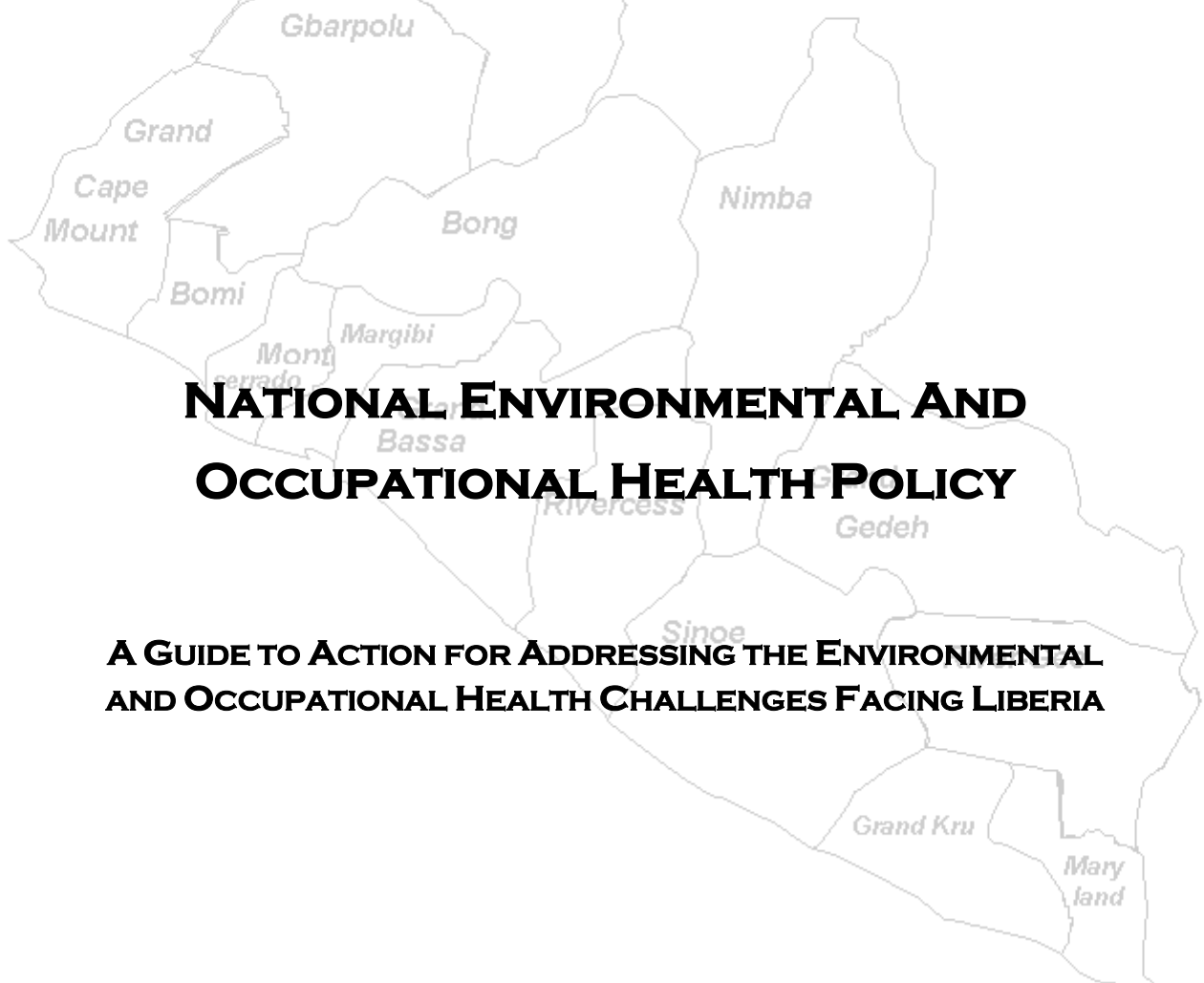




REPUBLIC OF LIBERIA
MINISTRY OF HEALTH & SOCIAL WELFARE
MONROVIA, LIBERIA



NATIONAL ENVIRONMENTAL AND OCCUPATIONAL HEALTH POLICY

**A GUIDE TO ACTION FOR ADDRESSING THE ENVIRONMENTAL
AND OCCUPATIONAL HEALTH CHALLENGES FACING LIBERIA**

MONROVIA, LIBERIA

AUGUST 2010

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Acronyms/Abbreviations

CBO	-	Community-Based Organization
CHT	-	County Health Team
CSA	-	Civil Service Agency
NEOHP	-	National Environmental and Occupational Health Policy
EHO	-	Environmental Health Officer
OHO	-	Occupational Health Officer
EOHT/A	-	Environmental and Occupational Health Technician/Aid
EPA	-	Environmental Protection Agency
FAO	-	Food and Agriculture Organization
GOL	-	Government of Liberia
HIV/AIDS	-	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
HS	-	Health and Safety
HSW	-	Health and Safety Worker
ILO	-	International Labor Organization
LAPHI	-	Liberia Association of Health Inspectors
LISGIS	-	Liberia Institute of Statistics and Geo-Information Services
LWSC	-	Liberia Water and Sewage Corporation
MOH &SW	-	Ministry of Health and Social Welfare
MOA	-	Ministry of Agriculture
MOE	-	Ministry of Education
MOJ	-	Ministry of Justice
MOL	-	Ministry of Labor
MLME	-	Ministry of Lands, Mines, & Energy
MPW	-	Ministry of Public Works
MOT	-	Ministry of Transport
NACNEOH	-	National Advisory Committee on Environmental and Occupational Health
NGO	-	Non-Governmental Organization
NHP	-	National Health Policy
NIWRMP	-	National Integrated Water Resources Management Policy
NWRSB	-	National Water Resources and Sanitation Board
OGC	-	Office of General Counsel
STIs	-	Sexually Transmitted Infections
UNDP	-	United Nations Development Program
WB	-	World Bank
WHO	-	World Health Organization
WHSW	-	Workplace Health & Safety Worker

Acknowledgement

The development of the National Environmental and Occupational Health Policy has come a long way, spanning a period of fifteen (15) years, attributed mainly to the events of the prolonged civil war. We are indeed gratified that a National Environmental and Occupational Health Policy is now a reality; this being possible through the concerted efforts of all of our partners. The Ministry of Health and Social Welfare expresses its profound appreciation to the many organizations, ministries, agencies, and individuals who contributed one way or the other to the realization of this document.

We wish to acknowledge and extend our special thanks to the Monrovia City Corporation (MCC); Environmental Protection Agency (EPA); Ministries of Public Works, Education, Labor, Commerce and Industry, Agriculture, Land, Mines and Energy, and Justice; Liberia Water and Sewer Corporation (LWSC), International Labor Organization (ILO); and Oxfam and other non-governmental organizations for their inputs. We are also hugely grateful to the World Health Organization (WHO), who supported the development of this Policy.

With a deep sense of gratitude, we also wish to acknowledge the expertise of the consultants, both local and international, who provided the technical expertise for the elaboration of this Policy. Lastly, we commend the Steering Committee for their invaluable inputs and supervision of the entire process.

As we strive towards our common objective of improving the environmental and occupation health situation of our country, we look forward with optimism to the continued collaboration of all in the implementation of this policy

The Policy Development Team
Ministry of Health & Social Welfare
Monrovia, Liberia

Foreword

The development of a comprehensive policy on national environmental and occupational health by the Ministry of Health and Social Welfare (MOH&SW) has been characterized by a number of constraining factors; in particular, the events of the prolonged civil war that engulfed the country in 1989. With the return of normalcy in 2003, the Ministry of Health and Social Welfare in 2007 developed a National Health Policy that currently serves as a guide for the effective delivery of health services to the population of Liberia.

The National Health Policy recognizes environmental and occupational health as essential and integral components of the Basic Package for Health Services (BPHS). Given the enormity of environmental and occupational health challenges facing the country, and the concern it generates for the Ministry, the need for a policy was never more urgent than now. This Policy is being developed within in the framework of the Basic Package for Health Services, and other global frameworks for addressing health and environmental challenges.

Today, we are indeed gratified and pleased to note the tremendous efforts all of our partners, which culminated in the elaboration of a comprehensive National Environmental and Occupational Health Policy (NEOHP). This policy, like others in the sector, is now an adjunct to the National Health Policy.

The National Environmental and Occupational Health Policy recognizes that sustainable development and environmental and occupational health issues are in consonance with national and global initiatives and protocols. Additionally, the National Environmental and Occupational Health Policy has clearly recognized the cardinal role of the Ministry of Health and Social Welfare in exercising its mandate for the promotion of personal, environmental, and occupational health. It also recognizes the functions and responsibilities of other agencies and stakeholders, in line with the Revised Public Health Laws of 1976.

We are indeed hopeful that the National Environmental and Occupational Health Policy will serve as a roadmap for galvanizing concerted efforts and support in advancing and undertaking worthwhile reforms in this critical area, thereby promoting an improved environmental and occupational health situation in our country.

We would therefore like to seize this opportunity to express profound appreciation to the donors, who provided the requisite funds, and all stakeholders, who contributed tirelessly in the development of this Policy. We are assured that the implementation of this policy will reap the desired results for the Ministry.

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Chapter I

Introduction

I.1 Background

With international assistance in 1945, the Government of Liberia established what was then called the National Public Health Services and in 1956 the Public Health and Safety Laws of Liberia was formulated, which underwent only one revision in 1976. In 1972, the Government of Liberia reviewed the health sector, which consequently led to elevating National Public Health Services and renamed it the Ministry of Health and Social Welfare and changed the strategy of achieving health results, from enforcement of health laws through prosecution and fines to health education for positive, sustained behavioral change.

The Public Health Law covers a broad range of public health issues, which constitute in the work of the Environmental and Occupational Health Division (DEOH) of the Ministry of Health & Social Welfare, established in 1960. The Public Health Law covers two (2) main areas: environmental sanitation and health standards of public and private institutions.

Environmental Sanitation addresses issues such as nuisances, sanitation in housing and other structures, prevention and destruction of mosquitoes, water pollution control, sewerage, food and beverages, and food establishments. On the other hand, health standards of public and private institutions regulate environmental health issues in health and social welfare institutions, public and private schools, and persons connected with public and private institutions which are required to undergo compulsory medical examinations (civil employees of Government, members of the armed forces, persons employed in public places such as restaurants and hotels). It also includes health and safety issues in all workplaces—public and private.

