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Clim-HEALTH
Africa

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Introduction

Background and rationale

Clim-HEALTH Africa, established in 2013, is a multistakeholder initiative bringing together African technical institutions and international partners to guide and strengthen the public health resilience of African countries and communities, serving as a virtual hub for expertise-sharing and capacity-building. It aims not only to improve the understanding of climate change challenges among African health and climate communities, institutions, practitioners and partners, but also aims to promote integrating these challenges into policy, socioeconomics, planning and programming.

Clim-HEALTH Africa's specific objectives are the following.

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| 1. | The initiative aims to encourage collective and intersectoral action on climate change and health (CCH) within national governments and supporting institutions. |
| 2. | It plans to contribute to increasing resources (human, financial and technical) available for CCH in Africa. |
| 3. | Communication and advocacy efforts on CCH in Africa will be intensified. |

Since the last Clim-HEALTH Africa meeting in 2017, climate change and health has gained a lot of traction globally, including in the African Region. The United Kingdom, as President of the 26th Conference of the Parties to the United Nations Framework Convention on Climate Change (UNFCCC COP26), established the first-ever health initiatives under the UNFCCC process in November 2021. Currently, ministers of health from a total of 70 countries have committed to the initiatives on climate resilient and low carbon sustainability health systems. Twenty-four of these are from the African Region. Building on this success, the United Kingdom and World Health Organization (WHO) established the Alliance for Transformative Action on Climate and Health (ATACH) in June 2022, with the overall mission “to realize the ambition set at COP26 to build climate resilient and sustainable health systems, using the



collective power of WHO Member States (“Member States”) and other stakeholders to drive this agenda forward at pace and scale; and promote the integration of climate change and health nexus into respective national, regional and global plans”.

ATACH has also been joined by key implementation partners, including development agencies, multilateral development banks and major philanthropic foundations, as well as practitioner, academic and non-governmental organizations (NGOs), with the capacity to provide coordinated support to the participating countries to achieve their commitments.

In 2017, the Clim-HEALTH consortium participated in roundtable discussions on key emerging issues. These included the following: early warning systems and other real-time climate monitoring options; the need to engage climate change and health work in disaster risk management coordination; and the need for more capacity-building to accommodate climate service development and its ultimate uptake into a comprehensive, multipronged and strategic approach.

In Africa, since 2019, ongoing cholera outbreaks following cyclones and tropical storms, particularly in east and southern Africa, have highlighted the need to integrate the climate dimension into epidemic and disaster risk management within the Region. From 2001 to 2021, 56% of almost 2000 public health events recorded in the African Region were climate-related and, when compared against the previous decade, 25% more climate-linked emergencies were reported from 2011 to 2021.



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The present meeting will provide an opportunity to review not only country needs to implement their COP26 health commitments to build health systems that are resistant to climate, but also their commitments related to operational research and programmes around those needs. For example, this meeting will cover the following: conducting climate change and health vulnerability and adaptation assessments; development of health components of national adaptation plans; implementation of climate-informed health surveillance systems; weather forecasting programmes for early warning of climate-related disasters; food insecurity and epidemic prevention in Africa; challenges faced by professionals in the fields of climate change and health; health systems’ strengthening; health emergency prevention using weather information; and will outline avenues for collaboration between the Clim-HEALTH consortium and relevant actors in Africa.

Finally, the meeting will discuss the capacity-building needs, in particular, the multisectoral work necessary for adequate consideration of climate to ensure health system resilience. This aligns to the COP26 initiative, to which 24 of the 70 already subscribed countries are African.

This workshop is funded by the Wellcome Trust as part of the project entitled “Building the climate change and health field: placing health at the centre of the global climate negotiations”.

Objectives of the meeting:

The main objective of the 2023 Clim-HEALTH Africa meeting is to build on the commitments made by health ministers to build sustainable, climate-resilient health systems that are also low carbon. Additionally, this meeting will not only build on roundtable recommendations made in 2017, but also on work done by the consortium partners in Africa, by planning a way forward for more collaborative work that aims to tackle climate change and health priorities in the Region.

The meeting will allow partners to discuss emerging issues and how to make climate services and the Clim-HEALTH Africa Network more responsive to both emerging policy agendas and user needs in Africa.

The specific objectives of the meeting are to do the following.



Discuss Clim-HEALTH members’ initiatives in the Region from 2015 to 2025 related to climate information and services for health action; climate and health security and emergency preparedness; and climate and health capacity-building to improve health sector resilience, including food security and nutrition.



Plan Clim-HEALTH Africa’s five-year community development and implementation agenda to support the implementation of the COP26 commitments by African countries, including an associated fund-raising strategy.



Elevate the political profile of climate change and health and ensure that the Clim-HEALTH Africa meeting outcomes inform national climate change positions at COP28.

Expected outcomes:

- Determine scope of work for Clim-HEALTH Africa and partners regarding policy and operational research priorities around the implementation of the COP26 health commitments by countries, including emergency preparedness and response for the period 2023–2028.
- Initiate work collaboration and short-term agenda between Clim-HEALTH Africa consortium and other partners toward COP28 in Abu-Dhabi.
- Draft a five-year Clim-HEALTH Africa scope of work for fund raising.
- Strengthen linkages and synergies between members, policy-makers, donors and other stakeholders in the Clim-HEALTH Africa network.



Chapter

1

Proceedings day 1

Opening ceremony

The coordinator of the network secretary, **Prof Brama Kone**, opened the meeting with a round of introductions from all participants. Following this, **Dr Inoua Aboubacar** chaired the opening ceremony, during which the WHO representative in Gabon, **Dr Magaran Bagayoko**, kicked off the ceremony by welcoming participants and giving a brief history of how Clim-HEALTH started. Dr Bagayoko highlighted the need for multisectoral coordination to achieve sustainable solutions regarding climate change effects on health. He emphasized that one of the major challenges facing necessary climate action is funding. Following this, **Dr Laetitia Ouedraogo Nikiema**, speaking on behalf of **Dr Onyango Adelheid**, Director of Universal Health Coverage, Healthier Population cluster, WHO Regional Office for Africa (WHO-AFRO), quoted **Dr Moeti**, the Regional Director of WHO-AFRO, by saying, “Climate change is one of the greatest threats to humanity. The entire foundation of good health is in jeopardy with increasingly severe climatic events. In Africa, frequent floods and water- and vector-borne diseases deepen health crises. Although the continent contributes the least to global warming, it bears the full consequences.”



Prof Brama Kone



Dr Inoua Aboubacar



Dr Magaran Bagayoko



Dr Ernest Afiesimama

Dr Ernest Afiesimama, Director of World Meteorological Organization in Africa, was next to take the stage to welcome delegates. He stressed that the health and safety of an individual, and indeed of whole populations, is closely linked to weather and climate conditions, and is greatly impacted by extreme weather and climatic events. The latest 2022 State of the climate in Africa report shows an increase in climate change-driven weather events across Africa.



Mr David Ombisi

After the welcome by Mr Ernest Afiesimama, the Chair acknowledged the presence of other UN representative bodies in the meeting and handed the floor over to **Mr David Ombisi**, Representative of the Regional Office of Africa United Nations Environment Programme (UNEP), joining remotely from Nairobi. Mr Ombisi highlighted the need to encourage and support countries to find cost-effective ways to address health issues and environment linkages. Additionally, he stressed the need to revitalize discussions on how Clim-HEALTH can support Member States on implementing the ministerial strategic action plan, Strategic action plan to scale up health and environment interventions in Africa 2019–2029. This action plan agreement was made by ministers of health and environment at the ministerial conference.



Mr Guy Mbayo

Mr Guy Mbayo, the team lead a.i of Climate Change, Health and Environment (CHE), WHO-AFRO, gave a brief presentation on the key climate, health and environmental work highlights in the Region. He drew attention to the fact that the Region has recorded an increase in climate change emergencies over the past

ten years, and relayed current projections that estimate, by the year 2030, over 250 000 deaths per year in Africa due to malnutrition, malaria, diarrhoeal disease and heat stress. Mr Mbayo highlighted the launch of ATACH. This working group is co-led by Cote d'Ivoire and Health Canada, and is focused on building climate-resilient health systems. He concluded by stating that WHO enhances the capacity of the health sector in the Region to adapt to and mitigate climate change, and that the regional initiative, targeting 30 African countries, was launched to build legal, institutional and operational frameworks for health sector adaptation.

