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**FRAMEWORK FOR PUBLIC HEALTH ADAPTATION TO CLIMATE CHANGE
IN THE AFRICAN REGION**

Report of the Secretariat

Executive Summary

1. Climate change is directly affecting public health in the WHO African Region. Its health impacts include increased vulnerability to air, water and vector-borne diseases as well as malnutrition. It has been demonstrated that the majority of African countries are ill-prepared to cope with the negative impacts of climate variability and change.
2. African governments have made firm commitments at various forums to address climate change with emphasis on health adaptation. The Framework for Public Health Adaptation to Climate Change is intended to provide a scientific and evidence-based coordinated response to the climate change adaptation needs of African countries in order to support the commitments and priorities of African governments.
3. The overall objective of the Framework is to guide the formulation of country-specific action plans that will form the health component of national climate change adaptation plans aimed at minimizing the adverse public health effects of climate change. Countries are requested to implement essential public health and environment interventions.
4. A core group of interventions is proposed as follows: baseline risk and capacity assessments; capacity building; awareness raising and social mobilization; integrated environmental and health surveillance; public-health oriented environmental management; scaling-up of existing public health interventions and research. Some of these activities are ongoing but require strengthening with supplementary interventions. The minimum average investment required for implementation of these supplementary interventions has been estimated at US\$ 0.15 per capita per year.
5. The Regional committee examined and adopted this Framework and the related resolution.

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INTRODUCTION

1. The Earth's surface temperature has increased by more than 0.8°C over the past century and by approximately 0.6°C in the past three decades. It is expected that the global surface temperature will continue to rise by at least 2°C during the 21st century.¹ There is global scientific consensus that this phenomenon is largely caused by human activities.
2. Earth's increased average temperatures have led to extreme weather events such as floods, droughts, and heavier and more frequent storms. The effects include higher levels of certain air pollutants, increased transmission of diseases from poor water quality, increased vector-borne diseases, disruption of health services, mass casualties and death. Countries of the African Region are ill-prepared to cope with the negative consequences of climate change, particularly on health, because their health systems are weak and already over-stretched.
3. In May 2008, the World Health Assembly requested the Director-General of WHO to continue close cooperation with Member States, appropriate United Nations agencies and other partners in order to develop capacity to assess the risks of climate change to human health. It also called for implementation of effective response measures in coordination with all relevant sectors.
4. In August 2008, the First Interministerial Conference on Health and Environment in Africa, held in Libreville, Gabon, adopted the Libreville Declaration. The Conference established the Health and Environment Strategic Alliance as the basis for plans of joint actions.
5. In October 2010, the United Nations General Assembly by its Resolution A/RES/64/300 acknowledged the significant risks posed by climate change to Small Island Developing States (SIDS) and called upon the international community to continue to increase its support for the development and implementation of SIDS national mitigation and adaptation strategies and programmes.
6. In November 2010, at the Second Interministerial Conference on Health and Environment in Africa that took place in Luanda, Angola, African Ministers of Health and Environment adopted a Joint Statement on Climate Change and Health. In the Statement, African countries agreed to implement an essential public health package to enhance climate change resilience of the health sector.
7. In December 2010, the 16th Conference of Parties to the United Nations Framework Convention on Climate Change (UNFCCC) adopted Decision 1/CP.16. This Decision establishes the Cancun Adaptation Framework, which requires all parties to intensify action on adaptation to climate change including action for health.
8. The purpose of this document is to provide guidance to enable African governments to translate the above commitments into action.

¹ IPCC, 2007, Synthesis report. Available at: http://www.ipcc.ch/publications_and_data/publications_ipcc_fourth_assessment_report_synthesis_report.htm (last accessed, 26 October 2010).

SITUATION ANALYSIS AND JUSTIFICATION

Situation analysis

9. Climate change is worsening environmental conditions and exacerbating health vulnerabilities that are common in Africa. Over the period from the 1970s to 2004, global warming caused over 140 000 deaths annually. A WHO study in 2009 estimates that overall mortality attributable to Climate Change was 0.2% of which 85% were child deaths.² Climate change was estimated to be responsible for 3% of diarrheal cases, 3% of malaria mortality and 3.8% of dengue fever deaths worldwide. The study also estimated that per capita impacts were much higher in the African Region than in other WHO regions.

10. Between 2004 and 2009, 41 Least Developed Countries (including 29 from Africa) developed National Adaptation Programmes of Action (NAPAs). These programmes were prepared with a view to identifying not only the most immediate priority needs but also developing projects in response to the identified needs. An analysis was undertaken on the health component of these NAPAs.³ Assessment of the NAPAs showed that 39 (95%) of the 41 countries considered health as one of the sectors adversely affected by climate change. However, only nine (23%) of the 39 programmes were considered to be comprehensive in their health-vulnerability assessment. Generally, there was lack of baseline epidemiological data for the diseases and the health conditions that would be affected by climate change. Furthermore, there were no description of the expected trends of these diseases and conditions. Most importantly, there was inadequate discussion of how and why climate change would affect the diseases mentioned and the epidemiological mechanisms by which this would happen.