The Public Health Laws also provide an organizational structure for the public health system, defines the powers and authority of public health workers, and identifies the range of issues that constitute public health concerns and the responsibilities and scope of work of public health workers in dealing with those issues.

Mandate of the EHD/MoHSW

The Division of Environmental and Occupational Health is the Designated National Authority (DNA) of the Ministry of Health and Social Welfare charged with the responsibilities to carry out community water and sanitation programs, food quality control, protection and safety of workers and environment port health services, control of pollutants and contaminants, and supervision of environmental health and sanitation services.

But despite its mandate, the Environmental and Occupational Health Division has not been successful in implementing an effective environmental and occupational health program in Liberia. A 2008 Assessment of the Division revealed the following:

“Though the Division derives its mandate from the Public Health Law of 1976, it has not been able to translate the provisions of the Public Health Law into a clear strategic direction for the Division. There is no mission statement, no strategic plan, and a less than appropriate description of its functions, based on the Public Health Law of 1976. Worse, the Public Health Law itself has not undergone any revision since 1976, and, consequently, does not reflect current issues, approaches, and actors in the area of environmental and occupational health in Liberia.”

The assessment also recognized that at the heart of the problem was the absence of policies to drive the sector and its programs, and, accordingly, recommended the following:

- Within the context of strategic planning, revision of the mandates and functions of the Division to reflect current realities and best practice;
- Revision of the current Public Health Law as a means of strengthening the Division’s mandate;
- Development of an Environmental and Occupational Health Policy for Liberia; and
- Resolution of overlaps of roles and responsibilities between the Ministry of Health and Social Welfare (EHD) and other agencies such as the Ministry of Agriculture (in the area of food safety inspection, for example) and the Ministry of Commerce (in the area of warehouse health inspection of businesses).

This policy is developed not only to fulfill some of the recommendations of the assessment report, but to also support the National Health Policy (2007), which promised more sub-sector-specific policies to strengthen its implementation and achieve the necessary health and safety outcomes intended for all Liberians.

1.2 Policy Development Process

The elaboration of the National Environmental and Occupational Health Policy has transcended a period of over seven years, commencing with the conduct of a situational analysis, supported by the World Health Organization. The development of the National Environmental and Occupational Health Policy following the assessment in 1998 was unfortunately stalled due to a number of constraining factors.

However, in 2009, the process of developing the policy re-commenced with the development of a working protocol that charted out the entire policy development process. Therefore, in line with the working protocol came the setting up of the Steering Committee (comprising of various stakeholders) as the supervisory body to guide the process, and the designation of the Environmental and Occupational Health Division as the Secretariat. This was followed by the hosting of the first meeting of the Steering Committee, during which the process of elaborating the policy was endorsed, along with the budget.

Following this was the recruitment of two consultants; an international consultant and a local consultant. The first preliminary draft, submitted by the consultants within a month, was circulated to members of the Steering Committee for comments and inputs.

The consultants, in addition to review of relevant materials, held extensive consultations with a number of key ministries and agencies during the policy drafting process. The first draft was presented to the steering committee on 10 May 2010. Comments from the steering committee were incorporated into the policy document.

After two weeks of refinement of the draft policy, a national validation workshop was convened for two days; 10-12 July 2010. At the Catholic Retreat Center in Monrovia, and attended by various stakeholders. Participants included key ministries and agencies, County health officers and environmental officers from the counties. The workshop was structured around four working groups, in consonance with the structure of the draft policy. The various issues were extensively discussed, clarified, and consensus reached. The policy was again refined.

The second preliminary refined draft re-submitted MOH&SW at the end of July. A half day working session of stakeholders and experts was convened by the Ministry of Health and Social Welfare in the Conference Room of the World Health Organization during the first week for expert review. A number of valuable comments such as policy re-structuring, contents, alignment were recommended.

Based on these available inputs, the policy was refined and subjected to three regional validation workshops (Bomi, Bong, and Grand Bassa Counties) Participants included representatives from the county superintendents and the county health teams. A total of eleven counties were invited.

Following these validations, a second expert review session was held in the conference room of MOH&SW. Again key ministries and agencies were invited, all intended to get a broader perspective and input on the policy. Following these sessions, characterized by mass participation of all stakeholders, the policy was finally refined, and endorsed by the Ministry of Health and Social Welfare.

Chapter 2

Analysis of the Existing Situation

2.1 The General Context

2.1.1 Legal and Policy Setting

Liberia's environmental health laws, including the Public Health Law, have a constitutional basis as per Article 7 of the Constitution (1986), which advocates for the maximum feasible participation of all Liberians in the management of their natural resources, and as per Article 20 (a) promulgating the right to life which, by extension, provides for a right to a clean and healthy environment. This constitutional reference grants to the environment a particularly high status among the values defended by the Liberian people. Further, it binds the state organs - in particular the legislative and executive - to adopt active environmental related policies and to formulate national development plans that are environmentally sustainable both in terms of the physical environment and the health of the population.¹

While the legal provisions referred to above also cover occupational health, by extension, there are no specific references to occupational health within the Public Health Laws of Liberia, except those that refer to compulsory medical examination for certain categories of workers and the requirements for certain institutions to obtain building and fire safety permits before being allowed to operate (*Part IV - Health Standards of Public and Private Institutions - Public Health Law, 1976*).

2.1.2 Health Governance Situation

The organization of the Government of Liberia puts the Ministry of Health and Social Welfare in charge of managing the health sector. The Act creating the Ministry clearly describes its responsibilities in this direction. The Public Health Law specifically gives the Ministry the authority over issues of public health, including the powers and functions relating to environmental health. The Ministry of Health and Social Welfare (MHSW) has, through the Division of Environmental and Occupational Health, the mandate to assess "the environmental health of the population". This grants this Division the power to conduct inspections and assess compliance with the Public Health Law.

The Ministry states as its mission, the "reform of the health sector to efficiently deliver quality health services to the people of Liberia--through equitable, accessible and sustainable health promotion and protection and the provision of comprehensive and affordable health care and social welfare services". Underlying this is environmental health care for the prevention of diseases.

Over the last few years, there has been a move towards decentralization of the management of the health sector, within the context of an overall national decentralization policy. County health authorities now manage their own programs and budgets and have increasing authority over local health issues. County Health Teams (CHTs) have been established in all counties and are now managing health programs in the counties. Environmental health technicians make up an integral part of all CHTs and are one of the most visible elements of county health structures through their work in the area of environmental and occupational health.

2.1.3 Basic Population Demographics²

Liberia's population is estimated at 3,476,608 persons, with a growth rate of 2.1 percent, according to the 2008 National Population and Housing Census of Liberia. The overall sex ratio in the population is 100.2, which means an almost even distribution of the population between males (1,739,945) and females (1,736,663). Average household size is around 5.1 persons, with indications of increasing urbanization—a challenging environmental health issue. In 2008, the national population density was 93 persons per square mile, ranging from as high as 1540 for Montserrado to as low as 22 for Gbarpolu. This new population density figure represents a rise of 66 percent over the figure of 56 reported in 1984.

¹ Assessment of Solid Waste Management in Liberia, UNEP, July 2007

² Drawn from the Final Results of the 2008 National Population and Housing Census of Liberia

2.1.4 General Health Status/Situation

The most common indicators of health status show improvements in the health status of the population over the last few years, even though it is still far from satisfactory. Life expectancy currently stands at 46.7 for males and 47 for females. The rate of infant mortality stands 71 deaths per 1000 live births, while under-five mortality rate stands at 110 per 1000 live births; in addition, maternal mortality ratio stands at 994 maternal deaths per 100,000 births, indicating one of the highest in the world, and a major concern for government.

2.2 Environmental Health Situation

2.2.1 General Environmental Health Situation

This National Environmental Health Policy (NEHP) was preceded by numerous pieces of assessment and studies conducted to ascertain the environmental health and related situations in Liberia over the last five (5) years. They include 'Health Situation Analysis' and 'Situational Report on Environmental & Occupational Health in Liberia' These studies and assessments revealed some of the more visible aspects of the environmental health problems facing Liberia:

- Solid wastes (refuse) disposal systems practices include dumping of refuse in borrow-pits, on plain land and banks of rivers. This means that the pollution of groundwater, springs as well as surface waters is an unavoidable consequence. This situation is further compounded by the lack of adequate progress towards safeguarding the quality of the available water resources. There are at present no national drinking water quality standards and testing resources.
- Towns and cities have inadequate resources to address the problems of refuse collection, storage, transportation and disposal. Refuse disposal systems are rudimentary. This, in the cities, has resulted in accumulation of refuse on the street verges and at collection points, because refuse removal schedules, where they exist, cannot be adhered to. Cases of proliferation of vectors are many and worrying and can lead to epidemics.
- Industrial and medical wastes are considered as hazardous solid wastes that require proper management because they are usually allowed into the environment or into the general refuse disposal systems. A clear policy on disposal of hazardous solid wastes needs has not been formulated and no effective regulations currently exist.
- Air pollution both indoor and outdoor may be resulting in high incidence of respiratory diseases.

The general conclusion of all of the studies and assessments is that Liberia environmental health situation is far from satisfactory. They indicate that Liberia, like many other developing countries, is faced with a number of environmental health issues and problems that affect human health and the environment. Poor sanitation, contaminated drinking water, poor food safety practices, unsanitary excreta disposal, and poor knowledge and behavioral practices regarding basic cleanliness and hygiene, among others, are among the numerous environmental health causes and challenges facing the country and affecting the health and lives of the population. Most of the studies and assessments recommend the development of a comprehensive environmental health policy, clarification of roles and responsibilities for environmental health management, participation of communities in environmental health management, and increased support for environmental health programs across all sectors, particularly from the Government of Liberia.

2.2.2 The Burden of Disease Associated with Environmental Health

Generally preventable environmental health related diseases are the major causes of morbidity and mortality amongst the under-fives. The Liberia Demography and Health Survey (2007) reports high infant mortality rate (71 deaths per 1000 live births), largely as a result of environmental health related diseases. Acute respiratory infections, pneumonia and other preventable diseases are among the top ten causes of morbidity and mortality, while high incidence of malnutrition, diarrheal and parasitic diseases are frequently reported amongst children. Epidemics of cholera regularly confront Liberia.

