

African Region

REGIONAL COMMITTEE FOR AFRICA**ORIGINAL: ENGLISH**Seventy-fourth sessionBrazzaville, Republic of Congo, 26–30 August 2024Agenda item 13**FRAMEWORK FOR BUILDING CLIMATE-RESILIENT AND SUSTAINABLE
HEALTH SYSTEMS IN THE WHO AFRICAN REGION 2024–2033****EXECUTIVE SUMMARY**

1. Climate change is the greatest threat to global health in the 21st century. It refers to long-term shifts in weather patterns, including temperature, precipitation and humidity. Human activities are the main driver of climate change, primarily due to the burning of fossil fuels like coal, oil and gas. These fuels are made of carbon and generate air pollutants that trap the sun's heat at the Earth's surface, raising temperatures. Africa is among the most vulnerable regions of the world to climate change due to its general state of socioeconomic underdevelopment and low adaptive capacities.
2. Health is receiving increasing attention within the global discourse on climate change. Concurrently, African governments are demonstrating significant resolve by making substantial commitments to address the impacts of climate change on health. A health initiative was launched in 2021 at the 26th Conference of the Parties (COP 26) to the United Nations Framework Convention on Climate Change (UNFCCC), to build climate-resilient and sustainable low-carbon health systems. Thereafter, the Alliance for Transformative Action on Climate and Health (ATACH) was launched in 2022 to support countries to implement their COP 26 commitments. It was followed in 2024 by the adoption of a new resolution on climate change and health at the Seventy-seventh World Health Assembly. African countries are actively engaging in these initiatives, seeking to address their climate change and health challenges.
3. This framework aims to guide Member States in building climate-resilient and sustainable health systems to cope with the adverse effects of climate change on health. It is specifically intended to: (1) strengthen core national capacities to cope with the adverse effect of climate change on health systems and climate-sensitive diseases; (2) support Member States to conduct vulnerability and adaptation assessments and formulate Health National Adaptation Plans adapted to their national context; (3) facilitate resource mobilization and the implementation of integrated, essential climate-related health interventions; and (4) disseminate lessons learnt from the implementation process to enhance collective learning and understanding.
4. A core set of 10 interventions is proposed as follows: (i) translate international agreements and initiatives on climate change and health into national policies, strategies, and actions; (ii) revitalize the implementation of the Libreville Declaration on Health and Environment in Member States under the WHO-UNEP collaborative leadership; (iii) mobilize multisectoral collaboration and resources to support climate change adaptation of the health sector; (iv) reinforce climate change and health technical capacities at regional and countries level; (v) conduct vulnerability and adaptation assessments and develop Health National Adaptation Plans which contribute to the Paris Agreement objectives; (vi) implement relevant

health and environment co-benefit initiatives with a view to lower greenhouse gas emissions in addition to adaptation gains, ; (vii) mobilize resources to support implementation of the integrated climate change and health interventions; (viii) continue building scientific evidence; (ix) promote holistic and integrated approaches (One Health, EcoHealth, Planetary Health...) to tackle climate change and its impact on health; and (x) advocate for the inclusion of health considerations in international climate change negotiations, including UNFCCC COP negotiations.

5. The framework defines guiding principles for the implementation of the interventions. It equally sets targets and milestones to measure achievements.

6. The Regional Committee reviewed and adopted the framework.

CONTENTS

ABBREVIATIONS	iv
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Paragraphs

INTRODUCTION	1–5
CURRENT SITUATION.....	6–10
ISSUES AND CHALLENGES	11–15
VISION, GOAL, OBJECTIVES, MILESTONES AND TARGETS	16–20
GUIDING PRINCIPLES	21–25
PRIORITY INTERVENTIONS AND ACTIONS	26–36
ACTIONS PROPOSED FOR THE REGIONAL COMMITTEE	37

ABBREVIATIONS

ATACH	Alliance for Transformative Action on Climate and Health
COP	Conference of the Parties
GHG	greenhouse gas
HNAP	Health National Adaptation Plan
NAP	National Adaptation Plan
NDC	Nationally Determined Contributions
REACH	Research for Action on Climate Change and Health agenda
UNDP	United Nations Development Programme
UNEP	United Nations Environment Programme
UNFCCC	United Nations Framework Convention on Climate Change
V&A	vulnerability and adaptation assessment
WHO	World Health Organization
WCO	World Health Organization country office
IPCC AR6	Intergovernmental Panel on Climate Change Sixth Assessment Report
I-CAN	Initiative on Climate Action and Nutrition

