Seven Countries Take Action to Protect Health from Climate Change

The implementing partners in the joint UNDP/WHO "Piloting Climate Change Adaptation to Protect Public Health" have made major progress in 2011 to transition from inception phase to implementation of the newly defined workplans.

So far this year, Ministries of Health and project partners in the seven countries have been extremely busy. Five inception workshops and dozens of planning workshops, steering committee and partner meetings have occurred to review workplans, mobilize partners and resources, and ensure new activities are integrated with other ongoing climate, health and development policies and programs in each country.

With almost all the workplans, partnerships agreements, and official signatures now in place, project teams are taking the first steps this quarter towards exciting new activities.

A few highlights to report include:

The Kenya team who are improving malaria epidemic management in high risk districts, have established their sentinel surveillance sites and rallied and recruited local malaria control partners to collect relevant meteorological and malaria surveillance data for their baseline climate risk assessment.

Jordan who are ensuring reclaimed waste water will be safely used in agriculture, are upgrading the laboratory capacity at the Ministry of Health to be a ready partner in the tri-agency water monitoring system.

Fiji who are addressing the risks of dengue, leptospirosis, typhoid, and other diarrheal diseases have begun their climate-sensitivity study and have mapped Fiji’s climate adaptation stakeholders and activities to ensure the project maximizes partnerships.

Congratulations to all the country teams! Stay tuned for more progress...
Health discussed at conference on Community Based Adaptation to Climate Change

In March, stakeholders and practitioners engaged in Community Based Adaptation (CBA) to climate change came together in Dhaka, Bangladesh to share and discuss knowledge on how to scale up interventions for the improved protection of vulnerable populations in developing countries. The week long conference highlighted evidence of change observed at local to global levels, opportunities for partnerships in adaptation, examples and good practices of CBA in different sectors, and challenges and opportunities for mainstreaming adaptation into development practice.

WHO chaired a session dedicated to health adaptation and facilitated a dialogue among health and climate adaptation partners on how to best protect public health from climate impacts. Public health practitioners from five countries implementing health adaptation projects, shared experiences, approaches and future plans and addressed how communities and the formal health sector can work together to protect vulnerable people from the health risks of climate change.

Presentations, including two representatives from the WHO/UNDP/GEF project included:

- **Bhutan: Protecting Health from Climate Change in Himalayan Communities**
  Ms Rada Dukpa - Ministry of Health, Royal Kingdom of Bhutan

- **Jordan: Water scarcity and health protection from climate change in Jordan**
  Usamah Kettaneh, Ministry of Health

- **Samoa: Health adaptation in Samoa**
  Kristie Ebi on behalf of Tamati Fau and A. Rasmussen (National Health Service, Samoa)

- **Vietnam: Operational Research Project on Community-based Dengue Fever Prevention**
  Thuan Thi Nguyen, International Federation of Red Cross Red Crescent Societies

- **Bangladesh: Community risk reduction of climate change impacts on health**
  Dr Iqbal Kabir, Climate Change and Health Promotion Unit, Ministry of Health and Family Welfare

Presentations available via the website: [http://www.slideshare.net/cbaiied](http://www.slideshare.net/cbaiied)

For further information, contact Joy Guillemot, World Health Organization, Geneva

Email: guillemotj@who.int

NEW PUBLICATION

ACCOUNTING FOR ECONOMIC COSTS OF CLIMATE TO HEALTH:

New ADB report “Accounting for Health Impacts of Climate Change”, highlights that the costs of health impacts of climate change need to be estimated and figured into climate protective investments in the Health sector. It provides case studies from three countries, example methodologies, and recommendations for how health impact costs and benefits of adaptation investments not only in health sector, but in agriculture, water, and DRR can be explicitly accounted for in the design and economic analysis of investments in those sectors.

Meet the Team:
Who's who in Fiji

Mr Steven Iddings
Environmental Engineer
WHO South Pacific Office

Steven is an American civil and environmental engineer based in Suva, Fiji with the WHO Division of Pacific Technical Support. He manages WHO’s environmental health program covering fourteen Pacific island countries. His thirty working years have been mainly in water and sanitation, and mostly with the United Nations. Previous long term assignments were in Fiji, Samoa, Hawaii and Papua New Guinea followed by Cambodia, Laos and Viet Nam. Disaster preparedness and response and environmental health related disease outbreaks investigations have also featured in his WHO postings. Steven is the WHO Responsible Officer for the PCCAPHH (Fiji) project.