The underlying causes of majority of these diseases are related to poor hygiene and sanitation at personal, household and community levels, contaminated food and water, lack of occupational health and safety at work, inadequate control of health related matters at ports of entry, lack of control of disease vectors and parasites, poor housing and settlement, inadequate handling of disaster and emergencies, a contaminated environment as a result of inadequate liquid and solid waste management.

The following describes the disease burden associated with specific factors of poor environmental health conditions:

- **Water borne diseases** - *impact (such as deaths) of diseases - diarrhea, for example)*

Water borne diseases are transmitted through poor water, human contact, food eating utensils, insects and contaminated soils. Children under 5 years are the most susceptible to diarrhoea due to poor living conditions, lack of access to safe drinking water and sanitation, and poor hygiene education. Presently only 25 % and 15 % of the population have access to safe drinking water and proper human waste collection and disposal system respectively. Experience from around the world shows that incidents from water borne diseases are much higher for children living in poor housing settlements, compared to those in formal urban residential areas with formal and adequate sanitation and water supply.

- **Acute respiratory tract infections** - *impact of acute respiratory infections on children under 5 years.*

Illnesses such as respiratory conditions primarily occur in areas of poor housing due to poor indoor air quality. Most of the severe air pollution occurs in homes, where families use wood or coal, with poor ventilation, so that smoke and small particles are readily breathed in. This is primarily in the rural areas.

Air pollution can also be a factor in situations where the level is unacceptably high by world standards. This can lead to respiratory diseases.

- **Lung diseases** - *causes of lung disease, including Tuberculosis (TB) - illnesses and deaths from lung disease/TB annually.*

TB is a communicable disease that is exacerbated by poor air quality, malnutrition, overcrowded living conditions and a lack of health facilities. It mainly affects the underprivileged.

- **Vector-borne diseases** - common vector-borne diseases in Liberia and their frequency and impact. Examples of these are malaria, Lassa Fever, river blindness, etc. Malaria is the most common cause of medical consultation in all outpatient consultations, about 38 % of all Outpatient visits. Lassa fever and river blindness are endemic in the country

- **Food borne illnesses** - *the incidence and impact of food borne diseases.*

Food contamination by pathogens or chemicals can lead to poisoning, intestinal infection, etc. Food becomes contaminated as a result of poor personal hygiene and unsanitary conditions.

- **Chemical poisoning**- *situation.... chemicals being imported as well as developed locally without assessment of their possible long-term risk to health.*

2.2.3 Management and Capacity Situation

The management of the national environmental health program rests with the Division of Environmental and Occupational Health of the Ministry of Health and Social Welfare. However, the Division is weakened, constrained by an extreme lack of capacity and institutional support. A 2008 assessment of the Division revealed the following:

- Though the Division derives its mandate from the Public Health Law of 1976, it has not been able to translate the provisions of the Public Health Law into a clear strategic direction for the Division.
- The structure of the Division does not reflect that of a central agency, whose primary focuses is on policy and regulatory issues.
- The institutional capacity of the Division is alarmingly weak. In addition to extremely limited number and quality of trained staff, the logistical situation is also poor, while the Division lacks the technical

resources to support and inform its work and decision making challenges. For instance, the Division lacks an effective water quality laboratory and a highly qualified technician to carry out laboratory testing. The same is true for food safety testing and chemical analysis.

- This kind of situation limits the Division's scope and leaves limited inspection and **WASH** as the only key activities.
- And the institutional image of the Division of Environmental and Occupational Health is generally poor. This stems from the fact that the public and some internal perceptions are that the field staff of the Division are more engaged in harassing businesses than executing their responsibilities. While this perception may be true to some extent, it is influenced by weak institutional support and the limited influence of the Division.

2.2.4 Inter-Agency and Inter-Sectoral Collaboration

Government machinery to address the issues of environmental health is fragmented; co-ordination, collaboration and networking by stakeholders are weak. Consequently, there are duplications and an attending poor resourcing of programs by Ministries and Stakeholders, does not allow for effective implementation.

2.2.5 Financing Situation

Funds allocated in the national health budget for Environmental and Occupation Health account for less than 0.1% of the overall health budget. Available funds in the budget are intended mainly for payment of salaries, and the provision of minimum logistical support; and this leaves little or no funds for program support.

2.2.6 Food safety

The activities of the Division of Environmental Health are confined to inspection of limited warehouses, restaurants and cook shops. Even that is not effective due to limited resources-finances and personnel.

2.2.7 Sanitation

The Division of Environmental health presently works in the counties at the community level to sensitize the community on solution of sanitation problems. The division also collaborated with other stakeholders and partners in addressing sanitation issues. Again resources are limited and hence coverage is poor.

2.2.8 Vector Control

The Division of Environmental Health has not been involved in vector control activities directly after the war. It deploys staff to the malaria control program for only malaria vector control.

2.2.9 Water Quality Control

Water quality Control laboratory has been established in the Ministry building manned by a qualified person. Mobile/mini laboratories have been set up in all the 15 counties. However, testing of wells is only done on demand due to inadequate number of staff and transport. Consequently, the impact of the program is limited. Cholera and other diarrheal diseases remain a major health problem in the country

2.2.10 Port Health

There are 22 recognized ports of entry in the country. Currently the division can staff only 6 entry points due to shortage of trained staff.

2.2.11 Disposal of the Dead: Funeral homes in cities have been left to disposal of the dead with out Guidelines/standards. In towns embalment is done in homes without regard to any personal hygiene or chemical hazards. The dead are buried in towns, which poses health hazard, especially when wells are dug in towns.

2.2.12 Human Habitat: Regular Inspection of building currently not done. Therefore, many buildings do not meet the guidelines set by MOH&SW.

2.2.13 Meat Inspection:

Meat inspection role of MOH&SW seem to be taken over by the Ministry of Agriculture. Besides, the division does not possess the necessary facilities to properly inspect meat. Coordination, rather than confrontation is needed.

2.2.14 Waste management:

Many stakeholders are involved in waste management, which includes Monrovia City Corporation, Ministry of Public Works and other partners. There are many key players in waste management. What is required is collaboration and coordination.

Although health waste management policy has been developed, implementation lags behind. There seem to be fragmentation of efforts and weak central coordinating body.

2.3 Occupational Health Situation

2.3.1 *The General Situation*

Some of the indicators of unattended occupational health are consequences of work-related accidents and occupational diseases, although these assumptions are yet to be determined and established by database including:

- Lack of Occupational Health focal points, infrastructures and services, such as First Aid facilities, Protective equipment, health care facilities as well as safe and conducive environments for work and recreation in the workplace.
- Lack of comprehensive database to record, analyze and monitor occupational health accidents and disease trends;
- Health-related absenteeism whose magnitude requires research and analytical verifications. According to the 2008 Population Census Report 2% of total disability was caused by other accidents, which could have contributed to absenteeism on medical grounds.
- Compensation claims that drain resources that could have otherwise been used in other areas of development if there were adequate safety systems to prevent accidents and occupational diseases in highly vulnerable occupations including forestry and mining;
- Poor Environmental Safety Conditions in workplaces that expose the workers to work-related accidents and/or disease conditions. According to 2008 Population Census Report, 2% of total disability was caused by occupational injuries, most probably due to inadequate safety measures at workplace;
- Limited, inadequate or lack of Occupational Health Safety Legislation and Regulations, hence the failure to enforce standards and to take punitive measures against unscrupulous employers who deliberately exploit the workers by subjecting them to health hazards;
- Lack of a focal professional in Occupational Health, Occupational Health Education for the workers and Training for Service Providers and therefore fail to provide comprehensive services;
- Inadequate or Lack of Occupational Health Preventive Programs such as Workers Wellness Programs (Employees and Employers) that would enable the workers to acquire survival skills and risk-free lifestyles and healthy habits;

2.3.2 *Impact*

While there is no readily available statistics on incidents of occupational health problems, there are indications that workplace health and safety is being compromised, due to the lack of policy, standards, and enforcement of the existing limited regulations. There are reports of workers' exposure to risk through, for example, the lack of or the limited use of protective gears; and incidents of disasters and diseases in the workplace.

2.3.3 Management and Capacity Situation

There is little or no attention to occupational health within the Division; the overwhelming focus is on environmental health. In addition, the Division lacks the requisite resources, both financial and logistical, to develop and implement occupational health programs and services. Generally, though, the poor management focus in this area is a result of the lack of clear and adequate laws, policies, and regulations on occupational health.

In addition, the responsibility for the administration of the national occupational health program is fragmented. For example, while the MoHSW claims responsibility for occupational health, the Ministry of Labor states its responsibilities as “*the effective administration of the legislation and other standards relating to occupational health and safety and the promotion of a high standard of health and safety in all places of work*”.

2.3.4 Inter-Agency and Inter-Sectoral Collaboration

Inter-agency collaboration is not very visible, due to the absence of clear laws, policies and regulations around which various stakeholders can rally. Besides, as stated above, there are elements of role conflicts, which may be affecting collaboration.

2.3.5 Financing Situation

Public financing for occupational health is virtually non-existent. However, the National Social Security and Welfare Corporation, a public institution, provides insurance cover for workplace accidents and injuries. The primary responsibility for workplace health and safety rests generally with employers, whose level of investment in this area is largely minimum.

2.4 The Need for Environmental and Occupation Health Policies

Policy is a compass that guides action plans; this is missing for the Division of Environmental and Occupation Health, although the Division was established over 50 years ago. In the absence of a Policy that lays out the roles and responsibilities of the Ministry of Health and Social Welfare and other stakeholders in the area of environmental and occupational health as well as prescribes Government’s specific positions, approaches, and standards on a defined range of environmental and occupational health issues and the delivery of environmental health services, the Ministry of Health and Social Welfare cannot safeguard the public’s health against environmental and occupational related illnesses and diseases.