INTRODUCTION

1. Climate change refers to long-term shifts in weather patterns, including temperature, precipitation and humidity. Since the 1800s, human activities have been the main driver of climate change, primarily due to the burning of fossil fuels like coal, oil and gas that generate air pollutants named greenhouse gases,¹ because they act like the glass walls of a greenhouse, trapping the sun's heat at the surface of the earth and raising temperatures. Between 2011 and 2020, surface temperatures reached 1.1°C above 1850–1900 levels.² Climate change is a significant global health threat of the 21st century. The estimated economic loss due to climate change exceeds US\$ 170 billion.³

2. In 2015, the 21st Conference of the Parties (COP 21) to the United Nations Framework Convention on Climate Change (UNFCCC) adopted the Paris Agreement to limit the global temperature increase to 1.5°C above pre-industrial levels, recognizing that this measure would significantly reduce the risks and impacts of climate change. Current trends suggest that unless urgent action is taken to cut carbon emissions, global warming will soon exceed the 1.5°C limit.

3. In September 2011, the Sixty-first WHO Regional Committee for Africa (RC61) adopted the Framework for public health adaptation to climate change to implement a resolution⁴ of the Sixty-first World Health Assembly. The framework aimed to facilitate the formulation of country action plans to minimize the adverse effects of climate change on public health.

4. In 2021, the United Kingdom as Chair of COP 26, and the World Health Organization (WHO) promoted a health initiative by which countries committed to build climate-resilient and sustainable low-carbon health systems. The WHO-led Alliance for Transformative Action on Climate and Health (ATACH) was created to support countries to implement the priorities articulated in the COP 26 initiative and the outcomes of subsequent COPs.

5. In 2022, the Seventy-second session of the Regional Committee adopted the Updated regional strategy for the management of environmental determinants of human health in the African region 2022–2032. The strategy includes climate change as a major determinant of health. In 2023, WHO developed a global operational framework for building climate-resilient and low-carbon health systems.⁵ The present framework is intended to guide Member States of the WHO African Region in translating the ongoing international momentum and agenda on climate change and health into concrete country-level actions. It supports the implementation of the global framework in the Region.

¹ The main greenhouse gases in the atmosphere are carbon dioxide (CO₂), methane (CH₄), nitrous oxide (NO₂) water vapour (H₂O) and fluorinated gases (hydrofluorocarbons (HFC), perfluorocarbons (PFC) and sulphur hexafluoride (SF₆). CO₂ and CH₄, all made of carbon, are the most important human-made gases responsible for climate change, hence decarbonizing the health system that contributes almost 5% of all carbon emissions (<https://healthcareclimateaction.org/node/115>) is key to mitigating climate change.

² Intergovernmental Panel on Climate Change Sixth Assessment Report (IPCC AR6) 2023. Summary for Policy Makers
³ 2020, The Non-Covid Year in Disasters (<https://www.undrr.org/media/49057/download?startDownload=true>, accessed 31 January 2024).

⁴ WHO Climate Change and Health Resolution_A61_R19-en, 2008. (https://www.who.int/docs/default-source/climate-change/climate-change-and-health-resolution-wha-61-19.pdf?sfvrsn=63295783_2, accessed 31 January 2024)

⁵ Operational framework for building climate resilient and low carbon health systems. Geneva: World Health Organization; 2023. Licence: CC BY-NC-SA 3.0 IGO (<https://www.who.int/publications/i/item/9789240081888>, accessed 31 January 2024).

