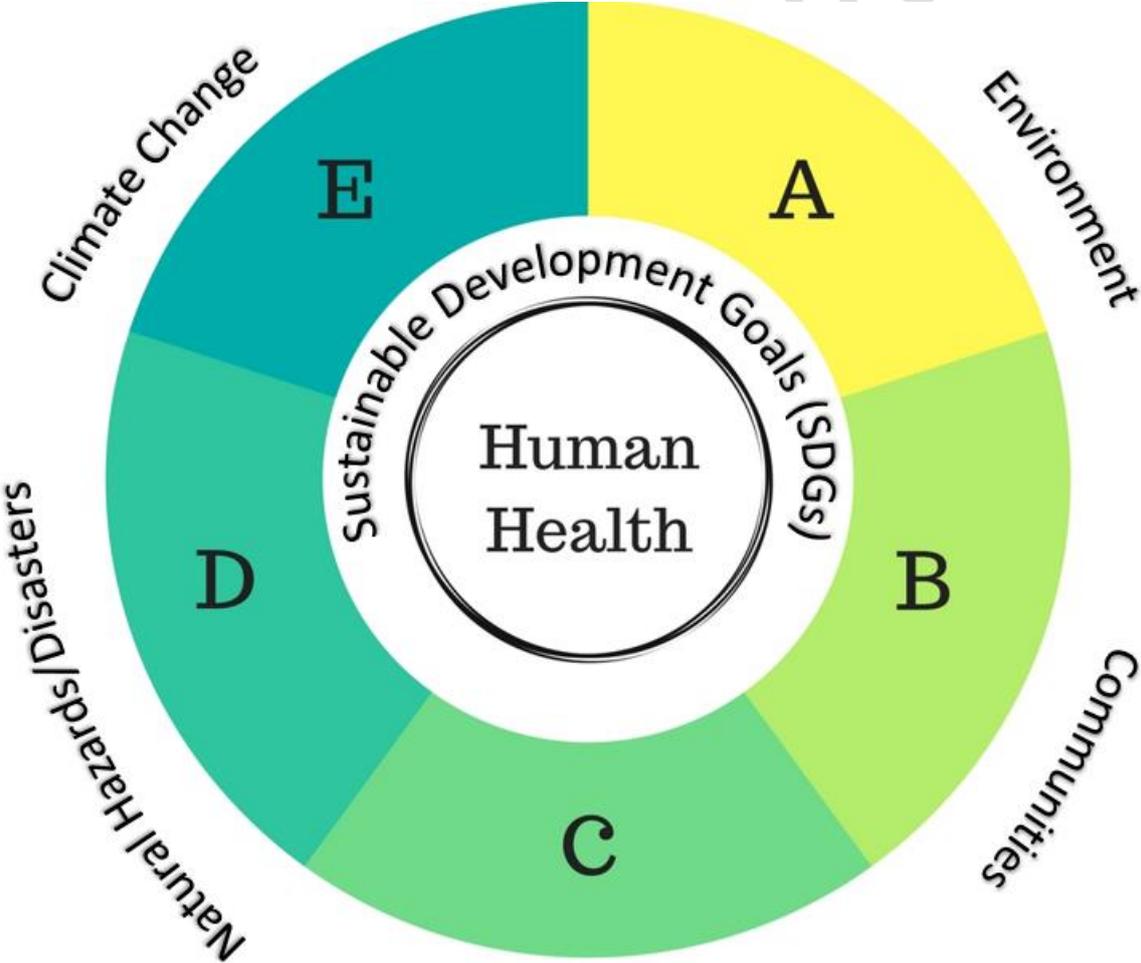


**A tool to develop a Health Adaptation and Action Plan for climate change and disaster risks in Pacific Island Countries:
HAAP-PIC**

EXECUTIVE SUMMARY



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Executive Summary

It is paramount that steps are taken now to reduce health burdens and build resilience against climate and natural hazards in the Pacific. Globally, countries are dealing with natural hazard risk management, and in addition, facing current and future challenges in relation to anthropogenic climate change. Although we do not know the extent of future climate change (as we do not know how well the Paris accord will be met¹), a certain amount of climate change is inevitable and we must prepare for that change. Health is an essential component of society and a healthy nation is paramount to an effective economy, human happiness and well-being. In order to maintain and even improve health now and for future generations, countries need to build resilient health systems to protect people, particularly the most vulnerable, from the health risks related to natural hazards, disaster events and climate change.

