Capacity development for climate change and health

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Some of the largest health burdens are highly climate sensitive.

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

These, and others, are highly sensitive to changing climate.
The developing world is most at risk

Cumulative emissions of greenhouse gases, to 2002

WHO estimates of per capita mortality from climate change, 2000

Goal: Climate-resilient health systems and healthy mitigation policy

- We have proven interventions for climate-sensitive risks (vector control, water and sanitation etc.) – we need to expand coverage, and ensure that they are climate resilient.

- WHO has defined regional frameworks for action, and a "minimum package" of interventions that countries should implement.

- WHO has gathered evidence and outlined policy direction on the health benefits of well-deigned mitigation policy.
Current weaknesses in health adaptation planning

- Current support for health adaptation is estimated at about 0.5% of the health damage costs from climate change.

- Almost all Least Developed Countries Identify Health as a priority, but less than 30% have an adequate health assessment or adaptation plan.

- Common weaknesses include overly narrow focus, poor epidemiological analysis, lack of baselines, and weak engagement with operational health actors.
The Example of a Vulnerability and Adaptation Assessments

- Raise awareness of linkages
- Understand causality in local context
- Build evidence of nature, magnitude and distribution of the risks
- Identify gaps in understanding
- Help prioritize problems and actions
1. A Draft Document based on 2003 guidance produced by WHO-EURO.

2. Draft was pilot-tested in 12 countries, across Asia, Latin America, Europe, Canada.

3. Consultation workshop with representatives of 16 countries & experts brought together to share experience, critique and improve the document.

4. Revisions aimed for a simple and more applied guidance, rather than academic study.

5. New documents in press.
Frame & Scope Assessment

Review Mandates & Policy context

Define scope & objectives

Stakeholder engagement

Management & Communication plan

Assess

Vulnerability:
Current burden of disease
Current health protection programs

Future Impacts:
Changing burden without climate change
Projected health impacts of climate change

Adaptation:
Identify, prioritize additional interventions
Identify resources & barriers to implementation

Manage & Monitor Risks

Health harms & benefits in other sectors

Communicate Plan & Implement

Monitor & evaluate
Health V&A Assessments are being conducted in an increasing number of countries

- Barbados
- Bolivia
- Brasil
- Costa Rica
- Iran
- Tunisia
- Jordan
- Canada
- USA
- Australia
- UK
- Kyrgyzstan
- Uzbekistan
- Tajikistan
- Macedonia
- Portugal
- Fiji
- Cambodia
- India
- Urban assessments
  - Kathmandu
  - Sao Paolo
- Kenya
- Bangladesh
- Ghana
- Bhutan
- Albania
- Macedonia
- Kazakhstan
- Tuvalu
- Niue
- Fed. States Micronesia
- Palau
- Marshall Islands
- Cambodia
- Mongolia
- Samoa
- Papua New Guinea
- Solomon Islands
- Vanuatu
- Nauru
- Tonga
- Kiribati
Early lessons from developing and applying V&A

- V&As should be framed as a process not a product

- V&As are not only about assessing the sensitivity of single disease trends to climate variables. Buy-in from stakeholders increases when you address health determinants – such as quality of water-infrastructure, or food security.

- Understanding climate-health linkages is often limited but critical for those conducting the V&A. Mock exercises to describe the dynamics and linkages of health outcomes to climate conditions can be helpful.

- To ensure V&A assessment findings are applied – it is important to engage and transfer ownership to decision makers
Examples of other relevant WHO products

• Strategy, plan of action and planned toolkit for health adaptation planning

• Large scale pilots in 17 countries

• Basic training course on climate change and health

• Guidance on reducing CO2 emissions within the health sector

• Engagement with other UN agencies: via GEF, MDG-F projects, GFCS, etc.

• Clearinghouse of CCHH experts, projects, access to finance.
Conclusions

- There is increasing demand for national and community level work on climate change and health

- Early projects are showing up important weaknesses in technical (as well as institutional and organizational capacity)

- We have a series of capacity-building products, based on technical expertise, practical experience and stakeholder consultation

- This is an ongoing process, not a single hit.
More information:

World Health Organization
http://www.who.int/

Public Health and Environment
http://www.who.int/phe/en/

Global Environmental Change
http://www.who.int/globalchange/

Climate Change
http://www.who.int/globalchange/climate/

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