REPORT OF

The Third Annual Meeting of Clim-HEALTH Africa

Johannesburg, South Africa
30 September - 02 October 2015
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INTRODUCTION

Clim-Health Africa, an international network of reputable institutions working on climate change and health for Africa, was established in 2013. The network continues to serve as a virtual hub where expertise can be shared in order to develop the capacity of African communities, institutions, practitioners and negotiators to understand and integrate climate change and health related challenges into policy, socio-economics, planning and programming (See Annex 1: List of Participants).

The network’s first annual meeting was held in Johannesburg in 2013. At this event stakeholders revised and re-adjusted Clim-Health Africa’s governance structure, agreed upon and finalized its terms of reference and modus operandi, and prepared its annual work plan. The second meeting held in Accra, Ghana in May 2014 continued to formalize network membership and develop a capacity building plan for the region. This meeting also served to review progress and opportunities made in previous years, raise awareness of the campaign, and invite new members to join the network and to contribute to and advance the implementation of Clim-Health Africa.

For the first time, in 2015, the World Health Organization (WHO) and its donors made it possible for 10 Ministries of Health and WHO Country Offices, currently implementing climate and health projects, to participate in the Clim-Health meeting. These meetings have brought together Clim-Health Africa’s founding institutions, Vulnerability and Adaptation Assessment (V&A) project countries funded by the German Corporation for International Cooperation (GIZ), Global Framework for Climate Services (GFCS) implementing teams, leaders of WHO’s Special Programme for Research and Training in Tropical Diseases (TDR) and Canada’s International Development Research Centre (IDRC) research initiatives. New partners and donors interested in climate change and health in Africa were also present.

Meeting Objectives & Expected Outcomes

1. OBJECTIVES:
   a) To review progress made by the network since its establishment, including sharing lessons learnt, challenges and defining next steps.
   b) To showcase the scope of climate and health work being implemented by various actors in the African region.
   c) To raise awareness of Clim-Health Africa and expand its membership to new partners.
   d) To review Clim-Health Africa’s priorities and key activities for 2016-2019.

2. EXPECTED OUTCOMES
   a) Increase progress and awareness in the implementation of climate and health projects in the African region and identify relevant activities and institutions.
   b) Refine Clim-Health Africa’s workplan for 2016-2019 and set clearly defined benchmarks for including joint projects to be developed by the network.
   c) Solidify mechanisms that encourage continuous dialogue between national partners and Clim-Health Africa.
   d) Establish a Scientific Advisory Committee (SAC).
   e) Expand Clim-Health Africa membership to include new partners and institutions.
   f) Identify advocacy opportunities for Clim-Health Africa at the Paris Climate Change Conference (COP21).

This three day meeting was hosted by WHO South Africa Country Office and held at Park Inn Hotel in Johannesburg. In attendance were 65 participants including Clim-Health Africa’s founding institutions, GIZ-funded V&A project countries, leaders of the TDR/IDRC research initiative, as well as partners and donors interested in climate change and health in Africa.

The gathering centered on the insights gained from keynote speakers, expert talks, presentations and working groups held in seven sessions (See Annex 2: Detailed Meeting Agenda).
Session 1: Global and Regional Priorities and Progress on Climate and Health

The coordinator of the network, Dr. Magaran Bagayoko, opened the third meeting of Clim-Health Africa with welcoming remarks to all participants and thanked them for their attendance. He further thanked the South African government for its hospitality in hosting the event. Thereafter, he introduced the WHO Representative in South Africa, Dr. Louise Barber, who delivered the opening speech (See Annex 3: Opening Remarks).

Dr. Barber began by welcoming participants and wishing them fruitful deliberations. Thereafter, she stressed the importance of the session in regards to finding solutions to combat the threat posed by climate change on human health. In particular, she emphasized the need to adopt anticipatory adaptation strategies, pointing out that African countries are most vulnerable to the adverse impacts of climate change due to their weak adaptive capacities. She however noted that a number of African governments have come up with adaptation strategies as detailed in their respective Health National Adaptation Plan Process (HNAPs).

The session continued with Dr. Barber providing a brief background of the formation of Clim-Health Africa. She described the network as having been conceived with the aim of forging partnerships among various stakeholders and said its vision began with the goal of combating the negative impacts of climate change and mainstreaming climate change into existing government policies and development agendas. Dr. Barber highlighted key challenges to the network’s mission were highlighted, and include inadequate technical and institutional capacities, limited funds, weak health systems and inter-sectoral collaboration. Dr. Barber continued, saying that in some cases, global and regional commitments have not been translated into national political commitments, thus hindering effective action in various countries. In particular, Dr. Barber noted, the global health sector has been slow to engage with climate change issues when compared to sectors dealing with agriculture, water and environmental concerns.

The opening session closed with self-introductions made by meeting participants and a presentation on the objectives and expected outcomes of the meeting.

Dr. Diarmid Campbell-Lendrum, Team Leader on Climate Change and Health (WHO Headquarters), then presented work on The Global Perspective on Climate and Health. Here he confirmed Dr. Barber’s statement that African countries are the most vulnerable to climate change because of their weak adaptive capacities, continuing to stress that although the health sector has lagged behind in terms of climate change studies, it should be a priority area of concern worldwide. To give example, he cited air pollution as one of the most serious threats to human health.

With limited international support being rendered to the health sector’s efforts in developing adaptation to climate change strategies, Dr. Campbell-Lendrum emphasized the need for the implementation of more systematic health resilience programmes that address the impacts of climate change. He then outlined key objectives of the 2014-2019 WHO workplan to protect human health from climate change as follows:

1. To strengthen partnerships outside the health sector.
2. To create awareness about the adverse impacts of climate change.

Dr. Campbell-Lendrum highlighted a few examples of lessons learnt from climate change adaptation activities that have been implemented so far, including the need to link proposed adaptation strategies to ongoing national development activities, along with the need to exercise flexibility in the implementation of such activities.

3. To provide research based evidence about climate change impacts.
4. To implement public health response measures to climate change.
Session 2: Introduction to Clim-Health Africa

This session started with an introductory presentation by Dr. Magaran Bagayoko, who discussed policy frameworks linking health and environmental issues in general, and climate change and health in particular. This talk included highlights from the Libreville Declaration on Health and Environment adopted in 2008, the Luanda Commitment of 2010 and the Framework for Public Health Adaptation for Climate Change of 2012. Here he noted that air and water are key issues of concern for the public health sector in regards to climate change, emphasizing recent developments, challenges and priorities in these areas. Specifically, Dr. Bagayoko stressed not only the importance of water resources and air pollution, but also opportunities that may present themselves through proactive climate change mitigation via capacity building, strengthening partnerships, inter-sectoral collaboration and advocacy.