11. Out of the 39 programmes that included health in the vulnerability assessment, three did not specify any disease or medical condition. For the remaining 36 programmes, the diseases most frequently listed were diarrhoea (69%), malaria (59%), respiratory diseases (25%), vector-borne diseases other than malaria (19%) and malnutrition (19%). Others included noncommunicable diseases, parasitic diseases, meningitis, and ocular and skin diseases.

12. Thirty (73%) of the programmes included health interventions within adaptation needs and proposed actions. However, only eight (27%) of these interventions were considered to be adequate. In addition, the proposed interventions did not always match the identified potential impacts of climate change. In terms of funding, the total estimated cost of the priority projects under these programmes was US\$ 1 852 726 528, with US\$ 57 777 770 (3%) being requested for health projects. The findings from global data were not statistically different from the findings in Africa.

Justification

13. The Cancun Adaptation Framework invites all parties to undertake inter alia, planning, prioritization and implementation of adaptation programmes. These programmes should articulate, among others, impact, vulnerability and adaptation assessments; strengthening of institutional capacities; and enhancement of climate disaster risk reduction strategies.

² WHO, 2009. Global health risks: mortality and burden of disease attributable to selected major risks, World Health Organization, Geneva.

³ Manga L et al, 2010. Overview of health considerations within National Adaptation Programmes of Action for climate change in Least Developed Countries and Small Island States. Available at: www.who.int/phe/Health_in_NAPAs_final.pdf (last accessed, 14 January 2010).

14. So far, management of the public health impacts of climate change is still not adequately reflected in the negotiations of the UNFCCC, both at national and international levels. Ministries of environment that represent most governments in these negotiations receive minimal and inadequate technical inputs from ministries of health. Therefore, they are not appropriately informed of the specific needs of public health. Currently there is lack of comprehensive sectoral response to address climate change adaptation. The various stakeholders are therefore left to address climate change adaptation, using fragmented approaches. Additionally, the implementation of the Libreville Declaration on health and environment in Africa, which is currently the guiding framework for health and environment intersectoral action at country level, needs to be accelerated.

15. It is against this background that the Framework for Public Health Adaptation to Climate Change is proposed. This framework provides a comprehensive and evidence-based coordinated response of the health sector to climate change adaptation needs of African countries in order to support the commitments and priorities of African governments, within the Cancun Adaptation Framework.

FRAMEWORK FOR PUBLIC HEALTH ADAPTATION TO CLIMATE CHANGE

Objectives

16. The implementation of the Framework is a joint responsibility of ministries of health, ministries of environment and other relevant ministries, under the context of the Health and Environment Strategic alliance. The overall objective of the Framework is to get the formulation of country-specific action plans that will form the health component of national climate change adaptation plans, aimed at minimizing the adverse public health effects of climate change in Africa. The specific objectives are:

- (a) to identify country-specific health risks associated with climate change in all African countries;
- (b) to strengthen core national capacities that enable health systems to prepare for and effectively respond to climate change threats to human health;
- (c) to facilitate the implementation of integrated essential public health and environment interventions for the management of both short and long-term health risks resulting from climate change;
- (d) to facilitate operational and applied research on local health adaptation needs and solutions;
- (e) to disseminate lessons learnt and country experiences in order to facilitate implementation of adaptation strategies in other sectors.

Targets

17. All Member States of the African Region should, as agreed upon in the Joint Statement on Climate Change and Health:

- (a) Undertake comprehensive assessments of health and environment vulnerability to climate change by the end of 2012;

- (b) Implement an essential public health package to strengthen the climate change resilience status of all the countries by 2014.

Guiding principles

18. The guiding principles for implementation of the Framework are:
- (a) **Evidence-based planning:** Adaptation measures, strategies and plans deployed on the basis of the results of vulnerability assessments undertaken in various local ecosystems;
 - (b) **Country ownership and community participation:** Public health adaptation interventions coordinated by the relevant national government departments, building upon already existing public health and environment programmes, and promoting active involvement of local communities;
 - (c) **Intersectoral cooperation and collaboration:** Joint implementation of public health adaptation interventions by ministries of health and ministries of environment, engaging other relevant sectors. This will be done in accordance with the Libreville Declaration implementation process which requires multisectoral country coordination committees that are responsible for coordinating intersectoral action at the national level;
 - (d) **Synergies with other public health initiatives:** Establishment of synergies with existing major public health and environment initiatives being actively promoted on the African continent;
 - (e) **Advocacy at the national and international levels:** Mainstreaming potential public health impacts of climate change in national policies and plans will be essential in order to implement appropriate adaptation and mitigation measures.

