
GENERAL NOTICE

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NATIONAL DEPARTMENT OF HEALTH



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

ENVIRONMENTAL MANAGEMENT PLAN

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

SECOND EDITION

2008/09-2010/11

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GLOSSARY OF ABBREVIATIONS

ACSA	Airport Company of South Africa
BCOCC	Boarder Control Operational Coordination Committee
CBO's	Community Based Organisation
CCMF	Chemical Crime Management Forum
DOH	Department of Health
DACE	Department of Agriculture Conservation and Environment
DDT	Dichlorodiphenyltrichloroethane
DEAT	Department of Environmental Affairs and Tourism
DMEA	Department of Minerals & Energy Affairs
Doh	Department of Housing
DoL	Department of Labour
DPLG	Department of Provincial and Local Government
DPW	Department of Public Works
DRC	Democratic Republic of Congo
DWAF	Department of Water Affairs and Forestry
EIA	Environmental Impact Assessment
EHIA	Environmental Health Impact Assessment
EMP	Environmental Management Plan
EMS	Emergency Medical Services
EU	European Union
HCRW	Health Care Risk Waste
H&HE	Health and Hygiene Education
HECA	Healthy Environments for Children Agency
HECI	Healthy Environments for Children Institute
HP	Health Promotion
HAS	Hazardous Substance Act, 1973 (Act 15 of 1973)
IBSA	India-Brazil-South Africa
IHR	International Health Regulations
IHL	International Health Liaison
IOMC	International Organisation for the Management of Chemicals
IPCS	International Programme for Chemical Safety
IUTOX	International Union of Toxicology
LG	Local Government
LSDI	Lubombo Spatial Development Initiative

MOU	Memorandum of Understanding
NAMCA	National Accelerated Malaria Control Agency
NEMA	National Environmental Management Act, 1998(Act 107 of 1998)
NGO's	Non-Governmental Organisations
NEPAD	New Partnership for Africa's Development
NIA	National Intelligence Agency
NHA	National Health Act of 2003, Act 61 of 2003
NHC	National Health Council
OECD	Organisation for Economic Cooperation and Development
OHS Act	Occupational Health and Safety Act, 1993 (Act 85 of 1993)
PWG	Poison Working Group
SADC	Southern African Development Corporation
SAPS	South African Police Services
SANS	South African National Standards
SA	South Africa
SOPs	Standard Operation Procedures
STI	Sexually Transmitted Infections
TB	Tuberculosis
UK	United Kingdom
UNDP	United Nations Development Programme
UNFCCC	United Nations Framework Convention on Climate Change
US-EPA	United States Environmental Protection Agency
WHO	World Health Organisation
XDR-TB	Extreme Drug Resistant-Tuberculosis

CHAPTER 1:

1. BACKGROUND AND INTRODUCTION

This is the Second Edition of the Environmental Management Plan (EMP) of the National Department of Health (DoH), as required by Section 11(2) of the National Environmental Management Act, 1998 (Act 107 of 1998) (NEMA), 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 Department of Health is one of the (6) six National Departments listed in Schedule 2 of NEMA.

The Department of Health has a major responsibility towards the health and welfare of the people of South Africa and health is also considered as key to sustainable development, that is according to Agenda 21, the Agenda for Sustainable Development into the 21st Century, therefore health cannot by any means be divorced from environmental management as the two concepts are intimately interconnected.

The DoH's functional mandates that are related to environmental management in terms of the NHA, include Municipal Health Services, Reproductive Health Care and Emergency Medical Treatment contemplated in section 27 of the Constitution, basic nutrition and basic health care services contemplated in section 28(1)(c) of the Constitution and medical treatment contemplated in section 35(2)(e) of the Constitution. These services are implemented at Provincial, District and Metropolitan Municipalities.

Climate change is one issue that needs to be given careful consideration. DoH needs to be represented at the United Nations Climate Change Conferences, in an attempt to participate in sharing the burden with the global community under a common framework of action, this will therefore ensure that the capacity to adapt to the inevitable impacts of climate change are proactively built and planned for within the health sector.

There are numerous key factors that were taken into account in developing this EMP and some of them are the environmental management principles as set out in Section 2 of NEMA, the Integrated Environmental Management Objectives in Chapter 5 of NEMA, the principles of Co-operative Governance as outlined in Section 40 of the Constitution of the Republic of South Africa,

1996 (Act 108 of 1996) and the principles for sustainable development so as to be in line with the Agenda for sustainable development into the 21st Century.

1.1 PURPOSE OF THE DOH's ENVIRONMENTAL MANAGEMENT PLAN

The purpose of the EMP is to give effect to the principles of co-operative governance in order to support the protection of the environment across the country as a whole and to monitor the achievement, promotion and protection of a sustainable environment by coordinating and harmonising environmental policies, plans and programmes and decisions as well as to prevent unreasonable actions by Provinces in order to minimise duplication of procedure and functions and to promote consistency in the exercise of functions.

The aim of this plan is therefore to:

- Establish mechanisms for effective co-operative governance in relation to environmental management with other stakeholders and organs of state.
- Provide more insight into the DoH's contribution to sustainable development;
- Provide an entry point for partnership in efficient resource utilisation for sustainable development

Objectives:

- Meet the requirements of the NEMA including any other environmental management tools applicable to the DoH
- Indicate the plans, policies and programmes of the DoH in relation to both environmental management and impacting functions
- Identify, predict and assess all potential and actual impacts thereby seeking feasible alternatives and options for their abatement.
- Describe the activities to be undertaken in the EMP of the DoH.

Legislatively the document is required to provide the following:

- Description of the functions of the department 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 relevant department's policies by other organs of state and persons
- The extent of compliance with the relevant 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
- Proposals for the promotion of the objectives and plans for the implementation of procedures and regulations referred to in Chapter 5.

1.2 POLICY AND LEGISLATIVE MANDATE

The information provided in this section will focus mainly on the DoH's role in sustainable development, including generally applicable policies and the laws administered by this Department.

1.2.1 OVER-ARCHING CONTEXT

The Constitution places a major responsibility for the health and welfare of the people of South Africa on the DoH. As part of this fulfilment of this mandate and responsibility, DoH offers to the nation public health services, including preventative, palliative, rehabilitative, promotive and curative health. In line with the requirements of the Constitution and sustainable development principles, DoH administers other legislation that has direct impact on the environment such as the Hazardous Substance Act, 1973 (Act 15 of 1973), Tobacco Product Control Act, 1993 (Act 83 of 1993), the Occupational Diseases in Mines and Workers Act, 1973 (Act 78 of 1973) and the National Health Act, 2003 (Act 61 of 2003), with which other government departments and stakeholders must comply in order to protect the environment, the health of the people and other life forms. The Department also ensures that provincial and local health services comply with such legislation. The National Health Act, 2003 (Act 61 of 2003) was promulgated in 2003 and repealed the Health Act, 1977 (Act 63 of 1977), the Human Tissue Act, 1983 (Act 65 of 1983).

The Act provides for a structured uniform health system within the Republic and the decentralisation of health services to provincial and local spheres of government.

