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**PROGRESS REPORT ON THE IMPLEMENTATION OF THE FRAMEWORK FOR
PUBLIC HEALTH ADAPTATION TO CLIMATE CHANGE IN THE AFRICAN REGION**

Information Document

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BACKGROUND

1. Health risks related to climate change are on the rise worldwide.¹ Developing countries including those in Africa are currently experiencing a high burden of climate-sensitive diseases^{2,3} due to the negative impact of climate change on their highly vulnerable populations. The Sixty-first session of the World Health Organization (WHO) Regional Committee for Africa adopted the Framework for Public Health Adaptation to Climate Change in the African Region through resolution AFR/RC61/R2.⁴ The overall objective of the Framework was to guide the formulation of the health component of Member State-specific climate change adaptation plans aimed at minimizing the adverse public health effects of climate change.

2. The second progress report on the implementation of the adaptation framework⁵ was presented to the Sixty-seventh session of the WHO Regional Committee for Africa. Priority actions included the conduct of vulnerability and adaptation assessments by countries, development of national health adaptation plans, support for capacity building, enhancement of partnerships and intersectoral collaboration and increased access to global financial mechanisms.

3. This report takes stock of progress made in implementing the regional framework since 2017. It also highlights key challenges and the next steps.

PROGRESS MADE

4. From 2017 to date, an additional 19 Member States⁶ have conducted vulnerability and adaptation assessments, and 12 Member States⁷ have developed Health National Adaptation Plans (HNAPs) to climate change. Over US\$ 10 million was mobilized from partners such as the United Kingdom's Department for International Development (DFID), Flanders and the World Meteorological Organization to strengthen implementation and mitigate the impact of climate change on environmental determinants of health and to build community resilience in Ethiopia, Malawi, Mozambique and the United Republic of Tanzania.

5. In 2018, national climate and health focal points from 24 Member States⁸ were trained to mainstream climate change into health programming with a focus on vulnerability and adaption assessment, and development of HNAPs. The capacity built resulted in the conduct of vulnerability

¹ United Nations Framework Convention on Climate Change (UNFCCC, 2017): Report Climate Change Impacts Human Health: <https://unfccc.int/news/climate-change-impacts-human-health>, accessed 30 January 2019.

² World Health Organization. (2014). Quantitative risk assessment of the effects of climate change on selected causes of death, 2030s and 2050s. World Health Organization. <http://www.who.int/iris/handle/10665/134014> accessed 20 February 2019.

³ Malaria, Dengue fever, Typhoid, Schistosomiasis, Malnutrition and Diarrheal diseases.

⁴ Resolution AFR/RC61/R2, Framework for Public Health Adaptation to Climate Change in the African Region, In the Sixty-first Session of the WHO Regional Committee for Africa, Yamoussoukro, Côte d'Ivoire, 29 August–2 September 2011.

⁵ WHO, AFR/RC67/INF.DOC/2, Progress report on the Implementation of the Regional Framework for public Health Adaptation to Climate Change. In Sixty-seventh session of the WHO Regional Committee for Africa, Victoria Fall, Republic of Zimbabwe, 28 August–1 September 2017.

⁶ Algeria, Botswana, Burundi, Cameroon, Cabo Verde, Côte d'Ivoire, Eswatini, The Gambia, Guinea, Kenya, Lesotho, Mauritania, Mauritius, Mozambique, Niger, Nigeria, Sao Tome and Principe, Uganda and Zimbabwe.

⁷ Ethiopia, The Gambia, Ghana, Lesotho, Liberia, Madagascar, Malawi, Sierra Leone, South Africa, United Republic of Tanzania, Zambia and Zimbabwe.

⁸ Benin, Cameroon, Comoros, Congo, Côte d'Ivoire, Eswatini, Gabon, The Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Senegal, Sierra Leone, Seychelles, South Sudan, United Republic of Tanzania, Togo, Uganda and Zimbabwe.

and adaptation assessments, development of vulnerability indices and the finalization of HNAPs. A total of 29 Member States⁹ completed their HNAPs to date.