This tool can be used to implement a health adaptation and action plan for climate change and disaster risks. It is designed to be practical², adaptable, and to engage the health sector and importantly, health determining sectors in the process of developing a health adaptation plan. It provides guidance aligning components that all relate to health in the Pacific – health and health systems, climate change, disaster risk management, i.e. the joint national action plan for disaster risk management and climate change (JNAP)³ for Pacific Island Countries (PICs) and communities. By employing a range of working, living sections that bring together experts from health and health related sectors, and through a series of workshops, assessments and policy planning, a number of action plans will be created that can be used inter-governmentally, within communities and shared internationally. The entire process is led in-country, an essential element of the national adaptation process and implementation will be tailored for each PIC's and its needs, to reduce duplication and increase efficiency. Therefore, a critical component will be knowledge sharing across sectors, lessons learned within and between health and health-related sectors and countries, and feeding this information back into the process, as it evolves.

¹ The Paris climate accord or Paris climate agreement, is an agreement within the United Nations Framework Convention on Climate Change (UNFCCC) dealing with greenhouse gas emissions mitigation, adaptation and finance starting in the year 2020.

See http://unfccc.int/paris_agreement/items/9485.php

² A recent report from GIZ highlighted that (developing) countries needed practical examples about what can be done from a health perspective and how to go about it. http://health.bmz.de/what_we_do/climate_health/adaptation_measures/01_Strengthening_Health_National_Adaptation_Plan_Processes/index.html

³ The JNAP is an action plan to reduce the impacts of disasters and climate change using cross-sectoral activities across all stakeholders and society.

Introduction

Anthropogenic climate change has been described as the greatest threat to global health in the 21st century and one of the most serious threats to sustainable development efforts for the Pacific island countries and communities. Since 2007, Pacific Island Forum leaders have raised concern to the growing threat to economic, social and environmental impacts of climate change in their communities, people and cultures.

There are two separate regional frameworks on climate change and disaster risk management respectively, the *Pacific Islands Framework for Action on Climate Change (PIFACC)* and the *Pacific Disaster Risk Reduction and Disaster Management Framework for Action (RFA)* which covered approximately the period from 2005-2015. The formulation of a new framework was initiated after the first Joint Meeting of the Pacific Climate Change Roundtable and Pacific Platform for Disaster Risk Management in 2013. The review and lessons learned from above two mentioned frameworks led to the development of *Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management (FRDP)*⁴.

The *Framework for Resilient Development in the Pacific: An Integrated Approach to Address Climate Change and Disaster Risk Management (FRDP)*, provides high level strategic guidance to different stakeholder groups on how to enhance resilience to climate change and disasters, in ways that contribute to and are embedded in sustainable development⁵.

Although health is considered in the above frameworks, it is not explicit in the process. WHO have produced two key documents that embed health within a climate and disaster risk framework: WHO guidance to protect health from climate change through health adaptation planning and WHO's operational framework for building climate resilient health systems. It is from those frameworks that HAAP-PIC was conceived.

'What countries need are practical examples about what can be done and how to go about it,' (GIZ, South East Asia⁶)

⁴ Hay, J.E. and Pratt, C. 2013. *Strategy for Climate Change and Disaster Resilient Development in the Pacific (SRDP). Background Information and Guidance on Rationale and Possible Approaches*. Secretariat of the Pacific Community (SPC), Suva, Fiji.

⁵ FRDP. 2016. *Framework for Resilient Development in the Pacific. An Integrated Approach to Address Climate Change and Disaster Risk Management (FRDP)*. Endorsed at 47th Pacific Island Forum Leaders meeting in Pohnpei, Federated States of Micronesia, September 2016.

