

**EAST AFRICAN COMMUNITY  
LAKE VICTORIA BASIN COMMISSION SECRETARIAT**



**POPULATION, HEALTH AND THE ENVIRONMENT SYMPOSIUM**

*Integrating Family Planning/Reproductive Health and Environmental Conservation Policies and Programmes in East Africa”*

**VENUE: SERENA HOTEL, KIGALI, RWANDA**

**DATE: 29<sup>th</sup> March 2013**

**SYMPOSIUM REPORT AND RESOLUTIONS**



## EXECUTIVE SUMMARY

This report presents and summarizes the presentations and discussions that took place during the symposium entitled “Population Health and Environment: “Integrating Family Planning/Reproductive health and Environmental Conservation Policies and Programming in East Africa” which was held in Kigali Rwanda on the 29<sup>th</sup> of March 2013.

The Symposium brought together local dignitaries (including the Rwandan Prime Minister and Minister of Health), politicians and senior officers from the Ministries of Health, scientists, students and researchers.

The aim of gathering was to create awareness and increase interest in PHE among the policy makers in the EAC, to serve as a communication mechanism for sharing lessons learned and best practices on PHE, to enhance communication among different stakeholders working to achieve PHE objectives in East Africa, to increase stakeholder knowledge and interest in PHE linkages at the national and regional levels, to strengthen the PHE Eastern Africa regional platform and to disseminate PHE research and data.

A diverse number of experts made presentations capturing key PHE issues including linkages between population dynamics, climate change and sustainable development, the demographic dividend, PHE experiences and challenges and establishment of PHE networks which are summarized in this report and its annexes (PowerPoint presentations).

During the symposium PHE knowledge products were disseminated to the participants and this was followed by presentations discussing PHE issues such as:

- ✓ The demographic dividend and its implications on sustainable development more precisely the possibility of Africa taking advantage of its population characteristics as an asset for development.
- ✓ Experiences, achievements, success stories and lessons learnt by the various PHE institutions. For example the remarkable rise in family planning utilization in the LVB region accomplished by the HOPE LVB Project and the proven advantages of PHE initiatives in Ethiopia in comparison with non PHE initiatives with regards to Family Planning, environmental conservation and income generating activities.

- ✓ PHE challenges were highlighted including insufficient awareness of PHE among policy makers and insufficient programmatic and research data to support the advantages of PHE over traditional single sector based initiatives among others.

The core symposium team agreed on several recommendations and resolutions regarding the way forward for the regional and country level PHE networks including the need to mainstream the Population, Health and Environment (PHE) approach into national and regional development policies and strategic plans in order to facilitate multi-sectoral actions geared towards the realization of the MDGs and sustainable development as well as the need to establish and strengthen national and regional PHE platforms to facilitate coordination, share experiences, generate evidence in support of the PHE approach, and advocate for PHE in the region.



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## **ACKNOWLEDGEMENTS**

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Your invaluable efforts and assistance, whether technical, financial or otherwise, are hereby acknowledged and greatly appreciated.

## ACRONYMS AND ABBREVIATIONS

**AIFDEP** : African Institute for Health and Development

**CEO** : Chief Executive Officer

**CPR** : Contraceptive Prevalence Rate

**CTPH** : Conservation Through Public Health:

**DHS** : Demographic Health Survey

**DRC** : Democratic Republic of Congo

**EAC** : East African Community

**ECSA-HC** : East Central and Southern Africa Health Community

**FHI 360** : Family Health International 360

**HOPE-LVB Project** : Health of People and the Environment-Lake Victoria Basin Project.

**LVBC** : Lake Victoria Basin Commission

**PHE** : Population Health and Environment

**USAID** : United States Agency for International Development

## **1.0 INTRODUCTION AND BACKGROUND**

### **1.1 Introduction**

More than 1 billion people—one-sixth of the world population—live in ecological hotspots, many of which are remote areas of critically important biodiversity under intense pressure from human activity. Biodiversity loss is a pressing global problem, with species extinctions happening at record levels. Threats to biodiversity include: population pressures from natural growth and human migration; unsustainable natural resource practices, such as slash-and-burn farming; ineffective governance structures and inadequate authority to protect local resources. Communities in these ecological hotspots often suffer from ill health and rapid population growth because of limited access to health services and family planning. These communities also tend to suffer from poor nutrition, water supplies and/or sanitation. Inadequate health care in these communities is usually because of economic struggles. Consequently, people are forced to use natural resources unsustainably hence damaging the ecosystems and biodiversity on which they depend for their health and livelihoods.