Ms Jyotishma Rajan Naicker
Coordinator
PCCAPHH Project in Fiji

Jyotishma coordinates and manages the PCCAPHH project implementation in Fiji. She has an environment and development background, with more than six years of experience in climate change vulnerability assessment and capacity building for the UNFCCC negotiations with NGOs in the Pacific. Jyotishma has a Masters in Environment from the Australian National University and is working with project partners to develop climate based disease early warning systems, strengthen health system institutions to respond to climate sensitive diseases and pilot adaptation activities in project pilot sites.

Dr Lachlan McIver
Climate Change & Health Officer
PCCAPHH Project in Fiji

Lachlan is a medical doctor from Australia with a Masters in Public Health and Tropical Medicine and a research background in epidemiology and infectious diseases. He will be working with Ms Jyotishma Naicker to estimate the current and future climate change-attributable health risk in Fiji, construct early warning systems for climate-sensitive diseases, and formulate an evidence basis upon which to plan and implement adaptation strategies to alleviate the future burden of these diseases in Fiji.

Mr Kamal Khatri
Programme Officer
WHO South Pacific Office

Kamal Khatri has over eight years experience in natural resource management especially in the areas of environmental health, public health, water supply and sanitation, waste (water) management, community participation, hygiene education and awareness. He has a Master of Arts degree from the University of the South Pacific. As the Programme Officer based in Suva, Fiji with the WHO Pacific Technical Support Division his responsibilities include providing technical support in the areas of water safety, quality, sanitation, hygiene, community based water quality monitoring, public health emergency response and climate change and health.

Dr Simon Hales
Technical Consultant, PCCAPHH Project in Fiji

Simon is a medical doctor, epidemiologist, and widely published expert on health impacts of climate change, especially dengue and vector borne diseases. He is a Senior Research Fellow in the Department of Public Health the University of Otago, Wellington, New Zealand and supports the Fiji project team as a regular technical consultant.

Dr. Salanieta Saketa
Permanent Health Secretary, Ministry of Health, Fiji

Dr. Salanieta Saketa has more than 20 years of experience in Fiji’s health sector, having worked in various health centres across the country. She has held the position of Permanent Secretary for Health for two years now, prior to which she was the General Manager- Community Health of Fiji’s Central/Eastern Division. Dr. Saketa has a Masters in Business Administration and a Masters in Public Health. She is Chairperson of the PCCAPHH project Steering Committee and a mentor and strategic advisor to overall project operations in Fiji.

Dr. Josefa Koroivueta
Deputy Secretary for Public Health, Ministry of Health, Fiji

Dr. Koroivueta has almost 30 years of experience in Fiji’s health sector. A fellow of the Australian College of Tropical Medicine and Honorary Lecturer at the College of Medicine, Nursing and Health Sciences at Fiji National University, he has extensive experience in Communicable Diseases, having recently held the position of the President of the Global Alliance for the Elimination of Lymphatic Filariasis (2004-2006). Dr. Koroivueta provides strategic
Fiji project makes impressive strides

There are exciting times ahead for the Fiji project as it gets ready for the first stage of data analysis to identify associations between climatic variables like temperature and rainfall and climate sensitive diseases (CSDs) like dengue, leptospirosis, typhoid and diarrhoea.

The project Technical Working Group (TWG) met in June to undertake the first part of this analysis and will work over this year to strengthen CSD early warning systems. Work is now also underway to finalise Memoranda of Agreement (MoA) between the Ministry of Health and members of the TWG like the Fiji Meteorological Service, the Water Authority of Fiji, the College of Medicine, Nursing and Health Science of the Fiji National University and Wetlands International-Oceania. These MoAs will facilitate data sharing and analysis by the project Technical Working Group.

The timeliness of this meeting and the project overall cannot be emphasized enough. Recent media reports of a possible typhoid epidemic in the Bua province and an alarming number of cases of leptospirosis in rural areas have helped focus attention on the burden of disease posed by these infections in Fiji. The Fiji project will support existing government efforts to reduce the impact of such outbreaks by strengthening health sector surveillance and response capacity, constructing evidence-based early warning systems, and using public education and health promotion strategies related to CSD's.

Interview with Dr Lachlan McIver, Climate Change & Health Officer for WHO-South Pacific

Q: Tell me a little about your background.
A: I'm a medical doctor from Australia specialising in rural and remote medicine. My last job was in the Torres Strait Islands, a Melanesian archipelago between the north-east tip of Australia and Papua New Guinea, which involved a fascinating mix of acute care, public health, tropical medicine, infectious diseases and treating many patients from PNG. I have a Masters in Public Health and Tropical Medicine and over the last few years have been slowly developing my research interests in public and environmental health, epidemiology and tropical medicine. My current job as Climate Change & Health Officer with the WHO and Fiji Ministry of Health is an ideal opportunity for me to study the effects of climate change on health in vulnerable Pacific island communities, and support the efforts of national and international agencies to avoid the worst of these impacts.