The DoH also has a broader role to play in sustainable development that goes beyond the administration of legislation. There are unsustainable patterns of development and underdevelopment as well as production and consumption processes at both global and local level that are using up the earth's resources and affecting the environment in a way that poses a threat to present and future health conditions. Poor environmental quality has been estimated to contribute 10% of all the preventable ill health on a global scale.

The DoH through its interventions recognised that the local environment problems and the ability to manage them are to a larger extent influenced by social, political and economic forces at both the local and the international level. As the custodians of the health and well being of the citizens of South Africa and in fulfilling its constitutional and legislative obligations, DoH incorporates considerations regarding sustainable development (at the social, economic and environmental levels) into its policy and legislative development processes and actions.

During the Earth Summit in Rio de Janeiro in 1992, the world's leaders recognised the importance of investing in the improvement of people's health and their environment as a pre-requisite for sustainable development. A supportive environment for health is free from major health hazards, satisfies the basic needs of healthy living and facilitates equitable social interaction. Traditional hazards related to sustainable development include the lack of access to safe drinking water, inadequate basic sanitation, and indoor air pollution from the burning of fossil fuel for heating and inadequate solid waste disposal. Modern hazards are related to development that lacks health and environmental safeguards, including water pollution from populated areas, industry and intensive agriculture; urban air pollution from cars, coal-fired power stations and trans-boundary pollution.

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. Agenda 21 (an agenda for sustainable development into the 21st Century) devotes an entire chapter (chapter 6) to the promotion of human health. This chapter recognises the interconnection between health and the environment as well as social and economic development, supports an inter-sectoral approach and identifies five programme areas, which are:

- 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

It also devotes four other chapters (chapter 19, 20, 21 and 22) to environmentally sound management of toxic chemicals, hazardous substance, solid waste and sewage related issues and radioactive wastes.

Prior to 1994, the provision of health services in South Africa reflected the political and social stratification typical of the government of the day. Like most other services, health was rendered along racial lines, providing varying service standards driven by economic and racial considerations. Health services were more curative oriented and more advanced in the previously advantaged area and sectors of the population.

Within health services little consideration was given to linking environmental issues to health and development. Where this did occur, it was more reactive than proactive. There was little input from health services in the developments that would have an obvious impact on health and the environment. Furthermore, there were no real programmes that sought to mitigate the negative impacts when they occurred.

The new political dispensation of 1994 heralded a different paradigm and way of thinking around health matters. Section 24 of the Constitution, provides that everyone has the right to an environment that is not harmful to their health or well-being; and to have the environment protected for the benefit of present and future generation, through reasonable legislative and other measures that prevent pollution and ecological degradation, promote conservation, and secure ecologically sustainable development. This section plays an important role in integrating people, the environment and legislation by using wording "not harmful to their health or well-being". The state must ensure an environment that is not harmful to its inhabitants. Well-being is a very broad concept and includes the workplace and neighbourhood, as well as the experience of an individual when looking at the environment as whole.

Section 40 and 41 of the Constitution provide for cooperative governance and section 41 states that all spheres of government must secure the well-being of the people of the country. The DoH's endeavour to provide effective health services can enhance sustainable development. The

measure required to achieve sustainable economic, social and environmental development are manifold and require co-ordinated inter-sectoral actions.

1.2.2 POLICY MANDATE

The DoH has developed several documents regarding health and health services in the country, such as the White Paper for the Transformation of health Systems in South Africa, 1997, and the health sector Strategic Framework, 1999-2004, with the intention of meeting the challenges posed by the Agenda 21 (an agenda for sustainable development into the 21st century) and the Constitution. The legislative framework applicable to environmental management in the DoH is diverse and constitutes a number of acts, regulations, protocols, and bi-lateral, trilateral and multilateral Agreements. The following are those policies and laws administered by DoH

- White Paper on the Transformation of the Health Systems in South Africa (1997)
- Restructuring the National Health System for Universal Primary Health Care (January 1996)
- District Health System Policy
- National Health and Hygiene Education Strategy

White Paper for the Transformation of the Health Systems in South Africa (1997)

In meeting the challenges of Agenda 21 in line with the Constitution, DoH as the custodian of the health of the people, then developed and produced a White Paper for the Transformation of Health System in South Africa, 1997. This document presents a set of policy objectives and principles upon which the unified national health system of South Africa should be based for efficient delivery of health care in a caring environment. Some of those objectives and goals, as stated under section 1.12 are

1. To develop health promotion activities
 - Promote a healthy lifestyle
2. To foster community participation across the health sector
 - Encourage community to take responsibility for their own health promotion and care

Chapter 2, section 2.1.2 (iii), of this document states the following as the role of Environmental Health Directorate

- Responsible for: developing policies, norms and standards for environmental health, ensuring that basic environmental needs are met and that environmental factors inimical to health are minimised
- Developing an environmental surveillance and evaluation system to monitor the effectiveness of environmental interventions.

The health sector strategies developed are based on the principles of Reconstruction and Development Programme (RDP), 1994:

- The health sector must play its part in promoting equity by developing a single, unified national health system.
- The health system will focus on districts as the major focus of implementation, and emphasise the Primary Health Care approach.
- The three spheres of government, NGO's and the private sector will unite in the promotion of common goals.
- The national, Provincial and district levels will play distinct and complementary roles.
- An integrated package of essential Primary Health Care Services will be available to the entire population at the first point of contact.

Restructuring the National Health System for Universal Primary health Care (January 1996)

The document represents a policy statement of the Department of Health and the nine health administrations, on the restructuring of the public and private health system for the country. In terms of the White Paper on Health, the three spheres of government are jointly responsible for the operation of a single National Health System. The principle of the co-operative governance that underpins this joint endeavour is spelled out in the Constitution.

Appendix 2 of the document on Restructuring the National Health System for Universal Health Care contains Guidelines on the Structure and Functions of the District Health Council, which gives effect to comprehensive Primary Health Care (PHC) activities. This is a "wellness" approach to health that encompasses all that is required to make a difference in people's lives: to make them healthy. It recognises that our health is determined by factors that go beyond the traditional

definition of health and health care. There are social and other determinants such as housing, water, sanitation, education, employment, etc that impact on the health of the people.

District Health System

The Department of Health has adopted the PHC approach to fulfil its constitutional obligations. A Pocket Guide to District Health System in South Africa (1977) explains the District Health System and the importance of rendering health care within the entity of a health district. It further briefly details the characteristics of a district health system guided by 12 principles.

The country is demarcated into forty six (46) districts and six (6) metropolitan areas, and they are Category C and A respectively. Within Category, C Municipalities, there are two hundred and thirty on (231) Category B municipalities. Municipal Health services will be rendered via these 46 districts and 6 metropolitan areas.

DoH's policies also provide a mandate for environmental management to a lesser extent. These policies mainly provide a mandate for environmental impacts that needs to be managed at the provincial level.

National Health and Hygiene Education Strategy

Health and Hygiene Education is a programme aimed at promoting health awareness, healthy behaviour and changing the mindset and attitudes of communities around water and sanitation associated health and hygiene practices in South Africa, particularly at domestic level, safeguarding them against the spread of water and sanitation related diseases.