This Policy document is, therefore, designed to communicate to the people and institutions of Liberia Government’s policies on environmental and occupational health, focusing mainly on the following issues:-

- ***The scope and coverage of environmental and occupational health services for which the Ministry of Health and Social Welfare is responsible, as designated by the Public Health Law of Liberia.***
- ***Standards and policies to guide the provision of environmental and occupational health services***
- The ***relationship*** of the Ministry of Health and Social Welfare to other ministries, stakeholders, and providers of environmental and occupational health services.
- The ***powers and roles of the Ministry of Health and Social Welfare and other ministries and agencies*** and the involvement of other stakeholders, including NGOs, as partners in the provision of environmental health services.
- The rights and ***duties*** of individuals, families, and communities as users/consumers of environmental health services.

This Policy supports the National Health Policy and Plan, which identify environmental and occupational health as essential and integral components of the Basic Package of Health Services and laid the foundation for the elaboration of more program specific policies and plans, including this policy on

environmental and occupational health. This Policy is meant to further the intentions of those instruments and fill the gaps they left for more specific and full-fledged policies on environmental and occupational health in Liberia.

Accordingly, this National Environmental and Occupational Health Policy will enable the Ministry of Health and Social Welfare to reflect its critical and essential role in fulfilling its obligations as well as provide guidance to other ministries/agencies and stakeholders on the functions and responsibilities it shoulders vis-à-vis their roles and responsibilities in line with the Revised Public Health Laws of 1976 and current internationally accepted best practices.

2.5 Principles to Guide Policy

2.5.1 Environmental Health

The National Environmental Health Policy shall be guided by the following key principles, which are crosscutting and crucial for setting and achieving the objectives of this policy.

1. **Recognition of equity in environmental health interventions - Environmental Health for All.** There should be equity in the planning and implementation of environmental health interventions, with a commitment to “environmental health for all”, which means that resource allocation should be based on the principle of “something for all”.
2. **International conventions and resolutions:** Environmental Health should consider international conventions in setting guidelines and standards. Services should be based on the principles of PHC, Agenda 21, UNCED, Earth Summit, etc.
3. **Community participation** (*through ‘Participatory Health and Sanitation Transformation’, or PHAST methodologies and voluntary compliance*) of individuals, families and communities in the planning, design, construction, operation, and maintenance of environmental health facilities. *PHAST methodology* advocates for community participation in the planning and implementation of health and sanitation programs. *Voluntary participation* emphasizes community compliance and involvement at all levels although awareness and education, rather than a reliance on law enforcement; thus, the promotion and utilization of information, education, and communication (IEC) tools to influence attitudes and practices.
4. **Decentralization.** The Government of Liberia is adopting a decentralization policy, which will empower local administrative and political structures to manage their own development. It is on this basis that the Policy will focus on the empowerment of communities to take responsibility for the health of their environment. This will ensure equitable access to environmental health services through financing and active participation by all.
5. **Inter-sectoral collaboration and coordination.** With clear recognition of the Ministry of Health and Social Welfare as the entity responsible for public health, it should then follow that the Ministry will have the responsibility for the overall coordination of policy implementation, the delivery of EHS and setting of guidelines and standards. However success requires collaborative and coordinated efforts by the various sector agencies and all other partners. The starting point is establishing a common goal and then continuously sharing of responsibilities, information and experiences without duplicating efforts.
6. **Recognition of the differing needs of women, men, children, the elderly and the poor.** Environmental health interventions should respond to the differing needs of women, men, children, and the poor and elderly. Specifically, the role of women as main users of food, water and sanitation should be recognized. Gender sensitive studies should be carried out to ensure recognition of needs for the various vulnerable people.
7. **The exercise of adequate precaution.** While Successful prevention or control of environmental health diseases requires appropriate measures informed by good science, scientific data will not always be readily available or sufficient to determine the most appropriate measure. As such, precautionary measure can be taken to protect human health, where scientific evidence may not be available.

2.5.2 Occupational Health

Like the environmental health component of this policy, the occupational health and safety policies contained in this document will also be guided by the following set of principles:

1. **Universal coverage** - Occupational health and safety (OHS) laws, policies, and approaches must cover workers and employers in all sectors of the economy and in all forms of employment relationships;
2. **Clear and universal application of core safety rights and duties.** The core rights and duties of all employers and workers must be clearly established by laws and regulations;
3. **Prioritization of prevention and the promotion of a culture of prevention.** All accidents and health incidents are preventable;
4. **Application of the “polluter pays” principle.** Employers bear the cost of accidents and disease in their workplaces, including the cost of medical treatment, compensation and rehabilitation.

Chapter 3

Policy Foundations

3.1 Mission and Vision of the DEOH

The health sector in Liberia works to ensure and promote the health status of the Liberian population by providing quality preventive, curative and rehabilitative services within a well performing health system. Thus, the Mission of the Ministry of Health and Social Welfare, formulated after years of national conflict, resulting in a near collapsed health system, is:

“to reform the sector to effectively deliver quality health and social welfare services to the people of Liberia....dedicated to equitable, accessible and sustainable health promotion and protection and the provision of comprehensive and affordable health care and social welfare services”.

It is within this context that the **Vision** and **Mission** of the Environmental and Occupational Health Division of the Ministry of Health and Social Welfare, which also guide this Policy, are shaped:

Vision

The DEOH envisions a nation where, through good leadership, partnership, science, and best practice, every individual is guaranteed the right and access to healthy and safe living and working environments and good quality environmental and occupational health services that enable him or her to enjoy good health and to live a socially and economically productive life.

Mission

To safeguard life and protect and enhance public health by preventing diseases and workplace illnesses and injuries, promoting environmental responsibility, and, when and where necessary, enforcing environmental and public health laws, policies, and regulations.

This vision and mission will be achieved through the promotion of healthy living and working environments and the provision of environmental and occupational health services that include all dimensions of preventive and promotive health.

The pursuit of this mission will contribute to the overall vision of the Government of Liberia’s Poverty Reduction Strategy that seeks to guarantee the well-being of the population by increasing production and reducing poverty within an environment of good governance.

3.2 Goals and Objectives of the Policy

3.2.1 Overall Policy Goals

- a. To markedly reduce the disease and socio-economic burdens due to poor environmental health conditions and practices, occupational fatalities and accidents, and work-related illnesses.
- b. To ensure that Liberia attains, and possibly exceeds, the minimum internationally acceptable environmental, occupational, and public health standards that translate into healthier communities, including workplaces, everywhere in Liberia.

3.2.2 Policy Objectives

Primary Objectives

The main objectives of the National Environmental and Occupational Health Policy are:

- a. **Environmental Health:** To develop new guidelines/standards and strengthen existing guidelines/standards in Basic sanitation, water quality control, food safety, vector control, port

health, human habitat, waste management, communicable disease control for the *protection and promotion of public health services in Liberia*, in collaboration with key stake holders

- b. **Occupational Health:** i) *To assess the working conditions in major work places, establish data base, plan and implement workers' wellness programs, for the purpose of protecting and promoting health in the workplace for all workers in Liberia, ii) TO provide guidelines and standards for the effective implementation and rendering of occupational health services.*

Specific Objectives

a. Environmental Health

1. To increase access to basic sanitations in the communities from 25% to 50 % by 2015;
2. To provide water quality testing facilities in all districts in Liberia by 20 15 and perform testing for all drinking water sources at least once every 6 months in each district
3. To put in place mechanisms for effective monitoring of food establishments and water vendors
4. To re-organize/re-structure the division of environmental and occupational health for effective planning, management and implementation in environmental health programs of Liberia by December 2011
5. To establish a framework for inter-sectoral coordination of environmental health policies and activities by December 2011
6. To provide graduate or post graduate training for the director, units heads 2014 to the ensure proper and adequate technical capacity, capabilities, and competencies of environmental health professionals at national, district, and community levels to address emerging environmental health issues.
7. To increase financial support to the division by 100 % by 2011.

b. Occupational Health and Safety

1. To develop data base for occupational health by 2011;
2. To develop workers' wellbeing programs by 2012;
3. To increase access by 50 % to occupational health services by 2015 in Liberia;
4. To establish a mechanism for inter-sectoral coordination of occupational health policies and activities by 2011;
5. To develop guideline and standards in the area of occupational health 2015 in collaboration with key holders and partners.
6. To re-structure the unit in order by December 2011 to strengthen the role and capacities of the Ministry of Health and Social Welfare in the area of occupational health in Liberia.

3.3 Institutional Framework and Organizational Structure and Management

3.3.1 Policy Making

The Public Health Law places the responsibility for public health in the hands of the Minister of Health and Social Welfare. Accordingly, the Minister shall be responsible for environmental and occupational policy, assisted by the Deputy Minister for Health Services and Chief Medical Officer of Liberia (CMO).

In support of policy making, a **National Advisory Board/Council on Environmental and Occupational Health** shall be established to advise the Minister/Ministry on environmental and occupational health issues.

3.3.2 Management

Authority of the DEOH

The Division of Environmental and Occupational Health shall be the arm of the Ministry of Health and Social Welfare delegated the responsibility for managing the national environmental and occupational health program, reporting to the Minister of Health and Social Welfare, through the Department of Health Service (the Assistant Minister of Health for Preventive Services/Deputy CMO and the Deputy Minister/Head of the Department of Health Services/CMO).

At the Central Level, the focus shall be on policy making, standard setting, technical support, capacity building, partner/stakeholder relations, and the overall regulation of providers and services. Basic day-to-day implementation of the programs of the division—inspections, monitoring, investigations, ensuring compliance, and public education/health promotion, etc.—shall be carried out at the local level through the local structures, with support from the central.

Structure of the DEOH

a. Central Level

The Division is represented by its head, the Director of Environmental and Occupational Health. The Director is assisted by two (2) principal deputies--1. **Technical/Program Services** (operational issues related to carrying out the main functions of the Division) and 2. **Policy and Institutional Development**. These two deputies shall represent the two operational sections of the Division—the Technical/Program Services Section and the Policy & Institutional Development Section.

The division of these sections, which shall constitute their makeup and define the focus of the DEOH, shall be, as follows:

Technical/Program Services Section	Policy & Institutional Development Section
1. Environmental sanitation	1. Policy Development and Management
2. Food Safety Services	2. Capacity Building/Training and Development
3. Water Quality and Safety	3. Partner and Stakeholder Relations
4. Vector Control & Chemical Safety	4. Communications
5. Waste Management	5.Regulation of Practitioners
6. Disaster Management	
7. Health Promotion	
8. Occupational Health Services	
9. Port Health	
10. Pollution control	
11. Sanitary engineering	

b. County/Local Level

At the County Level, the Head of the Environmental and Occupational Health Section of the County Health Team (CHT) shall be the local authority on environmental and occupational health in the county and shall be supported by environmental health officers/technicians with the responsibilities of spanning the composition and functions of the program. The County/Local Level structure shall replicate the central level structure as much as possible, particularly in the area of program operation.

