

---

# CLIMATE AND HEALTH CONSORTIUM FOR AFRICA

---

**Roundtable Discussion**

**Friday March 3, 2017**

University of Cape Town, South Africa

Clim-HEALTH  
Africa



WORLD  
METEOROLOGICAL  
ORGANIZATION



World Health  
Organization

JOINT OFFICE FOR CLIMATE AND HEALTH

# CONTENTS

<b>MEETING BACKGROUND</b>	<b>3</b>
Clim-Health Africa Strategic Vision and Priorities	4
<hr/>	
<b>PROGRESS OF CLIM-HEALTH AFRICA</b>	<b>4</b>
Roundtable discussion on Tracking Clim-Health Africa Progress and Opportunities for Collaboration	6
<hr/>	
<b>EMERGING NEEDS FOR NATIONAL/REGIONAL EMERGENCY PREPAREDNESS &amp; MANAGEMENT SUPPORT</b>	<b>7</b>
Key Messages and Emerging Issues Discussed	8
Emerging Themes and Recommendations for Clim-Health Action	10
<hr/>	
<b>ALIGNING CLIM-HEALTH AFRICA WITH NEW POLICY LANDSCAPES AND OPPORTUNITIES</b>	<b>13</b>
3rd Inter-ministerial Conference on Health and Environment	14
<hr/>	
<b>SUMMARY</b>	<b>16</b>
Strategic Next Steps Proposed for 2017	16
<hr/>	
<b>ANNEXES</b>	<b>17</b>
Annex 1: Meeting Participants	17
Annex 2: Agenda	18
Annex 3: Relevant Documents Discussed	19
<hr/>	

# MEETING BACKGROUND

Clim-Health Africa, established in 2013, is a multi-stakeholder initiative bringing together Pan-African technical institutes and international partners to guide and strengthen the public health resilience of African countries and communities. Clim-Health Africa provides scientific leadership, capacity building, research, and policy support to help inform and support the health sector across Africa in moving from the current reactive mode to a proactive mode. Clim-Health Africa serves as the principal user-interface mechanism for engaging, guiding, and setting standards for the health community to access and use climate services in Africa.

The activities of its Members include:

- i) Building regional and national capacity to develop and field test real time health forecasts and climate informed planning to strengthen national decision-making on climate-sensitive health impacts;
- ii) Translating research outcomes to support climate risk management and timely deployment of essential environmental and public health interventions;
- iii) Working to scale-up the use of early warning and early response systems to prevent and

mitigate public health impacts of climate variability and change in Africa.

Two Clim-Health Africa events were convened in Cape Town following the International Conference on Climate Services; their purpose was to share strategic priorities with the climate service community, consider feedback from several recent climate service user-forums and recent experiences of emergency management in Africa, and to discuss the implications of global environment,

climate, and health policy agendas for Clim-Health Africa's mandate and activities. The discussions at these events allowed partners to identify emerging issues and guided discussion on how to make climate services and the Clim-Health Africa Network more responsive to both emerging policy agendas and user needs in Africa. The outcomes of the events will provide climate service partners with recommendations on how to better serve and meet health sector needs through increased collaboration.



Participants involved in the ICCS5 Clim-Health Africa panel discussion.

## ACHIEVED OUTCOMES



Engagement of new partners in the Clim-Health Africa Network



Informed future directions for Clim-Health to be discussed in Abidjan



Planned for the 4th Clim-Health Event and communications/ invitations



Orientation for a 5-year progress report and priority communications

# Clim-Health Africa Strategic Vision and Priorities



Dr. Magaran Bagayoko of the Clim-Health Secretariat at the WHO Regional Office for Africa opened the meeting with a history and update on Clim-Health Africa.

Dr Magaran Bagayoko with Dr Sarah Louise Barber

## PROGRESS OF CLIM-HEALTH AFRICA

---

Since the inception of Clim-Health Africa in 2013, a wide range of projects and activities have occurred over the last 5 years, and have gained notable momentum since the Clim-Health3 meeting in October 2015. Some examples are highlighted in Figure 1.

The Clim-Health Africa Secretariat reported on a few notable achievements, including:

**1** Eleven Member States<sup>1</sup> 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.

**2** Ten Member States<sup>2</sup> have completed comprehensive assessments of the risks posed by climate variability and change on

population health and health systems. A regional Synthesis Report has been prepared in French (supported by GLZ).

**3** In 2016, technical capacity in eleven affected countries<sup>3</sup> was built to plan and respond to the health impacts of El Niño-induced extreme climate events (drought, heavy rains and flooding) in Southern and Eastern Africa.

**4** WHO-supported projects and research were implemented in eight countries, including TDR, GFCS, and DFID Water and Sanitation (in Ethiopia, Tanzania, Malawi, Ivory Coast, Botswana, Kenya, Zimbabwe, Mauritania).

**5** Other Clim-Health Africa Partner initiatives were implemented, including NOAA Consultations on Climate Service Needs in Tanzania and Senegal (2016);

and USAID analytical work and pilot project in Mozambique (2016).

**6** IRI ENACTS developed tailored training products for health (2016). ENACTS is now being implemented in ten African countries (see [iri.columbia.edu/ENACTS](http://iri.columbia.edu/ENACTS)), including Kenya who launched their new Maprooms in March 2017. ENACTS provides Maprooms for various sectors, including health, that require climate services. The Maprooms make it easier to generate tailored products that can easily address, for example, climate change-related habitat adjustment of vectors. Capacity building within member countries is now needed for effective use of the facility towards enhanced modelling and risk characterisation and assessment techniques. The accuracy of products will only be improved by enhancement of the current network of automatic weather stations.

<sup>1</sup> Algeria, Botswana, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Nigeria, South Africa, Uganda, Tanzania.