The Population, Health and Environment (PHE) concept and programs acknowledge and address these threats, but do so with respect and understanding of the complex connections among human health, livelihoods and the environment upon which people living in these areas depend.

### **1.2 What is Population, Health and the Environment?**

Population, Health and Environment (PHE) is an approach to development that integrates health and environmental conservation initiatives in order to seek synergistic successes for greater conservation and human welfare outcomes than single-sector approaches. PHE operates with the assumption that people, their health, and the environment are interrelated and interdependent; changes in the number, state, and/or distribution of any of the above affects the others because human needs, their livelihood and a healthy environment are linked by chains of cause and effect.

PHE approaches represent a variety of efforts to bring a holistic, integrated set of activities and services to bear in communities. PHE offers a flexible set of interventions that communities, partner groups or non-governmental organizations adopt in response to unmet community needs for improved health services, livelihoods and natural resource management. PHE projects strive to simultaneously improve access to health services and assist communities to manage their natural resources in ways that improve their health and livelihoods and to conserve the critical ecosystems upon which they

depend. Integrated activities often lead to greater benefits than results from single sector interventions.

The underlying philosophy is fundamentally one of integration and multi-sectoral partnerships. This approach can be applied to achieve a range of development goals beyond family planning and conservation. Program areas using the PHE approach have included disaster mitigation, gender mainstreaming, HIV&AIDS programming, food security promotion, security and governance, social entrepreneurship, environmental health promotion, and economic development. The key objective of PHE projects is to simultaneously improve access to health services while also helping communities manage their natural resources in ways that improve their health and livelihoods and conserve the critical ecosystems they depend upon.

### **1.3 The LVBC PHE Project**

Lake Victoria Basin Commission in collaboration with USAID EA is coordinating a regional PHE project in the basin that aims at strengthening PHE regional coordination, knowledge management and advocacy with an ultimate goal of developing a common PHE framework for cooperation around which state and non-state actors will coalesce in designing and implementing PHE projects in the region. Specifically, the project seeks to enhance shared PHE understanding and intent among policy makers and stakeholders in order to propagate the PHE agenda in the region.



## **2.0 THE PHE SYMPOSIUM**

To realize the objective of propagating PHE in the LVB region, LVBC in collaboration with other partners namely: the Eastern, Central and Southern Africa Health Community (ECSA-HC), Pathfinder International and the African Institute for Development Policy (AFIDEP) hosted a PHE symposium at the 4<sup>th</sup> EAC Annual Health and Scientific Conference in Kigali, Rwanda from 27<sup>th</sup> to 29<sup>th</sup> March 2013.

### **2.1 Symposium Objectives**

The objectives of the PHE symposium were to:

- i) Create awareness and increase interest in PHE among the policy makers in the EAC;
- ii) Serve as a communication mechanism for sharing lessons learned and best practices on PHE;
- iii) Enhance communication among different stakeholders (researchers, development planners, and program managers) working to achieve PHE objectives in East Africa;
- iv) Increase stakeholder knowledge and interest in PHE linkages at the national and regional levels; and
- v) Strengthen the PHE Eastern Africa regional platform
- vi) Disseminate PHE research and data.

### **2.2 Expected outputs**

It was anticipated that the following would be realized at the end of the symposium

- i) A shared PHE understanding and intent as documented in conference resolutions.
- ii) A directory of PHE contacts and linkages with agreed future networking modalities
- iii) A roadmap for strengthening the already established EA regional PHE network and national PHE Chapters
- iv) Annotated listing of PHE knowledge products disseminated

### **2.3 Participation**

The symposium brought together participants from diverse disciplines and backgrounds including local dignitaries, politicians, senior officers from the Ministries of Health, scientists, students and researchers. A total of 122 participants attended the symposium and also had the opportunity to take away a number of PHE leading-edge knowledge products including study reports, case studies and policy briefs.

