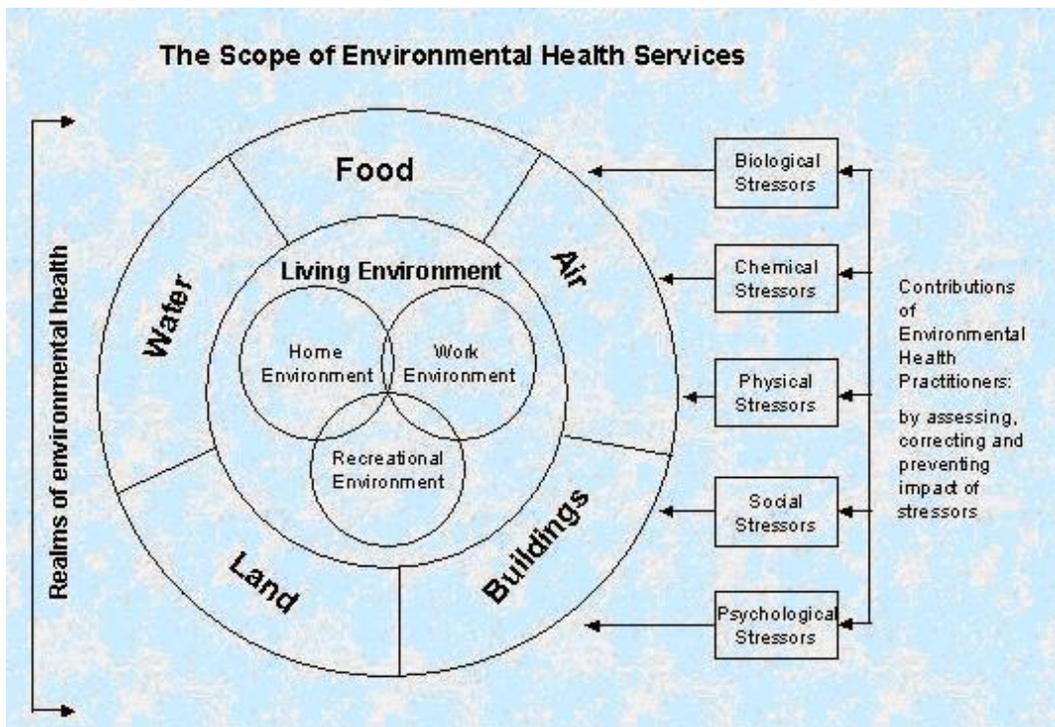




GOVERNMENT OF MALAWI



DRAFT NATIONAL ENVIRONMENTAL HEALTH POLICY

MINISTRY OF HEALTH

May 2010

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FOREWORD

The Malawi Government is concerned about the high disease burden the country is experiencing. Most of these diseases are attributable to avoidable environmental risk factors. Malaria accounts for about 48% of all causes of morbidity followed by Acute Respiratory Infections (ARI) and diarrheal diseases at 17% and 8.7% respectively (HMIS08). The Ministry of Health has set out most of these as priority diseases in the Essential Health Care Package. The challenge therefore is how to reduce the disease burden through environmental health interventions.

Environmental health encompasses the assessment and control of all physical, chemical and biological factors that can potentially affect the health of individuals. It is targeted towards preventing diseases and creating a health supportive environment.

The Malawi Government adopted a National Environmental Health policy in 2011 in order to provide guidance on implementation of environmental health interventions. The policy ought to achieve the following:

- To increase the coverage of environmental health interventions in Malawi.
- To increase public awareness of environmental health issues in Malawi.
- To improve coordination and collaboration between various stakeholders in the implementation of environmental health interventions.

The policy has been developed in line with international declarations which Malawi is a signatory and these are: Libreville Declaration on Health and Environment, held in Libreville in 2008, Ethekwini Declaration on Hygiene and Sanitation, 2008, Africa Health Strategy (of the African Union), 2007-2015, UN Millennium Declaration and subsequent Millennium Development Goals, 2000, Rio Declaration on Environment and Development, 1992 and the Alma-Ata Declaration on Primary Health Care, 1972.

Environmental health activities are being implemented in the country by different partners. The activities have been implemented without proper guidance and direction. This even affected monitoring of the services since there was no standard for implementation of the activities.

The policy has set out the core functions of environmental health which should guide every institution: Governmental or Non governmental that is implementing such services at all levels.

It is my sincere hope that all stakeholders in the country will use this policy in order to contribute to the reduction of disease burden thereby improving MDGs 4, 6 and 7 and also the poverty levels and economic development in the country.

HONOURABLE MPHANDE, MINISTER OF HEALTH

ACKNOWLEDGEMENT

The Government of Malawi, through Ministry of Health would like to sincerely thank World Health Organisation for providing financial and technical support during the development of this policy. A special vote of thanks should also go to stakeholders that were involved in the consultation stage of the development of this policy. Lastly special thanks to the team of Ministry of Health staff who worked tirelessly in the development of this policy.

LIST OF ABBREVIATIONS

ARI	Acute Respiratory Infections
CAMA	Consumer Association of Malawi
DODMA	Department of Disaster Management
EIA	Environmental Impact Assessment
EAD	Environmental Affairs Department
EHP	Essential Health care Package
EHS	Environmental Health Services
FSH	Food Safety and Hygiene
HACCP	Hazard Analysis Critical Control Point
HCWM	Health Care Waste Management
HIA	Health Impact Assessment
HIV/AIDS	Human Immuno Virus/Acquired Immuno Defficiency Syndrome
HMIS	Health Management Information System
JMP	
MBS	Malawi Bureau of Standards
MDG	Millenium Development Goals
MDGS	Malawi Growth and Development Strategy
MDIS	Ministry of Defence and Internal Security
MICS	Malawi Indicator Cluster Survey
MOAFS	Ministry of Agriculture and Food Security
MOIWD	Ministry of Irrigation and Water Development
MOH	Ministry of Health
MOLG	Ministry of Local Government
MOJ	Ministry of Justice
MOL	Ministry of Labour
MRA	Malawi Revenue Authority
NGO	Non Governmental Organisations
NSO	National Statistical Office
ODF	Open Defecation Free
SCT	Sanitation Core Team
STI	Sexually Transmitted Infections
UNICEF	United Nations Children's Fund
WASH	Water Sanitation and Hygiene
WHO	World Health Organisation