<sup>2</sup> Benin, Burkina Faso, Ethiopia, Ghana, Guinea, Madagascar, Malawi, Mali, Tanzania, and Zambia.

<sup>3</sup> Nigeria, Uganda, Tanzania, South Africa, Botswana, Ethiopia, Ghana, Kenya, Madagascar, Malawi

# Clim-Health Africa in Action

## Example activities

Clim-Health Africa partners have been working together to implement projects and programmes to strengthen the resilience of African health systems and communities to impacts of climate change and climate variability.

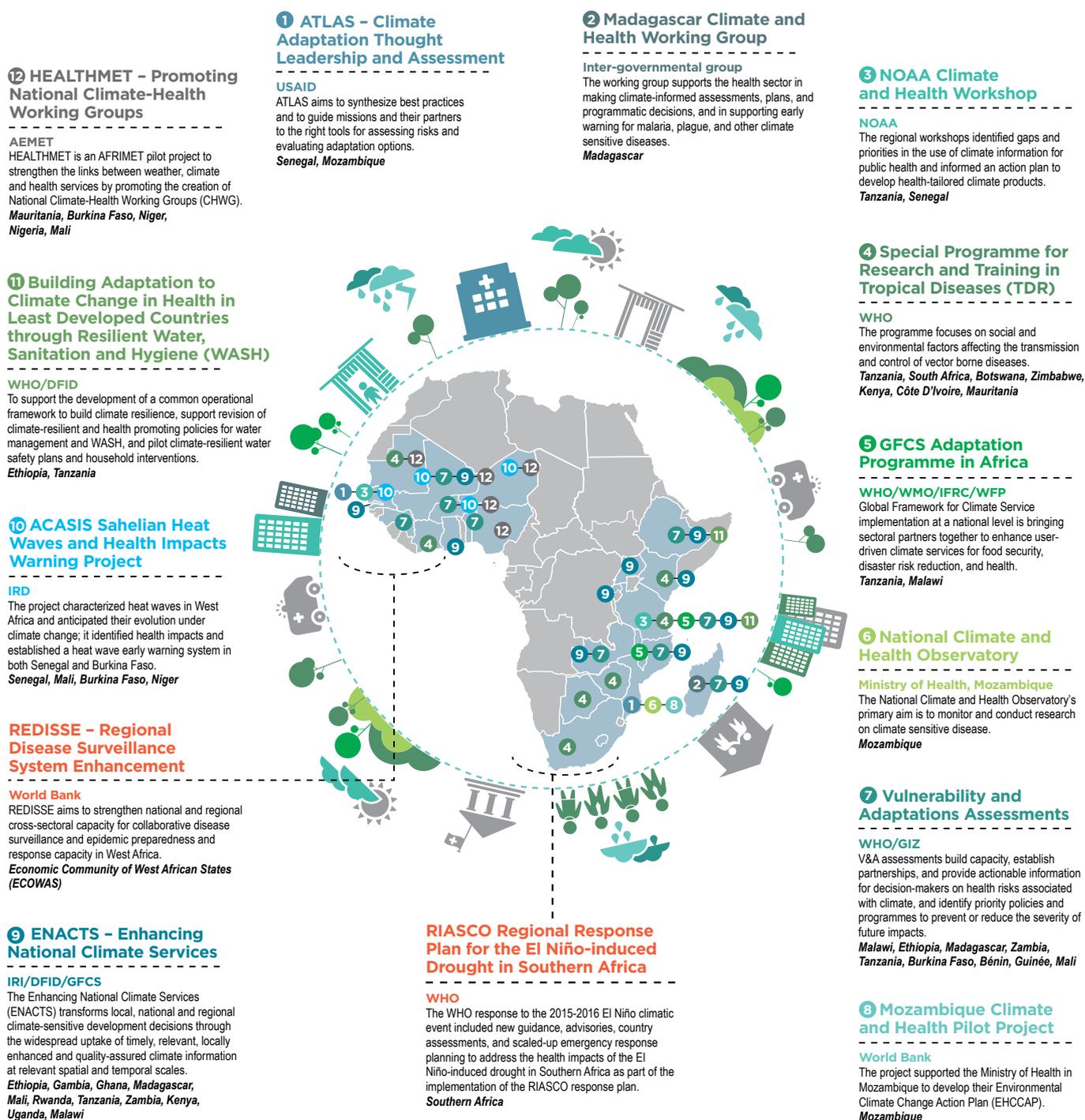


Figure 1. Examples of Clim-Health Africa Progress

# Roundtable discussion on Tracking Clim-Health Africa Progress and Opportunities for Collaboration

Participants agreed a 5-year progress report would be a helpful instrument to convey steps taken and current challenges of the network. Discussion highlighted the fact that the work of national partners is not being captured well, and a mechanism to track progress for different “science” users is needed at the national, regional and international level. Mechanisms suggested included:

- (i) direct outreach to members; and
- (ii) the addition of a plugin to the Clim-Health website where partners can share small, quick information progress reports. In order to create further connectivity between members, suggestions included:
  - (i) reviewing vulnerability assessments (VAs) in 6 countries where ENACTS products exist and re-running analyses to improve outputs if not used;
  - (ii) connecting the Walker Institute DFID-funded HyCRISTAL WASH project in Uganda/Kenya with the WHO Climate Resilient WASH project in Tanzania/Ethiopia; and
  - (iii) sharing the Walker Institute project scope and progress in Burkina Faso/Ghana.