The Health and Hygiene Education (H &HE) Strategy specifies that health and hygiene education must be implemented as an integral component of all water and sanitation related projects. This includes ongoing H&HE, project based H&HE as part of local health service programmes, H&HE in school, H&HE as part of emergency programmes and health promotion activities and campaigns. It must be done in pursuant to the Millennium Development Goals, targeting youth, young children and those affected by HIV and AIDS and other sicknesses.

The primary responsibility of discharging health and hygiene education lies with the Local Authority supported by their National and Provincial partners, hence Municipal Infrastructure Grants (MIG) funds are identified within the strategy as a source of funding for project based

health and hygiene education, whereas provincial budgets are identified for ongoing health and hygiene education delivered by the Personal PHC services through community health workers.

1.2.3 LEGISLATIVE MANDATE/ NATIONAL LEGAL OBLIGATIONS

The DoH adheres to the prescripts of the Constitution of the Republic of South Africa Act, 108 of 1996. Chapter 2, section 24 and 27 of the Constitution provides for the rights of access to an environment that is not harmful to the health or wellbeing of human beings as well as access to health services. Furthermore, DoH has also developed legislative framework within which elements of environmental management are enshrined and the list is provided hereunder.

- National Health Act, 2003 (Act 61 of 2003)
- Hazardous Substance Act, 1973 (Act 15 of 1973)
- International Health Regulations, 2005
- Tobacco Products Control Amendment Act, 1999 (Act 12 of 1999)
- Medicine and Related Substances Control Act, 1997 (Act 101 of 1965)
- Foodstuff, Cosmetic and Disinfectant Act, 1972 (Act 54 of 1972)
- Human Tissue Act, 1983 (Act 65 of 1983) (to be repealed by the National Health Act)

National Health Act 61 of 2003

The Act provides for a transformed national health system for the entire Republic. Section 32(1) of the Act also provides for the provision of appropriate, effective and equitable Municipal Health services by municipalities. Section 32(2) provides for such services to be assigned to a municipality by the relevant Member of the Executive Council (MEC) within his/her Province as contemplated in section 156(4) of the Constitution.

Municipal health services in terms of the National Health Act 61 of 2003 includes-

- 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

This excludes port health, malaria control and control of hazardous substances. The Act also stipulates the general function of the national department and some of them are relating to environmental management and the DoH must ensure and promote adherence to norms and standards as regards to:

- Environmental conditions that constitutes a health hazard
- The use, donation and procurement of human tissue, blood, blood products and gametes
- Promotion of community participation in the planning, provision, evaluation and management of health services
- Facilitation of the provision of indoor and outdoor environmental pollution control services
- Facilitation and promotion of the provision of health services for the management, prevention and control of communicable and non-communicable diseases

Chapter 11 of the act empowers the Minister to make regulations on numerous issues that affect the environment. These include

- Communicable diseases
- Non communicable diseases
- Health nuisance and medical waste

Hazardous Substances Act (Act 15 of 1973)

Hazardous Substances Act, 1973 (HSA) 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.

Hazardous substances are classified according to their toxicity, corrosiveness and flammability. An annual permitting procedure has been developed to minimise the use of highly toxic hazardous substances. The DoH's role in hazardous substances management is to protect human health.

This function is co-ordinated by the Directorate of Environmental Health of DOH with the assistance of the provincial and local authorities. The function includes the licensing of hazardous chemical substances.

To this end the suitability of applicants to be licensed to have access to such products is critical. Their premises, storage facilities and understanding of product are enquired into prior to permission being granted. Applicants are advised as to what measures to take to ensure the safety and health of people and the environment.

Hazardous substances are broadly categorised into pesticides and toxic chemical substances used for research and industrial purposes and as detergents. It is critical that active ingredient in any substance should be evaluated.

Several sets of regulations administered by the DoH have been developed and implemented under this Act. These regulations have been developed with the aim of protecting life and the environment. The implementation and enforcement of these regulations is performed at the provincial and local levels of government, with technical support from the national Department. Some of the regulations that have environmental implications are:

- Regulations relating to the control over fluoroacetic acid (mono), its salts and derivatives
- Regulations relating to the control of the sale of cyanide for use in a cyanide poison-firing apparatus
- Group 1 hazardous substance regulations.

International Health Regulations Act, 1974 (Act 28 of 1974)

The International Health Regulations Act, 1974 HRA aims to prevent the spread of international diseases with the minimum interference to World Trade. These regulations are compared with the international code of practice for health sectors all over the world, in particular those of member states of the World Health Organisation (WHO). All member states are to observe them and apply them without fail. Where a member state alters their regulations, that fact has to be communicated to all other member states for appropriate action, particularly regarding entry into the receiving country.

The regulations set guidelines and make recommendations regarding certain communicable diseases due to the ease with which they spread. These diseases include cholera, yellow fever

plague and malaria. There are also entry requirements that are internationally agreed and applied as a general rule between member states of WHO.

The IHRA, 1974, makes provision for the proper management of waste generated from conveyances, particularly ships and aeroplanes. Part iii Article 14 reads, "Every port and airport shall also be provided with an effective system for the removal and safe disposal of excrement waste water, condemned food and other matter dangerous to health"

Through the Act, the DoH monitors the importation of hazardous substances and other commodities that might trigger outbreaks and spread of communicable diseases. It also ensures that waste from sea and air traffic is managed in such a way that it does not affect the environment and human life negatively.

Tobacco Products Control Act, 1993 (Act 83 of 1993)

The purpose of Tobacco Products Control Act and its Amendment are to prohibit and restrict smoking in public places and to regulate the sale and advertisement of tobacco products. The act is enforced by the local authorities in their areas of jurisdiction and certain amendments have been made to it.

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

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 through the regulations promulgated there under.

The DoH also administers other legislations that govern environmental management. These Acts seek to ensure that the commodities they regulate have environmental integrity. These legislations are outlined below:

Foodstuff, Cosmetics and Disinfectant Act, 1972 (Act 72 of 1972)

This Act is under review. The Act 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.

Human Tissue Act, 1983 (Act 65 of 1983)

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.

The DoH strives to adhere and comply with other applicable legislation in terms of environmental management.

- Environmental Management Act, 1998 (Act 107 of 1998)
- National Water Act, 1998 (Act 36 of 1998)
- Occupational Diseases in Mines and Works Act, 1973 (Act 78 of 1973)
- Compensation for Occupational injuries and Diseases Act, 1993 (Act 130 of 1993)
- Occupational Health and Safety Act, 1993 (Act 85 of 1993)
- Child Care Act, 1983 (Act 74 of 1983)
- Fertilizers, Farm Feeds, Agricultural Remedies And Stock Remedies Act, 1947 (Act 36 of 1947)

Bi-lateral, Trilateral and Multilateral Agreements

- A Programme of Action with the DRC and Nigeria focusing on traditional medicine
- Recruitment of foreign doctors
- A draft SA-China MOU has been finalised for legal approval
- The SA- Bulgaria agreement
- India- Brasil- SA (IBSA) agreement
- Global Fund agreement
- SADC protocol on health
- NEPAD Health Strategy
- Protocol service support
- 8 Funding and technical agreements with Luxemburg, Japan, UK, EU, UNDP, Italian, German and Belgium

1.2.4 INTERNATIONAL LEGAL OBLIGATIONS

South Africa is a member of the United Nations ("UN") and therefore is bound by international agreements/treaties/conventions regarding public health and environment concluded under the UN. Under the UN an institution called WHO has been established; of which South Africa is party to. WHO is responsible for giving guidance to governments on health matters in general. WHO therefore conducts research on numerous health issues, thereby generating information that enables decision makers to come up with proactive interventions in public health issues. WHO has developed for this purpose, a Division of Early Warning and Assessment.