Q: How did you get recruited into this present role?
A: I applied, and was fortunate enough to be selected, through one of AusAID’s international volunteer programs known as AVID (Australian Volunteers for International Development).

Q: What do you think are some of the critical problems facing Fiji where climate change and health is concerned?
A: Like most countries, Fiji faces the huge issue of a lack of understanding about the relationship between climate and health. Most people are unaware of the link between changes in climate and the epidemiology of disease; this is not unique to Fiji. As a nation of islands, Fiji is particularly vulnerable to rising sea levels, and its geography and proximity to the equator mean that increases in temperature, altered rainfall patterns and changes in the frequency and severity of cyclones count among Fiji's key climate change vulnerabilities. These changes will affect the range of vectors that spread diseases such as dengue fever; may make rural communities more susceptible to zoonotic infections such as leptospirosis; and may compromise the safety and security of potable water sources leading to increased risk of diarrhoeal illnesses. While there are a range of other communicable and non-communicable diseases that will likely be affected by climate change in Fiji, our focus for this Project is "water stress" so we will be concentrating on a few key priority diseases including those mentioned above.
Interview with Dr Lachlan McIver continued…

Q: What are some of the initial challenges you faced in getting this project running?
A: I joined the Project several months after it commenced, so I’m unable to comment on these challenges. My experience thus far has been that our Project enjoys broad and high-level support, with a gratifying level of stakeholder engagement and some excellent cross-sectoral teamwork up to this point. This collaboration makes for a very interesting, stimulating work environment, and I’m certainly learning a great deal from our Project partners.

Q: How much progress has been made in this short space of time?
A: Despite occasional frustrations, we are making substantial progress and by the end of this year we will have significantly improved our understanding of the relationship between climate variables and the epidemiology of our four key diseases, leptospirosis, dengue, typhoid, and diarrhea. This will then lead to identification of several pilot sites, where we can test-run some adaptation activities, and will assist in the trial development of climate-based disease early warning systems.

Q: What do you think you will achieve in the next two years? Where would you like to see the development?
A: The Project’s objectives will keep us all very busy over the next two years. By 2013 we will have a more sophisticated understanding of the link between climate and disease in Fiji, which will lay the evidence basis for the formulation of policy decisions aimed at protecting communities in Fiji from the worst health impacts of climate change. We will also, as a result of our pilot site activities, hopefully have some ideas about effective adaptation strategies for implementation at the community level. Despite the fact that we only have a small team working on this Project, this nevertheless represents a great opportunity for Fiji to show regional leadership in this area, providing examples that other, smaller Pacific island countries can follow. The urgency of climate change and the vulnerability of the Pacific region compels us to do our best work on this Project, so these are exciting times for me and the rest of our team!
Jordan Inception Workshop Advances Plans to Improve Safety of Scarce Water Resources

More than 50 Jordanian and international health and environmental experts joined WHO, the United Nations Development Programme (UNDP) and the Global Environment Facility (GEF) in launching the piloting climate change adaptation to protect human health project in Amman, Jordan on 21 March 2011. In Jordan, the project will particularly focus on enhancing the national adaptive capacity to respond effectively to health risks resulting from chronic water scarcity aggravated by climate change.

The workshop introduced and discussed essential components of the project to a wide spectrum of stakeholders, including representatives of the Ministries of Health, Environment, Agriculture, Planning, Water and Irrigation; nongovernmental organizations representing the public, farmers, the media and other community partners; and several research bodies representing Jordanian universities. Participants revised the project plan to meet current needs in view of developments already achieved by several United Nations and other international partners who are implementing wastewater reuse activities in Jordan.

Jordan is classified among the lowest ranking countries in the world in terms of water availability and renewability (ranked third or fourth lowest). Water resources are persistently and seriously limited (estimated at 147 m3 per capita per year) and are far below the threshold line of water poverty. These resources depend mainly on local and scattered precipitation for replenishment which will steadily decrease due to climate change. The threats of climate change will increase water scarcity and deteriorate water quality. The lack of water availability and related secondary effects of these changes are considered the highest priority risk to health in Jordan. Water scarcity will have a direct adverse impact on the health of Jordanians.

Due to the serious vulnerabilities stemming from water scarcity, the national Government of Jordan has restricted the use of clean water for domestic supply. This should avoid much of the direct health risks from water scarcity. However, the proposed increase in use of wastewater reuse as an alternative unconventional water supply for agriculture could raise a series of public health risks. Unless adequately managed and soundly utilized, both untreated, and to a lesser extent, treated wastewater poses significant risks to health in Jordan. The project will help to identify safeguarding adaptation mechanisms and best practices to utilize wastewater in agriculture for combating climate change effects without compromising the well-being of human health and the environment.