A six minutes video was then shown on the environmental determinants of health and their management in Africa. Afterwards, Mr. Thomas Scalway of Lushomo Communications presented current and future communication strategies pertaining to climate change adaptation for the health sector (See Annex 4: Communication Workplan). He emphasized the need to produce SMART (Specific, Measurable, Attainable, Relevant, Time-bound) outcomes in Africa with the following objectives:

1. To encourage collective and inter-sectoral action on climate change and health within governments and supporting institutions.
2. To increase resources (human, financial, technical) available for climate change and health.
3. To intensify communication and advocacy efforts on climate change and health.

A number of other communication outputs were mentioned including further developing and updating the Clim-Health Africa website, instituting a quarterly newsletter and circulating materials to support media engagement, maintaining and encouraging the use of community discussion platforms and developing a technical report on climate and health in Africa.

Dr. Bagayoko stressed not only the importance of water resources and of air pollution, but also opportunities that may present themselves through proactive climate change mitigation via capacity building, strengthening partnerships, inter-sectoral collaboration and advocacy.

Session 3: Listening to National Needs

This session provided a number of snapshots from 11 climate change and health related studies conducted in the African region, along with lessons learnt and challenges that presented themselves throughout these pilot projects. These include a WHO and GIZ-funded project entitled Adaptation to Climate Change in the Health Sector: Improving Engagement, Evidence and Action in sub-Saharan African Countries, that aims to support Ethiopia, Ghana, Madagascar, Malawi, Tanzania and Zambia in conducting V&A studies. In addition, the WHO’s TDRI, with funding from and collaboration with Canada’s IDRC, is supporting a research initiative called Population Health Vulnerabilities to Vector-borne Diseases: Increasing Resilience under Climate Change Conditions in Botswana, Côte d’Ivoire, Kenya, South Africa and Tanzania.

WHO-GIZ V&A Studies

Ms. Elena Villalobos, a WHO technical officer, gave a briefing on V&A studies currently piloted in six countries in Africa, namely Ethiopia, Ghana, Madagascar, Malawi, Tanzania and Zambia. After this briefing, the six countries then presented their results, focusing on the scope of their studies and institutional arrangements, lessons learnt, challenges and the way forward.

1. WHO-GIZ V&A Studies

 a) Main Challenges at the National Level

   ▶ Availability of quality climate information at an affordable cost.
   ▶ Availability of quality, inclusive health data at an affordable cost.
   ▶ Limited alternative sources when quantitative data from Chemical Sciences Division (CSDs) is insufficient.
   ▶ Inadequate communication and translation of scientific evidence for use in practice.

 b) Lessons Learnt

   ▶ Multi-disciplinary teams of technical experts from various disciplines and methodological backgrounds are essential to involving a broad range of data sets.
   ▶ Existing mechanisms at national level should be used as a platform to advance work being done on environmental health concerns.
   ▶ Findings from V&A can be used to inform the development of a comprehensive HNAP, but translations of this work are essential.
   ▶ National scale V&A studies should be downscaled to district and community levels in order to inform intervention developments.
   ▶ Resources for iterative reviews and recent studies are necessary.
   ▶ Consideration must be paid to the vulnerabilities of different population groups.
   ▶ Alternative methods of research should be explored to assess CSD data when historical data is not available.
In summary, the presentations outlined that V&A studies conducted at the national level face challenges that include: limited capacity for accessing, managing and coordinating data and research materials; the need for guidance in creating alternative solutions when challenges appear; and that more care should go toward establishing parameters of indicators. Since the main constraint in the implementation of V&A studies in the project countries is the unavailability of climate or disease related data, the speakers concluded that it may be necessary to implement adaptation strategies without conducting comprehensive assessments, but that more care should go toward establishing parameters of indicators. Since the main constraint in the implementation of V&A studies in the project countries is the unavailability of climate or disease related data, the speakers concluded that it may be necessary to implement adaptation strategies without conducting comprehensive assessments, but that more care should go toward establishing parameters of indicators.

**V&A studies face challenges that include limited capacity for accessing, managing, and coordinating data and research materials; the need for guidance in creating alternative solutions when challenges appear; and that more care should go toward establishing parameters of indicators.**

- Sociodemographic data needs to be merged with geographical, climate and epidemiological data.
- The Masai community’s three pronged, One Health approach to studying issues of impact on human, animal and socio-environments is providing the deepest level of understanding with regards to building better resilience.
- A proposed focus for the future is to identify an appropriate unit of analysis and to put the results of assessments into action by integrating local knowledge and community input.

### Table 1: A List of TDR’s VBD Studies

<table>
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<tr>
<th>Project</th>
<th>Vector-borne Diseases &amp; Study Sites</th>
<th>Principal Investigator</th>
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<tbody>
<tr>
<td><strong>B20273</strong></td>
<td>Malaria and Schistosomiasis</td>
<td>Moses Chimbari College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa</td>
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<tr>
<td>Social, environmental and climate change impact of VBD in arid areas of Southern Africa</td>
<td>Botswana (three villages in Ngarange and Shakawae)</td>
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<td>South Africa (Mgudul, Ndumo and Makanis Villages)</td>
<td>Zimbabwe (Makwe and Byuma in the Gwanda District)</td>
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<tr>
<td><strong>B20278</strong></td>
<td>Malaria and Rift Valley Fever</td>
<td>Benson Estambale Jaramogi Oginga Odinga University of Science and Technology, Bondo, Kenya</td>
</tr>
<tr>
<td>Early warning systems for improved human health and resilience to climate sensitive VBD in Kenya</td>
<td>Kenya (Kabanet Town in Baringo County)</td>
<td></td>
</tr>
<tr>
<td><strong>B20280</strong></td>
<td>African Trypanosomiasis</td>
<td>Paul Gwakisa Nelson Mandela African Institute of Science and Technology (NMAIST), Arusha, Tanzania and the Genome Science Center and Department of Veterinary Microbiology and Parasitology, Faculty of Veterinary Medicine, Sokoine University of Agriculture, Morogoro, Tanzania</td>
</tr>
<tr>
<td>Predicting vulnerability and improving resilience of the Maasai communities to VBD: An ecohealth approach in the Maasai Steppe ecosystem</td>
<td>Tanzania (Oltukai Village in Monduli District between Manyara Ranch and Lake Manyara National Park; Loiberserit Village in Simanjiro District adjacent to the southeastern border of Tarangire National Park)</td>
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<tr>
<td><strong>B20281</strong></td>
<td>African Trypanosomiasis</td>
<td>John Hargrove South African Centre of Excellence in Epidemiological Modelling and Analysis (SACEMA), University of Stellenbosch, South Africa</td>
</tr>
<tr>
<td>Human African trypanosomiasis: alleviating the effects of climate change through understanding human/vector-parasite interactions</td>
<td>Zimbabwe (Rekomitjie Research Station at Mana Pools National Park, Zambezi Valley, Mashonaland West Province; and Vuti Village on the fringes of the wildlife areas)</td>
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<tr>
<td>Tanzania (Villages in the ikorongo-Grumeti area to the west of the Serengeti National Park)</td>
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<tr>
<td><strong>B20283</strong></td>
<td>Malaria and Schistosomiasis</td>
<td>Brama Kone Centre Suisse de Recherches Scientifiques en Côte d’Ivoire, Abidjan, Côte d’Ivoire</td>
</tr>
<tr>
<td>Vulnerability and resilience to malaria and schistosomiasis in the northern and southern fringes of the Sahelian belt in the context of climate change</td>
<td>Cote d’Ivoire (Korhogo)</td>
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<td>Mauritania (Kaedi)</td>
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Sessons during the second day of the meeting included presentations on the current workplan, discussions on how to better respond to national needs and the formation of working groups. Activities started at 9:10am with a presentation of the day’s agenda. The day’s primary focus was on the identification of priority work areas that coincide with Clim-Health Africa’s objectives on collaborative action and the engagement of new partners.