1.0 INTRODUCTION

Environmental health is defined as the management of environmental factors (physical, biological, chemical) in order to prevent diseases. This entails the management of drinking water, sanitary disposal of human excreta, the use, handling and disposal of harmful chemical substances, radiation protection, notifiable diseases, pest and vector control, control of environmental pollution, appropriate and safe waste management practices, occupational health and safety services, port health, pest control, food hygiene and safety practices, housing and infrastructure settlements and personal hygiene.

Twenty three percent (23%) of deaths in Africa are attributable to avoidable environmental risk factors, with particular impact on the poorest and the most vulnerable groups (children, women, rural poor, and people with disabilities, HIV/AIDS, displaced persons and the elderly).

Poor environmental management in Malawi has resulted in worsening incidence and prevalence rate of environmental related diseases.

Adoption of environmental health policy will entail considerable reorientation in the delivery of EH interventions which will eventually reduce the above diseases.

The Ministry of Health has the legal and moral responsibility for the development and implementation of national legislation, regulations and policies on environmental health for the benefit of all people in Malawi.

1.1 BACKGROUND

1.1.1 Country profile

Malawi is a land locked country in east Central Africa. It is bordered by Mozambique, Tanzania and Zambia. The country covers a total land area of 94,276 square kilometres with savanna type of climate, having dry and rainy seasons. The altitude ranges from 1000 to 2000 metres above sea level.

1.1.2 Demography

According to 2008 Population & Housing census, Malawi has an estimated population of 13,077,160, hence population density of 139/square km. The annual growth rate is 2.8 and half of this population is made up of children under fifteen years of age. Women of child bearing age are 23%. The crude birth rate is 40/1000 population, 40 years and fertility rate is about 5.2.

1.1.3 Disease Profile

In Malawi the Environmental Health related diseases and conditions, such as Malaria, ARI, Diarrhoeal diseases, Bilharzia remain the major causes of morbidity and mortality.

Infant Mortality rate is 69/1000 live births, under five mortality rate is 118/1000 live births, neonatal mortality is 31/1000 live births and stunting is 45.9% and underweight prevalence 19.4 %. Malaria accounts for about 48% of all causes of morbidity followed by Acute Respiratory Infections (ARI) and diarrheal diseases at 17% and 8.7% respectively (HMIS08).

1.2 SITUATION ANALYSIS

Malawi like many other rapid developing countries is faced with a number of environmental health issues and problems that affect the human health and environment.

Waste disposal in most parts of the country is indiscriminate. All the districts, including cities, do not have properly constructed landfills. There is open dumping of wastes which has resulted in the pollution of underground water sources, springs as well as surface water sources. Plastics, which are non biodegradable, are not properly managed.

Management of liquid waste is also a problem. Most of the districts do not have the sewerage systems in place and those that have them, management is poor and connectivity rate is low, as such most people use onsite management.

Malawi, relative to many other Sub Saharan countries, has a high level of access to some form of basic excreta disposal facilities (latrines).

The 1998 population census recorded 73.5% coverage (NSO, 1998). Some studies done in MW have indicated that household access to improved sanitation is estimated at 46% with variations from 65% in urban areas to 46% in rural areas (UNICEF/WHO JMP 2005). Research conducted by the SCT (2007) revealed that 75% of households had soap in their houses and only 45% reported to use soap for hand washing at critical times.

According MICS (2006), access to improved_drinking water sources in Mw was at 74.2% (Urban 96.2% and Rural 71.3%). The country has a higher burden of diseases that are related to water, sanitation and hygiene. The number of new diarrhea cases for under-five children from July 09 – June 10 was 316,446 and out of these 837 died (HMIS). In the same period there were 492,462 skin infections, some of which could be due to poor sanitation and hygiene. In the last cholera season, there were about 60 cases, and 4 deaths with a Case Fatality Rate (CFR) of 0.07%.

Management of hazardous industrial and health care wastes is inadequate. In some cases, these are allowed into the environment, without pre treatment. This is the same with electronic waste that has dangerous elements.

The country is having a lot of activities that are resulting into Air pollution both in door and out door e.g. vehicles, factories, mines, smoking, and bio fumes. However, there is no legislation for controlling the pollution, nor mechanisms for measuring the extent of this pollution.

Occupational health and safety standards in institutions are generally poor. This is resulting into an increase in occupational related conditions and diseases.

Food safety and hygiene practices are poor at both informal and formal settings. This has contributed to outbreaks of food borne diseases like cholera, dysentery and Typhoid. There have been a lot food poisoning cases and deaths in most parts of the country due to chemicals and poisonous foods.

The climate of Malawi and poor environmental management practices favours the breeding of vectors e.g. Mosquitoes, Tsetse fly. These are responsible for transmission of diseases from one person to another. The vector and vermin are reported to be on the increase and has resulted in steady increase in related diseases like malaria, diarrhoeal, lymphatic filiaris, onchocerchaisis, eye, and skin infections.

The country is prone to natural emergencies e.g. floods, earthquakes, drought. This requires prompt response on Eh factors in order to prevent outbreaks. However, the capacity to respond to these is inadequate.

The border posts in the country (air, water and land), are prone to transmission of diseases from other countries. However, there are no qualified staff, equipment and infrastructure to ensure control of disease transmission.

There are few EH interventions that have legislation in place. This makes it difficult to enforce the issues since there is no legal mandate. However, enforcement of the available legislation is also inadequate.

