

Climate Vulnerable Forum Regional Workshop for Africa

Health Sector Vulnerability and Urgent Action

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Climate Change and Health

- The world's most worrisome diseases
 - transmission cycles are profoundly shaped by conditions of heat, humidity patterns of rainfall.
- Tropical diseases distribution & transmission
- Changed distribution of some disease vectors
- 140,000 excess deaths/year since 1970 & 5 million disability-adjusted life-years (DALY)
 - malnutrition, diarrheal, cardio respiratory, infectious diseases, heat waves, floods & drought
 - The proportion of the undernourished population sub Saharan Africa could increase by 25-90% at warming of 1.2°C - 1.9°C by 2050 population in sub-Saharan Africa



- Climate Change annual direct cost of health impairment \$1.5-4 billion by 2030
- Substantial burden on health services

Health Vulnerability understood

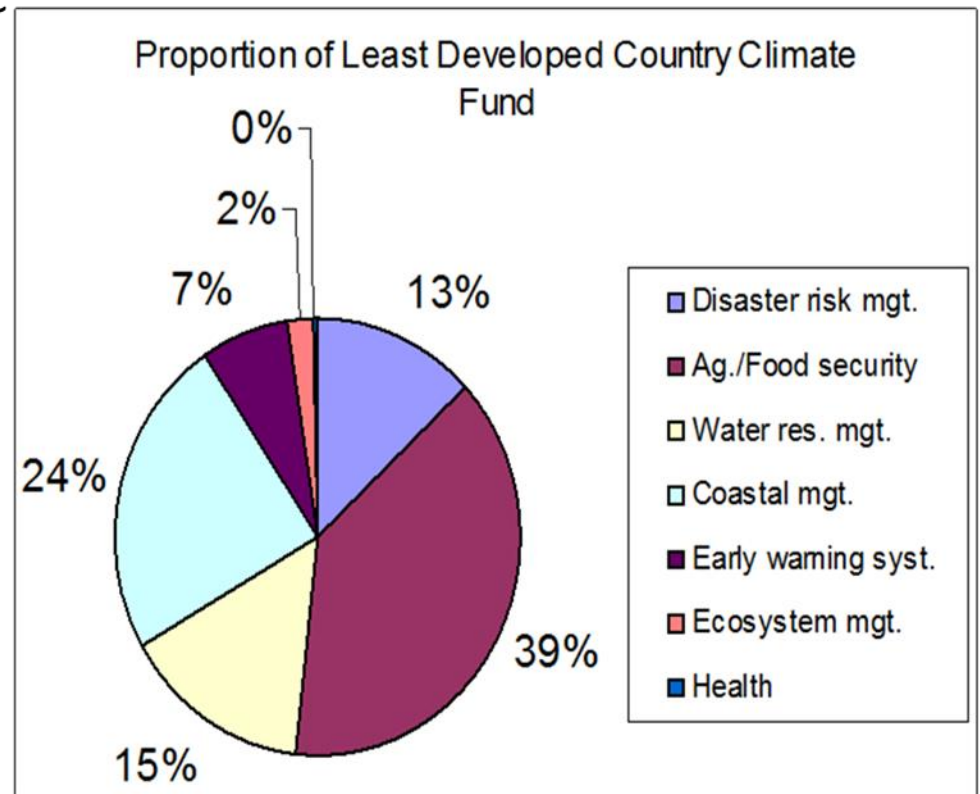
- RIO DECLARATION 1: "Human beings are at the centre of concerns for sustainable development...entitled to a **healthy and productive** life in harmony with nature." (1992)
- UNFCCC Article 1: "Adverse effects of climate change" : have negative impact on the operation of socio-economic systems or on **human health** & welfare.
- UNFCCC Article 4 (f): All Parties shall employ appropriate methods, eg. **EIA/HIA**...with a view to minimizing adverse effects on the **economy, on public health** ...of projects
- WHA in its 61st session resolution WHA61.19 on CC & health ,2008 requesting all member states & others to express commitment to meeting the **challenges of CC on human health**
- The 61st Session of the WHO Regional Committee for Africa adopted a Resolution AFR/RC61/R2 on a Framework for Public Health Adaptation to CC, Sep 2011