CURRENT SITUATION

6. Africa is particularly vulnerable to climate change as it is home to many underdeveloped economies with low adaptive capacities. Out of almost 2200 public health events recorded in the Region between 2001 and 2021, fifty-six per cent were climate related and the Region is witnessing an increase in climate-linked emergencies, with 25% more events recorded between 2011 and 2021 compared to the previous decade.⁶

7. Across the continent, climate change is driving increased vector- and waterborne disease transmission. From the 1950s to the 2012–2021 decade, the number of months of malaria transmission increased by 13.8% in the highland areas of Africa, and the likelihood of dengue fever transmission rose by 12.0%.⁷ Climate change has promoted an unprecedented surge in cholera outbreaks in Africa and globally. In 2023, the cholera outbreaks reported were mainly associated with natural disasters.⁸ From January 2023 to the end of March 2024, eighteen Member States⁹ in the Region reported cholera outbreaks totalling 836 600 cases in addition to widespread malnutrition and population migration. In 2022, disasters triggered 32.6 million internal displacements, of which 98% were caused by weather-related hazards such as floods, storms, wildfires and droughts.¹⁰

8. In 2008, at the first Inter-Ministerial Conference on Health and Environment (IMCHE) in Africa, ministers of health and environment from 52 African countries signed the Libreville Declaration consisting of 11 priority actions¹¹ to reinforce multisectoral work on health and environment in Africa. Ten years later in 2018, of the 44 Member States that were assessed, nine¹² had implemented 10–11 actions, 27¹³ had implemented between seven and nine actions, while eight¹⁴ had implemented six or fewer of the 11 actions.

9. Following the Libreville Declaration on health and environment, the Framework for public health adaptation to climate change in the African Region, adopted by the WHO Regional Committee in 2011 had two targets that required all 47 Member States to: (1) undertake a comprehensive assessment of health and environment vulnerability to climate change by the end of 2012; and (2) implement an essential public health package to strengthen their climate change resilience status by 2014. By December 2023, twenty-six Member States in the Region¹⁵ had completed their vulnerability and adaptation assessments, 12 of which¹⁶ were completed in the past

⁶ WHO, 2022, Africa faces rising climate-linked health emergencies (<https://reliefweb.int/report/world/africa-faces-rising-climate-linked-health-emergencies>, accessed 31 January 2024)

⁷ Romanello M, et al. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. *The Lancet*, Volume 400, Issue 10363, 1619 - 1654

⁸ Cyclones, flooding, droughts.

⁹ Burundi, Cameroon, Comoros, Congo, Democratic Republic of the Congo, Eswatini, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe

¹⁰ The Internal Displacement Monitoring Centre (2023) <https://www.internal-displacement.org/>

¹¹ WHO, 2008. Libreville declaration on Health and Environment in Africa. 12p.

(<https://www.afro.who.int/publications/libreville-declaration>, accessed 31 January 2024)

¹² Ethiopia, Guinea, Malawi, Mali, Mozambique, Rwanda, South Africa, United Republic of Tanzania and Uganda

¹³ Algeria, Angola, Benin, Botswana, Burundi, Burkina Faso, Cameroon, Cabo Verde, Central African Republic, Côte d'Ivoire, Eswatini, Gabon, Gambia, Ghana, Kenya, Lesotho, Liberia, Madagascar, Mauritania, Mauritius, Niger, Congo, Sierra Leone, São Tomé and Príncipe, Seychelles, Zambia, Zimbabwe

¹⁴ Comoros, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Guinea-Bissau, Nigeria, South Sudan, Togo

¹⁵ Benin, Burkina Faso, Cabo Verde, Central African Republic, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, Sierra Leone, United Republic of Tanzania, Togo, Uganda, Zambia.

¹⁶ Benin, Central African Republic, Côte d'Ivoire, Eritrea, Liberia, Mauritania, Mozambique, Seychelles, Sierra Leone, Togo, Uganda, Zambia.

five years. Twenty-one¹⁷ out of the 26 Member States have developed health national adaptation plans (HNAPs), while five Member States¹⁸ have drafted HNAPs without conducting vulnerability and adaptation assessments. Only seven Member States¹⁹ in the Region have HNAPs that are less than five years old.

10. There is growing momentum to address climate change and its impacts on health in Africa. Indeed, out of over 80 countries that had joined the COP 26 Health Initiative and the ATACH globally as of January 2024, twenty-seven²⁰ are from the WHO African Region. The present framework provides guidance for African countries to leverage all opportunities for the implementation of the global operational framework for building climate-resilient and low-carbon health systems in the Region.