The knowledge of EH interventions by the community is inadequate and practises are in most cases unacceptable. This is due to inadequate sensitisation and other socio – cultural factors.

Government machinery in addressing EH issues is fragmented between ministry of health, Min of irrigation and Water and Development, Min of Energy, Forestry and Environmental Affairs, Min of Labour, Ministry of Agriculture, Min of industry and trade and Min of Tourism and other Non governmental Organisations. The coordination of these stakeholders is weak.

1.3 Linkages between EH policy and other development frameworks and sectoral policies

1.3.1 Health Sector Strategic Plan

The pillar of preventive health in the programme of work includes EH and the strategies for achieving its objectives.

1.3.2 EHP

The Malawi EHP focuses on conditions and service gaps that disproportionately affect the health of the poor and the disadvantaged populations. The EHP priority problems are: Childhood illnesses, Malaria, Tuberculosis, Schistosomiasis, Acute Respiratory Infections, Acute Diarrhoeal diseases, STI including HIV and AIDS, Malnutrition, Eye, Ear and Skin infections and, Common injuries.

Most of these problems are to large extent associated with environmental health factors, as such EH interventions would be key strategies for achieving the goals and objectives EHP.

1.3.3 Malawi Growth and Development Strategy (MGDS)

It states that a healthy population is not only essential but also a pre requisite for economic growth and development. As such one key strategy used is disease prevention and treatment.

1.3.4 Millennium Development Goals

MDG 4 targets a reduction by two thirds the mortality rate among children under five MDG6 targets the halting and reversing of spreading of HIV/AIDS and reversing the incidence of Malaria and other major diseases,MDG7 which targets the integration of principles of sustainable development into country policies and programmes: reverse loss of environmental resources.

1.3.5 Sanitation policy

The overall goal of sanitation policy is to promote improved sanitation and hygiene practices for improved health and socioeconomic development for the people of Malawi.

1.3.6 Decentralisation policy

The policy stipulates that the assembly's functions should include Environmental health services e.g. control of communicable diseases.

1.3.7 Environmental policy

Under the principal of human settlements and health the policy promotes urban and rural housing services that provide all inhabitants with a healthy environment and suitable human settlements.

1.3.8 National water policy

1.3.9

Surface and ground water quality has been negatively affected by environmental degradation, agriculture (land husbandry practices and agro-chemicals), industrial and mining practices and poor sanitation services. Hence it has objectives of advancing water pollution control in order to promote public health and hygiene; and environmental sustainability and to develop and disseminate guidelines and standards on water quality and pollution control

1.3.10 PH act

This act empowers health officials to inspect, condemn, close and cease all food products, premises and institutions that are for the public consumption and usage.

1.4 CHALLENGES

The inadequate technical, material and financial support are major constraints to implementing the environmental health programmes. The number, skills and distribution of Environmental Health Staff responsible for planning, implementing, enforcing, and monitoring and evaluating environmental health intervention measures are limited and require skills enhancement and upgrading.

2.0 BROAD POLICY DIRECTIONS

2.1 VISION

A healthy Malawi free from environmental health risks

2.2 MISSION

To improve the health status of all in Malawi by creating an environment free from environmental health risks through provision of environmental health services offered by committed environmental health officers and other players.

2.3 OVERALL GOAL

To detect, prevent and control the occurrence of diseases and hazards resulting from environmental factors such as food, water, air, and soil and work environment

2.4 OBJECTIVES

1. To increase the coverage of environmental health interventions in Malawi
2. To increase public awareness of environmental health issues in Malawi
3. To improve epidemiological surveillance on environmental health related issues, diseases and conditions.
4. To improve legislation and regulations on environmental health determinants
5. To improve coordination and collaboration between various stakeholders in the implementation of environmental health interventions
6. To improve relevant structures at various levels to coordinate the implementation of environmental health activities
7. To improve monitoring and evaluation systems and research development

3.0 POLICY THEMES

The policy has the following as priority areas that require attention and intervention to promote Environmental Health services:

1. Food safety and hygiene
2. health and Safety
3. Disease prevention and control
4. Water and sanitation

3.1 FOOD SAFETY AND HYGIENE

3.1.1 Introduction

There is evidence of incidence of food borne diseases, although the actual rates are not known. This is due to contamination of food through biological, physical and chemical agents. The implementation of Food Safety and Hygiene interventions will reduce the incidence of these diseases.

3.1.2 Goal

To protect the consumer against unsafe, impure and fraudulently presented food that may be injurious to the health of the consumer.

3.1.3 Policy statements

- 3.1.3.1 Government shall give priority to food inspections and food premises auditing
- 3.1.3.2 Government shall ensure that food premise owners comply with food premises requirements.
- 3.1.3.3 Government shall ensure that food handlers are not transmitting food borne diseases.
- 3.1.3.4 Government shall ensure that food handlers comply with dressing and behaviour ethics in food establishments.
- 3.1.3.5 Government shall certify all food establishments to ensure food safety and hygiene.
- 3.1.3.6 Government shall provide health certificates for exported foods.
- 3.1.3.7 Government shall ensure that all food products being imported into Malawi have health certificates from countries of origin.
- 3.1.3.8 Government shall ensure that foods sold in Malawi are of required quality.
- 3.1.3.9 Government shall investigate and report all incidents of food borne diseases
- 3.1.3.10 Government shall ensure that all households adopt proper food hygiene and safety practices when handling food.

3.1.3.11 Government shall establish appropriate food laws and regulations.

3.1.4 Strategies

- 3.1.4.1 Strengthen food inspection and food premise auditing.
- 3.1.4.2 Strengthen medical examination services for food handlers.
- 3.1.4.3 Establishment of food certification mechanisms.
- 3.1.4.4** Establishment of mechanisms for food testing.
- 3.1.4.5 Strengthen investigation and reporting of food borne diseases and conditions.
- 3.1.4.6 Advocate for FSH at household level.
- 3.1.4.7 Improve FSH in the formal and informal sector.
- 3.1.4.8 Strengthen appropriate food laws and regulations.
- 3.1.4.9 Promote food Safety Management Systems (e.g. HACCP) in food establishments.