The Walker Institute of Reading University, UK is a new member of Clim-Health-Africa. They highlighted three particular projects of relevance to network partners:

**1 HyCRISTAL: Integrating Hydro-Climate Science into Policy Decisions for Climate-Resilient Infrastructure and Livelihoods in East Africa (Future Climate for Africa, DFID supported).**

<http://www.futureclimateafrica.org/project/hycristal/>

HyCRISTAL conducts research in the Lake Victoria Basin (primarily in Uganda and Kenya) to tackle current uncertainties that exist around climate change projections for the region, concentrating in particular on what the projections mean for the availability and management of water. It will develop new understandings of climate change and its impacts in East Africa, working with the region’s decision-makers to manage water for a more climate-resilient future. Outcomes are tested in i) rural communities reliant on agriculture and fishing and vulnerable to climate change and extremes; and ii) urban populations where water supply and sanitation is under pressure. By developing climate science together with assessments of user vulnerability and governance frameworks, new scientific knowledge will be translated into forms that allow the uptake of relevant adaptation policies. HyCRISTAL is applying new accessible management tools that are understandable and actionable to the information users want and need for communities, practitioners, and policy-makers.

## **Specific Clim-Health related findings:**

Underlying livelihood thresholds; underlying vulnerability to climate vulnerability, uncertainty, and risk; and related need for social protection. The specific impacts climate variability has on livelihood choices (i.e. depletion of fish stock in lake, increase in sex trade due to lake becoming key transport area, etc.)

**2 BRAVE: Building understanding of climate variability into planning of groundwater supplies from low storage aquifers in Africa, Burkina Faso and Ghana (UPGro, DFID) .**

BRAVE incorporates new understanding of climate variability and observational

capacity and water resource impacts into the planning and operation of groundwater supplies in the Volta River Basin. BRAVE joins the physical and social sciences to use climate, land surface, and groundwater modelling to understand land surface-aquifer atmospheric interactions, and to understand and define groundwater seasonal planning and resource management.

**3 RAINWATCH: Providing near real-time monitoring of rainfall for improved communication and decision-making at the national level (Africa Climate Exchange).**

<http://www.rainwatch-africa.org/rainwatch/>

RAINWATCH is a highly successful alliance of 12 countries operating across sub-Saharan Africa, providing near real-time monitoring of rainfall for improved communication and decision making by national governments, National Meteorological-Hydrological Services (NMHSs), NGOs, and national research institutions. The RAINWATCH ALLIANCE platform is a data management, monitoring, and visualisation system soon to be operating in 15 countries across the Sahel and Eastern Africa, which will prioritise partnership building and collaboration across countries of the alliance, and will use actual rainfall data to monitor current and historical trends. RAINWATCH has become one of the tools of choice nominated by the alliance country members in their National Action Plans (NAPs) to deliver the Global Framework for Climate Services (GFCS). Currently, RAINWATCH provides historic (up to 50 years) seasonal, sub-seasonal and onset information, operating at a national level but reaching down to community level through its implementing NGO partners and National Meteorological Services.

# EMERGING NEEDS FOR NATIONAL/REGIONAL EMERGENCY PREPAREDNESS & MANAGEMENT SUPPORT

---

A side event of the International Conference on Climate Services was held on Tuesday, 28 February 2017 to identify emerging needs and issues, which the Clim-Health Africa Network can help respond to, particularly for climate services and emergency management. An expert panel discussion

identified emerging issues and made recommendations to improve the responsiveness of climate services to health user needs in Africa. Discussion focused on answering the question: What steps are needed to unlock the potential for climate service access and use?

## BOX 1:

### AGENDA OF SIDE EVENT AND PANELLISTS

**Opening: *Clim-Health Africa: Strategic Vision and Priorities***, Joy Shumake-Guillemot (WHO-WMO) on behalf of Magaran Bagayoko (WHO-AFRO)

**Panel Discussion:** Needs and opportunities to make climate services more responsive to health needs.

- ***Climate Services for Health – Perspectives on needs and opportunities in the SADC region***, Vitalis G. Chipfakacha – SADC Coordinator Health DRR and Climate Change
- **Improving Climate Service responsiveness – reflections from experience supporting ENSO-related flood and drought preparedness and response in 2016**, Tasiana Mzozo – WHO Africa Regional Office – Climate Preparedness Officer
- **Reflections on Use of 2015 El Nino Information**, Madeleine Thomson – Columbia University Health lead at the (IRI) Institute for International Research on Climate and Society.
- **Innovations to build institutional research capacity for monitoring disease dynamics in Africa**, Rosalind Cornforth – Director, Walker Institute, University of Reading
- **Creating a Path for Responsive Climate Services in Mozambique**, Tatiana Maruffo – Technical Officer, National Institute Health Mozambique

# Key Messages and Emerging Issues Discussed



Clim-Health Africa partner, Hussein Mohamed, from the University of Dar es Salaam, presents a poster on the multi-faceted capacity building approach in Tanzania.

**1 Early Warning Systems (EWSs) are over-emphasised by Clim-Health.** This overemphasis overshadows other uses of climate information such as real-time climate monitoring (e.g. RAINWATCH) and livelihoods and socio-economic conditions monitoring. Jointly they provide the foundational information for the development of robust Health Early Warning Systems and foster the understanding of changes in disease patterns and climate-related health risks. Likewise, greater attention is required to changes in weather extreme means, which might render previous “best practices” invalid. This will help identify changes in climate/weather patterns, timing, and magnitude of high impact weather-related events, and provide information upon which to base coping strategies and effective health crisis responses.

**2 Engaging in Disaster Risk Management Coordination mechanism - an opportunity**

**to be exploited by the health sector.** Health partners are not benefiting from available Climate Services (CS) due to exclusion from DRR coordination. Strategic efforts are needed at the national level to pursue this opportunity.