⁶

http://health.bmz.de/what_we_do/climate_health/adaptation_measures/01_Strengthening_Health_National_Adaptation_Plan_Processes/index.html

Proposal for implementation of HAAP-PIC

1. Why do we need HAAP-PIC?

Pacific Island Countries (PICs) are beginning to prepare for country-level climate change, disaster and health sector action plans, as an integral part of their country joint national action plan for climate change and disaster risk management (JNAP). These plans are responding to the urgent need to anticipate, prepare for and respond to the increasing instances and impacts of natural disasters and climate change events they are experiencing. The impacts in years to come suggest significant additional deaths on top of existing health burdens but also opportunity to help PICs increase their capacity to manage and adapt to those future health risks⁷ (Kim *et al.* 2015; McIver *et al.* 2016⁸).

HAAP-PIC is designed to assist in developing an integral part of country's JNAP process. The effect of this for PICs will be increased resilience of the health sector to the threats posed by climate change and natural disasters.

HAAP-PIC will provide the governing health authority, e.g. the Ministry of Health, with an approach for understanding its position and options to move forward as a sustainable and resilient sector. It will achieve this by acknowledging the climate and disaster-related current and future health risks for the country, and providing purpose and guidance of activities and decisions required by the health and health-related sectors to prepare for, mitigate and respond to those risks.

The premise of the **HAAP-PIC** is based on a number of frameworks, that have been evaluated and incorporated into this single framework. They include:

- [WHO guidance to protect health from climate change through health adaptation planning](#)
- [WHO's operational framework for building climate resilient health systems](#)
- Brown *et al* (2014)⁹ [health impact assessment framework for assessing vulnerability and adaptation planning for climate change](#)
- Climate change and disaster risk management (CC/DRM) including the [Sendai Framework for Disaster Risk Reduction 2015-2030](#)

⁷ Kim *et al.* 2015. Climate change and health in Pacific island states, Bulletin of the World Health Organization, 93(12) 817-892

⁸ McIver *et al.* 2016. Health Impacts of Climate Change in Pacific Island Countries: A Regional Assessment of Vulnerabilities and Adaptation Priorities, *Environmental Health Perspectives*, 124:11.

⁹ Brown *et al.* 2014. A health impact assessment framework for assessing vulnerability and adaptation planning for climate change, *International Journal of Research on Public Health*, 11: 12896-12914.

- National (or joint national) action plan ([NAP](#)) (for Pacific Island Nations)
- Climate and DRM impacts on health, health and health-related systems
- The [sustainable development goals](#) (SDGs) (Figure 1)