3.2 WATER, SANITATION AND HYGIENE

3.2.1 Introduction

Malawi's access to safe water is relatively high. According to MICS (2006), access to improved drinking water sources in Malawi was at 74.2% (Urban 96.2% and Rural 71.3%). However, household access to improved sanitation is estimated at 46% (UNICEF/WHO JMP 2005). In terms of hygiene, 45% use soap for hand washing at critical times according to research conducted by the SCT (2007).

This poor coverage of hygiene is leading to high prevalence of water and sanitation related diseases. The number of cholera cases in 2009 was(routine data). Interventions in this area will contribute to the reduction in these diseases and conditions.

3.2.2. Goal

To improve water quality, sanitation and hygiene at community, public and business institutions

3.2.3 Policy statements

- 3.2.3.1 Government shall monitor the quality of water from source to user point.
- 3.2.3.2 Government shall promote treatment of water at point of use.
- 3.2.3.3 Government conduct surveillance of water, sanitation and hygiene related diseases.
- 3.2.3.4 Government shall ensure that all household members practice water hygiene measures.

- 3.2.3.5 Government shall promote the availability of sanitary facilities for management of solid and liquid wastes at all levels (households, institutions, community).
- 3.2.3.6 Government shall *advocate* for sustainable sanitation technologies at all levels.
- 3.2.3.7 Government shall ensure that all public institutions and business premises have adequate, gender and disability friendly sanitary facilities.
- 3.2.3.7 Government shall ensure provision of liquid and solid waste management facilities.

3.2.4 Strategies

- 3.2.4.1 **Strengthen water quality monitoring.**
- 3.2.4.2 **Strengthen water treatment at point of use.**
- 3.2.4.3 Strengthen surveillance of WASH related diseases.
- 3.2.4.4 Promote water hygiene at household level.
- 3.2.4.5 Advocate for provision of sanitary facilities.
- 3.2.4.6 Promote the use of sustainable sanitation technologies.
- 3.2.4.7 Promote sanitation technologies that are gender and disability friendly.

3.3 HEALTH AND SAFETY

3.3.1 Introduction

Health and safety focuses on environmental factors that disproportionately affect the health of people and the disadvantaged populations. Health and safety priority problems include: Respiratory Infections, Tuberculosis; STI including HIV and AIDS; Eye, Ear and Skin infections and Common injuries.

Most of these problems are to a large extent associated with hazardous environmental health factors and as such EH interventions would be key strategies for reducing their impacts

3.3.2 Goal

To protect the workers and the general public from hazardous environmental factors and disasters.

3.3.3 Policy statements

- 3.3.3.1 Government shall ensure health and safety of employees in work places.
- 3.3.3.2 Government shall advocate for risk reduction in health in disaster

- prone areas.
- 3.3.3.3 Government shall ensure risk reduction during emergencies and disasters.
 - 3.3.3.4 Government shall ensure that all health facilities have adequate and functional health care waste management facilities, which are in compliance with WHO standards.
 - 3.3.3.5 Government shall ensure that all developers provide health and safety mitigation measures in projects.
 - 3.3.3.6 Government shall ensure compliance with health and safety requirements in the designs, siting and construction of buildings and demarcation of new settlements.
 - 3.3.3.7 Government shall advocate for provision of measures for protection against radiation and toxin exposure in institutions handling radioactive and toxic substances.
 - 3.3.3.8 MOH shall advocate for smoke free indoor environments
 - 3.3.3.9 Government shall ensure proper industrial waste management
 - 3.3.3.10 Government shall ensure provision of mechanisms for health and safety measures in demarcation of new settlements

3.3.4 Strategies

- 3.3.4.1 Strengthen inspection of work places.
- 3.3.4.2 Strengthen hazard identification and risk reduction mechanisms.
- 3.3.4.3 Strengthen the response during emergencies and disasters.
- 3.3.4.4 Strengthen HCWM standards for health facilities.
- 3.3.4.5 Improve the management of HCW in health facilities.
- 3.3.4.6 Establish mechanisms for health impact assessment during EIAs.
- 3.3.4.7 Establish mechanisms for health and safety in construction of new structures and demarcation of new settlements.
- 3.3.4.8 Establish advocacy mechanisms for management of radioactive and toxic substances.
- 3.3.4.9 Strengthen mechanisms for prevention of air pollution for both in door and out door.
- 3.3.4.10 Strengthen industrial waste management
- 3.3.4.11 Establish advocacy mechanisms for health and safety in demarcation of new settlements.

3.4 DISEASE PREVENTION AND CONTROL

3.4.1 Introduction

In Malawi communicable diseases related diseases such as Malaria, ARI, Diarrhoeal diseases and Bilharzia remain the major causes of morbidity and mortality.

Infant Mortality rate is 69/1000 live births, under five mortality rate is 118/1000 live births and neonatal mortality is 31/1000 live births.

Malaria accounts for about 48% of all causes of morbidity followed by Acute Respiratory Infections (ARI) and diarrheal diseases at 17% and 8.7% respectively (HMIS08).

3.4.2 Goal

To prevent and control the transmission of communicable diseases and events of public health concern.

3.4.3 Policy statements

- 3.4.3.1 Government shall implement disease prevention interventions.
- 3.4.3.2 Government shall respond to all disease outbreaks.
- 3.4.3.3 Government shall conduct surveillance of diseases of public health concern.
- 3.4.3.4 Government shall protect the population against diseases associated with international travel.
- 3.4.3.5 Government shall report on all notifiable and emerging diseases.
- 3.4.3.6 Government shall advocate for appropriate control measures of vector and vermin.

