventive health strategies.

The current environmental health profile of Uganda has not been fully documented, but is characterised by the following:

2.1 Environmental conditions

Poor environmental sanitation and hygiene
According to GoU / UNICEF data, domestic latrine coverage currently stands at a little over 50%, but varies enormously across the country: in some areas it is as low as 10%, in others as high as 90%. Levels of latrine use and of hand washing at critical times are uncertain, but known to be significantly lower. The amount of water used per capita is also low: 12 litres per capita per day on average, according to the Water and Sanitation Sector Revised PEAP document 2003.

Following the Declaration of Universal Primary Education in 1997, the need to provide adequate water supply and sanitation facilities in schools has increased. The enrolment of pupils in primary schools

has almost doubled (from 4 to 7 million) and as a result, the pupil:latrine ratio in the year 2002 stood at 700:1 (UNICEF Country Programme 2001-2005).

Management of the safe water chain from source to the point of consumption is another key concern. Common problems include unprotected sources, inadequate treatment and poor maintenance of piped systems, and poor hygiene practices in the collection, storage and use of water.

Poor drainage and inadequate arrangements for solid waste collection further contribute to an unhealthy domestic environment for many people, especially the urban poor. Densely populated unplanned settlements lacking basic infrastructure and services are particularly prone to the rapid spread of disease.

Sanitation in Internally Displaced People's camps is also an urgent issue since inadequacies in sanitation have caused outbreaks of diseases like cholera.

Further risks arise from the poor management of insect vectors and vermin - especially in densely populated areas - and poor food hygiene, both domestic and in the commercial preparation, storage and sale of food.

Degradation of the natural environment

Healthy living conditions are threatened by increased deforestation, the destruction of wetlands and natural water filters, and rural-urban migration with its associated pressure on the environment in terms of soil erosion and contamination and over-exploitation of ground water resources.

Environmental pollution

Though the full extent of the impact on health is unknown, significant risks to health are posed by the burning of wood and other domestic fuels in poorly ventilated homes.

Added to this is a growing level of air, soil and water pollution arising from commercial and industrial operations and the growth in road traffic. Noise, pollution is set to increase as Uganda becomes increasingly urbanised.

Accidents and occupational hazards
Health and safety at work is a growing and neglected area of concern, as are other environment-related accidents. Road traffic accidents are now among the top 10 leading causes of morbidity and mortality in Uganda and the numbers are increasing (Police Report 1991-2000), while deaths from drowning are also common.

2.2 Burden of environment-related disease

The above conditions have led to a high incidence of environment-related disease in Uganda, with over 75% of premature deaths resulting from preventable diseases according to a Directorate of Health Services survey in 2000-2001. Furthermore, between 1995 and 2000, infant mortality increased from 81 to 88 deaths per 1,000 births, under-five mortality increased from 147 to 152 deaths per 1,000 births, and maternal mortality fell only marginally from 527 to 505 per 100,000 live births.

The high incidence of diarrhoea has also remained a leading cause of nutritional stunting (a form of malnutrition) which stood at 38% in 1995. Lack of appropriate sanitation facilities in primary schools has also led to a high drop-out rate of adolescent girls, and 2.7% of the students' whole time is lost due to sanitation-related sickness and injuries.
Turning to adults, estimates based on findings from 1992-3 integrated household surveys indicated that an average of 3.5% of all work-time was lost due to sanitation-related sickness or injuries.

Access to safe water and sanitation services are important interventions in reversing all of the above trends.

Acute respiratory tract infections, diarrhoeal diseases, intestinal helminths and malaria are all environment-related and are the most common causes of adult and child deaths. Other diseases linked to poor environmental conditions include tuberculosis, skin infections, maternal and prenatal conditions, mental illness and cardiovascular diseases. Furthermore, there is an emerging burden of non-communicable diseases such as hypertension, cancer, and chronic degenerative diseases, all of which are related to a degraded environment. Women and children bear the highest proportion of the burden of ill health, being exposed to their hazardous domestic environment for the longest periods.