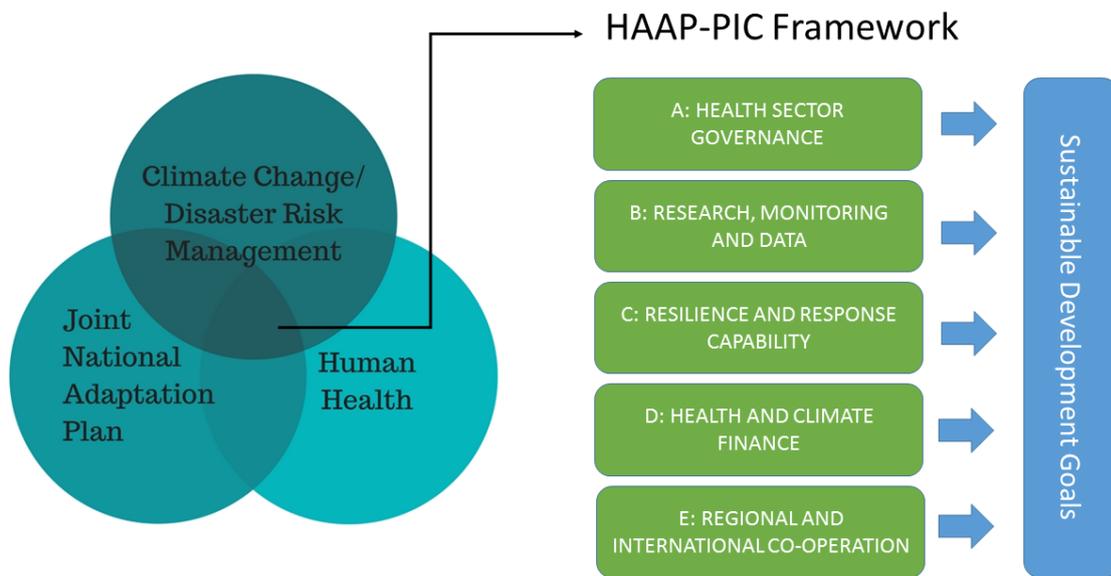


Figure 1: Schematic showing the intersection of the JNAP II (centre of blue circles) and the elements that make up the **HAAP-PIC** (green boxes A to E). The information provided will help to guide the sustainable development goals (blue box on right).

2. How does HAAP-PIC Work?

HAAP-PIC is a tool to help develop action plans to align with the JNAP and ultimately inform sustainable development goals, actions and progress. It considers external factors that influence human health and health systems: environment, climate change, natural disasters and communities. Five components make up the main body of the framework (A to E) (Figure 2).

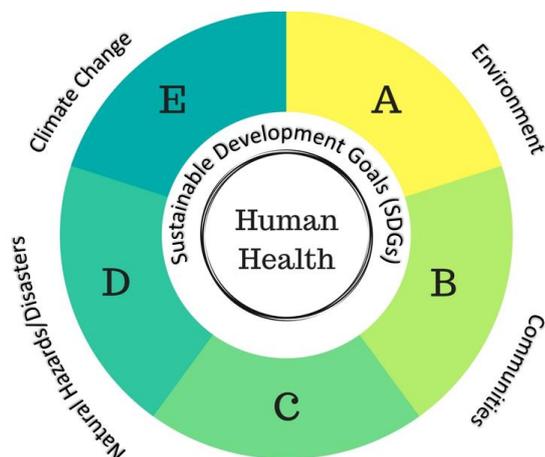


Figure 2: The five major components (A-E) of **HAAP-PIC** and the intersection between the SDG's and external influences (climate change, natural disasters, environment and communities)

The five components of the **HAAP-PIC** Framework described briefly:

A: Health sector governance, policy and management

This section sets up a project team that will oversee the framework process. It also includes establishing terms of reference (TOR) for all involved and how to communicate across all the relevant stakeholders/sectors.

B: Research, monitoring and management of health information

This section assesses current and future health and climate information to track progress, inform decisions and identify data gaps.

C: Resilience and building response capability

This section is linked to component B. It builds up resilience and response capability by profiling natural disasters and risks, health impacts and producing an action plan.

D: Health and climate finance

This section can be used to identify the financing of the options that may be suggested from components A, B and C but also explores options within country.

E: Regional and international co-operation

This section relates to the sharing of information with other PICs and the rest of the world. It may include for example, lessons learnt during the process or priority of action points and the evidence to support them.

3. How to use HAAP-PIC

Figure 3 is a flow diagram of how to use this framework. A number of the working sections will require an element of workshop engagement with the aim to facilitate information and knowledge generation by key experts, stakeholders and decision makers. The final outcome is a series of living documents, and a process that can be used to revisit and monitor the risks and adaptation options. The final document will be in the form of an action plan that can also be used to present to policy makers and communicated across all relevant stakeholders.