## 2.4 Opening of the Symposium

Ms. Julia Henn Director of Health and HIV&AIDS at USAID EA welcomed the participants on behalf of the USAID EA Mission Director Dr. Jeffery Ashley. She thanked the participants for choosing to attend the PHE symposium noting that it would explore the interrelationship between population pressure, public health and environmental protection and its relationship to sustainable development. She pointed out that the symposium was envisaged at a partnership meeting in December 2012 between the LVBC, the East Central and Southern African Health Community, the AFIDEP, the HOPE LVB project implemented by Pathfinder International and USAID EA During the aforementioned meeting PHE stakeholders discussed how to jointly contribute to accelerating the understanding and attention to the importance of PHE in the region, they reached out to key country level PHE leaders to raise awareness and to build a strong regional PHE program. She concluded her remarks by expressing her organization's gratitude for being part of the regional dialogue exploring the multi-faceted dimensions of PHE.

## 2.5 Papers presented at the symposium

A diverse number of experts made presentations capturing key PHE issues including linkages between population dynamics, climate change and sustainable development, the demographic dividend, PHE experiences and challenges and establishment of PHE networks. Specifically, the presentations made at the symposium and the respective authors are highlighted below:

1. Technical Key Note presentation on Population, Health, Environment and the Demographic Dividend: **Dr. Gladys Kalema-Zikusoka** CEO of Conservation Through Public health (CTPH).
2. "What are the linkages between population dynamics, climate change and sustainable development in Africa - Examination of macro and policy level links in East Africa" **Dr. Eliya Zulu** – African Institute for Development Policy (AFIDEP).
3. "Healthy Families, healthy Environment: bright future - HOPE-LVB project"- **Lucy Shillingi**- Country Representative Pathfinder Uganda.
4. "Best Practice Platforms for Population Health and Environment in Eastern, Central and Southern Africa" **Dr. Odongo Odiyo**- Eastern, Central and Southern Africa, Health Community (ECSA-HC).

5. “Integrated Health and Environmental Protection Approaches in Lake Victoria Basin: LVBC role and responses” **Dr. Doreen Othero**- Coordinator, Population, Health and Environment project, Lake Victoria Basin Commission.
6. “Ethiopia PHE experiences and lessons learnt” **Mr. Negash Teklu** - Executive Director, PHE Ethiopia Consortium.
7. “The East Africa PHE Network” **Mr. Karugu Ngatia**- National Council for Population and Development (NCPD), Kenya

### **2.5.1 Key note presentation: PHE and the Demographic Dividend**

A presentation was made by Dr. Gladys Kalema-Zikosuka the CEO of CTPH, Uganda highlighting the magnitude of global ecosystem degradation as well as its consequences on the relationships between population dynamics, the environment and economic development. The presentation pointed out that MDGs such as reduction of infant mortality, improving maternal health and ensuring environmental sustainability can be better achieved through an integrated PHE approach involving family planning and environmental conservation. It was further noted that integration of interventions as applied in population, health and environment is a cost effective approach that can lead to greater outcomes. Regarding the demographic dividend, the presentation revealed that as the population expands and people continue to live off the land, natural resources are depleted undermining the livelihoods of the people. Practical benefits of PHE programs were cited as follows:

- ✓ PHE can help extend family planning access to remote areas. The CTPH provides family planning in Bwindi National Park and Virunga National Park in the DRC which are very remote and where there are few or no other NGOs operating in the area.
- ✓ Reduce costs to deliver family planning in remote areas by working with environmental groups whose activities target such areas.
- ✓ Encourage community receptivity to both family planning and natural resource management interventions. These two areas are very controversial in some communities
- ✓ Engage community men in family planning discussions and action since it is not sustainable when men are not sensitized about the benefits of family planning.
- ✓ Engage community women in discussions and action regarding natural resource management.
- ✓ Improve gender communication by bringing men and women together.
- ✓ Reduce program costs by sharing resources across both domains

The presentation is hereto attached as **Annex I**

## **2.5.2 Linkages between population dynamics, climate change and sustainable development in Africa - Examination of macro and policy level links in East Africa**

A presentation on Policy and Programme Implications of Linkages between Population Dynamics, Climate Change and Sustainable Development in East Africa was made by Dr Eliya Zulu of AFIDEP. He pointed out the need to create awareness about the values of integration among policy makers at system levels where programs are designed and among international development frameworks so as to generate the necessary resources to build programmes at grass-root level.

He discussed the issue of Africa's fast growing population, stating that the current population of one billion is expected to double by 2050, and reach 3 billion by 2100 if the current fertility pattern is maintained. In addition, the continent is becoming more urbanized and its age structure is changing as fertility rates decrease thereby reducing the proportion of the population under 18.