2.3 Environmental health strategy and services

Under current decentralised arrangements, environmental health service delivery is a function of District Health Departments in rural areas and Public Health Departments in towns, with the Environmental Health Division providing technical support and guidance from the centre.

While public health legislation is still in force, environmental health staff find it increasingly difficult to secure environmental health improvements via law enforcement, due to a combination of factors including poverty, which makes it difficult for individuals and small businesses to meet environmental health standards, a general lessening of respect for the authority of government officers and a lack of local political support for legal action. This renders environmental health staff powerless to combat some environmental health hazards, especially in urban areas.

Apart from enforcement, environmental health staff have a long-established role in promoting domestic sanitation and hygiene, but this is generally confined to periodic visits to communities during which hygiene promotion messages are disseminated. These are not generally sufficient on their own to make a lasting impact, but rarely do local Health Departments (or any other government departments) initiate comprehensive programmes that both promote environmental health improvements and actively assist communities in making them. There have been some special initiatives, often spearheaded by NGOs, but documentation and the sharing of lessons learned has been weak.

Most of Uganda has seen only limited progress in expanding latrine use in recent years. One reason for this is the low priority given to sanitation at local government level by all departments, including Health. There has, until recently, been no obligation on Health Departments or local authorities to prioritise sanitation and, while funding for domestic and school sanitation initiatives is available via central grants, rarely are significant amounts deployed for this purpose at district and sub-district level.

A further problem relates to institutional roles and responsibilities. While responsibilities for the promotion and provision of domestic, school, public and institutional latrines are split between three Ministries (Health, Water and Education), there is currently only limited inter-sectoral collaboration

3. Although traditional environmental health approaches based on inspection, advice and enforcement of the Public Health Act have proved effective in the past, there is need to also place much emphasis on community mobilisation and proactive assistance in order to accelerate change and bring about widespread improvements in sanitation and hygiene behaviour.

4. Environmental health is a broad subject that touches on a variety of technical disciplines and has implications for a number of government departments and agencies. Inter-sectoral collaboration is, therefore, a pre-requisite for progress in addressing national environmental health challenges.

5. Environmental health interventions should be planned and implemented on an equitable basis, with resource allocation based on the principle of 'some for all' rather than 'all for some'.

6. Environmental health strategies should strike a well designed and appropriate balance between promotion, facilitation and law enforcement in order to secure environmental health improvements, particularly within poor rural and urban communities.

7. Routine inspection of building sites and premises, in order to ensure compliance with the Public Health Act and all other relevant bye-laws, will continue to be undertaken by Environmental Health Officials.

8. Interventions should maximise community participation and empowerment, to encourage and enable people to take responsibility for environmental health matters under their direct control, for example the construction and use of household latrines and hand-washing facilities.

9. Interventions should respond to the differing needs of men, women and children, while recognising that women are the main users of water and sanitation facilities.

10. Efforts should be made to harness the human and technical resources of NGOs, CBOs and the private sector in the planning and implementation of local interventions.

and ownership by the users, to 75% of the population in rural areas and 100% of the urban population by the year 2000 with 80%-90% effective use and functionality of facilities". While this objective was not fulfilled by 2000, it remains a key point of reference for national water strategy.

The policy establishes that new domestic water and sanitation services should be developed on the basis of 'some for all rather than all for some' and adopts a set of guiding principles for development that include: protection of the environment and safeguarding of health; community involvement including the full participation of women; community management of services backed by measures to strengthen local institutions; a demand-based approach to service provision; and the prioritisation of resource allocations for those segments of the community that are currently un-served or under-served. The Environmental Health Policy supports these principles.

National Environment Management Policy (1994)

The National Environmental Management Authority is the principal body responsible for environmental management in Uganda, including environmental planning and monitoring, environmental impact assessments, pollution control and the establishment of environmental standards. The environmental health policy does not duplicate existing environmental policy but deals specifically with health-related environmental issues that come under the umbrella of environmental health strategy and practice.