WHO has produced guidelines on the following inter alia: air pollution; environmental health for children and mothers; climate; occupational health; electromagnetic fields and public health, depleted uranium, ultraviolet radiation; water pollution, waste, international health regulations, etc.

Furthermore there is a United Nations Framework Convention on Climate Change (UNFCCC), which binds member states to reduce the green house gas emissions. The Kyoto Protocol is an enforcement tool of the UNFCCC in that it commits the member states (37 of them) to reduce the green house gas emissions. South Africa is party to both UNFCCC and the Kyoto Protocol. The UN has the World Meteorological Organisation, which is aimed at providing leadership and expertise as well as international cooperation in whether, climate, hydrology and water resources and related environmental issues

1.3 VISION, MISSION (NATIONAL DEPARTMENT OF HEALTH STRATEGIC PLAN 2008/09-2010/11)

1.3.1 VISION

"An accessible, caring and high quality health system"

1.3.2 MISSION

To improve health status 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 . The new vision and mission of the DoH that promotes sustainable development and environmental management has been incorporated and as envisaged;

1.3.3 PRIORITY AREAS

The 10 key priority areas of the Department of Health as according to the "Strategic priorities for the National Health System, 2004-2009" where key activities are also attached to each priority are the following:

- Improve government and management of the NHS
- Promote healthy lifestyles
- Contribute towards human dignity by improving quality of care
- Improve management of communicable diseases and non-communicable illnesses
- Strengthen primary health care, EMS and hospital service delivery systems
- Strengthen support services
- Human resource planning, development and management
- Planning, budgeting and monitoring and evaluation
- Prepare and implement legislation
- Strengthening international relations

1.4 STRUCTURE OF THE DEPARTMENT OF HEALTH

The DoH has been able to fulfil its mandate and functions and to pursue its mission through its Programmes and Sub-Programmes. The DoH consists of six (6) Programmes each including several Sub-Programmes. The core Functions of the DoH are organised into six main groupings, within which environmental management components are embedded:

- Administration and Corporate Services
- Strategic Health Programmes
- Health Planning & Monitoring
- Human Resources and Management Development
- Special Programmes and Health Entities Management
- International Relations, Health Trade and Health Product Regulation

1.4.1 STRATEGIC HEALTH PROGRAMMES (SUB-PROGRAMMES)

PROGRAMME 1: ADMINISTRATION AND CORPORATE SERVICES

- Strategic Planning
- Financial Services and Deputy CFO
- Supply Chain Management
- IT Services
- Human Resource Management

PROGRAMME 2: STRATEGIC HEALTH PROGRAMMES

- Maternal Child & Woman's Health & Nutrition (MCWH&N)
- Tuberculosis (TB) Control and Management
- HIV and AIDS, and STI Management
- Non Communicable Diseases
- Communicable Disease Control
- Mental Health and Substance Abuse

PROGRAMME 3: HEALTH PLANNING AND MONITORING

- Health Information Evaluation and Research
- Office Standards Compliance
- Health Financial Planning and Economics
- Pharmaceutical Policy and Planning

PROGRAMME 4: HUMAN RESOURCES AND MANAGEMENT DEVELOPMENT

- Human Resources Development and Management
- Human Resource Policy Research and Planning
- Sector Labour Relations and Planning

PROGRAMME 5: SPECIAL PROGRAMMES AND HEALTH ENTITIES MANAGEMENT

- Legal Services
- Communication

- Primary Health Care (PHC), District and Development
- Infrastructure Planning and Health Facilities Management
- Medical Bureau of Occupational Diseases (MBOD)
- Occupational Health and Safety
- Health Promotion and Nutrition

PROGRAMME 6: INTERNATIONAL RELATIONS, HEALTH TRADE AND HEALTH PRODUCT REGULATION

- Africa and South-South Relations
- Multilateral Relations, North-South
- Africa and South-South, North and Multilateral & Africa Health Strategy
- African Union (AU) Health Strategy
- Medicines Regulatory Affairs
- Clinical Trials Management
- Food Control & Non-Medical Product Regulation

1.5 ENVIRONMENTAL MANAGEMENT FUNCTIONS OF THE DEPARTMENT OF HEALTH

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 political agenda so that the problem can be addressed on a global scale. Environmental protection therefore cannot be divorced from health; hence some aspects of the DoH's functions involve environmental management. The environmental management functions of the DoH that satisfies the principles and requirements of NEMA and Agenda 21 are outlined below. The DoH has a major responsibility towards the health and welfare of the people of South Africa. The key environmental management functions of the DoH are spread amongst several strategic programmes and sub-programmes as summarised below.

Provincial and Local spheres of government are responsible for the enforcement, inspection and monitoring of compliance with the DoH's environmental policies, legislation, norms and standards, as well as regulations aimed at organisations, industries, private and public enterprises and to the public. The DoH's environmental management functions fall mainly in the area of chemical and waste and pollution management.

Table 1: Summary of the environmental management functions and mandate of the Department of Health.

Focus area	Role	Partners	Comments/gaps
Hazardous Chemicals Management	<ul style="list-style-type: none"> • Promote environmentally sound management of chemicals through their entire life-cycle • Monitor and control the use of grouped hazardous chemicals • Issue permits for importation and use, and licence to carry on a business as supplier of group 1 substances • Collect and manage data on human poisoning resulting from pesticides • Monitor and control expired medicines 	<ul style="list-style-type: none"> • Department of Transport • Department of Water Affairs and Forestry • Department of Environmental Affairs and Tourism • Department of Agriculture • Department of Labour • Department of Trade and Industry • South African Bureau of Standards 	<ul style="list-style-type: none"> • Lack of proper coordination mechanism or structures. • Roles and responsibilities between key role players are not clearly delineated. A forum needs to be formed by the different role players, with DoH taking the lead role. • Reporting tools must be developed • There's an urgent need to update all relevant legislation • There's a need to monitor and control expired medicines from home.
Prevention of Pollution and Waste Management	<ul style="list-style-type: none"> • Ensure a sustainable, safe and healthy environment • Promote environmentally sound and safe management of health care waste • Promote pollution prevention and waste minimisation • Implementation and endorsement of the Tobacco Products Control Act 	<ul style="list-style-type: none"> • Department of Environmental Affairs and Tourism • Department of Water Affairs and Forestry • District and Metropolitan Municipalities • Department of Education 	<ul style="list-style-type: none"> • Lack of clarity with respect to sludge management. This should be discussed with the different role players. • Metropolitans and District Municipalities are responsible for air quality monitoring • Health Care Risk Waste disposal is outsourced in all Provinces • No conformity in the management of HCRW by Provinces • About 75% of Provinces have HCRW policies and/ or guidelines in place • Need assessment for a forum in air quality management should be done by DoH