Staffing Norms

a. Central Level:

Staffing and Qualifications (Sr. Level):

Staffing: The Division of Environmental & Occupational Health shall be headed by a director. He/she shall be responsible for providing administrative and technical guidance and direction to the division. He/she will ensure that the various programs are run effectively and efficiently. These shall include planning, implementations, monitoring/supervision and regular reporting on all programs in the division. The director shall ensure that standards, guidelines, and capacities are established in all components of Environmental and Occupational Health, in consultations with stakeholders.

The two main sections of the division, as described above, shall be headed by one carrying the title of deputy director, while the programs/units shall be headed by program managers, supported by environmental health technicians or officers and specialists.

Qualifications (sr. Level): The director and deputies shall have a minimum of Masters Degree or its equivalent in environmental and occupational health, or related field(s), from a recognized institution of higher learning anywhere in the world.

In addition, they shall have at least five (5) years of working experience in the field of environmental or occupational health, in addition to other specific qualifications, as will be determined, based on the specific requirements of the various positions.

Staffing and Qualifications (Program/Mid Level):

Staffing: Program areas shall be staffed by program managers, who shall be responsible for the planning and implementation of their respective programs.

Qualification: Program managers shall possess at least a first degree in environmental or occupational health (or related field), plus at least three (3) years of work experience in the program area of responsibility.

Staffing and Qualifications (Lower/technical Level):

Staffing: Generally, programs shall be staffed by environmental and occupational health technicians /officers and specialists.

Qualifications: Environmental and occupational health officers/technicians shall have the basic qualifications to serve as environmental and occupational health officers/technicians. This shall be a minimum of a certificate/diploma in environmental and occupational health science, earned through at least three (2-3) years of training. Additional specialist training shall provide an advantage for selection as officers/technicians.

In addition to education and training, environmental health technicians/officers are required to obtain a professional license to practice before they can be hired to work within the system.

No individual will be qualified to practice or work as an environmental or occupational health officer/technician if he/she has not met the basic qualification(s) stated above. As of the effective date of this Policy, the old apprenticeship scheme, through which Auxiliary Officers enter the practice and perform environmental health services, shall be abolished.

b. County Level:

The Head of the Environmental and Occupational Health Section of County Health Team (CHT) shall be the *County Environmental Health Officer* of the county. He/she shall coordinate all environmental and occupational programs/activities, ensure the implementation of environmental and occupational health policies, and report to the central level. The County Environmental Health Officer and his/her principal deputies shall meet the following qualifications:

- At least a first degree in environmental and/or occupational health.
- At least three (3) years working experience in environmental/occupational health.

At the lower level (officers/technicians), the minimum qualification shall be:

- At least a diploma (minimum 2-3-year program) in environmental and/or occupational health.
- At least one-year working experience in environmental/occupational health.

c. District Level

The District Environmental and Occupational Health Services shall be an extension of the County services. A qualified environmental health technician shall be appointed to head the district services, ensuring the implementation of environmental and occupational health policies and programs at the district level, supported by the county level.

The Head of the district services shall be supported by environmental health officers/technicians meeting the minimum qualifications for environmental and occupational health officers/technicians.

The qualification to serve at the district level shall be but not limited to the followings:

- Diploma in Environmental and/or Occupational Health Science (minimum of 2-3-year duration of training)
- At least one year of working experience in environmental/occupational health.

d. Community Level

At the community level, environmental health activities shall be carried out through General Community Health Volunteers (GCHV). Their main tasks shall centre on basic environmental sanitation, including waste management, and conditions for food and water preparation for consumption within their various communities. They may not venture into more highly technical matters requiring persons of higher qualifications, except they are qualified environmental health technicians and are supervised by the district or county authority.

In terms of qualification to serve at this level, a volunteer may possess at least a certificate in basic technical training related to environmental sanitation and/or public health in general.

Chapter 4

Environmental Health Policy Statements

4.1 General Organizational and Management Policies

4.1.1 Legislation (laws and regulations)

The Public Health Laws and other instruments are old and need to be updated to reflect the current vision, mission, and policy of the Ministry of Health and Social Welfare, the Division of Environmental and Occupational Health, and the changing realities of environmental health. The old and fragmented pieces of legislation and regulations shall be updated to ensure a clear focus and role clarity and strong coordination and consultations among stakeholders. Appropriate regulations shall be put in place for the establishment of standards, which at the moment are inadequate, and lack new concepts, ideas, and strategies for dealing with current and emerging environmental health challenges.

4.1.2 Leadership

As mandated by Laws, the Ministry of Health shall lead in promulgating, adopting, adapting, and implementing environmental health policies and programs, in consultation with stakeholders and collaborating partners, where necessary. However, since the success of the National Environmental and Health Policy is vital in achieving sustainable development, safe environment, and sustenance of good health, it requires political will and support and participation of all leaders. These include political leaders, religious leader and traditional leaders, from the central to the community levels. The MoHSW/EHD shall work with all concerned to ensure the necessary commitment and actions in support of environmental health for all in Liberia.

4.1.3 Responsibility of the Ministry of Health and Social Welfare/DEOH

As far as environmental health is concerned, the responsibilities of the Ministry of Health and Social Welfare/Division of Environmental and Occupational health shall be, as follows:

- I. **Development and Issuance of Policies, Codes, Guides, Regulations, etc.** to guide the activities and performance of all stakeholders—partners, service providers, and consumers;
- II. **Licensing** of service providers
- III. **Inspection** of facilities and providers of services to ensure compliance to appropriate standard;
- IV. **Technical Assistance and Advice** to EH service providers, partners, and other stakeholders;
- V. **Monitoring** of environmental health situation, factors, and activities that have a bearing on public health;
- VI. **Investigations** of situation and actions, man-made or natural, that have implications for public health;
- VII. **Ensuring Compliance** with laws, policies, regulations, and standards for the conduct of environmental health services and activities through enforcement ;
- VIII. **Public education**—ensuring that the public, including service providers, is informed at all times about environmental health issues that affect them.

In executing its responsibilities, the Ministry of Health and Social Welfare/DEOH shall:

- I. Collaborate with recognised international organisations such as the International Federation of Environmental Health, WHO, UNICEFF, UNEP, FAO, HABITAT and Focal Point of CODEX Alimentarius

etc to ensure international best practice and proper guidance and technical support in the development and application of policies, standards, and approaches in the area of environmental health;

- II. Collaborate with all local stakeholders, including other ministries and agencies, to ensure the coordination and maximum effect of all actions to improve environmental health in Liberia; and
- III. Seek opportunities to assist with capacity building in identified areas of need within the sector.

4.1.4 Inter-Sectoral Collaboration

- I. The Ministry of Health shall continue to interact with all stakeholders as partners and develop the modality of collaboration to ensure that environmental health issues are considered and taken on board by the specific providers and communities.
- II. Accordingly, as mandated by the Public Health Law of 1976, the Ministry shall be the lead agency in matters relating to Environmental Health, working in close consultation with EPA, LWSC, MoA, MC&I, MPW, MoJ and other relevant ministries and stakeholders, including NGOs.

4.1.5 Capacity Development/Training

- I. To achieve the desired goal of increasing access to quality environmental health service in Liberia, the MoHSW (and stakeholders and partners) shall prioritize and support higher education restructuring in Liberia to ensure that current and prospective technicians have access to high quality, high-level training and qualification. Mechanisms to set up undergraduate and postgraduate programs at the University of Liberia and other accredited tertiary institutions shall be actively pursued.
- II. The MOH&SW and partners shall also prioritize the provision of internal and external training opportunities to urgently upgrade the skills and qualification of current professionals and the training of new professionals.
- III. To ensure standard, the training of Environmental Health technicians/officers who wish to operate in Liberia shall be carried out at only accredited universities and other higher institutions of learning. Accordingly, the MoHSW shall operate an accreditation scheme both for training institutions and professional practice. The standards set as part of the accreditation process shall be widely distributed so that all institutions providing environmental health training and individuals seeking training are aware of such standards. The accreditation system shall be built on the foundation that institutions of training must ensure that core competencies achieved during training should equip Environmental Health Practitioners with skills to address traditional as well as new and emerging challenges.
- IV. At the level of the Ministry, short and long-term training and capacity development programs shall be developed for the environmental health officers and other staff in the division.

4.1.6 Provision of Environmental Health Services

- I. Environmental health services to be provided shall comprise the facilities/services operated by government/stakeholders and private providers and those supported by parastatals and non-governmental organizations. Such services may include, for example, water and food quality and safety analysis, refuse collection and disposal, and medical and toxic wastes management, among others. Whatever their source, all services and/or facilities shall be run in accordance with relevant legislation, Acts, Bills, Regulations, and Standards.
- II. Within the public sector, service provision shall be decentralized as much as possible—occurring at local government levels, with support functions provided at the national/central level. However, all providers of environmental health services, whether public or private, shall ensure that their activities are planned, constructed, operated and maintained in accordance with generally accepted technical and professional standards and legislation provided by the MoHSW and/or any one or more of its collaborating institutions.

- III. Environmental Health Services shall only be provided by professionals able to register with the appropriate regulatory bodies, including the Environmental and Occupational Health Division of the Ministry of Health and Social Welfare.
- IV. Services shall be provided within the framework and guidelines of the Public Health Law and policies and regulations coming out of the Ministry of Health and Social Welfare and/or its partner institutions, depending on the nature of such services. Environmental health officers/technicians and others shall be appointed to be the authorized officers for the enforcement of environmental health laws and regulations, in accordance with the Public Health Law and organizational and management arrangements of the Ministry of Health and Social Welfare.