The day’s activities were organized in plenary sessions on new interests and opportunities, along with challenges faced by new partner institutions. Other sessions served to review Clim-Health Africa’s current workplan in order to evaluate the progress in its implementation.

In attendance were international Clim-Health partners including the Quebec Institute of Public Health (INSPQ), National Oceanic and Atmospheric Administration (NOAA), African Centre of Meteorological Applications for Development (ACMAD), the United States Agency for International Development (USAID), World Bank, the University of Washington, International Relief and Development (IRD), and the already mentioned IDRC and GIZ.

New Interests and Opportunities
The mentioned institutions made presentations on their operational framework, providing further details on the scope of case studies being conducted on climate change and health, major outcomes, opportunities and challenges in the implementation (See Table 2: Case Studies). Studies reported on included:

a) Vulnerability and resilience to malaria and schistosomiasis in the northern and southern fringes of the Sahel Bad in the context of climate change.

b) Adaptation to climate change and population health by INSPQ, the Central Hospital at the University of Quebec (CHUQ), and the Director of Regional Public Health of Quebec (DSP).

c) Vision, mission and perspectives to support Clim-Health Africa by ACMAD in Niger.

d) International desks and climate services for One Health Initiative.

e) USAID’s work on climate change and health in Africa.

f) Work on climate change and health by the Center for Global Health, University of Washington.

g) Addressing climate change and health challenges by GIZ.

h) New initiatives in climate and health by the World Bank.

i) Furthering adaptation research and development in climate change by IRD.

j) Potential areas for collaboration by IRD.

As noted in the above table, each institution presented their operational framework, mission, objectives, existing collaboration and expertise. Mentioned in the presentations were the major activities underway at each institution including capacity and knowledge building on core climate issues and tools (i.e. Geographic Information System (GIS), remote sensing, environmental management and climate change adaptation) via core curriculum development programmes, fellowships, online courses.
Challenges

The climate and health challenges identified by these initiatives varied depending on the focus of the study or programme in relation to the health issues they addressed. It was noted that most of these initiatives, and the opportunities they offer, are not well known to African countries. Thus, there is an identified need for Clim-Health Africa to build stronger communication strategies that serve as a platform for exposure, information exchange and awareness. Other challenges include:

a) Lack of inclusion of socio-ecological determinants on health (i.e. community participation and gender issues).

b) Difficulty in setting up and managing diverse, multidisciplinary teams on climate and health.

c) Absence of strategic planning in health systems to accommodate concepts and challenges of climate change and health.

d) Deficiency of trained personnel to identify critical climate change impacts on health, or to define effective organizational and policy models for addressing climate change and health.

e) Lack of integration of climate specialists in health sectors.

f) Inadequate meteorological services for the collection of climate related data.

g) Privation of sufficient, sustainable funds to generate quality data.

h) Absence of agency coordination with regards to research and findings.

Most of these initiatives, and the opportunities they offer, are not well known to African countries. Thus, there is an identified need for Clim-Health Africa to build stronger communication strategies that serve as a platform for exposure, information exchange and awareness.

Session 6: Clim-Health Africa Workplan

This session presented Clim-Health Africa’s current workplan, held a discussion on how to better respond to national needs, and put together working groups that sought to evaluate progress made and to identify important priorities to propel the network’s agenda in 2016.

Participants and moderators were divided into four working groups. Each group was asked to evaluate the outputs, planned activities and overall relevance of one specific objective. Based on specific timelines for implementation, groups were then asked to make specific suggestions and modifications where possible. Afterwards, groups convened to present their observations and discussions.

1 Recommendations for Implementation

a) Clim-Health Africa to facilitate the creation of working groups on climate monitoring that include health professionals at the country level.

b) Clim-Health Africa to ensure sustainable financing of climate services in Africa.

c) Clim-Health Africa to facilitate the harmonization of data collection tools and methods on climate change and health.

d) Clim-Health will provide training on climate and health issues in and throughout Africa.
Dr. Diarmid Campbell-Lendrum provided an overview of some of the main messages, constraints and opportunities mentioned in each session, particularly focusing on how to bring together the vast range of activities and resources mentioned.

1 General Observations
   a) Climate and health must be considered across broad and approximate, narrow and detailed axis.
   b) Difficulties lie in coordination, access to data, identification and prioritization of options for assessment versus management.
   c) Imperfect connections exist, and should be rectified through better dialogue between policy, research and intervention.
   d) Lack of confidence in health approaches versus other sectors.
   e) Clim-Health Africa’s role and capabilities need to be better defined.

2 Opportunities
   a) Climate + Health + Africa policy relevance is very high.
   b) Country and agency demand for technical support for policy mandates is backed by the United States’ presidential initiative.
   c) The network’s technical capacity, though relatively new, is high, and thus existing resources can be deployed for further action.
   d) There is a growing interest of new partners that though they present both opportunities and challenges, may continue to support the network’s financial, technical and policy related efforts.
   e) Clim-Health Africa has increasing experience with a diversity of approaches and a wide range of experience that can offer opportunities for growth.
   f) Clim-Health Africa is an important vehicle that holds the potential for stakeholders to come together to meet global crises and local challenges.