Priority interventions

19. The Framework promotes the deployment of an essential public health package to strengthen resilience to climate change.⁴ The package is a set of interventions including comprehensive assessment of the risks posed by climate variability and change to public health and health systems, surveillance, delivery of preventive and curative interventions including preparedness for and response to the public health consequences of extreme weather events and research. The section below provides a brief description of the proposed priority interventions.

20. **Undertake baseline risk and capacity assessments** to establish the vulnerability of existing populations to climate-sensitive health risks and the degree to which health systems can provide effective response and manage these risks. These assessments will serve as an important first step in strengthening health and health-sector resilience to climate change, taking into consideration the risks posed by projected long-term climate change.

21. **Capacity building**, based on the needs and gaps identified from the above assessments. The key technical areas of expertise that would require capacity building for climate change adaptation and resilience will be addressed as specific components of national adaptation programmes.

22. **Implement integrated environment and health surveillance** to support timely and evidence-based decisions for effective management of environmental risks to human health by

⁴ http://www.who.int/globalchange/mediacentre/events/2010/geneva_consultation_07092010/en/index.html (last accessed, 7 January 2011).

forecasting and preventing increases in related ill-health and disease. Integrated environment and health surveillance will be of particular importance in tracking environmental changes that will affect health determinants in the context of national plans of joint actions for the implementation of the Libreville Declaration.

23. **Undertake awareness raising and social mobilization**, using information generated from baseline risk and capacity assessments and from integrated surveillance and response to inform communities about the local level public health risks of climate change. Appropriate information, education and communication activities including communication for behavioural impact will be undertaken to support community-based adaptation strategies, as they relate to health.

24. **Promote public-health oriented environmental management** to ensure active involvement of public health experts in the development of environmental management interventions to reduce vulnerability. It will also be used to support ecosystem services and to build and sustain natural adaptive resilience against the impact of climate change.

25. **Scale up existing public health interventions** to provide the required coverage for integrated vector management in order to reduce or interrupt the transmission of vector-borne diseases. Increasing household water treatment and safe storage and drinking water quality control and implementing water safety plans will reduce the risks of waterborne diseases especially during droughts or floods. These interventions will also strengthen food hygiene and safety measures to prevent foodborne diseases. Legislation and regulatory instruments will be harmonized and enforced to help achieve substantial reduction in particulate matter in the air and to improve air quality. Countries will also need to identify population subgroups with special nutritional needs and implement interventions for the management of nutritional deficiencies.

26. **Strengthen and operationalize the health components of disaster risk reduction plans** to prevent casualties resulting from the health consequences of extreme weather events. All the required curative interventions will be strengthened especially to manage the acute health impacts of climate change.

27. **Promote research on climate change impacts and adaptation:** A research agenda will be developed and implemented to enhance understanding of the local health effects of climate change and to generate and disseminate knowledge on appropriate local adaptation measures.

28. **Strengthen partnerships and intersectoral collaboration:** implementation of country level plans will require strong intersectoral action between all relevant government sectors, as well as partnerships between governments, WHO, UNEP, UNFCCC, the African Union, the African Development Bank, Regional Economic Communities and all other relevant partners. The role of intersectoral collaboration and partnerships at national level will be to streamline planning, undertake joint implementation of activities, resource mapping and allocation, as well as joint evaluation of interventions. At the international level, this partnership will be essential for advocacy and resource mobilization.

FINANCIAL IMPLICATIONS

29. In every country, a number of public health and environment programmes are already being implemented (ongoing activities), in a way that contributes to the management of existing risk factors. These activities should be strengthened with supplementary activities to enhance

resilience to climate change. An assessment of the financial resources required for supplementary activities has been undertaken in selected countries of the African Region. It was found that these supplementary activities would require a minimum average investment of US\$ 0.15 per capita per year.

30. Currently there is vast potential for mobilizing the above-mentioned resources at local, national and international levels. The use of innovative financing mechanisms is already being explored by a number of countries. These include taxes on alcohol, tobacco, communication, etc. There are reported experiences of financing of local development priorities, including climate change and health activities by municipalities in the context of decentralization policy. At the national level, innovative financing interventions have also been reportedly used in some countries. There is however a need for a clear legal and regulatory framework and strong intersectoral coordination mechanisms to optimize such financing strategies. At the international level, countries of the African Region are among those that have been targeted to be the beneficiaries of the various climate funds made available under the UNFCCC process. This would however require that every country develops national adaptation action plans.

MONITORING AND EVALUATION

31. At the national level, in order to ensure harmonization of procedures and comparability of results, countries will use a monitoring and evaluation framework that will be prepared by WHO in collaboration with other relevant technical agencies. The framework will be based on a set of standardized outcome and impact indicators and procedures to track the implementation and impact of national adaptation programmes.

