



REGIONAL OFFICE FOR

**World Health
Organization**
Africa

AFR/RC67/INF.DOC/2
14 June 2017

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-seventh session

Victoria Falls, Republic of Zimbabwe, 28 August–1 September 2017

Provisional agenda item 19.2

PROGRESS REPORT ON THE IMPLEMENTATION OF THE REGIONAL PROGRAMME FOR PUBLIC HEALTH ADAPTATION TO CLIMATE CHANGE

Information Document

BACKGROUND

1. Climate change poses serious threats to human health and survival across the globe.¹ Its impacts are high in Africa, where social, political, environmental and economic conditions are already creating health vulnerabilities for many communities.² In 2011, the Sixty-first session of the WHO Regional Committee for Africa adopted the Framework for Public Health Adaptation to Climate Change through Resolution AFR/RC61/R2.³ Subsequently, WHO established a regional programme for public health adaptation to climate change along with its plan of action in 2012.⁴
2. The Regional Programme focuses on the following six core interventions: 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. In 2014, the Sixty-fourth session of the WHO Regional Committee for Africa received the first progress report on the implementation of the adaptation programme (AFR/RC64/INF.DOC/4).⁵ The first report proposed capacity building, partnerships and intersectoral collaboration as well as advocacy as priority measures to be undertaken in the subsequent years.
3. This report takes stock of progress made in implementing the regional programme by Member States and their partners. It also includes key achievements, challenges, and the way forward.

¹ Anthony Costello et al. Managing the health effects of climate change. *Lancet* 2009; 373: 1693–1733.

² WHO, Global health Risks: Mortality and Burden of Disease attributable to selected major risks, Geneva, World Health Organization, 2009.

³ Resolution AFR/RC61/R2, Framework for Public Health Adaptation to Climate Change in the African Region. In: *Sixty-first session of the WHO Regional Committee for Africa, Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011, Final Report*. Brazzaville, World Health Organization, Regional Office for Africa, 2011 (AFR/RC61/14.), pp. 8–10.

⁴ WHO, Adaption to climate change in Africa: Plan of action for the health sector 2012–2016, Brazzaville, World Health Organization Regional Office for Africa, 2012.

⁵ WHO. The Pan African Programme for Public Health Adaptation to Climate Change: Current status and perspectives. In: Sixty-fourth session of the WHO Regional Committee for Africa, Sixty-fourth session Cotonou, Republic of Benin, 3–7 November 2014, Information Document. Brazzaville, World Health Organization, Regional Office for Africa, 2014 (AFR/RC64/INF.DOC/4.).

PROGRESS MADE

4. From 2014 to date, 10 Member States⁶ have completed comprehensive assessments of the risks posed by climate variability and change on population health and health systems. Based on the evidence generated from these assessments, countries identified and planned appropriate adaptation measures to current and future impacts of climate change on population health and well-being.

5. In 2016, technical capacity was built in 11 affected countries⁷ to enable them plan and respond to the health impacts of El Niño-induced extreme climate events (drought, heavy rains and flooding) in Southern and Eastern Africa. The consolidated regional El Niño response plan, spearheaded by the Regional Inter-Agency Standing Committee, Southern Africa (RIASCO) was developed with the contribution of Regional Economic Communities.⁸

6. Following the establishment of the International Network for Climate and Health in Africa (Clim-HEALTH Africa)⁹ in 2013, new partners, including research institutions, academia and donors have joined the network since 2015. As a result, health representation in climate change-related policy and strategy has increased at all levels.

7. Between 2014 and 2016, eleven Member States¹⁰ in the Region developed their National Health and Climate Country Profiles using the most relevant and accurate scientific evidence from the meteorological and health sectors.¹¹ These documents provide Member States with a brief snapshot of the impact of climate change on health and the opportunities for health co-benefits. They seek to empower ministers of health and other decision-makers to engage, advocate and act to protect health from climate change.

8. WHO, with funding from the Canadian International Development Research Centre, is undertaking pilot research projects on population resilience to vector-borne diseases¹² under climate change conditions in seven Member States.¹³ These projects have contributed to enhanced understanding of the local health effects of climate change and generated further evidence on appropriate local adaptation measures.

9. Despite the above achievements, the implementation of the adaptation programme has been slower than anticipated. Limited technical and scientific capacity in the field of climate change and health, weak integrated approach, insufficient funding, and inadequate advocacy on the impact of climate change on health are hindering the implementation of the programme.

⁶ Benin, Burkina Faso, Ethiopia, Ghana, Guinea, Madagascar, Malawi, Mali, Tanzania, and Zambia.

⁷ Ethiopia, Kenya, Lesotho, Madagascar, Malawi, Mozambique, South Sudan, Swaziland, Tanzania, Uganda and Zimbabwe.

⁸ Southern African Development Community (SADC); East African Community (EAC); Intergovernmental Authority on Development (IGAD); RIASCO.

⁹ International Consortium for Climate and Health in Africa, WHO 2013, <http://www.climhealthisafrica.org/>, accessed 10 February 2017.

¹⁰ Algeria, Botswana, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Nigeria, South Africa, Uganda and Tanzania.

¹¹ Health and Climate country profiles, Geneva, World Health Organization, 2015 <http://www.who.int/globalchange/resources/country-profiles/en/>; accessed on 05 February 2017.

¹² Malaria, schistosomiasis, Human African Trypanosomiasis and Rift Valley fever.

¹³ Botswana, Côte d'Ivoire, Kenya, Mauritania, Zimbabwe, South Africa and Tanzania.

NEXT STEPS

10. In order to address the challenges cited above and accelerate the implementation of the regional programme, the following priority actions need to be undertaken by Member States and partners by 2019:

- (a) conduct assessments of vulnerability and adaptation to climate change;
- (b) develop and implement health national adaptation plans to climate change;
- (c) support capacity building for mainstreaming climate resilience in health programming so as to improve early warning and surveillance of climate sensitive diseases;
- (d) promote win-win partnerships, intersectoral collaboration, and advocacy to facilitate access by Member States to global multilateral financial mechanisms, including the Global Environment Facility and the Green Climate Fund;
- (e) support community engagement through awareness raising and social mobilization, and the development and implementation of community-based adaptation programmes.

11. The Regional Committee is requested to take note of this progress report.