3.4.4 Strategies

- 3.4.4.1 Strengthen port health services.
- 3.4.4.2 Strengthen disease surveillance and response for communicable diseases.
- 3.4.4.3 Strengthen response to disease outbreaks
- 3.4.4.4 Strengthen prevention of communicable diseases through immunisations
- 3.4.4.5 Improve on reporting of notifiable and emerging diseases
- 3.4.4.6 Strengthen sustainable vector and vermin control methods
- 3.4.4.7 Strengthen prevention of zoonotic diseases

4.0 GUIDING PRINCIPLES

The policy shall be guided by the following principles:

4.1 Legal Framework

A legal framework shall provide an enabling environment for implementing EH interventions.

4.2 Standards and guidelines development and enforcement

Statutory environmental health quality standards and guidelines shall be developed and enforced in line with international standards.

4.3 Intersectoral Co-ordination and Co-operation

The delivery of national integrated environmental health service shall be based on co-ordination and consultation within the Ministry of Health, multilateral organisations, relevant government agencies and non governmental organisations and communities.

4.4 Resource Allocation

Adequate and necessary financial, human and materials resources shall be allocated to enable the effective and efficient implementation of the environmental health services at all levels.

4.5 Human Resources Development

4.5.1 The availability of qualified and skilled personnel in the field of environmental health shall be a pre-requisite for further development and implementation of the policy.

4.5.2 In service and upgrading training of staff shall be required in order to strengthen the capacity and technical competencies of the personnel.

4.5.3 The Ministry through the environmental health section in collaboration with academic institutions shall provide guidance on pre-service training

4.5.4 Technical assistance in terms of short-term consultants shall be acquired in order to develop in-service training capabilities.

4.6 Use of data in decision making

4.6.1 Data on environmental health shall be used for the determination of priority problems and influence public health management decisions

4.6.2 The MoH through the environmental health shall provide core indicators for environmental health services.

4.6.3 Collection, dissemination and use of data in Malawi on EH services shall only be done upon endorsement by MoH

4.7 Research and Technology Development

- 4.7.1 Research shall be conducted for identification of major environmental health hazards and assessing their risks to health.
- 4.7.2 Appropriate cost effective technology and local innovations shall be adopted to promote the prevention and control of environmental health hazards and their effects on health.

4.8 International and Regional Instruments and Protocols

International and Regional Instruments and Protocols shall be complied with when implementing EH services after adaptation and adoption.

4.9 Equitable Distribution of Services

There shall be equitable distribution of EH services and these shall be accessible to everyone living in Malawi.

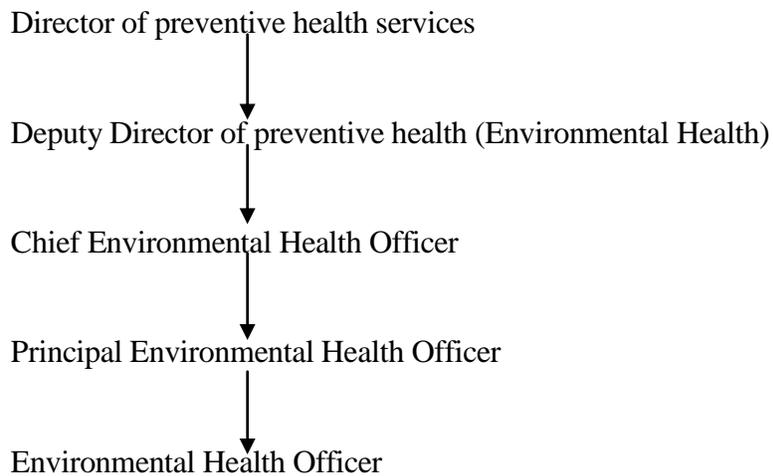
5.0 IMPLEMENTATION STRATEGY

The Ministry of Health through the Environmental Health Section shall provide overall guidance, coordination, monitoring and evaluation of the environmental health policy.

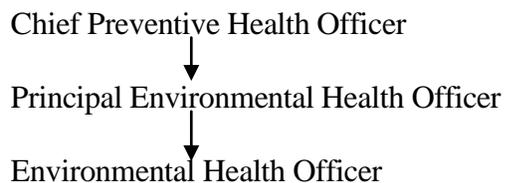
The implementation of the environmental health policy shall be done in collaboration with other relevant stakeholders.

5.1 STRUCTURE OF ENVIRONMENTAL HEALTH

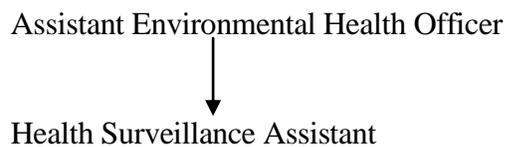
5.1.1. National level



5.1.2 District level



5.1.3 Health centre level



5.2 ROLES AND RESPONSIBILITIES OF DIFFERENT LEVELS OF ENVIRONMENTAL HEALTH

5.2.1 National Level

The department for the Environmental health in the ministry of health shall be responsible for the following:

- 5.2.1.1 Initiate the review and development of legislation, policies, standards and guidelines on environmental health
- 5.2.1.2 Establish mechanisms for sectoral and intersectoral co-ordination.
- 5.2.1.3 Identify major environmental health issues for priority interventions
- 5.2.1.4 Establish environmental health indicators for monitoring and evaluation of the effectiveness of the policies and strategies.
- 5.2.1.5 Provide supplementary financial and material resources for the management of environmental health at district level.
- 5.2.1.7 Define responsibilities and lines of authority of EHOs at different levels
- 5.2.1.8 Ensure equitable distribution of Environmental Health Officers
- 5.2.1.9 Establish a training programme for Environmental Health Officers.
- 5.2.1.10 Promote international collaboration and cooperation on EH issues.