4.1.7 Rights and Responsibilities of Users and Consumers of Environmental Health Services

- I. Access to environmental health services shall be a basic human right. And it shall be based on the clearly communicated principle of “putting people first” as far as access, quality, and safety are concerned.
- II. The users of environmental health services may take actions to ensure the growth, development, and maintenance of standards of their environmental health facilities and services in order to prevent deterioration and collapse. This may be achieved through the establishment of appropriate bodies, committees, cooperatives, etc. at local and national levels to represent and defend the interest of users/consumers.
- III. Persons that use environmental health facilities shall respect the rights and susceptibility of other clients and users as well as observe any rules concerning the organization, operation, and management of the environmental facilities and services.

4.1.8 Monitoring and Evaluation

- I. Monitoring and evaluation will be done to ensure compliance with the set policies, guidelines, and standards, in line with the implementation of this Policy.
- II. A “State of Environmental Health Report” shall be produced by the Ministry of Health/EHD every 2 years.
- III. During evaluation, critical areas requiring capacity development and interventions will be developed.
- IV. The Environmental Health policy will be re-evaluated on a three-year cycle.

4.2 Specific Operational Policies

4.2.1 Water Quality and Safety

- I. The MoHSW/EHD is dedicated to ensuring the safety and quality of water produced, prepared, or made available for public consumption. Accordingly, water producers must put in place a documented multi-barrier approach, from source to finished product, to ensure the safety and high quality of their product.
- II. The MoHSW/EHD shall have in place at all times regular monitoring and testing, risk assessment, appropriate controls and procedures, and diligence for working with water producers/providers. Cooperation and the sharing of information between the water industry and the MoHSW/EHD (and other governmental agencies) shall be mandatory and will assist the appropriate evaluations and responses to potentially hazardous events.
- III. The MoHSW/EHD shall at all times support measures that adhere to these principles. Thus, MOHSW/EHD shall actively support cooperation between governmental agencies, private industry, and researchers to better protect the nation’s water supplies.
- IV. Prior to and during the business registration of water providers, each shall be presented with the guidelines and standards of operation set by the MoHSW and shall be subject to *pre-inspection*

clearance before they are allowed to complete their registration and *certification*. Pre-inspection and clearance is pre-condition for resumption of operation.

- V. All water vending institutions shall obtain annual operational permits from the Ministry of Health and Social Welfare and be subject to vigorous water quality and safety testing by the Ministry before and during operation, based on guidelines/standards set and communicated to them.
- VI. There shall also be periodic monitoring of public and private water points, in keeping with set water quality parameters. All community wells shall be monitored to ensure that they meet bacteriological and chemical standards. Private well owners shall take responsibility for the safety and quality of their wells, while community leaders shall take responsibility for general community wells.
- VII. These policies on water safety shall conform with and support the National Policy on Water Supply and Sanitation (*see key provisions in box below*).

Policy Considerations

Liberia Draft Policy for Water Supply and Sanitation

- Access to safe drinking water and sanitation is a basic human right.
- Safe water, hygiene practices and sanitation are directly linked to improved public health, especially for vulnerable groups such as children.
- Priority in the planning and allocation of public funds will be given to those who are presently inadequately served ('some for all' rather than 'all for some').
- There should be an equitable geographical allocation of development resources.
- Users should pay for the services they get. Pro-poor approaches should be adopted wherever applicable.
- The Government has a role as an enabler in a participatory approach to development.
- Women have an essential role in the provision, management and safeguarding of water.
- The private sector has an important role in water and sanitation service provision.
- There is a need for an integrated approach covering water, sanitation and hygiene promotion.

4.2.2 Food Safety

- I. While the MoHSW/EHD appreciates that very small food businesses do not have resources of the size and extent that large businesses have and while in general the Ministry support efforts to minimize the administrative burden on businesses and particularly small businesses, this must never be at the expense of food safety. Accordingly, all consumers must be provided the same level of food safety protective measures, regardless of who is providing the food. It shall be the responsibility of MOH&SW to ensure that all food items sold to the public meet acceptable local and international standards.
- II. In collaboration with the Ministry of Commerce, the Ministry of Health and Social Welfare shall ensure that all food items imported into the country shall be tested and certified before being marketed, ensuring that they meet national and international guidelines and standards.
- III. All public food centers/establishments (restaurants, canteen, cook shop, cafeteria, bakeries, caterers, etc.) shall obtain annual operational permits from the Ministry of Health and Social Welfare and be subject to vigorous food quality and safety inspection, based on guidelines and standards set by the Ministry and communicated to all food establishments.
- IV. Prior to and during the business registration of food service providers, each shall be presented with the guidelines and standards of operation set by the MoHSW and shall be subject to *pre-inspection* clearance before they are allowed to complete their registration and *certification* and or resumption operation.
- V. All food items produced/prepared locally and intended for export/leaving the country shall be subject to examination/inspection and certification by MoH/EHD

4.2.3 Chemical Safety

- I. A "hazardous chemical" shall be a chemical for which there is statistically significant evidence, based on at least one study conducted in accordance with established scientific principles, or experience,

which proves that acute or chronic health effects may occur in exposed persons or a chemical which is considered a health hazard. Thus, the procurement, distribution, storage, and use of such chemicals shall be regulated by the Ministry of Health and Social Welfare. An updated list of hazardous chemicals shall be maintained by the MoHSW and all import and local production of such chemicals and new chemicals (those not covered by the list) shall first be approved by the Ministry and relevant stakeholders.

- II. Chemicals which are considered a "health hazard" shall include but not limited to chemicals which are carcinogens, toxic or highly toxic agents, reproductive toxins, irritants, corrosives, hepatotoxins, nephrotoxins, and neurotoxins, agents which act on the hematopoietic systems and agents which damage the lungs, skin, eyes or mucous membranes.

4.2.4 Sanitation

- I. Methods of sanitation, including human waste disposal, shall conform to existing national and international policies, guidelines, standards, and the relevant sections of the Public Health Law of Liberia. Accordingly, all dwellings should have appropriate sanitary facilities. This policy shall support and reinforce the provisions of the National Policy on Water Supply and Sanitation, which means that the MoHSW/EHD will enforce its legal mandate on sanitation, based on the provisions of that policy and Part III, Chapter 21 of the Public Health Laws of Liberia, which defines sanitary nuisances and how they are to be dealt with.

4.2.5 Liquid and Solid Waste management

- I. All types of waste, solid or liquid, chemical or non-chemical, domestic or industrial, toxic or non toxic, hazardous or non-hazardous, medical or non-medical, must be disposed of according to set policies, guidelines, and standards. The Ministry of Health and Social welfare will adopt the principles of the 'best practicable environmental option' in regulating waste management services. In addition to encouraging improvements on existing beliefs and practices in waste management, the Ministry will support appropriate waste management technology with reference to particular waste considering the affordability acceptability and applicability
- II. As capacities are developed and become available, environmental health personnel will in collaboration with other relevant sectoral ministries/agencies, research and training institutions, private sector, offer a range of technologies for waste management to individuals, families, communities, and institutions.
- III. Hazardous waste shall be disposed of in a prescribed manner. These shall include but not be limited to Toxic and Flammable Liquids, Waste Containing Mercury, Waste Batteries, Acids Pesticides Fluorescent Tubes, Alkaline Solutions, Photographic Chemicals, Televisions, Oils Paint, Solvents Electrical and Electronic Wastes, asbestos, and radioactive substances.
- IV. Medical waste should be well handled and treated separately, in accordance with the MOH&SW Policy on Health Waste Management.
- V. All institutions shall be responsibility for the proper storage and disposal of their own waste. These shall include, for example, marketers, garage owners, and others.
- VI. Expired medicines shall be disposed of as prescribed by the policies and regulations of the Pharmacy Division of the MoHSW and the Pharmacy Board of the Republic of Liberia.

4.2.6 Human Habitat/Housing

- I. Housing shall be provided in an environment that is as safe and healthy as possible. Poor housing conditions can be a major cause of accidents and ill health. Tackling problems of poor housing to protect the health, safety and welfare of the occupants shall be a key environmental health priority.
- II. Accordingly, the MoHSW/EHD shall work closely with other appropriate Governmental regulatory bodies to enforce housing standards, in line with the relevant chapters of Part III and other parts of the Public Health Laws of Liberia dealing with standards for health and sanitation in housing in Liberia.

- III. Accordingly, EH professionals working in the community shall ensure that all housing facilities meet appropriate health standards, as shall be detailed by the Public Health Laws and MoHSW's regulations.

4.2.7 Control of Vectors and parasites

- I. Malaria and other diseases transmitted through vectors such as mosquitoes, fleas, flies, lice, cockroaches and mice are a major health problem in the country, which must be controlled. Where chemical control is preferred to biological means, care and control must be taken not to contaminate the environment, food or water. Collaboration with the ministry/agency responsible for animal health shall be a crucial area of collaboration in order to ensure control of animal diseases spread to humans.
- II. Before any chemical is used for treating vectors, they must be tested and be cleared for use by the Ministry of Health and Social Welfare and other relevant ministry/agencies.

4.2.8 Promotion of Institutional Health

Authorities responsible for institutions and public places shall be required to maintain hygiene standards. Health facilities and other institution of public health importance countrywide shall be required to demonstrate best practices in hygiene and sanitation. Public/Private sector partnerships are also encouraged to uphold standards where public institutions lack capacity to manage available services. In carrying out any such innovations, best practices and success stories should be documented and replicated elsewhere where similar challenges exist.

4.2.9 School Sanitation

The MoHSW/EHD shall provide technical support to the School Health Division (MoE) and collaborate with other relevant stakeholders to establish environmental health programs in schools. The emphasis on schools is crucial to target the vulnerable youth at the same time a large proportion of the population whose behavior is transformable. The approaches would include incorporating environmental health in the curriculum, construction of Water Sanitation and Hygiene (WASH) facilities in school, participating in promotion of school sanitation, promotion of personal hygiene, promoting and participating in EH competitions through songs, dance and drama etc.,.

4.2.10 Port Health

Port health is essential in ensuring Quarantinable diseases as required by the International Health Regulations (IHR) are not imported into the country. Human, food, animal, and plant diseases of public health significance must be controlled at ports of entry. In doing this, health workers at ports of entry shall understand all international regulations and standards for dealing with such issues and shall work in accordance with guidelines provided by the Ministry of Health, while collaborating with representatives of other institutions working alongside them at said border points or ports of entry.