There is a growing interest of new partners that though they present both opportunities and challenges, may continue to support the network’s financial, technical and policy related efforts.
PROCEEDINGS
DAY 3

Day three’s sessions started with a short presentation of the day’s objectives, followed by a general discussion to review and clarify the action plan through issues that had been raised. Working groups were again formed, with the intent to discuss objectives for the coming years.

Session 7: Action Points and Next Steps

Dr. Diarmid Campbell-Lendrum provided an overview of WHO’s positions, key messages, and actions to be taken to advocate for health within COP21. He identified a range of opportunities that may exist for Clim-Health members through:

1) Collecting the names of Clim-Health Members attending COP21.
2) Creating a calendar of events to identify health and climate related events throughout Africa in order to promote Clim-Health.
3) Acquiring United Nations Economic Commission for Africa’s (UNECA) managerial expertise to gain an entry point to reach African negotiators.
4) Media opportunities.
5) Informative press and social media kits.

Later a discussion on the structure of Clim-Health Africa was raised, along with the founding of SAC. SAC would have a total of around 10 diverse members representing different genders, geographic regions and areas of expertise in respect to climate and health related work in the African region. Various institutions would host SAC for a rotating number of no more than four years. The following doctrines were also proposed:

1) It was suggested that rather than Counsel it be renamed Board.
2) As sponsors of the network, it was questioned if their presence and oversight of operations were a conflict of interest.
3) The issue of SAC’s involvement with funding activities that come from outside Clim-Health was raised.

4) Discrepancies were mentioned regarding the match between expertise in health outcomes and the representation of skills needed to build resilience.
5) The importance of contextualizing WHO’s work in facilitating interaction of members and serving as an interlocutor was brought up.
6) Attention needs to be paid to how SAC will effectively translate scientific concepts to donors and policy makers.

Three working groups were then formed, each assigned with one of three specific objectives to be delivered using a total budget of $430,000 within the coming year (See: Annex 5: Session Workplan). Objectives under discussion included:

1) Developing mechanisms and institutional capacities for a climate and health related Early Warning and Response System (EWRS) in Africa ($100,000).
2) Developing effective public health early warning system tools for climate informed policy making that address climate sensitive health impacts ($135,000).
3) Developing and implementing a communication strategy for the Clim-Health network ($195,000).

In each one of the working groups, participants reviewed objectives and activities planned for the year. Here they discussed what the implementation of each one of the activities would entail, specific tasks and responsible individuals and institutions were identified, and an estimated budget and a time frame were considered. Outcomes of the group work were presented, discussed and finalized in a plenary session.

Starting with the development of joint projects on climate sensitive diseases like cholera, malaria and meningitis, the group agreed it best to pursue efforts that would mobilize resources to fill gaps in funding. Group members also agreed to develop a master project on EWRS for climate sensitive diseases in 2016. A summary of follow up actions and recommendations also included:

1) Clim-Health Africa
   a) Revise governance structure for Clim-Health Africa.
   b) Finalize and fast-track workplan implementation for 2016.
   c) Develop and deliver regional training courses on climate and health in the context of integrated disease surveillance and international health regulation.

2) SAC
   a) Leverage existing activities, projects and funding to Clim-Health members to support workplan goals.
   b) Pursue efforts for resource mobilization to fill gaps in funding.
   c) Develop communication materials such as posters, pamphlets, and other relevant material to raise visibility and promote Clim-Health Africa.
   d) Develop an EWRS master project for climate sensitive diseases.
   e) Support development and delivery of regional training courses on climate and health in the context of integrated disease surveillance and international health regulation.
   f) Highlights from the meeting on El Niño held in New York in November 2015 should be communicated to the Clim-Health network.
   g) Clim-Health delegates were encouraged to attend a capacity building workshop on managing climate data to be held in New York in May 2016.

Recommendations
a) Climate and health working groups need to be supported in country specific contexts.
b) Clim-Health annual meetings should ensure representation of both health and climate experts are present to meet and interact with each other.
c) Clim-Health should invite more donors to contribute to its mission.
d) Recommendations of group discussions should be considered as part of the main recommendations of the meeting.
e) Capacity building and training courses should be given high priority.

3) Recommendations
   a) Revise governance structure for Clim-Health Africa.
   b) Finalize and fast-track workplan implementation for 2016.
   c) Develop and deliver regional training courses on climate and health in the context of integrated disease surveillance and international health regulation.

Minutes of the Third Annual Meeting of the International Network for Climate and Health in Africa (ClimHealthAfrica)
### ANNEXES

#### ANNEX 1: LIST OF PARTICIPANTS

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<th>No</th>
<th>Name</th>
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<th>Organization</th>
<th>Function</th>
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Minutes of the Third Annual Meeting of the International Network for Climate and Health in Africa (ClimHealth Africa)
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**MINUTES OF THE THIRD ANNUAL MEETING OF THE INTERNATIONAL NETWORK FOR CLIMATE AND HEALTH IN AFRICA (CLIMHEALTH AFRICA)**

The meeting took place on [insert date]. The following agenda items were discussed:

1. *[item 1]*
2. *[item 2]*
3. *[item 3]*

The next meeting will be held in [insert location], on [insert date].
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**ANNEX 2: DETAILED MEETING AGENDA**

**WEDNESDAY DAY 1: Introduction to Clim-Health Africa**

Goal: Raise awareness and take stock of the evolving landscape of Climate and Health Activities in Africa and present opportunities of Clim-Health Africa membership and engagement, and strengthen outcomes and opportunities

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</tr>
</thead>
<tbody>
<tr>
<td>8:30</td>
<td>Registration</td>
<td>WR/South Africa M Bagayoko (WHO AFR)</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Welcome and introductions Meeting objectives and expected results Introduction of participants</td>
<td>Diarmid Campbell-Lendrum (WHO HQ)</td>
</tr>
<tr>
<td>9:00-9:15</td>
<td>Global perspectives on climate and health</td>
<td>Diarmid Campbell-Lendrum (WHO HQ)</td>
</tr>
<tr>
<td>9:15-9:30</td>
<td>Libreville Declaration and Climate and Health Policy Landscape in Africa</td>
<td>Magaran Bagayoko, WHO Regional Office in Africa</td>
</tr>
<tr>
<td>9:30-9:45</td>
<td>Introduction to Clim-Health Africa History, goals and objectives, current members, key activities</td>
<td>Magaran Bagayoko, (WHO AFR)</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>Clim-Health Africa communication plan and products Strategy, website, new reports and materials</td>
<td>Tom Scalway (Lushomo Communications)</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break, group photo</td>
<td></td>
</tr>
<tr>
<td>10m</td>
<td>Ethiopia</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>10m</td>
<td>Ghana</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>10m</td>
<td>Madagascar</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>10m</td>
<td>Zambia</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>10m</td>
<td>Malawi</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>10m</td>
<td>Tanzania</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>Intro to WHO-TDR TDR/IDRC research initiative on vector-borne disease research</td>
<td>Bernadette Ramirez (WHO – TDR)</td>
</tr>
</tbody>
</table>
**Minutes of the Third Annual Meeting of the International Network for Climate and Health in Africa (ClimHealth Africa)**