DRAFT for Consultation

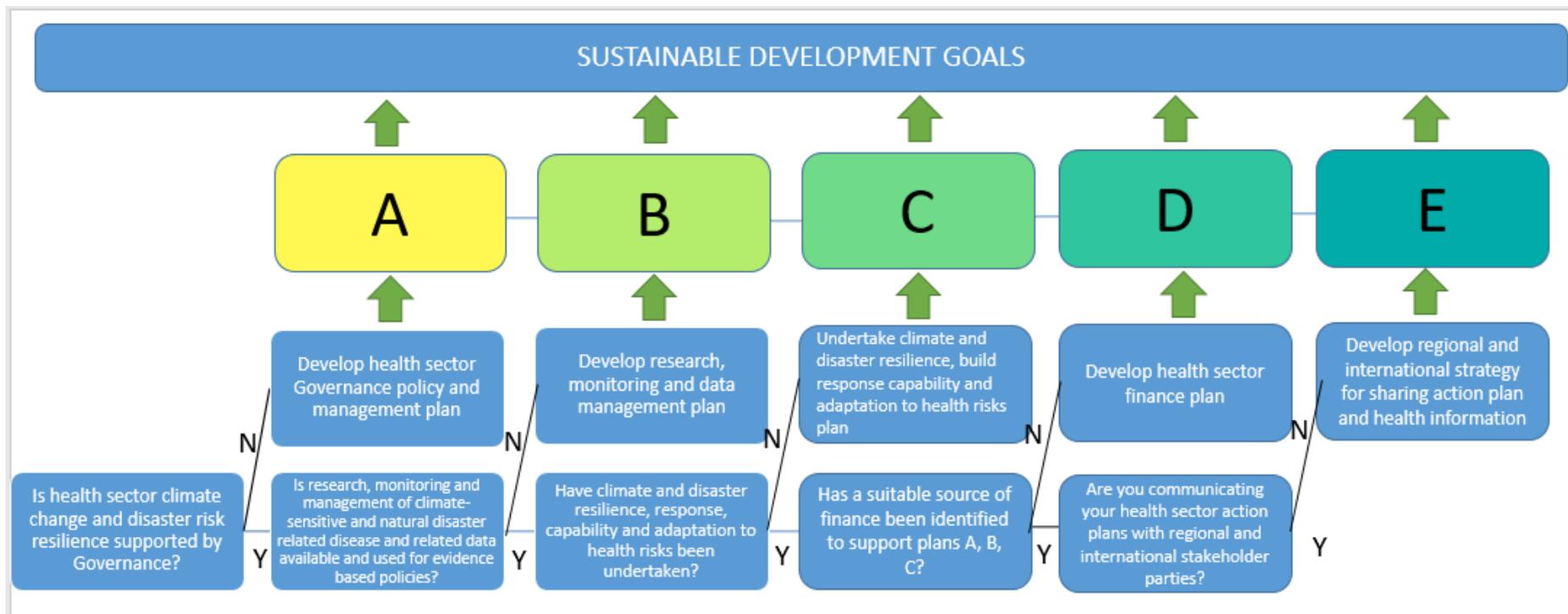


Figure 3: Flow diagram of the **HAAP-PIC framework**

The following sections briefly explain the components A-E. Each section is self-explanatory. The beginning of each component shows how it links to relevant sustainable development goals, followed by a brief explanation of what the component aims to achieve and any measurable outputs.

4. The five components of the HAAP-PIC Framework

A Health Sector Governance, Policy and Management

This component has been developed to set out questions and potential actions that can build upon current health sector governance, policy and management. It works through a series of steps using working tables to:

- Establish a project team
- Establish expert stakeholders from health, health-related sectors, managerial and operation personnel and policy makers
- Develop a communication strategy
- Establish terms of reference

Good governance is the grounding component of a resilient health system. In order for **HAAP-PIC** to be successful it will require political support and implementation of evidence-based policies and programmes. A team of experts within health and across health-related sectors will be required to implement and support the **HAAP-PIC**. Climate and disaster-related risk and resilience aspects of health and the health sector will need to be strengthened by mainstreaming legislative, policy, framework and collaborative approaches.

This includes:

- Policy prioritisation and planning to address climate and disaster related risks to health/health sector
- Inclusive policies that encourage a high degree of social and economic equity
- Legal and regulatory systems which protect health, and emergency policies and planning
- Institutional mechanisms, capacities and structures, and allocation of responsibilities to address climate, disaster and health risk management
- Partnerships
- Accountability and community participation

Measurable outputs may include:

- Focal points with specific programmes of action
- A budget within the health ministry
- Working with health-related sectors
- National strategy on health, climate change and disaster – e.g. JNAP

And collaboration between:

- All relevant health divisions (e.g. environmental health, clinical and public health, vector control, water, sanitation and hygiene, disaster management, health information systems, policy and finance).
- Health-related sectors (e.g. agriculture and food, water, waste, energy, transport, labour and industry, land planning, housing and infrastructure, disaster management). Specifically, those involved in:
 - Assessment
 - Monitoring
 - Regulation and management

These should ensure that investments can be leveraged to maximise health protection.