After Mr Mbayo's presentation, a video by **Dr Vanessa Kerry**, a physician and CEO of SEED Global Health and now recently appointed as the WHO DG Special Envoy for Climate Change and Health, was shown. She began by stating that Dr Tedros had mandated her to help drive awareness of and responses to the critical impact



Dr Vanessa Kerry



Dr Maria Neira



Mrs Justine Libimbi

climate change is having on our health. She mentioned that the world is heading towards an unsustainable global temperature rise of from 2.4 to 2.6°C by the end of the century, and that the climate crisis is a health crisis. Dr Tedros made it clear that it is time for a fundamental reboot of how we live on this planet, share resources, and invest in protecting global well-being and the public good. The year 2023 is critical for this discussion as it coincides with the first-ever Health Day Plan at COP28 in Dubai. We need to see urgent action now to unlock funding for mitigation, adaptation and resilience for health, so that we can build strong health systems that are able to cope with the impact of climate change and disease.

Dr Maria Neira, Director of the Department of Environment, Climate Change and Health at WHO headquarters, stated in her speech that we need to demonstrate that we have the capacity to react to climate change and health problems. “Our health systems should be able to absorb most, if not all, the impacts of climate change. Africa should be able to transition to a total independent, renewable energy system. Let us join forces and make an impact in the climate and health action.”

Minister for Health and Social Affairs in Gabon, Her Excellency **Mrs Justine Libimbi** ep. Mihindou, welcomed all participants and thanked them for their attendance. She further highlighted the efforts made by Gabon in the fight against climate change, and the integration of health in all climate actions, and declared the meeting open.

The opening of the 4th Clim-HEALTH meeting ended with a group photograph of all attending dignitaries and participants. Technical sessions commenced after a 30-minute coffee break. The first session began with the United Nations Department for Safety and Security (UNDSS) officer, **Mr Eric Moussimo**, giving feedback on the global status of security around Libreville, a list of UN-authorized hotels and recommended transport options. Following this, **Dr Olga Princesse**, WHO Gabon, delivered a briefing on the focal point of PRESEAH in Gabon.

Session 1: Climate information and services for health action including food security and nutrition in the African Region

The technical session started with a presentation from **Professor Brama Kone** and **Dr Rosa von Borries** on the joint work of WHO and World Meteorological Organization (WMO) focusing on prediction, prevention and management of acute public health effects of climate change in Africa. They highlighted the specific objectives of the 4th Clim-HEALTH meeting; namely, to develop operational and institutional capacity for implementation of climate-based public health early warning and response systems in Africa; to utilize early warning and response systems to provide timely responses to climate sensitive diseases and conditions; to raise awareness by implementing a climate and health communication strategy; and to provide African countries with priority support on urgent public health issues related to climate change.



Prof. Brama Kone



Dr Rosa von Borries

Professor Kone emphasized that the 4th Clim-HEALTH meeting is aimed at establishing a detailed working plan for the next five years. He further highlighted that by participating in all climate and health activities, African countries and institutions are contributing to sustainable development goals (SDGs), the United Nations Framework Convention for Climate Change (UNFCCC), the Libreville Declaration on health and environment in Africa, the African Union CC Strategy for climate change and health, and the Sendai Framework. His presentation showcased the progress made by the operationalization of Clim-HEALTH over the past five years. In particular, the west and eastern parts of Africa have made significant implementation progress regarding one or two activities related to Clim-HEALTH objectives.

Dr von Borries recalled the launch of Early Warnings For All Initiative by WMO in 2022, and announced that WMO will be supporting 13 countries within the African Region. She went on to mention that some African countries have launched their national framework for climate services, and that vulnerability and adaptation assessments are two important indicators that reflect progress in assessing and managing climate risks to health. She also highlighted the fact that climate-informed health surveillance and early warning systems are underpinned by health and meteorological partnerships.

“...vulnerability and adaptation assessments are two important indicators that reflect progress in assessing and managing climate risks to health. She also highlighted the fact that climate-informed health surveillance and early warning systems are underpinned by health and meteorological partnerships.

Dr von Borries further stipulated that 60% of nationally determined contributions (NDCs) refer to climate-sensitive health risks or outcomes, and that climate information can be better integrated to inform those national policies and national adaptation plans. Her parting message was that WHO and WMO have a strong, ongoing collaboration, as evidenced by the recent launch of a joint website (climhealth.info) where key resources, publications and expert teams are available to anyone interested in climate and health.



Mr Hamid Mponda

Mr Hamid Mponda, Technical Officer for Climate Change and Health, WHO Malawi, presented on the Early Warning, Alert and Response System (EWARS) and Malawi's key achievements in this regard. Malawi has outlined its climate change and health priorities in the national adaptation programme of action (NAPA) and the NDCs. In addition, the country has conducted an assessment on vulnerability and adaptation, resulting in several recommendations. Crucially, early warning surveillance is key to building climate resilience in the health sector.

Pivotal achievements recorded in Malawi EWARS are the following: acquiring the virtual server where the demonstration EWARS is currently installed; successfully deploying and testing the EWARS dashboard against the virtual server; a signed memorandum of understanding (MOU) between the ministry of health (MOH) and the meteorological department for accessing meteorological data; and updating the terms and conditions. Further critical achievements are identifying EWARS focal points to oversee the implementation of EWARS at both national and district level; providing support on IT technical issues and weekly reports on malaria and diarrhoeal diseases/conditions under Integrated Disease Surveillance and Response (IDSR), reported in the Occupational Health and Safety Programme (OHSP) or DHIS 2; and participating in the monthly training organized by WHO headquarters.

Regarding leadership, Malawi has:

- successfully institutionalized a health and climate change core team (HCCCT) in the health sector
- developed a vulnerability and adaptation assessment for the health sector
- developed a national communication strategy on health and climate change, pending validation and endorsement
- developed and disseminated health advisories for extreme events
- integrated human health and climate change into NDC
- MOH signed a commitment letter on COP26 health initiatives in 2021
- policy briefs produced and presented to policy-makers and stakeholders
- facilitated the inclusion of a module on climate change and human health in the health surveillance assistants' training manual.



Dr Tatiana Maruffo

Dr Tatiana Maruffo, National Institute of Health of Mozambique, spoke on EWARS for climate-sensitive diseases. Dr Maruffo indicated that there are gaps in the coverage by meteorological stations, which can affect the quality and accuracy of climate data. However, at national level, vulnerability and adaptation analysis of the health sector in relation to climate change showed that 31.8% of the national territory has a high to very high index of health vulnerability. This high vulnerability, together with the weak adaptive capacity in the sector, results in poor health outcomes at the national level. To address this, Mozambique has undertaken several operations in line with climate and health, notably the following.

- In 2019, institutional and human capacity were reinforced (climate and health, water, sanitation and hygiene (WASH), and modelling).
- National and local evidence was improved in 2020, regarding vulnerability, adaptability and strengthening emerging disease surveillance, especially for dengue and chikungunya.
- In 2021, the national research agenda was finalized, and an adaptation system was developed.
- In 2022, Mozambique finalized the National Adaptation Plan for climate change in the health sector (H-NAP).

Dr Maruffo concluded by stating that, with support from WHO headquarters, Mozambique was able to develop systems and local adaptation methods.



Dr Waltaji Terfa Kutan

Dr Waltaji Terfa Kutan, Technical Officer Climate Change, WHO Ethiopia, began by saying that the vulnerability index in Ethiopia is high (coupled with low adaptive capacity), but is not on an upwards trend like that of Mozambique. Mr Tarekegn Abera Wodajo continued with the presentation by stating that Ethiopia has established a technical working group, which has developed several documents around EWARS. He went further to highlight some lessons learnt.

- The MOH plays a role in ownership and leadership.
- Collaboration and partnership with multiple sectors and development partners, particularly with the national meteorology agency, universities and research institutes, is important.
- The multidisciplinary nature of the team helped in adapting the EWARS.
- The capacity of national, regional and district health care facilities was established.
- The EWARS implementation was successful due to the availability of resources at the time.