**THURSDAY DAY 2: Workshop on Clim-Health Africa Priorities for Action**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Principal Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>13:00-14:00</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>14:00-14:30</td>
<td>Discussion &amp; summary reflection on common needs and opportunities for Clim-Health network to respond and address gaps</td>
<td>Elena Villalobos (WHO HQ)</td>
</tr>
<tr>
<td>14:30-14:45</td>
<td>Intro to joint-office SFCS piloting climate services in Malawi and Tanzania</td>
<td>Joy Shumake (WHO/MWO) + national team members</td>
</tr>
<tr>
<td>14:45-15:00</td>
<td>Intro to UNEP</td>
<td></td>
</tr>
<tr>
<td>15:00-15:15</td>
<td>Intro to Noguchi Center Climate Change and Onchocerciasis in the Black Volta River Basin in Ghana</td>
<td>Michael Wilson</td>
</tr>
<tr>
<td>15:15-15:30</td>
<td>Intro to IRI-Health ENACTS (Ethiopia, Tanzania, Madagascar)</td>
<td>Madeleine Thompson (IRI)</td>
</tr>
<tr>
<td>15:30-15:45</td>
<td>Intro to IRD</td>
<td>Cheik Kane</td>
</tr>
<tr>
<td>15:45 – 16:00</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>16:00-16:15</td>
<td>Intro to NOAA International desks and climate services for One Health</td>
<td>Juli Trtanj</td>
</tr>
<tr>
<td>16:15-16:30</td>
<td>Intro to ACMAID Mission, vision, function and prospects for supporting Clim-Health</td>
<td>Diallo</td>
</tr>
<tr>
<td>16:30-16:45</td>
<td>Intro to climate and health foundation</td>
<td>Michel Janclos</td>
</tr>
<tr>
<td>16:45-17:00</td>
<td>Malaria Research and Training Center, Mali Capacity building</td>
<td>Sogoba</td>
</tr>
<tr>
<td>17:00-17:15</td>
<td>Wrap-up, sessions 1-4 Key points and reflection on rapidly evolving landscape of climate and health in Africa and needs for the network</td>
<td>Secretariat</td>
</tr>
</tbody>
</table>

**FRIDAY DAY 3: Putting Next Steps into Motion**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Principal Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00-10:15</td>
<td>Intro to World Bank New initiatives in climate and health</td>
<td>Montserrat Meiro/ Timothy Bouley</td>
</tr>
<tr>
<td>10:15-10:30</td>
<td>Intro to GIZ Addressing capacity needs</td>
<td>Ute Jugert</td>
</tr>
<tr>
<td>10:30-10:45</td>
<td>University of Washington</td>
<td>Kris Ebi</td>
</tr>
<tr>
<td>10:45-11:00</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>11:00-11:30</td>
<td>Building climate and health evidence for action in Africa Panel and summary of key issues raised</td>
<td></td>
</tr>
<tr>
<td>11:30-12:30</td>
<td>Session 6: Clim-Health Africa Workplan Presentation of the current work plan, discussion on how to better respond to national needs, and formation of working groups</td>
<td>Joy Shumake</td>
</tr>
<tr>
<td>12:30-13:30</td>
<td>Lunch break</td>
<td></td>
</tr>
<tr>
<td>13:30-15:00</td>
<td>Next steps for Clim-Health Working groups identified, along with the priorities for each thematic area and proposals for how the priorities can be achieved 2016-2019 1) Capacity &amp; training 2) Data and information, collection and management 3) Research and knowledge acquisition 4) Early warning and climate services 5) Coordination and institutional mechanisms 6) Communications, policy advocacy, and knowledge management</td>
<td>Joy Shumake</td>
</tr>
<tr>
<td>15:15-15:30</td>
<td>Coffee break</td>
<td></td>
</tr>
<tr>
<td>15:30-16:30</td>
<td>Presentation of working groups</td>
<td></td>
</tr>
<tr>
<td>16:30-17:00</td>
<td>Wrap-up, sessions 5-6</td>
<td></td>
</tr>
</tbody>
</table>

**Goal:** To orient the Clim-Health Africa network toward becoming a dynamic community of practice, working toward common Clim-Health Goals. Day two will reflect on the Clim-Health Africa work plan, identify key task areas the network can collectively work on to advance and work toward an action plan for 2016-2019. Six initial priority areas are proposed, others may be identified. Outcomes of discussions will identify priorities and pathways to achieve these goals, including through engagement of new partners.

**Goal:** Great ideas are frequently generated during such meetings but may falter in implementation once actors return home and limited follow-up occurs. The afternoon of day three is dedicated to allow partners to have individual or joined planning meetings– to make sure the next steps for taking action are completed.

**THURSDAY DAY 2: Workshop on Clim-Health Africa Priorities for Action**

Goal: To orient the Clim-Health Africa network toward becoming a dynamic community of practice, working toward common Clim-Health Goals. Day two will reflect on the Clim-Health Africa work plan, identify key task areas the network can collectively work on to advance and work toward an action plan for 2016-2019. Six initial priority areas are proposed, others may be identified. Outcomes of discussions will identify priorities and pathways to achieve these goals, including through engagement of new partners.

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Principal Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00-9:15</td>
<td>Recap of day one, sessions 1-4</td>
<td>TBD</td>
</tr>
<tr>
<td>9:15-10:45</td>
<td>Session 5: New Interests and Opportunities Brief introductions of new partners outlining description of institution, current and future climate and health in Africa activities and relevance to the network</td>
<td>TBD</td>
</tr>
<tr>
<td>9:15-9:30</td>
<td>Intro to INSPQ Niger and Morocco training</td>
<td>Ronald Ngom</td>
</tr>
<tr>
<td>9:30-9:45</td>
<td>Intro to IDRC</td>
<td>Evans Kituyi</td>
</tr>
<tr>
<td>9:45-10:00</td>
<td>Intro to USAID climate adaptation in Africa</td>
<td>Tegan Blaine</td>
</tr>
</tbody>
</table>

**FRIDAY DAY 3: Putting Next Steps into Motion**

Goal: Great ideas are frequently generated during such meetings but may falter in implementation once actors return home and limited follow-up occurs. The afternoon of day three is dedicated to allow partners to have individual or joined planning meetings– to make sure the next steps for taking action are completed.