In terms of outputs, it is hoped that the collaborations will form:

- Agreements between health ministry and health-related sectors
- Health representation at national, regional and global levels at climate and disaster related meetings etc. (e.g. UNFCCC¹⁰, COP¹¹, NAP¹² etc.)
- Policies from health-related sectors include climate change, disaster and health for both adaptation and mitigation (e.g. climate-resilient water safety plans)
- Health impact assessments for new mitigation and adaptation policies and programme in health-determining sectors, in accordance with article 4.1f of the UNFCCC¹³.

¹⁰ <http://unfccc.int/2860.php>

¹¹ <http://unfccc.int/bodies/body/6383.php>

¹² http://unfccc.int/adaptation/workstreams/national_adaptation_plans/items/6057.php

¹³ Article 4.1f refers to ensuring that health considerations are included in all future planning of climate mitigation and adaptation, https://unfccc.int/files/parties_observers/submissions_from_observers/application/pdf/684.pdf.

B Research, monitoring and management of data and information: Creating a Knowledge Base

This component builds the capacity of health system institutions and personnel to strengthen the management of health information and weather/climate/disaster early warning systems. This information forms a vital component that feeds back into components A, C, D and E. It includes:

Information and Knowledge – e.g. Analysis of baseline climate, health, health system and health related data, traditional knowledge systems, collection, compilation and management of data, accessibility of data, future data needs, sharing of information.

Data related to Risks – e.g. information on climate related health risks, integrated risk monitoring (climate and disaster data integrated with health data), monitoring of essential health systems e.g. infectious disease, outbreaks, V&A assessments, CCHAPS.

Information Gaps – e.g. Identify and prioritise data gaps in climate, health, health systems.

Data adaptation planning – Devise a data adaptation plan to address most urgent data needs. E.g. providing support for at risk populations and local authorities to map and document relevant hazards and effects of climate change.

Component D recognises that financial sources may require this information (evidence based) such as intervention costs, benefit to cost ratio, value for money, key indicators, and consideration of social factors (such as environment and social safeguards and gender) to build finance applications towards implementation of some of the action plans identified in this process.

C Climate resilience, building response capabilities and adaptation to health risks (Government, private sector and civil society)

The section for the **climate resilience, building response capabilities and adaptation** component covers the objectives outlined in the WHO operational framework for building climate resilient health systems. It covers:

- Policy-relevant evidence on the scale and nature of health system risks
- Identifying the most vulnerable populations to different health effects/impacts by:
 - Identifying weaknesses in systems that should protect them
 - Specifying interventions to respond

- Understanding the linkages between climate/natural disasters and health and health systems

A number of PICs have undertaken vulnerability assessments where climate-sensitive health risks have been identified and prioritised (e.g. WHO 2015, [human health and climate change in Pacific island countries](#), table 3, page 26). Vulnerability assessments may include:

- Vulnerability and risk mapping
- Modelling
- Scenario development
- Health system capacity and performance assessments
- Economic assessments
- Health impact assessments of decisions in other sectors
- Specific risk, events and hazard assessments
- Establishment of baseline conditions
- Identifying knowledge gaps
- Using local context setting

However, in order to become **climate and disaster resilient, building response capabilities and adaptation** options need to be implemented. This includes:

- Developing areas for capacity building
- Climate resilient sustainable technology
- Climate resilient buildings and infrastructure
- Climate informed health programs
- Emergency preparedness and management
- Health workforce resilience
- Identifying adaptation options

D Health Sector Finance

A WHO report on strengthening health resilience to climate change¹⁴ noted that less than 1% of adaptation funding for least developed countries were allocated to health due to lack of submission to health projects.