Prof. Mansur Bako Matazu

Professor Mansur Bako Matazu, Director General of Nigeria Meteorological Agency (NIMet), presented its work in Nigeria, which involved collaboration with universities and research institutes. So far, NIMet has worked together with 128 universities, and has signed an MOU with about 20 of them. This capacity-building by NIMet has resulted in the recent establishment of a school in the Sahelian part of the country. Further collaboration from the health sector, however, is needed to ensure substantial results. In addition, NIMET is also assisting other countries, such as Liberia, Malawi and Mozambique, in establishing EWARSs.



Dr Tufa Dinku

Dr Tufa Dinku, Senior Research Scientist, International Research Institute for Climate and Society (IRI), Columbia Climate School, spoke about the several publications around climate and health produced by IRI, and how, for the past five years, it has been focusing on food security and nutrition. IRI has strengthened capacity-building by developing multilevel training and education, and plans to strengthen climate services for health by focusing on heat,

infectious diseases and nutrition. Additionally, IRI has been building a strong evidence base for health sector benefits and the economic value of climate services and capacity-building, which is specifically for health and climate professionals.



Dr David Gikungu

Dr David Gikungu, Kenya Met Service, gave a presentation on the ongoing efforts to modernize instruments for observation.



Dr Pierre Kamsu

Dr Pierre Kamsu, Senior Thematic Expert, Climate Services and Related Applications Programme (ClimSA)/African Centre of Meteorological Applications for Development (ACMAD), presented on the ongoing climate challenges for food security and health. In 2015, ACMAD became a WMO-designated Regional Collaboration Centre (RCC) and later, in October 2022, a continental multihazards advisory centre. He highlighted that detailed, clear and easily accessible climate information is necessary to ramp up mitigation and adaptation. ACMAD creates vigilance maps for meningitis and malaria, in addition to monitoring heat waves and anomalies during agricultural seasons. Last year, ACMAD also launched a user interface platform for health, and the construction of a climate health dashboard to support a multidisease surveillance control programme is currently underway.



Dr Paulino Omay

Dr Paulino Omay, Intergovernmental Authority on Development (IGAD) Climate Prediction and Applications Centre (ICPAC), presented on ongoing work on climate information and services for health action, including food security and nutrition. ICPAC serves eleven countries and works to strengthen the climate services' capacity of Member States.

Session 2: Translating climate and health services into policy and action in the African Region



Dr Antonios Kolimenakis

Dr Antonios Kolimenakis, CCH, WHO headquarters, presented on climate change and health in ATACH and the impact of the health care sector's climate footprint. He reported that the sector is responsible for 5% of global emissions, thereby highlighting the need to decarbonize the health sector. He pointed out that the African Region has the highest number of countries committed to the COP26 health programme. Specifically, 25 out of the 71 committed countries are African. ATACH functions as a monitoring mechanism for climate and health actions in countries that fall under the WHO umbrella, and currently has four working groups; namely, climate resilience, decarbonization, supply chains and finance. COP28's health pavilion is noteworthy, as it marks its third occurrence since COP26, and features two relevant courses, one for health professionals on climate change and actions, and another for policy-makers on influencing climate actions.



Dr Fawzia Rasheed

Dr Fawzia Rasheed, Climate and Environment Lead, Aga Khan Development Network (AKDN), Nairobi, presented on building sustainable, low carbon health systems. Dr Rasheed highlighted that many of our hospitals are Joint Commission International (JCI) accredited, meaning that they essentially meet

industrialized countries' standards. She further demonstrated the WHO-endorsed AKDN carbon management tool, which is developed within Excel and contains several advanced features. This management tool correctly apportions different components of your overall footprint, requires 90 minutes for training, and has been shared with Member States. Dr Fawzia remarked that decarbonization makes financial sense, and concluded with the following lessons learnt.

- Countries have committed to decarbonize and have set targets, but as has commonly been found, are unclear about how to start, resulting in a lack of progress.
- Evaluating footprints has been simplified, and capacity is no longer a barrier.
- Collaborations between government and academia can fast-track data collection, planning, cost and progress tracking.



Dr Revalti Phalkey

Dr Revalti Phalkey, Global Director for Health and Nutrition, Save the Children International, presented on accelerating action on climate, health and nutrition. According to Dr Phalkey, by the end of 2022, 43.3 million children would have been displaced due to conflict and violence, and a child born today will experience seven times more climate change impacts compared to a child born in 1960.

Each of the participants highlighted challenges faced in their various institutions. These challenges compromise their ability to adequately support Member States and/or collaboration partners in the execution of early warning systems for climate and health actions. Specifically, the Ethiopian, Kenyan, Malawian and Nigerian Meteorological Services, ACMAD, ICPAC, National Institute of Health Services in Mozambique, Save the Children, ATACH and IRI have found the following issues to be recurrent.

- i. Resources for climate change and deployment of updated EWARS is limited.
- ii. Dedicated servers for EWARS dashboard are lacking.
- iii. Information and communication technology (ICT) equipment to support deployment is limited.
- iv. Internet connectivity in health facilities is limited.
- v. Geocoordinates for household cases to run risk mapping are lacking.
- vi. Access to direct meteorological data is limited.
- vii. Data quality is poor, and access to data and sharing is limited; and there is no access to ground observation due to restrictive nature of national policies.
- viii. Materials and equipment are limited.
- ix. Capacity-building for both health and meteorological officers at local level is limited.
- x. Sustainable use of systems and platforms is lacking.
- xi. More funds are required for adaptation.
- xii. Extreme climate events are increasing in frequency and intensity.
- xiii. There exists little automation with information not packaged for health-related decision-making.

During the question and answer (Q&A) session, several recommendations were made to serve as a basis for some of the challenges highlighted in Session 1 and 2 presentations. These were the following.

- Advocate for increased access to climate and health financing.
- Increase the engagement in policy dialogues on climate change and health mitigation and adaptation.
- Continue to increase knowledge and awareness of the impacts of climate change.
- Scale up early warning surveillance systems.
- Increase resource mobilization.
- Integrate EWARS in existing surveillance or health information systems.
- EWARS is an important tool for responding to emergencies.
- Expand the use of EWARS to other climate-sensitive diseases.
- Improve data quality, access and sharing.
- Make use of capacitated server and computer technology.
- Provide training, advocacy, supportive supervision and follow-up.
- Mobilize resources for all climate and health actions.
- Strengthen multisectoral coordination in data sharing and beyond.
- Move from analysis-ready data to decision-ready information.
- Build on open-source platforms to ensure sustainability and continued customization.
- Integrate socioeconomic and infrastructural (water, energy, etc.) aspects in EWARS.
- Include climate change in health academia curricula.
- Harmonize data collection methods.
- Develop climate-smart health actions.
- Strengthen capacity-building for the health sector.
- Engage the health sector in the draft document on an Early Warning Action Plan.
- Build strong collaboration between the health sector and climate sector, and take concrete actions on climate change, encouraging public-public collaboration as well as public-private collaboration at national level.
- Develop concrete data frameworks.
- The health sector should play a key role in mitigation of climate change impacts.

- Amplify the voice of children in climate action.
- All institutions, experts and organizations are to identify what they are concretely doing to protect vulnerable communities against the effects of climate change.
- Translate all the work done in theory into a form of communication that is easily understandable for the local population, and integrate the local community in all actions combating climate change.



Proceedings day 2

Day 2 of the Clim-HEALTH meeting kick-started with a synopsis and key points of the previous day's activities, presented by **Dr Casimir Manzengo Mingiedi**, WHO Gabon.

Session 3: Climate information and services for health – global and regional operational challenges and gaps

The need to harmonize the data of the health and climate sectors has been a point made in several meetings in the past. This challenge may be due to inconsistencies in the way in which health data and climate data are captured, making the consolidation of these data streams difficult. One proposed solution is to improve the interoperability of health and climate data, as opposed to using standardization.

The four pillars of climate services are: 1) the generation of climate information; 2) the translation of information; 3) the translation/communication of information; and 4) the use of said information. It is up to the climate community to identify what data are needed from the health sector.

Session 4: Health emergency management and response in Africa and the need for multisectoral support, including weather/climate services



Dr Viviane Fossouo

Dr Viviane Fossouo, Urban Preparedness Technical Officer, WHO African Region, gave a presentation on infectious hazards and urban preparedness within the WHO African Region, specifically, the epidemic diseases of the 21st century. The emergence of newly recognized pathogens such as COVID-19, Ebola and Zika were mentioned, as well as the resurgence of old diseases such as cholera, dengue, measles, meningitis, shigellosis, Marburg and many more. Additionally, release cases of biological agents such as smallpox, severe acute respiratory syndrome (SARS) and anthrax were also mentioned, and that temperature rise is leading to an increase in the number of

malaria and dengue cases in Africa. In addition to climate change, the continent is particularly vulnerable to health emergencies as a result of several other drivers, such as social vulnerability, weak health systems, rapid urbanization, conflicts and social unrest, and weak governance regarding disaster risk management (DRM).

