



Kampala Statement from the 3rd International Federation of Environmental Health World Academic and 16th Makerere University Environmental Health Students' Association Scientific Conference

Kampala, Uganda

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Introduction

Environmental health is concerned with all aspects in the environment that impact on human health. Currently, 23% of all global deaths are linked to factors in the environment (Prüss-Ustün et al, 2016), and a high burden of diseases in Uganda is due to preventable causes. With many unmet targets of the Millennium Development Goals in 2015 such as population without access to improved sanitation (WHO, 2015), strategies to ensure the Sustainable Development Goals (SDGs) are realised are essential.

The 3rd International Federation of Environmental Health (IFEH) World Academic and 16th Makerere University Environmental Health Students' Association (MUEHSA) Scientific Conference took place from 9th to 11th April 2019 at Hotel Africana, Kampala, Uganda. The conference, with theme *Environmental Health: a cornerstone to achieving the Sustainable Development Goals*, and 16 sub-themes, attracted over 500 participants from 17 countries around the world who came together to discuss research findings, best practices, lessons learned, and innovations to improve environmental health and achieve the SDGs. This international conference was organised by Makerere University School of Public Health (MakSPH) and MUEHSA in collaboration with the IFEH and Ministry of Health, Uganda. The conference provided researchers, practitioners, policy makers, funders, implementers, civil society, students and other stakeholders from national and international organisations a platform to discuss the contribution of environmental health in attaining the SDGs.

Background

The IFEH is an organisation that was established in 1986 that brings together professional associations and other stakeholders concerning environmental health across the world. The first and second IFEH World Academic Conferences were held in Portugal (2015) and Jamaica (2017) respectively. MUEHSA was established in 2003 by Environmental Health students at MakSPH to promote the interests of environmental health students, practitioners and others stakeholders in Uganda and beyond. MUEHSA has been organizing annual scientific conferences since 2003 which have been instrumental in sharing best practices, as well as knowledge exchange in Uganda and other parts of the world.

Key learnings

During three days of over 90 oral and poster presentations, as well as five key note addresses, nine panel sessions, and 10 workshops, the following key learnings emerged:

- By not investing in environmental health and disease prevention, we are not making best use of resources around the world. This investment should not wait until there is an outbreak or disaster in a country, but rather be the foundation for all efforts geared towards improving health.
- Environmental health plays an important role in contributing to critical issues around the world including disaster risk reduction and management, refugee health, climate change, and air pollution.
- Primary Health Care and Universal Health Coverage cannot be achieved without consideration to environmental and community health efforts. Environmental health practitioners and community health workers (CHWs) are a proven critical and cost-effective investment in improving health outcomes, such as improved water and sanitation infrastructure and practices contributing to ending open defecation. In addition, environmental health and community health interventions increase demand for health services and prevention of communicable and non-communicable diseases.
- Interventions should be focused on behaviour change at household level to stimulate sustainable change and a healthier community. Model households are a proven intervention in multiple countries that address individual, socio-economic and environmental factors in social behaviour change, and can contribute to at least 7 SDGs.
- Climate change is both a local and global issue. There is need to come together to reverse climate change severity that has taken place so far as well as prevent emerging climatic threats.
- Environmental health scientists should be trained in various key components such as research, epidemiology, biometrics and economics. Training and continuous education strengthens policy, practice, learning and employability.
- Environmental health, being multidisciplinary, is critical to further engage clinicians and other medical professionals in ongoing conversations instead of excluding them. Collaborative efforts will advance the environmental health field and ensure that we move together as a community.

Actions

Through the extensive discussions and knowledge sharing at this conference, it is clear that all stakeholders make important contributions, from evidence-based policy making to testing innovations as well as advocacy and lobbying. Critical actions are broken down by stakeholder below:

1. Government and policy makers

Leadership, ownership and political will are essential for increased environmental health integration and investment. Policy makers should acknowledge the importance of investing in environmental health to achieve Universal Health Coverage and ensure the necessary support is in place. Government and policy makers should prioritise the empowerment of local environmental health structures and scale up of proven interventions to improve public health. There is need to strengthen prioritisation and mobilisation of domestic resources as opposed to always relying on external, short-term project-based funding. Governments through policy makers should prioritise partnerships with the private sector.

2. Donors and research funders

Donors must prioritise funding environmental health integrated programmes that are evidence-based and with strong country ownership and leadership. Research funders must prioritise the monitoring and evaluation of environmental health interventions and their impact on SDG achievement. Funders should also prioritise their investments around host country government priorities and needs as well as avoid fragmentation and poor coordination, which undermines environmental health and disease prevention efforts.

3. Researchers / academics

Researchers and academics must define the local and global research agenda, which should include issues such as non-communicable diseases, one health, anti-microbial resistance, and air pollution to be addressed in multidisciplinary team. Further investment into advanced training programmes (such as Masters and PhDs) as well as operational and rigorous research on environmental health is necessary to advance the field and stimulate evidence-based decision making. There is need to also invest in strengthening formal education and training programmes to improve capacity of environmental health professionals as well as those interested in contributing to this field. Furthermore, research institutes and universities must invest in environmental health laboratories to ensure timely and quality investigations.

4. Practitioners and civil society

Practitioners and civil society must prioritise partnerships with the above-mentioned actors, as well as with other stakeholders and communities themselves. Environmental health professional associations should welcome practitioners from other disciplines to diversify their expertise in other areas to add value to the profession.

Through partnership and continued dialogue, practitioners (including implementing partner organisations) will be able to avoid duplication of efforts, overloading and disempowering communities, and increase impact and health outcomes. Practitioners should prioritise using cost efficient and proven interventions. Furthermore, professional associations, practitioners and civil society at large play a key role in advocating for increased resources and prioritisation of environmental health.

5. All

All stakeholders must work together to discuss and develop sustainable mechanisms to improve environmental health in Uganda and globally. Furthermore, special attention by all stakeholders needs to be placed on vulnerable populations and persons living with disabilities as they are disproportionately affected by negative environmental health practices, and are usually last to adopt positive behaviours.

Conclusion

Health and the environment are centrally positioned within the SDGs, particularly SDG 3 to ensure good health and promote wellbeing for all ages. Many of the other SDGs are directly or indirectly related to health and the environment such as SDG 2 (Zero Hunger), SDG 6 (Clean Water and Sanitation), and SDG 7 (Affordable and Clean Energy). In addition, there are 28 health and environment associated targets with a total of 47 health-related indicators within the SDGs (UN, 2015). It is therefore evident that ensuring good health to the global population with a focus on environmental health is important in attaining the SDGs.

Although we have made great strides in improving environmental health around the world, we still have a long way to go to achieve the SDGs. Environmental health professionals and associations in their respective countries should work with their ministries of health and other stakeholders to advance training, practice and research. Through increased multi-sectoral coordination, collaboration and learning across all levels (local, national and global), we can apply best practices in environmental health to our own communities and make positive, sustainable impact.

References

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