Focus area	Role	Partners	Comments/gaps
Port Health Services	<ul style="list-style-type: none"> • Provide Port Health Services at all designated ports of entry that includes inspection of conveyances from international countries and cross borders, imported consignments intended for human consumption, monitoring of imported used tyres, medicaments and Authorization of Exhumations, Re-interments, Importation and Exportation of Mortal Remains 	<ul style="list-style-type: none"> • Department of Safety and Security • South African Revenue Services • Department of Agriculture • Department of Home Affairs • South African Police Services • SANS • NIA • Public Works • Airport Company of South Africa (ACSA) 	<ul style="list-style-type: none"> • Port Health Policy is in place and only awaiting finalisation • Standard Operating Procedures are available and to be reviewed • Lack of personnel and sampling equipments at ports of entries • A need to address issues relating to importation of hazardous and dangerous cargo detrimental to human health and the environment to be in line with the objectives set out in the Rotterdam Convention. • The DoH is in the process of revising and updating all regulations under the previous Health Act to align to the National Health Act.
Malaria and other Vector control	<ul style="list-style-type: none"> • Vector Control • Case Management • Health Promotion • Epidemic Preparedness and response • Surveillance and Malaria information System 	<ul style="list-style-type: none"> • SADC • MRC • WHO • Lubombo Spatial Development Initiative 	<ul style="list-style-type: none"> • Guidelines and policy in place for use of DDT in malaria affected Provinces • Need to find alternatives to DDT • Need to develop a malaria prevention and control strategy • Need for an effective strategy to manage the insecticides used • DoH to ensure conformity in each of the three malaria prevalent Provinces
Climate Change	<ul style="list-style-type: none"> • Participation in climate change matters and adaptation of climate change considerations within sustainable development strategies 	<ul style="list-style-type: none"> • DEAT • DACE • Local government • Global Community • Civil Society • South African Weather Services 	<ul style="list-style-type: none"> • DoH is engaged in ongoing awareness programmes • DoH needs to develop a strategy for mitigating the effects of and implement actions aimed at adapting to climate change

Focus area	Role	Partners	Comments/gaps
Occupational Health and Safety	<ul style="list-style-type: none"> Promote occupational health and safety in public health facilities and premises of hazardous substance dealers Assessment of health risks and ex-miners affected by occupational diseases 	<ul style="list-style-type: none"> DoL Municipalities DoPW 	
Environmental Health Impact Assessment	<ul style="list-style-type: none"> Participate and make comments during EIA studies for various activities, projects and developments Add role of rural development 	<ul style="list-style-type: none"> DEAT Civil Society Municipalities 	
Water Quality Monitoring	<ul style="list-style-type: none"> Water Quality Monitoring and compliance Provide Health and Hygiene Education 	<ul style="list-style-type: none"> DWAF SALGA DoE DOH DEAT DoPW 	Outbreak response team needs to be reinforced to address sporadic incidents of water pollution resulting in diarrhoeal diseases

1.6 POTENTIAL NEGATIVE ENVIRONMENTAL IMPACTS OF DoH's SERVICES

The operational section (Toxicology, Blood Alcohol, Food and Pesticides) of the Forensic Chemistry Laboratory, the work of the National Health Laboratory Services and Emergency Medical Services, including Primary Health Care Services Provision, generate hazardous chemical waste, pharmaceutical waste, infectious waste, radioactive waste and electronic waste on a daily basis. If sound management practices of the waste generated are not followed these will result to negative environmental impacts.

The DoH has both environmentally impacting functions arising from health care service provision and managing functions. It is in the interest of DoH's 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. These includes among others the identification, prediction and evaluation of all actual and potential impacts emanating from health care services so that alternatives and options for their abatement may be explored, due considerations will be made to ensure and reinforce on community participation.

This Edition will identify those environmentally impacting functions thereby planning and coming up with tangible strategies for their abatement.

Table 2: Environmental Impact Management Plan

Identified Environmentally Impacting Functions	Potential Impacts	Magnitude and extent of Impacts	Feasible/ possible mitigation alternatives
Health Care Risk Waste from Hospitals, Clinics, Private Medical Facilities, Emergency Medical Services and Laboratories.	Biophysical impacts Pollution of the environment if not properly managed Impact on the health facility surroundings	National	<ul style="list-style-type: none"> • Outsourcing health care waste disposal • Development of a National HCRW policy • Awareness raising and training • Selection of safe and environmentally friendly management options
HCRW from households i.e. needles, expired, unused and contaminated medicines, medicines for late patients, who had chronic conditions and condoms and condom wrappers.	Impact on the environmental aesthesis Environmental Pollution May course injuries and transmit diseases Impact on the health children and animals	National	<ul style="list-style-type: none"> • The National Health Care Risk Waste Policy to consider HCRW from households • Forge community participation in relation to HCW management • HCRW to be incorporated in the H&HE strategy • Awareness raising and training • Selection of safe and environmentally friendly management options • Strict monitoring of HCW contractors to ensure adherence to tender specifications
Electronic waste from all health care facilities	Environmental pollution if not properly disposed Threat to human health, plans and groundwater supply	National	<ul style="list-style-type: none"> • Electronic waste management policy to be developed. • Awareness raising and training • Selection of safe and environmentally friendly management options
Radioactive Waste from all health care facilities	May course radiation syndrome if radiotherapy treatment sources/ equipment is not adequately operated	National	<ul style="list-style-type: none"> • National HCRW Policy to consider and include radioactive waste disposal • Awareness raising and training • Selection of safe and environmentally friendly management options
Use of Chemicals such as DDT.	Contamination of drinking water and food if incorrectly used	Provincial (Site specific)	<ul style="list-style-type: none"> ▪ To be included in the chemical safety programme ▪ Adhere to the WHO guidelines and standards.

1.7 SPECIFIC FUNCTIONS OF THE DEPARTMENT OF HEALTH

The health care service that the DoH offers to the nation involves public health care and includes preventative, palliative, rehabilitative, promotive and curative health. Health care services refer to the services rendered by private practices, public institutions and individuals. The general core functions of the DoH, including those sub-programmes, which are directly responsible for the latter aspects, are outlined hereunder.

List of Sub- Programmes involved in Environmental Management and Impacting Activities.

- Non-Personal Health Services
- Hospital Services and EMS
- Communicable Disease
- Non Communicable Disease
- Pharmaceutical Policy and Planning including Food Control
- HIV and AIDS and TB
- Human Resource
- Environmental Health;
- Occupational Health Policy and Programme Development
- Maternal, Child and Woman's Health
- Health and Welfare Bargaining Council and Employee Relations
- Health Monitoring and Evaluation
- Medicine Regulatory Affairs
- Health Promotion
- Forensic Pathology Services
- International Health Liaison
- Rural Development

CHAPTER 2:**2. INSTITUTIONAL ARRANGEMENT AND CO-OPERATIVE GOVERNANCE.**

This section will be looking at institutional arrangements for co-operative governance regarding both environmentally impacting and management functions.