ISSUES AND CHALLENGES

11. **Inadequate technical capacities in Member States and need for relevant scientific evidence:** Climate change and health training and research in Africa started in the 2000–2010 decade. To date, there are still few researchers working on this topic in the Region, and even fewer well-trained technical experts and policy-makers in climate change and health. Getting accurate weather and climate data at high temporal and spatial resolution in association with climate-related health conditions remains one of the most important challenges for climate and health research. These factors limit the continent's capacity to define effective policies and strategies to cope with the adverse effects of climate change on health systems and communities. Investments in research data and information systems to support appropriate policy responses with co-benefits for both health and the environment are still minimal.

12. **Weak multisectoral collaboration and coordination:** Following the Libreville Declaration on Health and Environment in 2008, thirty-nine Member States had set up multisectoral environment-health working teams by 2018. Today very few of these teams are still operational. It is important to reinvigorate multisectoral action to address the climate-related challenges that affect inter alia, health, infrastructure, agriculture, and livelihoods.

13. **Weak understanding and ownership of climate change and health rationale in political circles:** Many policy-makers remain unaware of the rationale behind the impact of climate change on public health. The predominant focus on curative services limits the health sector's engagement with sectors that deal with determinants of health. More advocacy and awareness raising for disease prevention and climate adaptation may leverage financing potential for Member States.

14. **Weak consideration of health in climate negotiations:** Some progress has been made over the last decade, with some countries incorporating health indicators into their Nationally Determined Contributions (NDCs) and National Adaptation Plans (NAPs). COP 28 in 2023 marked a milestone with the dedication of an entire day to health, the attendance of approximately 50 health ministers, and the launch of a Climate and Health Declaration endorsed by over 145 countries. However, gaps remain because whereas the foregoing events made health visible at the COP gathering, health issues continue to be sidelined in the main climate negotiations. Advocacy efforts

¹⁷ Benin, Burkina Faso, Cabo Verde, Central African Republic, Côte d'Ivoire, Eritrea, Ethiopia, Ghana, Guinea, Kenya, Liberia, Madagascar, Mozambique, Nigeria, Rwanda, Sao Tome and Principe, Seychelles, United Republic of Tanzania, Togo, Uganda, Zambia.

¹⁸ Algeria, Botswana, Cameroon, Democratic Republic of the Congo, South Africa.

¹⁹ Cabo Verde, Central African Republic, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Liberia, Togo

²⁰ Botswana, Burkina Faso, Cabo Verde, Central African Republic, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Gabon, Ghana, Guinea, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mozambique, Niger, Nigeria, United Republic of Tanzania, Rwanda, Sao Tome and Principe, Seychelles, Sierra Leone, Togo, Uganda, Zambia.

must persist to ensure that health gains a place in the mainstream discussions, as it embodies the human dimension of climate change.

15. **Inadequate financial resources:** Insufficient financial resources pose a significant challenge for domestic investment in climate adaptation and mitigation by African countries. Meanwhile, disparities exist in access to multilateral and bilateral climate funds due to lack of information on the opportunities and procedures for accessing them and limited local capacities to develop fundable projects.

VISION, GOAL, OBJECTIVES, MILESTONES AND TARGETS

16. **Vision:** All people in the WHO African Region enjoy quality health services in climate-resilient and sustainable health systems.

17. **Goal:** Resilient and sustainable health systems are built, capable of coping with the adverse effects of climate change.

18. Strategic objectives

- (a) Strengthen core national capacities for the building of resilient and sustainable health systems.
- (b) Conduct vulnerability and adaptation assessments, develop Health National Adaptation Plans aligned with comprehensive National Adaptation Plans, including any relevant health and environment co-benefit action.
- (c) Accelerate leadership, governance and financing to support the implementation of integrated, essential climate-related health interventions informed by the vulnerability and adaptation assessments and Health National Adaptation Plans.

Target and milestones

19. Target and milestones by 2028

- (a) All Member States have committed to the COP 26 Health Initiative and joined the Alliance for Transformative Action on Climate and Health by signing commitment letters which outline time milestones for achieving climate-resilient, sustainable health systems.
- (b) At least 50% of Member States have conducted comprehensive vulnerability and adaptation assessments and updated their Health National Adaptation Plans, including any relevant health and environment co-benefit action.
- (c) At least 90% of Member States have integrated health indicators in their Nationally Determined Contributions.
- (d) At least 35% of Member States have raised funds and are implementing essential public health interventions for resilient and sustainable health systems.