**3 Climate Service User-Engagement model should be reconsidered.** The current convening approach of the CS community for user engagement is seen as ineffective. So far, the most common practice has been WMO and Met Services inviting a small number of token health sector participants who are then expected to disseminate key messages. A request was made to encourage the health sector to invite climate scientist to attend health meetings with targeted engagement purposes, such as translating and explaining seasonal products. The need also exists for users (from both climate and health sectors) to develop a level of technical understanding of the different sectors and recognise the

specific role climate information has to play within health systems. This could be achieved through deployment of ‘multi-sector’ personnel in key agencies and positions, i.e. Bio-Meteorologist / Health & Climate Change Focal Point, and working in close partnership with HEIs.

**4 Capacity building is needed to allow for climate service development and uptake- a comprehensive, multipronged, and strategic approach is required.** Training alternatives, such as in-service training and on-the-job learning, are required to cross the theory/practice divide and increase multidisciplinary mixing. Mapping of existing capacities and current deficits (technical, infrastructure, data, human, financial) will identify areas to support the multi-pronged approach. The lack of strong foundational structures to facilitate CS within health systems and with health users indicates the need for widespread capacity building in order to address current foundational gaps and prepare systems to add strategic capacity to integrate climate information with health.

**5 The urban climate and health agenda needs further development and attention.** In response to changing demographic patterns in Africa, there is a need for further development and attention towards the urban climate and health agenda as many projects remain national- or rural-focused.

**6 Available data is limited.** Strong historical time series data is often insufficient to analyse disease responses to climate signals in Africa. Poor data availability is a barrier for disease forecasting and EWS. National climate observations are still difficult to obtain, even through GFCS project partnerships. Existing data collection platforms should be

enhanced through better awareness, training and governance. RAINWATCH is a sustainable, successful platform in the Sahel that incentivises a regional monitoring strategy and is linked with GFCS through the National Action Plans of the NMHSs. The platform can be transferred and operational at a Met Service within a week, and RAINWATCH Alliance and Country Champions provide vital peer-to-peer support. Sustainability is also a major issue for national systems and needs to be considered.

**7 Risk characterisation is limited.** There is a need to identify simple, usable, risk information that can be made available for preparedness planning and that will trigger social protection programmes that combine livelihoods and climate information. Climate information may not always be the most useful risk indicator, or sufficiently able to predict health outcomes; livelihoods decisions drive action. Seasonal and sub-seasonal forecast information would help create evidence-based action to better inform livelihoods strategies and to trigger health interventions. There remains a need to understand the baseline drivers of health crises and to identify thresholds and inform districts and communities when thresholds have been reached. Often there is a lack of foundational data (even baseline data) and where it does exist, the sharing of this data across sectors is poor. System planning needs to facilitate anticipatory multi-sectoral information flow structures and ensure that personnel are sufficiently informed / trained to generate and analyse data.

**8 Urgency of uptake of technology advances and emerging knowledge.** Other sectors are implementing interdisciplinary initiatives leading to new learning, tools and partnerships on climate change impact management. There are rapid advances being made in data management and diagnostics tools and new climate science is emerging. These innovations

are not being captured sufficiently by the health adaptation efforts. With systematic tracking of emerging innovations, new knowledge and partnerships, national government management structures will be better equipped to achieve better outcomes with lower investments.

**9 Request for intra-and inter-regional sharing.** Given the variety of initiatives in the Africa region and the small size of the community so far, strengthening experience sharing between and within regions is recommended to catalyse progress. For example, Kenya, Tanzania and Uganda in the East African region have common risks and a common language that can highly facilitate knowledge sharing and communications. The importance of recognising and exploiting these synergies was recognised.

**10 More Interdisciplinary collaboration is needed.** Good models exist of national health, water, environment and education departments working together.

Collaboration with other government and non-government sectors needs to be further strengthened.

**11 Systematic approaches to scientific evidence production are needed.** To generate sound evidence of climate and health linkages systematic approaches are key to gaining political buy-in and will. Generating foundational research through closer partnership with HEIs is vital to establishing this evidence-based link and increase understanding. Senior management teams in health ministries, often clinicians, need to be convinced of climate-health links before enabling cross-sectoral interventions. This investment in senior management team awareness and understanding should be included as a requirement in multi-pronged approaches to capacity building.



Tasiana Mzozo, a WHO Climate Preparedness Officer from the WHO Africa Regional Office, presents on Improving Climate Services' Responsiveness during the Clim-Health Africa panel discussion.

# Emerging Themes and Recommendations for Clim-Health Action

## Emerging Theme 1: Better support for Climate and Health Security and Emergency Preparedness

➤ **Seek to provide more actionable information appropriate to decision-making.** EWSs fail when underlying knowledge of climate and health systems do not exist or when a common baseline understanding across sectors is not established to facilitate the use of basic technical knowledge for specific user group needs. For example, National Meteorological Offices often recognise that various systems are affected by El Niño, but not how they are affected.

○ The model of Kenya's Meteorological Department's use of a Bio-Meteorologist should be replicated across sectors.

➤ **Identify and create opportunities for WHO AFRO to better communicate internally.** Communication across departments and cross-disciplinary communication at national levels is insufficient. Causes are often lack of focal points and lack of expertise.

➤ **Identify and create opportunities for Clim-Health Africa partners and**

**WHO Emergency Operations teams to interact.** EAC noted at the One Health Platform (Nairobi, August 2016) that a major weakness is the failing of cross-border emergency preparedness mechanisms. A key barrier is the extent to which international disaster response law obligations, standards and processes are reflected within national infrastructures and practices.

➤ **Seek opportunities to engage students in national projects in order to increase transparency on the work being done and create capacity.** Inviting a select number of students to professional trainings is recommended.