During the Seventy-fifth World Health Assembly in May 2022, WHO adopted a resolution (WHA75.7) on strengthening urban health emergency preparedness and response in cities and urban settings. Earlier, during the Seventy-third World Health Assembly in November 2020, WHO had adopted the resolution (WHA73.8) on strengthening preparedness for health emergencies, namely, the implementation of the International Health Regulations (2005) (IHR). Currently WHO is implementing the resolution framework to strengthen urban preparedness and response in cities and urban settings in six countries (Botswana, Nigeria, Rwanda, Togo, Cabo Verde and Nairobi). Dr Fossouo concluded by saying that considerable effort needs to be expended by countries and their cities for better preparation and mitigation of the impact.



Dr Cyprien Blaou

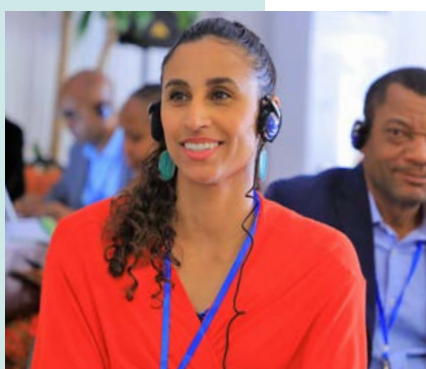
Dr Cyprien Blaou, Development Officer, Food and Agriculture Organization of the United Nations (FAO), gave a presentation on the One Health and Climate Change quadripartite programme, in which animal health is included as it, too, is challenged by climate change. He presented the One Health Joint Plan of Action (OH JPA), which aims to integrate environmental knowledge, data and evidence in One Health decision-making as one its goals. He emphasized the six key considerations for the implementation of the

OH JPA, which are the following: 1) avoid one-size-fits-all approaches; 2) conduct situational analyses; 3) prioritize activities and critical health issues; 4) engage with all stakeholders; 5) utilize the regional quadripartite coordination mechanism; and 6) build on existing mechanisms. The quadripartite, which is made up of four international agencies – FAO, WHO, the UN Environment Programme (UNEP) and the World Organisation for Animal Health (WOAH) – is committed to One Health.



Dr Ndoungou Salla Ba

Dr Ndoungou Salla Ba, Multi-Country Assignment Teams (MCATs) Coordinator, presented on the genesis of the MCATs in the WHO African Region. The rationale for MCATs is to improve the quality of technical support provided to countries. One of the responsibilities of the MCATs is to support individual countries in consolidating health data. With MCATs, we can see more collaboration with ministries of health and other partners. A strong collaboration between MCATs and climate change is the integration of climate change-related health challenges during policy dialogue, and the elaboration of health strategic documents, policies and frameworks across multiple countries.



Dr Tashiana Osborne

Dr Tashiana Osborne, Climate Change Advisor, United States Agency for International Development (USAID), presented on piloting climate and health activities in USAID's Africa Bureau. The United States Government has made recent investments towards efforts combating climate change. Dr Osborne gave detailed information on their climate strategy, which runs through to 2030. She also spoke on the expansion of data and information of the Famine Early Warning System Network (FEWS NET), which seeks to identify and address a health threat. Additionally, USAID has a strategic support mechanism called Climate Adaptation Support Activity (CASA).



Dr Julius N Wekesa

Dr Julius N Wekesa, WHO Greater Horn of Africa (GHA) Health Operations Lead, presented on food insecurity and health in the GHA. The GHA supports Member States across five pillars, namely, 1) coordination and collaboration; 2) surveillance and information; 3) outbreak prevention and control; 4) nutrition essential actions; and 5) health service essential actions. He highlighted that the climate crisis and the food and health crises are interconnected and, because of this, he emphasized the need for multisectoral preparedness and response to climate change events.



Session 5 (Breakout session 1): Multisectoral work toward health emergencies' management and response in Africa: how to deepen exchange and use of data, climate services and sectoral collaboration

The breakout sessions facilitated four brainstorming groups focused on discussing group-assigned questions. Group 1 and 3 discussed the following.

1. What recommendations can be made to improve the responsiveness of climate services to user needs in Africa?
2. What are the emerging issues and needs for climate services that Clim-HEALTH needs to prioritize?
3. What actions are needed in preparation for fruitful participation in COP28, in particular in the Health Day Plan?

Group 2 and 4 discussed the following.

1. How can strong collaboration be built between the health and climate sectors to result in concrete actions on climate change, and public-public and public-private collaboration at national level? Consider quality and accessibility of climate and health data in the discussion.
2. Identify concrete actions to protect vulnerable communities against the effects of climate change.
3. What actions are needed in preparation for a fruitful participation in the upcoming COP28, in particular in the Health Day Plan?

N°	Questions	Answers
1.	How can strong collaboration be built between the health and climate sectors to result in concrete actions on climate change, and public-public and public-private collaboration at national level? Consider quality and accessibility of climate and health data in the discussion.	• Establishment of ad-hoc panels linked with higher rank (e.g., with ministerial level or office of the president level). • Collaboration is voluntary and this removes accountability. Therefore, coordination and an MOU with an accountability matrix to enhance accountability is required, and ministries need to adopt it as part of their strategy. This should consider planning, implementation and reporting (e.g., national One WASH Account Project). Requests for data are also made easier when MOUs are in place. • Despite panel discussions, the health sector may not have an adequate voice if the appropriate actors are not in place to represent the group. This can result in failed collaborations. Changing the mindset and vision requires ensuring that early-stage training is crosscutting and builds the mindset needed for collaboration to work. Enhanced efforts are already being made to include climate modules in health courses and health modules in climate-related courses. • Review the climate service pillars so that the production of climate information involves co-production, thereby strengthening linkages and collaboration between the Met service and health sector. • Build the capacity of the public and private sector to accelerate implementation. Training should be done collaboratively.
2.	Identify concrete actions to protect vulnerable communities against the effects of climate change.	• Conduct both vulnerability and risk assessments, and prioritize associating communities. • Co-design solutions and community-led actions to mitigate climate impacts on health. • Incorporate indigenous knowledge into health and climate services. • Form a multisectoral committee of climate researchers and public health experts. • Mobilize resources to support the mitigation of climate impacts. • Identify investments in community infrastructures. • Build capacity and awareness campaigns. • Engage communities in actions that promote local-level resilience. • Elevate community infrastructure. • Protect vulnerable populations from economic shocks resulting from the impacts on them from climate change (e.g., social protection).



N°	Questions	Answers
3.	What recommendations can be made to improve the responsiveness of climate services to user needs in Africa?	• Incorporate climate impacts into health emergency planning and response. • Establish a guidance framework and build capacity on the usage of data from different sectors. • Incorporate the users as ‘first users’ and work on co-production of the climate services. • Make a joint assessment of the interconnection and interoperability of surveillance systems in the health, environment and climate sectors. • Establish a strong fundraising strategy involving the private sector, parliamentarians and communities. • Establish an accountability mechanism for climate services producers and users. • Ensure that the country implements the risk calendar in their contingency emergency planning. • Conduct modelling analysis and share information to relevant users to inform the decision-making. • Establish partnerships and leverage existing coordination platforms in respective countries (e.g., OneHealth, the National Framework for Climate Services (NFCS), etc.) to discuss climate and health-related issues. • The inclusion of health sectors is a necessity. • Understand user needs (e.g., stakeholder engagement and vulnerability mapping). • Current approaches focus on a single exposure leading to a single health outcome. We need to shift focus towards methods in climate services that speak to overlapping issues and move away from singular early warning systems. • An effective user communication and feedback mechanism is needed. • Regarding impact assessment, quantify the stakeholder engagement and mapping tool baseline so that performance can be measured. • Data at community-level, considering equity aspects, is required. • Appropriate data dissemination across different media and communication channels to reach wider audiences is imperative. • The data collection process should not be driven by the needs of a central office, and must involve more than just aggregate data. • The research team needs to be multidisciplinary, and must include representatives from both climate services and from the health and medical sectors who are able to understand and translate the information from Met services.

