

8TH WORLD CONGRESS ON ENVIRONMENTAL HEALTH “DURBAN RESOLUTIONS.”

At the 8th World Congress on Environmental Health organized by the South African Institute of Environmental Health and endorsed by the International Federation of Environmental Health held on the 22 – 27 February 2004 at the International Convention Centre in Durban, South Africa, the Council of the International Federation adopted the following Resolutions hereafter called the “**Durban Resolutions**” as the outcome of the Congress.

RESOLUTIONS:-

1. Environmental Health Practitioners should be committed to:
 - (a) Advocating for the right to a healthy environment;
 - (b) Working within the institutional framework and partnering with stakeholders to enhance environmental health;
 - (c) Developing and reforming policies and legislation to provide a healthy environment; and
 - (d) Incorporating these principles and ethics as part of their professional goals.
2. There is a need for public education and labelling requirements regarding genetically modified foods to provide Consumers with credible information and the ability to make informed choices.
3. An effective and appropriate Management system is needed to ensure food safety, food security, and the viability of non-GMO foods and crops.
4. All Organizations (Government and Industry) should develop performance criteria and tools for accountability that include proper assessment of their impacts on Society, Public Health and the Environment.
5. Because Environmental Health programs affect multiple Departments and jurisdictions, and involve multiple competencies, a co-ordinated response by Governmental Agencies is needed.
6. There is need to allocate resources to build capacity, competencies and opportunities, specifically targeting women, minorities and disadvantaged groups.
7. Legislation, interventions and education are needed to promote environmental justice and to protect the health of the most vulnerable populations (children, women of child-bearing age, the elderly, etc.)
8. Materials, processes and products which damage health or the environment should be controlled or phased-out so as to eliminate harmful exposure. This includes a rapid elimination of lead from fuels, paint, and other products; mercury from bleaching creams; and asbestos products.
9. Recognizing the significance of indoor and outdoor air pollution from the use of solid fuels (wood, dung, etc.) and kerosene/paraffin, alternative cooking and heating appliances/stoves which minimize air pollution should be developed, made affordable, and promoted by educational campaigns. Unsafe appliances should be outlawed.
10. Government, Academia and Community Groups, especially in developing Countries should evaluate the environmental and health consequences of global climate change and develop a response strategy.
11. Environmental health impact assessments, environmental standards and guidelines require to be submitted to a transparent, independent and credible peer-review process prior to acceptance or implementation.
12. To protect Public Health (especially with regard to vulnerable populations), emission and ambient standards to control pollutants should be developed within an agreed time schedule.
13. Accessible and affordable supplies of safe water and sanitation should be provided for all Communities, particularly the poor and / or disadvantaged by 2015.
14. Because incineration of health care waste produces persistent toxic substances, incineration, as currently practised, contravenes the Stockholm Convention aimed at eliminating these substances. The continued availability of incinerators inhibits the development and use of alternatives, hence international organizations and governments should provide a scheduled phase-out of existing health care waste incinerators, place a moratorium on the permitting/licensing of new units, and promote safer waste disposal options.
15. Recognizing the costs and health consequences of unplanned urbanization, including migration, there is a need for enhanced planning, infrastructure development, pollution control, and other processes to protect and enhance environmental and Public Health and the quality of life, so as to accommodate growth and economic development in both cities and rural Communities.
16. Noting that Environmental Health involves the whole Community, members of Communities should be provided with the opportunity to participate meaningfully in future IFEH Congresses. They should also have the opportunity to attend Congresses and to obtain IFEH publications at reasonable cost. Future Congresses should devote sessions to research, which reflects the involvement of Communities in Environmental Health.
17. To encourage student participation and provide educational opportunities, student attendance at IFEH Congresses should be encouraged by minimal Conference fees, scholarships to attend, student awards, and student sessions.