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<tr>
<th>Time</th>
<th>Activity</th>
<th>Principal Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Recap of day two, sessions 5-6</td>
<td>TBD</td>
</tr>
<tr>
<td>9:00-9:30</td>
<td>Meeting national needs Discussion and proposed steps of actions, mechanisms and processes to ensure national partners access to Clim-Health</td>
<td>TBD</td>
</tr>
<tr>
<td>9:30-10:00</td>
<td>Identify advocacy priorities and key opportunities at COP21</td>
<td>Magaran Bagayoko</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>Establishment of SAC Identification of focal points</td>
<td>Diamid Campbell-Lendrum</td>
</tr>
<tr>
<td>11:00-12:00</td>
<td>Presentation and agreement on new Clim-Health Africa workplan</td>
<td>TBD</td>
</tr>
<tr>
<td>12:00-13:00</td>
<td>Closing discussion Partner profiles, call for action, meeting of SAC, etc.</td>
<td>TBD</td>
</tr>
</tbody>
</table>
ANNEX 3: OPENING REMARKS

Thank you Program Director,

• Representative of the World Meteorological Organisation (WMO),
• The Director of the African Centre for Meteorological Application to Development (ACMAD),
• Representatives of partner institutions: DFID, GIZ, USAID, IDRC,
• Representatives of UN Agencies and other international organizations,
• Representatives of the founding institutions of Clim-Health Africa,
• Distinguished experts, participants, guests,
• All protocols observed.

On behalf of the WHO Regional Director for Africa, Dr. Matshidiso Moeti, I am delighted to welcome you all to this important meeting of the international network on Climate and Health for Africa (Clim-Health Africa). I would first of all convey my sincere gratitude to the government of South Africa for hosting this important event.

Distinguished Participants,

Climate change has been recognized as a major global health threat of the 21st Century. It poses immediate and long-term threats to human health and survival across the globe. Nowhere is this anticipated to have greater impact than in Africa. The social, political, environmental and economic conditions already created serious health vulnerabilities for many communities across the continent.

As we all know, climate change impacts health – both directly and indirectly. Direct health impacts include injury, morbidity and mortality caused by climate induced extreme weather events such as cyclones, floods and droughts, thermal stress (heatwaves and cold periods), skin and eye damage (via UV radiation), and cardio respiratory diseases directly related to changes in temperature and air quality. However most of the health impacts of climate change are indirect and work through the impact of climate change on the social and environmental determinants of health such as air quality, changes in the quality and security of water sources, food security and safety, and the lifecycle and range of water-based and vector-based pathogens. Diarrhea, malaria and malnutrition are all climate-sensitive and rank among the most important causes of death in Africa – particularly among children and other vulnerable groups.

In order to address health consequences of climate variability and change, African governments have made firm commitments to tackle climate change, emphasizing on adaptation in general and health adaptation measures in particular.

I would like to briefly highlight as examples:

• As early as March 2008, the Member States of the World Health Assembly passed a resolution to support strong actions to mitigate climate change and to avoid further dramatic and potentially disastrous impacts on health.

• Following the WHA resolution, in August of 2008, the WHO regional office issued the Libreville Declaration on Health and Environment in Africa, which established a strategic alliance between health and environment.

• And in 2010, African Ministers of Health and Environment made a joint statement on climate change and health in which African governments committed themselves to implement an essential public health package to enhance resilience to impacts of climate change.

Consequently, during the 61st Regional Committee for Africa, Members States adopted the Framework for Public Health Adaptation to Climate Change. This framework aims to guide the formulation and implementation of the Health Component of the National Climate Change Adaptation Plan (HNAP). To date, 42 countries have developed HNAPs with WHO technical and financial support. At this stage, I would take this opportunity to express our sincere gratitude to GIZ, IDRC, DFID, and Norway for their support to adaptation and funding pilot projects on climate change and health.

Dear colleagues,

Although significant attention is being paid to the anticipated public health consequences of long-term climate change, many key challenges still lay ahead,

• First and foremost are the technical and institutional capacities, limited funds, weak health systems and weak inter-sectoral collaboration. In some cases, global and regional commitments are not translated into national political commitments and this hinders effective action in various country.

• Globally, the health sector has been slow to engage with climate change issues, particularly when compared to agricultural, water and environmental sectors.

• A key challenge remains the effective participation of local communities in their response system; the extent to which countries currently understand the health effects of climate change on local populations is inadequate and insufficient.

Clim-Health intends to serve as a virtual hub, where expertise is shared in order to develop the capacity of African health and climate communities, institutions, practitioners and partners to understand and integrate climate change challenges into policy, socio-economics, planning and programming.

Distinguished Guests,

It’s worth noting that there is a purposive call for global action to build new partnerships between national governments, technical and donor agencies, non-governmental organizations and the private sector. In response, an international network on climate change and health for Africa (Clim-Health Africa) was established in 2013 to support Member States in the implementation of the above framework. Clim-Health Africa is a technical network of reputable institutions working on climate change and health.

Clim-Health intends to serve as a virtual hub, where expertise is shared in order to develop the capacity of African health and climate communities, institutions, practitioners and partners to understand and integrate climate change challenges into policy, socio-economics, planning and programming.

Distinguished Guests,
Dear Participants, during these three days you will:

• Review progress made by the Clim-Health network since its establishment including sharing lessons learned, challenges and defining next steps.

• Showcase the scope of climate and health work being implemented by various actors in the African region.

• Raise awareness of Clim-Health Africa and expand its membership to new partners.

• Gain partner commitments to achieve a set of key activities for 2015-2016.

Given the quality and expertise of scientists and managers in this room, I am convinced that these objectives will be fully achieved.

Ladies and Gentlemen,

As I conclude, I wish to remind you that 2015 is a particular year for climate change, environment and sustainable development more widely, with countries aiming to reach a global climate change agreement to replace and update the 1997 Kyoto Protocol, at the 21st Conference of the Parties (COP21) to the United Nations Framework Convention on Climate Change (UNFCCC) in Paris in December. In the run up of COP21 WHO I am delighted to inform you of the official launch of WHO’s call for urgent action to protect health from climate change in the framework of the global campaign Our Climate Our Health. I would encourage you all to sign up the call for action.

I wish you successful deliberations.

Thank you.