N°	Questions	Answers
		• Ensure effective vertical and horizontal participation in data generation and assessment, involving not only peers but also national, subnational and regional levels. • An African observatory for climate and health is required. • Harmonize methods for the development of climate and health information. • Leverage digital technologies for communication. • These structures should build from/integrate with existing global frameworks.
4.	What are the emerging issues and needs for climate services that Clim-HEALTH needs to prioritize?	• Build green infrastructure (e.g., solar panels, etc.) in health facilities to reduce their carbon footprint. • Recognize the need for reliable and quality data, in particular good quality health information data. • Improve the climate/weather observation network. • Enhance the state's data utilization for early warning, preparedness and response recovery. • Establish data-sharing MOUs between health and climate sectors. • Include climate–health modules into medical school training curricula. • Document and share lessons learnt and good practices from the various pilot climate–health initiatives (e.g., capacity-building, post-action review finding and simulation exercises). • Mobilize sustainable funding for scaling up successful initiatives. • Strengthening Clim-HEALTH research to guide decision-making (e.g., impact analysis, cost–benefit studies, economic gains and health gains, etc.) • Clim-HEALTH as a convener must bring together three groups: 1) national climate institutions; 2) public health and health research institutions; and 3) high-level climate and health decision-makers. • Capacity-building component framework that addresses how to train health professionals to interpret climate services data. • Mechanisms to provide health data through Met services, which are free – public weather services are a public good. • Build harmonized early warning systems. • Expand knowledge and data on climate and health across the African Region.

N°	Questions	Answers
5.	What actions are needed in preparation for a fruitful participation in the upcoming COP28, in particular in the Health Day Plan?	• Demonstrate the climate–health contribution to attain the SDGs for presenting at COP28. • Prepare the progress status on implementation of the Paris Declaration on Climate Change (leading to a call for action). • Organize a side event with decision-makers to highlight gaps and needs. • Define our scope, design the key messages and identify a ‘catch phrase’ for a general audience. • Ensure the inclusion of a health representative in the organizing committee, as well as in the country’s delegation. • Per country, what does the delegation look like? Which countries have a health representative in the delegation? Engage those who do not. • Launch a call for expression of interest to all relevant sectors to nominate a ‘climate champion’ and support training of these designated ‘champions’. • For the panel/side event at COP28 do the following. • Show successful case studies on collaboration between Met services and health sector. • Reinforce the collaboration between Met services and health sector. • Highlight economic benefits of early warning systems and the benefits of investing in climate and health. • Develop documents and flyers for distribution at the WHO Health Pavilion. • Ensure digital access to associated data. • Convey the current incapacity and weaknesses of the health sector when participating in climate interviews with ministers. (Clim-HEALTH to convene and put under the spotlight.) • Convey a call for action for ministers of health to prioritize climate. • Produce a technical note for health negotiators on why climate is a priority.



Maya Gowda

Session 6: Sustainable and integrated capacity-building in Africa

Maya Gowda, Sustainable and Environmental Education and Discover (SEED)'s Capacity Building programme. SEED is a youth-led organization, educating students from kindergarten through twelfth grade about climate change. SEED's mission is to provide lower middle school and

high school students with a comprehensive education on climate change and its effects, with the aim to inspire them to become climate advocates. SEED has provided curricula to over 100 000 students in Miami's public schools and to organizations in Uganda, Togo and the Democratic Republic of the Congo.

SEED also wishes to empower women to begin implementing solutions, since women, and in particular those of colour, are most affected by the climate crisis. Climate education has the power to save lives, and Maya Gowda emphasized that teaching climate education at an early age will facilitate a connection between students and climate solutions. Innovations will inspire students to create climate solutions that could help serve their communities, while simultaneously creating educational opportunities for themselves.

According to her, SEED has five different strands of curricula: 1) general impacts of climate change; 2) health impacts of climate change; 3) climate change impacts in Africa; 4) climate change impacts in India; and 5) water conservation. Students who have gone through the SEED curricula have gained valuable knowledge that they can apply in their lives.

Maya Gowda is interested in more teacher-training in Africa and in other countries, with the aim of growing a large community of teachers who are knowledgeable about the climate crisis. She also plans to work with the team to develop a mobile app that will make climate modules accessible via mobile technologies, such as phones.



Mr Essoninam Passike Pokona

Mr Essoninam Passike Pokona, Technical Advisor GIZ (Gesellschaft für Internationale Zusammenarbeit) Togo, presented on strengthening Togo's health system resilience to climate change. According to Dr Passike, GIZ Togo has succeeded in establishing a unit for climate change and health at the MOH. They have been working in close collaboration with a climate change taskforce, West African Science Service Centre on Climate Change and Adapted Land Use (WASCAL), civil society and AKDN (mitigation). Presently, GIZ is working on a concept note on

Early Warning Systems, governance, infrastructure and communities' resilience, which will be submitted to the Green Climate Fund (GCF). To wrap up, Dr Passike ended with a video of a workshop that took place in Lome, Togo, in 2022 on lessons learnt and shared practices of climate change and health in Africa.



Prof. Kone Daouda

Professor Kone Daouda, WASCAL Capacity Building department, presented on placing multisectoral work and capacity-building at the centre of climate-related health emergency management in Africa and global climate negotiations. WASCAL was created in 2009, and graduate schools were established 2012. The objective is education and research focusing on climate change in order to enhance the resilience of human and environmental systems. According to Professor Kone, the purpose is to provide knowledge at local, national and regional levels. This helps identify the necessary steps to tackle the issue of climate change and to build resilience and productivity within the socioecological landscape. He highlighted that there are twelve countries participating in WASCAL, and that the organization is planning to start a PhD programme on climate change and health.



Dr Abraham Aseffa

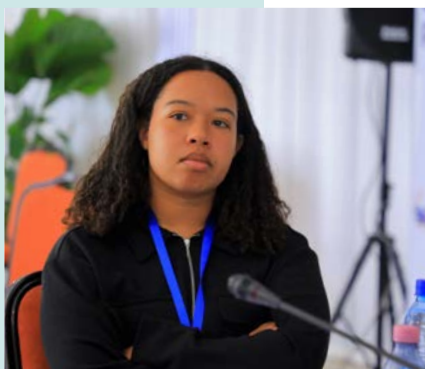
Dr Abraham Aseffa, Research for Implementation, the Special Programme for Research and Training in Tropical Diseases (TDR) for research on diseases of poverty, gave a presentation on TDR-supported research on

climate change and health in Africa. TDR is a global programme of scientific collaboration to facilitate support and influence research on infectious diseases of poverty. TDR, sponsored by UNICEF (United Nations International Children Emergency Fund), UNDP (United Nations Development Programme), the World Bank and WHO, supports climate change and health research in Africa.

According to Dr Aseffa, TDR is a special agency; the main mission is to support the well-being of people burdened by infectious diseases of poverty, and to improve research and innovation. He stated that TDR has just developed its 2024–2029 strategy, which is focused on climate-related infectious diseases, poverty and One Health initiatives. TDR has graduate training centres in West Africa that disseminate purpose-built courses to learners.

Session 7: Opportunities for sustaining climate and health actions in the African Region

Day 2 ended with a donor session with presentations from the Wellcome Trust by Georgia James, from the World Bank by Tamer Rabie and from the Foreign Commonwealth and Development Office (FCDO) by Dr Anya Gopfert.



Georgia James

In her presentation for the Wellcome Trust, **Georgia James** stated that Wellcome Trust has technically been funding climate health since 2017, but it was part of a different programme called “Our planet, Our Health”. In 2021, the Wellcome Trust underwent extensive restructuring and, in 2022, made available several funding opportunities, such as a global call for climate-sensitive, infectious disease modelling.

Georgia James briefly mentioned the different streams for 2023 funding from the Wellcome Trust, which included calls for funding to research heat and adaptation, biological vulnerability to extreme events, and to advance climate mitigation and policy solutions with health co-benefits in G7 countries. She added that there is significant investment going into proposals focused on the African Region, led by African institutions and African lead investigators.



Dr Tamer Rabie

Dr Tamer Rabie Health Climate Environment and Disaster lead (HCED), World Bank, presented on putting people at the heart of climate investment and action. He mentioned key points that should be considered whenever the World Bank is talking

financing, in particular, the focus on adaptation, resilience and mitigation agendas; what the costs of inaction are; and how much the associated health-driven climate impacts would cost governments in terms of Gross Domestic Product (GDP) by 2030.