The Kampala Declaration on Sanitation

This declaration, which was endorsed in 1997 by national and district leaders as well as Uganda's development partners, sought to establish a framework for the development of national sanitation strategy based on the following principles:

1. Environmental sanitation is a basic human right and a responsibility for every citizen.
2. Community participation with districts, lower local governments, administrative units and religious leaders shall be the framework for delivery of environmental sanitation services.
3. The Government shall create an enabling environment and facilitate the provision of services at all levels, and service delivery shall be enhanced through the increased participation of the private sector, and the social intermediary sectors (NGOs).

preventive health actions and using health services when necessary. The achievement of human development thus depends on the mobilisation of communities.

National Health Policy (2001) and Health Sector Strategic Plan (HSSP II)

The National Health Policy prioritises the provision of health services that are demonstrably cost-effective and have the largest impact on reducing mortality and morbidity. Together these services constitute the Uganda National Minimum Health Care Package (UNMHCP).

HSSP II states that *"the improvement of environmental health aims to contribute to the reduction of morbidity, mortality and disability among the people of Uganda through improvements in housing, use of safe water, food hygiene promotion, waste management and control of vectors/vermin... Over 75% of Uganda's disease burden is considered to be preventable as it is primarily caused by poor personal and domestic hygiene and inadequate sanitation practices (failure to break the faecal-oral disease transmission routes). Other preventable diseases include malaria, acute respiratory infections (ARI), diarrhoeal diseases (DD), HIV/AIDS and vaccine preventable diseases. This massive burden of preventable disease results in diminished productivity and increased poverty."*

The HSSP II thus reflects increasing attention to integrated, preventive health strategies. The fourth, 'cross-cutting' cluster of the HSSP comprises interventions in health education and promotion; environmental health; school health and community health; internally displaced populations; extension work from other sectors; and the control of diarrhoeal diseases.

This policy provides a framework for the design and implementation of the environmental health component of the cross-cutting cluster.

National Water Policy (1999)

The National Water Policy promotes the integrated and sustainable management of water resources in Uganda. Its key environmental health objective is to achieve "sustainable provision of safe water within easy reach and hygienic sanitation facilities, based on management responsibility

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9. Interventions should respond to the differing needs of men, women and children, while recognising that women are the main users of water and sanitation facilities.

10. Efforts should be made to harness the human and technical resources of NGOs, CBOs and the private sector in the planning and implementation of local interventions.

11. Environmental health initiatives should exploit the potential of the new integrated approach to village-level health interventions established via the Cross-Cutting Cluster of HSSPII. There may be scope for synergies between sanitation strategies and strategies for school health, malaria and HIV / AIDS.

6.0 Policy objectives

The objective of this policy is to create an enabling environment for the achievement and maintenance of healthy living conditions in rural and urban areas.

6.1 Policy Implementation

In pursuit of the policy objective, the Ministry of Health will:

- actively promote and support the adoption of a national sanitation strategy via the National Sanitation Working Group, and the development and implementation of local government water supply, sanitation and hygiene promotion plans;
- implement the Food Safety Strategic Plan and other key activities summarised in Table 1;
- ensure that environmental health staff at national and local government level are suitably skilled and equipped to meet current environmental health challenges;
- strengthen the monitoring of key environmental health indicators nationally and at local government level, and then use that information to guide environmental health strategy and planning;
- undertake focussed research to fill specific knowledge gaps relevant to urban and rural environmental health needs; and
- support measures to ensure that adequate resources for policy implementation are allocated by the centre and utilised appropriately by towns and districts.

7.0 Institutional arrangements for environmental health

Environmental health services are delivered at town and district level and below, with the lead role played by environmental health staff working under the District Director of Health Services in districts, and in Public Health

Departments in towns. The role of the central Environmental Health Division includes to:

- support the co-ordination of national sanitation activities via the National Sanitation Working Group established in accordance with Undertakings of both the Health and Water Joint Sector Reviews (2003).
- provide technical support and operational guidance to local government environmental health services and inter-sectoral district sanitation plans;
- advocate to ensure that environmental health receives due attention in national planning and resource allocation processes;
- monitor progress towards environmental health goals, and use the information generated to inform national strategy, advocacy and planning;
- conduct or commission focussed research to fill key knowledge gaps;
- advise on the development and revision of relevant standards, technical guidelines and legislation.