He provided a detailed explanation on the concept of population momentum demonstrating how African countries are already guaranteed to have large populations in the near future and how Africa should take advantage of its population characteristics as an asset for development by transforming the population into high quality human capital, a healthy and productive population for development.

### **Past and Projected Population Growth in EAC Countries**

<b>EAC Country</b>	<b>1950</b>	<b>2010</b>	<b>2050</b>	<b>2100</b>
<b>Burundi</b>	2,456	8,383	13,703	14,587
<b>Kenya</b>	6,077	40,515	96,887	160,009
<b>Rwanda</b>	2,072	10,624	26,819	42,316
<b>Tanzania</b>	7,650	44,841	138,312	316,338
<b>Uganda</b>	5,158	33,425	94,259	171,190
<b>Total</b>	<b>25,363</b>	<b>139,798</b>	<b>372,030</b>	<b>706,540</b>

*Source: United Nations Population Division*

It is also projected that East Africa shall experience a decline in agricultural production of about 3% per year between now and 2020 which shall result in a challenge relating to food security for the growing population in addition to water scarcity and poor resilience to climate which are also critical issues to consider.

Some of the factors hindering integration of family planning and environment include:

- ✓ Weak political will to prioritize population issues and climate change, especially the population side
- ✓ Fragmentation of population and climate change policies
- ✓ Weak coordination of programs addressing the two issues
- ✓ Limited local and international financial resources
- ✓ Weak local technical capacity in design, implementation and of integrated programs
- ✓ Weak local capacity in generation and use of research evidence to guide policy formulation and program design

A study has shown that in the most recent period there are three countries stand out in relation to increasing family planning in Sub-Saharan Africa; Malawi, Rwanda and Ethiopia. The study also showed that the policy adjustments made by these countries were based on;

- ✓ Strong political will and commitment,
- ✓ Mobilization of local and external financial resources,
- ✓ Strong health systems,
- ✓ Task shifting such as the use of community health workers in administering contraceptives,
- ✓ Supply chain management,
- ✓ Public private partnerships etc.

He concluded the presentation by pointing out that the PHE approach should probably include economic development (PHEE) in order to attract the interest of those concerned with the Demographic Dividend agenda who are mostly economists and may not directly be involved in issues of health and environment.

The presentation is hereto attached as **Annex II**

### ***2.5.3 Healthy Families, healthy Environment: bright future - HOPE-LVB project***

Ms. Lucy Shillingi of Pathfinder Uganda made a presentation on the HOPE-LVB project noting that it is a pilot project that targets about 30,000 residents of Lake Victoria Basin in Kenya and Uganda. The project has 3 main specific objectives;

- ✓ To improve sexual and reproductive health and maternal, neonatal, and child health,
- ✓ To increase community capacity to sustainably manage LVB-related ecosystem resources in order to improve livelihoods, environment, and well-being,

- ✓ To increase public and policymaker support for implementation of integrated PHE strategies, programming and funding.

The project's PHE integration created linkages between health facilities, youth/women's groups, Beach Management Units, and village health teams. Some of its community outreach activities include dialogue platforms like night camp fires which attract men to discuss family planning and couple counseling in relation to family planning as a means to reduce the economic burden on poor families and the pressure on natural resources.

One impressive success story is that at the beginning of the project in June 2012, there were only 4 new users of family planning on record on the Ugandan side and by the end of December 2012 there were 1,521 new users of family planning.

In addition, women are now involved in building energy saving stoves which serve to provide for their livelihoods while also conserving natural resources. They also provide emergency transport for women in labor within the island d using motorcycles which are fully operated by women and which provide taxi services when they are not on emergency duty.

The project also advocates for increased project and PHE support through the media, institutionalization of PHE as a concept at National and regional Policy level, learning from PHE Networks and Working Groups such as the Ethiopian PHE consortium which is quite advanced, seeking donor support and seeking further evidence to convince policy makers that PHE is indeed effective.

The presentation is hereto attached as **Annex III**

#### ***2.5.4 Best Practice Platforms for Population Health and Environment in Eastern, Central and Southern Africa***

Dr. Odongo Odiyo of the ECSA Health Community made a presentation describing the history and current structure of the ECSA Health community noting that integration of environment and health issues had not been prioritized or adequately addressed yet about 28% of the diseases in the region are related to the environment. These include diarrheal diseases, malaria and the effects of industrialization such as infertility and cancer.