Focusing on the best investments for climate and health, Dr Tamer highlighted three investments areas, frequently discussed with partners through ATACH.

- Investments that address the direct health impacts of climate change. These fall mostly within the adaptation agenda.
- Investments that aim to strengthen climate resilience and environmental sustainability of health systems.

- Investments that focus on promoting health care and the benefits of climate change mitigation in other sectors.

Dr Tamer went on to elaborate on financing methods, which are based on three fundamental areas of action.

- Define country plans by conducting a climate and health risk assessment, calculating benefits, prioritizing interventions and creating costed adaptation plans.
- Build country capacity by supporting additional staffing across relevant ministries.
- Invest in interventions.

He closed by emphasizing “that the time for action is overdue, so we should accelerate efforts”.



Dr Anya Gopfert

A screening of a prerecorded video by **Dr Anya Gopfert**, Health Advisor, Climate, Environment and Health team, FCDO, followed.

The day ended with the presentation of an action plan template, developed during the Clim-HEALTH meeting, to be completed by participants.

Chapter

3

Proceedings day 3

Session 8 (Breakout session 2): Toward a 5-year scope of work of Clim-HEALTH Africa

Table 2. Action Plan

Category	What to do?	When?				
		Y1	Y2	Y3	Y4	Y5
Policy	Establish MOUs between health and climate sector for data sharing.	●	●	●	●	●
	Develop a resource mobilization strategy to conduct/support research.	●				
	Generate a health programme framework for the incorporation of climate services.		●			
	Support countries in building their Health National Adaptation Plan and ensure its inclusion into the Strategic National Adaptation Plan.	●				
	Make it a WHO regional committee resolution to integrate tailored climate services into health surveillance.		●			
	Advocate among member states for the African Region-Strategy on environmental determinants of human health.	●				
	Develop an MOU with an accountability matrix and responsibilities outlined.		●			



Category	What to do?	When?				
		Y1	Y2	Y3	Y4	Y5
Evidence-building and research	Conduct/update risk vulnerability assessments for every country.	●				
	Support countries in developing and/or designing policy briefs for stakeholders.	●				
	Create a repository of ongoing research on climate–health, thereby strengthening Clim-HEALTH research to guide decision-making (impact analysis, cost–benefit studies, economic gains, health gains, etc).	●				
	Scientific and operation research should both be published and included in the stream of reporting.	●				
	Support countries/Clim-HEALTH network to develop a research agenda on climate and health issues.	●				
Capacity-building	Organize training workshops for stakeholders.	●				
	Include climate–health modules into medical training.	●				
	Build an on-the-job training plan for Met and health staff.	●				
	Integrate Clim-HEALTH course for all health and Met experts, pre-service.	●				
	Collaborate with other organizations that share similar objectives (e.g., Climate–Health Africa Network for Collaboration and Engagement (CHANCE).	●				
	Encourage collaboration between Clim-HEALTH and academia to support climate change and health programmes.	●				
	Enhance national capacity for data analysis and impact-based modelling for climate and health.	●				
	Improve technical and financial capacity-building for developing and/or reviewing vulnerability assessments with technical support from ATTACH.	●				



Category	What to do?	When?				
		Y1	Y2	Y3	Y4	Y5
Coordination & collaboration	Establish partnerships and leverage on existing coordination platforms (e.g., One Health, NFCS, etc.) in partnered countries to discuss climate and health-related issues.					
	Conduct a joint assessment of the interconnection and interoperability of surveillance systems in the health environment and climate sector.					
	Develop a learning agenda for South-South Cooperation that facilitates knowledge transfer between countries.					
	Establish Clim-HEALTH network at country level with a yearly national workshop.					
	Establish an accountability mechanism for users and producers of climate services.					
	Support regional climate forums.	●	●	●	●	●
	Mapping of focal persons within the MOH under WHO and in the National Meteorological and Hydrological Services (NMHS) under WMO.					
	Clim-HEALTH annual meetings.	●	●	●	●	●
	Organize learning events for collaborators, researchers and policy-makers.					
Communication						
Data	Identify and map out what type of climate data is needed for the health sector.		●			
	Boost co-production and harmonization of tools.		●			
	Develop an MOU for data sharing.		●			



Category	What to do?	When?				
		Y1	Y2	Y3	Y4	Y5
Community engagement	Engage communities in problem identification. Elevate community infrastructure to reduce community vulnerability.					
	Promote community engagement in actions that promote local-level resilience.					
	Conduct vulnerability and risk assessments and prioritize those communities with high-impact interventions.					
	Incorporate indigenous knowledge into health and climate services.					
	Co-design solutions and community-led actions against climate impacts on health.					

Session 9: General wrap-up

Day 3 started with a 15-minute recap of day 2, giving an overview of what was presented and discussed. Thereafter, participants joined their various groups to spend the next 90 minutes populating the provided action plan template (see Table 2 above). This was followed immediately by a debriefing session, allowing participants insight into what the various groups did.

More recommendations were made as a result of working on the action plan. These recommendations are as follows.

- Mainstream climate change and health strategies at the regional and national level.
- Establish a relationship between climate variables and health outcomes and use these to inform decision-making for improved health outcomes.
- Use the information gleaned from climate and health data to establish an extensive and systematic review of evidence relevant to the Region, highlight scientifically informed areas for research, promote collaborative research between the climate and health communities, and conduct a specific, evidence-generating case study.
- Deploy activities that will transform research into actionable inputs, in particular, developing cloud climate thresholds and making these operational.

- Promote efficiency in service delivery through multidisciplinary mechanisms; create and strengthen national climate and health working groups; and establish the implementation of the national framework for weather, water and climate services as a long-term goal.
- Open communication channels between climate scientists, health professionals and policy-makers.
- Mapping of institutions and experts at the national level that specialized in Plan 2.
- Establish MOUs between climate and health sectors on data sharing.
- Support countries to ensure that the health sector is included in NAPA, and develop a resource mobilization strategy to encourage research.
- Develop a research agenda at global, regional and national level on Clim-HEALTH.
- Build countries' capacity to develop policy briefs on climate and health.
- Conduct a joint assessment on the interconnection and interoperability of surveillance systems.
- Establish an accountability mechanism for climate services and establish a Clim-HEALTH network at country level.
- Develop a learning agenda for South-South cooperation that facilitates knowledge transfer.
- Promote co-production and harmonization of tools and the development of an MOU for data sharing.
- Conduct vulnerability assessments and prioritize risk assessments and communities with high impact interventions, and promote co-designing solutions and community-led actions against climate impacts.

Towards the end of the session, Prof. Brama Kone shared a draft of the joint statement. Participants scanned the joint statement draft and made recommendations on what to add and modify to fine-tune the document.

Closing Ceremony

The Clim-HEALTH meeting ended on the third day with a closing ceremony presided over by the WHO representative in Gabon, Dr Magaran Bagayoko. Afterwards, Dr Ndoungou Salla Ba read out the declaration of the 4th Clim-HEALTH meeting, and one of the participants then gave a few words of appreciation. Dr Magaran closed the meeting with a call-to-action for all stakeholders to work together to address the growing challenges posed by climate change and its impact on human health.



He highlighted the key takeaways from the meeting, including the need for the following.

- More research is needed on the links between climate change and health. This research is essential to inform the development of effective adaptation and mitigation strategies.
- Greater collaboration is required between climate scientists, health professionals and policy-makers. This collaboration is necessary to ensure that climate change is accounted for in all aspects of health policy and planning.
- More investment must be made in climate-resilient health systems. This investment is needed to protect people from the health impacts of climate change, and to ensure that everyone has access to quality health care services, even in the face of extreme weather events.

Dr Magaran thanked all participants for their contributions to the meeting, and expressed his hope that the meeting would lead to concrete actions to protect human health from the impacts of climate change.



