



**World Health
Organization**

REGIONAL OFFICE FOR **Africa**

AFR/RC64/INF.DOC/4

7 November 2014

REGIONAL COMMITTEE FOR AFRICA

ORIGINAL: ENGLISH

Sixty-fourth session

Cotonou, Republic of Benin, 3–7 November 2014

Provisional agenda item 19.4

**THE PAN AFRICAN PROGRAMME FOR PUBLIC HEALTH ADAPTATION TO
CLIMATE CHANGE: CURRENT STATUS AND PERSPECTIVES**

Information document

CONTENTS

	Paragraphs
BACKGROUND	1–3
PROGRESS MADE.....	4–9
NEXT STEPS	10–12

BACKGROUND

1. Climate change is recognized as a major global public health threat of the 21st Century.¹ Its impact will be greatest in settings that have scarce resources, limited technology and weak infrastructure as is the case in many parts of the African Region.² In order to mitigate its impact, the Sixty-first session of the WHO Regional Committee for Africa, by its Resolution AFR/RC61/R2,³ adopted the Framework for Public Health Adaptation to Climate Change. The Framework aims to guide the formulation and implementation of the health component of national climate change adaptation plans. In the resolution, countries requested WHO to establish a Pan-African Programme for Public Health Adaptation to Climate Change.

2. WHO therefore established the Pan-African Programme in 2012 as an overarching platform to provide a coordinated health sector response to the climate change adaptation needs of African countries. It mainstreams the actions agreed upon in the adaptation framework including baseline risk and capacity assessments, capacity building, integrated environment and health surveillance, awareness raising and social mobilization, strengthening partnerships and intersectoral collaboration, and research.

3. This report is intended to inform the Regional Committee of the current status of implementation of the Pan-African Programme. It highlights the salient achievements, key challenges, and main activities to be carried out in the years to come.

PROGRESS MADE

4. WHO has provided technical support to countries for the implementation of the Pan-African Programme for Public Health Adaptation to Climate Change. The achievements include strengthened partnership and intersectoral collaboration, increased advocacy, increased resources and reinforced country systems to address the public health impact of climate change.

5. In the African Region, partnership and collaboration between health and other sectors have been strengthened. In 2012, the African Ministerial Conference on Environment⁴ (AMCEN) adopted the Framework under the auspices of the Health and Environment Strategic Alliance. In 2013, WHO established an International Consortium for Climate and Health in Africa as a network of institutions to support African countries to manage the effects of climate change on public health. In addition, collaboration with the World Meteorological Organization was reinforced through the Global Framework for Climate Services.

6. Furthermore, WHO undertook advocacy for improved health representation in climate change-related policy and strategy development by producing a climate change communication strategy. Similarly, selected public health experts from ten African countries⁵ were trained in climate change diplomacy and supported to represent the health dimension at the United Nations Conference on Climate Change (COP19).⁶

¹ Anthony Costello et al. Managing the health effects of climate change. *The 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 The fourth Special Session of the African Ministerial Conference on Environment (AMCEN) adopted Decision AMCEN/SS4/1 on Climate change and health.

⁵ Cape Verde, Central African Republic, Lesotho, Mauritania, Mozambique, Niger, Nigeria, Sao Tome and Principe, Tanzania and Uganda.

⁶ The nineteenth session of the Conference of the Parties (COP 19) of the United Nations Framework Convention on Climate Change (UNFCCC), held in November 2013, Warsaw, Poland.

7. African countries have established intersectoral coordination mechanisms to undertake joint planning and implementation of the Pan-African Programme. So far, 34 countries have established multisectoral country task teams (CTT)⁷ and completed assessment of environmental risks to human health and their management systems, including vulnerability to climate change. The CTTs provided opportunities for experts from different sectors to jointly engage in strengthening countries' resilience through the development and implementation of Health National Adaptation Plans (HNAP). To date, WHO has supported 42 countries⁸ to develop their HNAPs through the development of a technical guide and the organization of a series of capacity building workshops.

8. As part of the implementation of their HNAPs, five countries⁹ were supported to carry out large-scale projects on climate change impact on malnutrition, diarrheal diseases and vector-borne diseases. Furthermore, since 2012, WHO has been supporting a five-year research initiative on population health vulnerability to vector-borne diseases and community resilience under climate change conditions in five countries.¹⁰ These projects will enhance understanding of the local health effects of climate change, generate evidence and disseminate knowledge on appropriate local adaptation measures.

9. Despite the progress made, the implementation of the Pan-African programme faces a number of technical and institutional challenges at the country level. These include 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.

NEXT STEPS

10. Future efforts will focus on expanding and consolidating the progress already made by Member States and WHO. Therefore, the countries that have yet to establish CTTs and those without adaptation plans will be supported to finalize these processes. At the same time, countries with national adaptation plans will be supported to fast-track implementation of their respective plans. In this regard, capacity building, strengthening of partnerships and intersectoral collaboration, and increasing advocacy will be addressed as a matter of priority.

11. In order to build core national capacities, plans are underway to jointly train national experts operating in related sectors such as health, environment and meteorology on the use of climate data in disease surveillance and early warning. This integrated approach to capacity building will contribute to strengthening local partnerships and intersectoral collaboration. Furthermore, the climate change and health communication strategy will be rolled out in order to further increase advocacy.

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

⁷ The main sectors represented in a CTT include health, environment, agriculture, academia, research and management of water resources and other related areas such as local governance, civil society organizations and NGOs.

⁸ All countries have developed their HNAPs except Algeria, Democratic Republic of Congo, Rwanda, South Sudan and Tanzania.

⁹ Ethiopia, Kenya, Malawi, Mali and Tanzania.

¹⁰ Botswana, Côte d'Ivoire, Kenya, South Africa, Tanzania.