➤ **Overcome the challenges of operationalisation and sustainability, starting with addressing data as a bottleneck.** The Kenya Medical Research Institute (KEMRI), in collaboration with other partners, developed an operational malaria

prediction model in 2010. Its coverage is, however, quite limited. A more elaborate model was initiated through a UNDP/WHO/GEF (2010-2014) project that focuses on malaria in response to the large number of people at risk in Kenya. Even though the key outputs from the project were realised on time, the flow of meteorological as well as malaria case data has not been consistent. The technical challenges are being addressed by ministries involved, and the envisaged timely and wider-area coverage malaria prediction model will soon be operational.

➤ **Engage in long term training through producing MSc and PhD graduates as outputs/outcomes of big projects.** This is one of the best ways to ascertain sustainability of outcomes. Likewise, MSc and PhD students should support Meteorological Departments to digitise, clean, and analyse data, and conduct modelling.

## Emerging Theme 2: Better support for Climate Information and Services for Health Action

➤ **Provide a clearer perspective and guidance on types and uses of critical information.** This should include guidance on developing decision points; understanding meteorological, health, and socio-economic data quality issues; and establishing thresholds. This should be identified based on levels of technical specificity required and the ability of specific user groups to understand different levels of technical information.

➤ **Existing materials should be better packaged and made available to the Clim-Health Africa website.** Materials include the WHO/WMO Case Studies book, Policy Briefs, IRI Climate and Health Scientific Colloquium (June 2016), the Readiness Assessment by the Walker Team, etc.

➤ **Update approach to Clim-Health Workplan Activity on "review of EWS" in light of existing studies and**

**documents.** Several recent assessments have been done which may address this knowledge gap (e.g. *Early Warning as a Human Right: Building Resilience to Climate Related Hazards, in depth examples of Burkina, Ghana, Kenya* and aWHO review on the use of climate to predict infectious disease epidemics ) A grey literature review was suggested and should include an understanding of different user types and their needs

for engagement in the development and use of EWS specific to health protection. An interdisciplinary PhD student from the Walker Institute (ACE Africa project) is now taking this forwards. The literature review will be complete by the end of May.

- › **Invest in and focus on developing monitoring and forecasting systems as the basis for EWS.** It should be

emphasised to partners that foundational monitoring systems are a pre-requisite before moving forward with EWS development. Similarly, the technical capacity of the analysts/users need to be developed. In many countries monitoring is missing, historic data is weak, and current data coming into the system needs to capture real time trends. Although there is a big temptation to emphasize seasonal and weather

forecast skills from the meteorological departments, health partners must continue emphasising the importance of historical data quality and monitoring systems. The approach to integrate climate information into the DHIS-2 interfaces, currently being explored by WHO/WMO, is a promising direction to address this need.

### Emerging Theme 3: Better Support for Sustainable and Integrated Capacity Building

- › **Advocate for efforts build in sustainable capacity into higher education curricula.** How do we bring climate and health into higher-education training? In Tanzania, a project was able to help move Water Safety Planning concepts into the bachelors curricula. Funding opportunities for MSc/PhD students are needed. Partners report universities are losing students with interest and potential in environmental

health to other subjects due to lack of funding, which is often more available to work in other areas than in Climate Change and Health or Environmental health.

- › **Increase efforts to train mid-level policymakers, public relations staff, and media/journalist on how to and how not to use climate information.** Politics and outbreak management

should not be mixed. A key barrier to success is the high turnover of staff, requiring annual and repeated trainings to ensure capacities remain. The regional think-tank, African Centre for Global Health and Social Transformation (ACHEST), has developed good training protocols that could be taken as a model.

- › **Train policymakers in utilising climate information for decision-making.** WHO training for policymakers was developed and run for policymakers in three locations in Africa in order to prepare them for participation in the UNFCCC Negotiations. WHO climate change diplomacy and health modules are available; however, it is necessary to develop a clear plan and approach on how to ensure systematic empowerment of decision-makers to use climate information.



Lucía Fernández Montoya, presents the work of Clim-Health Africa at the ICCS5 Market place on global, regional, local climate service activities.

- › **Promote and learn from successful climate service development models.** The Kenya Meteorological Department has recently embraced service standards, focusing on, among others, season-specific products. Capacity building efforts should include technical staff, such as climatologists, who could benefit from skills on the preparation of tailored

products in various user sectors.

› **Review policy and standards for the adequate use of climate information.**

How many climate strategies are really using climate information at different time scales appropriately? The approach used within GFCS projects is currently trying to address this challenge.

› **Advocate and seek opportunities for training that build on-the-job training, cross-sector exchanges, and interdisciplinary skills**

in order to move students and professionals into policy and technical positions. Currently, individuals with the right

skillsets are not available to fill job opportunities.

› **Build partnerships to enhance training opportunities. For example**

with the Consortium for Climate Change Health Education (CCCHE), a new initiative led by Columbia University Mailman School of Public Health. CCCHE focuses on 120 US schools of public health, nursing, and medicine; however, there will be an international dimension to this programme, beginning with the development of a Massive Open Online Course on “Climate Information for Public Health Action” due in Fall 2018. The development of this course

should be used as an opportunity to discuss what the roll out of the course could look like in Africa with CCCHE organisers. How African schools of public health could benefit from joining CCCHE should also be explored. Exchange Programmes should be implemented, following the Uganda/ Walker Institute model of developing interdisciplinary students that have credibility in a single discipline, but have competencies that enable them to work across other disciplines. Competencies are built through student and university exchanges and working on interdisciplinary, problem-focused research projects.

### Emerging Theme 4: Need for Clearly Managed Joint Resource Mobilization Strategy

› **Raise awareness on funding opportunities.**

Clim-Health Africa could help prepare countries to bid for Weather and Climate Information Services for Africa (WISER) funding. The Walker Institute’s horizon scanning

for upcoming funding should be utilised and and countries/partners should be supported in bid preparations.

