

## **Overview of health considerations within National Adaptation Programmes of Action for climate change in least developed countries and small island states**

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10 June 2010

### **SUMMARY**

Least developed countries and small island states have been receiving support from developed countries to prepare National Adaptation Programmes of Action (NAPAs) to address the impacts of climate change. The NAPAs reflect what is currently intended to take place on the ground to respond concretely to the challenges of climate change. A review of health considerations within these plans has been undertaken. The review focused on three main aspects: identified health impacts; adaptation needs and proposed adaptation actions; and, the implementation framework. It was found that 39 of 41 NAPAs reviewed (95%) consider health as being one of the sectors on which climate change is seen as having an impact. However, only 23% (9/39) of these plans were found to be comprehensive in their health-vulnerability assessment. In total, 73% (30/41) of the NAPAs include health interventions within adaptation needs and proposed actions, but only 27% (8/30) of these interventions are found to be adequate. The total number of selected priority projects is 459 but only 50 (11%) represent projects focused on health. The total estimated cost of the priority projects is USD 1,852,726,528 with just USD 57,777,770 (3%) going to health projects. It is concluded that with few exceptions, the current consideration of public health interventions in NAPAs is unlikely to support the resilience processes and protect public health from the negative effects of climate change.

## 1. INTRODUCTION

In the context of the United Nations Framework Convention on Climate Change (UNFCCC), least developed countries and small island states have been targeted to receive specific support from developed countries to support their adaptation processes in relation to climate change. Since 2004, these countries have received, with the support of the Global Environment Facility, the United Nations Environment Programme, the United Nations Development Programme and other organizations, technical guidance and financial support to prepare National Adaptation Programmes of Action (NAPAs) to address the impacts of climate change. These programmes have been prepared through a consultative process at the national level, followed by a prioritization exercise, with the aims of identifying the most immediate priority needs and developing projects to respond to them. As part of this process, a vulnerability assessment is undertaken, as a basis for project development. To date, 44 NAPAs have been prepared and made available in the public domain, through the UNFCCC website (<http://www.unfccc.int>).

Human health is a central concern in climate change. It is one of the the key priorities areas of the UNFCCC. Beyond economic and social impacts, the well-being of the human population and the capacity of the human race to survive are at stake. For this reason, WHO has been advocating greater consideration of health matters in climate change discussions. The NAPAs reflect what is currently intended to take place on the ground to respond concretely to the challenges of climate change. A review of health considerations within these plans has therefore been undertaken with the objective of informing policy makers, experts and the general public on where we stand now in terms of planning and to help shape the way forward in order to better address health in the current climate-change process.

## 2. REVIEW PROCESS

NAPAs were downloaded from the UNFCCC website and printed. Three review forms were prepared to capture health-related information contained in the NAPAs as follows: (i) identified health impacts; (ii) adaptation needs and proposed adaptation actions; and (iii) the implementation framework.

The following criteria were assessed:

### a) Identified health impacts

- Percentage of NAPAs with health listed as one of the vulnerable sectors

- Percentage of NAPAs considered to be comprehensive in their health-vulnerability assessment (health-vulnerability assessment was considered to be comprehensive when a full range of potential health impacts was clearly specified)
  - Coverage of health aspects
  - Gaps in the vulnerability assessment
- b) Adaptation needs and proposed adaptation actions
- Percentage of NAPAs including health in a list of adaptation actions
  - Proposed health interventions
  - Percentage of interventions found to be adequate in relation to the assessment (interventions were considered adequate if they were perceived as being at least *possibly* effective as measures to respond to the identified climate impacts)
  - Gaps in interventions
- c) Implementation framework
- Total number of project profiles
  - Percentage of project profiles focused on health
  - Health aspects covered by project profiles
  - Total estimated budget for all projects
  - Total budget for all health projects
  - Percentage of overall budget devoted to health projects

A total of 41 NAPAs were reviewed\*, including 29 from Africa and 12 from other least developed countries and small island states. NAPAs assessed were from the following countries:

**Africa:** Benin, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Eritrea, Ethiopia, Gambia, Guinea, Guinea Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Sao Tome & Principe, Senegal, Sierra Leone, Tanzania, Togo, Uganda and Zambia.

**Other countries:** Afghanistan, Bangladesh, Bhutan, Cambodia, Kiribati, Laos, Maldives, Samoa, Solomon Islands, Tuvalu, Vanuatu and Yemen.