He pointed out that the ECSA Health Community had an annual event known as the **best practices forum** where regional best practices are presented and submitted to the Ministers of Health who review them and identify issues that need to be addressed at country levels through ministerial resolutions which

are passed on a yearly basis. PHE also falls into this category of regional issues.

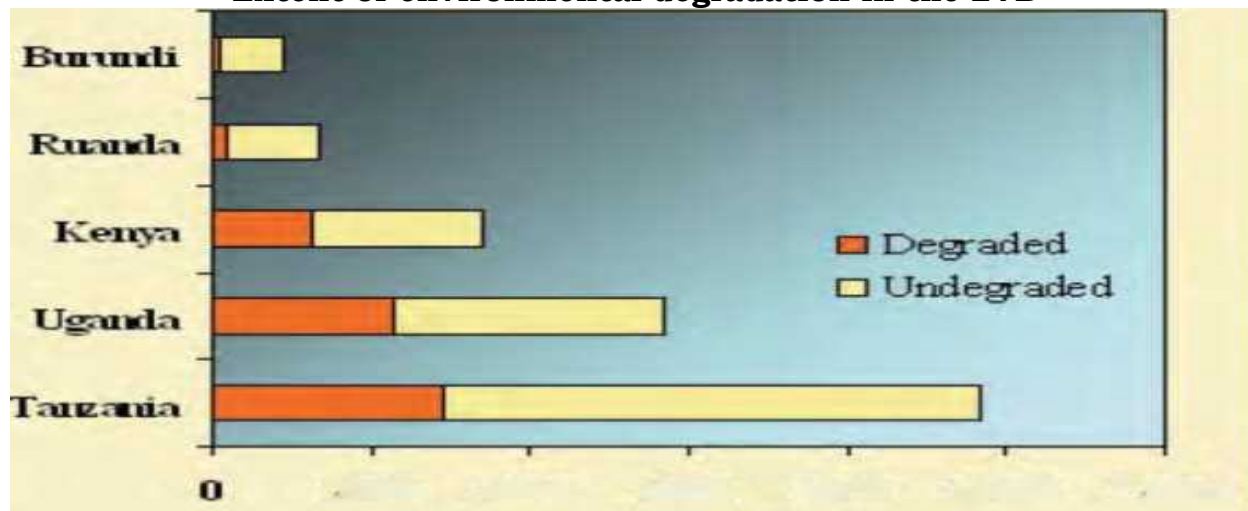
He informed the participants that the ECSA Health Community fully intends to continue working with its partners to identify a consultant to work on the implementation of best practices in PHE in the region by identifying and consolidating the best practices and presenting them to the technical organs and ECSA member states during the best practices forum for consideration by the Ministers. He concluded by expressing ECSA's full interest and intention to participate in and to join all the efforts of the regional PHE network.

The presentation is hereto attached as **Annex IV**

### **2.5.5 Integrated Health and Environmental Protection Approaches in Lake Victoria Basin: LVBC role and responses**

Dr. Doreen Othero the PHE Coordinator at LVBC made a presentation acknowledging that the East African Community valued the importance of integrating Population, Health and Environment and that more synergistic success would be achieved through the approach as opposed to implementation of vertical projects and programs. She pointed some of the PHE related challenges in the basin such as high population growth, environmental degradation, deforestation, pollution, over-fishing, invasive weeds (water hyacinth), poor water and sanitation facilities and inadequate solid waste management approaches. It was also noted that the basin had high prevalence of diseases such as malaria, diarrheal diseases, schistosomiasis, HIV and others.

**Extent of environmental degradation in the LVB**



To address the foregoing challenges from a regional perspective, the Lake Victoria Basin Commission was established as an institution of the EAC through the Treaty that established the East African Community. LVBC's

mandate is to oversee the social and economic development of the Lake Victoria Basin.

To propagate PHE in the region, it was observed that LVBC would undertake the following:

- i) coordinate PHE activities of state and non-state actors
- ii) facilitate PHE research,
- iii) develop leadership and capacity building on PHE,
- iv) advocate for PHE through the EAC Statutory meetings,
- v) integrate PHE into existing projects and programs; and
- vi) build PHE capacity at different levels.