2.1 INSTITUTIONAL RELATIONSHIPS 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.

2.2 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. There are clear lines of referral from one level to the next. Environmental considerations are placed and exercised at the local level of structures that are involved with environmental health impact assessment (EHIA), which is carried out for new projects and developments. There are also private organisation rendering health care services

within districts and Provinces. The DoH further co-ordinates its commitment to the citizens of South Africa through National Health Council (NHC) meetings, where the Minister chairs the meetings and through the Technical Committee of the NHC, where the Director-General of the Department presides.

2.3 STRUCTURES FOR INTERACTION WITH OTHER NATIONAL DEPARTMENTS AND OTHER STAKEHOLDERS

The Department of Health recognises and plays a significant role in sustainable development, and co-operative governance with respect to its environmental management functions for example the Boarder Control Operational Coordination Committee (BCOCC). The Department also observes and adheres to the principles of co-operative governance through liaisons with various stakeholders within and outside government via structures led by other departments or specific organisations in tackling numerous issues relating to environmental management.

The document will highlight areas of importance and the linkages with various stakeholders as shown in the table below. This highlights the DoH's commitment towards ensuring that international standards and guidelines are complied with, and that responsibilities towards international protocols are performed.

Table 3: The Department of Health's linkages with other key role players in areas of environmental management

Stakeholders	Legislations	Areas of Co-operation
Department of Environmental Affairs and Tourism	<ul style="list-style-type: none"> • NEMA • Air Quality Act • Environmental Conservation Act • Hazardous Substance Act 	<ul style="list-style-type: none"> • Environmental Impact assessment • Environmental Management Plans • Air Quality • Environmental Protection and Conservation • Pollution control • Control of Hazardous Substances (Including Health Care Risk/General Waste) • Environmental Capacity Building • Biodiversity Conservation • PIC's and POP's • Climate change
Department of Water Affairs and Forestry	<ul style="list-style-type: none"> • National Health Act • National Water Act 	<ul style="list-style-type: none"> • Water Supply and Sanitation • Health and Hygiene Education • Landfill Sites • Water Quality and Resource Management • Waste Water and Sludge Management
Department of Housing	<ul style="list-style-type: none"> • National Health Act 	<ul style="list-style-type: none"> • Accommodation and Recreational Facilities • Indoor air Quality • Sitting; Waste Management • Accommodation
Department of Provincial and Local Government	<ul style="list-style-type: none"> • National Health Act 	<ul style="list-style-type: none"> • Municipal Health Services • Municipal Infrastructure Development Projects
Department of Agriculture	<ul style="list-style-type: none"> • Hazardous Substance Act • Farm Feeds Fertilisers and Stock Remedies Act 	<ul style="list-style-type: none"> • Pesticides Safety • Food Gardening Projects
Department of Transport	<ul style="list-style-type: none"> • National Road Traffic Act • Hazardous Substance Act 	<ul style="list-style-type: none"> • Conveyance of Hazardous Substances by Road Tankers • Cleaning of Spillages
Department of Home Affairs; South African Revenue Services; Department of Safety and Security	<ul style="list-style-type: none"> • International Health Regulations of 2005 	<ul style="list-style-type: none"> • Port Health Services

Department of Labour	<ul style="list-style-type: none"> Occupational Health and Safety Act 	<ul style="list-style-type: none"> Health, Hygiene and Safety at Work and Dwellings Management of Asbestos Related to Health Problems
Department of Water Affairs and Forestry; Department of Minerals and Energy Affairs and Department of Environmental Affairs and Tourism, Chemical Crime Management Forum (CCMF)	<ul style="list-style-type: none"> Hazardous Substance Act 	<ul style="list-style-type: none"> Disposal of Lead-containing Batteries Energy efficiency, Management of illegal use of chemicals.
Medical Research Council	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Environmental; Occupational and Medical studies/Research
Centre for Scientific Industrial Research	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Environmental; Occupational and Medical studies/Research
Water Research Commission	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Water Quality Standards
South African National Standards	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Incorporation of Standards Addressing Environmental Health Concerns in Regulations
South African National Defence Force	<ul style="list-style-type: none"> International Health Regulations National Health Act 	<ul style="list-style-type: none"> National Outbreak Response Team Port Health Services Communicable Diseases Delivery of health services
National Health Laboratory Services	<ul style="list-style-type: none"> 	<ul style="list-style-type: none">
NGOs/ NPOs e.g. National Blood Transfusion services	<ul style="list-style-type: none"> 	<ul style="list-style-type: none"> Health Care Risk Waste Management, licensing and approval of norms and standards under which they operate

2.4 MECHANISMS TO FACILITATE CO-OPERATIVE GOVERNANCE

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

- Committee for Environmental Co-ordination for a Sustainable Environment
- National Sanitation Task Team
- Environmentally Sound Low Cost Housing for Accommodation and Recreational Areas
- National Inter-departmental Structure for Port Health Services
- Northern Aquaculture Working Group for Protecting Humans Against Manipulated/Modified Food
- Interdepartmental Advisory Committee Protecting Humans Against Poisoning
- National Committee on Climate Change for Atmospheric Pollution Prevention
- Environmental Capacity Building Project Committee for Capacity Building and Education in all aspects of the Environment
- Aquatox Forum for Effluent Toxic and Discharge Permitting
- Interdepartmental Committee on the Management of Chemicals and Hazardous Waste for Sound Management of Chemicals and Waste.

The DoH participates in these committees either nationally or through the Provinces. The committees usually meet bi-annually to discuss issues of concern. The interaction assists the DoH in planning and developing its policies and in prioritising issues of environmental concern that affect public health in line with the policies of other role players. The interaction also assists the DoH in the process of legislative review so as to harmonise its legislation and actions or programmes relating to the environment.

The DoH has also managed to foster good working relationships with industries and organisations such as NGO's, Crop Protection and Animal Health Association (AVCASA) and the Poison-Working Group in fostering and enhancing Private Public Partnership (PPP). This partnership has proved to be the most effective in achieving the mandates of the DoH and addressing various environmental concerns, particularly on issues pertaining to safety in the use of Agro-Chemicals and remedies for the control of problem animals.