In addition, proper hygiene and sanitation should be maintained at ports of entry since these are first points of contacts for visitors and tourists.

4.2.11 Disposal of the Dead

All burials (ground burial, cremation, etc) shall be done only in authorized cemeteries (burial grounds). Communities, families, and private owners and operators of burial grounds shall get authorization from the appropriate local authority before they can plan and operate such facilities.

Before a local authority grants operational permits for burial grounds, should ensure that such grounds shall have met requirement/standards set by MoH/EHD and relevant ministries and agencies and be declared appropriate for burial of the dead.

- I. The operation of burial facilities shall include the maintenance of records for proper identification of the deceased and cause of death, as provided for by under Part VI, Chapter 51 of the Public Health Laws of Liberia
- II. Just as burial grounds should be confined to appropriate locations that do not pose any health risk to the community, the treatment of corpses shall also only be performed by recognized professional/practitioners at authorized/designated facilities and not in homes. It shall be an offense to perform mortuary services in homes, no matter who performs them.

4.2.12 Disaster Management and Emergency Preparedness

- I. The after effects of disaster and emergency are normally of environmental health concern. EH personnels will in collaboration with relevant actors be involved in the planning, implementations of interventions in mitigating the effects of a disaster.

4.2.13 Littering in Public Places and Communities

- I. Littering shall not be allowed in public places and communities. Persons making trash in public or community spaces shall be responsible for its proper disposal. Persons found littering public places shall be punished through fines and other means, as prescribed by the Public Health Law of Liberia.

4.2.14 The Use of Plastic Bags

- I. Because of their effect on health and the environment, the use of plastic bags for all purposes, including shopping and the sale of water, shall be banned in Liberia. However, such ban shall not immediately become effective with the passage of this Policy. The Government, through all cooperating bodies—MoHSW, EPA, MoA, MCI, other stakeholders--shall first assess the impact of plastic bags and the alternatives to plastic bags as well as establish a mechanism for phasing out their use.
- II. Meanwhile, plastic bags shall be disposed of in accordance with MoHSW's and other relevant stakeholders guidelines, in collaboration with EPA and other relevant institutions.

4.2.15 Air Quality

- I. Air quality in work places and in communities should be maintained in line with national and international guidelines and standard.
- II. There shall be no cigarette or cigar smoking in public buildings/spaces, at public gatherings, and in schools, health facilities, and public transport, Adults shall also not smoke in their own cars or other properties where there are children and the children are exposed to the fumes.
- III. Burning bushes and other objects that release fumes and offensive odors into the community and/or public spaces shall also not be allowed, unless the person wanting to burn such property/object gets permission from the local authority to do so and communicates such permission to those likely to be affected by his/her action.
- IV. Defective vehicles emitting smoke from their exhausts shall also not be allowed to ply the streets and pose danger to people's health. If such vehicles are found on the streets, they shall be impounded by the Police, in keeping with the Police's Public Safety and Vehicle and Traffic Laws and regulations regarding vehicle operation in Liberia. Generators emitting excessive smoke shall not be allowed and any such use shall be considered a violation of this policy.

4.2.16 Noise Pollution

Noise levels in public places, places of entertainment, in communities, and at work places shall be kept at reasonable levels at all time and shall be monitored to meet set standards, particularly as it relates to people's health and rights concerns. The location of noise-producing entertainment and sales facilities/centers shall be subject to prior approval of a joint assessment committee, to be made up of relevant authorities, including MoHSW, EPA and MoJ,

Chapter 5

Occupational Health Policy Statements

5.1 Legislation (laws and regulations)

The Government of Liberia is legally obliged and committed to ensuring a healthy and safe working environment for all employees in both the public and private sectors of Liberia. Accordingly, the Government, through the Ministry of Health and Social Welfare, shall ensure the development of comprehensive laws (*ex.*, *an Occupational Health Act*) and appropriate regulations, from time to time, to guide the development and implementation of internationally accepted occupational health standards and practices in Liberia. Such laws and regulations shall, among other things, require all employers to provide and maintain as far as reasonable and practical a work environment that is safe and without risk to the health of employees.

The development of a National Occupational Health and Safety (OHS) Statute, consistent with this policy and applicable to all sectors of the economy, shall be the responsibility of the MoHSW/DEOH, working in collaboration with the Ministry of Labor and other stakeholders.

5.2 Leadership, Roles, Rights, Duties, and Responsibilities

5.2.1 Leadership

The Ministry of Health and Social Welfare shall be responsible for promulgating, adopting, adapting, and implementing occupational health laws, policies, regulations, and programs, in consultation with other relevant agencies, stakeholders, and collaborating partners, including the Ministry of Labor and workers' organizations.

5.2.2 Roles, Rights, Duties, and Responsibilities

In the absence of a comprehensive legislation addressing occupational health and safety (OHS) issues, the following rights, duties, and responsibilities shall apply to employers, workers, the Government (as regulator) and others associated with occupational health and safety:

I. Employer's Duties and Responsibilities

- Ensure a healthy and safe workplace through the use of standard operating procedures and orientation of all workers
- Put in place a workplace health and safety policy and management system
- Develop and put in appropriate frameworks to assess, identify, and manage risks
- Develop appropriate framework for dialoging/consultation with elected worker representatives (where applicable)
- Orientation of workers on hazards and their mitigation
- Report all job-related accidents and incidents
- Require, collect, and keep medical records on all employees, established from time of employment, based on results of medical tests carried out by Medical Council/MoHSW's recognized medical facility and/or practitioner. However, employees shall not be discriminated against based on their HIV status.

II. Workers' Rights & Duties

- To observe universal and workplace safety procedures at all times
- To receive OHS training and information
- Adhere to all work related safety requirements
- Submit to medical examinations, as required by employers, based on the nature of the job.

- **Workplace Participation**
- Workers to elect OHS representatives and committees

III. Enforcement (MoHSW/DEOH)

Through regulations, guidelines, and standards, carry out:

- Inspections;
- Investigation and inquiries;
- Improvement notices;
- Administrative penalties;
- Prosecution;
- Closure; and
- Commendation—to reinforce good practices.

5.3 Human Resource Development

To effectively reduce occupational accidents and diseases, it requires the development of the requisite number and quality of human resources—both for service in enforcement agencies and within all levels of the workforce itself. To achieve this, the MoHSW/EOHD (the National OHS Authority) must be structured so that it is able to attract and retain qualified and experienced personnel.

International experience indicates that OHS inspectorates require skilled personnel with experience in the sectors for which they are responsible and are respected by employers and employees in the sector. This requires the employment of persons with engineering, occupational hygiene and other skills. To make this a reality, the MoHSW/DEOH must develop programs for the developing Liberia’s skills base in OHS in both the public and private sectors.

5.4 Research and Statistics

The effective regulation of OHS requires that the responsible agency has a research capacity at its disposal and the compilation of accurate national statistics reflecting the full extent of occupational accidents and diseases. Inspectorates must have at their disposal a capacity to perform in-depth investigative work to service needs arising from day-to-day operations, such as accident investigations, as well as a capacity to perform long-range research to support standard-setting recommendations. This requires a dedicated research allocation in budgeting and long-term arrangements to secure research activity.

In addition, a protocol adopted in 2002 to the ILO’s Occupational Health and Safety Convention 155 of 1981 requires ratifying countries to establish and periodically review requirements and procedures for the notification of occupational accidents, occupational diseases (including suspected cases) dangerous occurrences and commuting accidents. Countries ratifying the Protocol are required to annually publish OHS statistics that are representative of the country as a whole.

To support these research and publication requirements, the MoHSW/DEOH shall develop, as a matter of priority, and working with all stakeholders and partners, a program to make the most effective use of existing research capacity and develop additional research capacity and a national reporting system for work-related accidents and diseases, that builds on existing data bases.

5.5 Prevention

Prevention shall be the key strategy for dealing with the problem of OHS in the workplace. Accordingly, the MoHSW/DEOH and stakeholders shall actively pursue two key approaches: the development of a culture of prevention and the support of legislation:

5.6 Development of a Culture of Prevention

This will require the involvement and active participation of governments, employers, and employers' organizations, workers and trade unions. While the employer bears the ultimate responsibility for providing a safe working environment, OHS legislation and policy must clearly define the rights and duties of government, employers and workers in respect of preventing occupational accidents and diseases.

In pursuit of an effective culture of prevention, all employers shall be required to provide annual safety training to all employees, especially new employees, to acquaint them with safety procedures and practices of the organization.

5.7 Financing

The effective development of OHS competencies and legal and regulatory instruments require that appropriate and adequate funding arrangements are in place to fund OHS activities. These should include financing through some sort of "basket" funding, employer compensation assessments, and employer levies and fees.

Internationally, considerable use is made of compensation levies to subsidize prevention activities. In certain systems, the cost of the OHS inspectorate is paid from compensation funds. In many others, a significant portion of compensation funds is allocated to a range of the prevention activities including OHS education, training or research. In systems in which the general OHS inspectorate is funded in this manner, up to 5% of the Compensation Fund's revenue is allocated for this purpose. Working with other relevant governmental institutions, these internal good practices shall be pursued as options for supporting OHS development in Liberia. (Can you propose some of the options?)

Additionally, the promulgation of the appropriate legislation to back such (and other) funding mechanisms shall be pursued as a priority activity under this policy.

Chapter 6

Policy Implementation Arrangements

6.1 Institutional Framework

Ensuring access to proper environmental and occupational health for all is the sole responsibility of the Ministry of Health and Social Welfare, supported by a variety of other stakeholders and service providers. Accordingly, the arrangements for implementing this Policy shall be set by the Ministry and shall be built on its foundation of leadership—through the Division of Environmental and Occupational Health. The structure and relationships of the Division shall determine the strategy for implementing the Policy.

The key role of the Ministry/DEOH shall be to set standards, develop regulations, and monitor and assess service delivery, while a range of providers deliver services. To do this, the Ministry shall collaborate and network with other stakeholders as well as coordinate their activities and the activities of all actors.

To provide high-level support for its work in implementing this Policy and all environmental and occupational health laws and regulations, a National Environmental and Occupational Health Advisory Board/Committee shall be established in the Ministry of Health and Social Welfare. The Board/Committee shall be empowered with legislative mandate to advise the Minister on all matters of environment and occupational health in Liberia, particularly as it relates to laws, policy, regulations, and international standards and requirements. The Board/Committee shall be supported by a Secretariat, which shall be the Division of Environmental and Occupational Health of the Ministry of Health and Social Welfare.