Though Vulnerability of Health is well understood

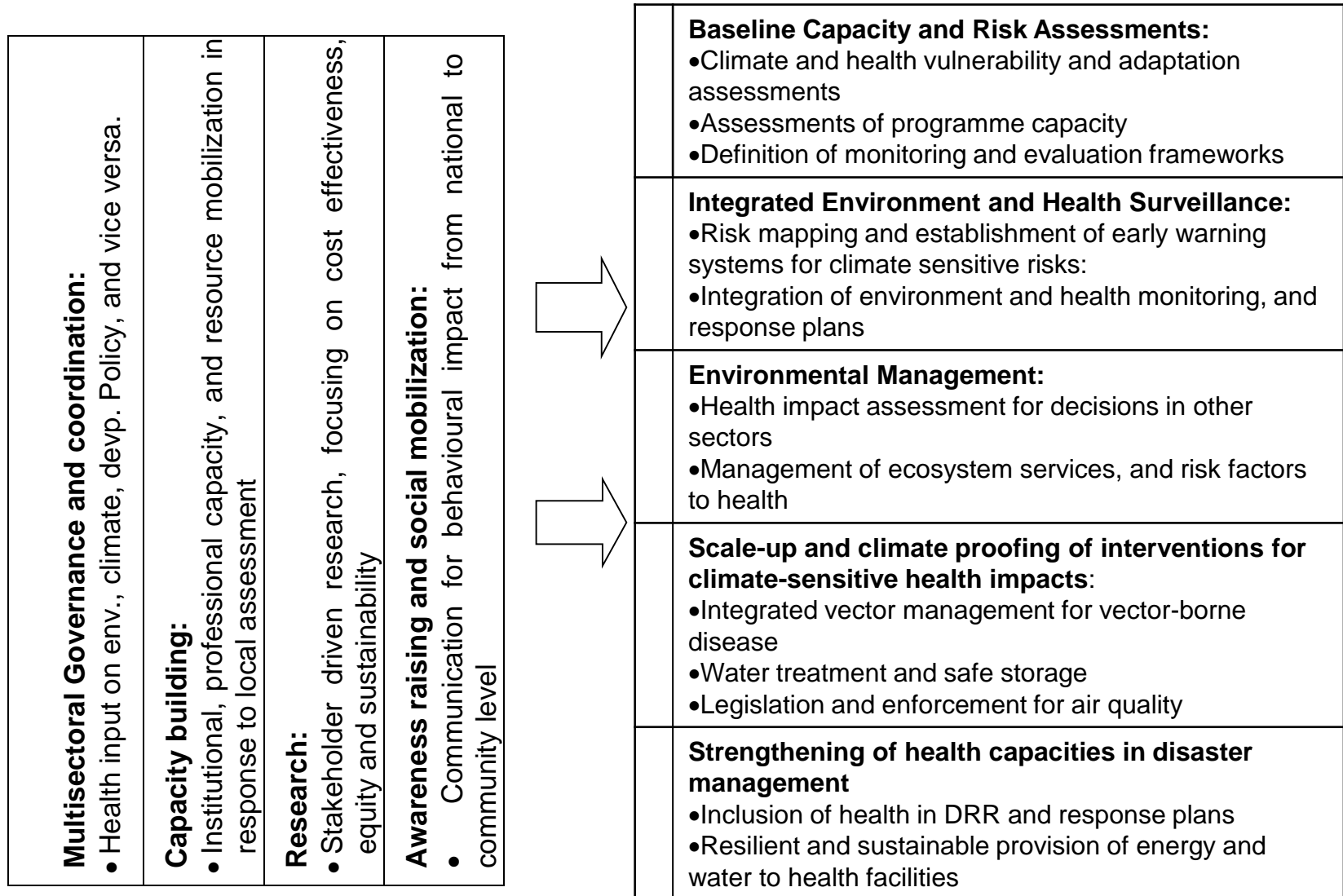
We are not adequately managing these risks

- 95% (39/41) of LDC NAP included health as priority sector.
- Only 25% had adequate health assessments & intervention planning.
- WHO, UNFCCC & WB estimate climate change to increase health costs by \$ 4-12 billion in 2030, only <0.5% of this figure

There is a failure to connect health priorities of LDCC



WHO work with Government & Partners : Programmatic approach: "Minimum package" for health resilience to climate change