› **Develop proposals targeting real problems.**

A mechanism is needed

to pre-select shovel-ready projects that address identified needs. These projects can then be easily modified or adjusted to target interested donors

Emerging discussions to integrate to Clim-Health	Emerging documents for Clim-Health to consider	Emerging networking opportunities
<ul style="list-style-type: none"> <li>› EAC One Health</li> <li>› SADC GFCS</li> <li>› Consortium for Climate Change and Health Education</li> <li>› NOAA Climate Service Meetings</li> <li>› Global Health Environment Climate Chance Coalition (WHO, UNEP, WMO)</li> <li>› COFs/ noting SARCOF/ GHACOF absence of health.</li> </ul>	<ul style="list-style-type: none"> <li>› USAID Hotspot Analysis</li> <li>› USAID Science review</li> </ul>	<ul style="list-style-type: none"> <li>› Future Earth Open Network</li> </ul>

Figure 2: Mapping of emerging opportunities for Clim-Health Africa

# ALIGNING CLIM-HEALTH AFRICA WITH NEW POLICY LANDSCAPES AND OPPORTUNITIES

The roundtable considered how rapidly the health, environment, and climate policy landscape has evolved since Clim-Health-3. The SDGs are now shaping and integrating agendas; the Sendai Agreement is driving new advancements for disaster risk reduction and multi-hazard early warning systems; the Paris Agreement is shaping climate adaptation and mitigation. In light of these and other economic and social agendas in the region, African development policy has also evolved. Furthermore, a distinct

urban health agenda has been defined and mobilised to address the multifaceted range of risks, which include hazardous air quality, food security, and disasters in urban settings. It is clear that Clim-Health Africa has a role to play in generating evidence and engagement for each of these important policy and technical fora.

It is critical that Clim-Health Africa priorities are aligned with the global policy landscape:

**1 Sustainable Development Goals (SDGs):** In the SDG global policy agenda, public health cuts across each of the goals (See Figure 3). The basic principle is one of inclusive development. Keeping this in mind, Clim-Health Africa needs to think about how our work can be seen as a tangible contribution to achieving the SDGs in the region.

**2 UNFCCC Paris Declaration:** The Paris Agreement is a health instrument, aiming to protect health

## Health in the SDG Era



Targets, covering a wide range of health issues, from maternal and child health to environmental health, are captured under SDG 3: Ensure healthy lives and promote wellbeing for all at all ages. Moreover, as a cross-cutting issue, health is actually indirectly or directly represented in every other SDG.

and wellbeing. The global climate agenda should be seen as an opportunity for the health community to catalyse support for many programmes that are overdue and to mobilise resources for renewable energy and adaptation.

**3 Sendai Framework:** Clim-Health Africa needs to consider how our work contributes to national commitments to achieve the Sendai Framework.

**4 Overarching goals for African development, African Union 2063:** Clim-Health Africa should consider how to align our efforts with these goals.

## 3rd Inter-ministerial Conference on Health and Environment

Clim-Health should have a presence at the upcoming 3rd Inter-ministerial Conference on Health and Environment involving 54 member states of the African Union. Tentative dates are October 10-13, 2017 in Gabon. Country delegations will include representatives from Ministries of Environment, Ministries of Health, and two technical attachés. UN partners and technical and academic experts will also be present. The conference will present a clear investment framework, and aim to get agreement on a 20-year strategy for Environment and Health in Africa. This is an important opportunity for Clim-Health Africa partners to influence the conference agenda and seek endorsement of decisions at the highest levels, which will later facilitate country-specific work. Clim-Health Africa partners should use this opportunity to engage through organisation of a high-level side event and make technical contributions



**Clim-Health Africa partners from IRI present advancements in climate services and their use at a local level during the ENACTS side event.**

to the outcome documents to ensure the inter-linkages of climate and health are clearly reflected in the conference and endorsed by decision-makers.

### PLANNED THEMES OF THE CONFERENCE



Moving from Declaration to Action



Promoting Inter-sectoral collaboration and catalysing strategic investments in environment and health



Engaging Mayors in a union with Ministers, Development Banks, and Donors



Global Health Security

## How Clim-Health Africa should align activities and partners in this context:

- › **Conduct a simple mapping exercise to see how the Clim-Health workplan currently aligns with the planned SDG Roadmap and indicators, Sendai Framework, and Paris Agreement.** This mapping exercise should consider that nested agreements, Sendai and Paris, sit under the SDGs. This exercise should highlight any gaps within the Clim-Health workplan.
- › **Engage high-level leadership.** Participants discussed the importance of engaging Offices of Heads of State and Government Prime Ministers on this agenda, particularly as these high

level offices often oversee DRM platforms (e.g. TANDREC) and are increasingly taking on responsibilities related to climate services and NAP coordination. Stronger statements could be made to UNISDR and national disaster platforms to help advocate for a greater representation of health in DRM.