---

### ANNEX 4: COMMUNICATION WORKPLAN

<table>
<thead>
<tr>
<th>Objectives</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective 1</strong></td>
<td>Encouraging collective and inter-sectoral action on Climate Change and Health (CCH) within national governments and supporting institutions</td>
<td>Targeted advocacy efforts with decision makers and relevant stakeholders is undertaken by Clim-Health partners</td>
<td>Awareness about and motivation to respond to CCH increase among key decision makers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>An online campaign is developed targeting civil society partners</td>
<td>Increased awareness and engagement of CCH issues among civil society</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promotion of, and engagement in, National CCH Country Profiles</td>
<td>National CCH Country Profiles launched with communication and advocacy support</td>
</tr>
<tr>
<td></td>
<td></td>
<td>National level meetings are convened for government, private sector and civil society representatives to galvanise discussions and actions</td>
<td>National government commitments on CCH, supported by local coalitions of partners, intensifies</td>
</tr>
<tr>
<td></td>
<td></td>
<td>A policy briefing is launched for the media in each country - at media launches, participants are provided graphics and other information required to promote the story</td>
<td>A policy briefing, together with accessible media materials, are launched in each country</td>
</tr>
<tr>
<td><strong>Objective 2</strong></td>
<td>Increase the amount of resources (human, financial, technical) available for CCH</td>
<td>An external relations effort should aim to promote the credentials, capacity and experience of the technical structures</td>
<td>The resources for work on CCH are better identified and catalogued</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Guidelines on accessing different CCH funds are produced and circulated</td>
<td>Organisations can access funds for Clim-Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Working with African and international higher education institutions to ensure CCH elements are incorporated into curricula including health, economics, international development, social sciences, etc.</td>
<td>CCH incorporated into curricula of higher education establishments</td>
</tr>
<tr>
<td>Objectives</td>
<td>Activities</td>
<td>Outputs</td>
<td>Outcomes</td>
</tr>
<tr>
<td>------------</td>
<td>------------</td>
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<td>----------</td>
</tr>
<tr>
<td>Objective 3</td>
<td>Plans and preparations put in place for annual CCH meetings</td>
<td>Strengthened networks and increased mobilization in the field of CCH</td>
<td>Plans and preparations put in place for annual CCH meetings</td>
</tr>
<tr>
<td>Objective 3</td>
<td>Accessible materials including graphics and video clips are developed for presentations and social media circulation</td>
<td>Adaptable communication materials are collected from partners - further materials (flyers, banners, etc.) are produced as needed</td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>Reworking Clim-Health animation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>Gather a collection of existing materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>A WHO technical report on climate change and health in Africa is developed, featuring the best evidence on climate change and health</td>
<td>CCH in Africa is clearly associated with Clim-Health, promoted as a pressing issue and is better understood by a range of stakeholders</td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>An institutional website is further developed to promote pan-African responses to health and climate change</td>
<td>A platform is created to give profile and to create a space for discussion on CCH</td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>An online discussion platform is created or co-opted for internal communication among partners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>A rapid baseline is developed for CCH Communication and Advocacy in Africa (for example online questionnaire)</td>
<td>A baseline on CCH communication and advocacy is developed</td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>Technical advisory group provides appropriate input on advocacy and communication efforts</td>
<td>Advocacy and communication efforts access appropriate technical support</td>
<td></td>
</tr>
<tr>
<td>Objective 3</td>
<td>Advocacy and communication materials are collected that respond to the relevant technical areas at different levels from local to regional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Outcomes**

- Network members clearly understand and support the structure, purpose and communication channels within Clim-Health
- Media briefings are developed prior to large meetings (e.g., COP21)
- Media liaison points are set up
- Experts on a range of key issues and in different issues are identified - media are encouraged to access them
- Media personnel can access the appropriate technical experts on Clim-Health issues
**ANNEX 5: SESSION WORKPLAN**

### Working approach of the group:
- Walked through the activities outlined under specific objectives of the action plan
- Judged the relevance
- Made specific contributions where possible and modified accordingly (based on the timeline for implementation)

<table>
<thead>
<tr>
<th>Specific Objectives and Output</th>
<th>Activities</th>
<th>Responsible</th>
<th>Budget</th>
<th>Time Frame</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>OBJECTIVE 1: Developing mechanisms and institutional capacities for a climate and health related Early Warning and Response System (EWRS) in Africa ($100,000)</strong></td>
<td>1.1.1 Develop and reach consensus on the terms of reference and modus operandi agreed upon by the founding institutions</td>
<td>1.1.1 Coordination (WHO/Regional Office in Africa)</td>
<td>60,000</td>
<td>Year 1</td>
<td>Achieved</td>
</tr>
<tr>
<td>1.1.2 Develop proposal for the establishment of Clim-Health Africa</td>
<td>1.1.2 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td></td>
<td>Year 1</td>
<td>Achieved</td>
</tr>
<tr>
<td>1.1.3 Draw up letters of commitment defining roles and responsibilities of network members as needed</td>
<td>1.1.3 Coordination (WHO/Regional Office in Africa)</td>
<td></td>
<td></td>
<td>Extend process to Year 4 for institutions with pending endorsement letters</td>
<td>Achieved</td>
</tr>
<tr>
<td>1.1.4 Establish an independent SAC of experts in various domains and from experienced institutions to make meaningful contributions to the network</td>
<td>1.1.4 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td></td>
<td>Extend to Years 3-4 but has not been done yet</td>
<td></td>
</tr>
<tr>
<td>1.1.5 Design and implement the mechanisms for identifying, contacting and mapping international and national initiatives and experts, as well as establish a mechanism for periodically updating the database of experts (including information on network members and involvement of relevant stakeholders in existing processes like GFCS, NAPs, IHR, DRR, IDS etc)</td>
<td>1.1.5 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td></td>
<td>Year 1</td>
<td>Partially Achieved</td>
</tr>
<tr>
<td>1.1.6 Develop tools for defining and assessing institutional capabilities and for classifying the institutions in terms of need and type of support to be provided</td>
<td>1.1.6 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td></td>
<td>Years 3-5</td>
<td>Pending</td>
</tr>
<tr>
<td>1.1.7 Design and implement of a monitoring and evaluation framework</td>
<td>1.1.7 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td></td>
<td>Years 2-5</td>
<td>Partially Achieved</td>
</tr>
<tr>
<td>1.1.8 Design and implement a reporting framework and frequency</td>
<td>1.1.8 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td></td>
<td>Years 2-5</td>
<td>Partially Achieved</td>
</tr>
</tbody>
</table>
# Output 1.2