It was further pointed out that although PHE makes sense, some of the challenges that need to be addressed include: measuring synergies and cost-effectiveness of integration, integrating PHE into existing vertical health and environmental conservation projects which are mostly donor supported, and achieving political buy-in for policy review and integrated approaches.

The presentation recommended the need to:

- i) Develop a PHE Framework of Cooperation around which PHE state and non-state actors will coalesce,
- ii) Develop integrated PHE policies and programs,
- iii) Generate evidence for PHE,
- iv) Establish a regional coordination platform, to strengthen existing PHE networks.

The presentation is hereto attached as **Annex V**

### ***2.5.6 “Ethiopia PHE experiences and lessons learnt”***

Mr. Negash Teklu the CEO of PHE Ethiopia Consortium shared information on how the consortium was established dating back to the year 2007. He noted that the Ethiopia PHE Consortium had identified stakeholders, developed strategic plans, brought together 47 members organizations, organized 7 general assembly meetings, participated in national task forces and made efforts to conserve protected areas such as wetlands and lakes. Other achievements include; championing of RH/FP, developing an operational plan for integration, establishing shared indicators /M&E on PHE, and creating a PHE related electronic library.

An impact evaluation entitled; ***“Effectiveness of PHE Approach for Achieving Family Planning and Fertility Outcomes in Ethiopia : A Comparative Study in Gurage Zone”*** revealed that PHE initiatives yielded



better results with regard to FP and environmental conservation compared to vertically implemented initiatives. Examples of PHE intervention components include women's savings groups, seedling nursery & distribution, strong awareness activities and establishing water pumps. Favorable opportunities in Ethiopia for PHE implementation include:

- ✓ Favorable policies for PHE, above 35,000 Health Extension Workers at community level, & above 45,000 Development Agents for Agriculture and Environment,
- ✓ several best practices and success stories,
- ✓ a Growth and Transformation Plan,
- ✓ Climate Resilience Green Economy

The presentation pointed out some of the challenges faced when implementing PHE initiatives including:

- ✓ reluctance in multi- sectoral integration and working together,
- ✓ lack of comprehensiveness and systemic thinking
- ✓ lack of coordination between line ministries regional bureaus, and offices.

Lessons learnt include:

- ✓ need for generation of evidence in support of the added value PHE based approach in comparison with sector based approach,
- ✓ development of multi- sectoral integrated approaches
- ✓ engagement of the Population Dividend by aggressively investing in youth and schools,
- ✓ promotion of ownership & participation of the community,
- ✓ meaningful partnership with local government offices, regional Bureaus and ministries

He concluded by mentioning that in order to improve the lives of more families, save lakes and save livelihoods, there is need for countries to achieve development targets in a sustainable way. This can be better achieved by integrating social, economic and environmental concerns, to generate more evidence in support of PHE, to empower and invest in women and youth and to establish PHE networks at regional (East Africa), Africa and Global level.

The presentation is hereto attached as **Annex VI**

### ***2.5.7 Activities of Kenya and East Africa PHE network***

Mr. Karugu Ngatia of the National Council for Population and Development – Kenya in his presentation, informed participants that the November 2007

regional PHE conference held in Addis resulted in the creation of the East African PHE network which consists of Ethiopia, Uganda Kenya and Tanzania. During the conference, it was agreed that member countries would develop country PHE networks.

The Kenya PHE network currently comprises of over 60 organizations including Government institutions (NCPD, MOH, MoENR, NEMA, Min of Planning) as well as NGOs, CSOs, FBOs, Universities, private sector, CBOs with a steering Committee of 9 key institutions lead by NCPD.

The objectives of the network are to:

- i) to undertake research to support PHE implementation,
- ii) create an enabling environment for PHE integration,
- iii) establish and operationalize the PHE network,
- iv) establish an M&E framework and enhance capacity for PHE integration through training and development of materials.

With regards to the research objective, one of the key achievements has been to include environmental modules in Kenya Demographic and Health Survey of 2008/09. He also reported that Kenya had been holding annual meetings with stakeholders to share experiences and advocate for PHE. However, some challenges had been faced by both the Kenyan chapter and the East Africa PHE network. These include:

- i) the lack of a common platform and there is therefore need to re- examine the nature and scope of PHE suitable for the region,
- ii) Need to identify the key coordinating institutions,
- iii) develop regional and country Action Plans to guide PHE implementation and to identify funding sources for the country PHE Networks interventions/and projects.