- › **Engage Finance. Identify and invite the REC Country Chair.** In order to avoid empty promises, based on experience of the Abuja Declaration, it is important to use the REC Troika system (current chair, former chair and in-coming chair). Finance representatives from the chairing country should

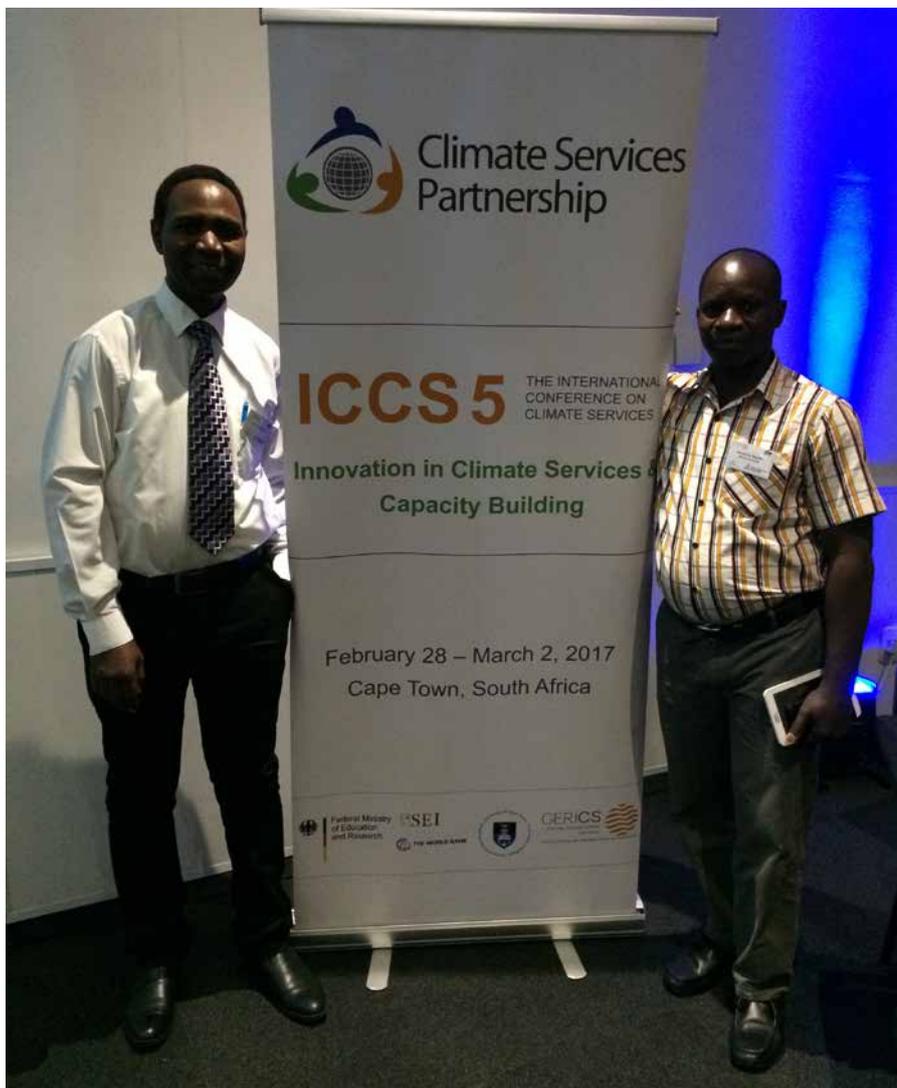
be included within decision-making processes to ensure that they are aware of what Ministers are signing up for, and to advise their leadership if funding is available to fulfil promises.

- › **Align with GFCS.** WMO is very committed to GFCS and efforts like Clim-Health Africa are generating more demand. With strong support from the WHO/WMO Joint Office for Clim-Health Africa, four suggestions were made: (i) brief the African Regional Director, make use of AMCOMET, make a Clim-Health Africa statement to AMCOMET/ Reg 2 that states, “we are ready for you”;

ii) hold a side event on the WMO contribution and role at the 3rd Inter-ministerial Conference;

ii) AMCOMET meet in Tunisia in October to consider if there are concrete things many Ministers of Environment would be willing to already sign-off on (e.g. data, infrastructure, nominate focal points for health); and iv) convene a small climate service-focused group to work offline to develop a proposition and statement from Clim-Health Africa to AMCOMET.

- › **Generate evidence to show Ministers which diseases of concern are influenced by climate and create a narrative around disasters and preparedness.** Get a panellist to represent Clim-Health Africa.
- › **Conduct global health security training for diplomats** and educate them on how to build it into diplomacy. Panellists could be ministers or experts on the topic.
- › **Integrate climate into the health security, law, and DRR agendas.** Integrating climate into health security is not just about addressing institutional structures, but the legal instruments



Clim-Health Africa partners, Hussein Mohamed (left) and Hendricks Mgodie (right) at the ICCS5.

used to strengthen mandates as well. Columbia University is developing a new curricula on the Global Health Security Agenda under the tutorship of Wilmot James, Shadow Minister of Health for South Africa. This will have a strong African focus and will be supported by IRI's climate and health activities. The GHSA is likely to play an increasingly important role in future legislation and national planning. The GHSA will be a central theme of the

next Health and Climate Colloquium which is being planned for New York in May/June 2018.

- › **Engage with Health Agendas.** Clim-Health Africa has not made extensive outreach to inform other health policy agendas (e.g. WHA Surveillance Systems).
- › **Engage with the Climate Service Community:** Participants in the

Climate Service Conference World Cafe Event observed that health was not identified as a priority application area. It is necessary to promote integration of climate and health at RCOFs through a planned approach.

- › **Integrate health, livelihoods and climate programmes.** These programmes can be used to develop the evidence base to demonstrate climate-health links.

# SUMMARY

---

Collectively, the discussions in Cape Town made a range of specific recommendations for how Clim-Health Africa, in 2017, can focus on the following advancements:

**1** Strengthen Clim-Health Africa engagement and broaden network with stronger outreach

**2** Realign Clim-Health Africa Mandate and Workplan to support new health, climate, and environment agendas

**3** Inform the 3rd African Inter-Ministerial Conference on Health and Environment

**4** Better address emerging themes for: training and education; outreach and engagement; information and services for action; and health security and emergency preparedness.

