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

Lucien Manga, Magaran Bagayoko, Tim Meredith and Maria Neira
Corresponding author: Lucien Manga, e-mail: mangal@afro.who.int

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

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

Review process

In 2010, WHO undertook a review of health considerations in NAPAs. A total of 41 NAPAs were reviewed including 29 from Africa and 12 from other least developed countries and small island states. Three review forms were prepared to capture the health related information contained:

- identified health impacts;
- adaptation needs and proposed adaptation actions; and
- the implementation framework.

A number of criteria were assessed within each aspect.

Identified health impacts
- Percentage of NAPAs with health listed as one of the vulnerable sectors;
- ...
Main findings

Identified health impacts
In 39 of 41 NAPAs (95%) health was considered one of the sectors on which climate change was seen as having an impact. However, only 23% (9/39) of the NAPAs were considered to be comprehensive in their health vulnerability assessment. Notable gaps in the vulnerability assessments included a lack of baseline epidemiological data for the diseases and medical conditions specified that would be affected by climate change, and a description of the trends anticipated in these diseases and conditions. Most importantly, the underlying reasons why, or the manner in which, climate change would affect the diseases mentioned was unclear in many of the NAPAs, as typically the analyses were limited to a few diseases only without clear justification.

In respect of coverage of health aspects, of the 39 NAPAs that include health in the vulnerability assessment, three did not specify any disease or medical condition. For the remaining 36 plans, the diseases most frequently listed were diarrheal disease (69%), malaria (59%), respiratory disease (25%), vector-borne disease other than malaria (19%) and malnutrition (19%). Other diseases and conditions mentioned include noncommunicable diseases, parasitic diseases, meningitis and ocular and skin diseases. See Table 1 for details.

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

Implementation framework
According to guidelines provided by the UNFCCC (http://unfccc.int/resource/docs/cop7/13a04.pdf#page=7) countries are required to select priority projects and to develop project profiles including a budget for each project. One country did not include costing in its project profiles. Of the 40 remaining, the total number of selected priority projects was 459. Only 50 (11%) represented projects focused on health. The health aspects covered were mostly malaria control, vector control,
access to drinking water and sanitation and to a lesser extent nutrition and health systems strengthening. The total estimated cost of the priority projects was US$ 1,852,726,528 with just US$ 57,777,770 (3%) going to health projects.

Discussion

The NAPAs were prepared through a consultative process by multidisciplinary teams. Health was identified in the vast majority of countries as a sector on which climate change will impact. However, the extent to which health will be affected appeared to be inadequately understood and addressed. Health issues in NAPAs were handled in a manner that would not meet standard public health requirements: typically, there was weak epidemiological analysis, lack of an evidence base, an absence of clear public health objectives, and unclear and fragmented strategies. In many instances, this resulted in incomprehensible vulnerability assessments and inadequate adaptation actions. The proposed health adaptation projects were, for the most part, insufficient in terms of scope, size and resources. The analysis not only showed that the number of projects focused on health was small (11% of the total), the resources proposed to be attached to them were even smaller (3% of the total). Most NAPAs were developed more than three years ago and all now need to be reviewed. This will provide an opportunity to strengthen their health components.

Conclusion

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

Recommendations

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

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

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

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

Reference

1. Africa: Benin, Burkina Faso, Burundi, Cape Verde, Central African Republic, Chad, Comoros, Democratic Republic of Congo, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Togo, Uganda, United Republic of Tanzania and Zambia. Other countries: Afghanistan, Bangladesh, Bhutan, Cambodia, Kiribati, Laos, Maldives, Samoa, Solomon Islands, Tuvalu, Vanuatu and Yemen. The NAPs of Djibouti, Haiti and Sudan could not be downloaded at the time that the study was undertaken.