Annexes

Annex 1: List of Participants B

Annex 2: Detailed Meeting Agenda B

Annex 3: Opening Remarks Z

Annex 4: Joint statement B

List of participants

	Name	Institution (Alphabetical order)	Country
1	Dr Pierre H Kamsu Tamo	African Centre of Meteorological Applications for Development (ACMAD)	Niger
2	Dr Mouhamoudou Bamba Sylla	African Institute for Mathematical Sciences	Rwanda
3	Mr Martin Muchangi	African Medical and Research Foundation (AMREF) Africa	Kenya
4	Ms. Maggie Rarieya	African Medical and Research Foundation (AMREF) Africa	Kenya
5	Dr Fawzia Rasheed	Agah Kan Development Network	Kenya
6	Mr Médanou Gbobada	Cellule changement climatique et santé du ministère de la Santé	Togo
7	Ms. Celeste Madondo	CHANCE Network	South Africa
8	Ms. Caroline Muthoni	CHANCE Network	Kenya
9	Dr Kouakou Firmin Ya	Cote d'Ivoire Met service	Cote d'Ivoire
10	Mr Tarekegn Abera Wodajo	Ethiopia Met service	Ethiopia
11	Mr Kefyalew Amene Bogale	Ethiopia Public Health Institute	Ethiopia
12	Mr Waltaji Terfa Kutane	Ethiopia WHO Country Office	Ethiopia
13	Mr Cyprien BIAOU	FAO sub-regional Office for Central Africa,	Gabon
14	Dr Essoninam Passike Pokona	GIZ country office	Togo
15	Dr Paulino Omay	IGAD Climate Prediction and Applications Centre (IGAD-ICPAC)	Kenya
16	Dr Tufa Dinku	International Research Institute for Climate and Society (IRI), University of Columbia	USA
17	Dr Sophia Matu	Kenya Medical Research Institute (KEMRI), Kenya	Kenya
18	Mr David Gikungu	Kenya Meteorological Service	Kenya
19	M. Thomas Scalway	LUSHOMO	South Africa



20	Ms. Frances Stephens	LUSHOMO	South Africa
21	Dr Nafomon Sogoba	Malaria Research and Training Centre (MRTC), University of Bamako, Mali	Mali
22	Ms. Keenness Mang'anda	Malawi Meteorological Service	Malawi
23	Mr Mponda Hamid	Malawi WHO Country Office	Malawi
24	Mr Hendricks Mgodie	Ministry of Health Health Focal person Malawi	Malawi
25	Ms. Sónia Lina Rodrigues Casimiro Trigo	Mozambique WHO Country Office	Mozambique
26	Dr Tatiana Jorge Marrufo	National Institute of Health (INS) Focal Person	Mozambique
27	Mr Fernando Congolo	National Institute of Meteorology (INAM) Focal Person	Mozambique
28	Prof. Matazu Bako	Nigeria Meteorological Service	Nigeria
29	Dr Revati Phalkey	Save the Children International	London, UK
30	Dr Renée Street	South African Medical Research Council (SAMRC), South Africa	South Africa
31	Ms. Maya Gowda	Students for Environmental Education and Discovery	USA
32	Mr Davib Ombisi	United Nations Environment Programme (UNEP) Regional office for Africa	Kenya
33	Dr Tashiana Osborne	United States Agency for International Development (USAID), Africa Bureau	USA
34	Prof. Gueladio Cisse	University Peleforo Gon Coulibaly (UPGC) of Korhogo / Swiss Tropical and Public Health Institute (SwissTPH)	Cote d'Ivoire
35	Prof. Daouda Kone	WASCAL Headquarter	Ghana
36	Ms. Georgia Glasman James	Wellcome Trust	UK
37	Ms. Melina Galdos	Wellcome Trust	UK
38	Dr Magaran Monzon Bagayoko	WHO Country office Gabon	Gabon

39	Dr Aboubacar Inoua	WHO Country office Gabon	Gabon
40	Dr Adjoa Agbodjan Prince	WHO Country office Gabon	Gabon
41	Ms. Viviane Ndoungue Donjeu Fossouo	WHO/ AFRO/EPR	Congo
42	Dr Antonis Kolimenakis	WHO/HQ	Grece
43	Dr Ndoungou Salla Ba	WHO/AFRO/ORD	Congo
44	Dr Aseffa Abraham	WHO/TDR	Switzerland
45	Prof. Brama Kone	WHO/ AFRO/UHP	Congo
46	Mr Guy Mbayo	WHO/ AFRO/UHP	Congo
47	Ms. Monjoa Zita Monono	WHO/ AFRO/UHP	Congo
48	Ms. Lurole Elfried Mpeke-Ntollo	WHO/ AFRO/UHP	Congo
49	Dr Rosa Von Borries	WHO-WMO Joint Office for Climate and Health	Switzerland
50	Mr Ernest Afiesimama	WMO Africa Regional Office	Ethiopia
51	Dr Tamer Samah Rabie	Worldbank	USA

Clim-HEALTH Africa partners





WHO Core Functions and Transformation focus areas

WHO Core function: Provide strategic support to national partners; Strengthen linkages and stakeholder engagement on climate change and health

Method of work

The meeting was made of plenary and parallel group work presentations and discussions

Dates and place

The meeting was held in Libreville, Gabon and lasted for two and half (2.5) days from **26-28 July 2023**

Participants

More than 50 physical participants (Experts and consultants, resources persons from international and national environment, weather and health institutions, some WCOs CHE focal persons) attended the meeting. The list of the attendees is above.

Administrative arrangements and Languages

The languages of the meeting were French and English with simultaneous interpretation service. Administrative support for the organization of the event will be provided by WHO AFRO, WCO Gabon and WCOs of participants living countries.

Detailed Meeting Agenda

Tentative Agenda

The tentative agenda is as follow Time	Topic	Presenter/s	Moderation
Day 1			
8:00-9:00	Registration		
9:00-10:00	Session 0: Opening session		WCO Gabon
	Opening ceremony • WR Gabon (5 min) • AFRO/UHP (5 min) • WMO (5 min) • UNEP (5 min) • Key Highlights on Climate Change, Health and Environment Work in the AFRO Region (UHP-CHE (10 min)) • WHO DG Climate and Health Special Envoy (5 min) • WHO HQ/ECH Director (5 min) • MoH Gabon (5 min)		
10:00-10:30	Group photo and Coffee Break	All	
10:30-13:00	Session 1 (plenary)		
	Meeting agenda + Participants presentation + Briefing (security, PSEAH, Admin) (45 min)	UHP-CHE	WHO/HQ
	Clim-HEALTH Africa and WHO-WMO work on Climate and Health (15 min) Q&A (10 min)	UHP-CHE/WMO	
	Ongoing Work on Climate information and services for health action including food security and nutrition (60 min) Q&A (10*2 min)	• Ethiopia • Mozambique • Malawi • Nigeria Met • Côte d'Ivoire Met • IRI	
13:00-14:00	Lunch		

The tentative agenda is as follow Time	Topic	Presenter/s	Moderation
14:00-16:00	Session 2 (Plenary):		
	Ongoing Work on Climate information and services for health action including food security and nutrition (30 min) Q&A (15 min)	Kenya Met ACMAD IGAD	WR Gabon
	Translating climate and health services into policy and action in the African Region: ATACH +COP28 (10 min) Introduction to COP28: Health Day at COP28 (10 min) Introduction to African Climate Week (Amref) (10 min) Building sustainable low carbon health system in Africa Aga Khan Development Network (10 min) Save The Children Climate Change, Health and Nutrition agenda (10 min) Q&A (25 min)	WHO HQ COP28 Presidency AMREF AKDN Save The Children	
16:00-16:30	Coffee break		
16.30-17.30	Session 3 (plenary)		
	Climate information and services for health: Global and regional operational challenges and gaps	All	WMO/IRI



The tentative agenda is as follow Time	Topic	Presenter/s	Moderation
Day 2			
8:30-09:00	Recall day 1		
09:00-10:30	Session 4: (plenary and parallel)		
	Health emergencies' management and response in Africa and need for multisectoral support including weather/climate services WHO AFRO Urban and infectious hazard preparedness projects (10 min) OneHealth and Climate Change quadripartite program (10 min) WHO Climate Change, Heath and Food security work in the Horn of Africa – WHO-IMST (10 min) Support being provided to Member States through MCAT (10 min) Q&A (20 min)	AFRO/EPR OneHealth Program WHO-IMST AFRO/MCAT	AFRO-CHE
	Multisectoral work toward health emergencies' management and response in Africa: How to deepen exchange and use of data, climate services and sectoral collaboration (2 working groups)	All	TBC in Groups
10:30-11:00	Coffee Break		
11:00-12:15	Session 5 (Plenary & Parallel groups)		
	Multisectoral work toward health emergencies' management and response in Africa: How to deepen exchange and use of data, climate services and sectoral collaboration (2 working groups)	All	TBC in Groups
12:15-13:00	Feedback from working groups and synthesis (plenary)	Groups reporters	MCAT Coord
13:00-14:00	Lunch		
	Session 6 (plenary):		