At the **central level**, the Minister of Health and Social Welfare, through the Head of Health Services (the Chief Medical Officer) shall have ultimate responsibility for this Environmental and Occupational Policy, in line with the provision of the Public Health Law of Liberia.

At the operational level, however, the Head of Preventive Health Services of the Ministry, working through the Director of the Division of Environmental and Occupational Health Services, shall be responsible for the management of the Policy. Implementation functions and responsibilities are described in more detail in Chapter 3 of this Policy.

6.2 Implementation Schedule and Reporting

A calendar of implementation, detailed schedules, and reporting systems will be developed in order to ensure an effective and efficient implementation of the Policy and to identify and assess progress and challenges.

6.3 Policy Monitoring and Evaluation

6.3.1 Monitoring

Monitoring of the Environmental and Occupational Health Policy shall be a key part of its implementation and shall be undertaken, as follows:

i. Internal Review

An internal review of the Policy shall be conducted annually by the Ministry of Health and Social Welfare, in collaboration with other implementing stakeholders

ii. External Review

Every three (2) years, there shall also be an external review of the Policy to be carried out jointly between national stakeholders and external participants in order to increase international credibility in and publicity for the Policy.

6.3.2 Evaluation

An evaluation of the Policy is envisaged to be undertaken 5 years from the time the Policy becomes operational. Based on the findings and analysis of the evaluation, a policy revision may be required. If this becomes the case, it shall only be mandated by the Minister of Health and Social Welfare, based on the advice of the National Environmental and Occupational Health Advisory Board.

6.4 Penalties for Violations Associated with Enforcement of this Policy

Penalties for the violation any provision of this Policy shall be subject to the scope and limits prescribed by the relevant sections of the Public Health Law of Liberia to which it relates, including Chapter 5, which prescribes sanctions for offenses for which no other penalty is provided and for enforcements which are other than prosecution and other compulsory means indicated elsewhere in the Public Health Law.

For issues not specifically or adequately covered by the Public Health Law, the Ministry of Health and Social Welfare (or other relevant agencies) shall issue appropriate regulations, which shall prescribe specific punishments/penalties for violators and the manner and procedures for application thereof.

Appendixes

Appendix I: Interpretations/Definitions

In this document, unless the context otherwise requires:

- I. **“Collaboration”** means the overall interaction between agencies/stakeholders involved in environmental health issues.
- II. **“Co-ordination”** means the principal mechanism for effecting collaboration within the sector of environmental health.
- III. **“Dwelling”** means any house, room, shed, hut, homestead, cave, tent, vehicle, caravan, remains of structure or any other structure or place whatsoever, any portion used by a human being for residing or sleeping or in which any human being uses for dwelling.
- IV. **“Environment”** means surroundings, surrounding objects or conditions, region or circumstances. It is totality of all social, technological, physical, chemical and biological elements that compose the surrounding of man. Its scope can range from the ocean depths to the atmospheric ozone layer.
- V. **“Environmental Health”**, as defined by WHO, is “The factors of human health including quality of life, that are determined by physical, chemical, biological, social and psychosocial factors in the Environment. It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors in the environment that can potentially affect adversely the health of the present and future generations”.
- VI. **“Environmental Health Issues”** in the Liberian context include: rural water supply; peri-urban water supply; urban water supply; rural excreta disposal; peri-urban excreta disposal of dry and wet systems; urban sewerage and sewage treatment; hazardous liquid wastes management; solid wastes management (domestic and commercial); hazardous solid wastes management (industrial and medical); occupational health and safety; occupational epidemiology; vector and vermin control; pesticides control; toxicology; control of dangerous and hazardous chemical substances; control of dangerous radioactive materials and articles; food hygiene and safety; meat hygiene; milk, dairy and dairy products; community participation and hygiene education; environmental health impact assessments; risk assessment; port health activities; air pollution (including smoking); noise pollution, and reduction of health risks posed by domestic animals.

These issues also include: water pollution; healthy housing; environmental health manpower development and management; control of communicable disease outbreaks and epidemics; environmental health legislation; education of public on environmental health issues; advise to local authorities on environmental health issues; mental hygiene; emergency preparedness and response.
- VII. **“Environmental Health Officer”** means an officer of the Ministry of Health and Social Welfare (Mo & HS) who possesses requisite technical and professional qualifications in environmental/occupational health discipline.
- VIII. **“Environmental Health Practitioners”** includes environmental health officers, environmental health assistants, health inspectors and health assistants qualified and registered as such.
- IX. **“Environmental Health Services”** means all services that are provided to address environmental health issues/interventions.
- X. **“Establishments”** means establishments requiring environmental health services inspections that may vary, such as supermarkets, manufacturing industries etc.

- XI. **“Food” or “article of food”** includes any animal product, fish, fruit, vegetables, dairy produce, milk, milk products, condiments, confectionary, beverages, and any other thing or article whatsoever, other than drugs, in any form, state or stage of preparation which is intended or ordinarily used for human consumption.
- XII. **“Health”** means “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”.
- XIII. **“Industrial hygiene”** means environmental health measures applied in the work situation to protect health of workers.
- XIV. **“Public Health”** as commonly defined is the art and science of preventing diseases, prolonging life, promoting physical health and efficiency.
- XV. **“Recognized standards”** means guidelines, standards etc., which are internationally or nationally recognized.
- XVI. **“Sanitation”** means a set of independent factors, such as hygiene practices, faecal and solid waste disposal, safe water use and management, healthy housing, and maintenance of a healthy surrounding that reduce health risks and increase well being.
- XVII. **“Sanitation Services”** means disposal on-site or off-site of human excreta, the collection of sewage, excluding untreated toxic waste and storm water from residential, commercial or industrial sources, or the treatment and disposal of wastewater.
- XVIII. **“Stakeholders”** means other related sector agencies of the Government, international agencies, and non-governmental organizations (NGOs), as well as individuals, families and community groups and private organizations.
- XIX. **“Occupational Health”** as defined in joint definition of the International Labor Organization and the World Health Organization joint definition reads: “Occupational health should aim at: the promotion and maintenance of the highest degree of physical, mental and social well-being of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological and psychological capabilities; and, to summarize, the adaptation of work to man and of each man to his job.”
- XX. **“Health & Safety (HS)”** implies free or secure from any harmful agent or hazard that can cause injury, illness/ill-health, disease or disability. They can be categorized into mechanical (tools, implements, machines and any other objects), physical (e.g. radiation, noise, dust, temperature, humidity, etc) biological (e.g. bacteria, virus, fungus, parasite, poisonous substance of organic origin), psychosocial (poor human relationships and conflicts, etc), psychological (e.g. grief, distresses of various causes), chemical (e.g. acids, alkalis, in different forms, etc), environmental (climatic conditions, floods, winds, volcanoes, earthquakes, etc), managerial (discrimination, nepotism, harassment, etc).
- XXI. **“Mandate”** means a written authoritative order, assignment or instruction.
- XXII. **“Custodian of NEOH Mandate/Policy”**. Custodian of NEOH Mandate/Policy is the Ministry of Health and Social Welfare or its representative who is given the mandate of overseeing/guidance on environmental and occupational affairs.
- XXIII. **“NEOH Mandate”** - The Mandate of Environmental and Occupational Health is the responsibility of the Ministry of Health and Social Welfare to identify the causes of deviations from health safety, define strategies of intervention, indicate stakeholders whose processes are associated with “health safety”, by providing or handling essential ingredients of “health safety”(water, food, land, air, etc), interfering directly or indirectly with “health safety” ingredients or Participating in redressing the negative factors that interfere with “health safety”.
- XXIV. **“NEOH Policy Stakeholder”** - NEOH Policy Stakeholder is a Ministry, Department, an Authority, Institution, Agency, Organization, NGO or a Person that is delegated by the custodian of a mandate to undertake the activities relating to environmental and occupational health.

- XXV. **“NEOH Policy Designated Role”** - NEOH Designation of a role is a process whereby the custodian of a mandate in Environmental and Occupational Health outsources, delegates, or makes an agreement to have it undertaken by the stakeholder.
- XXVI. **“NEOH Policy Supporting Role”** - NEOH Supporting role is a function in Environmental and Occupational Health that is undertaken by stakeholder on behalf of the Custodian including, Making interventions and reporting to the custodian; Checking and reporting to the custodian; Supervising and reporting to custodian.
- XXVII. **“NEOH Policy Monitoring”** - Monitoring is the process of determining whether implementation in Environmental and Occupational Health is undertaken according to the plan.
- XXVIII. **“NEOH Policy Evaluation”** - Evaluation in this context is the process of determining whether the goals and objectives of the NNEOH Policy have been achieved

Appendix 2

7.0 Action Plan Implementation:

- 7.1 Ministry of Health and Social Welfare shall endorse the policy by December 2010.
- 7.2 Prepare Plan of Action (Annual Plan) July 2011 -July 2012 by December 2010
- 7.3 To assign/recruit a focal person (trained in occupational Health) for Occupational Health and Safety in the Environmental and Occupational Health division by December 2010;
- 7.4 Re-organize the Division and recruit competent personnel by December 2011
- 7.5 To establish Short Course Training Programs for Occupational Health and Safety by January 2011;
- 7.6 To prepare a Medium Plan 2011-2013 by July 2011;
- 7.7 Conduct environmental health and Occupational Health Survey for setting priorities and establishing workplace safety periodic inspection systems in by April 2011
- 7.8 To establish a database for Environmental and Occupational Health in line with the National Health Management Information System Policy by May 2011
- 7.9 To design and establish Environmental and Occupational health at work-place programs, including Workers' Wellness Initiatives by 2012;
- 7.10 To establish environmental health and occupational health/workplace safety standards by 2012;
- 7.11 To establish a national body for coordinating Environmental and Occupational Health National Advisory Committee on Environmental and Occupational Health (NACNEOH) by 2012;
- 7.12 To establish advanced training in Liberia for Environmental and Occupational health and safety by 2013;
- 7.13 To formulate legislation on environmental health and workers' health rights and responsibilities by 2014.**

Appendix 3: References

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