## 2. MAIN FINDINGS

### 2.1. Identified health impacts

Thirty-nine of 41 NAPAs (95%) consider health as being one of the sectors on which climate change is seen as having an impact. However, only 23% (9/39) of the NAPAs were considered to be comprehensive in their health-vulnerability assessment. Notable gaps in the vulnerability assessments include a lack of baseline epidemiological data for

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\* The NAPAs of Djibouti, Haiti and Sudan could not be downloaded at the time that the study was undertaken.

the diseases and medical conditions specified that would be affected by climate change, and a description of the trends anticipated in these diseases and conditions. Most importantly, the underlying reasons why, or the manner in which, climate change would affect the diseases mentioned was unclear in many of the NAPAs, as typically the analyses were limited to a few diseases only without clear justification.

In respect of coverage of health aspects, of the 39 NAPAs that include health in the vulnerability assessment, three do not specify any disease or medical condition. For the remaining 36 plans, the diseases most frequently listed are diarrheal disease (69%), malaria (59%), respiratory disease (25%) vector-borne disease other than malaria (19%) and malnutrition (19%). Other diseases and conditions mentioned include non-communicable diseases, parasitic diseases, meningitis, and ocular and skin diseases.

## **2.2. Adaptation needs and proposed actions**

In total, 73% (30/41) of the NAPAs have included health interventions within adaptation needs and proposed actions. However, only 27% (8/30) of these interventions were considered to be adequate (as defined in the assessment criteria above). In most plans, there are no specific health protection objectives or targets. The proposed interventions do not clearly articulate the public health strategy or national disease prevention and control programme under which they would be implemented. In respect of gaps, important discrepancies are found between proposed interventions and identified potential impacts of climate change. The most frequently listed interventions are health systems strengthening, improved access to safe drinking water and sanitation, vector control, malaria control, disease surveillance, improved nutrition, immunization and preparedness for and response to epidemics.

## **2.3. Implementation framework**

According to guidelines provided by the UNFCCC<sup>1</sup>, countries are required to select priority projects and to develop project profiles including a budget for each project. One country did not include costing in its project profiles. Of the 40 remaining, the total number of selected priority projects is 459. Only 50 (11%) represent projects focused on health. The health aspects covered are mostly malaria control, vector control, access to drinking water and sanitation and to a lesser extent nutrition and health systems strengthening. The total estimated cost of the priority projects is USD 1 852 726 528 with just USD 57 777 770 (3%) going to health projects.

## **3. DISCUSSION**

The NAPAs have been prepared through a consultative process by multidisciplinary teams. Health is identified in the vast majority of countries as a sector on which climate change will impact. However, the extent to which health will be affected appears to be inadequately understood and addressed. Health issues in NAPAs are handled in a

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<sup>1</sup> <http://unfccc.int/resource/docs/cop7/13a04.pdf#page=7> (accessed on 10 June 2010).

manner that would not meet standard public health requirements: typically, there is a weak epidemiological analysis, lack of an evidence base, an absence of clear public health objectives, and unclear and fragmented strategies. In many instances, this results in incomprehensible vulnerability assessments and inadequate adaptation actions. The proposed health adaptation projects are for the most part insufficient in terms of scope, size and resources. The analysis not only shows that the number of projects focused on health is small (11% of the total), the resources proposed to be attached to them are even smaller (3% of the total). Most NAPAs were developed more than three years ago and all now need to be reviewed. This will provide an opportunity to strengthen their health components.

#### **4. CONCLUSION**

With few exceptions, the current consideration of public health interventions in NAPAs is unlikely to support the resilience processes and protect public health from the negative effects of climate change.

#### **5. RECOMMENDATIONS**

Considering the complexity of the health impacts of climate change, the highly-specialized public health skills that are required to manage them; considering also the need for further and continued research to better understand climate change health impacts and taking into consideration the conclusion above, it is recommended:

##### **a) To least developed countries and small island states**

- To establish within ministries of health, specific task teams to undertake the required work on climate change health vulnerability assessments and adaptation planning.
- To undertake a complementary assessment of climate change vulnerability focusing on health and using standardized tools and methodologies.
- To systematically include two additional project profiles within the NAPAs that will address specifically: (i) integrated environment and health surveillance; and (ii) strengthening of health systems.

##### **b) To WHO**

- To finalize and roll out guidelines for health vulnerability assessments as well as guidelines for the development of health components of NAPA project profiles.
- To facilitate and coordinate the establishment of resilience and adaptation public health objectives and targets as the basis for public health country adaptation planning.
- To develop a climate change and health vulnerability assessment and adaptation capacity building programme.
- To provide technical support to least developed countries for addressing climate change adaptation working with national multidisciplinary and multisectoral teams.

**c) To the UNFCCC and its subsidiary bodies**

- To facilitate a process of review of the current NAPAs so as to accommodate health issues in a way that will support the country resilience processes;
- To establish technical and financial assistance mechanisms that are specific to health in order to facilitate the achievement of resilience and adaptation public health objectives and targets.

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