Session 5: Element C: Implementation strategies
Connecting Element C with principles, approaches, methods and tools

Vulnerability and Impacts on Health NAP
Waltaji Terfa.
World Health Organization (WHO)

With Contribution from Ms. Elena, WHO Geneva
Some of the largest disease burdens are climate-sensitive

Presentation Outline

• Health Sector Vulnerability to CC

• Existing NAPs gap in addressing Health Sector Vulnerability

• Bridging the Gaps of LDCs
  – Enabling Environment
  – Action for Health Sector Gaps: Programmatic approach: "Minimum package" for health resilience to climate change
  – Partnership

Reactive adaptation and anticipatory adaptation
Some of the largest disease burdens are climate-sensitive

- Climate & weather have been known to affect human health since ancient time of Hippocrates

- Tropical diseases distribution & transmission are affected by climate and weather, particularly the risk of many vector-borne diseases, such as malaria, Rift Valley fever, plague, & dengue fever.

- Weather also affects the risk of foodborne & water-borne diseases & of emerging infectious diseases such as hantavirus, Ebola hemorrhagic fever, & West Nile virus.

- A well-established association between weather & mortality from cardiovascular, respiratory disease & other non-communicable disease
Some of the largest disease burdens are climate-sensitive

- Each year:
  - Under nutrition kills 3.5 million.
  - Diarrhoea kills 2.2 million.
  - Malaria kills 900,000.
  - Extreme weather events kill 60,000.

- Dengue fever: over 50 million infections & around 15,000 deaths/year.
  - Weather change may reduce the incubation period of Dengue virus from 12 days to 7 days.

- WHO estimates that the climate change that has occurred since the 1970s already kills over 140,000 per year.

- It is estimated that the annual direct cost of health impairment caused by climate change is $1.5-4 billion by 2030.
Inequitable health effects continue

Impacts of climate change on human health & social wellbeing

Source: (IPCCWG2), Climate Change 2014
Inequitable health effects continue

We are not adequately managing these risks from the health or environment side

- 95% (39/41) of LDC NAP included health as priority sector.

- Only 25% had adequate health assessments & intervention planning.

- WHO, UNFCCC & WB estimate climate change to increase health costs by $4-12 billion in 2030, only <0.5% of this figure

There is a failure to connect health & environment as priorities
Approach to health adaptation planning and content

COP14, Poznan, Poland, December 2008: WHO supported youth representatives enact the importance to include health as a main dimension in climate change negotiations.

Health is One of the Top Priorities Identified in National Communications

Anticipatory adaptation and reactive adaptation
• World Health Assembly passed a resolution WHA61.19 on Climate change & health in May 2008.

• WHO Regional Committee for Africa adopted in Sep 2011 a Resolution AFR/RC61/R2 on a Framework for Public Health Adaptation to Climate Change

Adaptation to Climate Change in Africa: Plan of Action for the Health Sector 2012-2016

Ebi et al, WHO Guidance for health in national adaptation plans
WHO support to build health system's resilience to CC: Guidance for health in national adaptation plans

- WHO adapted LEG NAP Guidance to specific of health sector
- Aims to ensure that health sector works with environment & other sectors, & follows a systematic process to:
  1. Engage in the overall NAP process at the national level;
  2. Identify national strategic goals for building health resilience to CC;
  3. Develop a national plan with prioritized activities to achieve these goals, within a specific time period and given available resources.

- Used in 3 workshops to prepare national action plans, which involved representatives from MoE & MoH from 43 Countries in Africa;
- Online H-NAP repository under development;
- Pilot projects on CCH in Ethiopia, Kenya, Malawi and Tanzania;
- Support for countries to conduct vulnerability & adaptation assessments (V&A)

Session 3: Element A: Lay the groundwork and address gaps [Approach / method / tool] from [your organization]
WHO support to build health system's resilience to CC: Action for Health Sector Gaps: Programmatic approach: "Minimum package" for health resilience to climate change

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- Institutional, professional capacity, and resource mobilization in response to local assessment.
- Stakeholder driven research, focusing on cost effectiveness, equity, and sustainability.
- Communication for behavioural impact from national to community level.

Baseline Capacity and Risk Assessments:

- Climate and health vulnerability and adaptation assessments.
- Assessments of programme capacity.
- Definition of monitoring and evaluation frameworks.

Integrated Environment and Health Surveillance:

- Risk mapping and establishment of early warning systems for climate sensitive risks.
- Integration of environment and health monitoring, and response plans.

Environmental Management:

- Health impact assessment for decisions in other sectors.
- Management of ecosystem services, and risk factors to health.

Scale-up and climate proofing of interventions for climate-sensitive health impacts:

- Integrated vector management for vector-borne disease.
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Strengthening of health capacities in disaster management:

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- Resilient and sustainable provision of energy and water to health facilities.