5.2.2 District Level

The department of Environmental health in the district shall be responsible for the following:

- 5.2.2.1 Implementing, monitoring and evaluation of environmental health programmes.
- 5.2.2.2 Conduct education and information campaigns to promote environmental health.
- 5.2.2.3 Maintain a data-base and information net-work on environmental health.
- 5.2.2.4 Ensure timely response to emergencies and management of epidemics.

- 5.2.2.7 Enforce and ensure compliance with statutory regulations and standards on environmental health
- 5.2.2.8 Promote intersectoral collaboration and co-operation
- 5.2.2.10 Prepare periodical reports on the state of environmental health in the district
- 5.2.2.11 Promote community participation in the formulation of strategies for assessment, monitoring and evaluation of environmental health interventions.
- 5.2.3 **Enterprise Level**
- 5.2.3.1 Formulate institutional environmental health policy and procedures
- 5.2.3.2 Ensure compliance with all statutory regulations and standards on environmental health
- 5.2.3.4 Establish training and information programmes for workers and surrounding communities
- 5.2.4 **Community Level**
- 5.2.4.1 Establish community-based Development and Management Committees for environmental health programmes
- 5.2.4.2 Promote intersectoral co-operation and involvement
- 5.2.4.3 Participate in policy decisions to identify and determine local priorities in resources, developmental projects and services in environmental health
- 5.2.4.4 Participate in the planning, implementation, monitoring and evaluation of environmental health programmes.
- 5.2.4.5 Support and participate in public information campaigns of the national environmental health policy and programmes
- 5.2.4.6 Develop plans and mobilise the community for timely response to emergencies and management of epidemics

5.3 ROLES AND RESPONSIBILITIES FOR STAKEHOLDERS IN ENVIRONMENTAL HEALTH

The strategies stipulated in this policy cuts across different sectors. This section is therefore clarifying the roles and responsibilities for different stakeholders in Environmental Health field.

Ministry of irrigation and water development

1. Provision of water sources
2. **Water quality monitoring before commissioning of new water sources**
3. Facilitation of water sources management
4. **Water treatment**
5. Facilitate the provision of sanitary facilities in public places

Malawi Bureau of Standards

1. Setting standards.
2. Certification of environmental health related services and products

Department of Environmental Affairs

1. Monitoring of water pollution
2. Conduct environmental Impact assessment
3. Conduct environmental education and public awareness
4. Enforcement of environmental standards ,laws and regulations
5. Reporting on state of environment.
6. Issuing of certification for effluents to be discharged into water bodies
7. Monitoring of radiation

Water Boards

1. Provision of urban and peri urban piped water supplies
3. **Water treatment**
4. Water catchment conservation management

Local authorities

1. Plan and coordinate implementation of Environmental health services.
2. Provision of water and sanitation facilities in public places e.g markets
3. Solicit funding for implementation of Environmental health services
4. Setting and enforcement of Bye laws
5. Promote awareness on environmental health issues

Non Governmental Organisations and Civil Societies

1. Assist in community sensitisation in environmental health issues
2. Encourage the community to manage water and sanitary facilities.
3. Assist Government in implementing environmental health activities
4. Advocacy on health and safety measures

Training institutions

1. Undertake capacity building in environmental health issues
2. Promote and conduct research in environmental health
3. Develop low cost technologies for advancement of environmental health issues

Development Partners

1. Provision of technical and financial resources
2. Capacity building

MINISTRY OF LABOUR

1. Conduct inspection in work places.
2. Formulate and review laws regulation codes of practice on occupational safety and health.
3. Raising awareness to employees and employers on occupational safety and health

DEPARTMENT OF RELIEF AND DISASTER MANAGEMENT

1. Coordination of disaster risk management.
2. Mobilising resources for disaster and emergency management
3. Coordination of development of disaster risk management plans

MINISTRY OF HOME AFFAIRS AND INTERNAL SECURITY

Enforcement of laws

MEDIA

Creating awareness on environmental health issues

MRA

1. Assist in regulating importation and exportation of food and other materials.
2. Collaborating with port health officers in their duties.

MINISTRY OF EDUCATION

1. Plan and implement school sanitation activities.
2. Maintain environmental health issues in school curriculum.

MINISTRY OF GENDER, WOMEN AND CHILD DEVELOPMENT

Community mobilisation in EHS.

STRATEGIC PLAN (2011 – 2016)

Specific goal	Outcome	Strategy	Activity	Implementing partners	Timeframe
To protect the consumer against unsafe, impure and fraudulently presented food that may be injurious to the health of the consumer.	Reduced incidents of food borne diseases	Strengthen food inspection and premise auditing	Conduct food inspections	MOH, MBS, Ministry of Tourism, MOLG	Ongoing
			Procure equipment and supplies	MOH, UNICEF,WHO	2012
			Train EH staff in food inspections	MOH, Training institutions	Ongoing
			Conduct stakeholders meetings	MOH	Ongoing
			Take and review inventory of food premises	MOH, Trade, MOA, MOT, Councils, MBS	Ongoing
			Develop standards for conducting food inspections and premise auditing	MOH, MBS,WHO, MOA	2011
		Strengthen medical examination for food handlers	Review guidelines for medical examinations	MOH, Local Government	2011
			Conduct routine medical examinations for food handlers	MOH,MBS, Councils	Ongoing
			Procurement of reagents and equipment for testing of food handlers	MOH	Ongoing
		Establishment of certification mechanisms	Develop health certification guidelines for local, exported and imported foods and corresponding certificates	MOH,MOIT, MRA, MBS	2011