CHAPTER 3: ENVIRONMENTAL MANAGEMENT PLAN

Table 4:

Focus Area & Associated Sub-Programmes	Environmental Management Functions	Compliance with Applicable Legislation & other prescripts	Extent of Compliance by DoH, Progress on Plans and Programmes	Constrains
<p>Hazardous Chemicals Management</p> <p>Sub-Programmes</p> <ul style="list-style-type: none"> - Environmental Health - Occupational Health - Human Resource - Health Promotion - Hospital Service and EMS - Pharmaceutical and Food Control - Radiant Control - Health Technology 	<ul style="list-style-type: none"> • Promote environmentally sound management of chemicals • Monitor and control the use of grouped hazardous chemicals • Issue permits for the importation and exportation and use of hazardous chemicals and licences to carry on a business as a supplier of group 1 substances • Collect and manage data on human poisonings resulting from pesticides. • Management of radioactive waste and electronic products 	<ul style="list-style-type: none"> • Hazardous Substance Act, • Foodstuffs, Cosmetics and Disinfectants Act. 	<ul style="list-style-type: none"> • Hazardous Substance Inspectors in all the Provinces monitor compliance in terms of section 3 of the Act. A database of all Hazardous substance dealers from the 9 Provinces is available from the National DoH. • Applicants have to apply in writing to the provincial offices for a licence • Compliance is monitored by Provincial Department on behalf of National Department in terms of section 5 of the Act. • There are programmes in place for the assessment of the toxicology of agriculture/ stock remedies for food safety purpose, institutionalisation of African Traditional Medicine in national care system, Inspection and licensing of all authorised prescribes and tracking and tracing of distributed drugs to ensure it reaches the intended source. 	<ul style="list-style-type: none"> • There is no adequate capacity for the implementation of the Hazardous Substance Act. • Lack of regulation and/or policy on chemical safety • Lack of coordination and responsibility. • There's a need to urgently amend or repeal the Hazardous Substance Act, as it is outdated.

Focus Area & Associated Sub-Programmes	Environmental Management Functions	Compliance with Applicable Legislation & other prescripts	Extent of Compliance by DoH, Progress on Plans and Programmes	Constrains
<p>Prevention of Pollution and Waste Management</p> <p>Sub-Programmes</p> <ul style="list-style-type: none"> - Environmental Health - Pharmaceutical - Hospital Services and EMS - Health Promotion - Forensic Pathology - HIV and AIDS and TB - MCWH - Occupational Health - Communicable Disease Control 	<ul style="list-style-type: none"> • Ensure a sustainable safe and healthy environment. • Promote environmentally sound and safe management of health care waste. • Promote pollution prevention and waste minimisation, Water Quality Monitoring, • Provision of Health and Hygiene Education. • Authorization of Exhumations, Re-interments/ re-burials 	<ul style="list-style-type: none"> • National Health Act • Human Tissue Act • Guidelines for disposal of the dead in case they died of an infectious disease • Medicine and Related Substance Control Amendment Act • Choice of Termination of Pregnancy Act. Act 92 of 1996 • National Water Act, Act 36 of 1998 • Health and Hygiene Education Strategy • Water Quality 	<ul style="list-style-type: none"> • In terms of adherence to section 21(2)(b)(ii), 75% of all Provinces have HCRW policies or guidelines in place and • Health Care Risk Waste disposal is outsourced in all Provinces (100% outsourced in all health care facilities) which implies that incineration of HCW is no longer practiced. • HCRW management including safe disposal and management of medicines is monitored in all health care service delivery facilities of the department for compliance in terms of 21(2)(d) and 77(2)(a)(b) • Province's were trained on indoor air quality management in terms of section 21(2)(c)(j) • Multisectoral outbreak response teams are established at provincial level. 21(2)(e) • Promotion of healthy lifestyles is second on the list of the departmental priority areas and it is implemented throughout the country encompassing among others the implementation of tobacco law and expansion of health promoting schools and Healthy Environments for Children (HECI) in terms of 	<ul style="list-style-type: none"> • Lack of National Health Care Waste Management Strategy. • The consolidation of EHS to municipalities is still not finalised bringing about confusion in relation to functional responsibilities between local government and provincial government • Lack of regulations in line with the National Health Act 61 of 2003. • Limited community participation in planning provision and evaluation of health services. • Inadequacies/discrepancies in relation to HCRW management tender issues • No exhumation policy or guideline. • HCRW policies and guidelines do not address the disposal of other HCRW such as expired medicines, including condoms and condom wrappers from

Focus Area & Associated Sub-Programmes	Environmental Management Functions	Compliance with Applicable Legislation & other prescripts	Extent of Compliance by DoH, Progress on Plans and Programmes	Constrains
		Monitoring Guidelines <ul style="list-style-type: none"> • Policy guidelines on cholera. • Tobacco Products Control Amendment Act 	section 25(2)(r), <ul style="list-style-type: none"> • All regulations under the National Health Act are being reviewed and updated. • Community participation is promoted through involvement of communities, NGO's & CBO's in HIV issues, in gardening projects and awareness campaigns in terms of section 24(2)(h). • There are also programmes in place to accelerate the implementation of prevention interventions for HIV and AIDS and strengthening TB management including the implementation of the XDR-TB Action plan in terms of section 24(2)(k) • Parties must obtain permission from their respective Local Authority prior to performing exercises vis-à-vis disposal of bodies of diseased destitute in terms of section 10 and 26 then LM's seeks approval for exhumations from the Province on behalf of the families and information gathering systems are fully functional. 	households.
Port Health <u>Sub-Programmes</u>	<ul style="list-style-type: none"> • Provide Port health services at ports of entries, that includes 	<ul style="list-style-type: none"> • International Health Regulations 	<ul style="list-style-type: none"> • Port Health officers are being appointed to ports of entries. • Compliance is monitored with the 	<ul style="list-style-type: none"> • There's a need to address the importation of hazardous and

Focus Area & Associated Sub-Programmes	Environmental Management Functions	Compliance with Applicable Legislation & other prescripts	Extent of Compliance by DoH, Progress on Plans and Programmes	Constrains
<ul style="list-style-type: none"> - Environmental Health - Communicable Disease Control - Medicine Regulatory Affairs - Pharmaceutical & Food Control - International Health Liaison 	<p>inspection of conveyances from international countries and cross boarders, imported consignments intended for human consumption, monitoring of waste management, excreta disposal, waste water management, condemned food, imported used tires, and Importation and Exportation of Mortal Remains.</p>	<p>of 2005,</p> <ul style="list-style-type: none"> • SOPS for effective management of Port Health Services 	<p>assistance of SAPS, Home Affairs, Agriculture and SARS officials,</p> <ul style="list-style-type: none"> • There are plans to ensure efficiency of infrastructure and to improve and strengthen poison information centres. 	<p>dangerous cargo into SA. as a matter of urgency to be in line with the Rotterdam Convention's outlined objectives in the agreement.</p>
<p>Malaria and Vector Control</p> <p>Sub-Programme</p> <ul style="list-style-type: none"> - Disease Prevention and Control - Environmental Health - Hospital Services and EMS - Health Promotion 	<ul style="list-style-type: none"> • Vector Control • Case Management • Health Promotion • Epidemic Preparedness and response • Surveillance and Malaria information System 	<ul style="list-style-type: none"> • WHO guidelines on chemical Safety, Standard Operating Procedures for Malaria Control, Policy guideline on malaria, 	<ul style="list-style-type: none"> • There are programmes in place for reducing malaria morbidity and mortality, reducing infant and under 5 mortality attributable to pneumonia, diarrhoea, malaria, HIV and other communicable diseases strengthening inter-country and cross border malaria control initiatives, and the NAMCA (NEPAD accelerated Malaria Control Programme for Africa). Vector control programmes such as indoor residual spraying are implemented throughout malaria 	<ul style="list-style-type: none"> • Shortage of man power • Road transport from malaria endemic areas is not fumigated