## Strategic Next Steps Proposed for 2017

A working document was drafted by participants outlining strategic action for 2017 to advance the following activities:

- › Horizon scanning of global policy opportunities and events
- › Clim-Health 4 Side Event Meeting Preparation
- › Advance Clim-Health Communication Strategy
- › Strategic Documents and Preparations needed for Clim-Health 4-Technical Meeting held on the side of IMCHE

# ANNEXES

## Annex 1: Meeting Participants

Participant	Title	Location	Contact
1. Magaran Bagayoko	WHO Africa Regional Office, Advisor on Health and Environment	Brazzaville	bagayokom@who.int
2. Joy Shumake Guillemot	WHO/WMO Joint Office Climate Health	Geneva	Jshumake-guillemot@wmo.int
3. Madeleine Thomson	Columbia University Health lead at the (IRI) Institute for International Research on Climate and Society.	New York	mthomson@iri.columbia.edu
4. Lucia Fernandez	WHO/WMO Joint Office Climate Health	Geneva	Lucia.fmontoya@gmail.com
5. Tasiana Mzozo	Africa WHO Regional Office - Climate Preparedness Officer	Brazzaville	mzozot@who.int
6. Tatiana Maruffo	Technical Officer, National Institute Health Mozambique	Maputo	ttn.maruffo@gmail.com
7. Hendricks Mgodie	Ministry of Health Malawi	Lilongwe	hendricks2007@yahoo.co.uk
8. Vitalis Chipfakacha	SADC Capacity Building and Mainstreaming and Coordinator Health DRR and Climate Change	Gaborone	vchipfakacha@sadc.int vchipfakacha@yahoo.com
9. Hussein Mohamed	Muhimbuli University	Dar es Salaam	hmohameds1@gmail.com
10. MacKenzie Dove	Walker Institute, University of Reading	Reading, UK	m.dove@reading.ac.uk
11. Rosalind Cornforth	Director, Walker Institute, University of Reading	Reading, UK	r.j.cornforth@reading.ac.uk
12. Tegan Blaine	USAID	Washington DC	tblaine@usaid.gov
13. David Gikungu	Kenya Meteorological Dept.	Nairobi	dgikungu@gmail.com
14. Ching Ping Lu	Institution for Economic Research Taiwan	Taipei	michellecplu@gmail.com
15. Tom Scalway	Lushomo Communications	Cape Town	tom@lushomo.net

## Annex 2: Meeting Agenda

	Event	Description
9:00	Welcome and Introductions	Welcome
9:15-9:30	<b>Overview: <i>Clim-Health Africa Strategic Vision and Priorities</i></b>	Background and Vision of Clim-Health National Joint Teams
9:30-10:00	<b>Progress of Clim-Health</b>	Around the table of new activities
10:00-11:00	<p><b><u>Alignment of Clim-Health with changing regional environment and health policy landscape</u></b></p> <p>Presentation on: upcoming conference and important regional and global agendas</p> <p>Discussion on: strategic connections and how can Clim-Health contribute to and benefit from emerging regional/global agendas?</p> <p>How to raise awareness of these relevant agendas to Clim-Health partners?</p>	<p><b><u>Regional Environment and Health Agenda</u></b></p> <p><b>Upcoming 3rd Inter-ministerial Conference on Health and Environment</b></p> <p>SDGs – strategy for acceleration of SDG Implementation in Africa. (1)</p> <p>Financing Environment and Health Alignment of domestic investment on investments</p> <p>Environment and Global Health Security (IHR) (Mayors Forum – Mechanism for Urban Health agenda)</p> <p><b>Agenda 2063 – Africa Union Development Strategy</b></p> <p><b>Identify other regional agendas Clim-Health should connect with, and how.</b></p> <p><b>Awareness and Alignment with Global Policy Agendas</b> (i) UNFCCC Paris Agreement/ Health Action Plan. (ii) Health Environment Climate Change Coalition (iii) Sendai Framework, Health in all policies Do we need to change and enlarge the mandate?</p>
11-11:30	Coffee	
11:30-12:30	<p><b>Emerging needs for emergency preparedness &amp; management at national/regional levels</b></p> <p>Given the high frequency of climate-sensitive disease outbreaks, droughts, extreme weather events -what can Clim-Health do to support EWS/Action. What is the role of Clim-Health partners at national level?</p>	<p>What are national level needs for Climate Services and Clim-Health network? What are the best mechanisms for national partners to feel part of and contribute to Clim-Health?</p> <p>Feedback from ICCS5 Side Event</p> <p>Outcomes off NOAA</p> <p>Regional Stocktaking of EWS</p>
12:30-14:00	<b>Next Steps for Engagement and Communication Approaches</b>	<p>What should objectives of Clim-Health 4 – Abidjan be</p> <p>Approach to the preparation of the 5 years on report</p>
14:30		Closure

## Annex 3: Relevant Documents Discussed

- 1 Early Warning as a Human Right: Building Resilience to Climate Related Hazards  
[http://apps.unep.org/redirect.php?file=/publications/pmtdocuments/-Early\\_Warning\\_as\\_a\\_Human\\_Right\\_\\_Building\\_Resilience\\_to\\_Climate-related\\_Hazards-2015Early-Warning-As-A-HumanRight-Building-Resilience-For-Climate-Rela.pdf](http://apps.unep.org/redirect.php?file=/publications/pmtdocuments/-Early_Warning_as_a_Human_Right__Building_Resilience_to_Climate-related_Hazards-2015Early-Warning-As-A-HumanRight-Building-Resilience-For-Climate-Rela.pdf)
- 2 USAID (2017) Stocktaking of Evidence on Climate and Health in Africa <https://www.climatelinks.org/resources/risk-expands-opportunity-awaits-emerging-evidence-climate-change-and-health-africa>
- 3 Sénégal Climate and Health VA Assessment (2015)  
<https://www.climatelinks.org/resources/climate-change-and-health-risks-senegal>