8.0 Environmental sanitation and hygiene promotion

The Government recognises the central role of sanitation and basic hygiene in the achievement of PEAP targets and Millennium Development Goals. Securing improvements in this area is now a priority for Government, and the inter-sectoral National Sanitation Working Group (for which the Environmental Health Division serves as Secretariat) has been established to strengthen the national co-ordination of sanitation activities.

While the profile of sanitation and hygiene promotion has been raised nationally, it still remains a low priority at local government level and there has been limited progress in recent years. Government now intends to reverse this situation by:

- adopting a national sanitation and hygiene promotion strategy with clearly defined goals, budgeting mechanisms and institutional responsibilities;
- placing an obligation on districts to establish active District Water and Sanitation Coordination Committees that integrate and coordinate existing resources in order to effectively implement hygiene promotion and sanitation plans; and monitor and report against indicators that are established in sector guidelines;

- establishing a dedicated national sanitation team under the Ministry of Health to support national strategy and provide technical support to towns and districts (for example through partnership with existing Technical Support Units). The team will, amongst other things, identify, cost and disseminate models of best operational practice.

Specific responsibilities relating to the above will be established under the guidance of the MoH Sanitation Steering Committee together with the National Sanitation Working Group, where EHD acts as Secretariat to both.

Note: while vector control is a component of environmental sanitation, the Ministry of Health has adopted special arrangements to reduce the incidence of malaria; hence vector control is considered separately in paragraph 11.0 below.

8.1 Roles and responsibilities for sanitation and hygiene promotion

Institutional responsibilities for sanitation at local government level are shared between a number of government bodies including Ministry of Health; Ministry of Education and Sports; Ministry of Water, Lands and Environment and the Ministry of Local Government.

These roles are not, however, exclusive and environmental health strategies should maximise co-operation and collaboration between departments to enhance impact and efficiency. For example, the Health Department can play an important role in hygiene promotion in schools, while Community Development Workers offer a potentially valuable resource for community mobilisation and hygiene promotion in villages.

Competent NGOs and CBOs, and some private sector organisations, can also provide valuable skills and personnel for the development and implementation of district sanitation and hygiene promotion plans. Local authorities should foster collaboration with such organisations and may wish to enter into direct contractual arrangements with organisations that have the requisite capacity and motivation.

Collaborative District water, sanitation and hygiene promotion plans should be developed, and their implementation co-ordinated by, District Water and Sanitation Co-ordination Committees established under the Chief Administrative Officer / Town Clerk. In Kampala and larger towns, Sanitation Master Plans will provide the framework for operational planning and the allocation of tasks.

8.2 Sanitation subsidy

At present, government funding for sanitation promotion does not include subsidies towards the hardware cost of household latrines. The case for the use of appropriate and carefully targeted subsidies will however be considered when addressing the challenge of stimulating demand for improved sanitation and hygiene amongst the more disadvantaged or marginalised sectors of society as well as those living in difficult areas (rocky ground, sandy soils or high water table areas) and where innovative low-cost sanitation technologies are being pioneered for future scaling up.

8.3 Sanitation finance

While a number of sources of funding are available to local government for sanitation and hygiene promotion, inadequate resources are in practice allocated at town/district level and below, not only by District Health Departments but also within the Departments of Education and Water Development. In accordance with the undertaking of the Water and Sanitation Joint Sector Review 2003, Government is committed to establishing clear budget mechanisms for sanitation at all levels. It will also take steps to ensure that allocations for sanitation at district / town level and below are commensurate with the scale of local sanitation and hygiene promotion needs. District guidelines on the use of central funds will be revised accordingly.

Collaborative approaches to sanitation and hygiene promotion at district / town level should include a 'pool funding' approach whereby the various sources of sanitation funding are deployed within the framework of a comprehensive plan.