A crucial part of the **HAAP-PIC** is to highlight the health sectors need for adaptation and then identify the financing of the options identified from exploring components A, B and C. Different sources of finance will have different requirements. For example, adaptation options may be linked to emerging climate funds, bilateral development

¹⁴ WHO Technical Briefing for the World Health Organization Conference on Health and Climate, Strengthening Health Resilience to Climate Change, 2014, http://www.who.int/phe/climate/conference_briefing_1_healthresilience_27aug.pdf

partners, or domestic budgeting. This will always include the intervention costs, but may also require certain economic information (such as benefit-to-cost ratio or value for money), key indicators, current and future projected health burdens and consideration of social factors (such as environment and social safeguards and gender). As a consequence, it is essential to widen the analysis of adaptation to consider these aspects as the information and prioritisation steps are undertaken. Ideally these aspects should be considered from the start.

The outputs of this component of **HAAP-PIC** can be used to provide evidence to propose work with partners to access global climate financing systems. This includes funds from the Green Climate Fund (GCF), Global Environment Facility (GEF) and multilateral climate funds managed under the UNFCCC, development banks, and bilateral development agencies.

E Regional and international cooperation

This component examines how information could be shared with other PICs and the rest of the world. It may include for example, lessons learnt during the JNAP or **HAAP-PIC** process e.g SPREP documents or priority areas in need of research, particularly on a regional basis, and/or areas that would benefit from collaboration and joint adaptation. Dissemination of information can be decided during component A, that includes a communication strategy.

F (optional) The Sustainable Development Goals

The sustainable development goals officially came into force in 2016 after being adopted by world leaders in September 2015 at a historic UN Summit. The 17 goals build upon the previous Millennium Development Goals, their difference that SDG's aim to "leave no-one behind", each goal being applicable to any country and many of the goals are interconnected. Additional areas such as climate change, economic inequality, innovation, sustainable consumption, peace and justice, among other priorities have also been included. SDG 3 is health specific and achievement of this, and many of other SDGs benefit health¹⁵ (Figure 4).

Although optional, there is the possibility of incorporating the SDGs for health and health related sectors into the HAAP-PIC process. For example, the PIC may decide it is efficient at this point to link the SDG3 health indicators into this process. This is

¹⁵ Nunes AR, Lee K, O'Riordan T. (2016). The importance of an integrating framework for achieving the Sustainable Development Goals: the example of health and well-being. *BMJ Global Health*; 1:e000068. doi:10.1136/bmjgh-2016- 000068

could also be incorporated at a later date as the information and plans evolve with time.

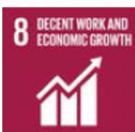
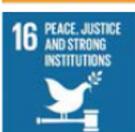
| | | |
|---|--|---|
|  | SDG 1 Extreme poverty Vulnerability to economic, social and environmental shocks and disasters |  |
| | SDG 2 Malnutrition | |
|  | SDG 5 Violence against women and girls Sexual, reproductive health and rights |  |
| | SDG 6 Safe and affordable drinking-water Sanitation and hygiene | |
|  | SDG 8 Safe and secure working environment |  |
| | SDG 11 Housing and basic services Air quality, waste management in cities | |
|  | SDG 13 Climate-related hazards and natural disasters |  |
| | SDG 16 Violence Legal identity | |

Figure 4: Health in other SDGs, in [WHO Regional action on achieving the Sustainable Development Goals in the Western Pacific](#)¹⁶

For natural disasters, there are 25 targets that relate to disaster risk reduction in 10 of the 17 SDGs (UNISDR)¹⁷. The actions set in the Sendai Framework can also contribute to the SDGs by focussing on resilience-building and reducing natural hazard risks to infrastructure such as schools and health facilities.

Finally, the framework is a living document and an investment in health. As countries progress, so will their priorities, and their ability to become more resilient at every level. Disaster risk and climate change resilience is vital for building a more equitable and sustainable future.

¹⁶ WHO. (2017). Regional action on achieving the Sustainable Development Goals in the Western Pacific, Manila : WHO Regional Office for the Western Pacific.
<http://iris.wpro.who.int/handle/10665.1/13553>

¹⁷ UNISDR. Disaster risk reduction and resilience in the 2030 agenda for sustainable development, The United Nations Office for Disaster Risk Reduction.
http://www.unisdr.org/files/46052_disasterriskreductioninthe2030agend.pdf