6. In 2018, the Third Global Conference on Health and Climate Change was organized with a focus on Small Island Developing States (SIDS). This conference culminated in the adoption of the first ever Regional Plan of Action on Climate Change and Health¹⁰ for SIDS in the WHO African Region (Cabo Verde, Comoros, Mauritius, Sao Tome and Principe, Seychelles), and in the South East Asian Region for the period 2019 to 2023.

7. At regional level, partnerships and intersectoral actions have been enhanced through the International Network for Climate and Health in Africa (Clim-HEALTH Africa)¹¹ coordinated by WHO. The network has been coordinating the implementation of nine large-scale projects and programmes in 26 Member States.¹² Furthermore, WHO has increased advocacy for improved health representation in climate change-related policy and strategy development through participation and representation of the health dimension in international forums including the 23rd and 24th Conferences of the Parties to the United Nations Framework Convention on Climate Change in 2017 and 2018 respectively.

8. At grassroots level, implementation of the adaptation framework has yielded tangible results. For example, community-based adaption measures focusing on climate-resilient water safety plans have been implemented in Ethiopia and the United Republic of Tanzania. The intervention covered over 35 water utilities in both rural and urban settings and provided safely managed drinking-water to more than 1.4 million people. An additional US\$ 20 million has been mobilized from DFID to implement a Climate-resilient water, sanitation and hygiene project in drought- and cholera-prone districts in Ethiopia.¹³

9. In spite of the above progress, the implementation of the adaption framework continues to face a number of technical and institutional challenges at the country level. These include: weak technical and scientific capacity in the field of climate change and health, inadequate integrated approaches, insufficient funding, and inadequate advocacy of the impact of climate change on health.

⁹ Benin, Cameroon, Comoros, Congo, Côte d'Ivoire, Eswatini, Ethiopia, Gabon, The Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritius, Rwanda, Senegal, Sierra Leone, Seychelles, South Africa, South Sudan, United Republic of Tanzania, Togo, Uganda, Zambia and Zimbabwe.

¹⁰ WHO Third Global Conference on Health and Climate Change: Building Resilient Health Systems to Climate Change Among SIDS, Port Louis, Mauritius 27–29 March 2018, <https://afro.who.int/news/building-resilient-health-systems-climate-change-among-sids>.

¹¹ International Consortium for Climate and Health in Africa, WHO 2013, <http://www.climhealthafrica.org/>, accessed 30 January 2019.

¹² Clim-Health Africa partners have been working together to implement projects and programmes to strengthen the resilience of African health systems to the impacts of climate change and climate variability. <http://www.climhealthafrica.org/projects>, accessed 30 January 2019.

¹³ Delivering climate resilient water and sanitation in Africa and Asia 2018–2022: To ensure that water and sanitation services are resilient to future climate change and public health benefits can be secured and sustained for the future.

NEXT STEPS

10. Member States should:
 - (a) build capacity through training, resource mobilization and mainstreaming of climate change into health programming;
 - (b) conduct vulnerability and adaption assessments of the health sector to climate change;
 - (c) develop and fast-track implementation of HNAPs, including developing early warning and response systems for climate-sensitive diseases within the wider context of integrated disease surveillance and response;
 - (d) initiate implementation of developed national policy frameworks for integrated health and environment linkages such as programmes to reduce risks posed by chemicals to human health;
 - (e) raise awareness and undertake social mobilization to ensure further engagement of communities for effective adoption and deployment of simple, cost-effective adaption and mitigation measures.
11. WHO and partners should:
 - (a) coordinate vulnerability and adaptation assessments of the health sector to climate change in the remaining 18 Member States;
 - (b) increase access by Members States to international financial mechanisms such as the Green Climate Fund and the Global Environment Facility through enhancing advocacy to position the health sector in national and global climate change adaption and mitigation coordination mechanisms.
12. The Regional Committee is requested to take note of this progress report.