The presentation is hereto attached as **Annex VII**

## ***2.6 Comments from participants***

Some of the comments from participants included:

- i) requests for information on how to register into the PHE network online as individuals or organizations,
- ii) need for guidance on how to strengthen some of the PHE initiatives that exist in the Rwandan Ministry of Health
- iii) need for data on local consequences of climate change environmental to generate more interest among policy makers.

### 3.0 RECOMMENDATIONS AND RESOLUTIONS

During two PHE Networking Lunch Meetings held by the core PHE Symposium team on the 27<sup>th</sup> and 28<sup>th</sup> of March, discussions were held regarding country PHE networks and the following recommendations were made:

During the first meeting (27<sup>th</sup> March 2013):

- ✓ There is an urgent need to review/establish/strengthen national PHE chapters.
- ✓ A PHE a regional coordination platform should be established with a common regional coordination office
- ✓ There is need for a global PHE strategic plan for the region.
- ✓ PRB and others could support a PHE Coordinator per country.
- ✓ There is need to collaborate with other regional bodies such as the Nile Basin Initiative which covers other countries that are not EAC member states.
- ✓ A PHE curriculum for the region should be developed to be informed by the works of the BALANCED project. Demand driven research by universities is important- consider incorporating IUCEA.
- ✓ There is need to develop modalities for mainstreaming PHE into national policies and frameworks.
- ✓ There is need to strengthen generation of evidence at program level to inform advocacy.
- ✓ USAID EA, Washington and the bilateral missions should have their PHE platform.
- ✓ Involvement of the media in PHE is crucial- consider modalities i.e. PHE capacity building for media.
- ✓ Need for a strong PHE M&E with shared indicators.
- ✓ The underlying Gender component and value addition needs to be amplified.
- ✓ LVBC could write to TZ, Burundi, Rwanda to rekindle their PHE working groups before the Nov. meeting
- ✓ Ultimately move from pilot implementations to institutions and systems strengthening.

During the second meeting (28<sup>th</sup> March 2013):

- ✓ Document PHE experiences in the region highlighting macro and micro-level benefits.
- ✓ PHE networks should be established and/or strengthened in all the EAC partner countries with reference to the Ethiopia model.
- ✓ Generate strong programmatic and research evidence to support the PHE approach as proof of PHE's contribution to the national development and the realization of the MDGs.

- ✓ LVBC to be the regional coordinating organization for the Eastern Africa PHE Network assisted by the Ethiopia PHE network.
- ✓ A global PHE strategic plan for the region to be developed to guide PHE policy actions and programming.
- ✓ The Eastern Africa PHE Network to engage/collaborate with other regional organizations such as NBI, ECSA, SADC, COMESA in order to tap on the PHE experiences of countries such as Madagascar
- ✓ Convene a meeting of the network steering committee to draft key documents such as the strategic plan and activity plan. USAID EA and USAID EA would support consultancy services to finalize development of the documents and development of documentaries form ongoing PHE projects in the region.
- ✓ Develop a strategic communications plan and key advocacy messages.
- ✓ Convene a PHE stakeholder's forum/conference to share experiences, galvanize support and ignite donor interest in funding PHE.

Overall, the symposium generated the following resolutions which were discussed in the conference plenary and also posted on the conference website:

- i) Mainstream the Population, Health and Environment (PHE) approach into national and regional development policies, strategic plans and programs;**
- ii) Develop a PHE Communication and Advocacy Strategy to facilitate engagement with policy makers and the media;**
- iii) Develop an EAC regional PHE Strategic Plan to guide PHE policy actions and programming;**
- iv) Establish and strengthen PHE networks in all the EAC Partner States to facilitate propagation of the PHE concept in the region;**
- v) Generate and share programmatic and research evidence at macro and micro level to support the PHE approach as proof of PHE's contribution to the national development and the realization of the MDGs;**
- vi) Lake Victoria Basin Commission will be the regional coordinating organization for the Eastern Africa PHE Network;**
- vii) Develop strategies for mobilizing resources for implementation of PHE interventions in the EAC;**
- viii) The Eastern Africa PHE Network to engage/collaborate with other regional organizations such as NBI, ECSA, SADC, COMESA in order to tap on the PHE experiences of countries such as Madagascar; and**
- ix) Convene a PHE stakeholders' forum/conference to share experiences, galvanize support and ignite donor interest in funding PHE approaches in the region.**