20. Target and milestones by 2033

- (a) All Member States have conducted comprehensive vulnerability and adaptation assessments and updated their Health National Adaptation Plans including any relevant health and environment co-benefit action.
- (b) All Member States have integrated health indicators in their Nationally Determined Contributions.

- (c) At least 90% of Member States have succeeded in mobilizing resources and are implementing essential public health interventions for resilient and sustainable health systems.

GUIDING PRINCIPLES

21. **Country ownership, accountability and community participation:** Building the health sector's resilience to climate change and decarbonizing national health systems will require government ownership, accountability and leadership. This necessitates coordination among relevant national government departments and active engagement of local communities.

22. **Multisectoral and intersectoral collaboration:** Joint implementation of climate change and health adaptation interventions by health and environment sectors in collaboration with other relevant sectors. The Libreville Declaration on Health and Environment and the Regional multisectoral strategy to promote health and well-being in the African Region adopted at the Seventy-third Regional Committee will serve as guiding tools.

23. **Scientific evidence generation and results-based interventions:** Building scientific evidence on climate change and health is crucial for both current and future climate risk assessment and adaptation. Health sector resilience and mitigation measures, strategies, and plans should be firmly grounded in scientific evidence and informed by the results of vulnerability and adaptation assessments.

24. **Gender, equity and human rights-based approaches:** Interventions should be gender and equity sensitive. They should promote inclusiveness, regardless of socioeconomic condition, age or any other social discriminators.

25. **Efficiency, effectiveness and equity of financing for health and climate:** Finance should be mobilized from diverse funding sources and distributed in an inclusive manner. Moreover, enhancing access to finance through streamlined processes, including collaboration across sectors, fiscal reforms, while upholding rigorous safeguards, is crucial for equitable distribution.

PRIORITY INTERVENTIONS AND ACTIONS

26. **Translating international agreements on climate change and health into national policies, strategies, and action:** Member States should translate their international commitments on climate change and health into local action. As awareness increases about the health challenges associated with climate change, national health leaders should join environment and other sector leadership in national policy dialogues to shape a holistic response to the global threat. Policies and regulatory instruments should encompass the needs of all sectors and provide a coherent operational framework for the implementation of international commitments.

27. **Reviewing and reinforcing the implementation of the Libreville Declaration on Health and Environment** under the WHO-UNEP collaborative leadership: The new platforms for collaboration such as the ATACH offer an opportunity to revitalize implementation of the Libreville Declaration on Health and Environment. However, it will be important to first assess why so few of the environment-health working teams that were set up to implement the Declaration remain active today. The assessment should draw lessons from the teams that remain active about what they have achieved and what drives impact and sustainability in such multisectoral platforms. The collaborative leadership of WHO and UNEP must be revitalized.

28. Mobilizing multisectoral collaboration and resources to support climate adaptation and health and environment co-benefit initiatives: Using lessons from the foregoing assessments, Member States should set up and operationalize collaborative mechanisms to define national environment and health priorities and joint actions, including health national adaptation plans for dealing with climate change. The implementation of country HNAPs and health system decarbonization road maps require strong intersectoral action between all relevant government sectors. Aligning national actions with the policies of the African Union and regional economic communities can leverage high-level political support and resources. It is also recommended to work in partnership with United Nations agencies (WHO, UNEP, UNDP, UNFCCC and others), bilateral partners and multilateral banking institutions that are investing in the climate change and development agenda.

29. Reinforcing climate change and health technical capacities at regional and country levels: WHO, in collaboration with various technical partners, has established numerous capacity-building programmes and tools, particularly for the development of vulnerability and adaptation assessments, Health National Adaptation Plans, and the assessment of greenhouse gas emissions within health systems. Leveraging these resources, WHO will conduct training sessions for a team of experts in the Region, enabling them to subsequently train local human resources on climate change and health matters as needed. Countries are encouraged to take advantage of these initiatives and expand capacity building for pre-service training in learning institutions and academia to enhance the capacity of their technical staff and policy-makers, thereby bolstering their readiness to address climate change-related health challenges effectively.