9.0 Food safety

Poor food hygiene contributes to infections and poisoning due to microbiological contamination of food and unwise or deficient practices and technologies in food production, processing and storage. More than 50% of Uganda's population is estimated to be at risk of disease due to Salmonella and Campylobacter alone (Uganda Health Bulletin 2000-2001). A national Food Safety Strategic Plan in under development and will be launched during HSSPII. The plan has practical implications from national to local level and is likely to be accompanied by new legislation.

10.0 Health Care Waste Management

The poor management of health-care waste, and laboratory and pharmaceutical factory waste degrades the environment and poses serious health risks. This situation is compounded by an inadequate administrative and legal framework, lack of guidelines and inappropriate equipment and technologies to handle the safe disposal of health care waste. EHD will play its part in addressing these issues by providing appropriate guidelines to help monitor such risks and will also undertake research wherever possible to devise ways and means to overcome these environmental risks wherever they occur.

11.0 Vector control

The approach to the control of vector borne diseases has up to now been mostly through vertical programmes (e.g. Malaria Control Programme). During HSSPII the Ministry of Health will review this approach with the objective of integrating implementation activities where these are shown to be rational, practicable and more cost-effective. The range of activities may include, for example, integrated vector management, IEC, community-managed drug distribution and mass treatment. It is likely that town and district environmental health staff will play a significant part in the emerging control strategy.

12.0 Housing

Housing is an important element covered under Environmental Health as it provides guidance on such aspects as provision of adequate sleeping and

living space, provision of smoke-free kitchens, good ventilation (inadequate ventilation is associated with ARIs), bathing areas, safe disposal of all wastes and well constructed buildings. Appropriate strategies for promoting improved housing will be formulated and implemented. Enforcement of the Building Rules will also be stressed.

13.0 Human Resources Development

Training and technical support for environmental health staff will be enhanced to ensure that they have the appropriate skills to meet current environmental health challenges. This process will be informed by a national training needs assessment for environmental health staff working in both urban and rural locations. In developing and delivering improved training packages, the Ministry of Health may draw on expertise within government and from the NGO and private sectors.

The structure and functioning of the EHD will also be reviewed and revised as necessary to strengthen its effectiveness in fulfilling its key functions, particularly its role in supporting service delivery at local government level and in strengthening national sanitation strategy.

14.0 Public – Private Sector Participation

Government recognises the important role of the Private Sector in improving accessibility to services including education and health. Public- Private Sector Participation is a key requirement to the success of the environmental health programmes and the Environmental Health Division intends to engage with the Private Sector wherever feasible and opportune.

15.0 Monitoring

The Poverty Eradication Action Plan identifies sanitation as one of the key aspects of development that should be monitored by the districts.

The Environmental Health Division will support the incorporation of HSSPII environmental health indicators into district health monitoring systems and the use of relevant monitoring information as a tool to inform district sanitation strategies. Key indicators for sanitation and hygiene promotion include:

- percentage of households with access to, and using, hand-washing facilities with water and soap (or soap substitute);
- percentage of households that are safely disposing of children's faeces;
- percentage of households that are maintaining safe drinking water chain;
- percentage of households that have access to, and are using, improved toilets / latrines; and
- proportion of villages with a faecal-free environment.

At national level, the Environmental Health Division will collate, interpret and disseminate the data generated and facilitate its use to monitor progress towards national sanitation goals, assess operational effectiveness and inform strategy and resource allocation. The Division will also make use of data from the Uganda Bureau of Standards and studies by the Ministry of Finance, Planning and Economic Development.

The Chief Administrative Officer / Town Clerk shall be responsible for reporting progress by the local authority as a whole in the implementation of district water, sanitation and hygiene promotion plans and shall monitor progress against local targets established in accordance with national sanitation strategy.

16.0 Research

Environmental health research will be conducted or commissioned by the Ministry of Health where relevant and necessary to help improve the effectiveness of environmental health services and interventions at local government level. The Environmental Health Division is responsible for identifying key knowledge gaps for which research is required.

Other stakeholders in environmental health (such as NGOs) may be best placed to conduct research relating to their particular areas of responsibility.

The development of guidelines on the disposal of Health care waste is a current research priority for the Ministry of Health.