Focus Area & Associated Sub-Programmes	Environmental Management Functions	Compliance with Applicable Legislation & other prescripts	Extent of Compliance by DoH, Progress on Plans and Programmes	Constrains
– MCWH			endemic areas using insecticides such as dichlorodiphenyltrichloroethane (DDT) in compliance with the Stockholm Convention Requirements. <ul style="list-style-type: none"> • All spray operators are trained on correct application of insecticides prior to the spraying season. 	
Climate Change <u>Sub-Programmes</u> Environmental Health Disease Prevention and Control Health Promotion IHL	<ul style="list-style-type: none"> • Participation in climate change matters and adaptation of climate change considerations within sustainable development strategies 		<ul style="list-style-type: none"> • The DoH needs to actively and vigorously participate in sharing the burden with the global community under a common framework of action, There are tree planting or environmental greening projects running in some Provinces in the plight to minimise climate change effects 	
Occupational Health and Safety <u>Sub-Programmes</u> – Occupational Health Policy and Programme Development – Human Resource	<ul style="list-style-type: none"> • Promote occupational health and safety in public health facilities, and hazardous substance dealer's premises 	<ul style="list-style-type: none"> • Occupational Health and Safety Act, Act 85 of 1993 • Mine Health and Safety Act 	<ul style="list-style-type: none"> • There are programmes and plans for the development and implementation of occupational health programmes in all public health facilities and for training all occupational health practitioners in Risk Assessment. 	
Environmental Health Impact Assessment	<ul style="list-style-type: none"> • Involvement and making comments during EIA studies for 	<ul style="list-style-type: none"> • Environmental Impact Assessment 	<ul style="list-style-type: none"> • The DoH actively participates in EIA's for various development projects, through provision of 	

Focus Area & Associated Sub-Programmes	Environmental Management Functions	Compliance with Applicable Legislation & other prescripts	Extent of Compliance by DoH, Progress on Plans and Programmes	Constrains
<u>Sub-Programmes</u> – Environmental Health	various activities, projects and developments	Regulations <ul style="list-style-type: none"> • EHealth Impact Assessment Guidelines 	comments and attendance of public participation meetings to ensure that such projects consider the protection and promotion of public health and the environment.	

CHAPTER 4:

4. COMMITMENTS AND IMPLEMENTATION PLAN FOR ENVIRONMENTAL MANAGEMENT

The main focus of several directorates/ sub-programmes within the Department of Health has been to manage the impact the environment has on the health of the people. The rendering of certain health services could nevertheless result in direct or indirect environmental impacts. Therefore, in the light of the above, the Department of Health is now faced with the challenges of undertaking actions that are necessary to address this state of affairs. Table 5 depicts the priority actions to be undertaken by the Department to satisfy the requirements of Agenda 21 and the NEMA, environmental management principles. All sub-programmes listed as those associated with environmental management functions of the DoH in the EMP will work as a team towards the attainment of these commitments. There's no dedicated budget for the implementation of these commitments, however individual associated programmes will have to incorporate these commitments within their programme specific strategic plans in order to ensure adequate budget allocation.

Table 5: EMP IMPLEMENTATION PLAN

ACTION	OUTPUTS	INTERNAL ROLE PLAYERS	EXTERNAL ROLE PLAYERS	TIME FRAME
Establishment of a multi-faceted environmental management and co-ordination ad-hoc committee	Environmental management coordination committee appointed	All sub-programmes listed under the EMP (table above)	SALGA DPLG DEAT DWAF, Provincial DoH, SANDF DoT etc.	June 2009
Review and updating environmental management policies, guidelines and supporting legislation.	Guidelines, policies and legislation reviewed	All sub-programmes listed under the EMP	SALGA DPLG DEAT DWAF, Provincial DoH, SANDF	March 2012

ACTION	OUTPUTS	INTERNAL ROLE PLAYERS	EXTERNAL ROLE PLAYERS	TIME FRAME
Authorise all EHPs to be inspectors under the Hazardous Substance Act	All EHPs authorised under the HSA	Environmental Health in consultation with other programmes	SALGA NDoH Provincial DoH	
Participate in the development of a National action plan for climate change	Provided inputs and comments into the developed Climate Change action plan	Environmental Health in consultation with other programmes	SALGA DPLG DEAT DWAF, Provincial DoH, SANDF	March 2010
Develop an implementation plan on National Chemical Safety Programme	National Chemical Safety Programme developed	Environmental Health	SALGA DPLG DEAT DWAF, Provincial DoH, SANDF CCMF, DoA DMEA, DoT	March 2010
To capacitate Provinces under all recently promulgated legislation such as the, IHR and the NHA.	Capacitated Provinces	All sub-programmes listed under the EMP		March 2011
Develop regulations under the NHA and ensure enforcement and compliance under the IHR.	Compliance achieved	Environmental Health Communicable Diseases Food Control	SALGA, DPLG DEAT DWAF, Provincial DoH, SANDF CCMF, DoA DMEA, DoT	March 2012
Strengthen community participation in planning, provisioning and evaluation of environmental management issues	Strengthened community participation	All sub-programmes listed under the EMP		Ongoing
Develop policy guideline for the management of pharmaceuticals		Pharmaceuticals in consultation with other relevant programmes		
Finalise the devolution process for Municipal Health Services (Environmental Health).		Environmental Health	SALGA DPLG Provincial DoH	March 2010

ACTION	OUTPUTS	INTERNAL ROLE PLAYERS	EXTERNAL ROLE PLAYERS	TIME FRAME
Develop an EMP monitoring and evaluation tool including EMP indicators	M&E tool developed	All sub-programmes listed under the EMP including M&E	SALGA DPLG Provincial DoH	March 2010
Develop a strategy to deal with procurement issues related to HCRW management.		Environmental Health DEAT	DEAT Provincial DoH, NHLS CSIR	March 2010
To ensure that all HCRW management policies and guidelines incorporate the disposal of HCRW, expired medicines, including used condoms from households.		Environmental Health Pharmaceuticals DEAT	DEAT Provincial DoH, NHLS CSIR	March 2010
Reporting on progress made with the implementation of the EMP (to include quarterly reports from all associated sub-programmes)	Annual progress report developed	All sub-programmes listed under the EMP	SALGA DPLG Provincial DoH	Annually
Implementation of the Environmental Management Plan to form part of the strategic plan as well as to incorporate sustainable development in all programmes of the DOH in order to demonstrate and emphasise its imperative nature.		All sub-programmes listed under the EMP		March 2010

CHAPTER 5: CONCLUSION

The Environmental Management plan of the DoH has sought to demonstrate the role of the Department with regards to environmental management, sustainable development and co-operative governance issues. The plan has also presented the Departments' commitments towards the improvement of its plans policies and programmes around environmental management and impacting issues; such commitments will be pursuit during the period 2008/09-2010/11. This EMP is subject to continuous monitoring and review on a four yearly basis. Annual reports will be produced and submitted to the Committee for Environmental Coordination on an annual basis.