30. Developing climate change and health vulnerability and adaptation assessments and Health National Adaptation Plans to integrate into National Adaptation Plans: Member States should conduct inclusive, multisectoral climate change and health vulnerability and adaptation assessments, taking account of gender, equity, socioeconomic and environmental conditions, and other determinants of health. The current and potential health system weaknesses identified by the V&As should inform resilience-building measures in National Adaptation Plans, considering all the nine components²¹ for building climate-resilient and low-carbon health systems.

31. Implementing country-relevant solutions with health and environment co-benefits: Member States are encouraged to implement health and environment co-benefit initiatives. In this regard, areas of intervention include supply chains, medical waste management, access to and management of resources such as water, energy, food, medicines, equipment, and chemicals. The objective is to lower greenhouse gas emissions while guarding against any compromise to health care provision and quality, in line with relevant WHO guidance.

32. Mobilizing resources and implementing HNAPs including setting up integrated environment and health surveillance: Less than 0.5% of multilateral climate finance is allocated to health projects, and climate change is largely absent from health investment plans from national governments, or in overseas development assistance.²² However, since COP 28, there are increasing opportunities for the allocation of climate funds to the health sector. Member States must prioritize the development of their human resource capacities in fundraising and proposal writing. Additionally, national health leadership should engage with local coordinating committees,

²¹ (i) Climate-transformative leadership and governance, (ii) climate-smart health workforce, assessments of climate and health risks and GHG emissions, (iii) integrated risks monitoring, (iv) early warning and GHG emissions tracking, (v) health and climate research, (vi) climate-resilient and low-carbon infrastructures, technologies, and supply chain, (vii) management of environmental determinants of health, (viii) climate-informed health programmes, (ix) climate-related emergency preparedness and management

²² Alcayna T, O'Donnell D, Chandaria S (2023) How much bilateral and multilateral climate adaptation finance is targeting the health sector? A scoping review of official development assistance data between 2009–2019. *PLOS Glob Public Health* 3(6): e0001493. (<https://doi.org/10.1371/journal.pgph.0001493>, accessed 31 January 2024).

focal points, and National Designated Authorities to access funds such as the Green Climate Fund (GCF), the Adaptation Fund (AF), and the Global Environmental Facility (GEF). Such engagement would ensure the inclusion of health components in funding proposals and ensure the equitable allocation of climate and environmental finance to support climate and health interventions effectively.

33. **Building scientific evidence on climate change and health:** WHO is launching the development of a global research agenda to catalyse research that will inform the mutual integration of climate and health action. The Research for Action on Climate Change and Health agenda (REACH 2035) will establish shared, forward-looking research priorities to meet the evidence needs of policy-makers, programme implementers, and advocates in protecting against and responding to the health impacts of climate change. The research agenda will be implemented in Africa to enhance understanding of the local health effects of climate change and to generate and disseminate knowledge on appropriate local adaptation measures. Member States are requested to support local research to build evidence for climate impact on health, adaptation and mitigation.

34. **Promoting holistic and integrated approaches (One Health, EcoHealth, Planetary Health...) to tackle the impact of climate change on health, including advocacy toward policy-makers, social mobilization and awareness raising:** Integrated, holistic approaches are proposed to Member States and should be used for building resilient and sustainable health systems. Member States should build on the accrued achievements of the One Health Quadripartite platform in countries. Resources from the EcoHealth and Planetary Health initiatives are useful references for results-based actions for health adaptation to climate change. Evidence generated by scientific research and on-ground activities will be used to inform behavioural change communication through channels such as policy briefs, webinars, social media, face-to-face sensitization campaigns, among others, to support community-based adaptation strategies, as they relate to health.

35. **Advocating for inclusion of health considerations in international climate change negotiations, including UNFCCC COP negotiations:** Member States should formalize the participation of health ministries in the COPs and the inclusion of health specialists in the national delegations of negotiators. The WHO Regional Office will work with regional partners to create opportunities for African health experts to gain competencies in climate negotiations. In addition, and in order to facilitate health consideration in the UNFCCC processes, countries are encouraged to include health indicators in their Nationally Determined Contributions to climate change.

36. To monitor and assess achievements, the Secretariat will develop and use a monitoring and evaluation framework. A progress report will be presented to the Regional Committee on the implementation of this framework in 2028 and 2033.

ACTIONS PROPOSED FOR THE REGIONAL COMMITTEE

37. The Regional Committee reviewed and adopted the framework.