**National capacity developed to ensure that EWRS are integrated into national surveillance systems**

<table>
<thead>
<tr>
<th>Specific Objectives and Output</th>
<th>Activities</th>
<th>Responsible</th>
<th>Budget</th>
<th>Time Frame</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.2</strong></td>
<td>1.2.1 Advise relevant institutions to assign appropriate staff to country teams</td>
<td>1.2.1 WHO</td>
<td>2,200,000</td>
<td>Year 1</td>
<td>Not Achieved</td>
</tr>
<tr>
<td>1.2.2 Establish multidisciplinary country team at the national level</td>
<td>1.2.2 WHO</td>
<td></td>
<td>Year 1</td>
<td>Not Achieved</td>
<td></td>
</tr>
<tr>
<td>1.2.3 Define and prioritize country needs relating to data and training tools</td>
<td>1.2.3 WHO and country teams</td>
<td></td>
<td>Year 1</td>
<td>Not Achieved</td>
<td></td>
</tr>
<tr>
<td>1.2.4 Develop and use training modules for country teams</td>
<td>1.2.4 IRI, NOAA, other network members, country teams</td>
<td></td>
<td>Years 1-5</td>
<td>Not Achieved</td>
<td></td>
</tr>
<tr>
<td>1.2.5 Facilitate access to available financial resources</td>
<td>1.2.5 Network</td>
<td></td>
<td>Years 1-5</td>
<td>Not Achieved</td>
<td></td>
</tr>
<tr>
<td>1.2.6 Recommend revision of national surveillance systems to incorporate environmental factors into EWS</td>
<td>1.2.6 WHO</td>
<td></td>
<td>Years 2-5</td>
<td>Not Achieved</td>
<td></td>
</tr>
</tbody>
</table>

# Output 1.3

**A community of scientists, technical experts and decision makers that work collaboratively to create and implement EWARS**

<table>
<thead>
<tr>
<th>Specific Objectives and Output</th>
<th>Activities</th>
<th>Responsible</th>
<th>Budget</th>
<th>Time Frame</th>
<th>Observation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.3</strong></td>
<td>1.3.1 Identify and define nature of the community as well as its engagements within and without the network (i.e. its interaction at the country and international levels)</td>
<td>1.3.1 Coordination (WHO/Regional Office in Africa) and founding institutions</td>
<td></td>
<td>Years 3-5</td>
<td>Pending</td>
</tr>
</tbody>
</table>

# Output 1.4

**Collaborative research needed to improve effectiveness and utilization of EWRS**

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Output 1.4</strong></td>
<td>1.4.1 Develop assessment tools and identify research gaps/challenges from pilot projects and specific country needs</td>
<td>1.4.1 SAC and country teams</td>
<td>4,040,000</td>
<td>Extend to Year 4</td>
<td>Partially Achieved</td>
</tr>
<tr>
<td>1.4.2 Develop and conduct collaborative research</td>
<td>1.4.2 SAC and country teams</td>
<td></td>
<td>Years 3-4</td>
<td>Resources need to be put in place for research to be performed</td>
<td></td>
</tr>
</tbody>
</table>

**OBJECTIVE 2: Developing effective public health early warning system tools for climate informed policy making that address climate sensitive health impacts ($135,000)**

<table>
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<tbody>
<tr>
<td><strong>Output 2.1</strong></td>
<td>2.1.1 Assess capacities, needs of national early warning and response systems</td>
<td>2.1.1 WHO, STC, secretariat, consortium, country/project teams</td>
<td>600,000</td>
<td>Years 3-5</td>
<td></td>
</tr>
<tr>
<td>2.1.2 Assessment of existing capacities and needs of national health systems to add climate-informed EWRS into existing surveillance and response systems</td>
<td>2.1.2 WHO secretariat, consortium, country/project teams</td>
<td></td>
<td>Year 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.3 Undertake stakeholder analysis and definition of roles and responsibilities and identify synergies with existing EWRS</td>
<td>2.1.3 WHO secretariat, WHO, donors, consortium, country/project teams, recipient countries</td>
<td></td>
<td>Year 3</td>
<td></td>
<td></td>
</tr>
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<tr>
<td>2.1.4. Define mechanisms/process for allocation of resources and planning of interventions to recipient countries</td>
<td>2.1.4 WHO secretariat, country/project teams, recipient countries</td>
<td></td>
<td>Years 3-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.5 Mobilize and/or allocate necessary funds/support to recipient countries</td>
<td>2.1.5 Secretariat, recipient countries, donors</td>
<td></td>
<td>Years 3-5</td>
<td></td>
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<tr>
<td>2.1.6 Monitor implementation process through an accountability framework</td>
<td></td>
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</tr>
<tr>
<td>Output 2.2 EWRS operationalized and scaled up</td>
<td>2.2.1 Development of standard operating procedures to implement and institutionalize early warning systems</td>
<td>WHO, STC, secretariat, country/project teams</td>
<td>4,200,000</td>
<td>Year 4</td>
<td></td>
</tr>
<tr>
<td>2.2.2 Organize national dissemination workshops with stakeholders</td>
<td>WHO, secretariat, relevant ministries and institutions</td>
<td></td>
<td>Years 4-5</td>
<td></td>
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</tr>
<tr>
<td>2.2.3 Train relevant government teams in the use of EWRS</td>
<td>WHO, secretariat, country/project teams, recipient countries</td>
<td></td>
<td>Years 4-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.4 Field test and implement procedures for climate informed EWRS</td>
<td>Country, technical partners</td>
<td></td>
<td>Years 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.2.5 When relevant, formally transfer of pilot project to implement EWRS among operational entities</td>
<td>WHO, secretariat, countries</td>
<td></td>
<td>Years 3-5</td>
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<td>2.2.6 Develop, field test and implement procedures for activating national preparedness and response actions (iDRR, DRR, etc.) in case of alerts</td>
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<td>Output 2.3 EWRS evaluated and lessons/results incorporated in EWRS</td>
<td>2.3.1 Definition of evaluation criteria</td>
<td>WHO, STC, secretariat, consortium, country/project teams, countries</td>
<td>200,000</td>
<td>Years 2-3</td>
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<td>2.3.2 Undertake evaluation including user satisfaction and sustainability</td>
<td>WHO, secretariat, countries, external expert group</td>
<td></td>
<td>Years 5-6</td>
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<td>2.3.3 Use evaluation results for continuous improvement and functionality of the system</td>
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OBJECTIVE 3: Developing and implementing a communication strategy for the Clim-Health network ($195,000)

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<td>Output 4.1 Communication plan developed and implemented</td>
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