		Strengthen mechanisms for food testing	Develop food testing guidelines (sampling, transportation, storage)	MOH, MBS	2011
			Train EH staff in food testing guidelines	MOH, MBS, training institutions	2011
			Procure equipment and supplies	MOH, WHO, UNICEF	2011
			Train lab personnel in food testing	MOH	2011
		Strengthen investigation and reporting of food borne diseases and conditions	Develop guidelines on investigation and reporting of food borne diseases and conditions	MOH	2011
			Training of EH staff on the guidelines	MOH, WHO	2011
		Advocate for FSH at household level	Conduct IEC on FSH practices at household level	MOH,CAMA	Ongoing
			Develop IEC messages and materials on FSH	MOH, WHO	2011
		Improve FSH in the formal and informal sector.	Develop training materials of food premises owners and food handlers	MOH,MBS	2011
			Train food premise owners in FSH	MOH,MBS	2012
			Harmonise guidelines for formal food establishments	MOH, MBS	2011
			Adapt codex/WHO guidelines in informal food establishments in FSH	MOH, MBS	2012

		Promote food Safety management systems in food establishments	Training of food handlers and inspectors in HACCP	MBS, MOH, Training institutions	Ongoing
		Strengthen Appropriate food laws and regulations	Review the available food laws and regulations	MOH, MOJ, MBS, MOAFS	2012
			Disseminate the food laws and regulations	MOH, MBS, MOJ	2012
			Develop food control Act	MOH, MBS, MOJ	2012
			Enforcement of food laws and regulations	MOH, MOLG, MOT, MRA, MDIS, MBS, MOJ	Ongoing
To ensure availability of safe water, sanitary facilities and improved hygienic practices	Reduced incidents of WASH related diseases	Strengthen of water quality monitoring	Training of EHOs in water quality monitoring	MOH, MOIWD, Training institutions	Ongoing
			Procurement of equipment and supplies for water quality monitoring	MOH, UNICEF	Ongoing
		Strengthen water treatment at point of use	Conduct IEC on water treatment	MOH, Partners	Ongoing
			Lobby for availability of chlorine products	MOH	Ongoing
			Provide chlorine	MOH, PSI	Ongoing
		Strengthen surveillance of WASH related diseases.	Training of HSAs and community structures in WASH diseases.	MOH, Partners	Ongoing

		Promote water hygiene at household level	Develop IEC messages and materials on improved technologies of water transportation, storage.	MOH, Partners	2011
		Advocate for provision of sanitary facilities and handwashing	Inspection of sanitation in villages, public and private institutions	MOH, Local councils	Ongoing
			Conduct IEC on sanitation	MOH, Partners	Ongoing
			Conduct IEC on sanitation and hand washing at critical times	MOH, Partners	Ongoing
		Promote the use of sustainable sanitation technologies	Conduct IEC on sustainable sanitation technologies	MOH, MOIWD, Partners	Ongoing
			Documentation of sustainable technologies	MOH, MOIWD	Ongoing
	Increased collaboration and coordination	Strengthening sectoral and inter sectoral coordination and collaboration	Conduct stakeholders meetings in thematic areas	MOH	Ongoing
			Conduct joint visits to project areas	MOH, Partners	Ongoing
	Increased use of data in decision making	Strengthen EH information management system	Develop indicators for EH thematic areas	MOH, PARTNERS	2011
			Establish data base for EH thematic areas	MOH	2011
			Produce and submit reports on EH thematic areas	MOH	Ongoing
			Disseminate information in EH thematic areas	MOH	Ongoing

	Improved evidence based decision making	Promote research and technology development in EH thematic areas	Conduct research in EH thematic areas	MOH, Partners	Ongoing
			Adapt and adopt innovative technologies in EH thematic areas	MOH, Partners	Ongoing
To prevent and control the transmission of other communicable diseases and disease outbreaks	Reduced incidences of other communicable diseases and magnitude of outbreaks	Strengthen port health services	Deploy EH personnel in border posts	MOH	2012
			Training of border staff	MOH, MRA	
			Renovation and construction of health offices in borders	MOH, MRA, WHO	2012
			Provide necessary vaccinations to travellers	MOH, WHO	2012
			Procure equipment and supplies for port health offices	MOH, WHO	2012
			Collaboration with border Stakeholders	MBS, MOH, MRA	Ongoing
			Conduct diseases surveillance at border posts	MOH	Ongoing
		Conduct cross border meetings on disease prevention and control	MOH, MOLG	Ongoing	
		Strengthen disease surveillance and response	Train health workers in disease surveillance and response	MOH, WHO	Ongoing
			Conduct surveillance of diseases in communities and health facilities	MOH, VHCs	Ongoing

		Strengthen response to disease outbreaks	Procure and distribute supplies for responding to outbreaks	MOH, Partners	Whenever required
			Conduct outbreak investigations and respond	MOH, WHO, UNICEF	Whenever required
			Form and revamp epidemic management structures	MOH	Ongoing
			Conduct stakeholder meetings on epidemics	MOH, Local councils	
		Promote sustainable vector control methods	Establish entomological laboratories	MOH	2014
			Procure vector control equipment and supplies	MOH, Partners	Ongoing
			Conduct operational research on entomology	MOH, Partners	Ongoing
			Promote IEC on dangers and control of vectors	MOH, Partners	Ongoing
			Promote insecticide revolving fund initiative	MOH, Partners	Ongoing
			Mobilise communities in vector and control (healthy village settings)	MOH, Partners	Ongoing
			Conduct research on vector control methods	MOH, Partners	Ongoing
		Strengthen control of zoonotic diseases	Conduct meat inspection	Veterinary, MOH	Ongoing
			Conduct community sensitisations on zoonotic diseases	MOH, Veterinary	Ongoing