32. At the regional level, progress in the implementation of this Framework will be tracked using the following indicators:

- (a) number of countries that have developed or updated the health component of their national adaptation plans on the basis of this Framework;
- (b) number of countries that have completed comprehensive assessments of the risks posed by climate variability and change;
- (c) number of countries that are implementing integrated environment and health surveillance;
- (d) number of countries that have formulated specific capacity building action plans for public health adaptation to climate change; and
- (e) number of countries reporting reduced morbidity and mortality attributable to climate variability and change.

CONCLUSION

33. African countries that are currently experiencing high burdens of climate-sensitive diseases and have highly vulnerable populations are likely to be significantly affected by the negative impacts of climate change if immediate and adequate adaptive measures are not anticipated. Harmonized approaches are required for implementation of essential public health and environment interventions so as to strengthen country resilience to the health impacts of climate change. The proposed Framework provides an opportunity for African countries to respond, in a comprehensive and harmonized manner, to the health impacts of climate change.

34. It is expected that this Framework will help minimize the adverse public health impacts of climate change. The Regional Committee examined and adopted this Framework.

RESOLUTION

FRAMEWORK FOR PUBLIC HEALTH ADAPTATION TO CLIMATE CHANGE IN THE AFRICAN REGION (Document AFR/RC61/10)

The Regional Committee,

Having examined Document AFR/RC61/10 entitled “Framework for Public Health Adaptation to Climate Change in the African Region”;

Concerned that Africa is already experiencing the effects of climate change which exacerbate traditional and emerging environmental risk factors on human health, threaten health development, jeopardize decades of development gains and hamper the continent's efforts to attain the Millennium Development Goals;

Noting that countries of the African Region are currently the most vulnerable to the negative impacts of climate change and, at the same time, the least prepared to respond effectively to these impacts;

Recognizing that there is currently a lack of an integrated health sector response to address climate change adaptation comprehensively;

Aware that so far, public health impacts of climate change are still not adequately reflected in the negotiations of the United Nations Framework Convention on Climate Change (UNFCCC);

Recalling the Libreville Declaration on Health and Environment in Africa (2008) which establishes a strategic alliance between the health and environment sectors as the basis for plans of joint action;

Recalling also the African Ministers of Health and Minister of Environment Joint Statement on Climate Change and Health adopted at the Second Interministerial Conference on Health and Environment in Africa which was held in Luanda, Angola, in November 2010;

Considering the recommendations of the 5th Conference of African Union Ministers of Health held in Windhoek, Namibia, in April 2011.

1. APPROVES the Framework for Public Health Adaptation to Climate Change in the African Region.
2. URGES Member States:
 - (a) to strengthen their resilience by developing and implementing national action plans for public health adaptation to climate change. Such plans will be based on an essential public health package of interventions that would include baseline risk and capacity assessments, capacity building, integrated environment and health surveillance, awareness raising and social mobilization, public health-oriented environmental management, scaling-up of existing public health interventions, strengthening of partnerships and, promotion of research; and establish the relevant intersectoral coordination mechanisms, as agreed upon at the second Interministerial Conference on Health and Environment in Africa held in Luanda, Angola, in 2010, in

order to undertake joint planning and implementation of activities required for public health adaptation to climate change, in the context of the Health and Environment Strategic Alliance;

- (b) to establish the relevant intersectoral coordination mechanisms, as agreed upon at the second Interministerial Conference on Health and Environment in Africa, held in Luanda, Angola in 2010, in order to undertake joint planning and implementation of activities required for public health adaptation to climate change, in the context of the Health and Environment Strategic Alliance;
- (c) to request African negotiators of the UNFCCC to use this Resolution as the common position of the ministers of health of the African Region in matters related to public-health impacts of climate change.

3. REQUESTS the Regional Director:

- (a) to establish a Pan-African Programme for Public Health Adaptation to Climate Change with a view to leveraging and coordinating international-level technical and financial support to Member States for implementation of the above-mentioned actions;
- (b) to collaborate with the United Nations Environment Programme and other technical agencies to develop and disseminate, for use by Member States, the necessary technical tools required for immediate implementation of the Framework;
- (c) to advocate for the use of the Framework for Public Health Adaptation to Climate Change as the basis for coordinating partners' actions;
- (d) to ensure the participation of the WHO Regional Office for Africa in the 17th Conference of the Parties of the United Nations Framework Convention on Climate Change to be held in South Africa;
- (e) to facilitate access by countries to financial resources made available to developing countries, especially climate change funds, in order to secure the required funding for implementation of the national action plans mentioned above;
- (f) to report to the Sixty-second Session of the Regional Committee, and thereafter, every other year on progress being made.