The tentative agenda is as follow Time	Topic	Presenter/s	Moderation
14:00-15:10	Sustainable and integrated capacity building in Africa Students for Environmental Education & Discovery (SEED) capacity building program (10 min) WHO trainings on climate change and health (10 min) GIZ training on CC and Health (10 min) WASCAL Capacity building strategy (10 min) Research scope on climate change and health in Africa- TDR (10 min) Q&A (20 min)	SEED WHO GIZ WASCAL WHO/TDR	AMREF
15:10-16:10			WR Gabon
16:10-16:30	Coffee break		
16.30-17.30	Session 7 (parralel)		
	Opportunities for sustaining climate and health actions in the AFRO Region Wellcome Trust (10 min) World Bank (10 min) FCDO (10 min) Q&A (30 min)	WT, WB, FCDO	UHP-CHE



The tentative agenda is as follow Time	Topic	Presenter/s	Moderation
Day 3			
8:30-09:00	Recall day 2		
	Session 8: (parralel)		
09:00-10:00	Toward a 5 years scope of work of Clim-HEALTH Africa (2 working groups)	All	UHP-CHE
10:00-10:30	Coffee Break		
10:30-11:30	Session 9 (Plenary)		
	Feedback from group work and synthesis (60 min)	UHP-CHE	UNEP/UPGC
11:30-12:30	Overall recap, vote of thanks and call for action	General Reporter and Representative of participating countries	
12:30-13:00	Closing ceremony		
	Remarks	WMO UNEP AFRO/ UHP Director WR Gabon MoH Gabon	WCO
13:00	Lunch		



Joint statement

We, participants of the Clim-Health Africa 4th meeting on “*Placing multisectoral work and capacity building at the centre of climate related health emergencies’ management in Africa and global climate negotiations*” held from 27th to 29th July 2023 in Libreville, Gabon, noted that:

- Clim-Health Africa is an initiative established in 2013 by the World Health Organization (WHO), The World Meteorological Organization (WMO) and the United Nations Environment Programme (UNEP) and other partners to develop the capacity of African health and climate communities, institutions, practitioners and negotiators to understand and integrate climate change and related health challenges into policy, socioeconomics, planning, and programming.
- Of the nearly 2,000 public health events recorded in the African region between 2001 and 2021, 56% were climate-related and 40% were waterborne health emergencies.
- Vector-borne diseases, including malaria, dengue and yellow fever, whose re-emergence is caused by a convergence of factors including demographic and land-use changes, unplanned urbanization, and vector ecology influenced weather and climate, are a growing concern in Africa and worldwide.
- According to the latest reports both malaria and dengue are re-emerging worldwide, with 95% of all malaria cases and 96% of the approximately 700,000 deaths occurring in Africa. Dengue is roughly equally distributed among Africa, South America and Asia, with an estimated 50 to 100,000,000 cases and 20,000 deaths worldwide.
- Emergence of new and re-emergence of “old” zoonotic diseases similarly are caused by a convergence of demographic and environmental factors, also can be influenced climate and weather. Notably, incidence of Crimean-Congo hemorrhagic fever, with mortality rates of up to 40%, has been increasing due to geographic range expansion of its tick host species associated with rising temperatures.
- The African region is experiencing an increase in climate-related health emergencies, with 25% more events recorded between 2011 and 2021 than in the previous decade.
- Africa's population is set to rise from 1.3 billion in 2023 to around 2.5 billion by 2050, and urbanization is increasingly extending into areas at risk from natural disasters.
- The number of deaths, injuries and disabilities caused by climate-related disasters will continue to rise rapidly if urgent adaptation and mitigation measures are not implemented.



Given:

- World Health Assembly Resolution 19 No. 61 (2008) on climate change and health
- The Libreville Declaration on Environment and Health in Africa (2008) calling for multisectoral Environment and Health work,
- The WHO Framework for Public Health Adaptation to Climate Change in the African Region (2011)
- The UN Environment Assembly (UNEA) resolutions 3/4 (2017) on Environment and Health
- The strategic action plan for scaling up health and environment interventions in Africa (2019-2029)
- The updated AFR/RC72 regional strategy for managing the environmental determinants of human health in the African region (2022-2032)
- The increasing interest of donors and the international community in climate and health-related issues
- The COP26 Health Programme on Building climate resilient and sustainable low carbon health systems (2021)
- The Alliance for Transformative Action on Climate and Health (ATACH)
- The WMO Congress 19 resolution on advancing climate science and services for health including the ten years' joint implementation plan
- The "Early Warnings for All" initiative to ensure that everyone on Earth is protected from hazardous weather, water, or climate events through life-saving early warning systems
- The joint WHO-UNEP-CCAC BreatheLife Campaign to raise awareness about the health and climate impacts from air pollution
- The One Health approach for designing and implementing programmes, policies, legislation and research in which multiple sectors communicate and work together to achieve better public health outcomes
- The need to assess and address gender and equity effectiveness and include emphasis on the most vulnerable populations in designing and implementing climate adaptation and mitigation actions
- The conclusions of the Clim-Health Africa 4th meeting



Recommend:

1. To Member States

- Build strong collaboration between the health, climate and environment sectors as promoted by the Libreville Declaration on Environment and Health and take concrete actions on climate change and health. This includes encouraging a whole of society approach in a public-public as well as public-private collaboration at national and international levels.
- Develop concrete health and climate frameworks at countries' level, including assessing health impacts and health co-benefits, mobilizing climate and health financing, implementing, monitoring and evaluating climate change and health interventions.
- Harmonize and coordinate data collection methods between health and meteorological sectors. Build climate resilient and sustainable low carbon health system through the COP26 Health Programme, including the conduct of vulnerability and adaptation assessments, the development and implementation of health national adaptation, the provision of a baseline assessment of health system greenhouse gas emissions, the development and implementation of a time-bound action plan for developing a neutral carbon health system.
- Incorporate climate change dimension into health emergency preparedness and response at country level as suggested in the One Health Joint Plan of Action (OH JPA).
- Set up or reinforce sub-regional or multicounty coordination and management teams of climate related health emergencies with financial and technical support in the region.
- Promote the signing of the memorandum of agreement (MoA) or the Memorandum of Understanding (MoU) between Meteorological services and Ministry of Health.
- Assess and address gender, equity and social inclusion effectiveness and the most vulnerable populations in any climate and health adaptation and mitigation actions,
- Support and endorse upcoming World Health Assembly resolutions on climate change and health.
- Advocate for health to be prioritized in National Adaptation Plans and policies and clearly articulate health in countries' National Determined Contributions (NDCs).



2. To research, training and higher education institutes and centers

- Collaborate and support existing initiatives on Integrated surveillance and climate-informed health early warning systems in the AFRO region.
- Integrate socio-economic and infrastructural (water, energy etc.) aspects in Early Warning And Response Systems (EWARS).
- Mainstream climate change topic in medicine academia curricula.
- Strengthen capacity for environmental health search and practice, including on climate and air pollution, among health professionals.
- Increase existing climate capacity building initiatives in the region to include health components.
- Implicate the health sector in the drafting of documents on the Early Warning Action Plan.
- Connect Clim-Health Africa with the One Health coordination mechanism in Africa.
- Reinforce climate and health awareness in society through meeting and periodical webinars on climate change and health.



3. To communities and civil society

- Amplify the voice and needs of children and youths in climate and health action.
- Reinforce community engagement and leadership on climate and health operational research.
- Center community and indigenous knowledge in building adaptation, resilience and mitigation interventions through co-creation.

4. To financial partners

- Facilitate access to funding opportunities for sustaining climate and health activities in the African Region, through bilateral, multilateral and philanthropic funding schemes including multi-year or renewable awards that can contribute to systems change and sustainable development.
- Facilitate access and procurement processes of the health sector to existing and upcoming climate financing schemes, for example through Green Climate Fund, Adaptation fund and more.
- Engage actively in existing initiatives for reinforcing the financing of the climate and health, such as the ATACH Financing Working Group.

The participants

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