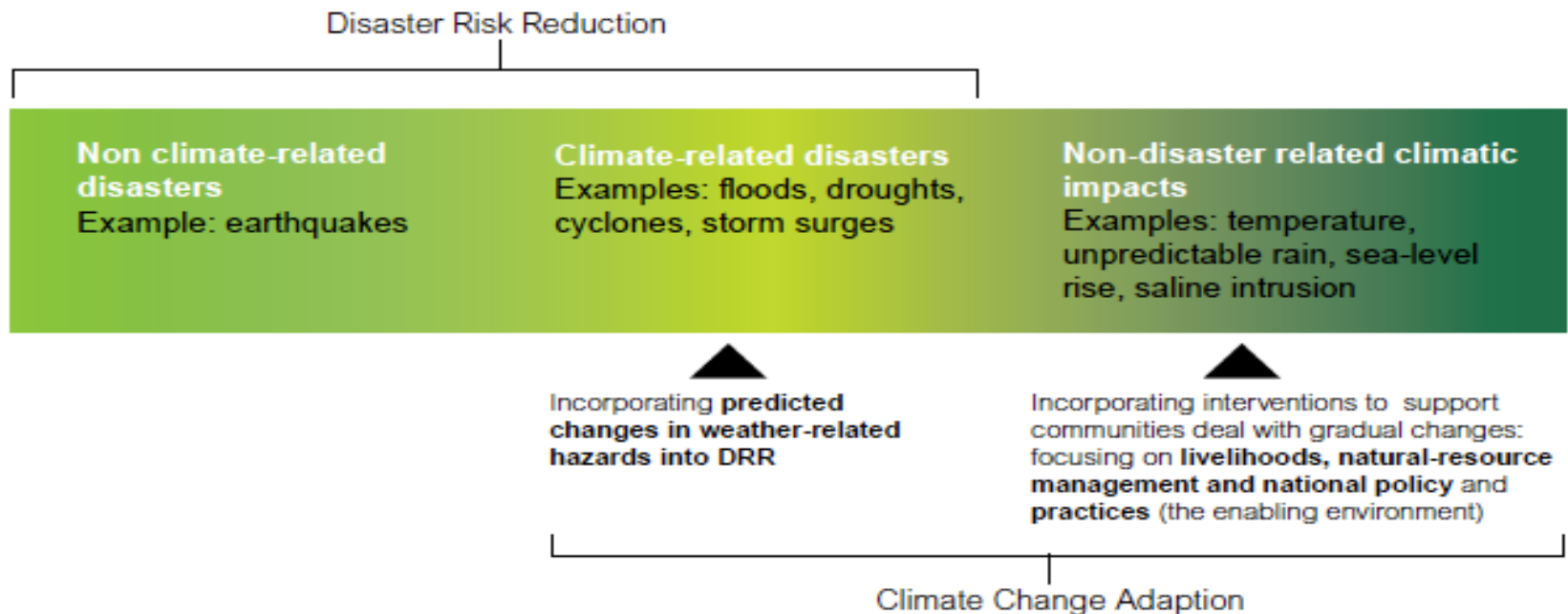
The Work in Ethiopia & other countries : Climate and Health

- Building adaptation to climate change in health in least developed countries through resilient WASH , WHO/DFID supported 4 countries including Ethiopia
- Used in 3 workshops to prepare national action plans, which involved representatives from MoE & MoH from 43 Countries in Africa;
- Online H-NAP repository under development;
- Pilot projects on CCH in Ethiopia, Kenya, Malawi and Tanzania;
- Support for countries to conduct vulnerability & adaptation assessments (V&A). The of case Ethiopia:
 - Established CCH Technical Working Group, Nov 2013
 - V&A assessment using 25 years climate info and climate sensitive disease; draft report expected by next week to be followed by H-NAP
 - Effectiveness of Climate resilient community based WASH intervention 18 months longitudinal study on climate sensitive disease
 - Implementation of Climate Resilient pilot Water Safety Plan urban & rural water supply (7 started & expected to add more 15 water supplies)

CC exacerbate Risks to Health

Thus, we need to think systematically

- Example: Climate Change Adaptation & Disaster Risk Reduction Strategies



Conclusion

- If don't act on CC inequitable health effects continue