		Strengthen other preventive measures for disease control	Conduct immunisations for other immunisable diseases	MOH, WHO	Whenever required
			Conduct mass screening for some conditions	MOH, Partners	Whenever required
			Conduct mass treatment in communities	MOH, Partners	Whenever required
To protect the workers and general public from hazardous environmental factors.	Reduced hazardous environmental factors in workplaces and general community	Strengthen inspection of work places	Update list of workplaces	MOL, councils, MBS	2011
			Review guidelines and checklist for inspections	MOH, MOL	2011
			Conduct inspection of work places	MOH, MOL	Ongoing
		Establish advocacy mechanisms for management of radioactive and toxic substances.	Review guidelines for management of Radioactive and toxic substances	MOH, EAD	2013
			Collaborate with EAD on development of list of institutions with radioactive substances	MOH, EAD	2013
			Advocate for proper management of radioactive and toxic substances	MOH, EAD	2013
		Strengthen hazard identification and risk reduction mechanisms	Train health personnel in hazard mapping	MOH, Local councils	2012
			Conduct hazard and environmental health risk mapping	MOH, Local councils	2012
			Conduct sensitisation meetings on hazard mitigation	MOH, Local councils	2012
			Conduct routine documentation of all hazards	MOH, Local councils	2012

		Strengthen the response during emergencies and disasters	Develop a checklist for health assessment for emergencies and disasters	MOH, DODMA	2011
			Train health personnel on disaster management guidelines	MOH, DODMA	2011
			Conduct response activities during emergencies and disasters	MOH, DODMA	Whenever necessary
		Strengthen HCWM in all health establishment	Review training manuals for HCWM	MOH, WHO	2011
			Conduct training of health workers on HCWM	MOH	2011
			Conduct inspection of HCWM facilities in health institutions	MOH	Ongoing
		Establish mechanisms for health and safety in construction of new structures and demarcation of new settlements	Develop guidelines in health and safety in siting, designing and construction of buildings.	MOH, Physical planning	2014
			Train EHOs in the above guidelines	MOH, Physical planning	2014
			Participate in country and town physical planning meetings at all levels	MOH, Councils	Ongoing
		Strengthen health impact assessment during EIAs	Develop guidelines for health impact assessment	MOH, EAD	2012
			Train Health personnel in HIAs	MOH, EAD	2012
			Advocate for participation in EIAs	MOH	2011
			Conduct health audits of projects	MOH, EAD	2012

		Advocate for the control of in door air pollution	Conduct advocacy on in door air pollution	MOH, EAD	2013
		Strengthen industrial waste management	Conduct industrial audits on waste management	MOH, EAD, Local council	2011

MONITORING AND EVALUATION FRAMEWORK

Improved health and safety in settlements	Health and safety measures in settlements and buildings strengthened	% of new settlements designed in compliance with health and safety guidelines	Unknown		District reports	Quarterly	Ongoing	
Reduced health hazards from exposure to radioactive and toxic substances	mechanisms for reduction of exposure to radioactive and toxic substances established	Mechanisms in place			Survey	Annually	2013	
		Population exposed					2013	
Reduced health risks from indoor air pollution	Advocacy on prevention of indoor air pollution enhanced	% of households with satisfactory measures for prevention of indoor air pollution*	Unknown		District reports	Quarterly	Ongoing	CEHO
Reduction in health problems due to exposure to contaminated environments	Improved industrial waste management	% of industries with proper waste management facilities	Unknown		District reports	Quarterly	Ongoing	

	Water treatment at point of use improved	% of with water samples from households tested positive on chlorine residuals	Unknown (UNICEF)		Survey	Annually	2011	CEHO
	Advocacy for provision of sanitary facilities in public institutions strengthened	% of public institutions with adequate sanitary facilities	Unknown		District reports	Quarterly	Ongoing	CEHO
	Promotion of sustainable, gender and disability friendly sanitary facilities enhanced	Availability of sustainable gender and disability friendly sanitary facilities	Unknown		Survey	Annually	Ongoing	

FOOD SAFETY AND HYGIENE

Outcome	Output	Indicator	Baseline	Target	MOV	Frequency	Timeline	Responsible officer
Reduced incidences of food borne diseases	Food inspection strengthened	No. of food items condemned No. of inspections done	unknown		District reports	Quarterly		CEHO
	premises auditing strengthened	% of satisfactory food premises*.	Unknown (data from MBS, city)		District reports	Quarterly		CEHO
	Medical examination services for food handlers strengthened	% of food handlers satisfying medical fitness * No. of food establishments complying with testing	unknown		District reports	Quarterly		CEHO
	Food certification guidelines established	Food certification guidelines established	unknown		Presence of guidelines	Once		CEHO
	Mechanisms for food testing established	Food testing guidelines in place	None		Guidelines	Quarterly		CEHO
	Investigation of food borne disease outbreaks and conditions strengthened	Number of food borne disease outbreaks investigated	unknown		District reports	Immediately upon occurrence		CEHO
	Reporting of food borne diseases and conditions strengthened	% of districts reporting			District reports	Immediately upon occurrence		CEHO
	Advocacy on food Safety and Hygiene at household level enhanced	Number of households practicing food safety and hygiene	unknown		Survey report	Annually		CEHO
	FSH standard compliance	% of formal and inform food	Not known		Routine	Quarterly		CEHO

	in formal and informal food premises enhanced	premises complying with food standards			data			
	Food laws and regulations strengthened	Food laws developed				2013		CEHO
	Food safety management systems strengthened	% of food industries complying with food safety management systems	Unknown		Survey	Annually		
Disease prevention and control								
To reduce incidences of other communicable diseases and control of disease outbreaks	Implementation of international health regulations strengthened	% of ports implementing all core capacities*	Unknown		District reports	Annually		CEHO
	disease surveillance strengthened	No. of cases detected			District reports	Quarterly		CEHO
		No. of deaths detected						
	Response to disease outbreaks strengthened	Number of functional coordination committees			District reports	Quarterly		CEHO
		Attack rate for outbreaks Case fatality rate for outbreaks						
	Sustainable vector control methods promoted	% of villages implementing sustainable vector control interventions*	Unknown		District reports	Quarterly		CEHO
Control of zoonotic diseases strengthened	Prevalence of zoonotic diseases	Unknown		District reports				

